

PDT



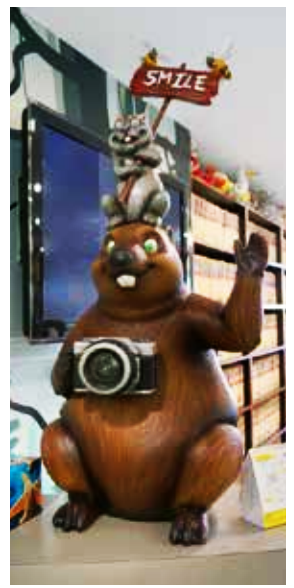
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The Bresler Family is on a Mission

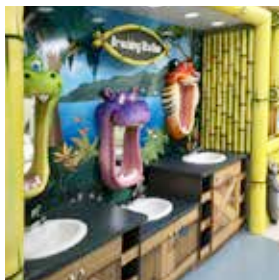
November 2017 Volume LII, Number 6

26

PRACTICE MANAGEMENT AND MARKETING NEWS



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Governance

- 4 Call for Nominations
- 4 Statement of Ownership

Welcome

- 5 A Message from Your President

Legislative, Regulatory and Legal Update

- 6 Federal News
- 7 Litch's Law Log
- 8 AAPD PAC Corner

AAPD 2018

- 10 Registration and Housing
- 10 Preconference Course
- 10 Presentation Submission Deadlines
- 11 Program-at-a-Glance
- 11 Career Fair

Membership

- 14 Welcome New Members
- 14 Member Benefit Spotlight
- 15 Resident's Corner
- 16 Member News

Education

- 24 AAPD CE Courses
- 25 Joint Academic Day
- 25 Journal CE Program
- 25 NuSmile GSRA
- 25 Master Clinician Program

Columns

- 26 **PMM—Practice Marketing and Management**
- 32 Coding Corner
- 37 Media Mix
- 38 ABPD
- 40 Treloar & Heisel

Policy Center

- 30 2017 Survey of Pediatric Dental Practice
- 30 New Technical Brief
- 31 Model for Caries Risk
- 31 Research Agenda
- 31 Evidence-Based Dentistry

Healthy Smiles, Healthy Children

- 42 A Message from Your President

Opportunities

- 44 Seeking Pediatric Dentist
- 46 Practice for Sale



The Bressler Family
is on a Mission **20**

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Opinions expressed in *PDT* are not necessarily endorsed by the AAPD.

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Call for 2018-19 Nominations

The AAPD Nominations Committee is accepting nominations for the 2018-19 election of secretary/treasurer and academic at-large trustee.

Nominations must be received by the AAPD headquarters office no later than Dec. 1, 2017. This date reflects procedures for the Nominations Committee, per the current *AAPD Administrative Policy and Procedure Manual*®. The term of the current academic at-large trustee, Dr. Amr M. Moursi, expires in 2018. Per the AAPD bylaws, any nominee for this position must be a full-time educator who devotes a majority of professional time, in no case less than two days a week, to educational endeavors in a dental school or graduate pediatric dentistry program accredited by the Commission on Dental Accreditation.

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

- (a) the completed and signed nominations form;
- (b) a one-page essay explaining their interest in serving in the specific office and summarizing their leadership skills;
- (c) a background description suitable for publishing in *Pediatric Dentistry Today*;
- (d) three letters of personal recommendation from active, life or retired members of the Academy; and
- (e) a photograph in electronic format suitable for publication in *Pediatric Dentistry Today*.

The Nominations Committee will meet on Jan. 13, 2018, at which time they shall interview the candidates for secretary/treasurer and academic at-large trustee and board member of the American Board of Pediatric Dentistry (who is nominated by the ABPD) either in person or via teleconference or web conference or other appropriate technology. All nominees must agree to participate in this interview process. All nominees for the 2018-19 academy year will be published in the March or May 2018 issue of *PDT* and voted on by the membership at the 2018 General Assembly.

For further information, please contact Chief Executive Officer John S. Rutkauskas at (312) 337-2169, ext. 28, or jrutkauskas@aapd.org.

*All members have online access to the most recent version of the *AAPD Administrative Policy and Procedure Manual*, which is periodically reviewed and updated by the Policy and Procedure Committee with oversight and approval by the board of trustees. Visit <http://www.aapd.org>, the Members'-only section under Member Resources.

STATEMENT OF OWNERSHIP, MANAGEMENT, AND CIRCULATION 1. Publication Title: PDT (Pediatric Dentistry Today). 2. Publication Number: 1046-2791. 3. Filing Date: October 1, 2017. 4. Issue Frequency: bimonthly. 5. Number of Issues Published Annually: 6. 6. Annual Subscription Price: Domestic \$20; Foreign \$20. 7. Complete Mailing Address of Known Office of Publication: 211 East Chicago Avenue, Suite 1600, Chicago, IL 60611-2672. 8. Complete Mailing Address of Headquarters or General Business Office of Publisher: American Academy of Pediatric Dentistry, 211 East Chicago—Suite 1600, Chicago, IL 60611-2672. Contact Person: Dr. John Rutkauskas. Telephone: 312-337-2169. 9. Full Names and Complete Mailing Addresses of Publisher, Editor, and Managing Editor: Publisher—American Academy of Pediatric Dentistry, 211 East Chicago Avenue, Suite 1600, Chicago, IL 60611-2672; Managing Editor—Dr. John Rutkauskas. 10. Owner: American Academy of Pediatric Dentistry, 211 East Chicago Avenue, Suite 1600, Chicago, IL 60611-2672. 11. Known Bondholders, Mortgagees, and Other Security Holders Owning or Holding 1 Percent or More of Total Amount of Bonds, Mortgages, or Other Securities. None. 12. Tax Status: Has not Changed During Preceding 12 months. 13. Publication Title: PDT (Pediatric Dentistry Today) 14. Issue Date for Circulation Data Below: August 1, 2017

15. Extent and Nature of Circulation	Average No. Copies Each Issue During Preceding 12 Months	No. Copies of Single Issue Published Nearest to Filing Date
a. Total Number of Copies (<i>Net Press Run</i>)	9,972	9,608
b. Paid and/or Requested Circulation		
(1) Paid/Requested Outside-County Mail Subscriptions Stated on Form 3541. (<i>Include advertiser's proof and exchange copies</i>)	8,924	8,900
(2) Paid In-County Subscriptions (<i>Include advertiser's proof and exchange copies</i>)	0	0
(3) Sales Through Dealers and Carriers, Street Vendors, Counter Sales, and Other Non-USPS Paid Distribution.	0	0
(4) Other Classes Mailed Through the USPS	620	633
c. Total Paid and/or Requested Circulation (<i>Sum of 15b. (1), (2), (3), and (4)</i>)	9,544	9,533
d. Free Distribution by Mail (<i>Samples, complimentary, and other free.</i>)		
(1) Outside-County as Stated on Form 35416845	0	0
(2) In-County as Stated on Form 3541	0	0
(3) Other Classes Mailed Through the USPS	0	0
e. Free Distribution Outside the Mail (<i>Carriers or other means</i>)	0	0
f. Total Free Distribution (<i>Sum of 15d. and 15e.</i>)	0	0
g. Total Distribution (<i>Sum of 15c. and 15f.</i>)	9,544	9,533
h. Copies not Distributed	432	75
i. Total (<i>Sum of 15g. and h.</i>)	9,976	9,608
j. Percent Paid and/or Requested Circulation (<i>15c. divided by 15g. times 100</i>)	100%	100%
16. Extent and Nature of Circulation		
a. Paid Electronic Copies	0	0
b. Total Paid Print Copies (<i>Line 15c</i>) + Paid Electronic Copies (<i>Line 16a</i>)	9,544	9,533
c. Total Paid Distribution (<i>Line 15f</i>) + Paid Electronic Copies (<i>Line 16a</i>)	9,544	9,533
d. Percent Paid (Both Print & Electronic Copies (<i>16b divided by 16c x 100</i>))	100%	100%

17. Publication of Statement of Ownership is required. It will be printed in the November 1, 2017 issue of this publication.

18. Signature and Title of Editor, Publisher, Business Manager, or Owner

John S. Rutkauskas, Chief Executive Officer

Date: October 1, 2017

I certify that all information furnished on this form is true and complete. I understand that anyone who furnishes false or misleading information on this form or who omits material or information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including civil penalties).



Dr. Jim Nickman

AAPD President

Reflect and Serve

Fall is here and Thanksgiving is approaching. The kids are back to school, the leaves are changing colors and the temperatures are moving lower. Fall in Minnesota is a beautiful season and probably my favorite. With the changing of the season, it is also a time to reflect. It is usually a brief reprieve in our offices from the hectic schedules of summer. The Thanksgiving season is also a time to celebrate the wonderful profession that we practice and the staff that help us make a difference in the lives of children. We also make time to reflect on the blessings of our families and celebrate our time together.

As I write this, hurricane season is also in full swing. Unfortunately, Texas and Louisiana have been impacted greatly by hurricane Harvey and Irma is moving toward the Florida coast. Our family's thoughts and prayers go to all of those affected by the storms. Unfortunately, it may take several years for the affected to return to normal. Healthy Smiles, Healthy Children: The Foundation of the American Academy of Pediatric Dentistry (HSHC), is providing support to our affected members in the hurricane impact areas. Please consider supporting their efforts by donating to the Foundation. Please contact Paul Amundsen and his staff at HSHC for more details. You can also donate on-line at the HSHC website (<https://healthysmileshealthychildren.thankyou4caring.org/sslpage.aspx?pid=298>).

Watching the incredible devastation of the storms has made me wonder if our family and practice are prepared for the unthinkable. Take the time to review the contingency plans for your practice in the event of an unexpected business interruption (e.g., fire, pipe breakage, tornado). Do you have plans in place to preserve your business information and patient charts? Is your business and overhead insurance adequate and in effect? You should also review or create an emergency preparedness plan for your family as well as your business.

The AAPD has announced and opened registration on the 2018 continuing education courses. We are fortunate to have tremendous volunteers and AAPD staff that spend countless hours developing outstanding offerings for our members' professional development. In February 2018, we will be co-hosting a joint symposium with the American Association of Orthodontists regarding orthodontic care for our patients. The team planning the "Early Orthodontic Treatment: Working Together for Great Results" has assembled great faculty, course content, and a fabulous setting in Scottsdale, Ariz. Registration is now available for the joint symposium. Information on the symposium and other national, district and state courses are available at www.aapd.org/events.

I am also thankful that we have had a tremendous year with the Academy. Your officers, board of trustees, council, committees, and AAPD staff have been hard at work and are focused on creating a world-class organization to serve and represent our membership. We are continually focused on creating tools for our members so that they can strive for optimal oral health for all children.

Have a great rest of 2017 and take some time to enjoy life. If you have any questions or concerns, please feel free to contact me at james.nickman@comcast.net.



AAPD has new toll free number (888) 261-2350

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

HRSA Announces 10 Pediatric Dental Faculty Loan Repayment Awards

The AAPD is pleased that the federal Health Resources and Services Administration (HRSA) has awarded 10 dental schools or pediatric dental residency programs grants for faculty loan repayment. Thanks to AAPD advocacy efforts that obtained both FY 2017 federal funding and favorable Congressional report language, \$884,000 in total was provided with a preference for pediatric dental faculty members¹. The loan repayment program extends for five years, repaying a higher amount each year so long as the benefitted individual remains a full-time faculty member.²

The 10 awardees are:

- **Loma Linda University (Loma Linda, Calif.)**
- **Howard University (Washington, D.C.)**
- **Medical College of Georgia (Augusta, Ga.)**
- **Nicklaus Children's Hospital of Miami (Miami, FL.)**
- **University of Illinois-Chicago (Chicago, Ill.)**
- **University of Minnesota (Minneapolis, Minn.)**
- **University of Mississippi (Jackson, Miss.)**
- **Bronx-Lebanon Hospital (New York, N.Y.)**
- **Children's Hospital of Cincinnati (Cincinnati, Ohio)**
- **University of Tennessee (Memphis, Tenn.)**

Each awardee program will administer the loan repayment and identify the individual recipient (s) of such funds. All 10 awardees met the preference for pediatric dental faculty. AAPD will be profiling some of these pediatric dental faculty in future communications.

For more information about AAPD Title VII advocacy, please contact Chief Operating Officer and General Counsel C. Scott Litch at slitch@aapd.org.

For more information about HRSA Title VII dental grant opportunities, please contact Educational Affairs Manager Scott Dalhouse at sdalhouse@aapd.org.

¹These are defined in HRSA's Notice of Funding Opportunity as individuals who have completed a pediatric dental residency, have an appointment in a division or department of pediatric dentistry, and who teach in the field of pediatric dentistry at either the predoctoral or postdoctoral residency level.

²The institution will use grant funds to pay an amount equal to 10, 15, 20, 25, and 30 percent of the student loan balance, upon completion of each year of service.



C. Scott Litch

Chief Operating Officer and General Counsel

Litch's Law Log

Reminder About Medicaid Compliance Resources

The AAPD has worked for many years at the federal and state level on Medicaid dental reform, and it continues to be an integral part of our ongoing advocacy. Admittedly, it is sometimes an uphill slog, with progress followed by back-sliding. However, we remained focused on the ultimate goal of optimal oral health for all children—especially those most in need.

One key aspect of that goal is to assist AAPD members with navigating the Medicaid system, which is necessary to ensure an adequate network of providers. Pediatric dentists are at the forefront of oral health care for children in Medicaid. According to a February 2017 ADA Health Policy Institute Infographic, overall nationally **64.8 percent of pediatric dentists participate in Medicaid or CHIP**. This is far higher than the participation rate for general dentists or any other dental specialists.¹

In the summer of 2017 the AAPD Pediatric Oral Health Research and Policy Center released an excellent resource entitled ***Pediatric Dentist Toolkit for Seeing Patients with Medicaid: Changing Children's Lives One Smile at a Time***.² I strongly recommended this be reviewed by any pediatric dentist currently participating in or considering participating in Medicaid or CHIP.

With participation in these governmental programs comes the need for a good compliance plan. While AAPD has produced resources on dealing with Medicaid provider audits, the best outcome naturally is to avoid an audit in the first place.

A good starting point for a pediatric dentist and practice staff is to view the Centers for Medicare and Medicaid Services (CMS) video on ***Medicaid Compliance for the Dental Professional***.³ CMS Chief Dental Officer Dr. Lynn Mouden referenced this video during his presentation at the 2017 AAPD Annual Session.

One key concept is understanding the need to document medical/dental necessity. Excellent resources in this area are the AAPD's brochure from 2014 entitled ***Documenting to Support Medical Necessity for the Pediatric Dental Professional***.⁴ This concept is also discussed in the 2014 CMS publication ***Medicaid Compliance and Your Dental Practice***.⁵ Both are available via the AAPD website members-only section under Practice Management/Dental Coding and Insurance.

Another useful resource is the HHS Office of Inspector General's (OIG) ***Compliance Program for Individual and Small Group Physician Practices***, which was published in the Federal Register back in 2000.⁶ Note the **OIG's Seven Basic Components of a Voluntary Compliance Program**:

1. "Conducting internal monitoring and auditing through the performance of periodic audits;
2. Implementing compliance and practice standards through the development of written standards and procedures;
3. Designating a compliance officer or contact(s) to monitor compliance efforts and enforce practice standards;
4. Conducting appropriate training and education on practice standards and procedures;
5. Responding appropriately to detected violations through the investigation of allegations and the disclosure of incidents to appropriate Government entities;
6. Developing open lines of communication, such as (1) discussions at staff meetings regarding how to avoid erroneous or fraudulent conduct and (2) community bulletin boards, to keep practice employees updated regarding compliance activities; and
7. Enforcing disciplinary standards through well-publicized guidelines."

Finally, there is an **obligation to report overpayments**, which some might find ironic given that historically Medicaid dental programs have severely underpaid dentists as compared to commercial rates.⁷ Section 6402 (a) of the ACA amended the Social Security Act to create an express obligation to report and return Medicaid or Medicaid overpayments within 60 days after the date on which the overpayment was identified. Failure to do so could subject the provider to liability under the False Claims Act.

This column presents a general informational overview of legal issues. It is intended as general guidance rather than legal advice. It is not a substitute for consultation with your own attorney concerning specific circumstances in your dental practice. Mr. Litch does not provide legal representation to individual AAPD members."

¹http://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIGraphic_0217_1.pdf?la=en. As expected, participation rates do vary greatly by state.

²<http://www.aapd.org/assets/1/7/Medicaid2017.pdf>

³<https://www.youtube.com/watch?v=47XrbEU7k&t=2998s>. This was published on You Tube in July, 2016.

⁴<http://www.aapd.org/assets/1/7/MedicallyNecessaryCareBrochure.pdf>

⁵<http://www.aapd.org/assets/1/7/MedicallyNecessaryCareBrochureCMSAddendum.pdf>

⁶<https://oig.hhs.gov/authorities/docs/physician.pdf>

⁷Nasseh K, Vujicic M, Yarbrough C. A ten-year, state-by-state, analysis of Medicaid fee-for-service reimbursement rates for dental care services. Health Policy Institute Research Brief. American Dental Association. October 2014. Available from: http://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_1014_3.ashx.



PAC Corner

Let the District Competition Begin

As part of our current fund-raising initiative, the AAPD PAC is instituting a competition among the five AAPD districts to determine for each calendar year which district is the top AAPD PAC supporter in terms of number of contributors and total hard dollars raised.* **The standings below are as of Sept. 7, 2017, indicating that the Southeastern district is currently in the lead for number of contributors, but the Southwestern district is in the lead in terms of total hard dollars.**

Thanks to the many of you that have already supported the AAPD PAC via the voluntary PAC contribution “check-off” on your 2017-18 dues statement.

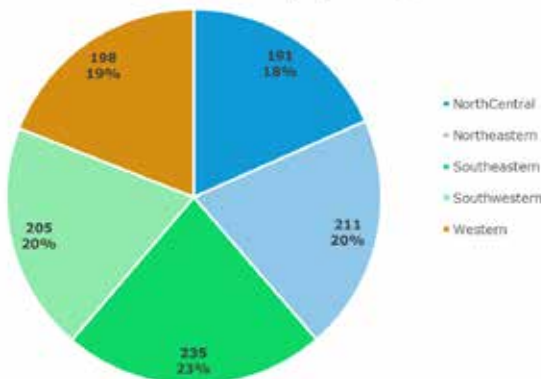
If you have not yet given this year, we need your support. The voluntary recommended support level for new dentists is only \$100. **If have been a regular PAC contributor at recommended level of \$250, why not jump up to the next level of support such as Cabinet (\$500-999) or Patriot (\$1000 and above)?** You can contribute online at https://www.aapd.org/advocacy/pac_contributions/.

**Remember that if you want your dollars applied directly to candidate support, please make your PAC contribution via a personal credit card or check. Such support counts as “hard dollars” for a PAC. Contributions from a corporate account must be applied to “soft dollars”, which can be used for PAC administrative and related advocacy expenses but not direct candidate support.*

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

Dr. Jeannie Beauchamp
PAC Steering Committee Chair

Number of Contributors, by District, 2017



Contributions by District, 2017



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Housing is Open! Registration Opens in December!

The meeting takes place at the Hawaii Convention Center and the headquarter hotel is the Hilton Hawaiian Village. Registration and Housing will open soon. Complete meeting and hotel details will be posted on the Annual Session website and published in the January issue of PDT. A prominent email will be sent to all members announcing when registration opens as well as all hotels in the AAPD official room block.



Full Steam Ahead or Off the Tracks? Which Way is Your Engine Headed in Your Life and Your Dental Practice?

*Preconference CE Course
Thursday, May 24*



Dr. Ann Bynum



Dr. Rob Delarosa



Dr. Bobby Elliott

Are you struggling with work/life balance? Is work just work? Do you feel your train is going too fast or headed in the wrong direction? Then join us in the paradise of Hawaii to experience transformation while learning how to love what you do, have fun at work and home, and most importantly, enjoy the ride!

Opening Session and Keynote Address: Kevin Wanzer Celebrating Ohana and the Spirit of Aloha

Friday, May 25



As a humorist, motivational comedian and keynote speaker, Kevin Wanzer has been earning rave reviews for over thirty years. Inspiring and entertaining audiences in refreshing ways is all he has ever known. He has been noted nationally as one of the most effective and entertaining speakers for inspiring and empowering audiences, celebrating Ohana and the Spirit of Aloha. Through stories and humor, he helps people reconnect with hidden passions, embrace diversity, and celebrate community through laughter.

Early in his career, Wanzer served on the staff of and appeared on Late Night with David Letterman. As a result of Wanzer's early work with First Lady Nancy Reagan, President Ronald Reagan appointed him to serve as a delegate to the White House Conference for a Drug Free America, on behalf of which he spoke at the United Nations. To this day, he is still one of the youngest presidential appointees in American history.

AAPD Abstract

Submission Deadlines

Jan. 16, 2018

NuSmile Graduate Student Research Awards (GSRA)

My Kid's Dentist Research Poster Competition

2019 Sunstar Research Fellowship



The Sunstar/AAPD Postgraduate Research Fellowship Program was established for the purpose of promoting and supporting innovative research by residents in pediatric dentistry. The Sunstar Research Fellowships are possible through the generous support of Sunstar Americas, Inc. New this year, two pediatric dental residents are selected to receive a yearlong research fellowship. The AAPD Council on Scientific Affairs selects the recipients on a competitive basis from eligible submissions. Each award provides up to \$10,000 of funding. Recipients are required to present their research results at the AAPD 2019, May 23 – 26, in Chicago, Ill.



AAPD 2018



Honolulu, Hawaii May 24-27, 2018

The Scientific Program Committee put together an outstanding group of faculty and continuing education courses geared to deliver cutting-edge clinical topics in addition to sessions which will help you and your staff run a better practice.

Thursday, May 24

Preconference Course

Joint Academic Day

Friday, May 25

Keynote and Awards Ceremony

Pulp Therapy: **Nestor Cohenca**

Caries: **Brian Novy**

An Update on the Spectrum: **Travis Nelson**

Work Life Balance: **Uche Odiatu**

PALS

My Kid's Dentist Poster Research Competition

Restoration: **Kevin Donly and Rebecca Slayton**

Orthodontics: **Patty Medland**

Mini Clinics I

New Dentist Happy Hour

Leadership Institute Reception

Welcome Reception: Aloha Festival

Saturday, May 26

Breakfast Rounds

Mini Clinics II

GSRA/Sunstar Research

Coffee Clutch for the Dental Team

My Kid's Dentist Poster Research Competition

PALS

Sedation for the Young Patient: **Chris Quinn**

Behavior Guidance: **Greg Psaltis**

New Dentist Program

Sedation for the Young Patient: **Bobby Thikkurissy**

Volunteerism: **Greg Psaltis**

Career Fair

International Reception

Alumni Receptions

HSBC Donor Appreciation Gala: USS Missouri

Sunday, May 27

Breakfast Rounds

Oral Diagnosis: **Juan Yepes**

String of Pearls

General Assembly

President's Farewell Dinner: Waialae Country Club

Career Fair



Saturday May 26, 2018
1:30 – 3 PM

The Annual Career Fair is a great opportunity for new pediatric dentists seeking their first practice position or more experienced pediatric dentists who are looking for a change to network with hiring organizations. The Career Fair is a personal and dynamic way of connecting with members of the Academy.

Space is limited! For more information contact Meeting and Exhibits Coordinator Colleen Bingle at (312) 337-2169 or cbingle@aapd.org. The cost to participate for AAPD Members is \$150; for recruiting companies the price is \$500.

AAPD 2017 Recordings Available!

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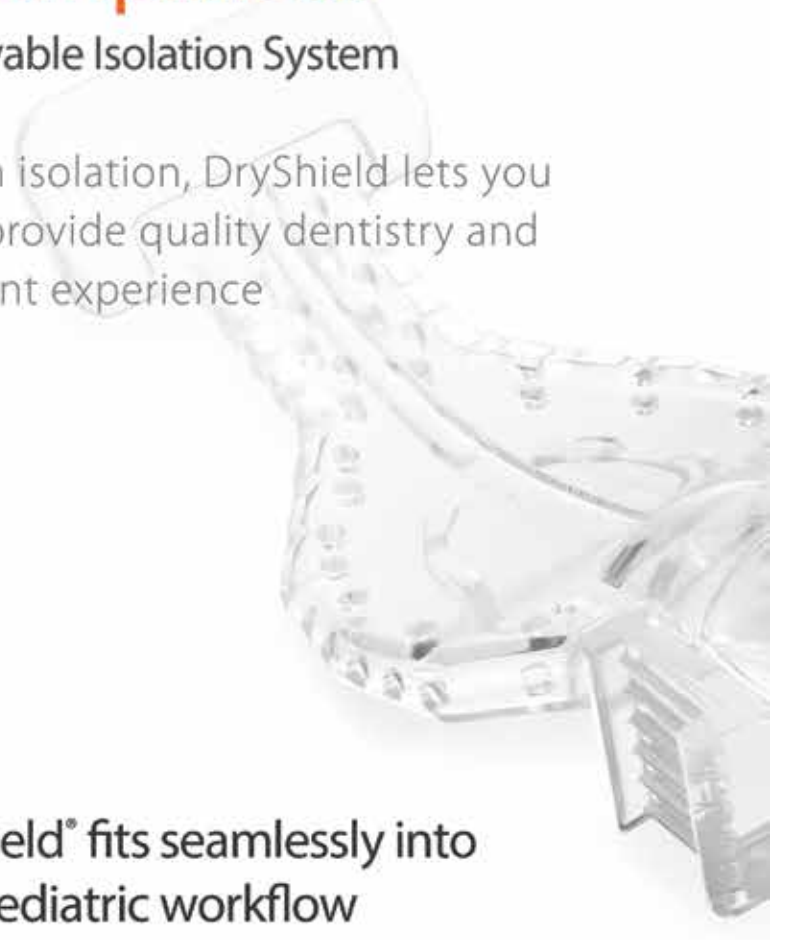


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Welcome New Members

The AAPD would like to welcome new members. We look forward to supporting your professional needs. For further information on membership benefits please contact Membership Department at (312) 337-2169 or membership@aapd.org.

Member Benefit Spotlight

The AAPD Reference Manual



The American Academy of Pediatric Dentistry (AAPD), in accordance with its vision and mission, advocates optimal oral health for all children and individuals with special health care needs. It is the leading national advocate dedicated exclusively to children's oral health. Advocacy activities take place within the broader health care community and with the public at local, regional, and national levels. The AAPD Reference Manual (RM), issue six of *Pediatric Dentistry's* seven issue journal, is one of the components of the Academy's advocacy activities.

The RM's reorganization and classification, a joint venture of the Evidence-Based Dentistry Committee and Council on Clinical Affairs, is in response to evolving guideline standards in the larger health care community. Please note the changes you will find: the term Recommendations is used to distinguish guidelines from definitions, oral health care policies and resources. Also, there are two subcategories of recommendations: *Clinical Practice Guidelines* and *Best Practices*. The distinction is determined by the methodology employed to develop the recommendations.

Clinical Practice Guidelines, as redefined by the National Academy of Medicine, are "statements that include recommendations intended to optimize patient care that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options." Each AAPD guideline will describe the methodology used in its development. The term evidence-based will not appear in the title of documents based upon systematic reviews. This will prevent any implication that the consensus-based guidelines are deficient or their value should be diminished.

Best Practices, as defined by the Centers for Disease Control and Prevention, are "the best clinical or administrative practice or approach at the moment, given the situation, the consumer's or community's needs and desires, the evidence about what works for this situation/need/desire, and the resources available." *Best Practices* would also include guidelines peripherally related to clinical care, such as informed consent and record-keeping procedures.

Visit <http://www.aapd.org/Policies/> for the 2017-18 RM's online version, available soon on the AAPD's app as well.

AAPD Resident's Corner

Remaining Upright and Steady, My Secret for Balancing Family and Residency Life

Dr. Amanda Begue, D.D.S.

The alarm sounds around 6 a.m. As we tiptoe to the coffee maker, my husband and I skip the boards on the floor which we know will creak, and possibly will wake up our peacefully sleeping toddler, Benjamin. Once the coffee is made, I quickly dressed in my scrubs and my hair goes in a braid. It's time to wake up Benjamin, feed him breakfast, get him dressed and out the door for drop-off around 7 a.m. He's the first one at daycare every morning.

Residency training marks a very short period of time in which to learn as much as possible about pediatric dentistry in order to be the most successful practitioner one can be. Over the last 12 months I have adjusted (somewhat) and learned some valuable strategies to make the absolute best of my residency and also balance my family and personal life.

I wish I had the secret recipe of how to balance life perfectly with a busy residency, and other important priorities. I have learned through mentors, other mothers, friends, and my older sisters-in-law, that it is not possible to say yes to every invite that comes your way. Part of understanding how many plans can be made in a weekend while simultaneously juggling a busy call schedule and family commitments, is to know yourself and know your limits. Although difficult at first, I understand how keeping my weekend free every so often can give me the recharge necessary to do my best for my family, and to be rested for patient care during the week. These weekends I can restock the house with groceries and other necessities, cook one-pot meals to freeze and to pack for lunch, and still have time to go on a jog around the neighborhood.

Another important aspect of balancing residency commitments is to surround yourself with people who are supportive, caring and positive. I feel so fortunate to have a group at LSU who support my family and me. They offer to babysit, and also will change their plans and go to a more kid-friendly restaurant so my family can also attend. These types of small gestures go a long way, and I would not have made it through the last year without them.

I have also learned through the years of dental school and residency the time of day my brain functions best is in the morning. I am able to read faster, retain more information and think more clearly in the morning hours. This helps me prioritize my most effective studying hours, and realize that after the work day, I want to focus on family time and leave work at the door if at all possible.



About the Author

Dr. Amanda Begue is a second year pediatric dental resident at Louisiana State University. She was born and raised in the mountains of Asheville, N.C. She completed her undergraduate degree at UNC-Charlotte, majoring in Elementary Education. She graduated from UNC-Chapel Hill School of Dentistry in 2016. During her fourth year of dental school her son Benjamin was born. In her spare time, she loves spending time with family and friends, trying new restaurants in New Orleans, painting, traveling, boat-rides and biking.

Balance is defined as “an even distribution of weight enabling someone or something to remain upright and steady.” We all know pediatric dentistry residency training is not always balanced, but these years mark a unique portion of our lives to soak in as much information from surrounding faculty and mentors as possible. All of us have a unique story which has brought us into the family of pediatric dentistry, which makes creating a well-balanced residency and personal life different for everyone. For all of us to remain upright and steady we need to stay true to ourselves and goals, keep friends and support system close, stay organized and value each day we have to learn something new from a child, parent or member of our residency team.

Several of my current and past co-residents have some valuable personal advice about how to make the most of residency and/or balance your personal life. After all, learning from each other is probably the most valuable resource we can share with one another.

“Getting outside and playing beach volleyball is one of my favorite stress relief activities. It's a great avenue to meet new people outside of dentistry and get my body moving. It refreshes my mind, strengthens my core and is good ole fashioned fun!”

Dr. Eva Dupay, D.M.D., first year resident, Louisiana State University Pediatric Dentistry

“Embrace your ignorance. You don't know everything, and you are not expected to. Ask questions, lots of them! Ask the question of multiple people. Be open to learning from faculty, staff, co-residents and assistants. This is your time to try as many different techniques and materials as possible. Being ignorant can mean you are more likely to have creative ideas or solutions to problems/scenarios because you aren't in the habit of doing the same thing in the same way”

Dr. Beth Fancher, D.D.S., class of 2017, Louisiana State University Pediatric Dentistry

“Find a hobby that provides a mental escape from the stress and rigor of residency. Exercise, cooking and arts and crafts are great examples of activities that are good stress relievers”

Dr. Effie Richardson, D.D.S., class of 2017, Louisiana State University Pediatric Dentistry

Brushing is PAWsome!

By Dr. Gila Dorostkar

No one would ever mistake me for a dog person. I didn't grow up with dogs and spent very little time with them as an adult. It wasn't until we made good on a promise to our young son and added a Golden Retriever to our family that I developed a deep love and appreciation for our furry friends. Aspen proved to be so sweet and affectionate with us that I wondered if she might be able to help with some of my young patients at the office. I was inspired by an article in *PDT* several years ago about pup therapy in a fellow AAPD member's dental practice.

Both Aspen and I enrolled in a local certified pet therapy training program to get a better sense of her aptitude as a potential therapy dog, and my abilities as a handler. The program concluded with a 17-point evaluation that essentially tested Aspen's temperament including her reaction to loud noises, behavior around strangers and touch tolerance. She passed with flying colors. As a handler, I learned how to handle exuberant and grabby children, how to maintain control of the leash and how to tell if my dog was feeling reluctant or stressed.

Surprisingly, there was little information available on how to formally introduce a dog to a dental practice. Yes, there were numerous anecdotal stories of dentists bringing in their family pets, but none of them addressed the potential risks or liabilities if something didn't go as planned. I set out to conduct my own research and thought I would share my insights.

I started by reviewing local and federal health codes to ensure that there were no additional risks of infection or contamination. As it turns out, our standard infection control procedures were more than sufficient to eliminate any additional risk.

I next contacted my malpractice insurance carrier who advised a general announcement to our patients that we were introducing a therapy dog in our practice. Since we already regularly send email updates to our patients, this was easy to accomplish. We also added a question on our patient health history form asking about any known allergies or fear of dogs.

The insurance issue required a little more work. Neither my malpractice nor my business property insurance would cover a therapy dog in the practice. While I knew there was minimal risk, I still felt that there should be some form of insurance in the event of an unforeseen incident. After some additional online searching, I found an animal liability insurance carrier that would provide coverage for potential bites, damage or even someone tripping over Aspen. The insurance policy included a set of conditions that reinforced our therapy training. The most notable requirement is that the dog must always be on a leash and under the control of a handler.

Do I get it now? Absolutely. Having Aspen in the office makes me love my dog even more and truly appreciate the warmth and compassion of all dogs in general.

Please contact Dr. Gila Dorostkar at (415) 448-8120 or e-mail DrGila@DrDorostkar.com for further information.



To round out my research, I contacted our state dental association to confirm that I was abreast of any regulations. Again, there did not seem to be any formal policies in place regarding dogs. I also screened our employees to confirm that no one on our staff had any hesitancy or problem with having Aspen on our team.

To get Aspen acclimated to our office, we started by simply having her greet patients in the waiting room upon their arrival. Gradually, we worked her up to going chair side to briefly say "hi" during recall appointments. Aspen is now learning to stay chair side during restorative visits. The results have been truly magical. Although she's too large for a child to hold, she seems to understand that children like it when she lays her head in their lap or next to their body. It's amazing to watch how a child's entire demeanor relaxes as they stroke Aspen's head.

The response from our parents and kids has been incredibly positive. They are very excited to see Aspen and it's been another wonderful way to connect with parents personally as they share their own stories about their pets at home. Aspen has even helped kids who have a fear of dogs in general. And her doggie therapy has proven to be a benefit to everyone in the office, including our staff.

We're always attentive to Aspen's needs and are careful to limit her work hours to ensure she doesn't get stressed. We also make sure to provide a quiet place with a bed and water where she can relax. I think she truly enjoys her job and the response from the children is heart-warming. I am also pleased to have yet another way to help make each child's visit feel more memorable.

National Impact

Dr. Heber Simmons Honored for Contributions to Pediatric Dentistry

When Heber Simmons Jr. completed his dental education at the University of Tennessee Health Science Center in Memphis, the Tupelo native could not have predicted the national impact he would have on his chosen specialty of pediatric dentistry. Dr. Simmons' advocacy is credited with obtaining more than \$100 million nationally through federal legislative appropriations in support of pediatric dental education.

Dr. Simmons, who received both his dental and master's degrees from the University of Tennessee Health Science Center (UTHSC) College of Dentistry, has practiced in Jackson for more than 55 years, but his sphere of influence in pediatric dentistry extends nationwide.

He has spent more than 20 years visiting key congressional offices on Capitol Hill cultivating relationships resulting in funding that significantly increases the number of pediatric dentists trained each year as well as the number of faculty in pediatric dentistry education. His efforts have been a critical factor in creating awareness for the importance of dental care for our nation's children.

An Endowed Professorship of Pediatric Dentistry was recently established in his name within the UTHSC College of Dentistry to honor a man who has made a lifetime of contributions to the field. A former national president of the American Academy of Pediatric Dentistry and trustee of the American Dental Association, Dr. Simmons has remained active with his alma mater and is past president of the UT Pediatric Dentistry Alumni Association.

The Heber Simmons Jr. DDS MS Endowed Professorship will sustain Dr. Simmons' legacy in pediatric dentistry and provide funds to recruit exceptional pediatric dental professors to foster the college's established legacy of providing a top dental education. "The high level of commitment to make this professorship a reality is not surprising."

The pediatric dental community recognizes the tremendous impact Dr. Simmons has had on the field. Our alumni and friends are equally dedicated to the UTHSC College of Dentistry and providing our students and faculty with necessary resources to provide top-quality education, research, clinical and public service opportunities," says UTHSC College of Dentistry Dean Dr. Tim Hottel.

The campaign was spearheaded by friends of Dr. Simmons, UTHSC alumni, and members of the UTHSC College of Dentistry faculty. Chaired by Dr. Pitts Hinson, members of the committee included: Dr. Larry Dormois, chair of the UTHSC Department



Dr. Vent Murphy, president UTHSC Pediatric Dentistry Alumni Association; Dr. Heber Simmons Jr.; Dr. Larry Dormois, chair UTHSC Department of Pediatric Dentistry; and UTHSC College of Dentistry Dean Dr. Tim Hottel

of Pediatric Dentistry, Dr. Vent Murphy, president of the UTHSC Pediatric Dental Alumni Association, Dr. Steve Fuson, past president, Dr. Brad Wilkinson, treasurer, Dr. John Bogert, Dr. Charlie Hall, Dr. Paul Kennedy Jr., Dr. Jasper L. Lewis Jr., Dr. Jerry Miller, Dr. Stephen Moss, and Dr. Charlie Wilkinson.

Dr. Hinson noted the dedication of the department and the volunteers on the committee, "It was such an honor to chair this campaign and to play a role in establishing this professorship. My sincere thanks go out to each donor, the committee, and especially to Heber Simmons for his life of achievement."

A plaque was presented to Dr. Simmons to commemorate the professorship at a recent dinner in his honor. It will reside in the Dunn Dental Building on the UTHSC campus in Memphis.

Dr. Simmons, who was informed of the planned endowed professorship as a surprise during a UTHSC Pediatric Dentistry Alumni Board meeting, is honored by the support shown by so many people. "I am humbled by this honor and encouraged that the funds will be used to advance pediatric dentistry and the care of children. I am blessed to be part of a team of supportive and caring family and friends in my personal and professional life that has enabled me to go where I have been needed. I feel that by taking care of the children, we are leaving the woodpile higher than we found it."

Dr. Paul Casamassimo Earns 2017 Norton M. Ross Award

ATLANTA, Oct. 16, 2017 — The American Dental Association (ADA) announced that Dr. Paul Casamassimo has been named the 2017 recipient of the ADA Norton M. Ross Award. The ADA has presented the annual award, financially supported by Johnson & Johnson, since 1991 to recognize investigators whose research has significantly impacted some aspect of clinical dentistry.

Casamassimo served in several academic and clinical positions over the course of nearly four decades. He most recently spent 24 years as the chair of the division of pediatric dentistry and community oral health at The Ohio State University College of Dentistry in Columbus, Ohio. After retiring in 2015, Casamassimo has served as professor emeritus at the school. A former president of the American Academy of Pediatric Dentistry, he is currently the chief policy officer of its Oral Health Research and Policy Center.

Much of Casamassimo's career focused on helping those with special needs. In a letter to Casamassimo announcing the honor, ADA President Dr. Gary L. Roberts said the award "recognizes your dedication to improving the oral care for disabled, minority, sick, vulnerable and underserved populations. The commitment you have shown to nontraditional approaches to clinical research has brought together community, government, clinical and behavioral sciences for better children's health."

Casamassimo will receive \$5,000 and a commemorative plaque during a ceremony at ADA 2017 – America's Dental Meeting. "This award is a wonderful and totally unexpected surprise," Dr. Casamassimo said. "I would never have expected this in a million years. My reward for years of clinical research has been the satisfaction of answering questions others never asked, but which have had implications for patient care in children and special needs adults."



For more information, please email mediarelations@ada.org.

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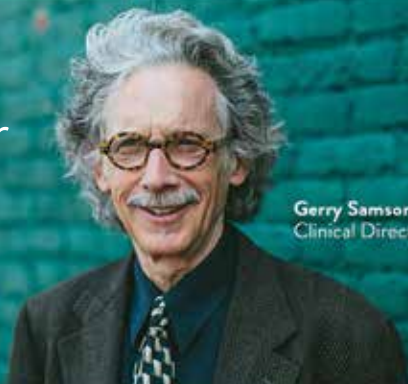
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Gerry Samson, DDS
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Responsibilities of the providers will include: patient pre-operative assessment, informed consent processes, & treatment plan development; delivery of planned restorative, exodontia, and pulpal therapy care while the patient is under GA; and post-operative procedures including documentation of care, all in accordance with state regulations and the American Academy of Pediatric Dentistry guidelines.

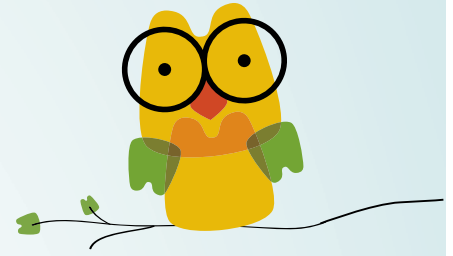
Although board certified providers & years of experience in pediatric dentistry in a private-practice setting or academic institution are preferred, it is not required. Salary is based on experience and background.

All applications including a statement of interest & an attached curriculum vitae should be submitted to Dr. Stephen Wilson: swilson@bluecloudpsc.com

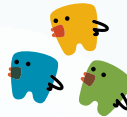




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The Bresler Family is on a Mission

AAPD Members Drs. Josh Bresler, Jason Bresler and Rachel Bresler Lead Temple University's Maurice H. Kornberg School of Dentistry's Haiti Club on Annual Missions Providing Dental Care for Underserved Haitian Children

NEARLY 1,200 PATIENTS TREATED AND 5,000 TEETH EXTRACTED BY UNIVERSITY AND HAITI CLUB DOCTORS

In May of this year, Drs. Josh and Rachel Bresler, brother and sister, returned from their yearly volunteer mission to the Caribbean island of Haiti, along with the Temple University Maurice H. Kornberg School of Dentistry's Haiti Club, where four dentists and 10 dental students treated close to 1,200 patients and extracted nearly 5,000 teeth in makeshift clinics. Villagers have been known to walk for days from their own villages to far locations when hearing of the dentists' visit seeking dental and oral health care—virtually none is available other than when U.S. doctors make their annual trip.



Top Row, L-R: Dr. Cory Johnston, Dr. Tyler Twiss, Dr. Josh Bresler, Dr. Rachel Bresler, Jacob Kuruvilla, Dr. Miriam Ting, Kieran Mullarney, Michael Santora. Bottom Row, L-R: Andy Zhou, Jessica Parry, Victoria Castens, Liam Register, Joseph Gallelli, Carlos Sanchez

Temple University's Maurice H. Kornberg School of Dentistry's Haiti Club has been dedicated to improving the health condition of the Haitian people since 1997. The Temple Haiti club is run almost entirely by dental students and faculty. Dr. Josh Bresler, co-owner of Doc Bresler's Cavity Busters, a Temple University Kornberg School of Dentistry part-time faculty member and club advisor, went on his first Haiti trip in 2002 as a junior dental student, and now travels with the group yearly, assisting with the legal and logistical details, including travel arrangements and communication with the Haitian Health Foundation (HHF), the program partner in Haiti.

Dr. Jason Bresler, co-owner of Doc Bresler's Cavity Busters has traveled to Haiti every year since 2007, except for the 2017 trip, as he was awaiting the birth of his second child. Next year's trip is already on his calendar! Dr. Bresler said, "Dental missions like our annual trip to Haiti, are extremely important experiences. They remind us about the primary reason we went into the field of medicine. Helping people! Often students are overwhelmed by tests, procedure requirements or insurance difficulties, as well as general policies and procedures that sometimes get in the way of helping people. On our Haiti mis-

sions, this is medicine in its purest form. 'What hurts? OK, let's take care of that for you!' It gives the students a renewed sense of purpose and pride for their chosen field of medicine. It's a win-win for everyone."

In order to secure the more than \$20,000 needed to fund the journey, students and faculty organize a variety of fundraising events throughout the year, and then collect and pack of all the equipment, supplies and food the group will need for the duration of the one week stay in Haiti. The trip is so popular that students and faculty alike vie for the opportunity to be part of this annual give-back mission.

Although the students don't receive credit on the trip, there is still a large student turnout every year, but only a few are selected. The faculty selects the 10 dental students based on club participation and a one-page essay on why they want to travel to Haiti.

For seven days each spring, 10 dental students and four faculty members from Temple University's Maurice H. Kornberg School of Dentistry, provide free dental care in remote villages outside of the town of Jeremie. This year faculty included: Dr. Josh Bresler, Dr. Rachel Bresler, Dr. Cory Johnston, and Dr. Tyler

Twiss. Students included: Jacob Kuruvilla, Dr. Miriam Ting, Kieran Mullarney, Michael Santora, Andy Zhou, Jessica Parry, Victoria Castens, Liam Register, Joseph Gallelli, and Carlos Sanchez. Dr. David Bresler, along with Drs. Josh, Jason and Rachel Bresler, have all served as a faculty advisor on numerous trips, as well, before Dr. David Bresler's passing in March 2013.

The journey to Haiti is not easy, as described by Dr. Josh Bresler:

"To reach their destination, the group travels to New York and flies to Port-au-Prince, Haiti, where they then take an eight hour bus ride to the HHF headquarters in Jeremie. Every day, from sun up to sundown, the group embarks on a stomach-churning drive into the mountains, where paved roads are non-existent and dirt paths are often washed-out by torrential spring rains. Broken axles and flat tires are common. The danger involved in this portion of the trip cannot be overstated, as one of the HHF nurses was killed in June of 2009 when her vehicle careened off of a 50-foot embankment, less than three months after working with the Temple Haiti Club."

The goal for each Haiti trip to is to provide the highest quality of dental care

to as many Haitian people as conditions will allow. Students and faculty begin their day by setting up a makeshift clinic. Instruments are autoclaved in the U.S. and then cold sterilized between uses. There is no electricity, running water, or suction availability, which makes treating patients even more difficult. Students typically work outside under the shade of a tree, although at some villages, there may be a small building or thatch roofed hut that can be utilized in inclement weather. Hundreds of patients are seen each day in portable dental chairs. Often, complex extractions and other surgical procedures are performed in the field. The team brings an extensive armamentarium of antibiotics and pain medications for distribution to patients after treatment.

Only since 2008 have diagnoses been able to be made with radiographs (X-rays) due to a generous sponsor donation. Now the Haiti club has a hand-held X-ray unit that makes diagnosis more accurate and reduces patient risks. According to the World Health Organization (WHO), more than 50 percent of the Haitian population survives on less than \$1 per day, and more than 45 percent are considered undernourished. There is less than one dentist and only eight hospital beds per 10,000 people, so conditions like odontogenic (tooth) infections can rapidly become life-threatening.

Under faculty supervision, students are able to perform procedures. Extractions are the main treatment modality due to rampant caries, but it is not uncommon for students to suture lacerations or drain infections. Since hand pieces are not available, the students learn how to section teeth with a chisel and mallet. Because of this, student's oral surgery skills quickly improve. By the second day most students are performing the extractions with limited help. Haitian translators work with the group to review medical histories and give post-operative instructions, and students quickly learn the important words. Before long, most of the group can speak enough Creole to treat patients without a translator by their side. A new graduate Haitian dentist accompanies the group each year to improve his or her skills, as well. The dentist who accompanied the group last year, was hired by the HHHF to provide care to patients in between visits, thanks to the help of donations collected by Temple students.

Day and Night in Haiti

Bresler diligently blogged about each day and sent back his entries to the U.S. every night of the trip.

DAY ONE WAS A SUCCESS!

Our team split up into two groups and traveled one hour into the mountains to visit different villages. Each group saw close to 100 patients, and each team doctor extracted an average of 40 teeth—**almost 800 teeth** that will not be keeping people up in pain tonight! We treated a few major oral infections and removed a large pyogenic granuloma (gingival growth that can bleed) from a patient who prior to this procedure, was embarrassed to smile. The students did great and have already drastically improved their skills and confidence. Looking forward to tomorrow!

ANOTHER SUCCESSFUL DAY IN HAITI!

We split up into two groups again today and traveled a little further into the mountains. Each group saw over 100 patients with no complications. Many abscessed teeth (infections accompanied by swelling and inflammation, frequently caused by bacteria) today! We did quite a few I&Ds (incision and drainage) to reduce facial swelling. One five-year old boy's face was so swollen, he could barely open his eyes. In the U.S., this patient would have gone straight to the OR for immediate surgery, and then would have spent two days on IV antibiotics. He was a tough little guy who let us do the work he needed, without any sedation. The other group of doctors removed a large cyst from a patient's cheek, relieving her pain and 'malformation'. We finished working around 6 p.m., and then played soccer for a while with many of the patients! Looking forward to tomorrow!

DAY THREE

Another successful day in Haiti! The students were awesome. Their oral surgery skills have dramatically improved since day One. We saw almost 250 patients today, until we had to stop early because of bad weather.

A pretty significant thunderstorm came in and since we were only working under tarps, we all got pretty wet while finishing up our last patients. We removed another large tumor from a patient's face today, along with hundreds of abscessed teeth and impacted 3rd molars. Tomorrow our group is all working together, and we expect a very busy day!

DAY FOUR

Another successful day in Haiti! We traveled two hours to the town of Abricots, today, and we saw 150 patients by 2 p.m. Lots of abscessed teeth and impactions, and we did a lingual frenectomy on a teenager with severe tongue-tie, who's suffered a speech impairment her entire life. Since we finished early, we stopped at the beach for an hour and played soccer with some of the local kids, and went swimming in our scrubs! Can't believe tomorrow is our last day.

OUR LAST TWO DAYS

Yesterday was a long and successful final clinical day! We split up into two groups and seven of us traveled to the village of Castillon, two hours on bumpy roads to the top of the mountain.

Over 100 patients were seen—this is the only dental visit in the village until we return next year. The other group traveled one hour to a very busy post where over 160 patients were seen.

Founded in 1982, by Dr. David Bresler, Doc Bresler's Cavity Busters has seven locations throughout Philadelphia and the suburbs, Red Lion Surgicenter and Special Touch Dentistry, providing experienced, warm and friendly pediatric dentistry to infants, children, teens, and adults with special health needs.

Visit www.cavitybusters.com.

For more information, contact Dr. Josh Bresler at drbresler@hotmail.com.



L-R: Drs. Jason Bresler, Josh Bresler and Rachel Bresler.



Dr. Jason Bresler, on the left.

A few weeks prior to the group's arrival, the HHHF notifies the local community about the upcoming dental clinic. With only 10 percent of the country having access to telephones, word travels by word of mouth. But that doesn't stop them from having a line of 100 people on the first day ranging from infants to the elderly. People will have walked days, sleeping on the side of the road each night just to get seen by the doctors. The Haiti Club tries their best to see as many patients as possible but due to lack of resources or dental and medical conditions that require advance care, some patients have to be turned away. Time is also a factor, as there are usually more patients that can be seen during each work session. The group tries to stay as late as possible but traveling in the dark is usually dangerous. Students who have been on the trip, universally agree that telling patients in need of care that they cannot be treated is a heart-wrenching experience, but one that ultimately inspires them to return to Haiti again.

The Haiti Club spends most of their time educating patients on preventative dental care. Not just in Haiti, but in the U.S. as well. Members of the club set up informational booths at health fairs and sporting events around Philadelphia, to teach people the basics of oral hygiene, and to raise awareness of the Haitian health condition. In Haiti, the club members distribute as many toothbrushes, tubes of toothpaste and packages of dental floss as they can bring from the U.S.

Unfortunately, misinformation and superstition about dental caries and the human body, in general, are prevalent and deeply rooted in the Haitian culture and customs. This lack of education, combined with a lack of resources and poor nutrition, requires creative approaches to oral hygiene instructions. Since the free toothbrushes and toothpaste will only last a short while, patients are shown how to clean their teeth with bits of cloth or wooden toothpicks. Nutritional counseling consists primarily of warning about the damaging effects of sugar cane, hard candy, and "mud cookies" on the teeth. Even more challenging is debunking the myths that toothaches and infections are

caused by evil spirits or curses, but students and the Haitian translators give their best effort in describing the caries process and appropriate treatments.

When the group returns home to Temple, each year, they share their stories with friends and fellow students. After hearing true stories of rewarding experiences, other students have started to organize outreach trips. In 2006, a group of 26 Temple Dental students traveled to Venezuela to provide similar dental care, and since 2007, groups of Temple students now travel to Jamaica, the Dominican Republic and Peru.

According to the Breslers, "The only sad and disappointing part of this mission is that there is often not enough daylight or days to treat all of the patients who travel far and wide to receive our dental care. But without the generous gifts of sponsors and donations as well as the time, devotion, experience and skills of volunteer faculty and the Temple Haiti Club, over 1,000 patients would not have had the well-deserved care they received on this recent trip."

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Chicago, Illinois

MARCH 8 – 10, 2018

This course features the recognized leaders in the field, both in dental anesthesia as well as pediatric dentistry. You'll find didactic lectures, case studies, film clip sessions, panel discussions and hands-on breakouts with personalized attention. There will be dedicated forums to ask questions and talk about specific issues with course faculty, discuss techniques for effective communication with the patient and parent to address unusually challenging and complex situations. This course will offer opportunities to gain hands-on experience while learning airway techniques to rescue patients and will include breakout sessions with manikin practice with face masks, ambu bags and the insertion of nasal and oral airways; all in a personalized setting with real equipment and monitors.

Course Chair and Speaker

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

Course Vice-Chair and Speaker

Bobby Thikkurissy, D.D.S., M.S.

Who Should Attend

Any dentist who sedates children in their office and wants to be taught by the leaders in the field who wrote the Current AAPD-AAP Guidelines.

CE Hours
22 hours



Early Orthodontic Treatment: Working Together for Excellent Results

FEBRUARY 9 – 11, 2018

Westin Kierland Resort & Spa
Scottsdale, Arizona

The 2018 AAO/AAPD Winter Conference Planning Committee created a unique event featuring expert orthodontic and pediatric dental lectures.

Trauma will be addressed from both perspectives. Lectures will also address impaction, malformed first molars, dental transplants, decoronation, anterior crossbites, whiteness lesion prevention and treatment, autistic and cancer patients, parental expectations and risk management.

Co-Chairs

Henry W. Fields, D.D.S., M.S., M.S.D.
Scott Goodman, D.D.S., M.S.

CE Credits
16 hours

Committee

John R. Christensen, D.D.S., M.S.
Clarice Law, D.M.D., M.S.
David B. Kennedy, B.D.S, M.S.D., FRCD.

Northwestern Simulation Center
Chicago, Illinois

MARCH 11, 2018

Management of Pediatric Sedation Emergencies: Simulation

While no one ever expects an emergency situation to arise, attending this course will help you and your team be more prepared should the unexpected arise. This course is designed to simulate emergencies that may occur in a pediatric dental office. It will offer some didactic materials but will focus on team-driven assessment and responsiveness to situations that might arise during sedation of children for operative care. The course is intended for pediatric dentists who are currently using sedation techniques in their office and will allow for the participant to make quick assessments of patient status and simulate airway techniques, while managing real-time trending of physiological status with the goal of stabilizing the patient. You will be able to immediately implement training protocols for your practice that you've learned in the course.

Course Chair and Speaker

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

Course Vice-Chair and Speaker

Bobby Thikkurissy, D.D.S., M.S.

Who Should Attend

Pediatric dentists who wish to sharpen and practice their cognitive skills and rescue techniques involving emergent pediatric sedation scenarios using SimMan technology.

CE Hours

9* hours

*Two (2) hours required online learning in advance and seven (7) hours hands-on.

Save the Date

Annual Joint Academic Day

THURSDAY, MAY 24, 2018

Planning is underway for the Annual Joint Academic Day to be held on Thursday, May 24, 2018 in Honolulu, HI. A full description of the days' activities will appear in the January 2018 edition of *PDT*.

NuSmile Graduate Student Research Awards

The Graduate Student Research Awards (GSRA) sponsored by NuSmile Pediatric Crowns were established in 1989 for pediatric dentistry residents and recent graduates. Finalists receive complimentary registration to the Annual Session for themselves and a guest, reimbursement for travel expenses, a cash award and plaque presented during the General Assembly.

Applications for the GSRA will be available during the first week in November by clicking on the Awards and Fellowships page under the Resource Center tab on the AAPD website at www.aapd.org.

AAPD / HSHC Proudly Announces Seven Scholarships for the Master Clinician Program

Building on the momentum of the past several years, the AAPD and Healthy Smiles, Healthy Children: The Foundation of the American Academy of Pediatric Dentistry proudly announces the 2018 Master Clinician Scholarship Program.

AAPD/HSHC scholarship recipients will attend the *Institute for Teaching and Learning* in Atlanta, Georgia as well as complimentary registration to the AAPD *Comprehensive Review of Pediatric Dentistry* continuing education course.

Scholarship applications are available by clicking the *Awards and Fellowships* link under the *Resource Center* tab at www.aapd.org. **Applications must be received by the AAPD by March 23, 2018.**

Please contact Educational Affairs Manager, Scott Dalhouse at (312) 337-2169 or e-mail sdalhouse@aapd.org for further information.

Save the Date

Sept. 6, 2018
Oral Exam Review

Denver, Colo.

Sept. 7 – 9, 2018
Comprehensive Review of Pediatric Dentistry

Denver, Colo.

Oct. 26 – 28, 2018
Safe and Effective Sedation for the Pediatric Dental Patient

Austin, Texas

Oct. 26 – 27, 2018
Dental Assistant Sedation Course: Your Role in the Safe Sedation of Children

Austin, Texas

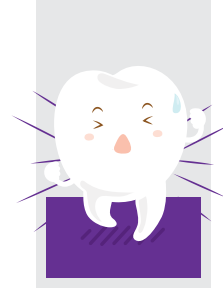


The logo for AAPD Continuing Education features the letters 'aapd' in a large, lowercase, rounded font. Below it, the words 'Continuing Education' are written in a smaller, sans-serif font. The entire logo is in a light green color.

ADA C.E.R.P.[®] | Continuing Education Recognition Program

ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.

CASE STUDY #9



Are You Running Your Practice or is it Running You? The Benefits of Increasing Your Leadership Skills

Julie Weir & Associates is recognized as the premier consulting firm specializing in pediatric dentistry since 1996.

PRACTICE PROFILE

- A one doctor pediatric dental practice open for 18 months. Doctor previously worked as associate for 12 years.
- Doctor works 4 patient days per week and 1-2 hospital days per month.
- 5 Chairs: 3 restorative, 2 recare.
- Team: 1 doctor, 1.5 hygienists, 3 assistants, 2 front office team members.
- In-network with PPO insurances, Delta Premier, and managed care dental plans.
- Average monthly production as of 2014: \$73,941.
- Average monthly collection as of 2014: \$50,873.
- Collection ratio 68.8 percent.
- Average monthly new patients: 75.

DOCTOR CONCERNS

- Doctor was frustrated with employees' performance and did not know how to address these issues with them.
- Low doctor income; overhead was 81 percent.
- Low daily hygiene production due to cancellations and no shows.
- Not using block scheduling; the daily schedule was stressful and they would get behind.
- Poor treatment plan presentation and acceptance.
- Tracking current patients to make sure they were in the recare system and that unfinished treatment plans were completed.
- Doctor feeling the need for team members to be incentivized.

DOCTOR GOALS

- Work smarter, not harder.
- Increase collections and doctor income.
- Transition to new location in 3 years.
- Eventually build a larger practice and add an associate.
- Hold team members accountable and teach them to be accountable for themselves.
- Avoid increasing participation with dental insurances.
- Increase daily hygiene production.
- Minimize no-shows/cancellations.
- Work recare and unfinished treatment plan reports regularly.
- Develop successful treatment plan presentations.
- Learn to discuss practice goals with the team without making it seem like it is all about the money.
- Create bonus systems for the team.

FINDINGS

Leadership

- Strong leadership is greatly lacking, especially from the doctor. There is no real office manager or lead position for the front office and clinical team.
- Doctor is conflict-avoidant and lacks confidence when coaching team members concerning their performance. Doctor does not verbalize what she wants and needs from her team because she doesn't think they will listen. This makes her feel very uncomfortable which leads to frustration and lack of team accountability.
- As no officially designated office manager, a front desk team member acted as an office manager due to the lack of leadership. However, this person would not follow the doctor's directives and had a harsh communication style with the doctor and the other employees.
- Doctor did not clearly convey her desires to the team so the team had a hard time knowing how to please her.
- The practice had a mission statement, but the team did not understand doctor's vision because it had not been clearly shared with them.
- Doctor did not have a business plan.
- Team was unaware of practice production goals
- Practice goals were not monitored.
- Job descriptions were not clear.
- Doctor tried to hold monthly team meetings, but often the schedule ran late and into the lunch hour, so the team meeting was not held or was rescheduled.
- Doctor does not give regular performance reviews to team members because she doesn't see the value.

Team Dynamics

- Low team morale due to the team being unaware of who the leader was since the doctor lacked leadership skills and was conflict averse.

Facility/Presentation

- Modern, up to date facility.
- Great design and beautiful décor.
- Very clean and organized.
- Nice reception area for parents and play area for kids.

Front Desk Efficiency

- Set-up for 2 team members
- Small consultation room next to front desk is used to present hospital treatment plans to parents.
- Patients not held accountable for missing appointments or last minute cancellations.



Scheduling/Production

- Schedule ran behind due to poor scheduling and congestion during check in/out.
- Not scheduling to daily provider goals (doctor, recare, hospital or sedation) for scheduling accountability.
- Had a block scheduling template; however, it was not being followed.
- Behavior management patients were scheduled next to each other since parents were allowed to dictate the time they wanted their child's appointment.
- Poor follow through with tracking unscheduled treatment; many families left without scheduling their restorative appointment.
- Held unproductive morning meetings due to a lack of a proper agenda.

Marketing

- Excellent logo, branding.
- Good internal and external marketing programs.
- Good understanding of the strengths of the practice and presenting this to the community.
- Utilization of direct mail, radio advertising, community events and school presentations.
- Active on social media.
- Good website and search engine optimization.
- Inconsistent tracking of referrals and new patients.

RECOMMENDATIONS

Leadership Recommendations

- Coach an employee to have a more effective leadership style. If she grew in this position, she would be appointed as an official office manager.
- Leadership training for the doctor on how to effectively hold team accountable for their job performance and to stop being manipulated by them.
- Appoint a clinical coordinator to help the doctor with patient flow and hold the clinical team members accountable so appointments are completed in a timely manner.
- Doctor shares her vision for the practice with the team.
- New practice and team mission statements created.
- Team Dynamics training utilizing the Professional Dynametric Programs (PDP) trait profiling of each team member's strengths and communication style to help team members better understand and appreciate each other's differences and unique abilities.
- Create a practice business plan that defines:
 - o Break-even point to identify the collection level required to support overhead expenses, doctor income and retirement savings.
 - o Practice goals to support the break-even collection total:
 - Average number of doctor, recare, hospital and sedation work days/month.
 - Average daily production for doctor, recare, hospital and sedation.
 - Collection ratio.
 - Average number of new patients/month.

- o Increase fees to a competitive level.
- o Create overhead budget and monthly budget amounts for team members that order front office and dental supplies.

- Monitor practice vital signs and goals.
- Hold annual performance reviews.
- Hold productive morning meetings, monthly team and quarterly department (clinical, front office, leaders and marketing) using an action plan form so follow-up on the changes discussed is tracked and implemented.

Team Dynamics Recommendations

- Coach how to hold effective morning meetings and team meetings.
- Establish specific roles and duties for each team member to assign accountability.
- Speak with employees as soon as their performance needs to be addressed.
- Team members and doctor express appreciation daily to each other and take time for a quarterly team bonding event.
- Conflict resolution training with team.

Front Office Recommendations

- Teach proper systems and verbal skills to new team members.
- Train front desk team:
 - o Proper setup of insurance plans, coverage tables and payment tables in the dental software so patient portion estimates are accurate.
 - o Proper billing of patients.
 - o Accounts receivable management.
 - o More thorough utilization of the dental software.
- Create an effective appointment agreement and train the front office team on proper verbiage to minimize no-show or short notice cancellations.

Scheduling/Production Recommendations

- Create a customized block scheduling template to meet provider goals, give a good flow to the day and minimize running late with appointments.
- Use proper verbal skills to control where patients are scheduled.
- One front office team member assigned to the operative schedule and another to the recare schedule for accountability in keeping it full and meeting goals.
- Clinical team enters full treatment plan into the patient's record in the computer to keep track of diagnosed treatment not completed.
- Assign specific team members to work the past due recare and unfinished treatment plan reports weekly. Create uninterrupted work time specifically for them to complete this task.
- Assistants and hygienists review operative and recare patient charts the day before for medical alerts and needed radiographs as well as any unscheduled treatment.

Marketing Recommendations

- Begin having theme days and post to social media
- Take more pictures of kids enjoying their visits to use on social media with the parent's permission.

- Make patients birthdays an event.
- Train team on verbal skills to let parents know the practice is always accepting new patients.
- Train team on the verbal skills of the value of each procedure so they can better instill to the parent the importance of keeping their child's appointment.
- Consistent tracking of referrals and new patients on a monthly basis.

POST COACHING RESULTS

- Person being trained and considered for future management role, deselected herself. Hired someone new who was eventually developed into the office manager position.
- Doctor took her leaders to a leadership training course and the leadership team grew in their confidence to be able to handle the employees and practice challenges.
- Doctor and new office manager began addressing practice issues in a timely manner and held employees accountable to meet defined job descriptions and practice goals.
- The team's morale increased. They felt more effective in their roles when they understood the doctor's vision and had goals and new skills to work with.
- Production and collection increased at the front desk with the utilization of the block scheduling and the dental software.
- No-shows and cancellations decreased.
- Practice business plan and goals were created and followed.

- The team began monitoring production and collection numbers vs. goal numbers effectively and reviewing goals at team meetings.
- Production increased 103 percent by an additional \$75,856/month to \$149,797/month by 2017.
- Collections increased 126 percent by an additional \$63,939/month to \$114,812/month by 2017.
- Collection ratio increased by 7.84 percent to 76.64 percent.
- New patients increased from 75/month to a total of 141 new patients per month.

WHAT YOU SHOULD LEARN FROM THIS

- Poor doctor leadership that does not address practice problems and poor performers will hold back production and collections while increasing team stress. These problems must be addressed. They do not fix themselves or go away and they only continue to decline.
- Strong leadership skills reveal untapped production potential by increasing team unity and effective communication. People want to be led, not managed.
- Run your practice like a business with a business plan that defines and monitors goals.
- Communicate practice goals to the team.
- Hold employees accountable in a timely manner for proper job performance.
- Give team members the time, tools and training they need to contribute fully to the practice.
- Create excellent customer service experiences that parents love to share on social media.

Published four times a year, Practice Management and Marketing News is a featured column in Pediatric Dentistry Today.

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If You Are One of the 2,549—the AAPD Thanks You

A total of 2,549 AAPD members responded to the 2017 Survey of Pediatric Dental Practice, contributing valuable time during their busy summer schedules to provide worthwhile information on their patients and practices. The survey was distributed to 6,505 selected members during June and July. The response rate of 39 percent (2,549/6,505) was remarkable in view of the barrage of survey requests typically faced by AAPD members. Selected at random from all survey participants, Dr. Nicholas S. Katchen of Livingston, New Jersey, was the winner of two free registrations to the AAPD 2018 Annual Session in Honolulu, Hawaii.

Similar to the ADA/AAPD Survey of Dental Practice of 2011, this survey will supply current information on critical functions of pediatric dental practices, as well as offer insights into the comprehensive pediatric dentist workforce study being conducted by the Center for Health Workforce Studies, Albany, N.Y. The high response rate of survey participants will help create more accurate predictive models of future supply and demand for pediatric dentists in the workforce study results.

New Technical Brief

Are Your Kids Covered? Medicaid Coverage for Essential Oral Health Benefits

This technical brief presents the findings of a POHRPC research project on state Medicaid coverage of selected dental procedures by Erica Caffrey, D.D.S., M.S., 2016-2017 Samuel D. Harris Fellow. It identifies the pediatric dental procedures most essential for coverage, catalogs the coverage of these procedures by state, and specifies problem areas of coverage for oral health services. Designed as a state-level advocacy resource, this publication will be of valuable assistance to members as they champion for extended access to care through public insurance of oral health services for children. The brief was co-authored by Anupama R. Tate, D.D.S., M.S.; Scott W. Cashion, D.D.S., M.S.; Jessica Y. Lee, D.D.S., M.S.; Paul Casamassimo, D.D.S., M.S.; Robin Wright, M.A., Ph.D.; C. Scott Litch, M.A., J.D.; Mary Essling, R.D.H., M.S.



Visit <http://www.aapd.org/assets/1/7/AreYourKidsCoveredfinal.pdf> to download a **free** copy.

Pilot of Predictive Model for Caries Risk Geared Toward Primary Care Providers

The AAPD Policy Center is pilot testing a predictive model for caries as a part of a three-year study of oral health in primary care. A sample of patient records from Nationwide Children Hospital's baby dental clinic from between January and July of 2017 are being studied to test the predictive model developed earlier this year.

The predictive model is based on information readily available in the medical record and aims to characterize the likelihood that, based upon information noted in the early well-child visits, subjects would have predictable outcomes correlating with oral health disease. The outcomes were defined as patients having either dental caries at the time of their first dental visit or a high value on the caries risk assessment performed at their first dental visit.

A child's age at the first dental visit was a strong predictor of caries risk in both outcome models. In other words, the timing of the first visit accounts for a good portion of the models' abilities to predict the proportion of patients with existing caries or high risk for caries. Four risk factors were statistically significant and retained in the predictive model for high risk of caries:

- Age at the first dental visit
- Language other than English
- Breast feeding
- 20 percent no-show rate for health-related appointments

This study demonstrates that risk factors present in a child's medical record may be used to predict the presence of dental disease and/or the assessment of high caries risk at the time of the child's first dental visit. Predictive models may be used to refer children for dental care based only on information available in current medical records from well-child visits.

Visit the POHRPC webpage at <http://www.aapd.org> to view the full Year 2 Report.

AAPD Research Agenda Update

The Council on Scientific Affairs, chaired by Donald L. Chi, D.D.S., Ph.D., updated the AAPD Research Agenda for 2017 – 2018 to encourage evidence-based clinical care and help improve patient and population oral health. The Research Agenda, as approved by the AAPD board of trustees, urges funding agencies to devote resources to the following areas:

- Prevention and management of dental caries (e.g., biosensors and technologies to monitor health, precision oral health care, emerging chemotherapeutics).
- Interdisciplinary research to understand and eliminate oral health disparities and promote population oral health (e.g., basic behavioral and social determinants of health, development of evidence-based public health interventions, integration of dentistry into the health care delivery system, interoperable databases between medicine and dentistry, models of inter-professional collaboration, training, and team science).
- Translational research to move scientific knowledge into practice and policy (e.g., dissemination and implementation of evidence-based care into clinical practice, barriers to dissemination and implementation, policy and practice partnerships).

Evidence-Based Dentistry Committee Update

The EBD Committee has been active this year overseeing two new EBD guidelines:

CLINICAL PRACTICE GUIDELINES FOR USE OF VITAL PULP THERAPIES IN PRIMARY TEETH WITH DEEP CARIES

CLINICAL PRACTICE GUIDELINE ON THE USE OF SILVER DIAMINE FLUORIDE FOR DENTAL CARIES MANAGEMENT IN CHILDREN, ADOLESCENTS AND INDIVIDUALS WITH SPECIAL HEALTHCARE NEEDS

Both guidelines provide evidence-based recommendations and guidance on the use of their respective therapies in children; the silver diamine fluoride (SDF) guideline provides a detailed protocol on the use of SDF to aid practitioners in the application of this new treatment. These EBD guidelines will appear in the newly reorganized 2017-2018 Reference Manual and reflect the changes outlined in the EBDC 2016 report to the Board of Trustees, "Recommendations on Securing Inclusion of AAPD Clinical Practice Guidelines in the National Guideline Clearinghouse."

The Appraisal of Guidelines Research & Evaluation ("AGREE") reporting checklist has been used to develop a standard template for EBD guidelines. Standardization of guideline manuscripts will allow the membership to become acquainted with the evidence-based process through rote presentation. Even though the subject matter differs across guidelines, the organization will be the same, or very similar, allowing users to quickly find the information they need.

The AAPD's evidence-based guidelines are being produced in accordance with standards created by National Academy of Medicine (formerly known as the Institute of Medicine) and mandated by the National Guideline Clearinghouse (NGC), an initiative of the Agency for Healthcare Research and Quality, and therefore will be eligible to be included in the NGC. Inclusion in the NGC guarantees our guidelines will be seen by private and public payers. The guidelines will be available as open access publications on the AAPD's website.

Tips for Writing Narratives

Submitting dental claims correctly is crucial to gaining maximum reimbursement for the procedures you perform. A key part of the claims submission process frequently involves writing brief and informative narratives that accurately describe details of the procedure that the reported code does not explain to justify reimbursement.

Narrative writing may seem challenging and time consuming, but it does not have to be. Here are some tips for writing successful narratives without spending a lot of time on them.

DON'T WRITE TOO MUCH

The narrative writing process may be time consuming at first, but it pays off when reimbursement is received after the first submission. When a claim is rejected because there is not enough information provided with the initial submission, the time required to respond and provide additional information typically exceeds the time that would have been spent properly submitting the claim the first time.

If a narrative takes too long to write, it also takes too long to read. Narratives should always be brief and to the point. Remember, the dental benefits consultant reading the narrative is a knowledgeable dental professional who understands dental terms and common abbreviations. A lengthy narrative explaining the need for the procedure is not necessary. You only need to provide the pertinent information in a precise manner.

KNOW WHAT TO WRITE

Writing a successful narrative begins with understanding the procedure provided and establishing the need for it. You should be able to succinctly describe the specific diagnosis or condition requiring treatment.

To determine the needed treatment, the doctor may perform a comprehensive oral evaluation, a radiographic examination, a periodontal examination, or determine the need for additional testing. With all of this information in hand and years of training, the doctor is able to readily make a clinical decision. However, not all of these pieces of information need to be submitted to the payer. Only information that is vital to the diagnosis of the patient's condition and the reason for treatment should be included in a brief narrative.

For example, if you are submitting a crown claim, the following information should be included:

- Any symptoms the patient is experiencing and the amount of time those symptoms have been present.
- The location and amount of existing decay.
- The amount of any remaining healthy tooth structure.
- If there is an existing restoration, the condition of the restoration and the surfaces involved.
- If any part of the tooth or restoration is fractured or missing a cusp.
- If a cusp is fractured or cracked off or is missing or severely undermined.
- If the tooth has cracked tooth syndrome and how it was diagnosed.

The clinical record must always include the same information provided to the payer in the narrative.

AVOID NARRATIVE CHECKLISTS

If you have the correct information, writing a successful narrative can be a simple and painless process. To make the process even easier, some practices use narrative checklists or choose from prewritten narratives. However, this practice is not recommended.

Every narrative should be unique to the patient and procedure submitted. More detailed or customized information may be required to support necessity of the procedure. Submitting standard narratives often leads to requests for additional information, or worse, a denial.

Spending a little bit of extra time up front to develop a customized narrative that describes the individual patient's condition can result in more accurate and timely reimbursement. For those practices truly wishing to save time writing narratives, make sure that proper documentation and charting systems have been developed and implemented.

ELECTRONIC NARRATIVES

All narratives should be specific and concise; this is especially true for electronic narratives. Some practice management systems can transmit 150 to 200+ characters, but most clearinghouses and third-party payers only guarantee up to 80 characters will be transmitted to the payer. For this reason, it is best to limit electronic narratives to a total of 80 characters, including punctuation.

Electronic claims may pass through several stages before reaching their final destination, which increases the possibility that the original narrative may be truncated by the time it reaches the payer. When this happens, the payer may return the claim requesting the same information that was included with the original submission. For this reason, the longer the narrative, the higher the chance it will not be read in its entirety. If more than 80 characters are required, consider an electronic attachment.

In addition to being concise, electronic narratives must include enough detailed information to document the patient's specific details necessary for the dental benefits consultant to approve the claim.

ADDITIONAL REVIEW

While most dental payers attempt to maximize the number of claims that are auto adjudicated, there will always be claims that require additional payer scrutiny before reimbursement is provided. Radiographs, photographs, narratives, and/or chart notes may be required to ensure that the procedure meets the plan document's contractual requirements.

With this increase in the auto adjudication of dental claims comes an increase in the number of reimbursements provided in error. Therefore, payers perform post-payment audits to help identify unjustified reimbursements and request repayment of those claims. If clear documentation is not provided in the patient's chart and/or radiographic images do not clearly demonstrate the need for treatment, payers often assume that past services were not necessary, and therefore, are not reimbursable. Regrettably, many doctors have been forced to provide large refunds to payers simply because they lacked adequate documentation proving that services were necessary.

Some payers now require chart notes instead of narratives for some claims. Therefore, the clinical chart notes must be thorough and concise. Any submitted supporting documentation should mirror what is documented in the clinical chart notes. If the facts and pertinent information are not included in the clinical chart note, it should not be submitted on a claim.

CONCLUSION

The treating doctor sees each patient one-on-one, hears the patient's medical history and concerns, performs evaluations, and reviews first-hand any radiographic images and clinical photographs before making a diagnosis. When claims are submitted, all of this information must be accurately reported to the payer using only dental codes and supporting documentation. Including a brief and descriptive narrative can help support the necessity of any dental procedure.

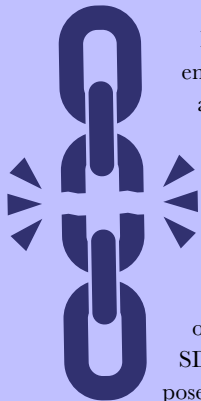
In many cases, merely documenting what service was performed is not enough; you must also document why the procedure was performed. Routinely including this information in narratives in a complete and concise way will increase the frequency of timely and maximum reimbursement from payers.

For more information, contact Dental Benefits Director Mary Essling at (312) 337-2169 or messling@aapd.org.

AAPD Communication Committee Connection

SDF in My Practice

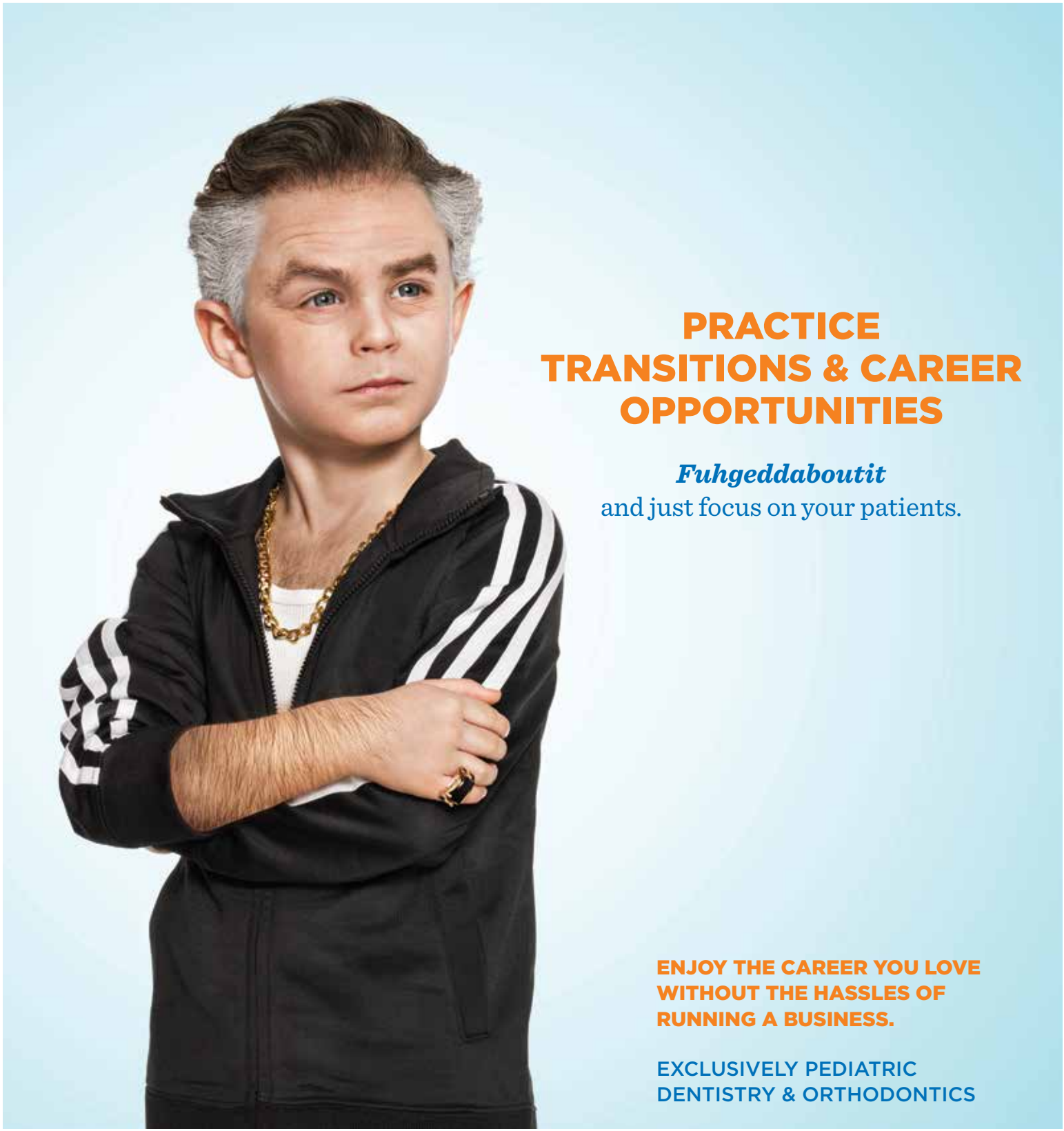
Dr. Matthew Lahair, Worcester, Mass.



I have been working in private practice as a pediatric dentist for the past decade. Over the course of those years I have thoroughly enjoyed providing dental care for infants, children, adolescents, teenagers, young adults and special needs patients. Taking care of such a large range of patients has not come without its trials and tribulations. One issue I have continually dealt with, and will continue to deal with, is time. Time is a valuable commodity and when treating very young or special needs patients, time is often limited. It is, in my opinion, one of the biggest variables and brings about a lot of questions. How much working time will the patient give me? Is it the right time to restore the tooth? Is the patient mature enough and cooperative enough to handle restorative treatment? How large is the carious lesion and how close is it to the pulp? How much time do I have before the cavity starts to cause the patient pain or discomfort? If the patient is not yet cooperative, or cannot yet tolerate operative treatment, can I buy more time but still provide treatment for the patient? Now, thanks to the advent of silver diamine fluoride (SDF), the answer is yes. SDF provides a medical means of treating a carious lesion and gives me the ability to buy time as to when the restorative/surgical treatment needs to be completed.

SDF is a strong topical fluoride medicament that works by promoting remineralization of the decayed tooth structure, sealing the exposed dentin/dentinal tubules, creating a barrier between the plaque and the tooth structure, and arresting the caries process. It does not eliminate the need to eradicate and repair decayed tooth structure. SDF is designed to be used in conjunction with restorative treatment. A restorative plan is still needed to remove the carious tooth structure, seal off the exposed deeper tooth structure, and to restore the form and function of the tooth. SDF has been found to be most effective on cavitated lesions where dentin is exposed and it can be applied directly to the lesion. I find SDF to be most useful in my practice with my younger patients (two to four years of age) and special needs patients. It is also of benefit for any larger cavitated lesions where I am trying to prevent the decay from progressing and provide relief from sensitivity. SDF allows me to buy time for the patient's restorative needs and allows me to focus on managing the behavioral needs of my patient. It gives me time to build more trust and rapport with my patients, increasing the predictability of chairside cooperation, which in turn should help improve the quality and long term success rates of the restorative treatment provided. SDF is not a cure all, and is not always successful with arresting decay. Patients that are treated with SDF need to be monitored at two to four week intervals to check the carious lesions for any progression and to evaluate the patient to see if they are having relief from sensitivity/discomfort. I have had my best success with SDF when the parents have made the appropriate changes to home care and diet along with maintaining their follow-up appointments at the office. SDF is a great treatment modality for managing carious lesions and buying time. It is a great addition to our tool belts that will help keep the future of dentistry bright and the smiles it protects even brighter.

Share your ideas on AAPD's Facebook Group at <https://www.facebook.com/groups/aapdinfo/>.



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Media Mix

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

AAPD Immediate Past President in Parents Magazine

AAPD Immediate Past President **Dr. Jade Miller** was interviewed for their September issue in an article titled, “A Mouthful of Answers.”

In one of the questions, Miller was told that a child’s permanent teeth were starting to come in, but that the child had not lost all of their baby teeth yet—is this normal?

According to the article:

“Yes, we see this in about 30 percent of patients,” says Dr. Miller. It can happen to just one tooth at a time or a few simultaneously. If your child isn’t in pain, encourage her to gently wiggle any loose baby teeth to speed up the process. However, if the baby tooth is still there four to six weeks later, schedule an appointment with the dentist to see if it should be removed.”

New Mouth Monster Hub Content

WHAT IS SILVER DIAMINE FLUORIDE (SDF) AND IS IT RIGHT FOR MY CHILD?

If you’ve recently visited the pediatric dentist with your child for a cavity you might have heard of a treatment option called silver diamine fluoride (SDF). SDF is a liquid that can be painlessly brushed on a cavity on a child’s tooth to stop decay. You might want to consider SDF for cavities if your child is young or has special needs, as SDF can help delay more extensive procedures such as drilling to fill a cavity or sedation until a child is older. Keep in mind that SDF blackens the decayed part of the tooth, leaving it discolored, and that your pediatric dentist will need to monitor the cavity periodically to ensure it has stopped growing. If your child’s cavity is on a baby tooth that will eventually fall out, or if the tooth is in the back of the mouth that’s hard to see, SDF might be a good option.

While brushing twice a day and flossing is the best way to keep little teeth healthy, cavities do happen! Be sure to discuss with your pediatric dentist to see if SDF is right for your child.

Do you have a question for the Little Teeth Truths? Be sure to share with us on Facebook and Twitter!



AAPD Member Encourages Parents to Care for Baby’s Teeth Right Away

Dr. Nancy Vertel with Half Moon Dentistry in Surrey, British Columbia, shares tips on how parents and caregivers can ensure health dental habits.

According to the story:

Start early—From baby’s first days, parents should gently clean baby’s gums and teeth as they come in. Plan the child’s first visit to the dentist around their first birthday. This will help establish the relationship, get them familiar with the dentist and ensure their mouth and teeth are developing as they should. Subsequent visits will reinforce this positive experience, Vertel says. Further, by alleviating fears children may have with the dentist—or better yet, preventing those fears in the first place—they’ll grow into young adults with a positive outlook toward the dentist and dental care.

Monitor brushing—In addition to teaching and modelling positive brushing habits, parents also need to monitor children’s brushing until at least age seven or eight, says Vertel, who is happy to help parents with tips and techniques. Once the molars start to touch, it’s time to also begin flossing.

Snack smart—Watch out for sticky snacks and treats—everything from raisins and fruit leather to crackers and chewable vitamins and supplements can get caught between teeth and could lead to cavities.

The full article can be found at <https://www.surreynowleader.com/marketplace/smart-solutions-for-taming-baby-teeth-troubles/>.

Heading Towards a Century

Five years ago as the incoming executive director of the ABPD, I wrote an article entitled “Pearls from the Past, Visions for the Future”. Since then, ABPD has wrapped up its strategic plan, has continued to see increasing interest from candidates for board certification with more and more applicants, and has had some noteworthy, but planned staff changes and a relocation of office headquarters to Nashville, Tennessee. Significant events indeed, however much more monumental is the strategic change that the Board of Directors is implementing as they move towards some of the points made 5 years ago. Specifically, they are looking at continued competency and enhancing health outcomes for our patients.

As a corollary, in 2016 the American Board of Ophthalmology, the very first board certification body in the United States, celebrated their 100th anniversary and published a whole series of articles about board certification in their American Academy of Ophthalmology journal. These articles are an extremely good read and can help us as we look to improve board certification in pediatric dentistry. Ophthalmology was the first in a group of boards that founded or later joined what is now the American Board of Medical Specialties; 24 member boards now belong, with 840,000 physicians certified by at least one board and over 80% of United States physicians are ABMS board-certified.

The article written by Nora et al., entitled "Board Certification: Going Back to the Future" looked at three specific years representing the past (1916 and 1976) and future (2036) of medical board certification. From 1916, where standards for medical education were largely nonexistent and medical schools were no more than diploma mills, to 1976, when healthcare delivery moved from patients' homes to physicians' offices and hospitals, and where extraordinary scientific, pharmacologic, and engineering advances expanded availability of diagnostic and therapeutic interventions. Also in 1976 medical specialization became the norm and 16,000 physicians were newly certified. The article goes on to predict that the world of 2036 will be as radically different from 1976, as that year was from 1916. They point to the 21st-century “triple aim” goal to both improve patient care and population health, as well as reduce costs, and predict that board certification will have survived and ultimately thrived because of public demand and confidence in the continuing certification process. Board certification plays a vital role in professional self-regulation, and including involvement of the profession in setting standards, and boards assessing whether those standards are met, is crucial.

As the ABPD just recently celebrated its 75th anniversary and we look forward to celebrating our own 100th anniversary in the not too distant future, it is important to reflect on where we are and what direction we're headed. This Fall, your board is taking on the task of writing a new strategic plan for the upcoming few years and I am certain they will work hard to take advantage of all the opportunities for continued improvement of the certification process and find ways of helping to advance patient outcomes. As Hanemann, et al., point out, the public equates the term “board certified” with the highest level of expertise in a medical specialty. Of course, the real trick will be to do all this while actually showing a return on investment (improve patient care and population health while reducing costs) and decreasing the administrative burden to our practicing pediatric dentists. ABPD knows it is all too easy to just keep “piling on” without evidenced based information to guide decision making, and so far, we've done a good job of keeping the board certification process pretty user friendly.

It's been my pleasure to serve these past five years and I look forward to the next five years with continued enthusiasm and excitement for the future. My best to you all, Jeff

Jeffrey A. Dean, DDS, MSD, CAE
Indianapolis, IN
Chief Executive Officer, ABPD
Board certified: 1992

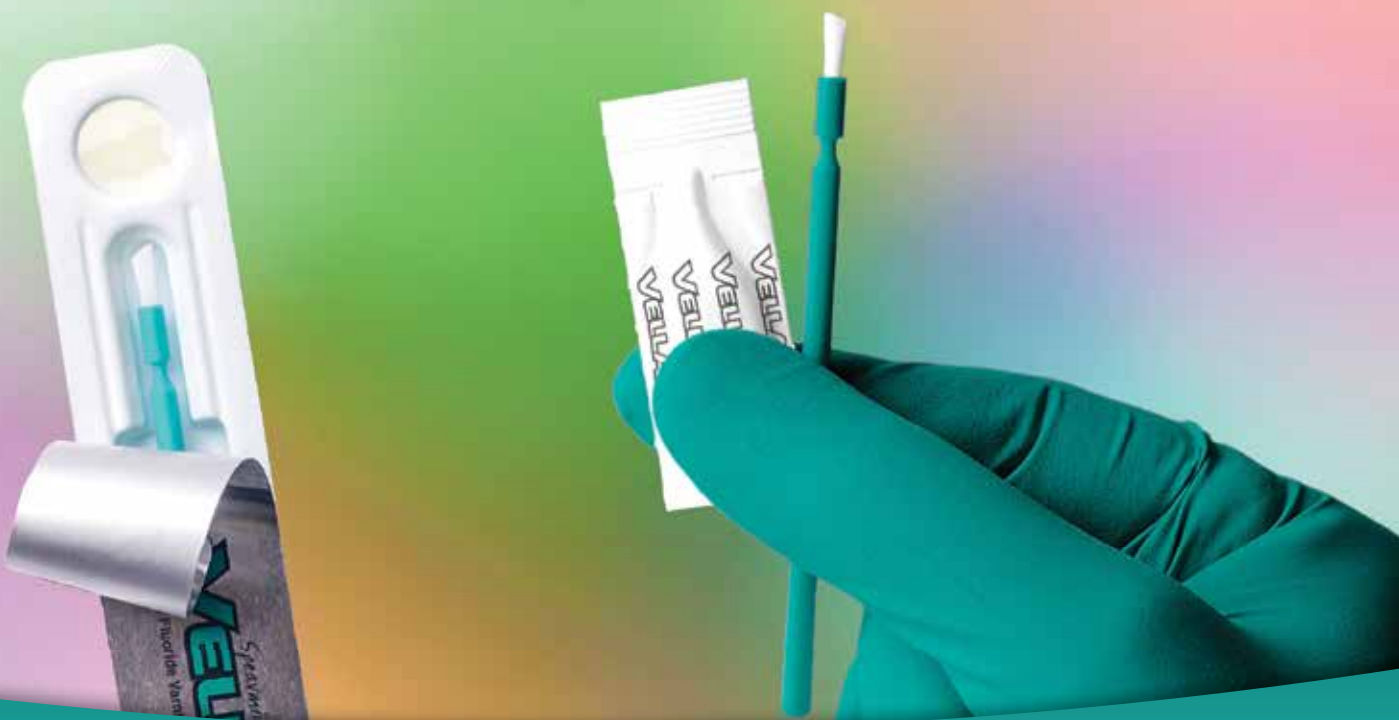


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Nora LM, McGreal SF, Nugent SG. Board Certification: Going Back to the Future. *Ophthalmology* 2016;123:S55-S60.

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The “G-word”

In a world with few certainties, here’s a product that delivers some serious guarantees...

By Treloar & Heisel, Inc.

Part two in a series of articles about whole life insurance.

Earlier in this series, we introduced the concept of permanent life insurance. If you’ve ever heard of whole life insurance, then you’ve run across permanent insurance. Provided you pay your premiums, whole life insurance only expires when you expire. Like all life insurance, the death benefit is paid to your designated beneficiary (-ies) upon your death.

In our view, the best thing about whole life insurance is that it’s a multi-dimensional asset. Call it the “Swiss Army Knife” of financial services. It’s designed to serve as life insurance – and then some. Keep in mind that when we refer to whole life insurance, we mean participating insurance with a mutual company. This is an important distinction to make. A mutual company is owned by its policyholders, and any earnings the company achieves are subsequently shared with the policyholders in the form of dividends.

In a world where guarantees are hard to come by, having some certainty is quite valuable. Not only does whole life insurance have death benefit protection, there’s also a savings component, which provides one-of-a-kind benefits. The savings component of whole life insurance provides some fundamental interest rate guarantees, and a plan to participate in the earnings of a large company.

Today, we will highlight some of the typical guarantees of a whole life insurance policy with a participating mutual company:

Guarantee #1: Death benefit protection

Whole life insurance ensures a guaranteed death benefit, which means that your loved ones will receive a lump sum of money regardless of how long you live.

Guarantee #2: Guaranteed premiums

Once you purchase your life insurance policy, your premiums will remain the same – for the life of the contract. As you age, and if your health deteriorates, no one can raise your premiums. In contrast, a term life insurance policy may not provide such a long-term guarantee.

Guarantee #3: Guaranteed cash values

Unlike term insurance, with whole life insurance, the policy builds cash value over time. You may choose to use those funds* to help pay for college, supplement your retirement income, or for emergencies.

Guarantee #4: Guaranteed in the event of disability and long term care (via riders)

Through the activation of additional, optional features known as riders, your whole life insurance policy can be enhanced to stay in force even if your financial ability to pay premiums is compromised due to health reasons. Think about it as “insurance for your insurance.” There are riders that will allow your premiums to be paid in the event of your disability or need for long term care.

In today’s financial product marketplace, there are few products that offer guarantees. A handful of products offer guarantees of principal plus earnings, and virtually no other product offers as many guarantees as whole life insurance. The uniqueness of this insurance product is most pronounced when it is compared to its cheaper alternative, term insurance. Term life insurance only pays if the insured dies within a certain period of time, and it should be used to supplement a whole life insurance policy.

Our conclusion is that if more people understood the value, they wouldn’t mind the price! We hope this article helped to shed light on some of the benefits of whole life insurance. If you are in the market for life insurance, please remember to work with a knowledgeable and experienced advisor who is both familiar with the marketplace, and the different nuances of the product.

**Access to cash values through borrowing or partial surrenders will reduce the policy’s cash value and death benefit, increase the chance the policy will lapse, and may result in a tax liability if the policy terminates before the death of the insured.*

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Dr. Ned Savide

HSHC President

Treat the Kids, Help the Parents

Since retiring from 40-plus years in practice a couple of years ago, it's no surprise that I miss the kids. It was the kids who made all the difference for me – especially as a card-carrying softie.

But, I miss the parents, too. The parents I miss most, though, are not the ones you'd expect. It's not the good parents. The parents I miss are those who bring in their child only to learn that four-years old is way too late for that first visit.

Now, we all have experienced the laissez faire parent who takes comfort in “just baby teeth” reasoning, but I loved the parents who became oral health evangelists for all of their children, never missing a checkup, after that uncomfortable visit with their first child.

Soon after I retired, during dinner with a friend at a restaurant near my home, I was reminded of the difference pediatric dentists can make. Our server, maybe 10 years younger than me, recognized me as *Dr. Ned*.

Dr. Ned Savide
HSHC President

AAPD Past President (2005) Dr. Savide, is a retired pediatric dentist residing in suburban Chicago.

“I'm sure you don't remember me,” she began, “but I just wanted to thank you for everything you did for my kids.” I remembered her once she spoke to me. I also remembered her as one of those parents whose children—both having reached adulthood a while back—came in for the first time much later than we'd like.

Besides a quick update on her kids, she made it a point to tell me that her grandchildren go to the dentist regularly.

Yes, it was nice to be remembered. But, it was nicer still to learn that her first visit with her child made a difference for her children and her grandchildren. Two generations.

How many of us have treated multiple generations from the same family?

This chance restaurant meeting got me thinking about our grantees and the work they do for the children – and the parents – who come to their clinics. They might not have the means for regular dental care. But, like every parent, they want to do right by their children.

Often, in talking about the work of Healthy Smiles, Healthy Children and our grantees, we describe what it means for the children in our grantees' care.

But, our grantees do a lot for parents, too. With all of the challenges facing families of the underserved, our grantees take one worry off the minds parents doing everything they can to do for their kids.

Our profession and our people are blessed. Yes, we all have our struggles with our children; challenging their parents is job number one for every child. But, we also have the resources and support system that give us peace of mind.

Your gift to Healthy Smiles, Healthy Children not only helps children. It gives peace of mind to parents and caregivers. Our grantees' work gives parents and caregivers one less thing to worry about. And, whether it's as parents or working with parents, one less thing to worry about can make all the difference in the world.



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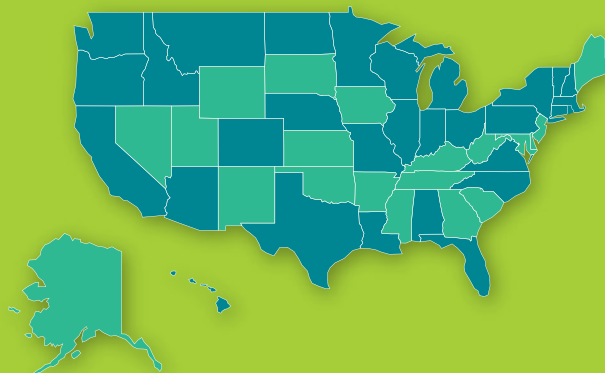
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CALIFORNIA—FRESNO. My Kid's Dentist has an opening for a pediatric dentist to work in our Fresno and Clovis offices. Both offices are located in excellent communities with numerous young families in the area. Fresno's affordable housing costs combined with superior school districts and neighboring national landmarks including Yosemite National Park and Sequoia National Park truly make the Fresno area a great place for a pediatric dentist to work and thrive. As a pediatric dentist practicing at My Kid's Dentist you'll have the opportunity to focus 100% of your time on pediatric dentistry and patient care; likely the reasons you chose pediatric dentistry as a profession rather than dealing with the practice management side of things. Pediatric dentists are supported with trained assistants along with industry-leading tools, technology and safety equipment. My Kid's Dentist accepts nearly all PPO and HMO plans and we only partner with residency-trained pediatric dentists. Compensation includes a guaranteed daily draw or a percent of adjusted production along with comprehensive benefits. If patient care and the relationships you create is your passion, then practicing at My Kid's Dentist is likely just the place you are looking for. Contact Ed at 949-842-7936 or e-mail: looname@pacden.com. Dental degree from an accredited university, active State Dental Board license and oral sedation license required.

CALIFORNIA—NAPA. We are private practice in a beautiful Napa, California. We are looking for a full-time pediatric dentist to work 4-5 days a week. We accept very few insurances and practice has a strong foundation of the pediatric patient base. Work week is Monday to Thursday 8.00 a.m. to 5.00 p.m. Daily minimum guarantee depends upon experience level. Percentage of Productions or daily guarantee whichever is higher. Medical Benefits. We are looking for someone who has great personality and is team player. Practice has been established for 25 years in the community with great reputation. Future Partnership opportunity available as well. This opportunity is hard to find and work in one of the highly rated dental practice in Napa. Must be Board eligible or Board certified. For more information, contact: devandalla@gmail.com.

CONNECTICUT—FAIRFIELD COUNTY. Well established, growing multiple office pediatric and orthodontic practice in Fairfield County is seeking a full time Board eligible pediatric dental associate. This is a great growth opportunity for a personable, caring pediatric dentist. Must have a certification in pediatric dentistry and an oral sedation license. Our high tech private practice renders quality care in a comfortable environment and caters to children with special needs. Compensation includes: percentage of collections, malpractice insurance and 401K plan contribution. For more information, contact: allison@commerceparkdental.com.

CONNECTICUT—STAMFORD. If you are an outstanding caring person, a terrific dentist and want to work where you are truly valued, then we want to talk to you today. Our mission is to create

a great dental future for our kids because 80% of adults don't like to go to the dentist and as a result they have less than optimal dental health and most of that is from poor childhood experiences. Dental Care Kids is a private fee for service pediatric dental practice. Great opportunity to join our team of pediatric dentists, hygienists and great staff in a state-of-the-art office. Open 7 days a week so days and hours are flexible. Position is open now. Office has state-of-art equipment. Great Team. Great new and recall patient flow. Please reply to Jerry.Simon@sprynet.com to arrange an interview. Must be either board certified or board eligible.

FLORIDA—BONITA SPRINGS/CAPE CORAL/PORT CHARLOTTE. Extraordinary opportunity for a pediatric dentist to join Southwest Florida's premier pediatric dentistry practices! Growing and profitable private practices located in Bonita Springs, Cape Coral and Port Charlotte. In addition to routine dental care, our offices offer the full spectrum of in-office sedations as well as an opportunity to provide dental care in a hospital setting. We are looking for someone compatible who is personable, enthusiastic, caring and loves what they do. Currently, we're seeking an associate on a part or full-time basis with partnership options for the right person. Must have completed pediatric dentistry residency and be licensed to practice in Florida. Board eligible or Board certified would be great! For more information on our practice, please feel free to check out our website at <http://www.swift-pediatricdentistry.com>. If interested or would like more information please e-mail C.V. to doctors@swift-pediatricdentistry.com.

FLORIDA—TAMPA BAY/CLEARWATER. Outstanding opportunity for a pediatric dentist that is outgoing and driven for success. We are a private group practice of orthodontists and pediatric dentists looking for the right person to join our expanding group practice. We have a full time associate position available with a path for partnership. We are located in the beautiful Tampa Bay area with six locations throughout Tampa and Pinellas County. Must be committed to excellence in patient care and service, and working in an office culture of fun and positive enthusiasm. We are passionate about serving our community and creating the best place to work as a staff member and doctor. Our new associate will earn a minimum of \$200,000 base on a 200 days/year, or 30% of production, whichever is greater. This position provides the opportunity to practice all aspects of care including oral sedation, in-house pediatric anesthesiologist for IV sedation, and hospital dentistry. By the end of the first year, the right doctor(s) should be earning in excess of \$300,000. For more information on this opportunity, please contact dr.em@bluevavedentalgroup.com. In addition, we offer full benefits, 401K, license fees and insurance. Must have pediatric dentistry certificate from an accredited program and be licensed to practice in Florida.

FLORIDA—WINTER PARK. Pediatric Dental Group is growing and we are looking to add a full-time pediatric dentist to our team. We are a private group owned and operated by 2 Board certified pediatric dentists, and have 3 locations in Central Florida. All of our locations are modern with digital

records and x-rays. Services include in-office sedation and general anesthesia at several local hospitals. We offer a competitive compensation package, and an environment tailored to foster professional growth. New grads welcome, hospital based residency graduates preferred. Our pediatric dentists are happy to help ease your transition from residency into practice. Come live in one of the best cities to live in Florida! Please visit www.pediatricdentalgroupflorida.com to learn more about our practice. Interested candidates please contact Jocelyn at 321-720-2402 or Jocelyn.Espejo@pdgorlando.com to learn more about the opportunity. Requirements: Pediatric Residency, Hospital Based Residency Preferred.

GEORGIA—SAVANNAH. We are looking for a dentist with a strong work ethic and passion for treating the underserved to add to our growing practice. We treat children up to age 21 so a desire to work with kids is a must. We offer a work environment where work-life balance is encouraged. In addition, we offer a competitive starting salary, excellent benefits package, holiday pay, PTO and much more! You may even be eligible for relocation assistance and a sign-on/retention bonus! Whether you are looking for your first job as a dentist or an opportunity to advance your career, Great Plains Dental may have the opportunity you have been looking for. If you are ready to join a team of professionals that love what they do, we want to hear from you! For more information, contact: jobs@fqmnc.com.

ILLINOIS—GURNEE. Seeking a fun, energetic and compassionate pediatric dentist, starting with 2 days a week. Must be an Illinois licensed pediatric dentist with proper training and permit with sedation. For more information, contact: Clee5250@aol.com.

ILLINOIS—NAPERVILLE. Immediate opening for pediatric dentist In expanding multi-specialty practice. High end technology, two beautiful locations, southwest suburbs, p/t hours available. Looking to add to an amazing team. Please send resume to: recruiter@idm630.com.

INDIANA—TERRE HAUTE. Associateship to partnership opportunity. Privately owned practice with NO CORPORATE INFLUENCE. Our well established and respected practice has been in business for 26 years. We are the only pediatric dentists in the community and are currently settling into our new, award winning facility which houses two pediatric dentists and one full time orthodontist, all under one roof. With a devoted marketing department, our practice averages over 200 new patients per month. Our current Associate from New York has been with us for over two years and has had significant success but is electing to return home for marriage and family. All systems, expanded duties staff and most importantly, the patients, are in place for a motivated pediatric dentist to have success in a highly patient centric office. This position allows the Associate to practice all facets of pediatric dentistry, while working side by side with the mentoring owner-dentist. The Associate will also spend routine scheduled O.R. time (over 100 cases last year). The compensation package includes a guaranteed salary with incentive and bonus systems in place to maximize income. A competitive benefits package, which includes sign on bonus and

relocation allowance, is definitely worth investigating. The community has great neighborhoods, schools, universities, trails and is very family friendly. The cost of living is extremely affordable and major metropolitan areas are within a short drive. www.dentistryjust4kids.com. For more information, contact: spilipovich@dj4k.net.

MICHIGAN—GRAND RAPIDS. Our state-of-the-art private pediatric practice is seeking a pediatric dentist with great communication and leadership skills to join our growing team. Our beautiful facility is equipped with the latest technology to help with your patient education and improved case acceptance, making it easy to provide high quality dental care. Our practice offers oral conscious sedation, IV sedation with an anesthesia team and general anesthesia in a hospital setting. This is a unique opportunity to be an integral part of an amazing office where you will be able to expand your knowledge and work with a future oriented and fun team that handles all of the administration of the practice which means more family time for you! Grand Rapids is a growth center in Michigan and offers a lot of great experience opportunities for both singles and families! Beautiful rivers, lakes and trails, a robust plethora of restaurant choices if you're a foodie, an annual art festival that attracts hundreds of thousands of people and only a short drive to the beautiful beaches of Lake Michigan, Grand Rapids has it all. If interested, please email growingsmilesdds@gmail.com.

NEW JERSEY—CHERRY HILL/TURNERSVILLE. Looking for an "enthusiastic," "passionate about your work," "wanting to make a difference in the world," "love Pediatric Dentistry," TEAM player to join our practice in South Jersey. Located in a great community, with excellent schools, easy access to Philadelphia, the Jersey Shore, Sports teams and just about everything you could ask for. We are the practice that you've always wanted to be a part of. GUARANTEED daily minimum salary, plus EXCELLENT BENEFITS. For more information, contact: Dfspadmin@dentistryforspecialpeople.com.

NEW YORK—NEWBURGH. We are seeking a compassionate pediatric dentist to join our successful, well established, quality oriented multi-specialty private practice. FFS and PPO, no Medicaid. Excellent opportunity with partnership potential for a motivated individual. Enjoy going to work. Family oriented, friendly office with competitive compensation. We are located in the lower Hudson Valley convenient to NYC. The position is currently part-time position but could increase to full time with benefits in the future. Will consider new graduate. Please reply in confidence to Braceman@Optonline.net.

NORTH CAROLINA—CHARLOTTE. Fulfilling opportunity for an ambitious pediatric dentist to join a modern and growing Charlotte area practice. Very open to associates interested in future partnership opportunity, if desired. Minimum guaranteed rate plus a generous percentage of collections, including benefits and time off. Full or part time available. Please contact Ethan@AKAsmiles.com. Certificate in pediatric dentistry from an accredited program required.

NORTH CAROLINA—GREENVILLE. Multi-doctor pediatric-orthodontic practice in Eastern NC needs a pediatric dentist ASAP. In a university town with a dental and medical school, the location is choice. An hour's drive from beautiful beaches, surrounded by excellent hunting and fishing spots, within a few hours drive of the beautiful Blue Ridge

mountains. Wonderful shopping, culture and art centers, outstanding dining are all part of the scene. Practice is state of the art with excellent delivery and management systems. A surgicenter is a block away. Please email your C.V. to info@eopd.org.

OHIO—NORTHEASTERN OHIO. Well-established pediatric dental practice is seeking an associate. Buy in opportunity available. State of the art facility in a growing suburb of Cleveland. Care provided for infants, children, adolescents and special needs patients. Hospital dentistry. Part-time opportunity leading to full-time. Competitive compensation package. For more information, contact: lisadsle@yahoo.com.

OREGON—GRANTS PASS. Your opportunity to establish your career with a reputable practice known for its integrity starts here! Send resume to Hirepedds@gmail.com. Dr. Waschak Pediatric Dentistry and Orthodontics is a fast growing practice seeking a qualified, energetic Pediatric Dentist committed to excellence in patient care to join our professional and respected team. Our expansion includes a new state of the art facility designed specifically to serve our community with the finest equipment in a comfortable and efficient environment. We provide oral sedation, operating room and in-office anesthesia to accommodate the wide range of needs for our patients. We value continuing education in excellent dentistry and strive daily to provide an excellent patient experience. We work with a nationwide consultant to bring our professional best to our community. We provide and encourage ample opportunities for professional, financial and personal growth. We are committed to the success of our business by establishing and never ceasing until we reach our goals for patient satisfaction, productivity, cohesion and employee/ employer satisfaction. If you are interested in joining our team of caring professionals, like to work with children, and appreciate opportunities for personal advancement send your resume to Hirepedds@gmail.com. The Pediatric Dentist is responsible for providing compassionate, high-quality dental care to our patients: Provide leadership and direction to all team members in all areas of pediatric patient treatment; Diagnose dental conditions and plan oral health care in consultation with patients and parents; Ensure treatment plan is reviewed with each patient/parent and informed consent is granted for treatments rendered; Provide great customer service by offering same day care when possible and ensuring parent/patient satisfaction; Educate patients and parents about improving and maintaining oral health care; Appropriately administer dental anesthesia and nitrous oxide analgesia to limit the amount of patient discomfort experienced by patients during procedures; Obtain diagnostic pre-operative radiographs for every procedure; Local Anesthesia must be limited appropriately dependent on patient weight; Effectively and safely administer behavior management techniques to enable delivery of dental care especially for uncooperative children; Develop treatment plans for patients consistent with the American Academy of Pediatric Dentistry Guidelines; Adhere to quality assurance training and patient experience training; Ensure training and development of staff by identifying training needs and establishing initiatives to meet company/individual objectives; Conduct behavior in a manner that is professional and courteous to all patients, parents, and office staff at all times; Explore opportunities for hospital or sedation services; Adhere to all federal and government regulations, including the state dental board rules and regulations, HIPAA and OSHA regulations.

PENNSYLVANIA—COLLEGEVILLE. We are looking for an awesome full-time pediatric dental associate who has excellent communication and clinical skills. You will have the benefit of a full-time career position while having the opportunity to grow both personally and professionally. You will be working with a unique office, team and owner-Pediatric Dentist that work together to make constant improvements in our work and personal lives. Four times a year we have speakers come to our office to educate us about how to provide the best experience for our patients and parents, as well as improving our interpersonal relationships with friends and loved ones. You will have defined times where you will have the opportunity to have one on one mentoring with the practice's owner-Pediatric Dentist. You will be given a generous continuing education stipend so you can learn about new and emerging trends and procedures in our specialty. Your medical insurance premiums, malpractice premiums, AAPD, and ADA dues will be fully provided by us. You will be eligible for our student loan payback program, which can pay up to \$75,000 of your student loans. You will have the opportunity to go on a mission trip, fully funded by us for you, after two years of working with us. You will have a four-day workweek, but earn the same as you would if working a five-day workweek. Our practice currently is not open on Saturdays or past 6 PM during the week. You will be on call no more than six weeks a year. We believe that your life outside of work is as important as your professional life. We want you to pursue your interests and hobbies you have outside of pediatric dentistry or have the time to teach at the two local dental schools or three local Pediatric Dental Residency Programs. You will have the opportunity to learn about and perform laser dentistry as well as benefiting from a practice that utilizes other state of the art technologies. You will work with an incredible team of well educated and motivated dental assistants, dental hygienists, administrative staff and pediatric dentist whose goals are to help you and each other provide the highest level of pediatric dental care in a fun, and gentle environment. You will have the opportunity to provide treatment under general anesthesia in any of the three local children's hospitals or their surgical centers. Our Mission is to provide the highest quality pediatric dental care in a fun and comfortable environment for our patients and their families. We will continue to be the leader in the field of pediatric dentistry by delivering the highest level of care and service before, during and after our patients' appointment. Our Core Values include: Positive Attitude, Growth Oriented, Team Player, Greater Good, Caring, Compassionate, Open to Change, Live Up to Expectations, Honesty, Integrity, Self Starter and Fun. Our practice has been open for 19 years and is very well respected in the area. We are strictly a FFS practice, but do treat select in-need patients pro-bono. We do treat many special needs patients and are proud that with few exceptions that they are able to tolerate treatment while they are physically and emotionally comfortable without sedation or GA in our office. We are honored to treat the children, grandchildren, nieces, nephews and cousins of local dentists and pediatricians. We have great base of local referring pediatricians and general dentists, and see many referrals from our current families. Each year we even get a few referrals from some area pediatric dentists. We treat all of our patients as if they were our own children, and guarantee the restorative treatment we provide. You must have graduated from an accredited dental school, graduated from an accredited pediatric dental residency, and be licensed to practice in Pennsylvania.

If you are looking and ready to work in a premier, high quality, fun and friendly private pediatric dental practice, and you are a great communicator, a superior clinician, and team player who wants to work in a practice where you get to know your patients and their families, and desire a career not a job, send your cover letter and C.V. today: eric.hans@comcast.net.

PENNSYLVANIA—PHILADELPHIA. This is the opportunity you've been waiting for. Great owners, great associates, great staff, great kids, great offices... the only thing missing is YOU! Amazing opportunity for motivated pediatric dentists to join our 7 location pediatric practice in the Philadelphia/suburban area. Work with our large group of superb doctors and staff to provide high-quality care for our thousands of wonderful kids! Also, provide infant and special needs care under general anesthesia in our own private Ambulatory Surgical Center – the first in the nation dedicated exclusively to dental procedures. Excellent salary and benefits available. We're about to expand again, so please send your letter of interest and C.V. to dbrbresler@hotmail.com. Website: Cavitybusters.com.

SOUTH CAROLINA—COLUMBIA. Excellent opportunity to join a well respected practice that is consistently booked out several months. Need an associate to replace a retiring dentist immediately. This position will be very busy immediately. Income potential is great. This office has all the latest technology- paperless, digital x-rays, etc. OR cases are done at nearby hospital and surgery center. Great relationships with all the Pediatricians in the area. This is not a corporation so there will not be anybody looking over your shoulder. This is a full time position with a guaranteed base salary of \$1000 per day or 35% on collections whichever is greater. Benefits include Health Insurance, 401K retirement, paid Malpractice Insurance and an annual CE/ Professional Membership Stipend (\$1200). We also offer a relocation stipend (\$2500). Columbia is a very welcoming city that has great weather that allows for outdoor activities year round. There is a large beautiful lake close by which is great for boating, fishing and water sports. Columbia has a low cost of living, affordable housing and great schools and colleges nearby. The beautiful beaches of South Carolina and the Blue Ridge Mountains are just a short drive away. Ideally at least 1 year experience in private practice is preferred but not required. For more information, contact: ellis3dmd@gmail.com.

TEXAS—CORPUS CHRISTI. Our fun and energetic office is looking for a pediatric dentist to work part-time or full-time in our upscale and state of the art new office. Our office is located in beautiful Corpus Christi where everything is a short drive away. Beaches, fishing, surfing, bird watching, shopping, a rich blend of culture and outdoor life without the big city noise and traffic. Experienced dentists and new grads are welcome to apply! For more information, contact: rojascandelas@yahoo.com.

TEXAS—KILLEEN. Carus Dental provides comprehensive oral healthcare services to patients in the Austin and Houston Texas areas. Our doctor owned multispecialty group practice includes 30+ locations and a team of more than 40 doctors. We are interested in speaking with pediatric dentists to join our team in our Killeen practice, which is south of Austin. The clinical team at Carus uses the latest technologies combined with proven methodologies to deliver a comprehensive range of quality services in a comfortable environment. Dental professionals are given the support and resources necessary for success, including mentor programs, leadership opportunities, continuing education allowances

and even ownership potential. With the resources and collegial support of our group, our clinical professionals are well positioned to enjoy a lasting, successful career in dentistry. Carus Dental is proud to be one of a select few dental groups nationwide to be accredited by the Accreditation Association for Ambulatory Health Care (AAAHC). This accreditation means that AAAHC's independent team of health care professionals has found that we meet their rigorous, nationally-recognized standards for health care services. Carus Dental is proud to provide a competitive compensation package, including comprehensive health benefits (Health, Vision, Dental), Life Insurance, Long Term Disability, Professional Liability Insurance, a 401 (k) program with employer matching, and established mentor programs and leadership opportunities. D.D.S./D.M.D., Certificate in Pediatric Dentistry, TX State Dental License or Eligibility. For more information, contact: kateanderson@amdpi.com.

TEXAS—LAREDO. Tots to Teens Pediatric Dentistry is a practice located in Laredo, TX. We are 2 hours south of San Antonio, TX. We are looking for a pediatric dentist to join our team part-time/ full-time. We are state of the art facility and have digital X-rays and electronic charts. We have hospital dentistry cases at a nearby hospital that we go to weekly. Our team has excellent customer service and patients love us. Our mission is to make every child and parent feel comfortable during their visit. We value teamwork and appreciation in all parts of the company. If you are interested in joining a great working environment in a busy practice where you have the freedom to your patient care this is the place for you. We pay a percent of collections or a daily guarantee, which ever is higher. Benefits include paid holidays, vacation days, CE days, licenses renewal, health insurance and many more. Please email your resume at totstoteenspd@gmail.com.

TEXAS—ROCKWALL. Excellent opportunity to join the premier pediatric dental practice in beautiful east suburb of Dallas, Texas!!! This well-respected pediatric dental practice is located in a suburb with top ranked schools and has a lot to offer more than what can be mentioned in a few sentences. Live by the lake and enjoy all the city has to offer on your days off and weekends. Current partners are kind, hardworking, and have a great name in the community. Seeking a pediatric dentist who must possess high personal standards, strong work ethic and morals, excellent technical and communication skills. Candidate must be able to treat the full range of pediatric dental patients in the office to OR. Compensation package includes malpractice insurance, CE allowance, 401k retirement plans, paid vacation. Guaranteed base pay or 35% collections. Partnership opportunity is available after working 1 year as an associate. Completion of Pediatric Residency required. For more information, contact: TXpedojob@yahoo.com.

VIRGINIA — BLACKSBURG / CHRISTIANSBURG. Seeking associate serving Christiansburg/Blacksburg Virginia and surrounding areas. Buy in an option for the right person. Thriving and growing practice in the heart of the beautiful Blue Ridge Mountains, near Virginia Tech and high tech firms. Excellent schools and recreational opportunities abound in this area. Ranked in numerous quality of life rankings, including one of the top ten outdoors towns by Outside Magazine, a top 10 place to raise a family by Homes.com, number one town in the U.S. to raise kids by Business Week, and the top small city to find employment by Forbes. Practice serves a large and continually renewing child population, with steady stream of

new patients weekly. Experienced dentist will provide mentorship in all aspects of pediatric dentistry and practice management. Benefits beyond salary include professional fees, continuing education, and insurance. New graduates welcome. Please email resume/C.V. to damacherdds@gmail.com. No phone calls please. D.D.S./D.M.D., Pediatric Dentistry residency certificate required.

VIRGINIA—HAMPTON. We are seeking a full time Pediatric Dentist to join our multi-specialty, General, Pediatric, and Orthodontic dental practice. We are a very busy, well established dental practice for over 30 years. We are located in Hampton, VA, and are centrally located to all of the major cities in Hampton Roads. We are within an hour drive to the beaches of the Atlantic, and also the mountains. You can visit our website at www.caring4kids.com and read the reviews of our happy patients. We have all of the state of the art dental equipment, including chairs, hand pieces, and computer software. We are also completely digital. You will be fortunate to be working with a very experienced staff. We would like to give the right person an opportunity for great earning potential, and eventual partnership. We would like to list all of the benefits that you will be able to enjoy: Vacation pay/Holiday pay; 401 K Paid Professional Liability Insurance; Contributions toward CE expense; Health Insurance. Requirements: Hospital Dentistry D.D.S. or D.M.D., Certificate from Pediatric Dental Residency Program. Form more information, contact: mbunch@caring4kids.com.

VIRGINIA—LYNCHBURG. Excellent opportunity for a pediatric dentist who seeks association in a prestigious, high quality and well organized pediatric practice. High personal standards, a commitment to quality dentistry and a strong work ethic are essential. We offer a harmonious and predictable practice environment with strong leadership and a cooperative, multi-skilled team. All management and administration duties are done for you. Facility is first class, efficient and state of the art with great systems allowing for a smooth running day in a family atmosphere. Please visit our web page at www.smilelynchburg.com, or contact us by e-mail at ssittason@smilelynchburg.com, phone (434) 237-0125.

CANADA

ONTARIO—TORONTO. WANTED: Well-rounded pediatric dentist for established and growing pediatric dental clinics, in and around Toronto, Canada. Offering exceptional first year earnings, additional signing bonus and moving expenses may be available. If you are a recent graduate or established doctor we want to hear from you! If you are looking for a modern clinic with an extraordinary culture that values patient care, and having FUN at work, then please forward on your resume and cover letter to info.dentistry4kids@gmail.com.

PRACTICE FOR SALE

NEW YORK—NEW YORK. Well established pediatric/orthodontic Practice for sale. 5 chair office located across from Central Park with private street entrance. Fully equipped with Nitrous Oxide, digital radiographs, and completely networked. Affiliated with major teaching hospital, with staff appointment possible. Office space is available for short term lease or purchase. Doctor and staff will stay on for negotiated time. 100% fee for service. For more information, contact: yettamattalec@aol.com.

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The Two BIGGEST Problems Facing Pediatric Dentists

By Rhea Haugseth, D.M.D.

My name is Dr. Rhea Haugseth, and like you, I am a practicing pediatric dentist in Marietta, Georgia. Over the years, I found myself feeling very frustrated with the lack of efficient, cost-effective training available for pediatric dental assistants. In fact, there were two major problems that I continually had to deal with when hiring a dental assistant for my pediatric practice:

1. **They had no clinical training.** Even if they had dental assistants' training, they still fell short of the unique needs of a pediatric practice.
2. **They had no communication skills.** They often did not know how to talk or act professionally or how to communicate effectively with children and their parents. Newly hired dental assistants tend to be young people who are just starting their careers. For a variety of reasons, many of them had very little people skills and life skills such as how to manage their resources or prioritize efficiently.

There was plenty of training for general dental assistants, but nothing for the pediatric field. I knew what it took to create a spectacular PDA, but frankly, I was tired of training and re-training with every new PDA.

Dealing With Problem #1

Knowing that my colleagues were also frustrated with these same challenges, I formally created the Pediatric Dental Assistant School (PDAS) in Atlanta where newly hired PDAs in Atlanta-based pediatric dental offices or those seeking a career as a pediatric dental assistant could get the training they need (for an entry-level position) in 9 weeks of training at my office in Atlanta.

Dealing With Problem #2

Although the PDA graduates were trained clinically, I realized there were other issues I needed to address; namely, teaching them the soft skills that came with working closely with children, parents, and the office staff. So I created training modules on parent/patient communication that teaches PDAs the art of effective communication in a professional setting, and specifically how to communicate and connect with children and their parents. This training can make a remarkable impact in patient/staff relationships.

I realized that the need for specialized training was universal, and pediatric dentists across the nation had to deal with these two problems regularly. "How can I help them?" I wondered. That is when I launched the Pediatric Dental Assistants Association. It not only provides the instruction and resources needed to train newly hired PDAs to quickly become a valuable and fully-functioning member of the staff, it is also a place where high-performing PDAs have been able to grow in their skills and in their careers.

The development of the Pediatric Dental Assistant School, along with the Pediatric Dental Assistant Association has been a wonderful addition to my practice. My staff truly loves these programs!

Pediatric dental offices who would like to receive more training and mentorship for their pediatric dental assistants should enroll their assistants in the PDAA.

For further information, please contact the Pediatric Dental Assistants Association at 770-823-3534 or email pdadirector@gmail.com.

How Would You Like To Have The Best, The Happiest, And The Most Competent Pediatric Dental Assistants Who Actually Make You Money?

The Pediatric Dental Assistants Association is proud to accept memberships from qualifying pediatric dental offices. Take a look at everything that is included in your exclusive membership:

- The Annual PDAA Conference* - an excellent place to keep your PDAs connected and excited to be part of bigger community of high-performing PDAs.
**Additional fee*
- Pediatric dental assistant video training modules in key practice areas.
- Email support from Dr. Haugseth personally.
- 24/7 access to videos and training modules to allow learning during downtime at the office, at the house, or even from a tablet.
- Opportunity to request new training modules to be developed.
- A bi-monthly newsletter filled with fun, helpful news and information.

A PDAA membership is a truly hands-off program for you as the owner/doctor. Your dental assistants will gain valuable knowledge and training that will increase their abilities and help grow and develop your practice. Teaching new skills and sharpening the skills of your existing assistants is the key to keeping your practice happy, productive, **and** profitable.

Maximize your PDA's value to your practice! Call (770) 823-3534 or visit PediatricDentalAssistantsAssociation.org to join today!

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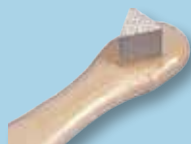


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