

PDT



Keeping Up **36** with the **MONSTER-FREE MOUTHS** Movement

March 2015 Volume 1, Number 2

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Dr. Edward H. Moody

AAPD President

Coverage, Access and Utilization

When we advocate for children's oral health, are we really using the right language to frame the issues correctly in the mind of those we are addressing? Specifically, as we talk about coverage, access and utilization, is our message really being heard and understood in the manner in which we intend?

For example, when someone talks about access to care what do they really mean? Does "lack of access" mean there is insufficient coverage available to allow children to actually receive care? Does it mean that there aren't enough providers? Does it mean there are adequate provider numbers, but patients are unable or unwilling to reach their offices or clinics? Or perhaps it means there are adequate financial measures in place as well as a sufficient number of providers, but their services simply aren't being fully utilized? Clearly, the phrase "lack of access" can mean any or all of these and in fact, in the course of the same conversation individuals involved often use the term with the speaker meaning it one way and the listener hearing it entirely differently.

Coverage, access, and utilization are all terms which we see bantered about when discussing how to improve dental care for various populations. Unfortunately, how those terms are used, how those terms are interpreted, and the decisions that are made based upon that interpretation are often not at all what was intended or advocated. Certainly, the terms are not interchangeable, and based upon the particular views of an individual, the context each term presents establishes certain impressions and viewpoints and evokes certain preset ideals as subsequent discussions about improving children's oral health ensue.

The underlying question becomes what does each of these terms imply as we use them or as others use them and policymakers hear and interpret them?

The term coverage generally refers to whether a particular procedure is an eligible expense and often to what extent funding is available, whether it be public or private, for payment. It doesn't always indicate that there are adequate numbers of providers or even that there is sufficient access to providers, but unfortunately it does often play a significant role in determining what care is actually delivered as subscribers typically consider out-of-pocket expenses when deciding the level of care they actually want.

For policymakers, achieving maximum coverage becomes a goal that looks and sounds good, but they must also understand that touting that more individuals are now covered doesn't necessarily mean that these same people are actually receiving any care.

Access is another term which has widely different connotations, depending on who is using the term and who the target audience is. Lack of access is quite often intended, perceived or

misinterpreted to mean that there is either a widespread shortage of providers or that there are inadequate numbers available in a particular area.

This results in policymakers hearing the message that there aren't enough providers and then trying to fix the perceived access problem by creating more, though not necessarily at the same skill level (mid-level providers are the best example of this) and thus creating a multitiered system.

When we talk about "lack of access" we use the term to mean that patients aren't accessing our services, but we must take care to make that meaning clear, because it is often heard and interpreted by others as indicating that the underlying problem is a lack of providers.

Utilization relates to actual use of services and unfortunately, we have tended to use the term "lack of access" when in reality "lack of utilization" is what we really mean. We are increasing provider numbers by educating more pediatric dental residents than we ever have (there are presently over 420 first-year residency positions, up from 180 in the late 1990s) and working to encourage more dentists to treat children; however, even with increased provider numbers, utilization rates still remain far too low.

When over half of the U.S. population doesn't seek dental care and many parents still don't seek dental care for their children even though they have either private or public insurance coverage, aren't we really talking about "lack of utilization" and with that in mind, shouldn't the discussion about how to improve the dental health of our children be focused on how to increase the utilization of dental services?

As we speak to policymakers at both the state and federal level, it is not the "lack of coverage" or "lack of access" we should be emphasizing. Rather, we should be pointing out that there is still a huge "lack of utilization" and increased efforts should be directed toward finding ways to dramatically expand the utilization of dental services.

Perhaps going forward when we advocate for means by which to improve children's oral health, we should make a concerted effort to change our verbiage and thereby change the context of the discussion from one about "lack of access" to one about "lack of utilization."



Dr. John S. Rutkauskas

AAPD CEO

Pediatric Dentistry at the 2014 ADA Annual Session

The respective boards of trustees for the AAPD and Healthy Smiles, Healthy Children: The Foundation of the AAPD met during the 2014 ADA annual session in San Antonio. The AAPD also hosted a reception for members serving as delegates in the ADA House, pediatric dentistry CE presenters at the meeting, and representatives from other dental partner organizations. We also reviewed resolutions of interest to pediatric dentistry being considered by the ADA House of Delegates.

The following AAPD members made CE presentations during the conference:

- Dr. J. Timothy Wright presented on behavior guidance, the AAPD-sponsored course in the specialty pavilion.
- Dr. Charles S. Czerepak presented on “Maintaining Your Viability as a Medicaid Provider.”
- Dr. Tawana K. Lee-Ware presented at an AAWD session on “Building Your Practice Success: How to Be a Great Leader at Every Stage of Your Practice.”
- Dr. Fred S. Margolis presented on “Esthetic Dentistry for Tots” and “Behavior Modification Techniques for Pediatric Patients.”
- Dr. Stephen C. Mills presented on “Modern Sports Dentistry: Up to Date Facts, Myths and Science.”
- Dr. Gregory L. Psaltis presented on “Infant and Preschool Dental Care: The Current Standard for Creating a Dental Home,” “Stainless Steel Crowns are a Snap,” and “Sugar Bugs and Sleepy Juice: A Potpourri of Pediatric Dental Pearls.”
- Dr. Rocio B. Quinonez presented on “Making the Medical-Dental Connection in Your Practice.”
- Dr. Francisco Ramos-Gomez presented on “Help I Have a One Year Old in My Chair.”
- Dr. Sarat “Bobby” Thirkkurissy presented on “Supporting Families of Children with Special Health Care Needs” and “Food Allergies 2014: Disease, Diet and Dentistry.”
- Dr. Sidney A. Whitman presented on “Maintaining Your Viability as a Medicaid Provider.”

We also thank those AAPD members who served in the 2014 ADA House of Delegates:

2ND DISTRICT (N.Y.)

Delegate

Margaret Madonian (Liverpool, N.Y.)

Alternate Delegates

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

Jay Skolnick (Weber, N.Y.)

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

Delegate

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

7TH DISTRICT (IND., OHIO)

Delegates

Paul S. Casamassimo (Columbus, Ohio)

Terry G. Schechner (Valparaiso, Ind.)

James A. Shupe (Fort Wayne, Ind.)

Alternate Delegate

Henry W. Fields, Jr. (Columbus, Ohio)

8TH DISTRICT (ILL.)

Delegates

Susan Bordenave-Bishop (affiliate member) (Peoria, Ill.)

Mary J. Hayes (Chicago, Ill.)

Alternate Delegate

Victoria A. Ursitti (Arlington Heights, Ill.)

9TH DISTRICT (MICH., WISC.)

Delegate

Martin J. Makowski (Clinton Township, Mich.)

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

Delegates

Eric D. Hodges (Omaha, Neb.)

Valerie B. Peckosh (Dubuque, Iowa)

Alternate Delegate

David C. Johnsen (life member) (Iowa City, Iowa)

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

Delegate

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

Alternate Delegate

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

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

Delegate

Timothy R. Fagan (Enid, Okla.)

Alternate Delegate

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

13TH DISTRICT (CALIF.)

Delegates

Lindsey A. Robinson (Grass Valley, Calif.)

Joseph P Sciarra (Woodland Hills, Calif.)

Andrew P. Soderstrom (Modesto, Calif.)

Sharine V. Thenard (Alameda and Pleasanton, Calif.)

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

Delegates

Kirk J. Robertson (Flagstaff, Ariz.)

Karen D. Foster (Aurora, Colo.)

Alternate Delegates

James H. Bekler (Sandy, Utah)

Jeffrey A. Kahl (Colorado Springs, Ariz.)

Michael LaCorte (Tucson, Ariz.)

15TH DISTRICT (TEXAS)

Delegate

Rita M. Cammarata (Houston, Texas)

Alternate Delegate

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

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

Delegates

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

Roger E. Wood (Midlothian, Va.)

Alternate Delegate

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

17TH DISTRICT (FLA.)

Alternate Delegate

Suzanne Thiems-Heffin (Gainesville, Fla.)

Vice President (ex-officio)

Jonathan D. Shenkin (Augusta, Maine)



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AAPD Headquarters Staff Update

Kelli O'Brien has joined the AAPD staff as publications assistant. O'Brien is a 2014 graduate of Indiana University with a B.A. in journalism and minor in entrepreneurship and small business management. She has done internships with a law office, a collegiate fashion magazine and a fashion Web company in London.

Robin Wright, Ph.D., has joined the AAPD as assistant director of the Pediatric Oral Health Research and Policy Center. Wright has run a consulting business for over 20 years, working with many dentists and dental associations. She has presented at the AAPD's annual media training program for over 20 years, and has made numerous presentations at AAPD Annual Sessions. Wright has also provided seminars to state dental associations on communications and related practice management and public policy issues, along with training a number of ADA leaders on public speaking. See more details in the section on the Pediatric Oral Health Research and Policy Center.



AMERICA'S PEDIATRIC DENTISTS
THE BIG AUTHORITY on little teeth

NOTICE TO ACTIVE AND LIFE MEMBERS

Constitution and Bylaws Amendment before the 2015 General Assembly

These amendments will be considered the AAPD Annual Session in Seattle during the Reference Committee hearings and the General Assembly.

Note to readers: All line numbers reference the current AAPD Constitution and Bylaws as printed in the 2015 Membership Directory.

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

1. ADDITION OF INTERNATIONAL COLLEAGUE MEMBERSHIP CATEGORY

The following proposed change to the Constitution and Bylaws was prepared by the Constitution and Bylaws Committee at the request of the Board of Trustees.

Background: In 2014 the AAPD Task Force on Global Interactions recommended a new category of "Online Media Only" international membership, at an annual dues rate of \$100. The task force proposed that eligibility for this new online membership category would require membership in the IAPD or one of its national or regional member organizations. They also proposed a sliding scale reduction from the regular or online international member rate in dues and meeting registration fees for individuals from developing countries (based on World Bank classifications). The task force proposed a 50% for individuals from countries in the Low Income category, and a 30% discount for individuals from countries in the Low Middle Income country category.

The AAPD Board of Trustees reviewed these recommendations and agreed with their intent. However, the board was concerned that existing International members who are educationally qualified pediatric dentists might switch their membership to the lower priced category. This could result in up to \$40,000 in dues revenue loss. In order to reach out to individuals around the world not currently members of the AAPD, the board recommends that a new online access category be created, but be limited only to those from Low or Low Middle Income countries who are not pediatric dentists trained in the U.S. or Canada (that is, educationally qualified for Active AAPD membership). The board proposes that the existing International membership category be continued while the new online access category be named "International Colleague."

114 CHAPTER I. MEMBERSHIP

115 Section 1. **CATEGORIES:** There shall be ~~fourteen (14)~~ **fifteen (15)**
116 categories
117 of membership: Active, International, Life, Inactive, Associate,
118 Retired, Predoctoral Student, Postdoctoral Student, International,
119 **International Colleague.**
118 Student, Affiliate, Affiliate Life, Allied, Friends of Pediatric Dentistry
119 and Honorary.

120 Section 2. **ELIGIBILITY:**

...

138 B. **INTERNATIONAL:** This category of membership is available to
139 dentists living and practicing, teaching, or conducting research out-
140 side of the United States or Canada who maintain membership in
141 a foreign dental association **or the International Association
of Paediatric Dentistry or one of its national or regional
member organizations.**
142 Educationally-qualified pediatric den-
143 tists, except those in the Federal Services, otherwise eligible for
144 Active membership who live and practice, teach, or conduct
145 research outside of the United States or Canada are also eligible
146 for this membership category, although without the privileges of
Active membership.

147 C. **INTERNATIONAL COLLEAGUE:** **This category of
148 membership is available to dentists living and practicing,
149 teaching, or conducting research outside of the United States
150 or Canada in countries classified as Low Middle Income or
151 Low Income by the World Bank who maintain membership in a
152 foreign dental association or the International Association
153 of Paediatric Dentistry or one of its national or regional
154 member organizations. Educationally-qualified pediatric
155 dentists living, practicing, teaching or conducting research in
156 such countries are not eligible for this category of
157 membership.**

...

[re-letter subsequent paragraphs C-N in this section]

231 Section 3. **PRIVILEGES:**

...

251 D. INTERNATIONAL COLLEAGUE: Privileges of International
252 Colleague members members shall be to:

253 1. Serve as consultants to councils/committees, but not vote
254 or hold office.

255 2. Attend the annual session of the Academy.

256 3. Obtain access to all electronic membership communications
257 and publications and the members-only section of the
258 Academy website.

...

[re-letter subsequent paragraphs D-K in this section]

1102 **CHAPTER X. FINANCES**

1103 Section 1. **DUES:**

1104 A. The amount of the annual dues of Active members shall be
1105 proposed by the Board of Trustees and may be revised at any
1106 annual session by an affirmative vote of a majority of the mem-
1107 bers present, entitled to vote and voting, provided the mem-
1108 bership is informed of the impending proposal no later than
1109 thirty (30) days prior to the first day of the annual session.

1110 B. International, Associate, Affiliate, and Friends of Pediatric
1111 Dentistry members shall pay annual dues equal to fifty percent
1112 (50%) of an Active member's dues.

1113 C. International Colleague members shall pay annual dues
1114 at a rate determined by the Board of Trustees, not to exceed
1115 twenty percent (20%) of an Active member's
1115 dues.

[re-letter subsequent paragraphs C-G in this section]

1126 Section 2. **ASSESSMENTS:**

1127 A. All assessments proposed by the Board of Trustees and
1128 approved by the General Assembly by an affirmative vote of
1129 two-thirds (2/3) of the members present, entitled to vote and
1130 voting, shall be considered as binding obligations in conjunc-
1131 tion with dues and shall be treated as such.

1132 B. International, International Colleague, Associate, Inactive,
Retired, Postdoc-
1133 toral Student, Predoctoral Student, International Student,
Affiliate,
1134 Allied, Friends of Pediatric Dentistry and Honorary members
shall
1135 be exempt from the payment of any assessment levied upon the
1136 membership.

2. TECHNICAL CORRECTIONS

The following proposed change to the Constitution and Bylaws was prepared by the Constitution and Bylaws Committee at the request of the Board of Trustees. This is a technical correction recognizing that the AAPD's chief staff officer is the chief executive officer rather than the president.

Chapter IV (Elected Officers) . . .

453 Section 7. **DUTIES:**

454 A. **PRESIDENT:** The duties of the President shall be to:

455 1. Serve as the ~~chief executive officer~~ and official representa-
456 tive of this Academy in its contacts with government, civic,
457 business, and professional organizations for the purpose of
458 advancing the objectives and policies of this Academy.

459 2. Serve as Chair of the Board of Trustees and the Executive
460 Committee.

The following proposed change to the Constitution and Bylaws was prepared by the Constitution and Bylaws Committee at the request of the Board of Trustees. This is a technical correction to the presidential duties related to the Nominations Committee, recognizing that the president serves for only two years on the Nominations Committee after their presidential term is complete.

Chapter IV (Elected Officers) . . .

480 11. Upon expiration of the term of office as President, serve as
481 a member of the Board of Trustees for the following one (1)
482 year, and as a member of the Nominations Committee for ~~three~~
483 ~~(3)~~ **two (2)** years.

The following proposed change to the Constitution and Bylaws was prepared by the Constitution and Bylaws Committee at the request of the Board of Trustees. The position of Child Advocate is no longer occupied. This position was filled initially by Dr. David Johnsen from 1988-1995 and then by Dr. James J. Crall from 1995-2014, both of whom both served the Academy admirably. The goal of the position was to monitor, provide information to, and influence federal agencies and coalition initiatives affecting children's oral health. Many achievements were obtained, too numerous to detail in this space. However, with the greatly expanded scope of AAPD's advocacy activities in recent years, the board determined that these efforts could best be coordinated by a team approach through the AAPD's pediatric oral health research and policy center. The AAPD has also expanded its efforts on federal agency relations via its Washington, D.C.-based representative Hogan Lovells. Dr. Crall will continue to be a key part of this team and active on critical public policy matters. He continues to serve on the Advisory Board of the research and policy center and as expert consultant to the Council on Government Affairs and its Medicaid/CHIP Advisory Committee. He also currently serves as Chair of the ADA's Dental Quality Alliance (DQA) and AAPD's representative to that group.

536 CHAPTER V. BOARD OF TRUSTEES

537 Section 1. **COMPOSITION:** The Board of Trustees shall con-
538 sist of ~~nineteen (19)~~ **eighteen (18)** members: the President,
President-Elect,
539 Vice-President, Secretary-Treasurer, the immediate past Presi-
540 dent, one District Trustee elected from each of the five (5) trust-
541 ee districts, three (3) trustees elected as member at-large,
542 one (1) Affiliate Trustee; and the Editor, Chief Executive Officer,
543 Parliamentarian, ~~Child Advocate~~ and Congressional Liaison, who
544 shall be ex officio members of the Board of Trustees without
545 the right to vote.

...

989 **CHAPTER VIII. APPOINTIVE OFFICERS**

990 Section 1. **TITLE:** The appointive officers of this Academy
991 shall be an Editor, Chief Executive Officer, Parliamentarian, ~~Child~~
992 ~~Advocate~~, and Congressional Liaison, and such others as may
993 be designated by the Board of Trustees.

994 Section 2. **APPOINTMENTS:** The Board of Trustees shall des-
995 ignate the appointive officers as follows:

~~1013 D. Child Advocate: The Child Advocate shall be nominated~~
~~1014 for a one (1) year term by the President and appointed subject~~
~~1015 to approval by a majority of the votes cast by the~~
~~1016 Board of Trustees. The Child Advocate may be reappointed to~~
~~1017 an unlimited number of additional one (1) year terms:~~

1018 E. **D.** Congressional Liaison: The Congressional Liaison shall be
1019 nominated for a one (1) year term by the President and ap-
1020 pointed subject to approval by a majority of the votes
1021 cast by the Board of Trustees. The Congressional Liaison
1022 may be reappointed to an unlimited number of additional one
1023 (1) year terms.

...
1030 Section 3. **DUTIES:** The duties of the appointive officers shall
1031 be as follows:

~~1074 D. **Child Advocate:**~~

~~1075 1. To serve as an advocate for the oral health issues of chil-~~
~~1076 dren, primarily at the national level, with legislators, federal~~
~~1077 agencies, and professional health organizations:~~

~~1078 2. To assist in advocating and coordinating efforts at the state~~
~~1079 level for improvement of the oral health of children:~~

~~1080 3. To present an ad-interim and annual report to the Board of~~
~~1081 Trustees:~~

~~1082 4. To perform such other duties as prescribed by the Presi-~~
~~1083 dent:~~

1084 E. **D.** Congressional Liaison: . . .

3. GENERAL ASSEMBLY NOTICE OF AMENDMENTS

The following proposed change to the Constitution and Bylaws was prepared by the Constitution and Bylaws Committee at the request of the Western Society of Pediatric Dentistry (WSPD). WSPD recommends increasing the notice of Constitutions and Bylaws amendment from thirty (30) days to sixty (60) days.

Current AAPD Bylaws provide that members be notified thirty (30) days prior to any vote on Constitution or Bylaw amendments by membership. WSPD argues that this is inadequate notice to evaluate the proposal, elaborate a response and even schedule to be in attendance to cast a vote at the General Assembly. WSPD advocates that every member be given adequate notice when there is a major constitutional or bylaw change.

CONSTITUTION

96 **ARTICLE VII. AMENDMENTS**

97 This Constitution may be amended by an affirmative vote of
98 three-fourths (3/4) of the members present, entitled to vote and

99 voting any regular meeting of the members of this Academy,
100 or at a special meeting called for that purpose, provided notice
101 has been mailed to the membership at least ~~thirty (30)~~ **sixty (60)**
days
102 prior to this action. Minor revisions that do not change the
103 basic subject matter or intent of a proposed amendment as
104 mailed to the members can be made upon recommendation by
105 the Constitution and Bylaws Committee Reference Committee
106 of the General Assembly. A majority vote of the General As-
107 sembly will be required to accept minor revisions, but a
108 three fourths (3/4) vote will be required by the General
109 Assembly to approve the main motion/constitution amendment.
110 This Constitution may be amended at any regular meeting
111 or at any special meeting, called for this purpose, by the
112 unanimous vote of the members present.

BYLAWS

1397 **CHAPTER XVII. AMENDMENT OF BYLAWS**

1398 Amendments to these Bylaws may be proposed by any council,
1399 committee, District Organization, State Unit, or Active or Life
1400 member, provided that the proposed amendment has been
1401 submitted in writing to the Constitution and Bylaws
1402 Committee and the Chief Executive Officer no later than
forty-five
1403 (45) days prior to the next winter meeting of the Board of Trus-
1404 tees. Amendments to these Bylaws may be proposed by the
1405 Board of Trustees provided that the proposed amendment has
1406 been submitted to the Constitution and Bylaws Committee for
1407 proper formulation and wording at least ninety (90) days prior
1408 to the date of the session of the General Assembly where such
1409 action is to be considered.

1410 These Bylaws may be repealed or amended by a two-thirds
1411 (2/3) vote of the members present, entitled to vote and voting
1412 at any regular session of the General Assembly or at any spe-
1413 cial session called for such purpose, provided that, as a condi-
1414 tion precedent to the presentation of any such amendment, the
1415 Constitution and Bylaws Committee shall have properly for-
1416 mulated and worded said amendment and a copy thereof shall
1417 have been mailed to each of the members of the General As-
1418 sembly no later than ~~thirty (30)~~ **sixty (60)** days prior to such
action. Mi-
1419 nor revisions that do not change the basic subject matter or
1420 intent of a proposed amendment as mailed to the members can
1421 be made upon recommendation by the Constitution and Bylaws
1422 Committee Reference Committee of the General Assembly. A
1423 majority vote of the General Assembly will be required to ac-
1424 cept the changes, but a two-thirds (2/3) vote will be required
1425 by the General Assembly to approve the main motion/bylaws
1426 amendment. Bylaws may be amended or repealed without
1427 prior notification at any regular session of the members of the
1428 General Assembly, or at any special session called for this pur-
1429 pose, by the unanimous vote of the members present, entitled
1430 to vote and voting.

Board of Trustees recommendation:

The board notes that since 2011 this longer advance notification has met via publication of such amendments in the March PDT versus the May PDT. The March PDT is mailed sixty days prior to the General Assembly, as opposed to the May PDT which is mailed thirty days prior to the General Assembly. Therefore, the Board supports this amendment which comports with current practice and ensures adequate advance notice to members. However, the Board believes that to allow maximum efficiency in the current high speed age of information, the means of communication should not reference mailed materials. Therefore, the Board supports the following amendments:

CONSTITUTION

100 or at a special meeting called for that purpose, provided notice
101 has been mailed **provided in writing through print or
electronic form** to the membership at least . . .

BYLAWS

1416 mulated and worded said amendment and a copy thereof shall
1417 have been mailed **provided in writing through print or
electronic form** to each of the members of the General
Assembly no later than . . .

4. ABSENTEE BALLOTING AFTER THE GENERAL ASSEMBLY

The following proposed change to the Constitution and Bylaws was prepared by the Constitution and Bylaws Committee at the request of the Western Society of Pediatric Dentistry (WSPD). They state that the General Assembly is where you have the right to cast your vote on the future path that our organization will take. WSPD states that it is estimated that only three percent (3%) of our membership attend this important meeting. To allow every member the right to vote on important issues such as leadership change, constitutional and bylaws changes, the WSPD supports a Bylaws change that will require that every member be allowed to vote in absentia when these issues are voted on. They believe that every member regardless of his or her circumstances should have the ability to vote on a major Constitutional or Bylaws change. Hence, WSPD is proposing that every eligible voting member be allowed to vote in absentia up to thirty (30) days following the end of the annual General Assembly on Constitution and Bylaw amendments.

The Constitution and Bylaws Committee notes that currently under the AAPD Administrative Policy and Procedure Manual, Section 2.D, an absentee ballot can be requested within 45 days of the start of the Annual Session. Currently, voting in this manner is limited to the first ballot, but there is no limitation on the subject matter. Hence, an absentee ballot can currently be applied to voting for a roster of officers and board members being proposed by the Nominations Committee, or a Bylaws amendment, or a policy or guideline. However, it is acknowledged that voting in advance for a Bylaws amendment and/or guidelines and policies may be a moot point as often there are modifications via the Reference Committee. There is usually no unchanged "first ballot" on such issues.

CONSTITUTION

96 ARTICLE VII. AMENDMENTS

97 This Constitution may be amended by an affirmative vote of
98 three-fourths (3/4) of the members ~~present~~, entitled to vote and
99 voting **up to thirty (30) days following** any regular meeting of
the members of this Academy,
100 or at a special meeting called for that purpose, provided notice
101 has been mailed to the membership at least thirty (30) days
102 prior to this action. Minor revisions that do not change the
103 basic subject matter or intent of a proposed amendment as
104 mailed to the members can be made upon recommendation by
105 the Constitution and Bylaws Committee Reference Committee
106 of the General Assembly. A majority vote of the General As-
107 sembly will be required to accept minor revisions, but a
108 three fourths (3/4) vote will be required by ~~the General~~
109 **Assembly members entitled to vote and voting** to approve the
main motion/constitution amendment.
110 This Constitution may be amended at any regular meeting
111 or at any special meeting, called for this purpose, by the
112 unanimous vote of the members present.

BYLAWS

1397 CHAPTER XVII. AMENDMENT OF BYLAWS

1398 Amendments to these Bylaws may be proposed by any council,
1399 committee, District Organization, State Unit, or Active or Life
1400 member, provided that the proposed amendment has been
1401 submitted in writing to the Constitution and Bylaws
1402 Committee and the Chief Executive Officer no later than
forty-five
1403 (45) days prior to the next winter meeting of the Board of Trus-
1404 tees. Amendments to these Bylaws may be proposed by the
1405 Board of Trustees provided that the proposed amendment has
1406 been submitted to the Constitution and Bylaws Committee for
1407 proper formulation and wording at least ninety (90) days prior
1408 to the date of the session of the General Assembly where such
1409 action is to be considered.

1410 These Bylaws may be repealed or amended by a two-thirds
1411 (2/3) vote of the members ~~present~~, entitled to vote and voting
1412 **at up to thirty (30) days following** any regular session of the
General Assembly or at any spe-
1413 cial session called for such purpose, provided that, as a condi-
1414 tion precedent to the presentation of any such amendment, the
1415 Constitution and Bylaws Committee shall have properly for-
1416 mulated and worded said amendment and a copy thereof shall
1417 have been mailed to each of the members of the General As-
1418 sembly no later than thirty (30) days prior to such action. Mi-
1419 nor revisions that do not change the basic subject matter or
1420 intent of a proposed amendment as mailed to the members can
1421 be made upon recommendation by the Constitution and Bylaws
1422 Committee Reference Committee of the General Assembly. A
1423 majority vote of the General Assembly will be required to ac-
1424 cept the changes, but a two-thirds (2/3) vote will be required
1425 by ~~the General Assembly~~ **members entitled to vote and voting**
to approve the main motion/bylaws
1426 amendment. Bylaws may be amended or repealed without
1427 prior notification at any regular session of the members of the
1428 General Assembly, or at any special session called for this pur-
1429 pose, by the unanimous vote of the members present, entitled
1430 to vote and voting.

Board of Trustees recommendation:

Philosophically, the board has an expectation that all AAPD member pediatric dentists, absent scheduling or other personal issues, should attend the AAPD Annual Session each year. The General Assembly is the opportunity where any active and life member may attend and vote, essentially as an annual membership meeting or the equivalent to an annual shareholders' meeting in the for-profit world. The board believes there is there is a benefit from the General Assembly's process of in-person discussion, debate, and deliberation—after which a final vote is taken. This would be lost if voting were extended after the conclusion of the General Assembly, where votes would be submitted from members who were not present and/or did not necessarily listen to or read the discussion (even if available via live feed or website posting afterwards). There would also likely be attempts to influence votes via phone call and e-mails to members around the country, without any follow-up face-to-face discussion of the General Assembly. This would also delay completion of the General Assembly's business for a month. Overall, it would not be a best practice for contemporary association governance. Therefore, the board recommends that this amendment not be adopted.

Nominations

Jade Miller

PRESIDENT ELECT NOMINEE



Dr. Jade Miller, D.D.S., of Reno, Nev., has been a full-time private practitioner since 1983. In addition to private practice, Miller has also had the opportunity to contribute to pediatric dentistry in a variety of ways including governmental agencies, dental board examination communities and dental education. He became involved with his local dental society 30 years ago and that early beginning led to leadership and service ever since. The highlight of his professional career has been the opportunity to serve as AAPD District VI trustee. He was also part of the first cohorts of the Leadership Institute and Advanced Leadership Institute.

In Nevada, Miller has served as president of the Northern Nevada Dental Society, Nevada Dental Association and Nevada Academy of Pediatric Dentistry. Nationally, at the American Dental Association, he serves as Delegate for the 14th District and is currently on the Council for Dental Education and Licensure. Representing the Council he chaired the ADA Committee on Anesthesiology and currently serves as chair of ADA Continuing Education Recognition Process Committee (CERP).

The Nevada governor appointed him to the Nevada State Board of Health where he was elected as the first dentist as chairman, serving for four consecutive years. The governor has also appointed him to the Medicaid Medical Advisory Committee and Board of Dental Examiners where he currently serves as president.

James D. Nickman

VICE PRESIDENT NOMINEE



Dr. Jim Nickman (North Oaks, Minn.) earned his D.D.S. and Master's Degree from the University of Minnesota. He has been a member of the AAPD since 1999 and a diplomate of the ABPD since 2002.

Nickman currently serves as the Minnesota Academy of Pediatric Dentistry Public Policy Advocate. He has served on the AAPD board of trustees as the then-District IV (now Northcentral District) trustee, Council on Government Affairs, Council on Dental Benefit Programs, the Committee on the Adolescent and the Council on Membership. He is the past president of the Minneapolis District Dental Society and serves as the chair of the Minnesota Dental Association Barriers to Care Committee and MIN-DENPAC Board. He also is the past-president of the North Central Society of Pediatric Dentistry, Minnesota Academy of Pediatric Dentistry, and the University of Minnesota School of Dentistry Alumni Society. He is a fellow of the American College of Dentists, International College of Dentists and the Pierre Fauchard Academy.

Nickman maintains a private practice in the Twin Cities and teaches part-time at the University of Minnesota. He and his wife, Jean, have three children: Beth, Kyle and Noah. He enjoys the outdoors and travel.

Joseph B. Castellano

SECRETARY-TREASURER CANDIDATE



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

Amr M. Moursi

ACADEMIC AT-LARGE TRUSTEE CANDIDATE



Dr. Amr M. Moursi is chairman of the Department of Pediatric Dentistry at the New York University College of Dentistry and an attending dentist on the medical staff at the New York University Langone Medical Center and the Bellevue Hospital Center in New York. He received a D.D.S. degree from the University of Michigan School of Dentistry. He then completed a pediatric dentistry residency at Children's Hospital of Pittsburgh. He received a Ph.D. in Oral Biology, with an emphasis on craniofacial biology, from the University of California at San Francisco. He is a board-certified diplomate of the American Board of Pediatric Dentistry, a fellow of the American Academy of Pediatric Dentistry and a Fellow of the International College of Dentists.

Moursi serves on the AAPD Medicaid and CHIP Advisory Committee, as a fellow of the Pediatric Oral Health Research and Policy Center and on the Editorial Board of the Journal of Dentistry for Children. He is on the faculty of the Comprehensive Review Course and serves as a national spokesperson. He was the chair of the AAPD Global Interactions Task Force.

In his other service activities Moursi serves as an Examiner for the Royal College of Surgeons in Ireland, a consultant to the New York State and New York City Departments of Health, and has been

appointed to the Advisory Council for Children of Bellevue, an organization that supports pediatric patients and their families at Bellevue Hospital Center. Moursi also serves as a consulting expert for the NBC News Education Nation Parent Toolkit.

Moursi's research focuses on bone defects of the head and skull as well as infant oral health. He is the author or co-author of over 80 published articles, book chapters and abstracts. He is also editor of the textbook *Clinical Cases in Pediatric Dentistry* (Wiley-Blackwell). He has been an invited speaker at universities and conferences throughout the United States as well as internationally.

In addition, Moursi has led teams of dentists, residents and students to provide pediatric dental treatment, education and training to underserved sites throughout the United States and the world, including Upstate New York, Maine, Alaska, Tanzania, Grenada and Nicaragua. He also maintains a private practice in New York City.

Bruce H. Weiner

SOUTHWESTERN DISTRICT TRUSTEE



Dr. Bruce Weiner graduated from the Virginia Military Institute in 1967 with a commission in the U.S. Air Force and a four-year military commitment. He then enrolled in the University of Maryland's Baltimore College of Dental Surgery from which he graduated in 1971. He served in the Air Force as a general dental officer and was stationed at Ramstein AB, Germany, from 1971-1975.

Weiner returned to his home state of Maryland to complete his pediatric dental residency and moved to Texas upon its completion in 1977. He taught pediatric dentistry at Baylor College of Dentistry from 1977 – 1982 and established a private practice in Fort Worth, Texas, in 1978. He is the senior partner of Fort Worth Pediatric Dentistry and practices with Janell Plocheck and Nathan West.

Weiner has chaired the Dental Health and Continuing Education Committees for the Fort Worth District Dental Society and has chaired and managed continuing education courses for the Southwestern Society of Pediatric Dentistry. He serves on the AAPD's Continuing Education Committee. He has recently been awarded a Master Clinician Fellowship by the AAPD and intends to return to teaching in the near future. He is a diplomate of the American Board of Pediatric Dentistry.

Weiner and his wife, Hollace, have been married for 46 years. They have two children and three grandchildren. Weiner travels extensively, and he enjoys skiing, biking, scuba diving and golf. He still drives his first car, a 1967 Mustang convertible he purchased when he graduated college.

John L. Gibbons

WESTERN DISTRICT TRUSTEE



Dr. John Gibbons is a pediatric dentist who has been in private practice for 29 years, with an office in both Tacoma and Silverdale, Washington. Gibbons received his D.M.D. from Washington University of St. Louis and completed a two-year pediatric dental residency at Oregon Health Sciences University.

Gibbons is an affiliate instructor at the University of Washington School of Dentistry where he has volunteered his time supervising the dental students during their rotation through the pediatric dental clinic. He was chosen to participate on a panel of experts on the subject of Behavior Management for an annual meeting of the California Society of Pediatric Dentistry. He is a provider for the Washington state ABCD program and dedicates three days of his Tacoma practice for Medicaid enrolled children. He had the privilege of working two weeks in an orphanage in Honduras, where not only was he able to work on the children but also teach some of the local dentists about pediatric dentistry.

Gibbons was a member of a Washington State Dental Association's Task Force on Health Care Reform, which advised the Washington State's ACA Exchange Committee. He is the AAPD's public policy advocate for Washington state.

He served as the president of the Washington State Academy of Pediatric Dentistry and is the current president of the Western Society of Pediatric Dentistry.

Leila C. Younger

ABPD DIRECTOR



Dr. Leila C. Younger, D.D.S., M.S., has been in private practice for 24 years. She practices at Children's Dentistry Group in Lake Zurich, Ill., after merging her solo practice with Children's Dentistry Group in 2012. She is a clinical assistant professor of pediatric dentistry at The University of Southern California Ostrow School of Dentistry.

Younger completed her residency at Children's Memorial Hospital in Chicago and received a master's degree from Northwestern University in 1991. She attended The University of Illinois College of Dentistry where she graduated with honors and was inducted into OKU. She completed her undergraduate degree in biology at the University of Illinois-Urbana/Champaign.

Younger has been an examiner for the Oral Clinical Examination and on the examination committee of the American Board of Pediatric Dentistry since 2005. She served on several councils and committees for the American Academy of Pediatric Dentistry from 1992-2004. She became an ADA Evidence Based Dentistry Champion in 2012 and is a member of the National Dental Practice-Based Research Network.

Younger and her husband, Dr. Terry Younger, reside in Barrington, Ill. They have two young adult children and enjoy biking, hiking and travel, including medical mission trips.



NOTICE TO ACTIVE AND LIFE MEMBERS

Reference Committee and General Assembly

(1) REFERENCE COMMITTEE HEARING AND REPORTS AND

(2) GENERAL ASSEMBLY MEETING

Constitution and Bylaws amendments and proposed changes/additions to oral health policies and clinical guidelines of the American Academy of Pediatric Dentistry will be the subject matter for the Reference Committee hearings at the Annual Session. Recommendations from the Council on Clinical Affairs concerning oral health policies and clinical guidelines will be posted as a Members-only document on the AAPD website (<http://www.aapd.org>) no later than thirty (30) days prior to the General Assembly. All members will be alerted to this availability via AAPD *E-News*.

The Reference Committee hearing will take place on Saturday, May 23, 2015, from 10 to 11 a.m., in Room 602-603 of the Seattle Convention Center. Members are strongly encouraged to attend. Non-members may attend, but will be polled and asked to identify themselves by the chair, and are not allowed to comment. The Reference Committees are intended to be the venue for member discussion on any formal resolutions that will be proposed before the General Assembly. This is an opportunity for members to present testimony on proposed oral health policies and clinical guidelines, and other business to come before the General Assembly.

Reference Committee Reports will be available in the back of Room 602-603 of the Seattle Convention Center beginning at 7 a.m. on Sunday morning May 24, 2015, prior to the beginning of the General Assembly and Awards Recognition at 9:30 a.m. If available in time, copies will also be provided at District Caucuses on Saturday, May 23, 2015, from 1 to 2 p.m.

The Awards Recognition and General Assembly will take place on Sunday, May 24, 2015, from 9:30 to 11:30 a.m. in Room 602-603 of the Seattle Convention Center. The General Assembly is a meeting of Active and Life members for the purposes of conducting the business of the AAPD. Final action on recommendations from Reference Committees takes place at the General Assembly. An agenda for the General Assembly meeting will be posted under "Latest News" in the Members-Only section of the AAPD website (<http://www.aapd.org>) approximately one month prior to the meeting. All members will be alerted to this availability via AAPD *E-News*.

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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

Final FY 2015 Appropriations Legislation Includes \$10 Million for Title VII Pediatric Dentistry Training

NEW HRSA TITLE VII GRANT OPPORTUNITIES ANNOUNCED

On Dec. 12-13, 2014, the U.S. House of Representatives and Senate passed the massive “cromnibus” \$1.1 trillion bill to fund the federal government for fiscal year (FY) 2015. President Obama signed the bill into law Dec. 16, 2014.

The AAPD’s top appropriations priority, funding for Title VII pediatric dentistry, received our requested amount of \$10 million. This represents the highest level of funding ever obtained for this program to date. The AAPD also worked closely with the ADA to secure language that continues to prohibit federal funding for dental therapist or other alternative provider demonstration projects.

Background: The authority to fund Pediatric Dentistry residency training under Title VII was first enacted under the Health Professions Education Partnerships Act of 1998. This expanded the existing General Dentistry training authority, providing “start up” funds to either increase pediatric dentistry positions at existing programs or initiate new programs. **To date, over \$60 million has supported over 60 pediatric dentistry programs, including 10 new programs.** Under the Affordable Care Act (ACA), Title VII authority was expanded to create a primary care dental funding cluster under Section 748 of the Public Health Service Act. Authority was broadened to allow use of funds for faculty development, predoctoral training and **faculty loan repayment.** The latter initiative had long been advocated by the AAPD, on account of the significant difficulties in recruiting qualified individuals to fill faculty positions.

FY 2015 Final Appropriations: The “cromnibus” bill provides \$254.978 million for health professions training (Title VII), an 3.9 percent increase over FY 2014, and \$231.622 million for Title VIII (nursing), a 3.5 percent increase over FY 2014. The bill provides \$33.928 million for the oral health primary care training cluster, a increase over FY 2014, with the following report language:

“Oral Health Training -The agreement includes not less than \$9,000,000 for General Dentistry programs and **not less than \$10,000,000 for Pediatric Dentistry programs.**

Alternative Dental Health Providers. - While the agreement continues to carry bill language that prohibits the use of funds for alternative dental health care provider demonstration projects, this language is not intended to prohibit or preclude a State’s ability to independently develop policies to increase patient access to dental care in underserved areas in order to address the unique needs and demands of that State.”

H.R. 83 / Public Law 113-235, Consolidated and Further Continuing Appropriations Act, 2015 can be accessed at: <https://www.congress.gov/113/bills/hr83/BILLS-113hr83enr.pdf>.

The AAPD thanks all of those advocates who attended the Public Policy Advocacy Conference in March 2014, which included advocacy for this program. The AAPD especially thanks Congressional Liaison Heber Simmons Jr. and Mike Gilliland and Kate McAuliffe at Hogan Lovells for all of their efforts throughout the long budgetary process. The AAPD also acknowledges our joint efforts with ADA and ADEA.

NEW HRSA FY 2015 Title VII Dental Grants: In early December 2014, the Health Resources and Services Administration (HRSA) announced new FY 2015 grant cycles for Title VII predoctoral and postdoctoral dental programs, including pediatric dentistry. The AAPD strongly encouraged all interested programs to apply.

The postdoctoral grant application can be accessed on www.Grants.gov at: <http://www.grants.gov/view-opportunity.html?oppId=270358>. HRSA anticipates making \$10.5 million available for 23 grants. **The application deadline was Feb. 5, 2015.** The presdoctoral grant application can be accessed on www.Grants.gov at: <http://www.grants.gov/web/grants/view-opportunity.html?oppId=270270>. HRSA anticipates making \$3.95 million available for 13 grants. **The application deadline was Feb. 2, 2015.** For more formation about the FY 2015 HRSA Title VII dental grants please contact AAPD Educational Affairs Manager Scott Dalhouse at sdalhouse@aapd.org.

STATE NEWS

New Medicaid Dental Analysis from ADA HPI

The ADA's Health Policy Institute recently issued a Research Brief entitled *A Ten-Year, State-by-State, Analysis of Medicaid Fee-for-Service Reimbursement Rates for Dental Care Services*. It can be accessed at: http://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_1014_3.ashx.

This document should prove helpful in state efforts to increase Medicaid dental reimbursement rates for pediatric dental services. The AAPD has disseminated this report our state Public Policy Advocates. Among the key findings in the report:

- “In 2013, the average Medicaid fee-for-service reimbursement rate was 48.8 percent of the commercial insurance charges for pediatric dental care services.”
- “Between 2003 and 2013, 39 states experienced a decline in the Medicaid-to-commercial-dental-insurance fee ratio for pediatric dental services. Only seven states and DC experienced an increase. This means that Medicaid FFS reimbursement has not kept up with “market” rates in most states.”
- Reforms in Connecticut, Maryland, and Texas, including reimbursement increases, have “led to increased dental care use for Medicaid-eligible children.”

Auditor's Report Documents Weaknesses in Medi-Cal Dental Program that Limit Children's Access to Dental Care



CALIFORNIA SOCIETY OF PEDIATRIC DENTISTRY PUBLIC POLICY ADVOCATE
DR. PAUL REGGIARDO PROVIDES THE FOLLOWING ANALYSIS:

In late 2014, the California State auditor released a scathing report on the state's Medicaid Dental Program (Denti-Cal). The report highlights the access to care problem enrolled children face and accurately places the blame directly on the state's woefully inadequate reimbursement system and the lack of program oversight by the California Department of Health Care Services (through the fiscal intermediary, Delta Dental of California).

The report will be significantly helpful in addressing policymakers on program funding and administrative reform. In this regard, we should also be helped by the appointment in January 2015 of a state dental director, a position created by the legislature last year. I also hope to address these issues via my appointment to the 15-member *Medi-Cal Children's Health Advisory Panel*, an independent, statewide advisory body charged with advising the State Department of Health Care Services on matters relevant to children enrolled in Medi-Cal and their families. This was created under legislation passed in 2014. I am the sole dentist representative on the panel.

This is a short fact sheet from the auditor's office. The entire report can be accessed at: <http://www.bsa.ca.gov/pdfs/reports/2013-125.pdf>.



The California State Auditor released the following report today:
California Department of Health Care Services
Weaknesses in Its Medi-Cal Dental Program Limit Children's Access to Dental Care

BACKGROUND

The California Medical Assistance Program (Medi-Cal), administered by the Department of Health Care Services (Health Care Services), provides health care services to the aged, disabled, and indigent. Federal regulations require Health Care Services to provide early and periodic screening, diagnostic, and treatment services—including dental services it provides through its Medi-Cal Dental Program (program)—for beneficiaries under the age of 21 years (child beneficiaries). Child beneficiaries can receive dental services under the program through either a fee-for-service or a managed care delivery system, or from federally qualified health centers, rural health clinics, and Indian Health Service clinics. Health Care Services contracts with Delta Dental of California (Delta Dental) to help administer the program.

KEY FINDINGS

During our review of the program, we noted the following:

- California's utilization rates are lower than those of many states. Federal data shows that nearly 56 percent of the 5.1 million children enrolled in Medi-Cal did not receive dental care through the program.
- While the number of active providers statewide appears sufficient to provide services to child beneficiaries, some counties may not have enough providers to meet the dental needs of child beneficiaries.
 - ✓ In 2013 five counties with at least 2,000 child beneficiaries may not have any active providers and no dental providers were willing to accept new Medi-Cal patients in 11 counties.
 - ✓ In 16 counties, the number of dental providers willing to accept new Medi-Cal patients appeared to be insufficient. 2000–01 yet the rates are significantly lower than national and regional averages and lower than those of other states.
- We estimate that recent changes in federal and state laws could increase the number of individuals using dental services through Medi-Cal from 2.7 million to as many as 6.4 million—children and adults—and thus affect their access to dental services.
- Health Care Services has inadequately monitored the program and has not fully complied with reporting requirements.
 - ✓ Although required to conduct annual reviews of the reimbursement rates for dental services and to periodically revise those rates, it has only performed two annual reviews since fiscal year 2000–01.
 - ✓ It did not comply with its 2011 state plan to monitor and report certain metrics related to access to services. Thus, its actions related to improving beneficiary utilization and provider participation have been ineffective and it has not enforced provisions related to improving utilization and provider participation in its contract with Delta Dental.
 - ✓ Because of data limitations, it cannot report on dental health access and availability and the effectiveness of preventive care and treatment.
- Health Care Services authorized reimbursements for services providers allegedly rendered to deceased beneficiaries.

KEY RECOMMENDATIONS

- We made numerous recommendations to Health Care Services related to the program, including the following:
- Establish criteria for assessing and monitoring beneficiary utilization, access to services, and provider participation in the program, and take corrective action on any identified declining trends to ensure that the influx of beneficiaries is able to access services.
 - Perform annual reimbursement rate reviews and ensure beneficiaries have reasonable access to dental services and ensure that Delta Dental performs all its contract-required outreach activities to improve participation.
 - Establish the provider-to-beneficiary ratio statewide and in each county as a performance measure to evaluate access and availability of dental services and capture needed data about dental services for reporting purposes.

Date: December 11, 2014

621 Capitol Mall, Suite 7200 | Sacramento, CA 95814 | 916.445.8255 | 916.327.0019 Fax | www.auditor.ca.gov

Report: 2013-125

Multiple Initiatives Aimed at Improving Access to and Quality of Care

COLORADO ACADEMY OF PEDIATRIC DENTISTRY PUBLIC POLICY ADVOCATE DR. JEFF KAHL REPORTS THE FOLLOWING:

- There is pending legislation to require medical plans with **embedded dental benefits** in the State Health Insurance Exchange to have a **separate dental deductible**.
- In the wake of the Dental Sunset law approved last legislative session, there is a requirement for a **separate pediatric certification for sedation**. The most recent draft of a proposed rule by the state dental board will not allow providers who meet the current Moderate/Minimal sedation requirements (providers who have completed GPR, AEGD or other specialty residency) to sedate children under 12 unless they can demonstrate that of their training was specific to pediatrics. The new rules will also require capnography for moderately sedated patients.
- **Virtual Dental Home/ITR**. The Colorado Dental Association (CDA) is working with several of the state coalitions to bring a virtual dental home model to Colorado similar to the pilot program in California. This program utilizes hygienists and EDDAs (expanded duty dental assistants) to provide preventive services under indirect supervision in school-based health programs and long-term care facilities. They also expose radiographs and take intraoral photos, which are uploaded to a secure server, for the collaborating dentist to review. Upon review the collaborating dentist can refer patients for treatment or have them continue their preventative services in the program. Part of the virtual dental home pilot program allows hygienists and assistants to perform interim therapeutic restorations (ITRs) when directed by the collaborating dentist. The CDA is currently working on putting together educational requirements and required oversight to allow for this. The overall sentiment is that a program of this nature would help address many of the access issues in the state without the need for a new provider model. In order to give the virtual Dental Home time to develop, the CDA has negotiated with other advocacy groups that no one involved will currently pursue dental therapist legislation in Colorado.
- **Adult Medicaid Benefit has rocky roll-out**. Colorado's new adult benefit began in July 2014. This is a limited benefit (\$1,000–1,500/year). The rollout of this program with DentaQuest as the ASO had many problems, primarily due to the department of Health Care Policy and Finance and their reluctance to push policy forward in a timely manner. CDA is still confident that the program will be successful and that the partners at DentaQuest will make it work. An updated Children's Dental Policy was officially approved in late October and most of the changes have been updated in the DentaQuest system. CDA's long-term goal is to make the Medicaid benefit look and feel as much like traditional dental insurance as possible so that more providers are comfortable participating.
- **Colorado Take 5**. This program has been successful despite the administrative problems with the adult benefit noted above. This CDA program is aimed at increasing the number of Medicaid providers in the state, particularly to meet the influx of adult patients. There are many real and perceived barriers that prevent providers from participating in Medicaid in Colorado. The CDA feels that they have been able to address many of these issues as part of the campaign. The program asks all dentists to take five new patients or five families. While the CDA acknowledges that this will not even come close to providing access for the 350,000 expected new patients, they are confident that once in the system most providers will elect to see more than five. The CDA is working with the State Department of Health Care, Finance and Policy to use \$5 million that has been earmarked for provider recruitment in this program. The Take 5 program is funded by ADA State Public Affairs funds. While growing the Medicaid Provider network is a big piece, there is also a large marketing campaign to educate the public.
- The CDA now has their own **Workforce Taskforce** and have hired a firm to start building the infrastructure for a better "Hub and Spoke" model. Our real problem is not the providers we have, but coordinating the provider and programs that already exist. For example, Colorado has one of the most expansive practice acts in the country. Dental hygienists have had the ability to practice independently for almost 20 years, yet very few do so. The thought is that by better utilizing the resources that we already have (independent hygienists in school-based programs and long-term care facilities) we could more efficiently screen patients and get those with the highest needs into see the dentist while maintaining the overall dental health of patients without cavities.
- Colorado Dental (CODPAC) and the Small Donor PACs (both boards have two pediatric dentists) now require that candidates and elected officials complete an **interview process** before receiving campaign contributions. We modeled this partly after some of the Wisconsin strategies presented at the AAPD's Public Policy Advocates orientation conference in 2013. This effort has been very successful, with almost 70 officials and candidates completed the process this year. One area we have had success in particular is educating elected officials about dental therapists and other dentist models. In November 2013, one of the larger corporate chains authored a midlevel provider bill but were not able to get a legislative sponsor because of our efforts.
- Colorado's **Mission of Mercy** provides over \$1.5 million of free care for 1,600 patients every year.

Ohio Dental Care Modernization Act Signed into Law

OHIO ACADEMY OF PEDIATRIC DENTISTRY PUBLIC POLICY ADVOCATE DR. HOMA AMINI REPORTS THE FOLLOWING:

On Dec. 19, 2014, Ohio Governor John Kasich signed House Bill 463 into law. This bill, *The Ohio Dental Care Modernization Act*, was backed by the Ohio Dental Association (ODA). HB 463 was developed from a series of recommendations created by the ODA's Task Force on Auxiliary Utilization and Access to Care, and approved by the 2013 ODA House of Delegates. The recommendations are aimed at improving access to quality, comprehensive dental care by focusing on delivery system enhancements and workforce development. These recommendations were provided to policymakers seeking positive solutions to Ohio's access to care concerns. In response, State Rep. Terry Johnson (R-McDermott) along with a list of co-sponsors introduced the legislation to enact the ODA's recommendations. The bill contains several key provisions described below.

Delivery System Enhancements

Dental Medicaid Reimbursement Study

HB 463 calls for a **study on dental Medicaid reimbursement policies and fees** by representatives of the Department of Medicaid, Department of Health, legislators and dentists. Ohio ranks 40th in the nation in reimbursement for Medicaid dental services, and Ohio dental providers have not seen a fee adjustment since the 2000 state fiscal year. A handful of states, including Maryland, Tennessee and Connecticut, recently raised dental Medicaid reimbursement levels and participation in the program increased dramatically. Results of the study will be reported to the governor and members of the General Assembly for their consideration.

Dentist Student Loan Repayment Program

The bill will double the capacity of the Ohio Student Loan Repayment program, which has placed 26 dentists in dental professional shortage areas since its creation about a decade ago. The program is fully funded through a \$20 surcharge on dentists' licensure fees every two years, and funds student loan repayment for applicants working in dental professional shortage areas who treat patients regardless of their ability to pay. In recent years, loan repayment applications have exceeded the capacity of the program and the bill increases the surcharge by an additional \$20 to double the program.

At the request of the Ohio Dental Hygienists' Association, House Bill 463 creates a similar dental hygienist loan repayment program that will be funded through a \$10 biennial surcharge on dental hygienists' licensure fees.

Temporary Volunteer License

The legislation creates a temporary volunteer professional license for dental providers from other jurisdictions who participate in free care events such as Give Kids a Smile, Mission of Mercy, Remote Area Medical and other programs. **Volunteers will be able to receive a one week temporary license from the Ohio State Dental Board if they are properly licensed in another jurisdiction and provide the services without remuneration.** Holders of the license will be authorized to provide only limited procedures, including routine dental restorative work, the scaling of teeth, and extractions of teeth that are not impacted.

Workforce Development

Dental Residency Programs

House Bill 463 helps bolster dental residency programs by creating an alternative pathway to licensure for residents who successfully complete an accredited program. These graduates would not be required to complete a regional board exam to secure state licensure. Dental residency programs have become an important part of the dental safety net and the legislation provides these programs with incentives to continue to recruit qualified residents.

Dental Team Changes

Other legislative provisions related to workforce development include modifications to the Oral Health Access Supervision Program to improve its effectiveness, expansion of general supervision to allow EFDAs, certified dental assistants and dental assistant radiographers to practice on a limited basis without a dentist being physically present, and allowing a dentist to supervise up to four hygienists at any one time.

Scholarship Opportunities

Finally, the bill expands the Ohio First Scholarship program to apply to dental education. Ohio First was created to help prevent a brain drain of the state's best students and awards scholarships to those pursuing science-based training and medical education. The bill adds dental education to those scholarship opportunities.



PAC Corner

AAPD-Supported Candidates Fare Well in 2014 Midterm Congressional Elections



The AAPD did well in support of successful Republican and Democratic candidates in the 2014 midterm Congressional elections. Our overall success rate on Election Day was 92 percent in the Senate and 100 percent in the House. \$75,000 was provided to Senate candidates and \$169,250 was provided to House candidates. We want to thank all those AAPD members who delivered checks and in some cases organized fundraising events.

Of special note, there are now **three dentists serving in the U.S. House of Representatives**, as Congressmen Mike Simpson of Idaho and Paul Gosar of Arizona were re-elected and dentist Brian Babin was elected in the 36th Congressional District in Texas. Congressman Gosar will receive the AAPD Legislator of the Year award in March 24, 2015. The AAPD is also well-positioned to work closely with the new Republican Majority in the U.S. Senate.

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

Reneida Reyes, Chair
Neophytos L. Savide, Vice Chair
Steering Committee

AAPD Supported Candidates, 2014 Elections

√ = won election or re-election; X = defeated

U.S. SENATE RACES

On Election Day, 92 percent of the Senate candidates supported by the AAPD were elected or re-elected.

These were all supported at the \$5000 level

SENATOR (OR CHALLENGER)	PARTY-STATE
Lamar Alexander √	R-Tennessee
Thad Cochran √	R-Mississippi
Susan M. Collins √	R-Maine
John Cornyn √	R-Texas
Steve Daines √	R-Montana
Richard J. Durbin √	D-Illinois
Michael B. Enzi √	R-Wyoming
Mary L. Landrieu ¹ X – in runoff	D-Louisiana
Jack F. Reed √	D-Rhode Island
Pat Roberts √	R-Kansas
Ben Sasse √	R-Nebraska
Tim E. Scott √	R-South Carolina
Jeanne Shaheen √	D-New Hampshire

U.S. HOUSE RACES

On Election Day, 100 percent of the House candidates supported by the AAPD were elected or re-elected.

*Highest Tier Support- \$5000
 (plus additional \$5000 each for Simpson and Gosar for Primary)*

CONGRESSPERSON (OR CHALLENGER)	PARTY-STATE
Brian Babin ² √	R-Texas (36th)
John A. Boehner ³ √	R-Ohio (8th)
Michael C. Burgess √	R-Texas (26th)
Elijah E. Cummings √	D-New York (7th)
Diana L. DeGette √	D-Colorado (1st)
Rosa L. DeLauro √	D-New York (3rd)
Sam Farr √	D-California (20th)
Paul A. Gosar ⁴ √	R-Arizona (4th)
Gregg Harper √	R-Mississippi (3rd)
Steny H. Hoyer	D-Maryland (5th)
Walter B. Jones	R-North Carolina (3rd)
Rick R. Larsen √	D-Washington (2nd)
Nita M. Lowey √	D-New York (17th)
Kevin McCarthy ⁵ √	R-California (23rd)
Alan Nunnelee ⁶ √	R-Mississippi (1st)
Tom Price √	R-Georgia (6th)
Hal D. Rogers √	R-Kentucky (5th)
Mike Simpson ⁷ √	R-Idaho (2nd)
Edward Whitfield √	R-Kentucky (1st)

Medium Tier Support- \$2500 (except \$3500 for Capps, Davis, Womack)

CONGRESSPERSON (OR CHALLENGER)	PARTY-STATE
Gus M. Bilirakis ✓	R-Florida (9th)
Marsha Blackburn ✓	R-Tennessee (7th)
Charlie W. Boustany Jr. ✓	R-Louisiana (7th)
Mo Brooks ✓	R-Alabama (5th)
Lois Capps ✓	D-California (24th)
Yvette D. Clark ✓	D-New York (11th)
Danny K. Davis ✓	D-Illinois (7th)
Eliot L. Engel ✓	D-New York (17th)
Andy P. Harris ✓	R-Mayland (1st)
Mike M. Honda ✓	D-California (15th)
Betty McCollum ✓	D-Minnesota (4th)
Martha Roby ✓	R- Alabama ()
Dutch Ruppersberger ✓	R-Maryland (2nd)
John M. Shimkus ✓	R-Illinois (15th)
Fred S. Upton ✓	R-Michigan (6th)
Steve Womack ✓	R- Arkansas (3rd)

Basic Tier Support- \$1000

CONGRESSPERSON (OR CHALLENGER)	PARTY-STATE
Mark E. Amodei ✓	R-Nevada (2nd)
Julia Brownley ✓	D-California (26th)
Joe Courtney ✓	D-Connecticut (2nd)
Rodney L. Davis ✓	R-Illinois (13th)
Bob Dold ✓	R-Illinois (10th)
Mike G. Fitzpatrick ✓	R-Pennsylvania (8th)
Chuck J. Fleischmann ✓	R-Tennessee (3rd)
Kay M. Granger ✓	R-Texas (12th)
Hakeem S. Jeffries ✓	D-New York (8th)
David P. Joyce ✓	R-Ohio (14th)
John B. Larson ✓	D-Connecticut (1st)
Dana Rohrabacher ✓	R-California (48th)
Paul D. Ryan ✓	R-Wisconsin (1st)
Jackie Speier ✓	D-California (12th)
Jackie Walorski ✓	R-Indiana (2nd)
Peter F. Welch ✓	D-Vermont (at large)

1 The AAPD PAC gave \$5000 to challenger Bill Cassidy (Congressman, R-La. 6th) for the run-off in held Dec. 6, 2014, which Cassidy won.

2 Babin is a general dentist who ran for an open seat in this district.

3 Speaker of the House.

4 Gosar is a general dentist.

5 House Majority Leader.

6 Congressman Nunnalee passed away Feb. 6, 2015.

7 Simpson is a general dentist.

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C. Scott Litch

Chief Operating Officer and General Counsel

Litch's Law Log

Federal Judge Rules that Florida Medicaid Program Violates Federal Law

Almost a decade after the original lawsuit was filed and three years after the trial was completed, U.S. District Judge Adalberto Jordan has ruled that the Florida Medicaid program violates federal law. The lawsuit was brought by the Florida Chapter of the American Academy of Pediatrics and the Florida Academy of Pediatric Dentistry. Pediatric dentist and Medicaid dental expert Dr. James J. Crall was a critical expert witness in the case. The judge's opinion relied heavily on Crall's analysis:

"I also agree with Dr. Crall's opinion that Florida's Medicaid dental rates are not sufficient enough to provide equal access . . ."

"Based on the evidence in this case, I conclude that while reimbursement rates are not the only factor determining whether providers participate in Medicaid, they are by far the most important factor, and that a sufficient increase in reimbursement rates will lead to a substantial increase in provider participation and a corresponding increase in access to care."

The AAPD applauds this court decision and hopes that policymakers will make reforms in Medicaid dental programs to improve patient utilization and provider participation, as has occurred in states like Connecticut, Maryland, and Texas (albeit in two of those states as a result of lawsuit settlements and the other due to the death of a child from a tooth infection). See this recent ADA Health Policy Institute Report for more details on how Medicaid dental fees are far below commercial insurance averages in most states: http://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPI-Brief_1014_3.ashx.

Background:

The case *Florida Pediatric Society/The Florida Chapter of the American Academy of Pediatrics v. Levine*, No. 05-23037-CIV-HUCK (S. D. Fla.), was originally filed in the U.S. District Court, Southern District of Florida Nov. 21, 2005. The class action complaint was filed by the Florida Academy of Pediatric Dentistry (FAPD), the Florida Chapter of the American Academy of Pediatrics, and the families of six children on Medicaid. It is based on alleged violations of the federal Medicaid law, including the equal access, EPSDT and reasonable promptness requirements. The lawsuit alleged that Florida has failed in its legal duty to provide 1.6 million children of low-income families with adequate health care, because the state does not inform their families of the basic health care services they are entitled to, sends them to HMOs too full to accept them, and refuses to pay physicians and dentists at a rate that covers their expenses. There is a legal requirement under the federal Medicaid Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program that children must have access to care from doctors that is equal to the access to care received by privately insured children, and such children must receive preventive health services.

In January 2007, the court ruled that the lawsuit could proceed. The court rejected the state's motion to dismiss. Attorneys for the State of Florida argued that pediatricians, pediatric dentists, and parents of children on Medicaid do not have the right to sue Florida officials to enforce federal law, because the federal statutes under which this suit was brought do not allow individuals to bring such a lawsuit. In his 6-page decision, Judge Adalberto Jordan rejected that argument and stated that the lawsuit can proceed because "the statutes under which the plaintiffs bring suit confer individually enforceable rights."

The case featured a long trial that lasted from December 2009 to January 2012. Pediatric dentists testified in the trial as well as national Medicaid children's dental program expert (and pediatric dentist) Dr. James J. Crall.

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





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Registration Information

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

Registration and Housing Methods

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

Fax: (301) 694-5124

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

NOTE: Please do not mail after faxing.

Mail:

AAPD 2015

5202 Presidents Court, G100

Frederick MD 21703

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

Registration Materials: What You Receive Onsite

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

Residents

- Registration is complimentary if you register on or before April 6, 2015.
- Residents registering after April 6, 2015, or onsite are charged \$150 in registration fees; no exceptions will be made.
- Student registration does include tickets to the Welcome Reception; please indicate your intent to attend on the registration form.

Residents are encouraged to attend the New Dentist Happy Hour on Friday, May 22. Make the appropriate notation on the form and include payment to attend this fabulous networking event.

Registration Hours

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

Thursday, May 21	8 AM – 6 PM
Friday, May 22	7 AM – 5 PM
Saturday, May 23	8 AM – 5 PM
Sunday, May 24	8 AM – NOON

Cancellation and Refund Policy

All cancellations postmarked on or before May 1, 2015, will be refunded less a \$150 processing fee.

All cancellation requests must be made in writing to AAPD Registration and Housing Services for processing on or before May 1, 2015.

No refunds will be given after Thursday, May 1, 2015. After this date, any extenuating circumstances must be submitted in writing to the AAPD c/o Vice President of Meetings and Continuing Education Tonya Almond at 211 E. Chicago Avenue, Suite 1600, IL 60611. Those refunds approved are processed after the Annual Session.

Refunds are not granted for no-shows.

Name Badges/Tickets

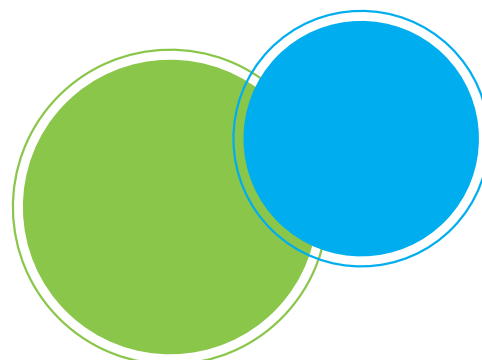
Name badges must be worn at all times by all registered attendees, including children, in order to gain access to any portion of the Scientific Program, Welcome Reception, access to the Exhibit Hall, hospitality areas and all social events.

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

Additional tickets to all programs and social events must be purchased as the attendance is limited and may be sold out onsite.

Questions

If you have any questions regarding registration or housing, contact AAPD Registration and Housing Service Center at (800) 974-3084 Toll-free U.S. and Canada (Monday – Friday, 9 a.m. to 8 p.m. EST), (847) 996-5876 International (Monday – Friday, 9 a.m. to 8 p.m. EST), or aapd@experient-inc.com.



Preconference Course

Start Monday Smiling Not Stressing – A Course for Dentists and the Dental Team

Thursday, May 21

8:30 AM – 5 PM

Ann Bynum, D.D.S.; Debbie Castagna; Robert Delarosa, D.D.S.; Michael A. Ignelzi Jr., D.D.S., Ph.D.; Greg Psaltis, D.D.S.

What stresses you about pediatric dentistry? Is it the over-indulged child who will not listen, the helicopter parent with unreasonable expectations, the dentist who never seems to lead or the dental team member who never seems to care? Do you ever have that nagging feeling that your practice could run more efficiently and if it did, your stress would be reduced? Do you lay awake at night wondering how your practice will grow in an increasingly competitive market characterized by decreasing reimbursements from public and private payors? Come and spend the day with us as we share real-life experiences and provide you with practical solutions that will increase your happiness, joy and satisfaction and allow you to achieve a better professional and personal balance.

Bynum will help you determine if you work in a sanctuary or insane asylum. You will come away with creative ways to handle tough days (months?) and celebrate the great ones. Ignelzi will help you increase efficiencies, improve workflow, attract new patients, retain existing patients and establish your brand identity with the thoughtful use of technology. Castagna will help you enhance your leadership skills, foster a positive environment and better understand the financial aspects of your practice. Delarosa will share lessons learned from a group practice upheaval that has brought dentists and team members together and provide you with team building exercises that you can put into practice when you return home. Psaltis will share strategies on how to make difficult parents the entertainment (instead of the problem) and your biggest fans. Once life at work is improved, Psaltis will give you guidance on how you can transform your over-worked, over-stressed, over-concerned self into a more well-balanced and happier human being.

Panel discussions at the end of the morning and afternoon, with questions submitted by the audience, will make this a fast-paced, lively and informative course. You will return home better able to address the challenges that effect every pediatric dental practice. This course is designed for dentists and team members, is valuable for those who have been practicing for months and those who have been practicing for decades, and is an experience you will not want to miss!



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Keynote Address and Opening Ceremony

A Conversation with Frank Abagnale

Friday, May 22

7:30 – 9 AM

Acclaimed Subject of the Book, Movie, and Broadway Play “Catch Me If You Can”

Frank W. Abagnale is one of the world’s most respected authorities on forgery, embezzlement, and secure documents. For over 36 years he has worked with, advised, and consulted with hundreds of financial institutions, corporations, and government agencies around the world.

Abagnale’s rare blend of knowledge and expertise began more than 40 years ago when he was known as one of the world’s most famous con men. This was depicted most graphically in his best-selling book, “Catch Me If You Can,” a film of which was also made, directed by Steven Spielberg with Leonardo DiCaprio and Tom Hanks. The Tony-Award winning musical, “Catch Me If You Can,” directed by multiple award winner Jack O’Brien, opened on Broadway at the Neil Simon Theatre in April 2011.

Between the ages of 16 and 21, he successfully posed as an airline pilot, an attorney, a college professor, and a pediatrician, in addition to cashing \$2.5 million in fraudulent checks in every state and 26 foreign countries. Apprehended by the French police when he was 21 years old, he served time in the French, Swedish, and U.S. prison systems. After five years he was released on the condition that he would help the federal government, without remuneration, by teaching and assisting federal law enforcement agencies.

Abagnale has now been associated with the FBI for over 36 years. More than 14,000 financial institutions, corporations, and law enforcement agencies use his fraud prevention programs. In 1998 he was selected as a distinguished member of “Pinnacle 400” by CNN Financial News – a select group of 400 people chosen on the basis of great accomplishment and success in their fields.

In 2004 Abagnale was selected as the spokesperson for the National Association of Insurance Commissioners (NAIC) and the National Cyber Security Alliance (NCSA). He has also written numerous articles and books including “The Art of the Steal,” “The Real U Guide to Identity Theft,” and “Stealing Your Life.”



“Abagnale’s lecture may be the best one-man show you will ever see.”

—Tom Hanks



AAPD Education Passport

The AAPD Education Passport was created to fit your busy lifestyle! With the Education Passport, we've made it easy for you to fulfill your continuing education needs. Access recorded courses and webinars at your own pace and earn continuing education from the office, on the road, or even in the comfort of your own home.



Sedation: 16 CE

The Sedation course is designed for pediatric dentists with training in sedation techniques. The course offers lectures on key sedation topics such as monitoring of the patient, child personality, selection of drugs, and more!



Restorative Symposium: 10 CE

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.



Behavior Management Symposium: 11 CE

The evolution of society and chairside management of behavior is critical to the doctor-family relationships. This course will provide perspectives on how toxic stress and social determinants of health can influence behavior in the dental setting. The course also explores changes in the specialty that affect management of behavior of families in pediatric dental practices.



Pediatric Medicine Update: 7.5 CE

The 2014 Annual Session Preconference Course provides the pediatric dentist an update on a wide variety of areas concerning pediatric medicine. Medical reviews of common disorders and diseases often seen in the clinical practice are discussed and followed up by discussion of the latest advances in management.



Audio plus Continuing Education Coming Soon

AAPD 2015

May 21 – 24, 2015

Washington State Convention Center – Seattle, Washington

Expiration Date: 5/24/2018

Member Price: \$159 (your price)

Non-member Price: \$159

PRE-PURCHASE

Social & Networking Events

First Timers' Reception

Thursday, May 21

5:30 – 6:30 PM

Join other first-time Annual Session attendees at this reception to make new acquaintances from your district or mingle with old friends. The AAPD board of trustees welcomes you to AAPD 2015!

Welcome Reception: TRIFECTA: EMP, Chihuly and Space Needle

Thursday, May 21

7 – 10 PM

Seattle Center—three of the spectacular venues synonymous with Seattle with exclusive access for AAPD with interactive entertainment connecting the event through the public spaces. The EMP Museum, a modern ode to the music experience, is the hub of the venues and anchors the theme and music presentations for the satellite venues. Check out the 365 degree panoramic views from Puget Sound to downtown Seattle on the Observation Deck of the Space Needle as well as marvel at the glass masterpieces at the mesmerizing and recently opened Chihuly Glass and Gardens Museum. Each unique venue has something to stimulate the senses and create a memorable experience!

Of course, we will be tasting our way through Seattle with the Memorial Day inspired offerings that will include a Pacific NW focus on ingredients. Each of the venues provide an added bonus of allowing guests to travel to and from the event via the monorail (built for the World's Fair in 1962) which connects downtown to the Seattle Center.

Sponsored by Sunstar Americas, Inc.

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5k Fun Run

Friday, May 22

6:30 – 7:30 AM

Join in the fun! Get outside and experience the Pacific Northwest views and big air. Myrtle Edwards Park, which is located on the water's edge along Elliott Bay, has fantastic views of the Olympics Mountains, Mount Rainier (when it's out!), and Puget Sound. The park is located less than two miles from the Washington State Convention Center and easily accessible from downtown. The park is named after the former president of the City Council, Myrtle Edwards. Edwards was always at the forefront of campaigns and programs to preserve Seattle's natural beauty and to enhance it with new parks, planting and sculpture.

Career Fair

Friday, May 22

3:30 – 5:30 PM

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

The cost to participate for AAPD Members is \$150; recruitment companies may exhibit at the price of \$500.

For more information or to download the Career Fair form, visit <http://www.aapd.org/annual>.

Sponsored by NuSmile Pediatric Crowns



New Dentist Happy Hour: GameWorks

Friday, May 22

5:30 – 7:30 PM

(Ticketed Event)

Come enjoy the two floors of interactive video games that will bring any new dentist right back to their childhood. GameWorks offers a huge variety of high and low-tech games to suite all skill levels. This evening will be full of fun and laughter as you play the night away, while enjoying casual food and beverages. Attendees will be given a gamecard to give them access to as many games as they wish during the event.

Sponsored by Treloar & Heisel and MedPro



International Reception

Saturday, May 23

5:30 – 7:30 PM

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

Meet & Greet Lounge

Friday, May 22–Saturday, May 23

New dentists and residents are encouraged to join seasoned professional dentists in the Meet and Greet Mentor Lounge during the 2015 Annual Session! Mentors and mentees will meet in a lounge area on the exhibit floor to *Explore the Exhibits* together. In addition to visiting booths and discussing how to get the most out of the Annual Session experience, they have the chance to ask questions about their mentor's practice and career.

We want to help you continue the conversation among the seasoned members and those newer to practicing; use the show floor as an opportunity to discuss pediatric dental topics while they meet with various dental companies providing goods and services. Enjoy a cool drink, meet new acquaintances in the lounge while waiting to meet your mentor or mentee.

Sponsored by Smiles for Life Network



Presidents' Farewell Dinner

Sunday, May 24

6:30 – 10:30 PM

Fremont Studios

Steampunk! Tonight, you will be entrenched in a visual experience that delights the senses, entertains the goer, and engages the viewer. This theme ties Victorian/Edwardian-era aesthetic and industrialization together with a sci-fi edge for an exploration of creative anachronism that permeates the décor, entertainment, and food and beverage presentations. Clock faces, cogs and gears, Edison bulbs and candelabra fashioned from copper pipe and fittings are collaged with loose blooms, flowing branches and glowing candles.

Reception is sponsored by Treloar & Heisel

Dinner is sponsored by MAM



AAPD 2015 Sponsors

The AAPD and Healthy Smiles, Healthy Children gratefully acknowledges the generosity of the following organizations for their annual support of AAPD 2015.



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SML Space Maintainers Laboratories

AAPD 2015 Exhibitors

3M ESPE	705	Hawaiian Moon	420	Pediatric Appliance Lab	911
Acero	736	HealthFirst Corp.	216	Plaque HD	410
Alexion Pharmaceuticals, Inc.	201	Heartland Dental	226	Royal Dental Group & Porter Instrument Co.	717
College of Diplomates	819	Henry Schein Dental	417	Practice Genius / Patient Rewards Hub	724
American Board of Pediatric Dentistry	818	Hu-Friedy	509	Practicon, Inc.	306
American Dental Society of Anesthesiology	532	Imagination Dental Solutions (IDS)	805	Premier Dental Products Co.	326
American Express Open	817	Indiana University Department of Pediatric Dentistry	902	Professional Sales Associates	205
American Orthodontic Society	820	Infinite Therapeutics	919	Prophy Magic	531
Arminco, Inc.	634	Isolite Systems	810	Prophy Perfect, Inc.	425
Aseptico, Inc.	816	Joey Board	105	Pulpdent Corporation	1012
Ashtel Dental	318	KSB Dental	617	Quintessence Publishing Company	310
Avalon Biomed Inc.	1018	Kidzpace Interactive Inc.	731	RGP Dental	316
Biolase Technology, Inc.	909	Kilgore International Inc.	427	Reliance Orthodontic Products	321
Bisco Dental Products	408	Kinder Crowns	317	SDI (North America) Inc.	541
Boyd Industries, Inc.	631	Kool Smiles NCDR LLC	718	SML Space Maintainers Laboratories	804
Brasseler USA	217	Kuraray America, Inc	207	Second Story Promotions	536
Cain, Watters & Associates	430	Lares Research	535	Sedation Resource	530
Carestream Dental	722	Lighthouse 360	625	Septodont, Inc.	209
Case In Point	912	Lips Inc.	231	Sheffield Pharmaceuticals	639
Centrix Inc.	210	Little Mountain Productions	304	Sherman Specialty Toy Co.	723
Cheng Crowns	516	Live Oak Bank	418	Shofu Dental Corporation	301
Cloud 9	437	LumaDent	821	SmileMakers	913
Colgate	416	M2 Anesthesia	1004	Smile Savvy	608
Convergent Dental, Inc.	204	MAM USA Corp.	605	Solomon Orthodontic Systems	1016
Crest Oral - B Procter & Gamble	404	MD Brands Inc.	218	Specialized Care Co.	711
DMG America (formerly Zenith)	826	MacPractice	800	SpryXlear	313
DOCS Education	738	Main Street Children's Dentistry	435	Sultan Healthcare	208
Dansereau Health Products	832	Massco Dental	117	Sunstar Americas	606
Denovo Dental	412	Medical Protective	522	Surgitel/General Scientific Corp.	305
Dentagard	721	Moss, Luse and Womble, LLC	202	TeleVox	311
Dental Tribune	900	Motion Picture Licensing Corporation	300	Tess Oral Health	213
DentalFone	230	My Kids Dentist	411	The Richardson Group	725
DentistryPlanet.Com	801	Myofunctional Research Company	224	Tokuyama Dental America, Inc	811
Designs For Vision, Inc.	813	Nanova Biomaterials Inc.	833	Treasure Tower Rewards	831
Directa Dental	637	Novoject International LLS	534	Treloar & Heisel	520
Dr. Fresh LLC	716	Nowak Dental Supplies, Inc.	830	Ultradent Products, Inc.	910
E-Z Floss	709	NuSmile Pediatric Crowns	405	Ultralight Optics	212
EZ Pedo Inc.	611	Oasys Practice	227	WEAVE	1008
Elevate Oral Care	524	OraPharma	921	WEO Media	320
Elsevier	905	Orasoptic	211	Water Pik Technologies, Inc.	322
Fotona LLC	309	Ortho-Tain/Perfect Start	640	WildSmiles Braces	623
GC America Inc.	507	PedoSynetics	918	Wow! PlaySpaces	824
Giggletime Toy Co.	630	PBHS Web Site Design	632	XLDent	533
Good Time Attractions	324	PEDS Exclusively	727	Yodle	627
Great Expressions Dental Centers	920	PLANMECA USA, Inc.	330	Zoll Dental	812
GumChucks at OralWise	825	Patterson Dental	720	Zooby by Denticator	331

Council & Committee Meetings

Monday, May 18

NOON – 5 PM

Executive Committee Meeting

Tuesday, May 19

8:30 AM – 5 PM

Board of Trustees Meeting

Thursday, May 21

8 AM – 10 AM

Interprofessional Relations Committee

10 AM – 12 PM

Fellows: Pediatric Oral Health Research & Policy Center

NOON – 1:30 PM

HSHC Board Meeting

NOON – 5 PM

Pulp Therapy Workgroup

1 PM – 5 PM

Advisory Board: Pediatric Oral Health Research & Policy Center

Friday, May 22

7 AM – 9 AM

Section Editors Meeting

9:30 AM – 12:30 PM

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

9:30 AM – 1:30 PM

Council on Scientific Affairs

9:30 AM – 2:30 PM

Council on Clinical Affairs

12:30 PM – 1:30 PM

Scientific Program Committee

1:30 PM – 4:30 PM

Council on Post-doc Education

Committee on Special Health Care Needs

Editorial Board Meeting

Saturday, May 23

7:30 AM – 9 AM

Council on Government Affairs

8:30 – 11:30 AM

Council on Pre-Doc Education

Committee on Sedation and Anesthesia

9 AM – NOON

Council on Continuing Education

10 – 11 AM

Reference Committee Hearings

NOON – 5 PM

Post-doc Inservice Exam Committee

1 – 2 PM

Northeastern Society of Pediatric Dentistry District Caucus

Southeastern Society of Pediatric Dentistry District Caucus

North Central Society of Pediatric Dentistry District Caucus

Southwestern Society of Pediatric Dentistry District Caucus

Western Society of Pediatric Dentistry District Caucus and WSPD Board Meeting

2 – 3 PM

Affiliate Member Caucus

Federal Services Society of Pediatric Dentistry

2 – 3:30 PM

AAPD Leadership Caucus

2 – 6 PM

Council on Dental Benefit Programs

Sunday, May 24

7:30 – 9 AM

Board of Trustees Meeting

9:30 – 11:30 AM

General Assembly & Awards Recognition

NOON – 4 PM

Board of Trustees Meeting

Affiliate & Alumni Meetings

Thursday, May 21 – Saturday, May 23

Indiana University Pediatric Dental Alumni Association

Friday, May 22

8:30 AM – 1:30 PM

College of Diplomates of the ABPD Board of Director's Meeting

2 – 4 PM

Foundation of the College of Diplomates of the ABPD Board of Trustee's Meeting

4:30 – 6 PM

American Board of Pediatric Dentistry Recognition Reception

By invitation only

Saturday, May 23

7 – 10 AM

College of Diplomates of the ABPD

Please contact the College of Diplomates at (858) 272-6560 for more information regarding registration for this COD breakfast.

1 – 2 PM

ABPD Certification Overview

Diplomates and other interested AAPD members are invited to attend the American Board of Pediatric Dentistry (ABPD) Overview Session on the initial certification process as well as the Renewal of Certification Process (ROC-P).

4:30 – 6:30 PM

New York Academy of Pediatric Dentistry

5 – 6:30 PM

Howard University

St. Christopher's Hospital for Children

5 – 7 PM

Canadian Academy of Pediatric Dentistry

Children's Hospital of Wisconsin

Miami Children's Hospital Alumni Reception

NYU College of Dentistry Alumni Reception

Kornberg School of Dentistry

Temple University Hospital/Episcopal

University of Texas School of Dentistry – Houston

5 – 7:30 PM

University of Iowa Alumni Reception

5 – 8 PM

CSPD/WSPD Reception

5 – 9 PM

Washington State Pediatric Dentists and Alumni

5:30 – 7 PM

Children's National Medical Center

Kansas City Association of Pediatric Dentists/Children's Mercy Hospital and UMKC Alumni

Paul P. Taylor Association of Pediatric Dentists

UNC Alumni and NC Academy of Pediatric Dentistry

University of Tennessee Pediatric Dental Alumni

5:30 – 7:30 PM

Boston University Dental School

Columbia University Pediatric Dentistry Alumni Reception

University at Buffalo School of Dental Medicine

University of Connecticut Alumni Reception

VCU/MCV Pediatric Dentistry Alumni and Friends

6 – 7 PM

Cincinnati Children's Hospital Alumni Reception

6 – 7:30 PM

Boston Children's Hospital Alumni Reception

6 – 8 PM

Case Western Reserve University Reception

Lutheran Medical Center Alumni Reception

Tufts University School of Dental Medicine

University of Minnesota Alumni Reception

University of Rochester, Eastman Institute for Oral Health Alumni, Friends and Family Reception

7 – 8 PM

Jacobi Medical Center Pediatric Dentistry Alumni Reception

7 – 9 PM

Pediatric Dentists of Indian American Origin

To RSVP or ask questions, contact drg@mustlovekids.com.

Satellite Symposia

Sunday, May 24

NOON – 1:30 PM

Doctors Rewired: Work Smarter, Live BETTER

For course registration please contact Angela Weber at (504) 620-3494 or email aweber@orthodon.com.

Sunday, May 24

Esthetic Pediatric Crowns: In-Depth with Dr. Donly Hands-on Workshop

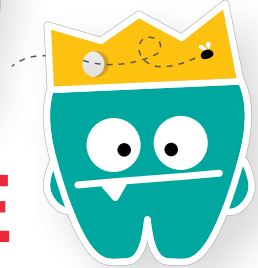
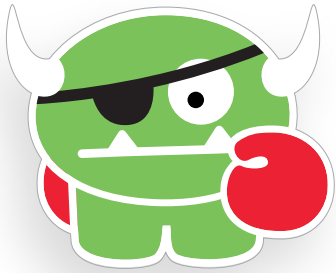
Call (800) 346-5133 or email info@nusmilecrowns.com for more information.



Sponsored by NuSmile Pediatric Crowns

FEATURE

Keeping Up with the MONSTER-FREE MOUTHS Movement



AAPD is excited about the continued buzz being generated by our consumer-awareness campaign, first launched in January 2014. Known as the Monster-Free Mouths Movement, the campaign has educated and engaged thousands of consumers through media interviews, online resources and AAPD's Facebook community. Most recently, AAPD has brought the popular Mouth Monsters directly to AAPD members with an online toolkit available exclusively on *AAPD.org*. Check out the latest updates from the Monster-Free Mouths Movement!



The new Mouth Monster hub on mychildrensteeth.org



Dr. Hijjawi and Chase in the Pine Dental Care office in Chicago.



Popular post on AAPD's consumer-facing Facebook page.

A NEW HOME FOR THE MOUTH MONSTERS

In early October, AAPD launched a new hub on mychildrensteeth.org with the goal of sustaining and building on the consumer awareness and engagement garnered from the launch of the Monster-Free Mouths Movement. This new on-line destination will continue to house educational resources including tip sheets, check lists and, of course, the Mouth Monster toolkit. In addition, the new hub will also feature AAPD original articles on important topics like pacifier weaning and the Dental Home concept. And because it is designed to be viewed on a variety of devices, from computers to tablets to smart phones, the hub allows for easy access to the information whenever parents and caregivers are searching for it – which is often on the go!

Another way the hub helps to increase awareness about the importance of early oral care and the unique expertise of pediatric dentists is that all content is shareable on the most popular social media channels. It's no secret that parents and caregivers value giving and receiving information from their social networks – the hub makes sharing AAPD expertise easy with one click of a button.

The hub is an excellent tool to elevate AAPD in the media as well. As media contacts discover engaging stories, images and tips on the hub they will continue to return to the same location for further information. Outlets such as *Philly.com*, *Boston.com* and *The Courier - Journal* have pulled content and images directly from the hub, furthering the reach of AAPD.

AAPD encourages members to visit the hub regularly and share as a resource for families!

AAPD'S FACEBOOK COMMUNITY CONTINUES TO GROW AND ENGAGE

In 2014, AAPD's consumer Facebook community grew by leaps and bounds, increasing over sixfold by the end of the year and surpassing 40,000 followers! Additionally, you may have noticed we are helping to drive engagement within the community by commenting and responding to our fans. It's exciting to see AAPD's informative but fun content resonate so well with parents, caregivers and pediatric dentists alike. There's no doubt the built-in social sharing component of the new hub is helping build AAPD's social community and clout. If you have not already, be sure to "like" us and share AAPD's Facebook community with your patients!

MAKE YOUR OFFICE MOUTH MONSTER-FREE!

In November 2014, AAPD rolled out its first-ever online toolkit exclusively for AAPD members. This "e-toolkit" includes Mouth Monster-themed materials to communicate with current families and patients and resources to help raise local awareness about their practice. Initially, this toolkit includes a template newsletter, posters, facts sheets for use in-office and at community events, and design-friendly images for use on websites or printed collateral. All materials are available for download in the member section of AAPD.org – and keep an eye out in the *AAPD E-News* to alert you to new resources added to the toolkit!

Just as little patients grow and have changing needs, AAPD will continue to evolve how we educate consumers on our important messages, drive increased awareness about the unique expertise of pediatric dentists and support our members in their own communities. Through the hub, our social media community and e-toolkit, AAPD looks forward to continuing on our mission of optimal oral health and oral health care for children.



AMERICA'S PEDIATRIC DENTISTS THE BIG AUTHORITY on little teeth

Welcome New Members

The AAPD would like to welcome new members that have joined in September – December 2014. We look forward to supporting your professional needs. For further information membership and membership benefits please contact Membership Department at (312) 337-2169.

Active Member

Shana Hernandez
Jia (Annie) Huang
Joseph Chance Powell
Barbara Tsimpouki

Affiliate Member

Yara M Abdulla
Mitul Amin
Elizabeth Barrett
Sarah E. (Beth) Bowen
Sheila Marie Brown
Melissa Lucinda Brown
Katherine Davidson
Mayokun G Demehin
Karen L. Dustrude
James FEtner
Michelle Keaney Flanagan
Landon Heckman
Blaire E Hyde
Hayffa Jamal
Tory McFarlin
Michael Lee Minyard
Anabel Y. Natali
Kathi Sample
Eldon L Smith, III
Heidi M Steinkamp
Phillip Tippin
Monica E. Tjang
Trent Veltkamp
Ellie Zuiderveld
Allied Member
Julie Wood

Associate Member

Mark A Egbert

Friends of AAPD Member

Lilly Cortes-Pona

Flavia Neiva Ellinger Correa
Mahnaz Fathi
Dong Woo Lee
Nyama Abdullah Abu Al-Sand
Suheily Aponte-Rodriguez
Mal Azar
Andrea Marie Browne
Natalie Bernfield
Annapurna Bondalapati
Nicholas Todd Bushey
Fred Yu-kung Chen
Laura Marie Doss
Christopher Drake
Matthew Vincent Eusterman
Robin Flicker
Athena Corinthia Goar
Aashna Handa
Graham E. Hearn
Amy Huynh-Tran
Maria Salem Ibrahim
Ketan Sudhir Jumani
Angie Yoon Kyung Kim
Jennifer Hyunjung Kim
Amy Renee Luce
Marissa C. Ludley
Beau David Meyer
Emilee Peebles Milling
Simrit Kaur Nijjar
Samantha Nolte
Colleen Claire Orellana
Fransheska Ovalles
Sybil A Padavathil
Stephanie Dawn Pagels
Bhavna Talekar Pahel
Dhara Bharat Patel
Joana Leonor Sousa Almeida Pereira
Matthew Schwed

Chong Shao
Sanjeeta Kaur Shergill
Jennifer Lynn Sielski
Alison Sigal
Elizabeth H. Smith
Safiya Smith
Stacie T Sueda
Daisy Thomas
Brent Arlenton Tucker
Andrew Joseph Vaughn
David Welch
Melanie Dano Yuen
Zev Zelman

Pre Doctoral Member

Ashley Abraham
Alexis Alexander
Brittany Amor
Mohammad Ansari
Assal Aslani
Aimee Aukerman
Brittany Baker
Ashley Baptiste
Sara Barna
Aaron Barto
Devin Belnap
Elizabeth Blaisse
Andrea Brancy
Nicholas Bumacod
Devin Byard
Alecia Byers
Alexis Capecci
Anna Caplis
Chris Cetnar
Frost Chen
Jenn Cleary
Jenna Daniels
Seth Anthony DeJenn

Maureen F. DeLeon
Audrey Eichenlaub
Xiaohan Fan
Tara Fenn
Austin Charles French
Jonathan Fryml
Caroline Fulop
Roman Garcia
Akanksha Gaur
Michael Genello
Kristen Goble
Cuauhtemoc Gonzalez
Laura Govi
Andrew Grillo
Jessica Lauren Grimmer
Sammy L. Gueringer
Jean Laurice Guevarra
Amber Hallorwell
Kiran Hedge
Katelyn Hilands
Steven Hippel
You Hwan Ho
Ainsli Holliiek
Jinpyo Hong
Joseph Hourany
Angi Hu
Christine Huang
Chandler Hyer
Samiya Jabir
Yoon Ji Jang
Matt John
Nathan Kalinowski
Ryan Kang
Karlie Kashat
Susan Kennedy
Aatiqah Khalid
Swidha Khatri
Peter Kim

Cheryl Kim
 DongJoon Evan Kim
 Ashley Klobuka
 Brittany Ko
 Tom Korpar
 Rachel Koshy
 Michael Kostin
 Kaitlein Kramer
 Paul Kukunas
 Matthew Kulinski
 Mary Laborde
 Yaella Landau
 Tamara Latif
 Ashley Lazar
 April Lee
 Rebecca Lee
 Cheng Joo Lee
 Ang Li
 Ann Lin
 Jessica Listwa
 Chen Liu
 Vienna Liu
 Nicholas Long
 Giana Lupinetti
 Corey Malensek
 Mishel Malhotra

Veronica Catherine Matthews
 Tanvi Mehta
 Peter Joseph Montini
 Tyler Morehart
 Christiane Murillo
 Stephanie Nguyen
 Katherine Ni
 Luke Nicholson
 NNeka Obi
 Alina O'Brien
 James Oh
 Sam Park
 Sung Park
 Ambrie Lauren Parks
 Sagar Patel
 Priya Patel
 Sonal Patel
 Kristen Pelczar
 Catherine Pham
 Shalyn Phiiip
 Vikram Pole
 Liza Pomerantz
 Faheem Qazi
 Christina Maria Reyes
 Adam Rice

Alejandra N Rivera
 James Rosen
 Megan Ross
 Emily Rouso
 Amy Schrader
 Ronald Schram
 Avani Shah
 Alexa L Sicher
 Omar Siddqui
 Jaimin Sin
 Adam Smigiel
 Abbey Smith
 Kristina Snipes
 Seojae Son
 Ryulee Song
 Colby Sowers
 Chelsea Stein
 Cassandra Stewart
 Courtney Sutherland
 Kritika Thomas
 Justin Thomas
 Geng Tian
 Erin Elizabeth Tilton
 Tina-Thuy Tran
 Emily Vaccavezza
 Ankita Virol

Nishi Waghmare
 Travis Wagner
 Whitney Lane Walker
 Lawrence Wang
 Li-Jen Wang
 Bin Wang
 Kelly Washam
 Emily Watson
 William Watt
 Cassandra Lynn Webster
 Ilsa West
 Carolyn Whittow
 Richard Wilcko
 Amy Yang
 Chris Yang
 Christopher Yim
 Judy Yip
 Eric Yoskovich
 William Young
 Stephanie Zeiler
 Winnie Zhang
 Alex Ziegler

International Student Member
 Venkatesh Bhardwaj
 Mi Hee Kim

2015 Membership Directory Revisions

Mathew McLellan was listed under Saint Augustine, Fla., instead of St. Augustine, Fla.

Dr. J. Braden Michaud's Diplomate status was omitted.

The following names were omitted from the 2015 Membership Directory:

Burns, Nathan A. P
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 Metairie, LA 70006
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 Em: drjcamm@gmail.com

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 Em: debracohendds@gmail.com

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 Ph: (303) 906-1366
 Em: kidsdds@comcast.net

Member Benefit Spotlight

AAPD Fellow Program

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

The term Fellow in a professional association often refers to a person who has distinguished herself above the standard norm, either by publications or contributions to the profession. Before 2013, when an AAPD member became board certified by the American Board of Pediatric Dentistry as a diplomate, they were automatically awarded the membership status of Fellow in AAPD.

Starting in 2013, Fellow Status was no longer automatically granted to board-certified pediatric dentists. We introduced the new fellow program that will offer our members an opportunity to further distinguish themselves in the profession. Members who received their board certification in 2013 and 2014 have an opportunity to earn their Fellow status in this new program.

Members who were board certified prior 2012 will receive fellow status through 2017.

HOW TO BECOME A FELLOW OF AAPD (FAAPD)

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

MANDATORY REQUIREMENTS

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

All Fellows must score 20 points or higher for consideration.

POINT SYSTEM

A new candidate must earn points in at least three out of four categories with a maximum of 12 points per category. Points are assigned to the different accomplishments in these categories so that it is fair and equal for all members. Only activities going back five years from the date of the application will be considered with the exception of published research articles that can go back up to 10 years. If a candidate serves on more than one council for the same organization or has attended multiple annual meetings, points can be awarded for each activity.

POINT VALUES CATEGORIES

1. Active Membership in AAPD, State or District Unit

- One AAPD State Unit meeting within the last five years (1 point)
- One AAPD District Unit meeting within the last five years (2 points)
- One annual AAPD meeting within the last five years (3 points)
- Serving on a council or committee in a state or district unit (2 points)
- Serving on a council or committee in AAPD (4 points)
- Chair of a council or committee in a state or district unit (4 points)
- Chair of a council or committee in AAPD (6 points)
- State or District board of trustee or Executive Committee (6 points)
- AAPD board of trustees or Executive Committee (8 points)
- AAPD Editorial Board (4 points)

2. Organized Dentistry

- Leadership in ABPD, COD – (4 points officer – 2 points other)
- Leadership Roles in ADA, AGD, HDA, AAO, AAE, AAP, etc (4 points officer – 2 points committee/other)
- Board Examiner (NERB) (3 points)
- ABPD Examiner (3 points)
- State Dental Association involvement (1-3 points; committee member – Leadership role)
- Local Dental Society involvement (1-3 points; committee member – Leadership role)

3. Scholarly activity

- Publishing of articles as the first author (6 points) or co-author (3 points)
- Service as an attending in a hospital (3 points)
- Service as a full-time faculty (4 points) or part-time faculty (2 points)
- Participate in AAPD Journal CE Program (1 point)

4. Community involvement

- Volunteering at Head-Start Program (2 points)
- Volunteering at Health fairs, Give Kids a Smile (2 points)
- Volunteering at a Community Health Center (2 points)
- Serving on a School Board (1 point)
- Dental-related mission trip (5 points)

AAPD FELLOW PROGRAM MEMBERSHIP FEES

First-Time Fellows	One-time membership fee \$200
Renewing Fellows	Every five-year membership fee \$100

RENEWING FELLOW STATUS

Fellows must renew every five years and must attain 15 points to maintain fellow status. Fellow must attain points from two different areas with a maximum of 12 points in each category. Current Fellows

will be grandfathered in and will have five years to renew and may use activities going back five years at the time of reapplying.

Fellows who allow their Fellowship status to lapse must apply as a new Fellow and attain 20 points to be considered.

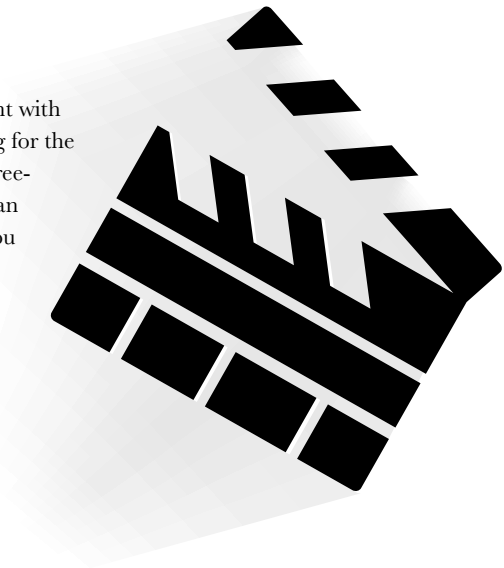
Members who reach Life Membership and have Fellow Status no longer need to renew or pay fees and they are permanently a Fellow.

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

Motion Picture Licensing Fee for AAPD Members Reduced 18 Percent

The American Dental Association recently entered into an agreement with the Motion Picture Licensing Corporation (MPLC) concerning licensing for the showing of movies in dental offices. Since the AAPD already had an agreement in place with MPLC since 2012, the AAPD was able to negotiate an 18 percent reduction in the annual license fee for AAPD members. If you already have a MPLC license, your license will automatically renew at a reduced rate of \$250 per practice location, per year. If you are not currently licensed and wish to do so, any AAPD member that applies for an Umbrella License for the first time by March 31, 2015, will pay only \$250 per practice location, per year.

For more information, visit <http://www.aapd.org/join/benefits/>.



AAPD Robert L. Delarosa with AAPD Past President Keith Morley during Delarosa's visit as to the Canadian Academy of Pediatric Dentistry (CAPD) meeting in Montreal, Quebec.

Affiliate Article

Members of the Choir

by Dr. Kerry Maguire, Affiliate Trustee

As affiliate members, we amplify the powerful voice of the American Academy of Pediatric Dentistry in support of children's oral health and well-being. In fact, the history of the affiliate membership—defined as “general dentists who practice in the United States or Canada and maintain membership in the American Dental Association, National Dental Association or a recognized Canadian Dental Association”—predates the even the 1947 recognition of pediatric dentistry as a specialty.

In 1927, the American Society of Dentistry for Children (ASDC) was founded “with the belief that children deserved better dental care than was routinely provided to children at that time.” Any dentist with a commitment to children's oral health was welcome to join ASDC; indeed, the ASDC numbered nearly 10,000 members at one time. The ASDC's advocacy, education and access efforts drove “understanding and acceptance of the important role that oral health plays in the total health and well-being of children.” (1998 *ASDC Membership Directory*)

If we are indeed a choir, this last sentence is most certainly our refrain. As the specialty of pediatric dentistry and the AAPD grew, the shared mission of the two organizations became increasingly apparent. In 2002, ASDC and AAPD merged to create a uni-

fied voice for children's oral health. While the AAPD did have an existing membership category for general practitioners, it was quite small. Now, general dentist members of ASDC and general practitioners new to both organizations were eligible for AAPD affiliate membership.

Concurrently, a general dentist position was created on the AAPD board of trustees to represent the now sizable affiliate membership. The first affiliate trustee was Dr. Ray Lansdowne of Wichita, Kansas. Lansdowne had been involved with the ASDC at state, district and national levels for 30 years and was president-elect when the merger with AAPD took place. Following Lansdowne's term, Dr. Nick Rogers (Arkansas City, Kansas) and Dr. Jane Gillette (Bozeman,



Montana) preceded me in ably representing general dentist members on the AAPD board of trustees.

Lansdowne stated while sharing the history of ASDC, “The pedodontists (as they were known at the time) knew they couldn't do it all by themselves and encouraged general dentists to join in with them and guided, instructed and encouraged the general practitioners in the treatment of kids.” A lot may have changed in the years since the American Society of Dentistry for Children was established in 1927, but the shared vision and effort required to provide dental homes for all children can be sung to a very modern melody. Whether or not you think you can carry a tune, as an affiliate member of the American Academy of Pediatric Dentistry, your voice is important.



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DQA Continues Development of Pediatric Measures

James J. Crall, D.D.S., Ph.D.

The Dental Quality Alliance (DQA)* continued its efforts to advance the development and use of measures of children’s oral health services during the latter half of 2014. The first achievement was recorded in September, when the National Quality Forum (NQF) endorsed five DQA pediatric measures:

- Utilization of Dental Services;
- Oral Evaluation;
- Dental Sealants for 6-9 Year Old Children at Elevated Caries Risk;
- Dental Sealants for 10-14 Year-Old Children at Elevated Caries Risk;
- Topical Fluoride for Children at Elevated Caries Risk.

Securing NQF endorsement lends credibility to the process that the DQA uses to develop and test measures. NQF endorsement is considered the gold standard in health care quality measurement and is a valued designation in the selection of measures to assess quality of care within federal programs such as Medicaid and the emerging ACA Marketplaces.

The DQA approved at its October 2014 meeting four additional pediatric measures that had undergone vigorous testing for validity, reliability, feasibility and usability by the DQA Measures Development and Maintenance Committee and a research team from the University of Florida.

- Two of the additional measures were e-measures (also known as electronic clinical quality measures, ECQMs), which the NQF defines as “standardized performance measures in an electronic format.” E-measures are developed specifically using data from electronic health/dental records and can promote more accurate, efficient and comprehensive performance measurement. The DQA e-measures were developed for inclusion in the Centers for Medicare and Medicaid Services (CMS) Meaningful Use (MU) Program and will be incorporated into the CMS MU Electronic Health Records Incentive Program.
- The other two pediatric measures approved by the DQA in October focus on Use of Emergency Department for Caries-related Reasons and Dental Care Follow-up after an Emergency Department Visit. These measures focus on dental ambulatory care sensitive conditions – i.e., conditions or diseases that generally can be managed effectively on an outpatient basis and do not result in hospitalization if managed properly – and conditions where definitive care generally is not rendered in emergency departments.

Measures developed by the DQA heretofore are intended for use in assessing the quality and performance of public or private programs that provide benefits (e.g., Medicaid, CHIP, State Exchanges), or dental benefit plans that contract with public or private payers to administer dental benefits. Nevertheless these measures focus on aspects of pediatric dental care that are valued by organizations such as AAPD and its members, such as delivery of evidenced-based preventive services, providing periodic oral evaluations and minimizing the need for caries-related treatment in emergency departments through more effective primary dental care.

**The DQA, formed in 2008 following a request from CMS, comprises of approximately 30 oral health stakeholder organizations that are committed to the development of consensus-based quality measures. AAPD was a founding member of the DQA and is represented by Dr. Jim Crall on the DQA and its Executive Committee. Crall also chairs the DQA Measures Development and Maintenance Committee and will serve as chair of the DQA in 2015. Dr. Michael Breault, a periodontist from New York, will serve as DQA chair-elect.*

Pediatric Screening in the Electronic Health Record: Annotated Bibliography

In October 2014, the American Academy of Pediatric Dentistry's Pediatric Oral Health and Policy Research Center was awarded a grant from the DentaQuest Foundation to continue their research on oral health promotion in the primary care setting. The second year of the project will center around Common Risk Factors discovered through analysis of data from Nationwide Children's Hospital's (Columbus, Ohio) EPIC Electronic Health Records system. More information on this research can be found on the Policy Center page on the AAPD website at http://www.aapd.org/policy_center/.

With this focus on Electronic Health Records (EHRs) we would like to share some of the information currently available on the subject.

Hsiao CJ, Hing E and Ashman J. National Health Statistics. Number 75: May 20, 2014. Trends in electronic health record system use among office-based physicians: United States: 2007 – 2012. Accessed at www.cdc.gov/nchs/data/nhsr.pdf

Adoption of electronic health record (EHR) systems by office-based physicians continues to improve with 2/5 of all physicians adopting a basic system and less than one-fourth adopting a fully functional system that meets Medicare/Medicaid incentive programs. Rates of electronic health record adoption are dependent on physician's age, type of specialty, size of practice and ownership of practice.

Leu MG, O'Connor KG, Marshall R et. al. Pediatricians' Use of Health Information Technology: A National Survey. Pediatrics 2012; 130:e1441-e1446

Pediatricians' adoption of fully functional electronic health records (EHR) lags behind that of other specialties and general practitioners. Besides financial and production concerns, pediatricians have problems finding systems that are pediatric supportive. American Academy of Pediatrics more recently has developed a template of functional requirements for electronic health record developers to use (*AAP News* March 28, 2013)

Angler H, Gold R, Gallia C et. al. Variation in Outcomes of Quality Measurements by Data Source. Pediatrics 2014; e1676-e1682

Using administrative claims data may not be accurate when evaluating quality care data. By combining data from electronic health records (EHR) with administrative claims data, a better assessment of quality measures will result.

Brady TM, Neu AM, Appel LJ et. al. Real-Time Electronic Medical Record Alerts Increase High Blood Pressure Recognition in Children. Clinical Pediatrics 2014: Online Nov. 20, 2014.

Recognition of increases in elevated blood pressure using real-time alerts was substantially improved by identifying risk factors for CVD in electronic health records (EHR). How about identifying children at high risk for caries by using common risk factors already collected by pediatricians in electronic health records?

Mendelson MM, Zachariah JP, deFerranti SD et. al. Leveraging Electronic Health Records to Notify Pediatric Patients of a Drug Recall. JAMA Pediatrics 2013; 167: 1170-1171

Improved efficiency and quality of care benefits were achieved in a voluntary drug recall program using an electronic platform and electronic health record (EHR) data of children possibly affected by the recalled drugs.

Sittig DF and Singh H. Legal, Ethical, and Financial Dilemmas in Electronic Health Record Adoption and Use. Pediatrics 2011; 127: e1042-e1047

Electronic health records (EHR) are capable of reforming health care. But there remain many unanswered legal, ethical and financial dilemmas associated with the adoption of the electronic health record by pediatricians. The need for all stakeholders to meet and discuss their issues is recommended by the authors.

For further information, please contact AAPD Policy Center Leola Mitchell-Royston at (312) 337-2169 or lroyston@aapd.org.

Pediatric Evaluations – Case for D0145

The Affordable Care Act includes a mandate for pediatric services—including oral care—that began January 2014. This new mandate could create an influx of approximately 5 million children into dental practices around the country. This mandate is not limited to small children; pediatric dental benefits are required for dependents up to age 19. To be consistent with medical coverage requirements, some dental insurers may voluntarily provide coverage up to age 26 for young adults who are covered under their parents' dental plans.

Dental practices should proactively educate themselves in order to be prepared to help patients understand the various options available for pediatric dental coverage. The dental practice should create a standardized approach and develop a plan for patient education of the new laws. Leveraging a strong knowledge base and plan of action will enable dentists to capitalize on the influx of these new pediatric patients. In addition, practices should consider marketing directly to parents of potential new pediatric patients.

Children under the age of 3 should be an important consideration for all dentists. Many adults, as well as many dental professionals, still believe that the first dental visit is around age 3, or when the child would be able to sit still in the dental chair and comprehend the practitioner's requests. The mental maturity of the child should not be the determining factor when scheduling the first dental visit. With the widespread incidence of rampant decay due to baby bottle syndrome and other forms of dental neglect often seen before the age of three, delaying the first visit until the child becomes cooperative often proves to be too late.

The AAPD "Policy on the Dental Home" states:

"Children who have a dental home are more likely to receive appropriate preventive and routine oral health care. Referral by the primary care physician or health provider has been recommended, based on risk assessment, as early as six months of age, six months after the first tooth erupts, and no later than 12 months of age. Furthermore, subsequent periodicity of reappointment is based upon risk assessment. This provides time-critical opportunities to implement preventive health practices and reduce the child's risk of preventable dental/oral disease."

For pediatric patients under the age of 3, dentists should consider the use of the underutilized D0145 service/procedure. This code was created under CDT 2011-2012. The title and definition from CDT-2014 is:

D0145 Oral Evaluation for a Patient under Three Years of Age and Counseling with Primary Caregiver

Diagnostic services performed for a child under the age of three, preferably within the first six months of the eruption of the first primary tooth, including:

- Recording the oral and physical health history
- Evaluation of caries susceptibility
- Development of an appropriate preventive oral health regimen and
- Communication with and counseling of the child's parent, legal guardian and/or primary caregiver.

This is not just a "ride in the chair" appointment, but rather a comprehensive first visit that includes counseling to the primary caregiver. Each of the components listed above must be completed in order to submit D0145 for reimbursement.

Evaluation of caries susceptibility must include risk assessment. Additional documented questions may include "Does the child have any developmental problems?" or "Does the primary caregiver have active caries?" From the information obtained, a plan must be developed to reduce the child's caries risk.

Counseling with the primary caregiver may include instructions for cleaning the child's teeth, fluoride recommendations, guidelines concerning diet, and suggestions to reduce bacteria (e.g., antibacterial rinses, xylitol, saliva substitutes, etc.).

Many parents are extremely cautious when it comes to dental procedures performed on small children. During the initial visit, it is essential that the dental practice provide clear and comprehensive details about the procedures that will be performed and the rationale for each one. Once a foundation of trust is established, the child is likely to become a regular patient.

Don't forget to market the availability of dental exams for children beginning at age one to your existing patients. Many parents are unaware of the importance of initial evaluation appointments for their 1-year-olds. Providing this important information to parents will encourage them to begin evaluations on younger children, improving their child's health, and increasing the practice's income. Now is a great time to see your practice grow and inviting young patients to join your practice can help achieve that goal.

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

Code Revision

There is a 2015 revised code in orthodontic services. The Code Maintenance Committee added a descriptor for D8660. It now reads:

▲ D8660 pre-orthodontic treatment examination to monitor growth and development

Periodic observation of patient dentition, at intervals established by the dentist, to determine when orthodontic treatment should begin. Diagnostic procedures are documented separately.

The new descriptor is useful in establishing the critical element that it is an orthodontic code that should be paid out of the orthodontic benefit.

Errata from September 2014 PDT

UCCI RAISES REIMBURSEMENT FEE FOR PREFABRICATED STAINLESS STEEL CROWNS (D2930)

There was a misunderstanding and miscommunication between AAPD staff and UCCI stating that United Concordia raised its allowance for stainless steel crown code D2930.

UCCI, has in fact, communicated that they are set to increase the reimbursement rate on prefabricated porcelain/ceramic crown on primary teeth (D2929) as a non-covered service with respect to the amount a participating provider could bill to the patient. UCCI will increase the allowance to 225.00 in any of their non-covered fee for service (NFFS) regions (where an insurer could set an allowance/rate for a non-covered services).

Lawmakers in several states have passed legislation that no longer allow insurers to require dental providers to give discounts for services not covered under an insured dental plan.

For more information on states that passed legislation go to <http://www.employeebenefitservice.com/storefronts/4F21AD1036A249419F210F9D0A764F9A.asp>.

AAPD Coding and Insurance Manual 2015 Now Available



Dental coding for your practice has never been more stress-free! New and revised codes are effective Jan. 1, 2015.

The *AAPD Coding and Insurance Manual 2015* gives pediatric dental staff a resource to code and document services accurately for claim submissions and dental records. Relying on old information often leads to unexpected claim denials and reimbursement delays. Dental procedure codes in practice management systems or dental benefit plans may be incomplete and hamper your efforts to receive reimbursement. The *AAPD Coding and Insurance Manual 2015* is the most up-to-date dental coding resource for pediatric dentists! It also fills in coding gaps and reduces ambiguity.

Designed for daily use in every pediatric dental practice, this comprehensive resource provides a detailed go-to place for staff by providing answers to many of their questions. Improved organization and handy tables allow users to find information more quickly, and make correct coding easier for everyone. Includes ADA and CMS claim form with detailed instructions for completion.

AAPD Coding and Insurance Manual - 2015 contains:

- Listing of all relevant new and revised CDT codes, effective Jan. 1, 2015
- 16 new procedure codes
- 52 revised procedure codes
- Five deleted procedure codes
- Current ADA Claim Form and CMS 1500 Claim Form with instructions
- Medical procedure and diagnostic codes relevant to pediatric dentistry
- Expanded section with answers to common pediatric dental coding questions
- Glossary of dental and insurance terminology
- New CDT codes for post-operative visits, sealant repair, evaluation for deep sedation or general anesthesia and missed appointments Simplified table format for single and multi-surface restorations
- Reorganized maxillofacial section for quicker reference
- Updated contact listing of state medicaid dental directors

To order the electronic *AAPD Coding and Insurance Manual 2015*, visit the AAPD online store at <http://www.aapd.org>.

Media Mix

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



The New York Times

On Oct. 21, Catherine Saint Louis of the *New York Times* featured AAPD members in a story on children with autism in relation to dental care titled, “For Children with Autism, Opening a Door to Dental Care.” In addition to a quote from **AAPD CEO Dr. John Rutkauskas (Ill.)**, the article also included a video and showcased AAPD members **Drs. David Tesini (Mass)**, **Amy L. Luedemann-Lazar (Texas)**, **Cavan Brunsten (N.J.)** and **Linda P. Nelson (Mass.)**.

CBS News Radio San Francisco

Based on *The New York Times* story on autism, we were contacted by KCBS for a live 5-minute telephone interview with midday news anchor, Rebecca Corral. **Dr. David Tesini (Mass.)** fielded this opportunity in which they discussed evolving attitudes and practices as dentists treat children with autism.

USA Today

Kim Painter interviewed and included **AAPD President Dr. Ed Moody (Tenn.)** in her Oct. 26 Halloween article, “Scary stuff: Halloween hazards are not just for kids.”

Fox News Chicago

Dr. Charlie Czerepak (Ill.) was interviewed live at the *Fox News Studio* in Chicago to discuss tackling the Mouth Monsters after the Halloween holiday.

Boston.com

Joan Salge Blake, a *Boston.com* correspondent, wrote a story Halloween candy and she not only referenced the AAPD throughout the article, but also our candy sorting grid.

MEDIA OUTLET	AAPD EXPERT(S)	DATE FEATURED	TOPIC
<i>Clarksville Leaf Chronicle</i>	<i>Drs. K. Jean Beauchamp & Larry W. Deeds (Tenn.)</i>	<i>Nov. 19, 2014</i>	<i>Good Dental Care Starts at an Early Age</i>
<i>Dr.Bicuspid.com</i>	<i>AAPD President Dr. Ed H. Moody (Tenn.)</i>	<i>Nov. 24, 2014</i>	<i>Q&A: Dr. Edward H. Moody Jr. on Pediatric Sedation Issues</i>
<i>West Hawaii Today</i>	<i>Dr. Kyoko Awamura (Hawaii)</i>	<i>Nov. 25, 2014</i>	<i>Building A Healthy Community</i>
<i>NYU Nursing</i>	<i>Dr. Amr M. Moursi (N.Y.)</i>	<i>Dec. 2, 2014</i>	<i>Squadron at NYU Urges State to Expand Successful, Nationally Acclaimed Program</i>
<i>Philadelphia Inquirer Healthy blog</i>	<i>AAPD President Dr. Ed H. Moody (Tenn.)</i>	<i>Dec. 3, 2014</i>	<i>Help! My Child Doesn't Want to Give up the Pacifier</i>
<i>CBC News</i>	<i>Dr. Sarah A. Hulland (Canada)</i>	<i>Dec. 8, 2014</i>	<i>Dental Decay Rampant in Calgary Children</i>
<i>Dr.Bicuspid.com</i>	<i>Dr. Jeffrey A. Dean (Ind.)</i>	<i>Dec. 9, 2014</i>	<i>Hall Technique Successful in Comparative U.S. Study</i>
<i>Parents Magazine</i>	<i>Dr. Paul Casamassimo (Ohio)</i>	<i>Dec. 19, 2014</i>	<i>The Fight Against Cavities: How to Care for Babies' Teeth</i>
<i>MLIVE.com</i>	<i>Dr. Alan Klein (Mich.)</i>	<i>Dec. 22, 2014</i>	<i>Local Pediatric Dentist Offers \$20,000 Match if Hurley Children's Hospital Wins Online Contest</i>

Ad Council Updates

AD COUNCIL PUBLIC AWARENESS CAMPAIGN

New Public Service Ads for the *Healthy Mouths* Campaign

- Announced at the ADA Annual Meeting in San Antonio

NEW SURVEY FINDS THAT THREE OUT OF FOUR PARENTS ADMIT THEIR CHILDREN FORGET TO BRUSH THEIR TEETH

Kids' Healthy Mouths PSA Campaign Continues to Encourage Parents to Make Sure Their Children Brush Two Minutes, Twice a Day

In an effort to help parents better understand why ignoring dental health can have serious consequences, and educate families about good dental health habits, the Ad Council and The Partnership for Healthy Mouths, Healthy Lives created new Public Service Ads (PSAs) for the ' *Healthy Mouths* campaign. The new PSAs are humorous depictions of life lessons which make the point that while parenting can be tricky at times, getting children to brush for two minutes, twice a day can be easier than most other things parents will try to teach their children.

Since its launch in 2012, more than 1.7 million people have visited 2min2x.org and the English and Spanish-language PSAs have received more than \$64 million in donated media across TV, radio, print, Web and outdoor outlets. Additionally, a 2013 Ad Council survey showed that in one year, English-speaking parents reported that their children were significantly more likely to brush twice a day (55 percent in 2013, up from 48 percent in 2012) and significantly more likely to brush for two minutes each time (64 percent in 2013, up from 60 percent in 2012). Spanish-speaking parents report improvement as well, with an increase in those saying that their child brushes at least twice a day (66 percent in 2013, up from 63 percent in 2012) and significantly more reporting their children are brushing for two minutes (77 percent in 2013, up from 69 percent in 2012).

Pediatric Dentist Video

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. AAPD member and national Dr. Ann M. Bynum and her Simpsonville, South Carolina, practice are showcased in this broadcast video.

We are hoping that all members are able to fully utilize this video in promoting their practice. We would like to be kept apprised of your use of the pediatric dentist video, as we're going to include in the Media Mix section the members that have used this video, so please be sure to keep us posted. Please contact Erika Hoeft at erika@AAPD.org.

Members who expressed interest in using the video on their social media channels, i.e., website, Facebook, etc.:

Dr. George Angelos (Texas)	Dr. Angela Austin (Va.)
Dr. Jessica Baitner (Fla.)	Dr. Nanni Baker (Texas)
Dr. Alissa Dragstedt (Fla.)	Dr. Thomas Evans (Iowa)
Dr. Robert Gatehouse (Conn.)	Dr. Kimberly Gill (Ohio)
Dr. Shane Harpham (S.C.)	Dr. Gema Island (Va.)
Dr. Flavia Lamberghini (Ill.)	Dr. Matthew Langewisch (Wis.)
Dr. J. Victor Legault (Canada)	Dr. Kevin McCoy (Texas)
Dr. Ricardo Perez (Md.)	Dr. Bill Waggoner (Nev.)

New Public Awareness Campaign & National Brush Day PR/Social Media Efforts

- **The estimated reach from press coverage from the launch to date is approximately 95 million people.**
- The campaign launch received positive coverage in a range of general interest and dental press including, *The Huffington Post*, *Media Bistro* and numerous local *Patch* outlets. The English and Spanish multimedia news releases (MNRs) were reposted on more than **350 websites** and media outlets including *International Business Times*, *Reuters* and *Yahoo!*
- We also coordinated a national Satellite Media and Radio tour On Oct. 30 featuring ADA's Dr. Maria Lopez Howell, **AAPD's Dr. Edward Moody** and OHA's Beth Truett to discuss the new campaign PSAs, as well as upcoming National Brush Day efforts.
 - National and local TV and radio interviews have aired reaching over 20 markets nationwide, generating an audience of more than **3.1 million!**
- Nov. 1, was the second annual National Brush Day and we received coverage from 60 blogs and dentistry trades on the importance of brushing the day after Halloween and all year long.
 - Celebrities such as Melissa Joan Hart and Alec Mapa also posted personal tweets and Instagram posts on National Brush Day, reaching almost **2 million followers.**
- The Kids' Healthy Mouths campaign received additional coverage as a result of winning the Ad Council's prestigious Gold Bell Award for Creative Excellence. Mentions of the win were included in *The New York Times*, *The Drum* and other outlets.



Members who intend to share in their local markets:

Dr. Ann Bynum (S.C.)	Dr. Mark Gardner (Ind.)
Dr. Cody Hughes (Nev.)	

Pediatric Dentistry Residency Continues to Soar in Popularity

Pediatric dentistry continues to be a popular specialty with graduates as evidenced by the continued growth in the Match results for the 2015–16 academic year.

For the 2015–16 academic year, the number of positions offered and residency positions filled surpasses oral and maxillofacial surgery, orthodontics, advanced education in general dentistry and anesthesiology.

2015-16 Match Statistics for:	# of Applicants	Positions Offered	Matches / Positions filled
Pediatric Dentistry	648	390 (+ 8)	384 (+ 10)
Orthodontics	514	270 (+ 14)	268 (+15)
Oral and Maxillofacial Surgery	369	224 (- 4)	215 (- 8)
Adv. Education in General Dentistry	519	346 (+ 37)	228 (+ 33)
Anesthesiology	34	36 (+ 2)	25 (- 6)

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

Annual data on accredited programs and enrollment is gathered by the Health Policy Institute of the American Dental Association (ADA) and maintained by the ADA. The most recent data available is from the 2012 – 2013 academic year. At that time, there were 77 pediatric dentistry residency programs accredited by the Commission on Dental Accreditation (CODA), enrolling a total of 823 postdoctoral students.

The following chart may be used as a comparison of the 2014–15 Match results to the 2015–16 academic year.

2014-15 Match Statistics for:	# of Applicants	Offered	Positions filled
Pediatric Dentistry	638	382 (+ 20)	372 (+ 21)
Orthodontics	466	256 (- 22)	253 (-17)
Oral and Maxillofacial Surgery	396	228 (+ 5)	223 (+10)
Adv. Education in General Dentistry	519	309 (+13)	195 (+ 6)
Anesthesiology	53	34 (+ 1)	31 (- 1)

For complete results of the 2015 – 2016 Match, please visit the National Matching Service website at <http://www.natmatch.com/dentres>.

For additional information, please contact AAPD Educational Affairs Manager Scott Dalhouse at (312) 337-2169 or by e-mail to sdalhouse@aapd.org.

Samuel D. Harris Research and Policy Fellowship

The American Academy of Pediatric Dentistry (AAPD) is accepting applications for the Samuel D. Harris Research and Policy Fellowship sponsored by Preventech. Pediatric dental residents and individuals in their first five years post-residency are eligible and encouraged to apply. The AAPD and past-president Dr. Paul S. Casamassimo initially created this opportunity for individuals to participate in supporting research and advocacy activities of the Academy. The winning fellow will participate in research addressing one of the priority areas of interest as identified by the AAPD Pediatric Oral Health Research and Policy Center Advisory Board and approved by the AAPD Board of Trustees. A deliverable project such as a published article in a peer reviewed journal or presentation at a national meeting is required at the end of the Fellowship. A cash stipend and payment for travel to relevant meetings is provided. The AAPD and the selected applicant/program director will agree upon exact fellowship dates.

The Harris Fellow will serve as a research assistant for a specific research project of the AAPD Pediatric Oral Health Research and Policy Center, whose goals are to:

- Conduct oral health research, including but not limited to health services research that advances children's oral health issues and supports AAPD public policy and public relations initiatives at

the national, state, local, and international levels with legislatures, government agencies, professional associations, and other non-governmental organizations.

- Develop and implement special project activities that advance children's oral health issues and public understanding of such, in accordance with AAPD policies and guidelines.
- Produce timely and high quality policy analysis on critical issues impacting children's oral health.
- Produce useful studies and analysis to further the understanding of practices which will contribute to the oral health of all children.

Applications are available from the AAPD website, <http://www.aapd.org> and click on the Awards and Fellowships link under the Member Resources tab. Applications are due April 18, 2014.

For additional information, please contact AAPD Educational Affairs Manager Scott Dalhouse at (312) 337-2169 or by e-mail to sdalhouse@aapd.org.

The AAPD gratefully acknowledges its sponsor for the Samuel D. Harris Research and Policy Fellowship.

Sponsored by Preventech



AAPD Continuing Education Courses—Save the Dates!

Registration Coming Soon!

For more information, please contact Meetings and Education Coordinator Jessica Vaughn at jvaughn@aapd.org



Oral Clinical Exam Review

SEPT. 10, 2015

**HYATT REGENCY GAINNEY RANCH
SCOTTSDALE, ARIZ.**

If you're serious about becoming a diplomate, this course could make the difference.

Presented by leading educators and clinicians, this course focuses on preparing the candidate to succeed in the oral portion of the board examination.

Participants will have the opportunity to be part of numerous mock examinations and will learn skills to deliver an impressive performance. Learn about the various domains contained in the American Board of Pediatric Dentistry examination, successful test taking techniques and how to be prepared for this type of high-stakes clinical examination.

At the conclusion of the course, participants will have gained a better understanding of how to prepare for the exam including:

- Topical areas of the exam
- American Academy of Pediatric Dentistry guidelines
- The examination process
- Suggested readings for exam preparation
- How cases are designed and graded.

Speakers

Paul Casamassimo, D.D.S., M.S.

Henry Fields, D.D.S., M.S., M.S.D.

This course is approved for **7** continuing education credits.

Sponsored by NuSmile Pediatric Crown



Comprehensive Review of Pediatric Dentistry

SEPT 11–13, 2015

**HYATT REGENCY GAINNEY RANCH
SCOTTSDALE, ARIZ.**

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 and Pulp Therapy.

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.

The curriculum is also designed to serve as a comprehensive and in-depth review of pediatric dentistry to those attendees who may either be board certified or not planning on taking the examination.

Course Director and Speaker

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

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



Hyatt Regency Gainney Ranch

Sedative and Medical Emergencies in the Pediatric Dental Office for the Dental Assistant

ENHANCED COURSE

OCT. 23–24, 2015

HILTON BONNET CREEK
ORLANDO, FLA.

This one-and-a-half-day course is specially designed for the pediatric dental assistant to enhance their knowledge and understanding of sedation emergencies and other emergent medical conditions in the office. An introduction to oral sedatives and using nitrous oxide/oxygen sedation will be included. Participants will learn how to organize and prepare the office for an organized response to a medical emergency and how to assist in the management of medical and sedation emergencies.

NEW: This four hour workshop on Saturday morning allows hand-on training for the dental assistant. Participants will rotate through multiple stations to include airway management; intubation; airway equipment; papoose board and monitor placement.

Course Director and Speaker

Morton Rosenberg, D.D.S.

Invited Speakers

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

Steven Ganzberg, D.M.D., M.S.

Sarat Thikkurissy, D.D.S., M.S.

This course is approved for **11** continuing education credits.

Safe and Effective Sedation of the Pediatric Dental Patient

NEW COURSE

OCT. 23–25, 2015

HILTON BONNET CREEK, ORLANDO, FLA.

This is a newly designed American Academy of Pediatric Dentistry sponsored course. This course is designed for pediatric dentists who have had training in sedation techniques during their graduate or residency training programs and are looking to refresh their knowledge and those residents looking to enhance what they are currently learning in their programs. The course includes lectures, audience-interactive case presentations, and more clinically relevant considerations, but retains relevant topics associated with safe sedation of children such as the pre-sedation assessment, sedation and post-sedation period, patient monitoring and future trends. Additional materials are presented about the child's personality, drug selection and a reference list.

This 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 course level, according to ADA Guidelines, Part II, Definitions, Education Courses, is that of a survey course and does not offer direct, clinical patient management.

Course Director and Speaker

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

Invited Speakers

Steven Ganzberg, D.M.D., M.S.

Sarat Thikkurissy, D.D.S., M.S.

This course is approved for **20** continuing education credits.

Sponsored by EZ Pedro



A Symposium on Important Oral and Cutaneous Lesions in Infants and Children

DEC. 4–5, 2015

JW MARRIOTT, LAKE LAS VEGAS, NEV.

This symposium is designed to update the practitioner on the diagnosis and management of common and important orofacial and cutaneous disorders and lesions. Dental anomalies, soft tissue and jaw lesions and specific skin disorders will be presented. This multidisciplinary discussion will also include newly defined lesions and the latest diagnostic and therapeutic approaches. Correlation of orofacial and cutaneous with systemic disease and common syndromes will be discussed. Characteristic radiographic findings and the role of cone beam CT for jaw lesions will be highlighted. Interspersed throughout the course will be panel discussions about orofacial lesions and disorders so the audience can participate in steps associated with developing a differential diagnosis and formulate a plan for managing the condition. Sound bites summarizing timely literature on clinically relevant topics will ensure that the audience leaves with the most recent information. Extensive flow charts for establishing a working diagnosis and comprehensive medication handouts will complement the lecture material for use in the practice setting.

Course Director and Speaker

Catherine M. Flaitz, D.D.S., M.S.

Invited Speakers

Christel Haberland, D.D.S., M.S.

Daniel Stoeckel, D.D.S.

Adelaide Hebert, M.D.

John Hellstein, D.D.S.

Timothy Wright, D.D.S.

Juan Yépes, D.D.S., M.D., MPH, MS, DrPH

Marcio da Fonseca, D.D.S., M.S.

Ann Griffin, D.D.S.

Karen Baker, B.S., M.S.

Dat Tran, D.M.D.

John Hicks, M.D., PhD, D.D.S.

This course is eligible for **17** hours of continuing education credit.

Sponsored by Pacific Dental Services





Dr. Beverly A. Largent

HSHC President

Musings from the Leadership Institute Peanut Gallery

One of the great perks of my role as Healthy Smiles, Healthy Children President – besides seeing in person the great work of our Access to Care Grantees – is my role as an observer at the AAPD/HSHC Leadership Institute at the Kellogg School of Management at Northwestern University.

Besides what I learn from Kellogg’s world-class professors without fear of being called upon, I get to watch a classroom of 30 pediatric dentists learn and interact while honing their leadership skills.

Sitting in the peanut gallery during the December 2014 classes, I was struck by the diversity of Cohort IV: The group spans four decades in age, represents every AAPD membership district (including one from Australia), and includes members in academia and private practice. This is our fourth Leadership Institute cohort and, as a member of the first cohort that convened in December 2004, I’m so impressed by the evolution of the program through each cohort.

Why?

When the first group convened in 2004, our class comprised at the time what would have been considered the “usual suspects.” My class included mostly established AAPD committee, council, board and officer members.

In subsequent years, and most evident in the current group, cohorts have become less the usual suspects and more of the up-and-comers. Each class includes more students whose Leadership Institute experiences will have a longer lasting impact on their careers as current and future leaders.

Leadership Institute is designed to help participants “hone their philosophical and operational approaches to maximize their

leadership potential and performance” – whether it’s within the AAPD, elsewhere in organized dentistry, or in their communities. It’s not a reward for the members of an “in crowd,” but a genuine investment in future leaders, those known and yet-unknown to us.

Including the current cohort, 120 AAPD members have participated in Leadership Institute. Participants continue to take on leadership roles within the Academy and, because Leadership Institute learning can be applied outside of organized dentistry, its graduates strengthen the value – and perceived value – of pediatric dentists everywhere.

With Leadership Institute participants paying less than one-third of the overall program’s costs, Leadership Institute represents the Academy’s and Foundation’s investments in the individual. Developing future leaders is critical to organization effectiveness, growth and longevity.

In my 30-plus years in pediatric dentistry, I wish I would have had the opportunity for something like Leadership Institute much earlier in my career. Like many practitioners “of a certain age,” we learned by feel, experience and the mentoring of those who came before us. For me, Leadership Institute codified for me a career’s worth of experience. It was tremendously helpful, but what I could have done with that education 10 or 15 years sooner.

This fall, AAPD members will have the chance to apply to join Cohort V of Leadership Institute. This cohort will convene for its first round of classes in December 2016 (dates TBD).

Preliminary information for Cohort V will be available during AAPD 2015 in Seattle. Don’t miss out on what one of my Cohort I classmates called “a life-changing experience.”

Establishing Dental Homes for the Underserved is Not One-Size-Fits-All

Saturday, May 23

8:30 – 11:30 AM

CE Hours: 3

SESSION DESCRIPTION

Dental Home models come in all different shapes and sizes. Join Healthy Smiles, Healthy Children to explore what it means to be a Dental Home to underserved children in your community. This session will help you learn tactical techniques on how to create effective Dental Homes for underserved populations.

The AAPD defines the Dental Home as the ongoing relationship between the dentist and the patient, inclusive of all aspects of oral health care, delivered in a comprehensive, continuously accessible, coordinated and family-centered way. However, providing a Dental Home to the underserved, inclusive of this definition, can be a challenge. There are many avenues for pediatric dentists to reach the underserved populations, and this session will explore a variety of approaches. Mobile dental units, service-day events, case managers and general dentist training can all be productive avenues for pediatric dentists to serve as a Dental Home.

Moderated by Dr. Anupama R. Tate, D.M.D., this session will feature HSHC grantees and AAPD leaders speaking on Dental Home models. Attendees will break out into round table discussions and explore with peers methods for implementing Dental Home options.

HSHC will also show how Access to Care Grants can assist in the development, implementation and long-term viability of Dental Homes for underserved populations.

COURSE OBJECTIVES

- Understanding and applying the Dental Home model in multiple facets.
- Learning new techniques and methods to treat the underserved and through the Dental Home model.
- Collaborating and networking with peers providing similar Dental Home models.

PANEL

Moderator: **Anupama Rao Tate**, D.M.D., M.P.H., associate professor of pediatrics, The George Washington University School of Medicine director, Advocacy & Research, Division of Oral Health, Children's National Medical Center and HSHC Grants and Programs Committee chair.

Tonya K. Faqua, D.D.S., program director, Save a Smile at Children's Hospital will speak on creating Dental Homes through case management for the underserved.

The Dental Foundation of Oregon Executive Director **Charlie LaTourette** will speak on the creation of the Dental Home with a mobile van.

Amr Moursi, D.D.S., chairman, Department of Pediatric Dentistry, New York University, College of Dentistry, will speak on improving children's oral health by increasing the number of providers willing and able to treat young children.

Cavan Brunsden, D.M.D., Dental Home Day National volunteer coordinator and American Dental Association Giving Kids a Smile advocate will speak on the value of and the details needed to execute a successful dental intervention event like HSHC Dental Home Day and Give-Kids-A-Smile.



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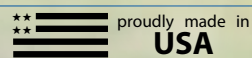
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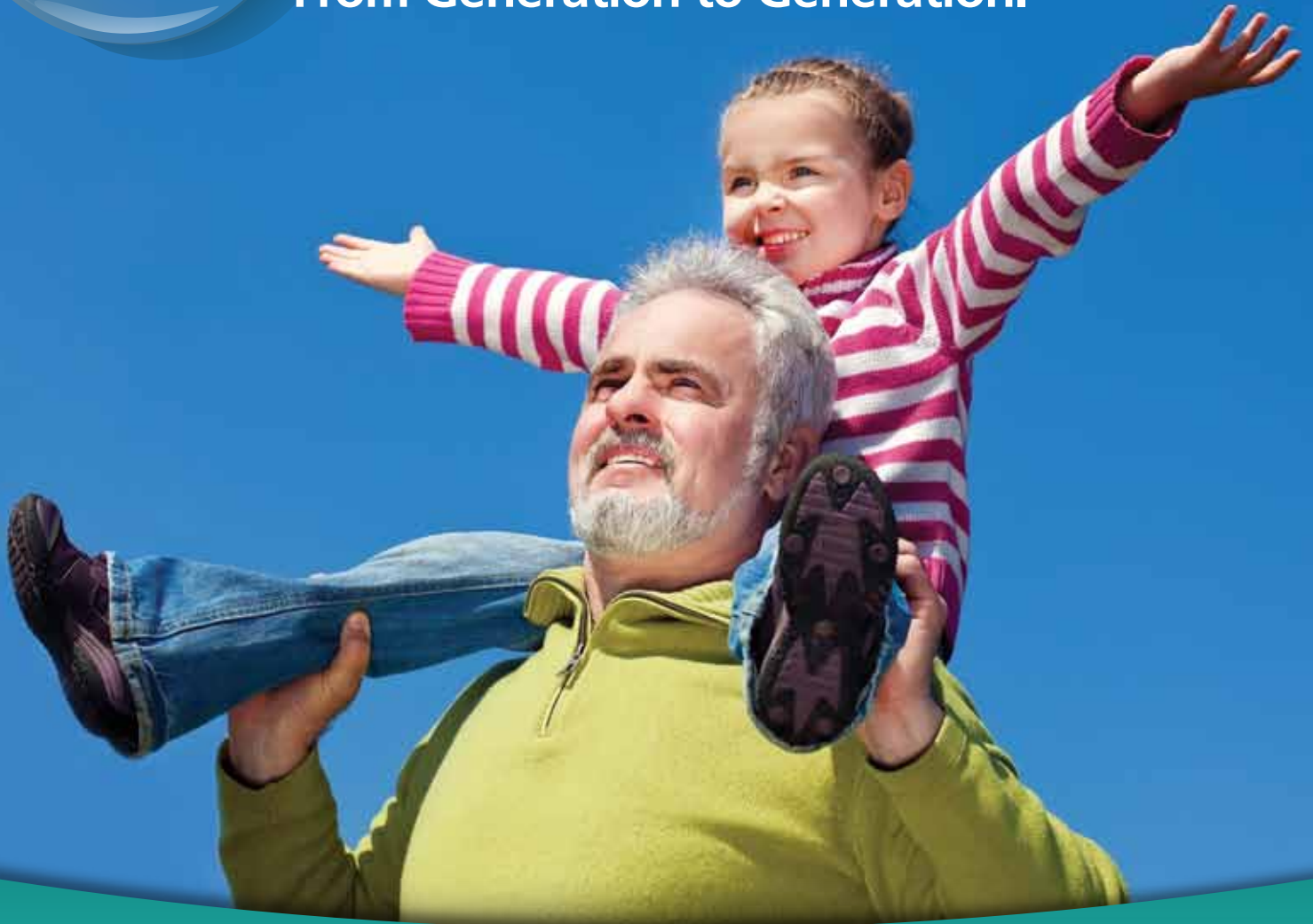


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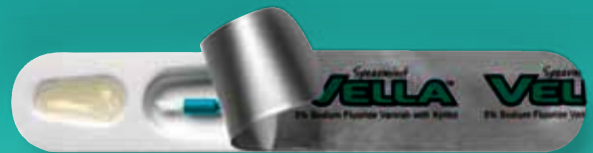
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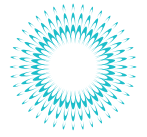


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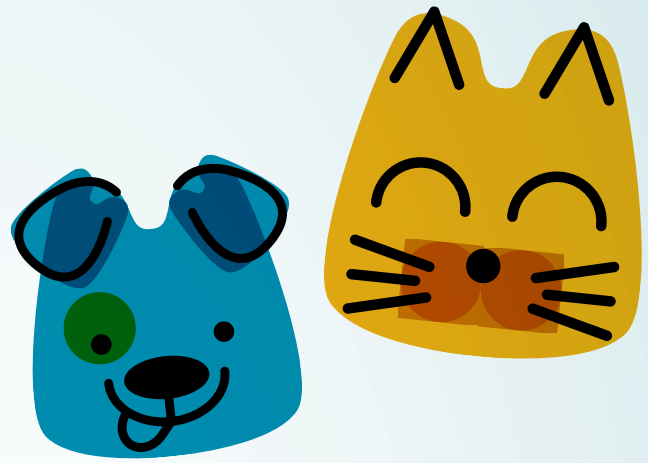
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- Eligibility for dental licensure in the State of the training site location

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<p>DAVID OKUJI, DDS, MBA ASSOCIATE DIRECTOR, PEDIATRIC DENTISTRY drokuji@gmail.com Phone: 617-903-7117</p>	<p>NEAL A. DEMBY, DMD, MPH SENIOR VICE PRESIDENT, LUTHERAN HEALTHCARE nealdemby@gmail.com Phone: 718-630-7177</p>	<p>MARGARET K. MASON, DMD DIRECTOR, SCHOOL ORAL HEALTH PROGRAM mmason@lmcmc.com Phone: 718-630-8524</p>
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SOUTH DAKOTA. Black Hills Pediatric Dentistry is looking for a full-time pediatric dentist! We are located in the beautiful Black Hills of South Dakota which offers endless activities for the outdoor enthusiast. Rapid City is a vibrant and evolving community with a great quality of life. Black Hills Pediatric Dentistry is a well-established, growing practice currently in the top 5% for dental production in the United States. Our campus includes a specialized pediatric dental clinic as well as a dental surgical center for comprehensive dental treatment under general anesthesia. We have an excellent opportunity for the right Pediatric Dentist to join our team of specialists. The position offers a competitive salary and benefits package with the potential for ownership. For more information please contact Jim Dickerson at (605) 341-3068 or email jdickerson75@hotmail.com.

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VIRGINIA—CHARLOTTEVILLE. Excellent opportunity for a pediatric dentist who seeks association in a well organized group practice. We are looking for a team player to join our group of practitioners with high personal standards, attention to detail, a commitment to quality dentistry, compassion for patients and concern for our staff. Facility is state of the art and has its own surgical center next door for oral sedation, IV sedation and general anesthesia. Opportunity for partnership available. Position is available immediately. If interested, please submit curriculum vitae to sclark1165@aol.com

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VIRGINIA—NORTHERN. General Dentist. Dental office in Northern Virginia seeking an energetic, motivated and experienced part/full time dentist to join our dynamic team. The Ideal candidate must have a current Commonwealth of Virginia license and a minimum of 3-5 years of experience. The candidate should be passionate to serve. For more information please contact peditricden@yahoo.com

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WISCONSIN—LA CROSSE. Gunderson Health System's Department of Dental Specialties is recruiting for a Pediatric Dentist to work at our La Crosse location with possible outreach duties. The successful candidate will have a D.D.S. or D.M.D., a Wisconsin license or eligibility and a Minnesota license would be desirable. We seek a champion in innovation with the ability to collaborate extensively with others. We offer state of the art equipment, highly trained staff, and outstanding compensation potential in our physician led health system. The Dental Specialties Department is composed of a team of dental

specialists in orthodontics, oral and maxillofacial surgery, endodontics, periodontics, prosthodontics and pediatric dentistry. Our teams work collaboratively within and across clinical departments to provide excellent care and high quality treatment to meet our patient needs. We are home to an accredited oral and maxillofacial residency program and recently expanded our services with two new clinics. Gunderson Health System is a physician led, multi-specialty health system that employs nearly 750 medical, dental specialty and associate staff based in La Crosse, Wisconsin. Our service to the area includes over 20 regional clinics throughout Southwestern Wisconsin, Southeastern Minnesota, and Northeastern Iowa. La Crosse has an area population of nearly 100,000, and is unequalled for its natural beauty in the Upper Mississippi River Valley and bluffs region. La Crosse offers many opportunities for outdoor activities, an excellent school system and art programs. Contact: Jon Nevala, Manager - Medical Staff Recruitment. jjpnevala@gundersenhealth.org or 608-775-4224

WISCONSIN—MADISON. 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, 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. For more information please contact kateanderson@amdpi.com.

WASHINGTON—ISSAQUAH. Excellent opportunity to join our highly respected and fast paced pediatric dental office located in the Issaquah Highlands. Our high tech office uses paperless charting and is completely digital within our five operatories. We are looking for a pediatric dentist to join our amazing staff on Mondays and one to two Saturdays a month. If you feel as though you can be a compatible fit for our team, please send a resume to managerihkidsdentistry@yahoo.com

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SOUTH CAROLINA—CHARLESTON.

Pediatric Dentist - The Medical University of South Carolina, James B. Edwards College of Dental Medicine invites applications for a full-time, tenure-track faculty position in the Department of Pediatric Dentistry and Orthodontics. Candidates must have a D.D.S./D.M.D. degree, be eligible for or have attained American Board of Pediatric Dentistry Certification, and be eligible for a dental teaching licensure in the State of South Carolina (i.e. active license in another state). Academic appointment at the rank of Assistant/Associate Professor and salary will be based on qualifications and commensurate with level of experience. Review of candidates will begin immediately and applications will be accepted until the position is filled. The successful candidate must have a creative and positive attitude toward maintaining a team-oriented work environment. Responsibilities will include teaching, research and administration in the Section of Pediatric Dentistry. Position requires participation in didactic and clinical teaching in the

predoctoral and postdoctoral pediatric dentistry curriculum, and outreach and community service programs in pediatric dentistry. Excellent opportunities are available for intramural faculty practice. The Medical University of South Carolina is an Equal Opportunity/Affirmative Action employer. Applicants should forward their letter of interest including statement of career goals and curriculum vitae to leitel@musc.edu c/o Dr. Luis P. Leite, Chair, Department of Pediatric Dentistry and Orthodontics, Medical University of South Carolina, 30 Bee Street, Room 120, MSC 507, Charleston, South Carolina 29425, Phone: (843) 792-3916, Fax: (843) 792-3917.

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TEXAS—PLANO. For Sale: New Turn-key modern PEDIATRIC DENTAL OFFICE in Dallas-Fort Worth Area's Collin County (one of the most affluent counties in Texas, fast population growth with companies like Toyota and FedEx moving in), drawing from Plano, Frisco, Allen, Carrollton and The Colony. 2,200 s.f. high-end modern finish-out, in a new professional building on a major street. Includes: 3-op hygiene open bay, 3 private treatment rooms, doctor's private office, sterilization, lab, staff lounge, and children's area. All digital/paperless, including intra-oral, panoramic radiographs. Ready for the right pediatric dentist to step in and start seeing patients from day one! Email ucbmc1995@hotmail.com.

TEXAS. Two Fantastic Pediatric Opportunities in Texas! Two pediatric practices available: one all fee for service practice in the picturesque landscape of East Texas and one combination fee for service and PPO practice just east of Dallas, Texas. To inquire about our pediatric practices, please call (469) 222-3200 or email paula@adstexas.com.

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OFFICE SPACE

CALIFORNIA—SANTA MONICA. OFFICE SPACE-CALIFORNIA - Santa Monica Office space for lease. Successful pediatric dentist with ortho associate left gorgeous office: bays, cabinetry, plumbed, etc. Check it out: www.loopnet.com/Listing/18480290/1243-7th-Street-Suite-C-Santa-Monica-CA.

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



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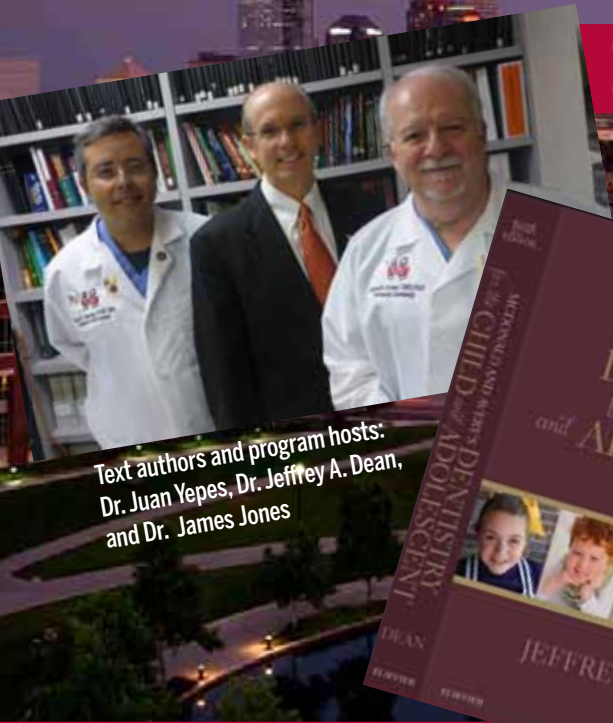
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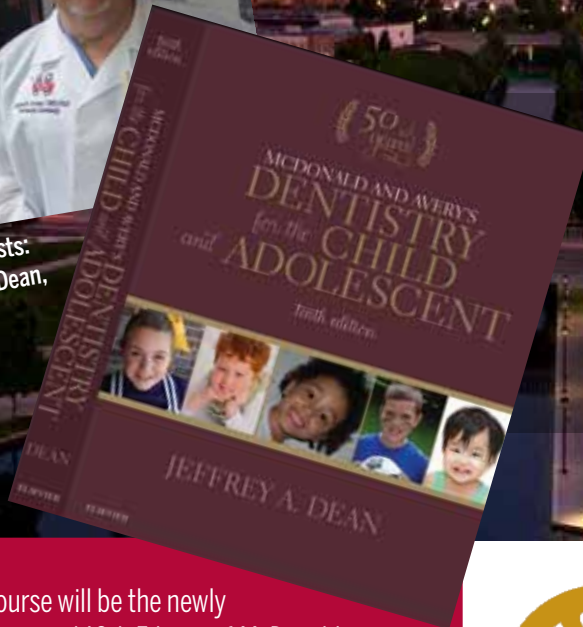
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From left, authors Jeffrey A. Dean, DDS MSD, Ralph E. McDonald DDS MS LLD (sitting) and David Avery DDS, MSD.



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CONTACT:

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