

PDT



20

Feature Story

Big Love for Little Teeth



September 2019 Volume LIV, Number 5

Practice Management and Marketing News
Strategic Scheduling for a
Productive Pediatric Practice

24



6-year-old Samuel wearing
Zirconia EZCrowns on B and I.

Dentistry by
Jarod Johnson, DDS
Arctic Dental, Iowa



EZCROWNS
SPRIGUSA.COM/SAMUEL

PDT

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Big Love for Little Teeth 20



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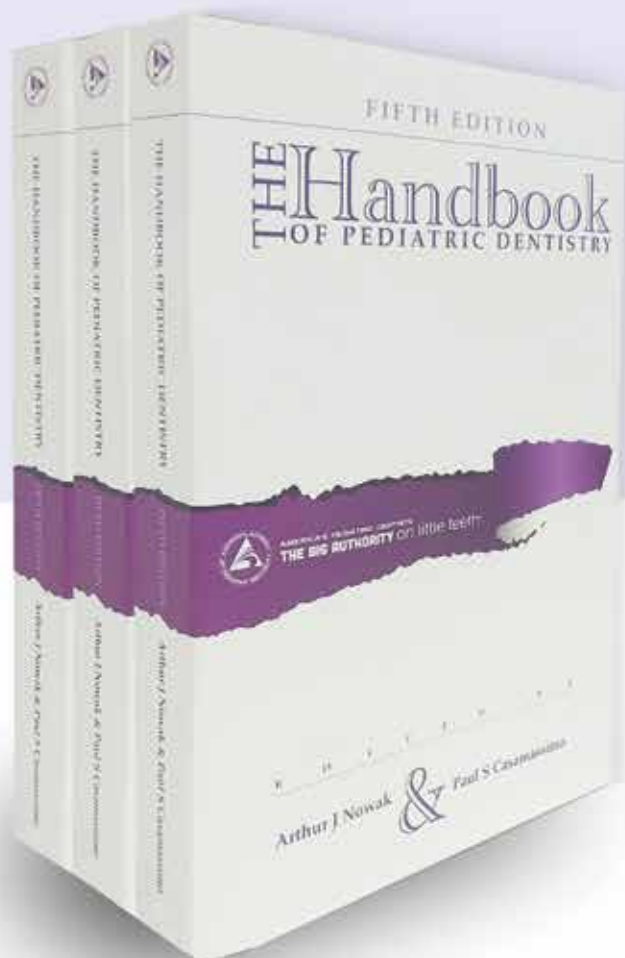
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Dr. Kevin Donly

AAPD President

Representing Our Profession Through Mentoring

I believe that each person looks at the word mentoring and thinks of it in their own way, primarily depending on expectations or experiences. This is a very natural and logical way to develop a viewpoint. When I think of mentoring, primarily due to my career in academia, I envision teaching students to become competent or even excel in both didactic and clinical education. Basically, clinical techniques are demonstrated to students to provide a positive outcome for disease that was diagnosed through what was taught in the didactic curriculum. Then I look to mentoring students in research, which would include the development of an idea, the approach to evaluate a hypothesis created for the idea and then pursuing a research methodology that can have an outcome to prove the hypothesis correct or not. Of course, the mentorship does not stop there; research techniques with specialized equipment, statistical understanding, and presenting findings in writing for publication or verbal presentation continue with the mentoring process. Then, as an administrator, I expanded my view of mentoring to help with the development of faculty in teaching and research, which prepares them to advance in academic rank.

Mentoring, as defined in the Cambridge English Dictionary, is the act or process of helping and giving advice to a younger or less experienced person, especially in a job or school. So, mentoring can really occur anywhere, at any time.

Where do you, as a pediatric dentist, fit into the mentoring scenario?

Advanced Education in Pediatric Dentistry Students/Residents

In pediatric dentistry, students and/or residents mentor predoctoral dental students. This can be through teaching, as the Commission on Dental Accreditation (CODA) has a standard for teaching. Predoctoral dental students relate well with pediatric dentistry residents because the age difference is not typically as large with residents compared to faculty. The teaching performed can pique the interest of predoctoral students and they may consider a career in pediatric dentistry. Information about programs the residents

interviewed with can be helpful as predoctoral students search for the pediatric dentistry program that best fits them. Likewise, second and third year postdoctoral pediatric dentistry students mentor first year postdoctoral students. This mentoring process is a natural occurrence and is very valuable in the development of a future pediatric dentist.

Early Career Pediatric Dentists (less than 10 years post-graduation)

Pediatric dentists that are relatively new graduates have the ability to mentor new graduates. This can be sharing information about working as an associate or becoming a partner in private practice. Working in public health in community clinics or federally qualified health centers can be discussed through mentoring. Possibilities in corporate practices can also be offered through mentoring. What insurance a new pediatric dentist should obtain and the business aspect of practices can be shared, all through mentoring.

Experienced Pediatric Dentists

Experienced pediatric dentists have a wealth of information they can share, from helping young pediatric dentists become involved in local dental organizations to offering advice from their years of experience in business and patient care. Pediatric dentists that have been involved in organized dentistry at the board level can mentor younger pediatric dentists on the best way to become involved in committee/council levels of dental organizations, which can lead to being considered for board positions.

Yes, all of you can play an important part in mentoring! I have been fortunate to have many mentors over my career, including great parents, academicians, researchers and most of all, pediatric dentists! Please sign up to be a mentor when requested by AAPD. The experience is very rewarding and you will make another friend that will thank you from the bottom of their heart. Remember, you can be a positive mentor, even when you are not specifically asked. Seek those colleagues that can benefit from your interaction, and offer your friendship and experience through mentoring. This truly represents a profession.

Legislative, Regulatory and Legal 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

MEDICAID DENTAL AUDIT LANGUAGE IN U.S. HOUSE REPORT

The FY 2020 House Appropriations Committee Report for Labor-HHS-Education programs was released in early May and approved by the committee. Among other provisions, it includes the following language recommended by the AAPD:

“Medicaid Dental Audits.—The Committee is concerned that failure to use professional guidelines or established state Medicaid manual parameters in the auditing process can result in inaccurate and unreasonable Medicaid dental audits. These practices deter providers from participation in the program and negatively affect care to patients. The Committee therefore directs CMS to instruct contracted auditors to utilize dental profession clinical guidelines, best practices, and policies of the American Academy of Pediatric Dentistry and American Dental Association when conducting dental audits, and require independent peer-to-peer review. The Committee directs CMS to report back to the Committee within 90 days of enactment of this Act on steps taken to address these auditing concerns.”

The AAPD thanks Congressman Henry Cuellar (D-Texas 28th) for submitting this report language. The AAPD is also working to add similar language in the Senate bill. Final approval of Labor-HHS-Education appropriations bills are still pending per negotiations between the Senate, House, and White House over budget caps and the debt ceiling limit.

AAPD, ADA, AND CDHP EXPRESS CONCERN ABOUT CMS ACA WAIVERS

In response to the Centers for Medicare and Medicaid Services’ (CMS) Request for Information on state relief empowerment waivers, the AAPD, ADA, and Children’s Dental Health Project (CDHP) expressed concern that the agency’s waiver guidance could adversely impact children’s access to oral health care and urged the agency not to implement the guidance.

In October 2018, CMS announced four Affordable Care Act (ACA) section 1332 waiver concepts designed to empower states to come up with better health care solutions for their residents. At that time the three organizations expressed support in a December letter for the concept of providing states with more flexibility, but also raised concern that the guidance may weaken the ACA’s Essential Health Benefits — also known as EHBs. Pediatric oral health is an EHB under the ACA.

The June 28, 2019, letter shared those concerns again, pointing out that “under the ACA guardrails in Section 1332, a state’s plan waiver must provide comprehensive health coverage to at least as many residents as would have coverage without the waiver,” and noting that the 2018 guidance doesn’t include that protection. “Additionally, we think that allowing states to align Section 1332 waivers with 1115 Medicaid waivers could threaten children’s coverage under the Medicaid and Children’s Health Insurance Programs.” Citing ADA Health Policy Institute research, the letter noted that since 2015, the percentage of children with dental coverage has reached an all-time high. The letter also shared studies from the *American Journal of Public Health* and *Journal of Dental Research* providing evidence that oral health impacts school performance and employability.

STATE NEWS

CALIFORNIA’S NEW LOAN REPAYMENT PROGRAM

(from California Public Policy Advocate Dr. Natalie Mansour)

California recently announced paying off \$10.5 million in student loan debt for 40 dentists who agreed to ensure that 30 percent of their patient caseload is made up of Medi-Cal patients. The CalHealthCares repayment program is funded from an allocation in the revised 2019-20 budget and a \$2 increase in tobacco taxes that went into effect July 1, 2017. Proposition 56, approved by California voters in November 2016. Altogether, \$340 million will be provided under this loan repayment program for health professionals, via at least five rounds of funding. The program is run by Physicians for a Healthy California, the charitable arm of the California Medical Association. They will start accepting applications for the next round of awards in January.

Almost 240 dentists applied for CalHealthCares. The 40 awardees – nine pediatric dentists and 31 general dentists – will serve Medi-Cal patients in Sacramento County and 19 other counties in community clinics, federally qualified health centers, academic settings, group practices and private practices. The debt relief program will cover up to \$300,000 of the cost of dental school, a dental or physician residency program, and any fellowship completed within the last five years. Those who accept the awards agree to ensure that Medi-Cal patients represent 30 percent of their caseload for five years.



The American Dental Education Association estimates that 2018 dental school students have average student loan debt of \$285,184 if they graduated from public schools and \$326,133 if they graduated from private schools. Only about one-third of California's licensed dentists take some Medi-Cal dental patients in their practice, according to DHCS statistics. Roughly 13.4 million Californians are eligible for dental care under Medi-Cal, a program known as Denti-Cal. Denti-Cal came under fire from the Little Hoover Commission, an independent state oversight agency, which indicated that the administering agency was ignoring the Legislature's direction that it meet a goal of 60 percent utilization for children covered by Medi-Cal. Creation of such a loan repayment program was one of the Commission's recommendations. As reported in the *Sacramento Bee*:

"Expanding access to care will ensure California's most vulnerable residents receive oral health care, which is essential to overall health," said Dr. Del Brunner, president of the California Dental Association, in a prepared news release. "We know student loan debt is one of the biggest financial hurdles a dentist may face and this program will allow practitioners to follow their passion of providing care for the underserved." Increasingly, studies have pointed out that poor dental hygiene can increase the risk of serious health problems such as poorly controlled diabetes, heart attacks, stroke and other problems. The American Academy of Pediatric Dentistry has noted that, among children from disadvantaged backgrounds, a rapid form of tooth decay has reached epidemic proportions."

OREGON LEGISLATURE APPROVES DENTAL SPECIALTY ADVERTISING BILL

(from Oregon Public Policy Advocate Dr. Natasha Bramley)



In early June, the Oregon legislature approved SB 835, legislation supported by the state chapters of AAOMS, AAPD, and other dental specialties that would specify the requirements necessary to advertise as a dental specialist. The bill was signed into law by the Governor on June 13, 2019. The key provision of SB 835 is as follows:

"SECTION 2. (1) A dentist licensed by the Oregon Board of Dentistry may advertise that the dentist is a specialist in one or more areas of dentistry if the dentist:

- (a) Has completed a post-doctoral residency program that is at least two years in length and is accredited by the Commission on Dental Accreditation, or its successor organization, and approved by the board by rule;
- (b) Is a specialist as defined by the National Commission on Recognition of Dental Specialties and Certifying Boards, or its successor organization, and adopted by the board by rule; or
- (c) Has completed an advanced dental education program that is at least two years in length and is recognized by the United States Department of Education, and approved by the board by rule."

FLORIDA APPROVES NEW LOAN REPAYMENT PROGRAM

(from Florida Public Policy Advocate Dr. Irwine Sanvil)



In late June, Florida Governor Ron DeSantis signed into law HB 843 which, among other things, revives a defunct loan repayment program for dentists who see low-income patients. Florida Dental Association President Jolene Paramore said, "This is a way that we can provide care in those communities that are underserved, be able to reach Floridians who don't have access to a dentist, and be able to have them be a Medicaid provider." Ten participating dentists may receive up to \$50,000 a year to help repay their loans and can serve in the program for up to five years. Dr. Paramore indicated this program could be implemented within six months with appropriate funding from the state.

Updated State Loan Repayment Programs Chart Now Available

The AAPD is pleased to announce that the updated State Loan Repayment Programs Chart is now available! Student debt is rising in nearly every field, but can be especially prohibitive within the field of dentistry. One especially unfortunate effect of rising debt is that many dentists are unable to work in the places or serve the people who may need them the most. Luckily, today, nearly every state offers some program to forgive student dental loan debt for dentists practicing in Health Care Shortage Areas (HPSAs) and Medically Underserved Areas (MUAs), with some plans forgiving up to \$200,000 worth of qualifying debt! Complete with brand new plans with funding approved just this year, the AAPD has compiled this updated chart as a resource for residents and recent graduates looking to make a difference in our most underserved communities. It is located in the Members-only Resources section of the AAPD website, under **Residency Director Resources**.



C. Scott Litch

Chief Operating Officer and General Counsel

Litch's Law Log

Consumer Review Fairness Act Means Don't Delete Negative Online Reviews

Dealing with negative online/internet reviews of your dental practice is not a new issue. In fact it was discussed in this column back in the November, 2010 *PDT*.¹ The AAPD's *Social Media 101 Toolkit for AAPD Members* also provides a number of proactive strategies to promote and highlight positive online reviews in order to counteract negative reviews.² I also discussed this matter at the joint AAPD-AAO symposium in February, 2018. There are number of companies, some of whom exhibit at AAPD's Annual Session, offering services to improve your online presence and protect your reputation.

However, one thing not in the arsenal of defense due to legal reasons is removal of negative reviews either from your website or 3rd party sites (such as Yelp). This is thanks to the Consumer Review Fairness Act (CRFA).³ Passed by Congress in 2016, this law seeks to protect the ability to share honest opinions about products, services, or conduct in any forum including social media. Hence, a company's form contracts cannot prohibit or restrict reviews of a company's products, services, or conduct; impose fees or penalties on reviewers; or assign to the company a consumer's copyright of their reviews or comments.

CRFA applies to any type of communications. Clearly a dental practice cannot include standardized language on a patient intake form that would prohibit posting of a negative review of dental treatment received. It does not matter if complaints about such practices have never been filed against a company. A violation can also be challenged as a false and deceptive practice under section 5 of the Federal Trade Commission (FTC) Act.

Postings can be removed from your website in the following circumstances:

- Private and confidential information;
- Comments unrelated to dental services or conduct of dentists or staff;
- Information that is clearly false and misleading. But keep in mind it must be a clear falsehood, not merely an opinion. For example, saying that Dr. Smith was rude is an opinion, whereas stating that Dr. Smith had his dental license revoked (if not true) is a falsehood.
- Statements that are libelous, harassing, vulgar, obscene, sexually explicit or that inappropriately related to gender, ethnicity, sexuality, etc. Obviously there can be differing opinions as to what crosses the line into these categories, so proceed with caution.

Recently, the FTC undertook its first enforcement actions under the CRFA, and the targets were not just large corporations. These cases all resulted in Consent Orders with the FTC.

- *In re A Waldron HVAC, LLC*. There was a CRFA violation due to a form agreement prohibiting filing of complaints with the Better Business Bureau and agreeing to pay damages and legal fees if this provision is breached.
- *In re National Floors Direct, Inc*. There was a CRFA violation due to a form contract stating that a consumer would not defame or disparage the company, with a threat of civil litigation for doing so.
- *In re LVTR LLC, doing business as Las Vegas Trail Riding*. There was a CRFA violation due to form contract prohibiting:
 - contact with Animal Control or any government agency to report mistreatment of horses (with a \$5000 penalty for breach);
 - negative reviews (\$5000 penalty); and
 - initiating arbitration proceedings or litigation (\$60,000 penalty).

It is important to review not only standardized documents such as a patient intake form, but also policies and terms on your practice website. While you may not have drafted a problematic provision, a website vendor may have included such language as standard verbiage for their clients' websites, without being aware that it is no longer acceptable under the CRFA.

Special thanks goes to **Thomas C. Elliott Jr.**, ADA Deputy General Counsel and Director, Council on Ethics, Bylaws and Judicial Affairs, for his assistance on this topic. For further information contact Chief Operating Officer and General Counsel C. Scott Litch at (312) 337-2169 ext. 29 or slitch@aapd.org.

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.

¹<https://www.aapd.org/assets/1/7/4302.pdf>

²<https://www.aapd.org/assets/1/7/SocialMedia101.web.pdf>

³Public Law 114-258.



AAPD PAC
THE BIG ADVOCATE for little teeth

PAC Corner

Step In or Step Up Your Support!

You recently received in the mail the AAPD PAC Annual Report highlighting how important your support of the AAPD PAC is to our advocacy efforts. I urge you to review this report closely.

This is a critical time to build up the AAPD PAC’s resources in anticipation of the 2020 Congressional elections. Thanks to the many of you that have already supported the AAPD PAC via the voluntary PAC contribution “check-off” on your 2019-20 dues statement.

If you have not yet given this year, we need your support. The voluntary recommended support level for early career dentists is only \$100. **If you have been a regular PAC contributor at recommended level of \$250; moving up up to the next level of support such as Cabinet (\$500-999) or Patriot (\$1000 and above) will help us make our efforts for positive child oral health legislation even more effective.** You may 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. Contributions to the PAC are not tax deductible. All PAC contributors will be screened and any from ineligible persons (i.e., non U.S. citizens or individuals who are not AAPD members or staff) will be returned.

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

Warren A. Brill
PAC Steering Committee Chair



Visit aapd.org to see all the latest news in AAPD Advocacy!



AAPD 2020

Nashville, Tenn.

May 21-24, 2020

The AAPD invites you to join us in Nashville for a weekend of spectacular education and fun!



Thursday, May 21

Preconference Course

Early Career Dentist Happy Hour

Friday, May 22

Keynote Address & Awards

Scientific Program

Exhibit Hall

Learning Labs

Poster Research Competition

Welcome Reception

Saturday, May 23

Learning Labs

Scientific Program

Exhibit Hall

Poster Research Competition

Graduate Student Research Award (GSRA) Presentation

AAPD Foundation Donor Appreciation Gala

Sunday, May 24

General Assembly & Research Awards

Scientific Program

Exhibit Hall

President's Farewell Dinner

Registration & Housing

The meeting will take place at the Music City Center. Registration and Housing will open in December 2019. Complete meeting and hotel details will be posted on the AAPD 2020 website and published in the January 2020 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.



2020 Submission Deadlines

NASHVILLE may 21 – 24 2020



Sept. 18, 2020

LEARNING LABS • MINICLINICS • STRING OF PEARLS



Jan. 15, 2020

INTERNATIONAL ORAL PRESENTATIONS
GRADUATE STUDENT RESEARCH AWARDS (GSRA)
MY KID'S DENTIST & ORTHODONTICS RESEARCH POSTER COMPETITION



If you are interested in presenting at the 2020 Annual Session in Nashville, Tenn., please visit the AAPD website at www.aapd.org for the Learning Labs, International Oral Presentations, MiniClinic or String of Pearls submission form. For additional questions, contact Caroline Oliva at coliva@aapd.org.

You must be an AAPD member in good standing and must be registered for the meeting in order to present at the Annual Session (only exceptions – you do not have to be a member if presenting an International Oral Presentation). The AAPD will strictly adhere to these guidelines. All submissions and abstracts must be complete in order to be considered for a session at the Annual Session, GSRA or a Poster.

Please find a description of each course type below to assist you when submitting for AAPD 2020.

LEARNING LABS

Lead an hour-long interactive presentation on a topic of interest to pediatric dentists (50 minute presentation with 10 minute Q&A). Share your idea with up to 25 colleagues in a smaller setting. AV is available for use during Learning Labs, but the session should focus more on discussing the topic with your attendees. One Learning Lab will be held every hour from 8 a.m. – 5 p.m., on Friday, May 22, and Saturday, May 23, (One hour time commitment per speaker).

MINICLINICS

Miniclinics session consists of eight speakers, each with a 45-minute presentation to a larger audience, based on a clinical topic geared toward pediatric dentistry. Areas of interest include early malocclusion management, clinical techniques using new technologies, legal issues, practice management and new developments in pediatric dentistry.

STRING OF PEARLS

A 15-minute presentation per speaker, up to nine presentations per session. In this format, each presenter will bring a single idea or concept and will share it with the group. These little “pearls” provide members with a wealth of information that often can often be utilized immediately. Keep your presentation focused on the topic and allow for a question or two from the audience!

INTERNATIONAL ORAL PRESENTATIONS

A 15-minute opportunity with a 10-minute oral presentation and five minutes for questions from the audience. In this format, each presenter will bring a single idea or concept and will share it with the audience. You must be an international pediatric dentist to present during this session. Keep your presentation focused on the topic and be sure to allow time for questions.

Research Awards

GRADUATE STUDENT RESEARCH AWARDS (GSRA)

Up to eight finalists are selected to present their research at AAPD 2020 in May. Finalists receive travel to the Annual Session, complimentary registration for themselves and a guest, and a cash award and plaque at the Annual Session. A matching cash award is given to each finalist's training program. The recipients are asked to present their research at the Annual Session. All applications and research abstracts must be submitted by Jan. 15, 2020.

MY KID'S DENTIST & ORTHODONTICS RESEARCH POSTER COMPETITION

All presenters must be registered for the Annual Session. If you are a pediatric dentist, you must be a member of the AAPD to present in the research competition. Presenters have the option to compete and be judged or just present their findings. The research competition will take place on Friday, May 22, and Saturday, May 23, 2020, at AAPD 2020 in Nashville. Abstracts are due Jan. 15, 2020.

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The AAPD welcomes 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

Shared Interest Groups—Little Teeth Chat: AAPD's Online Member Community



AAPD's ONLINE COMMUNITY
little teeth CHAT

Have you started chatting? Jump in and ask a question. Each topic has a dedicated chair. Over 75 different questions have already been asked. The Shared Interest groups are intended to promote conversations and meaningful dialog among members to shape the scope of pediatric dentistry. We know the value that AAPD members put on networking and educational opportunities we provide through our Annual Session and programs throughout the year. The SIG Chairs can bring important issues to AAPD Leadership. This is a private Members' only group that is safe and secure. Current SIG topics are:

Caries risk assessment

Behavior guidance

Fluoride therapy (including SDF)

Restorative techniques

Sedation/anesthesia

Children with special health care needs

Oral Pathology/Oral Medicine

Hospital-based practice

Residency program management

Practice management, including:

Coding

Finances

Marketing

Patient and family dynamics

Staffing (officer managers, dental hygienists, dental assistants, etc.)

Associates and partnerships

Access to Little Teeth Chat can be accessed through the AAPD website or littleteethchat.aapd.org. For questions please contact Senior Membership and Marketing Director Suzanne Wester at swester@aapd.org.

2020 Membership Directory Reminder

Your *Membership Directory* address is printed on your membership dues invoice that was recently mailed to you. Any changes or updates to your *Membership Directory* information are due to the headquarters office by **Sept. 15, 2019**. You can verify your address on your annual dues invoice or visit the *Members' Only* section of the AAPD website (www.aapd.org) to update your profile. Please take a few moments to verify your address information to assure that AAPD has it correctly.

You may opt out of receiving a print membership directory in "My Account" in "Personal Information" under "Preferences" or contact membership@aapd.org to opt out.

Member Benefit Spotlight

Medjet

HOW NOT TO GET STUCK IN A HOSPITAL FAR FROM HOME

As health professionals, you know how important it is to be treated by doctors you trust in a facility you choose.

Yet many people, when faced with an accident or illness while traveling, find themselves stuck in a hospital far from home—at the mercy of health or travel insurance companies in determining the “acceptability” of a facility, and the “medical necessity” of a transfer home.

Not being able to get to a home hospital of choice for treatment can present a myriad of issues:

Care that is unacceptable to you, and facilities that don’t meet your standards;

Language barriers, if your hospitalization occurs during foreign travel, making treatment decisions difficult;

Capping out on travel insurance medical benefits if hospitalized abroad (even the high end coverages can disappear quickly), and dealing with out-of-pocket payments and claims with an unfamiliar insurer can pose a financial risk;

The cost of having family members fly to your side to serve as your patient advocate and moral support (airfare, hotels, missed work) can also add to your financial burden;

A \$30,000 (domestic) to \$180,000 (international) medical transport, to your facility of choice at home for treatment and recovery, which your health or insurance company may not cover, can also take a bite out of your savings.

This is where an air medical transport membership program like Medjet comes in – an AAPD member benefits partner.

If you travel frequently, alone for business or on vacations with your family, it is vital to understand the fine print of your health and travel insurance coverage when it comes to getting home.

Travel Insurance in its basic form usually provides trip cancellation, trip interruption, lost luggage, local hospital and treatment cost reimbursement, and *limited* medical evacuation benefits *to the nearest acceptable facility*—and what is deemed “acceptable” is determined by the insurance company, not the patient. While medical evacuation is a lifesaving benefit, it may not get you all the way back home, to your hospital of choice and doctors you know. Insurance typically responds only when the insured recovers well enough to return home via commercial air and will typically rebook you home on a commercial airline.

Credit Card Travel Benefits only (sometimes) cover injury or illnesses that occur *while you are onboard* the common carrier that you bought the ticket for. Once you step off of that plane, your coverage typically ends. Far too many people mistakenly think they are covered for medical during their entire trip. Any air medical transfer cover is usually to the nearest appropriate hospital, with particular medical necessity requirements and various exclusions.

Health Insurance, for domestic travel coverage outside of your local network, typically covers Emergency Services and Hospital and Treatment Costs, but it doesn’t necessarily get you home.

People don’t think too much about getting “stuck” in a hospital in another city, but this can cause some of the same financial and emotional stresses as getting stuck overseas. It can be especially hard for families with children in school, where a spouse may have to choose between being bedside or remaining at home with the kids.

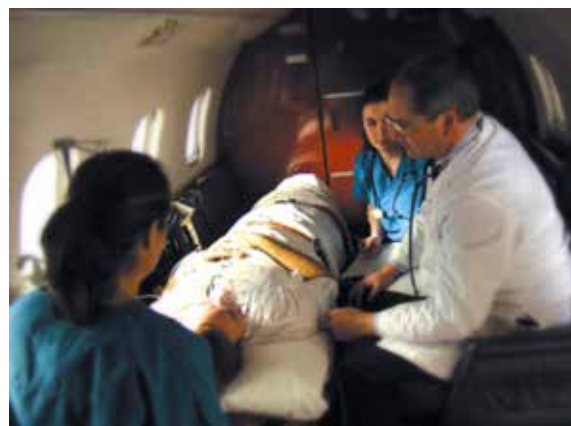


Photo courtesy of Medjet

MedjetAssist Air Medical Transport Membership is a (surprisingly affordable) program that you join prior to traveling, and if you are hospitalized more than 150 miles from your home address, domestically or internationally, medical transportation back to a home-country hospital of your choice is arranged regardless of medical necessity. You decide where you want to receive the remainder of your care, not an insurance company. If you are transported, there are no claim forms or bills, no out-of-pocket expenses to seek reimbursements for; you pay only your initial membership fee and that’s it.

Medjet also has added security and crisis response protections you can add with its **MedjetHorizon** membership – an optional program in addition to the core MedjetAssist program. Access to a 24/7 crisis response line for travel safety threats like violent crime, disappearance, natural disaster, terrorism and can provide extreme peace of mind, especially if you travel alone a lot, or are sending children overseas to study.

I know it sounds like a lot of (very boring) reading, but understanding what coverage you have is vital. Over 10 million travelers are hospitalized abroad each year; millions more domestically. If the worst does happen, you will want to make sure you have the best options available to get yourself, or a loved one, back home.

AAPD Members have access to discounted MedjetAssist annual membership rates by visiting www.MEDJET.com/AAPD or by calling their membership services team at (800) 527-7478 (mention AAPD).

2019 – 20 Membership Renewal

We couldn't do it without you. Membership in your specialty organization is important not only for you but what it allows us to do for children. Don't hesitate. To pay your membership dues go to www.aapd.org. For any questions regarding your membership please email membership@aapd.org.

Membership dues are due Oct. 1, 2019.

Attention: Class of 2019

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

- *Free* transition from student to active membership. This applies only if you complete an active membership application and return it to the AAPD headquarters office prior to Dec. 31, 2019.
- To be listed as an Active Member in the printed 2020 *Membership Directory* applications must be received by **Sept. 1, 2019**. Membership applications are available at <http://www.aapd.org>.
- Recent graduates are afforded one year dues-waived and two years of reduced membership dues at 50 percent off the full active membership dues rate if they have maintained continuous membership. The dues reduction rate would translate to:

2019 Graduate	Convert before Dec. 31, 2019	Convert after Dec. 31, 2019
First year out – 2019 - 20	\$0	Prorated dues if application not received by Dec. 31, 2019
Second year out – 2020 - 21	\$345	Active Dues
Third year out – 2021 - 22	\$345	Active Dues

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

Alternatively, program directors may send a list of graduating residents to verify the completion their program to our office to membership@aapd.org and AAPD will automatically update their membership status to Active; otherwise the student must send in an application with certificate. For questions regarding student to active membership please contact AAPD Membership Department at (312) 337-2169.

Member News



AAPD member Dr. Clarice Law presented, “Behavior Guidance in the 21st Century: How media and society affect practice,” at the IAPD conference in Cancun, Mexico, in early July.



AAPD President Dr. Kevin Donly spoke at the Global Leaders Forum at the IAPD conference in Cancun, Mexico, in early July.

Resident's Corner

The Adventures and Challenges of Pediatric Dentistry in Alaska

Dr. Jennifer Wilson

Recently, my co-resident at the NYU Langone Alaska site, Dr. Chelsea Johnston, returned from her operatory and casually reported, "I just flossed Muktuk (whale blubber) from a kid's tooth!" This is just one example of unique dental findings that become routine to dentists practicing in Alaska.

As a general dentist straight out of University of Louisville School of Dentistry, my future husband and I moved to Bethel, Alaska, in 2010 to provide dental care to the Alaska Native (AN) population. We learned how difficult it can be for families to access dental care for their kids. In Bethel, where a gallon of gas costs \$9, it is not uncommon for parents to accompany their children by boat and travel miles down the Kuskokwim river for their dental appointment. In some villages, clean running water in the home is only a recent luxury. Some children's water source is collected from chipping ice and melting it in the arctic entrance. Instead of an evening bubble bath, these children join their families for a steam bath. The steam from a wood stove, suds from some good old Dr Bronner's soap, followed by a chilly rinse of water provides a routine cleaning. Powdered drink mixes, like Tang and Koolaid have made their way into the daily lives of village kids, along with other processed foods that have replaced the native diet.

These unhealthy changes in diet, access to care, and other challenges have led to a high caries rate where Native Alaskans once had the healthiest dentition of anyone on the planet. A CDC/Alaska Native Tribal Health Consortium 2008 oral health survey in five rural Alaska villages showed 91% of children aged 4-15 years had cavities. In my two years serving the communities of the Yukon Kuskokwim Delta, I knew I wanted to continue my education in pediatric dentistry to provide quality care to the kids of Alaska.

My residency in Anchorage, Alaska, taught me other ways that pediatric dentistry in Alaska is very different than the rest of the country. For example, I became more comfortable extracting supernumerary teeth, a common finding in the AN population. An adolescent with pristine dentition came to our emergency clinic with a draining abscess. She had knocked the cusp off a newly erupted premolar with dens evaginatus (talon cusp), also not uncommon. I like to refer to the faculty at the NYU Langone Alaska site as my Alaskan pediatric

dental gurus. They have quite possibly seen it all! I followed in the footsteps of Dr. Brewer and Dr. Rayes who also had their start in 'bush' dentistry prior to specializing in pediatric dentistry. The faculty at our NYU Langone Alaska site skillfully guide their residents through difficult cases.

Not all children in Alaska have access to orthodontic care. We see a plethora of retrognathic maxilla cases, where serial extractions may be the best chance for a child to have a dentition free of serious crowding. Molar substitution due to severe decay and/or severe hypoplasia of 6 year molars is another common treatment plan. Children with high caries risk and poor access to care may not seek preventive dental care until after the eruption of the 6-year molars and succumb to unrestorable decay. For these cases we often recommend molar substitution when the calcification in the furcation of the 2nd molars initiates. This can be a touchy subject for some parents who have traumatic childhood memories of uncomfortable extractions in a village dental setting. To reassure parents, I remind them that pediatric dentistry has advanced through the years and we have many treatment tools that will give their children a more comfortable experience than their own.

Another challenge to pediatric dentistry is that Alaska has one of the highest rates of domestic violence and child abuse in the country. As pediatric dentists we are mandatory reporters for abuse and should be advocates for our patients. This is often an uncomfortable position to be in, but our residency training in Alaska prepares us to handle these situations. As many grandparents have graciously stepped into the immediate parenting roll of young AN children, it's important to ask how the caregiver is related to the child or simply ask how the adult would like to be addressed. Establishing these simple communication guidelines early, helps comfort everyone involved in the care of the child. With the increasing popularity of Hall crowns, SDF and more DHATs working in rural Alaskan villages, there is hope that we will see a change in the caries rates our AN children. You never know what Alaska has in store, whether it's a 7.2 magnitude earthquake during a pedo ops appointment or having to keep the operatory doors closed due to smoke from a nearby brush fire. Pediatric dentists working in the rural villages and even in Anchorage know there is nothing better than finishing care with child and hearing "Quyana" – "Thank you" in Yu'pik.



About the Author

Dr. Jennifer Wilson grew up in Australia until age nine and then Eastern Kentucky. She went to Warren-Wilson College in Asheville, N.C., and dental school at the University of Louisville in Kentucky. After completion of the NYU Langone Alaska site residency in June 2019, she will join the practice of Just Kids in Anchorage, Alaska, owned by Dr. Heidi Ostby, a fellow NYU graduate. She will continue to practice at ANMC as an intermittent employee. Wilson spends her free time with her 3-year-old son, 9-month-old daughter, and husband and can't wait to get back into horseback riding, now that she has completed her residency.

Common Ground

CLEVELAND MEMBERS BOND MORE THAN TEETH THROUGH WOMEN'S PEDIATRIC DENTAL STUDY GROUP

by Gary Rejebian, AAPD Foundation



Four times a year, a group of female pediatric dentists in the Cleveland area gathers in a hotel meeting room to connect, collaborate and commiserate over shared challenges. Even as the profession has become demographically more female in the last decade, the distinctive composition of Women in Pediatric Dentistry—Cleveland as colleagues in the same dental specialty and geographical area has thus far remained unusual among study groups.

On a practical level, the quarterly evening meetings fit members' work schedules better than day-long courses out of the office, while still affording social interactions not present in online CE programs. Most rewarding, their interactions have helped forge a tremendous amount of common ground for members seeking to expand their knowledge in the profession, bond as independent business owners, and support each other as moms and spouses.

Dr. Carolyn B. Crowell of Avon, Ohio, and Dr. Sonja A. Jarmoszuk, of Rocky River, Ohio, are private practitioners who founded the group about four years ago while attending an AAPD conference in Miami.

"It's a shame the Cleveland dentists don't get together," Crowell recalls. "It seemed like we didn't even know the people next door. We thought, 'well maybe we can at least get the women together.' Now we're friends with our neighbors – and women who come from an hour away."

The group now comprises about 25 members. Some of them trained together, but most come from different stages of practices and professional backgrounds.

"I like the variety of ages," says Dr. Lisa A. Richards of Mentor, Ohio, who has been in private practice for 30 years. "Hopefully the elder members can be there as mentors to make practice life easier and to help our colleagues navigate the first few years. I am

most excited about what I see in the younger generation—they're so compassionate and energetic."

Along with keeping current on AAPD's clinical recommendations and maintaining their social connections, co-founder Jarmoszuk says the group is really helpful with gaining perspective on work-life balance issues and parenting tips. "We even share recipes," she says.

Their individual similarities and differences add richness to their camaraderie as pediatric dentists. Group members especially value having a supportive cohort of peers with whom to address challenging situations from a common perspective.

"It's nice to go in knowing we are able to discuss things openly without judgment," says Dr. Trista Onesti, whose practice is in Solon, Ohio. "We're all in the same boat every day of our lives." Having trained in both geriatric and pediatric dentistry and worked as a general practitioner for a decade, Onesti values consulting and working with other group members, and being able to refer out with confidence, when addressing an issue with a patient or helping a family relocate.

When Dr. Laura J. Westover joined Richards's practice in 2018, she honed the finer points of working with parents in the operatory. "The prep for the appointment is the most important thing," Westover says. "By taking the extra time upfront to discuss behaviors that we expect and see every day, and then what else *could* happen, we save time on the other end, because I know we alleviate parents' anxiety ahead of time and then the appointment ends up going great."

For the practice owners in the group, having a safe space to share a variety of experiences has helped them realize they are not alone, while supporting their identity as women entrepreneurs.

"We get so trapped in our own worlds," observes Dr. Jennifer Bryk Hechko of Brecksville, Ohio, "that we forget others are all facing the same issues, like how to respond to a poor online review without violating HIPAA regulations." At the same time, Hechko says, she can add to the conversation with knowledge of other areas of business ownership gained from her husband's veterinary practice.

Group members feel their shared experience fosters more self-confidence and respect.

"It's definitely different being a woman in the business world," Westover observes. "I feel a great deal of mutual respect now, working in a practice owned by two women."

As much as the group connects its members to one another, at least one member sees potential to better connect them in their communities as well.

"It's great to know your peers and not be isolated," says Richards, "I'm also very mission-minded. I believe pediatric dentistry is a ministry and a mission, so it's nice to hear from the group about the volunteer opportunities that we all get involved in. I would love to add a volunteering component—wouldn't it be cool what can we do as a group? Because it's certainly not missing individually."

While efforts like a TeamSmile partnership with the Cleveland Indians have successfully recruited a host of local dentists for one-day clinics, Richards says "we're all involved but it's very siloed... [the study group] hasn't really explored our collective voice to get the pediatric dental message of dental homes and early care to the community and legislature. That's another area to explore which is not on the table yet, but the possibility is there. It's all about strength in numbers. With a common goal and mission, we can be really powerful. We just want to do the best for kids."

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Feature

Big Love for Little Teeth

Back to our Roots

Announcing our new name: The AAPD Foundation! We will continue to provide access to help children receive consistent and compassionate pediatric dental care in their communities since tooth decay remains the most common chronic disease among children in the U.S., despite being 100 percent preventable! We have *#BigLoveForLittleTeeth*, so check back to see what we are doing to provide dental care to over 500,000 children!

We have updated our social media with our new name and logo and we hope you love it!

The board of trustees voted to return to AAPD Foundation and chief among the reasons for re-adopting the AAPD Foundation:

- Pediatric dentistry is a significant point of differentiation between us and our competitors. Who better than pediatric dentists to make decisions on what's best for child oral health programming and outreach?
- More than half of active AAPD members completed their residencies within the last 10 years. They're just getting to know the AAPD; our previous name was a barrier to making an easy connection between the Academy and its Foundation.
- Corporate audiences understand it. The Academy's emergence as "the big authority on little teeth" has opened the door for the Foundation to connect directly with pediatric dentistry, a segment within organized dentistry that is of great interest to the oral health industry.



The rebranded AAPD Foundation was unveiled during AAPD 2019 and takes us another step closer to helping us reach our goal of Dental Homes for 1 million children by 2022.



GIVE NOW

www.aapdfoundation.org

Improve the quality of life for children.

Help children receive year-round, comprehensive dental care.



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AAPDFoundation

Dr. Jerome B. “Jerry” Miller



In Memoriam

AAPD Past President Dr. Jerome B. “Jerry” Miller passed away on July 17, 2019, after a prolonged hospital stay. He was surrounded by his family and friends. Dr. Miller was a graduate of the University of Oklahoma and Baylor College of Dentistry. Dr. Miller practiced pediatric dentistry in Oklahoma City for 47 years. Always the consummate professional, he understood that his responsibilities of professionalism extended well beyond the treatment rooms and into the communities that we are privileged to serve.

Dr. Miller was widely known for his extraordinary record of accountable leadership in dentistry and his community at large. His history of philanthropy and support of worthy causes in dentistry was unparalleled. Dr. Miller led at every level of his professional life and devoted considerable time and personal resources in perfecting his leadership style.

He was a Past President of the College of Diplomates, American Board of Pediatric Dentistry, the American Academy of Pediatric Dentistry Foundation, the Southwest Society of Pediatric Dentistry, the Oklahoma Dental Association, the American College of Dentists, and the American College of Dentists Foundation. He was the recipient of numerous honors and awards, including the Distinguished Service Award and Dentist of the Year from the American Academy of Pediatric Dentistry. In 2015, he was uniquely honored by the AAPD Foundation with the opening of the Jerome B. Miller, D.D.S., Center for Philanthropy and Leadership.

Dr. Miller had a life outside of dentistry as well. He was an avid hunter and fisherman. He loved to travel and spend time with friends and family. He loved “wine and good times” and brought energy and fun to every social gathering. He was blessed with dear, lifelong friends and family.

Dr. Miller’s other passion was woodworking. He enjoyed making gavels for leaders he admired and respected. In his lifetime, he made more than 200 gavels. Each year, he presented a specially crafted gavel to the incoming president of the AAPD. A copy of each AAPD presidential gavel is displayed at AAPD headquarters, along with the only “store bought” gavel in the collection, that given to Dr. Miller by the board when he was president.

Dr. Miller is survived by, Kay Mosley, his children Dr. Juli Miller of Philadelphia, Penn., son Kevin Miller and his wife Andrea of Edmond, Okla., and his grandchildren Jack Robinson of Philadelphia, Penn., Riley, Asher, AnnieKate Miller of Edmond, Okla.

Memorial gifts for Dr. Miller can be made at aapdfoundation.org
(select Dr. Jerome B. Miller Memorial in the drop down menu on the “give” page)
or by calling (312) 337-2169.



Safe and Effective Sedation for the Pediatric Dental Patient
Oct. 11 – 13, 2019
The Whitley Hotel, Atlanta, Ga.

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.

Speakers

Alan Milnes, D.D.S., Ph.D.

Cara Riley, D.M.D.

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

Sponsor



Dental Assistant Sedation Course: Your Role in the Safe Sedation of Children
Oct. 11 – 12, 2019
The Whitley Hotel, Atlanta, Ga.

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

On Saturday morning, there is a four-hour workshop that allows hands-on training for the dental assistant. Participants will rotate through the multiple stations to include airway management; airway equipment; papoose board and monitor placement.

Course Chair and Speaker

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

Speakers

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

Alan Milnes, D.D.S., Ph.D.

Cara Riley, D.M.D.

Who Should Attend

Those on the dental team involved with the sedation of children in their office.

CE Hours

11 hours



Safety Symposium
Hidden Threats and Safe Practices: Steps to Creating a Safe Dental Home
Nov. 8 – 9, 2019
Renaissance Chicago, Ill.

Medicine was awakened to hidden dangers in the Academy of Medicine's "To Err is Human", but the dental profession has yet to delve into potential risks of dental care. This course provides a look at safety in pediatric dental care and provides practical tools and the latest clinical advice on how to improve office safety for patients, team members and pediatric dentists. Featuring recognized experts from major areas of dental and medical practice, this fast-paced session will help attendees develop a culture of safety, mitigate potential harm related to providing dental care, and become proactive for you and your patient's well-being.

Course Chairs and Speakers

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

Jade Miller, D.D.S.

Speakers

Jed Best D.D.S., M.S.

Terry Davis, M.D.

Karl DeLeeuw D.D.S., M.D.

Steve Ganzberg, D.M.D., M.S.

Barry Jacobson, D.M.D.

John Molinari, Ph.D.

Mike Mullane

Michael Ragan, D.M.D., J.D., LL.M.

Duane Tinker

Who Should Attend

All members of the dental team interested in creating a safe dental environment.

CE Credits

15

Sponsor



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To register, visit www.aapd.org/events



Board Qualifying Examination Preparation Course

Feb. 7 – 9, 2020

Loews Portofino Bay Hotel, Orlando, Fla.

This course will help you prepare for the first step toward becoming a Diplomate - taking and passing the ABPD Qualifying Examination. It will be presented by leading educators and clinicians who will utilize a lecture format to review subjects and materials included in the board examination.

Learn about the various domains contained in the American Board of Pediatric Dentistry examination and how to be prepared for this type of high-stakes written examination. Participation in this course does not guarantee successful completion of board exams.

Speakers

Rebecca Slayton, D.D.S., Ph.D. (Chair)

Clarice Law, D.M.D., M.S.

Travis Nelson, D.D.S., M.S.D., M.P.H.

Juan Yepes, D.D.S., M.D., M.P.H., M.S., Dr.P.H.

Who Should Attend

AAPD members and student members preparing for the American Board of Pediatric Dentistry's Qualifying Examination.

CE Credits

22 hours

Sponsor



2020 – 2021 Samuel D. Harris Health Policy Fellowship

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

EXPECTATIONS AND OUTCOMES

The Harris Fellow will work with the AAPD Pediatric Oral Health Research and Policy Center to complete a research project in health policy resulting in a paper to be published in a peer-reviewed journal. The topic of the project and resultant paper will be mutually agreed upon by the Fellow and the AAPD. Relative to that goal, the Fellow participate in various meetings and events throughout the year. Additionally, the Fellow will present the findings of their research at the 2020 Annual Session in Nashville, Tenn. A stipend to cover the costs of travel to necessary meetings and the Annual Session will be provided. AAPD will arrange and provide housing and all fellowship-related administrative costs and supply needs.

SELECTION CRITERIA

Selection will be based on the applicant's:

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

FOR MORE INFORMATION

The application is available on the AAPD website www.aapd.org and clicking on Awards and Fellowships under the Resources tab for Members. For more information, please contact Dr. Robin Wright, Director of the AAPD Pediatric Oral Health Research and Policy Center at rwright@aapd.org. Applications must be submitted electronically and are due by **March 27, 2020**.

Save the Date



Safe and Effective Sedation for the Pediatric Dental Patient

March 26-28, 2020

Grand Hyatt Tampa Bay, Tampa, Fla.



Management of Pediatric Sedation Emergencies:

A Simulation Course

March 29, 2020

Center for Advanced Medical Learning and Simulation, Tampa, Fla.



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.



LCP Dental Team Coaching (the new name for Julie Weir & Associates) is recognized as the premier consulting firm specializing in pediatric dentistry since 1996.

Strategic Scheduling for a Productive Pediatric Practice

Are you and your team in control of your schedule or does it control you? Do parents dictate when they want their children to be seen? Are you and your team exhausted at the end of your work day or constantly running behind? Have you been conditioned to just deal with the production highs and lows in your schedule?

Poor scheduling practices cause stress and frustration. Following an organized, systematic approach every time an appointment is scheduled helps you control the schedule each day instead of the schedule controlling you. Scheduling more efficiently allows you to reach your goals while maintaining a consistent flow. Review the scheduling recommendations below to identify areas in your schedule that could be modified. Where do you see areas for improvement in your own schedule?

1. Understand the goals of block scheduling:

- Meet defined production goal for each provider.
- Increase production through efficient use of time.
- Reduce stress for team members and patients.
- Keep the day interesting by having a good mix of procedures.
- Office runs on time.
- Reduce or eliminate no shows and cancellations.
- Eliminate doctor or team member scheduled in too many places at the same time.
- Place emergency patients on the schedule and still run on time.
- Provide quality time with the patient.

- Provide the correct amount of time for each procedure.
 - Allow flexibility for complications.
- ### 2. Identify the types and lengths of appointments:
- **Hard Op** – More productive and longer procedures. Schedule in the morning, in the doctor's first column.
 - **Easy Op** – Easier, less productive and shorter restorative procedures. Schedule in the doctor's second column either in the morning or afternoon. Place easy ops in between hard ops.
 - **Short Op** – Follow up or quick check. Schedule in the doctor's second column. Schedule during anesthesia time beside hard op/easy op.
 - **Urgent Op** – Patient who needs a procedure within a few days. Block 1-2 per week, or more if needed, in your schedule for 30-40 minutes in length.
 - **Emergency** – Patient who must be seen that day. Place emergency appointments 20 minutes before easy op appointments.
 - **Consult** – Consult in the conference room. Avoid scheduling next to hard ops.
 - **NP** – New patient appointment. Do not put next to hard op or sedation appointment.

3. Input the block schedule into your software to ensure proper daily flow:

- A well-planned block schedule will better serve each patient and allow the dental team to work more productively with less stress.
- First, define your production goals. A block schedule must be created with the goals in mind to ensure that goals can be reached with the designated appointments. Review your production goals every year to adjust them based on your practice needs and objectives.
- Use your practice management software to create designated blocks in your schedule for each appointment type listed above.
- Set up your practice management software to view the schedule in 10-minute increments.
- Most software scheduling systems will have their own provider symbols, codes, or colors; however, all team members need to be aware of your specific provider codes. The colors/codes allow the scheduler to be aware of provider availability.
- When a patient is motivated and ready to complete their treatment, it is important to have an available and open appointment ready for them to schedule immediately.

4. Keeping the schedule filled:

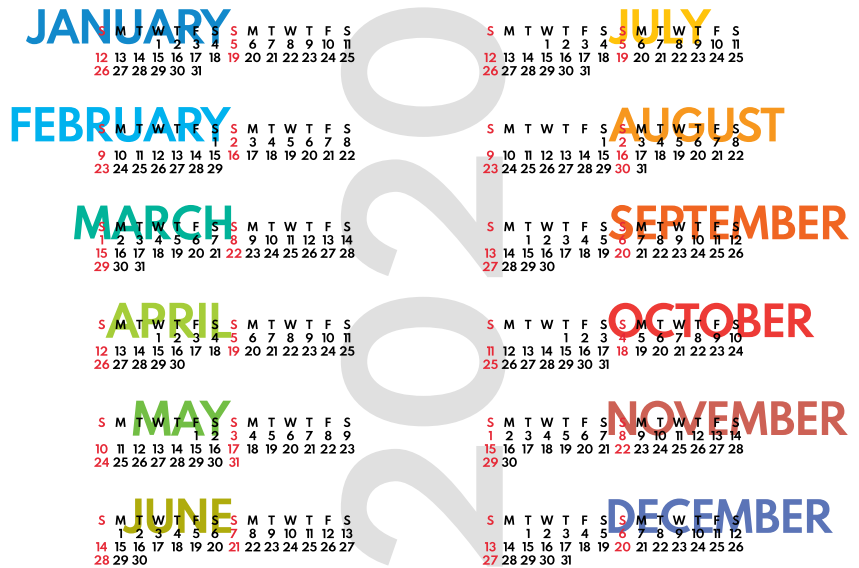
- Schedule your most loyal patients during the first appointment in the morning and the first appointment right after lunch. This will help to minimize last-minute changes to your schedule during times that do not give you much time to fill.
- Keep a priority list of patients who need treatment and are flexible who can come in on short notice. Most practice management systems have an indicator to identify “ASAP” or “quick call” patients. Keep track of correspondence made using this list. Once you have called three times, take them off the list.
- Use the unscheduled treatment report to call patients that have treatment diagnosed but not yet scheduled.
- Call parents regarding siblings of patients already on the schedule.

5. Stop broken appointments:

- Give the patient a reason to return. Emphasize how important it is not to change or fail their next appointment because of the benefit they will receive at their next visit.
- Educate the patient about the treatment they will receive today and have the clinical team express the reason to return for their next appointment. The reason to return should also be communicated at the front desk upon checkout and again when they are scheduling and confirming.
- Utilize the route slips every time to ensure that the correct treatment is being walked out and the next appointment is being scheduled correctly.
- Confirm appointments two to three days ahead of time and the day before. Utilize your patient communication software to confirm patients through email and text message.

- For especially long or sedation appointments, confirm verbally and directly with the parent. If this is not possible, leave a message with the parent and ask them to return your call to verbally confirm their child’s appointment.
 - For patients with a history of no-shows or failed appointments, leave a message for them to call before a certain date or time and let them know if you do not hear from them by then, their appointment will be removed from the schedule. This can only be done if the parents have signed an appointment agreement and have been verbally reminded every time an appointment is scheduled.
- #### 6. Be proactive with the schedule and discuss challenges and successes:
- Productive scheduling only occurs when the block schedule is followed and adhered to. Be proactive with the schedule and remind your team that adhering to the block schedule will create a more productive and less stressful work day.
 - The entire team must be committed to the block schedule in order to make effective scheduling a success.

- When you schedule, always consider how many places you are asking the doctor to be at one time. Change any appointment time or date if it will help result in a more productive day and will not inconvenience the patient.
- During your morning meeting, identify any openings in your schedule so your team can help to fill those with same-day appointments.
- Review your schedule for the next three days as well to identify potential problems with the schedule, conflicts, or openings to be sure there is time to make those changes prior to the actual appointment day.
- Maintain consistent communication between the front office and the clinical team to inform of patient arrivals, schedule changes, etc.
- Come together at the end of the day for five minutes and discuss what made today’s schedule successful or stressful. What worked, what didn’t? What could be modified to create a better flow?



Remember, the best days are the ones that have been carefully planned out with consistent communication between the doctor, team, and the patients and parents. Keeping a productive, steady schedule mutually benefits your practice and your patients. When you spend more time with your patients and they avoid waiting, the value of the appointment increases. Managing the schedule and your time effectively reduces frustration, increases team morale, and boosts productivity in your practice. Take the first step and identify which areas in your schedule are bogging you down. Making changes to your scheduling practices can get you on your way towards working smarter, not harder.

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Paul J. Meyer

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Safety Symposium Will Be a First



Hidden Threats and Safe Practices

SAFETY SYMPOSIUM

Steps to Creating a Safe Dental Home

Toxic materials in prostheses, hundreds of children exposed to unsterile instruments, pulpoto- mies leading to jaw necrosis, a grant to study dentist exposure to dangerous aerosols: What's going on? Infectious diseases in waiting rooms, fires in patients' mouths, protected health data being ransomed: What could it be?

It is all about safety in pediatric dental practice! The Academy-sponsored Safety Symposium this November will shed light on a topic not commonly discussed in dentistry—the safety of our patients, our staff and ourselves. It is part of a greater commitment to advocacy and the welfare of those we care for and work with. As knowledge rises about the risks of health care in general, the Academy organized this symposium to educate attendees on how to prepare a practice for safer care today and in years to come.

Much of the world around us deals with safety below the radar. The airline industry is invested in zero tolerance for error, as is nuclear power and the food industry. These are examples in main- stream life that make safety a priority. Twenty years ago, medicine was jolted awake to the news that tens of thousands of deaths occurred as the result of medical care, and that one in ten patients left the hospital with a newly acquired problem attributed to their stay! Dentistry has just embarked on the safety journey, but it is safe to say we really don't know what we'll find.

Learn what our medical colleagues are doing about patient safety; learn what risks confront us and what we should be doing to minimize unintentional harm in pediatric dentistry. What lurks out there in infection, toxicity, and cyber attacks? Leading experts in areas of safety will present a unique view of practice and health care during this day-and-a-half symposium in Chicago.

Not an issue for you? Consider that in the last decade, evidence-based dentistry emerged and now challenges what we do. It is part and parcel of our education, our guidelines, and hopefully, our practices. More recently, quality measurement has become a value point for the dental care in- dustry, and few doubt that our ability to practice, our continuing licensure, and our reimbursement by third parties will hinge on measurement and demonstration of quality.

The safety symposium won't make you an expert in safe practice, but it will give you a strong background and a means to rate your practice using proven techniques of safety culture, a greater awareness of what areas need attention, and most importantly, a dimension of clinical expertise that is missing from pediatric dentistry today. This program is also a great way to get your staff involved in safety and engaged in a safety culture that can prevent unintended harm.

Course is sponsored by ABPD.

Oral Health in Primary Care Page on AAPD Website

Primary care providers can be a major source of both referrals and patient education. The AAPD now has a page dedicated to Oral Health in Primary Care. Currently, the page houses reports on our three-year interprofessional study on oral health in primary care. The page includes additional resources that can aid medical professionals in incorporating oral health into patient care. Visit <https://www.aapd.org/research/policy-center/oral-health-in-primary-care/>.



New Pediatric Dental Workforce Study in JADA

“Pediatric Dental Workforce in 2016 and Beyond” by Surdu and colleagues appeared in the July issue of *The Journal of the American Dental Association*. According to the new report, the number of U.S. pediatric dentists is projected to increase by over 60 percent within the next decade. Translated into patient access to care, the supply of full-time pediatric dentists is expected to grow from nine to 14 per 100,000 children. If children in underserved populations face fewer access barriers, then the higher number of pediatric dentists will be poised to care for the large amount of unmet oral health needs.

The study also found that the supply of pediatric dentists varies substantially by geographic location. The ratio of pediatric dentists to children is lowest in states with a larger percentage of rural populations. These research results suggest opportunities for providing care in areas not traditionally served by pediatric dentistry, particularly in smaller population centers where the need is great for oral health services for children.

Commissioned by the AAPD, the study conducted by the Center for Health Workforce Studies at the University at Albany, SUNY, gathered exhaustive data on the current supply and distribution of pediatric dentists relative to their patient populations. The Center applied a workforce simulation model to the data to anticipate future supply and demand for pediatric dentists and help ensure children receive recommended dental services.

To access the article online, visit [https://jada.ada.org/article/S0002-8177\(19\)30141-2/fulltext](https://jada.ada.org/article/S0002-8177(19)30141-2/fulltext).

Coding Corner

Coding Advice on Primary Tooth Extractions

Coding errors are common when reporting extractions of primary teeth. Appropriate reporting is determined by the remaining root structure. The decision about reporting the proper code hinges on whether the root is intact or if only coronal remnants of the tooth remain.

A primary tooth with no roots remaining is appropriately reported using code D7111 extraction, coronal remnants – primary tooth. This procedure is performed when the crown of the tooth is retained by soft tissue. Do not report D7111 when extracting a primary tooth with root structures remaining.

The extraction of a primary tooth with roots remaining is appropriately reported using code D7140, extraction, erupted tooth or exposed root (elevation and/or forceps removal). Code D7140 does not indicate if the extraction involves a permanent or primary tooth. Reporting D7111 instead of D7140 is a common coding error that also decreases legitimate reimbursement. Most dental plans reimburse D7140 at a higher allowance than D7111.

Always review the code nomenclature and any descriptor associated with the code. Errors may occur when the entire code language is not reviewed. Relying on abbreviations of code nomenclatures entered or displayed in drop down menus of practice management software could lead to coding errors and misunderstanding of codes. Invest in current CDT code references and team training to ensure compliance and a thorough understanding of the code, which can lead to appropriate maximum reimbursement.

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

Dental Claim Form

All dental treatment required due to trauma should be properly disclosed on the 2012 ADA Dental Claim Form. Most dental plans require that all treatment related to trauma be considered for reimbursement by the patient's medical plan first. Failure to properly disclose that the treatment is related to trauma may be considered fraudulent.

Most dental practice management software programs default to leave Box 45, 46, and 47 of the 2012 ADA Dental Claim Form blank. When reporting treatment related to trauma, Box 45 (Treatment Resulting from) must be completed. Check the appropriate box to indicate trauma caused by an occupational illness or injury, auto accident, or other accident.

Box 46 (Date of Accident) must be completed along with Box 45. Complete Box 47 (Auto Accident State) with the state where the auto accident occurred, when applicable. Completion of Box 47 ensures that the claim is processed using the correct state laws, since they vary by state.

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

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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 President Discusses Latest Guidance on Anesthesia

June 10, 2019

AAPD President **Dr. Kevin Donly** was interviewed by Cat Ferguson of Bay Area News in regards to newly released guidelines issued by both the AAPD and American Academy of Pediatrics. In newly released guidelines, the American Academy of Pediatric Dentistry, in conjunction with the American Academy of Pediatrics, recommends that two people credentialed to administer anesthesia be present in the room any time a child is deeply sedated.

According to the article, “It’s a divergence from the positions of industry groups like the California Dental Association, which has argued that requiring two people qualified to administer anesthesia would make it harder for kids to get needed dental care. Current California law allows credentialed dentists and oral surgeons to anesthetize children under 13 if they have two assistants present, and one of them is certified to provide pediatric life support in an emergency.”

“Every state has their own rules, which really complicates things,” said Kevin Donly, president of the pediatric dentistry group. “We’re recommending you have that extra person who’s a true expert in anesthesia, and also life support in children, really concentrating on the kid’s vital signs to make sure everything’s going smoothly.” Donly said many people can be qualified to give anesthesia—it doesn’t have to be a doctor.

NEW MOUTH MONSTER HUB CONTENT

Little Teeth Truths: Back to School Oral Health Tips for Parents



AAPD on Popsugar.com

June 13, 2019

Immediate Past President **Dr. Joe Castellano** addressed when a child should stop using a pacifier.

“The American Academy of Pediatric Dentistry (AAPD) recommends that children stop using a pacifier by age three or younger,” says Joe Castellano, D.D.S., immediate past president of the AAPD. “Prolonged use of the pacifier can cause changes in occlusion and facial development for the child.” Basically, if your child continues to use a pacifier past the age of three, it could affect their dental health.

AAPD Addresses New Sedation Guidelines with Dr.Bicuspid.com

June 25, 2019

AAPD President **Dr. Kevin Donly** spoke with Theresa Pablos, *Dr.Bicuspid.com* associate editor, regarding the new sedation guidelines published in *Pediatrics*. In addition, she wanted to learn more about what dentists need to know as a result.

AAPD in New York Magazine

June 27, 2019

AAPD President **Dr. Kevin Donly** was interviewed by Lauren Ro for a story on how to take better care of your teeth as part of Teeth Week at the Strategist.

According to the story:

Kevin Donly, president of the American Academy of Pediatric Dentistry, agrees. “I recommend that parents begin to brush their children’s teeth as soon as the very first tooth erupts,” he says, even if it’s just one tooth. “Although there might not be a great chance of a cavity because the saliva cleanses that lone standing tooth, we still want to get that bacteria off it so you don’t see any early demineralization or breakdown of that enamel,” he explains.

Media Training 2019



On June 28-29, 2019, 13 spokespeople were trained in Chicago to address a variety of topics within pediatric dentistry, ranging from sedation to behavior guidance to silver diamine fluoride. Trainees included Drs. Kevin Donly, Jessica Lee, Amr Moursi, Nick Rogers, Carlos Bertot, Deven Shroff, Marcio Guelmann, Natalie Mansour, Marilia Montero-Fayad, Barrett Peters, Jeffrey Rhodes, Julia Richman and Brittany Hill.

Presenters Dr. Robin Wright (AAPD) and Dick Helton, Morning Show Host and Senior Political Correspondent with KNX1070, CBS Newsradio, provided insights on how to best approach the media, especially when controversial issues arise.

Front row from left to right: Dr. John Rutkauskas; Dr. Brittany Hill; Dr. Julia Richman; Dr. Natalie Mansour; Dr. Jeffrey Rhodes; Dr. Deven Shroff; Dr. Jessica Lee; Dr. Marcio Guelmann; Erika Hoefl and Dr. Marilia Montero-Fayad

Back row from left to right: Dick Helton; Dr. Barrett Peters; Dr. Carlos Bertot; Dr. Amr Moursi; Dr. Kevin Donly; Dr. Nick Rogers and Dr. Robin Wright.



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Continuously Learning About Continued Certification

“Learning is like rowing upstream; not to advance is to fall back.”

CHINESE PROVERB

You might not know that the oldest dental specialty board, the American Board of Orthodontics (ABO), recently made a significant change to their certification process. The decades-old case presentations have now been replaced by an oral clinical examination. Why this shift? Largely because the ABO recognized their board certification process needed to evolve, especially since it is optional like ours. Why should you as a pediatric dentist care about this? One reason is that our American Board of Pediatric Dentistry (ABPD) credentialing process and leadership provided a successful and functioning example. With 83% of all eligible pediatric dentists being board certified and participating in continuing recertification, we continue to lead.

Rather than be complacent, the ABPD continuously strives to improve its current exams and processes while building value for its stakeholders. In doing so, we look to others such as the American Board of Medical Specialties (ABMS). The ABMS, representing 24 certification boards and having the mission “Higher Standards, Better Care,” recognizes the critical role maintenance of certification plays in diplomate skills and knowledge. Their most recent effort to remain progressive and relevant, as well as address diplomate concerns about the burden and cost of maintaining certification, was to convene a special commission that published the report *Continuing Board Certification—Vision for the Future* (February 12, 2019).

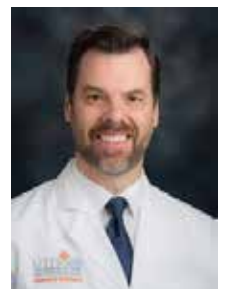
The ABMS Commission’s foundational recommendation was that “continuing certification must integrate professionalism, assessment, lifelong learning and advancing practice to determine the continuing certification status of a diplomate.” Traditionally, medical specialists have been required to take a high-stakes examination every 5 to 10 years to remain board certified. This was costly and inefficient and, although psychometrically valid, was inconsistent with best practices for adult learning. Given this, as of 2019, each participating medical specialty board must have a plan or immediately begin to shift to more frequent, lower stakes, longitudinal learning assessments. Education science suggests that routinely identifying one’s skills and knowledge gaps can yield customized learning plans and, in turn, a better practitioner than the traditional format of occasional high-stakes exams.

Also of interest, as we look to the future, the stakeholders surveyed by the Commission called for increasing transparency, effectiveness, fairness, and consistency for recertification. The public subgroup, while recognizing some value in board certification, was relatively unaware of what certification meant. Thus, the ABMS was tasked with developing methods for assessing professionalism. All these issues have relevance to our individual and collective development as pediatric dentists. Simply put, what will these new initiatives and methods look like and how can we incorporate them into certification and renewal of certification in pediatric dentistry?

One other challenge we can extract from the Commission’s Report looks beyond psychometric evaluation of exams to independent research about certification processes themselves. Interestingly, a piece of the ABPD’s strategic plan is to encourage and fund projects that can contribute to our knowledge base in this area. I encourage all pediatric dentistry diplomates to take a look at our strategic plan.² The ABPD leadership remains committed to leading and learning.

¹ <https://visioninitiative.org/commission/final-report/> accessed 06/01/2019

² https://www.abpd.org/Handler.ashx?Item_ID=6B4ACD36-A8F6-48E8-AAD4-35B609C280B3 accessed 06/02/19



Gregory Olson, DDS, MS
Houston, TX
Director & ROC-P Board Liaison, ABPD
Board Certified 2006

Are Dentists Allowed To Earn Money While They Are On A Disability Claim?

By **Joseph F. Pantoja, CLU®, MBA, CLTC**

Regional Director, Treloar & Heisel, Inc.

jpantoja@treloaronline.com

Sustaining a disability does not translate to giving up work forever. A question we frequently encounter from dentists is: “Can I make money in a new occupation if I am totally disabled from dentistry?”

If you’ve wondered the same, here’s our answer to this question. **It depends on the definition of “disability” that is in your underlying disability income contract (and by “contract” we mean your insurance policy.)**

TRUE OWN OCCUPATION IS THE NAME OF THE GAME.

In our firm, we only recommend insurance policies from companies that offer dentists a “True Own Occupation” definition of total disability. Basically, if your insurance contract is written with a “True Own Occupation” clause, it says that if a person becomes disabled, and is therefore unable to fulfill the material and substantial duties of their regular occupation (the occupation or occupations that they are engaged in just prior to the start of the disability), they can go into *any other occupation* they want after their disability and the insurance company will not reduce their benefits by any income they earn in their new field.

Let’s give you an example to make this real. Say you are a full-time dentist in clinical practice, and you have an accident that prevents you from using your right hand in the way you need to at work. You were wise to buy disability income insurance when you started practice, and you were advised to purchase a policy that had a true own occupation definition. So that you can remain in the field you love and have invested in so deeply, you secure a faculty position at a dental school. The insurance company pays you your disability income benefits, as stipulated in the contract AND you get to earn money as a professor.

BUYER BEWARE: NOT ALL INSURANCE CONTRACTS ARE CREATED ALIKE.

There are only a handful of insurance companies that offer a true own occupation definition of disability for dentists. This means that you need to be an educated consumer, and do your homework in terms of understanding the fine print in your con-

tract. Even better: work with an advisor who is knowledgeable with regard to the financial services needs of dentists throughout the course of their lifetime. It makes sense to work with someone who understands your specific needs.

LET’S SAY YOU DO SUFFER AN INJURY AND GO ON CLAIM. THEN WHAT?

We hope this doesn’t happen to you. In the unfortunate event that you do need to go on claim though, provided you were appropriately insured, you would receive benefits for the duration of time you selected when you initially purchased the policy. If you don’t know what this is for you, go back to the contract, to see what kind of a benefit period is included. Typically, benefits are payable until age 65, 67, or 70. If you are now in the market for disability income insurance, make sure to carefully consider how long you would want the insurance company to pay your benefits if you are disabled.

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ARIZONA—PEORIA. Phoenix's premier state-of-the-art multi-facility pediatric dental group practice located throughout the rapidly growing West Valley has an incredible opportunity for a F.T./P.T. certified pediatric dentist. Offering a comprehensive compensation package, including malpractice, health, vacation, C.E., retirement, and opportunity for partnership. Extremely competitive starting salary with incentives based on experience and ongoing production. Be part of our diverse team, providing all forms of sedation and hospital-based care for our community's children. Three part-time and one full-time anesthesiologist on staff, to enhance our overall quality of care. Take a peek at our award winning website www.wvpdo.com and contact Terry Barnes at tbarnes@wvpdo.com for more information on this incredible opportunity.

ARKANSAS—FAYETTEVILLE. Pediatric Dental Associates and Orthodontics is seeking a full-time associate pediatric dentist to join our growing multispecialty 2-location practice. Our private doctor-owned practice is a state-of-the-art facility featuring digital radiography, paperless charting, ceiling mounted TV's and a fun custom themed environment for children. We have been serving our community for 20 years. We were voted 2018 Best Pediatric Dental Practice of Northwest Arkansas. Our mission is to provide exceptional pediatric dental and orthodontic care in a gentle and fun environment in which kids feel safe and parents can relax. By building a foundation of trust, we strive to ensure that each child has the most positive experience possible. We actively participate in community outreach all while providing exceptional dental care to each patient. We are searching for a highly skilled, friendly, and outgoing doctor to join our team. Our practice offers a competitive salary, full benefit package including paid medical, paid professional liability insurance, and a \$2,000 C.E. credit. Northwest Arkansas is ranked among the nation's fastest-growing places in the U.S. While living in the area, you will enjoy the perfect mix of big-city fun and small-town charm. U.S. News & World Report put Northwest Arkansas at No. 4 on its 2019 list of Best Places to Live. We have remained in the Top 5 for three years in a row. Feel

free to check out our website www.smilesarewild.com and to get a more inside look at our office, team, and patient experience, you can check us out on Facebook and Instagram [smilesarewild](https://www.instagram.com/smilesarewild). If you are interested in joining our team, please email your C.V. or resume to: China@smilesarewild.com.

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flow smoothly and efficiently. As a fun, private pediatric dental office, we are looking for a long-term, committed, energetic, flexible and dedicated associate who can bring their talents and personality to our offices. Great communication skills are a must. We are looking for either full time or part time to fill 4 and a half days a week with potential partnership. Requirements: D.D.S. or D.M.D., completed residency in pediatric dentistry, Florida dental license. If you are interested in joining our team please e-mail elaine@drelainemartinez.com or emart4101@gmail.com.

ILLINOIS—CHICAGO AREA. We are looking for a highly motivated, compassionate pediatric dental associate with excellent communication and clinical skills for a full-time or part-time position (3-5 days/ week) at our growing pediatric dental practices. Mondays through Saturdays are available. The ideal candidate will join a work culture based on building relationships among co-workers, patients, parents, while balancing life and work. We believe in continuous professional and personal growth with core values of positive attitude, strong work ethic, integrity, empathy, open to change, and being a team player in a fun environment. We have 2 practices (one in Forest Park and one in Elmhurst) with an excellent reputation and referral base from the area general dentists, pediatricians and local community. Both offices are state of the art with paperless charts, digital radiography, and updated patient communication technology. We provide comprehensive pediatric dental care and treatment under General Anesthesia in an office setting by a board certified anesthesiologist. Our patient base is composed of private insurance and cash patients. We have highly skilled and compassionate dental assistants who work to create a positive experience specific to every family's needs and expectations. Our goal is for every patient to feel welcome, safe and know we care about each of them personally. Recent graduates from a US accredited Pediatric Dentistry program and experienced candidates are welcome to apply. If you are interested in this position, we would love to hear from you. Please send us your resume with a cover letter to: mychicagopediatricdentist@gmail.com. We look forward to hearing from you!

ILLINOIS—NAPERVILLE. Immediate opening for pediatric D.D.S. in expanding multi-specialty practice. High end technology, southwest suburbs, F/T and P/T hours available. Looking to add an amazing team. The office treats between 70-90 patients daily. We offer an outstanding compensation package. -Salary ranges between \$250k-\$350k. -Medical & Dental Insurance benefits. -Malpractice Insurance. -401k, -Sign on Bonus.-Partnership Opportunity. Please send resumes to: recruiter@innovativepediatricdentistry.com.

ILLINOIS—ST. CHARLES. Well established, fee for service pediatric dental practice seeking an associate to join our team and be a part of our growing practice. We have been serving our community for twenty years. Our goal is to provide exceptional pediatric dental care in a gentle and playful environment. The ideal candidate would demonstrate excellent communication and clinical

skills with confidence. Candidate must be ABPD certified or on track to be certified, licensed in the state of Illinois, motivated, personable, and possess a positive team focused attitude. Please e-mail resumes to lisaporapaiboon@yahoo.com.

ILLINOIS—ELGIN. Immediate opportunities for pediatric dentist in rapidly expanding offices in Elgin and Schaumburg. New graduates are welcome! We offer flexible hours, competitive compensation and an environment that emphasizes team work and supports individual excellence. Please send C.V. to: info@kidsfirstpd.com.

INDIANA—PLYMOUTH. We have been providing you and your entire family exceptional dental care in Northern Indiana for over 30 years. Our professional full-service dentistry paired with our remarkable patient care is a winning combination. At The Dental Center, we strive to make your visit to our office a smile-worthy experience. If you are looking for a fun and rewarding Pediatric Dentistry career, you have come to the right place. We offer employment opportunities that promote professional, personal, and financial growth. We work extremely hard to provide our employees with continuous professional development and a supportive work environment. Competitive wages, great benefits, and opportunities for advancement are just a few reasons why a career with us is an investment in your future; make the Dental Center your employer of choice. Pediatric Dentist w/Partnership Opportunity. We are currently looking for full or part time Pediatric Dentists to join our exceptional team of specialists. We seek dedicated exceptional clinicians who want to grow professionally and personally. We offer an outstanding compensation package (including, salary + bonus, 401k, medical insurance, malpractice, C.E.), as well as, a partnership opportunity for those seeking a long term home. We foster a patient friendly environment and provide you with all the resources needed to deliver outstanding patient care. Contact us to find out more before making your next career move. Relocation/Sign-on bonus. Completion of Pediatric Dentistry Residency. Licensed to practice dentistry in the State of IN. The Dental Center is a highly successful affiliated practice of Dental Care Alliance (DCA). DCA Mission. We improve the practice of dentistry by partnering and supporting our dental professionals, so they can create a lifetime of healthy smiles for their patients. DCA Vision. To be the trusted partner of choice for the industry's best dental professionals. DCA Values - USMILE Career Potential of our employees and partners. Excellence to our professionals, patients and families. Meaningful Contribution all can make a difference. Integrity First in all we do. Leadership in our field and we assume accountability. Excellence in Action we are committed to get the job done. Our mission, vision and values are a vital part of our everyday interactions with all employees, and most importantly, with patients and families. You will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, gender expression, national origin, age, protected veteran or disabled status, or genetic information. Dental Care Alliance. Stronger Together. Please e-mail resumes to bames@dentalcarealliance.com.

IOWA—WEST DES MOINES. Full or part-time pediatric dental associate wanted to fill need in large expanding practice. 2 locations. Negotiable partnership opportunity after period of time in practice TBD. Candidates must have graduated from an accredited dental school D.D.S. or D.M.D.

Pediatric Dentist certificate from accredited residency training program. Please e-mail resumes to jack.warrington@gmail.com.

MARYLAND—FREDERICK. The Pediatric Dental Center of Frederick is looking for a Pediatric Dental Associate to join our fabulous team and well established, thriving practice in Frederick, Maryland. The practice is currently undergoing a full renovation to accommodate growth. Just 45 minutes from DC! This exciting, full time opportunity would suit a charismatic, energetic and personable Doctor. We have been voted "Best of Frederick" by our community as a result of our care and philanthropic ethics. Our Doctors enjoy the income of the average pediatric practice owner, without any of the administrative responsibilities. Current associates earn between \$320,000 and \$530,000 annually, with a guaranteed daily minimum rate of \$1,200.00. Further earning potential is possible for Doctors who are either dual trained in pediatrics and Orthodontics or who have experience in both. Benefits include paid Holidays and vacation time. Malpractice insurance is paid, cell phone monthly allowance, 90 minute lunch breaks, reimbursement of monthly health insurance premiums and reimbursement to attend the annual AAPD meeting is also given. Interested candidates should email Tina Strowman, Practice Manager, at tstrowman@mykiddsmiles.com.

MASSACHUSETTS—BOSTON. We are currently seeking a part-time Pediatric Dentist for Great Hill Boston and Peabody! Flexible hours and schedule. Excellent clinical and communication skills are a must. Unlimited earning potential. In our established, multi-specialty group practice we welcome an abundance of new patients each month. Our state of the art facility allows optimal patient care, a comprehensive approach to full service dentistry along with a strong focus on quality, service and patient satisfaction. Providers are responsible for entire clinical patient experience from initial exam and treatment plan to delivery of care. Please e-mail resumes to priyanki.amroliwala@42northdental.com.

MICHIGAN—LINCOLN PARK. Kids First Pediatric Dentistry is a private Pediatric Dental office that is growing exponentially. We are searching for a Full time Associate/Part Time Associate with the possibility of partnership. We are looking for a detail oriented and ethical dentist that will provide optimal care for our little patients. We have a caring and knowledgeable team motivated to create the best Pediatric Dental Practice in the area. We have a 5 star review on google for your customer service and willingness to spend the time to make our little patients comfortable. We offer a beautiful new state of the art facility, with High Tech equipment. An Anesthesiologist is available for in house dental surgery. We are offering a guaranteed yearly salary along with paid Vacation. We are willing to negotiate salary and benefits to the right candidate. Candidates must have D.M.D. or D.D.S. or must be able to become licensed in the state of Michigan. Must have Pediatric Dentistry certification. Must be American Board Pediatric Dentistry certified. Please e-mail resumes to kids1stdentistry@gmail.com.

NEBRASKA—SCOTTSBLUFF. Good people, great place to work. 2 year old office in beautiful Scottsbluff, NE. We are looking for another Pediatric Dentist As we continue to grow and serve the great people of Nebraska. Scottsbluff is a great family town. Our staff are down to earth. We are open to associate buy-in as well. Give us a call and let us fill you in! E-mail resumes to matt@saphron.com.

NEVADA—LAS VEGAS. Seeking a board certified or board eligible pediatric dentist to join our two practices. We are well established, well respected, yet fast growing. Las Vegas is growing full speed. Several professional sports teams, two medical schools and several major companies are moving and have moved to Vegas to take advantage of the good economy and the tax benefits. Our offices are equipped with state of the art technologies and excellent staff. Dr. plans to retire within the next 5 to 7 years. Excellent opportunity for partnership or buy out. Please e-mail your resume to msinadds@aol.com.

NEW JERSEY—MILLVILLE. We are looking for a dynamic Pediatric Dentist to join our growing family-friendly practice on full time or a part-time basis. Our office is modern, established, and dedicated to making your family smile. Qualifications: Previous clinical experience preferred but not required! A comprehensive understanding of a variety of insurance plans. Good communication skills. We offer you: \$30,000 Sign-on Bonus!!! Highly competitive compensation packages. Opportunity for growth and leadership roles. No Lab fees. Medical and Dental benefits including 401k for F.T. employees. RELO package possible! If you are looking to join a special team that cares- we can't wait to talk to you! Please submit your resume for consideration. Call James Watson to discuss details (732) 664-1186 or e-mail jwatson@allieddental.com. D.M.D. or D.D.S. from an accredited dental school and current Pediatric Specialty license in good standing. New Grads welcome!

NEW JERSEY—OLD BRIDGE. Pediatric Dentistry the way it's meant to be practiced! We are offering a full-time or part-time career opportunity to a pediatric dentist who is interested in joining an amazing team, doing an amazing job, and developing a satisfying career. You will enjoy an exceptional production-based compensation pro forma, coupled with a full menu of benefits to include health care, dental care, 401K, an extensive C.E. program and more! This opportunity to grow and prosper provides our pediatric dental associates with great financial success, as well as personal and professional security. KidZdent will assist you in learning more about sedation dentistry, early interceptive orthodontics, advanced behavioral management, and intervention in sleep-related breathing disorders. Professional education is a lifetime pursuit and KidZdent will help you to achieve your highest potential for growth. KidZdent is a full-service care center for children and is dedicated to pediatric dentistry, orthodontics, and special needs dentistry with special attention to the autism community. We believe in preventive dentistry and providing the best options for our patients during every phase of their growth and development. For over forty years, KidZdent has grown to become the most trusted, premier practice in New Jersey for children's dental health care needs. Join our remarkable team of pediatric dental professionals today by sending your C.V. and introductory letter to christine@kidzdent.com, or by fax to (732) 679-2722. <https://www.facebook.com/kidzdent/videos/10154680189402473/>

NEW JERSEY—AVON BY THE SEA. Shore Children's Dental Care is currently seeking full-time pediatric dentist(s) to join our practice in Monmouth County, NJ. Two locations. Excellent opportunity for qualified, skilled pediatric dentist(s). Modern, state-of-the-art facilities. We provide a complete range of pediatric and orthodontic services, including hospital dentistry, lasers, etc. Highly competitive salary and bonus package (401K, CE reimbursement,

etc). Wonderful location on the beautiful Jersey Shore, close to NYC and Philadelphia. We provide services across all demographic and socio-economic groups. We practice a very high quality of care - in a warm, non-threatening environment. We continue to grow and are expanding. We look forward to your interest. Requirements for position: N.J. state Dental License, certificate in Pediatric Dentistry. Please e-mail resumes to info@shorechildrensdentalcare.com.

NEW MEXICO—LOS ALAMOS. Join our three year old, growing pediatric dental clinic in one of the healthiest and wealthiest communities in the US! We are located in the mountain town of Los Alamos, NM, which is home to Los Alamos National Laboratory. We are one of the most well respected businesses in town, consistently being nominated for Service Business of the Year! We have over 200 5-star Google reviews (and growing), and we are the only full time pediatric dental clinic in the city. We are quickly growing and believe on focusing on family-first for our doctors while providing great care for our patients. We give back to our community through many sponsorships of youth sports and activities. Our ideal candidate would want to work about 3 clinical days per week and be interested in immediate equity. Partners should earn over \$350k. We are 85% high-end PPO and remainder cash pay. Any applicants must be Diplomates of the American Board of Pediatric Dentistry or eligible to become a Diplomate. Los Alamos is an outdoorsy, family centered community located at 7,200 feet in elevation. We are a 45 minute drive north of Santa Fe and the ideal place to raise a family. U.S. News and World Report rates Los Alamos as the 2nd healthiest community in the United States. It also rates Los Alamos High School as the highest rated public high school in the state and the 5 local elementary schools are the top 5 rated public elementary schools in the state. In addition to its low crime, Los Alamos consistently rates as one of the best places to live and raise children in the U.S. and is one of the wealthiest and most educated communities in the U.S. Los Alamos is an outdoor enthusiast's dream town with some of the best hiking, biking, and skiing in the Southwest. There is a 58-mile trail network in the national forest surrounding the town, and the local ski mountain is only a 20 minute drive and features all levels of slopes. Taos Ski Valley and southern Colorado (including Pagosa Springs) are approximately 2 hours away. Please e-mail resumes to drbillnicholsdds@gmail.com.

NEW YORK — BABYLON. Growing Pediatric group, with multiple offices, needs pediatric associates with potential of partnership in our expanding offices. We re looking for full or part time associates in our Queens and Central Suffolk locations. Excellent salary and percentage is being offered. Requirement: Completion or soon to be completed Pediatric residency program. Please e-mail resumes to 2align@gmail.com.

NEW YORK — PLATTSBURGH. 350K-500K Excellent opportunity to work with long-standing established Pediatric Dental Practice! Seeking a full-time Pediatric Dental Associate. Board Certified/ Board Eligible. Must be hard working, ethical, a good communicator, willing to learn, committed to technical excellence and professionalism. One Day a week possible in surgicenter for Sedation/ General Anesthesia cases. We are looking for full time but part-time positions are available as well. Great opportunity for advancement! French is a big plus, we can Sponsor Visa for right candidate. Requirements: NYS Dental License, NYS Medicaid

Provider, Pediatric Dental Certificate, Proof of Board Certification / Board Eligibility, Must pass a background check and drug screening, 3 work related references. Please e-mail resumes to jacobsondmd@gmail.com.

NEW YORK—BRIARCLIFF MANOR. Part-time position available immediately for a motivated pediatric dentist to join our well-established private practice in a desirable suburban neighborhood 35 miles north of New York city. Our location is very close to the train station and is easily accessible by train or by car. We have recently expanded our office and are very proud of the state-of-the art work environment we offer. Our team is incredibly courteous and well-trained. We are looking for a friendly, resilient, dependable team player, who can provide exceptional pediatric dental care with a positive attitude and excellent chair-side manner. Requirements: Board-eligibility or Board certification. Please send resume to smilingdentist26@gmail.com.

NEW YORK—PLAINVIEW. Outstanding opportunity for the right person to join our well established Pedo-Ortho practice in the Plainview community of Long Island, New York. The office has been a staple of the community for over 40 years and is continuing to grow. This is an ideal opportunity for an energetic, caring pediatric dentist to join a well respected practice with a friendly, well-trained staff. Potential for future partnership as well. If you are interested, please email C.V. to amp1112@gmail.com. Please check out our website at www.dental4kids.com and click the Facebook link (<https://www.facebook.com/dental4kiDDS>) to learn more about us.

OKLAHOMA—YUKON. Looking for the right partner to join our beautiful and state of the art Pediatric Dental practice to synergize with our busy, energetic, exciting and thriving young practice! Looking for someone who is ready to take care of patients at the highest level as well as potentially taking on some smaller management roles should there be interest in joining as a full partner in the future. Excellent - above market average earning potential. Sedation, Operating Room and Comprehensive Pediatric Dental participation provided. We have an excellent team and the facility to match! Flexible schedule and days - could be part time or full time. Student Loan Reimbursement potential. This office, staff, co-doctor and professional potential are absolutely worth a look! Requirements for this position: Pediatric Residency Completion and Board Eligibility or Board Certified Pediatric Dentist. Please e-mail resumes to okcteeth@gmail.com.

OREGON—EUGENE. Our group is looking for a full-time pediatric dentist for our very busy clinic. You will have autonomy to practice your dental philosophy, support in training of your assisting staff and our management company handles the front-end portion of the clinic. This allows you to focus on patient care and back office efficiencies. Why We Feel this Opportunity is Unique. We offer a defined two-year pathway for ownership in the clinic you work. We feel that ownership is a partnership that adds value for all parties. Our hope is that you love the practice, area and want to put down long term roots. This makes a win-win-win for the community, stability of the clinic and you. We give a lot of autonomy when it comes formula and treatment philosophy. We also have very experienced providers in our group that love to collaborate. We are adding a new, beautiful and big, location in the area (opening in September) which will allow for more access to

care which is greatly needed. We are booked out many months for all treatment. Long story short, you will not have an issue keeping as busy as you want to be. We treat the entire population. Our clinics are a healthy mix of FFS and Medicaid patients. Oregon Health Plan (OHP/Medicaid) reimburses very generously compared to other states. This allows a mixed social demographic clinic to thrive and through good and bad economic times. You also get to treat a portion of the population that otherwise is under-served and families are very grateful. What the Group Management Provides. The group is tied together through a management company that handles; HR, financials, marketing, vendor relations, management of front desk staff, legal and insurance, patient and community relations. It provides a conduit for two-way reporting and quality feedback for the providers and business side of the clinic. This allows both sides to be supported in what they do best. About more about the Eugene/Springfield Area. The area wedged between the coast and mountains in the southern Willamette Valley. Skiing at Bend is just a couple hours away and a trip to the coast is only an hour drive. If you need a big city fix, Portland is an hour away. A 15 min commute from anywhere in town will lead you to numerous hiking trails. The Willamette Valley is dubbed Napa North for award-winning wines. Organic farms support a great food scene with small restaurants serving a wide variety of cuisines all over town. The area is anchored by The University of Oregon (The Ducks) which keeps a young, fun, vibe to the area. Our cost of living is very reasonable compared to most cities. If you are into great food, wine, the outdoors, low-cost and low-stress living, you are really going to enjoy living and working in the Eugene/Springfield area! A good resource for learning what the area has to offer is <https://www.eugenecascadescoast.org/>. If you are interested in learning more we would love to pay for you to visit, meet our doctors, and tour our clinic. We look forward to hearing from you soon. Please e-mail resumes to careers@opdconline.com.

OREGON—SALEM. Be the change you want to see in the world- Mahatma Gandhi. My name is Dr Tim, I started Acorn Dentistry for Kids in 2017 with the vision to fill a significant void in our area of Oregon and change the way pediatric dentistry is done. With personal investment, a lot of sweat equity, and more great doctors coming on board, we have grown to five clinics and six doctors in 2 years. We are a group of entrepreneurial-minded doctors that don't believe the current corporate takeover trend is good for us or our patients. We are looking for more pediatric dentists to be a force for good in the Pacific Northwest. If that's you, keep reading. Acorn Dentistry for Kids is leading the way in creating the ultimate patient and family experience for all families in the community. Most dentists around here - including pediatric dentists - got into school claiming they want to help the underserved, yet close their doors to those most in need of their help and compassion. We take care of every child in our community regardless of which insurance they have (or lack thereof). We also do not segregate private and Medicaid insured kids on our schedule. We stand for equal access and quality treatment for all kids. We also have zero tolerance for poor treatment of employees that help us serve our community. We pay them well, provide benefits and do not see them as disposable like many offices in our area do. We spend a lot of time and resources on developing our team, starting with a full two weeks of culture and communication training. Together we have developed our core values that provide the framework for the Acorn Culture: 1. We Are One; 2.

Lead With Compassion; 3. Be Emotionally Proactive; 4. Be Yourself and Let Your Passion Shine; 5. Seek Personal Connection with Patients and Each Other; 6. Be a Little Acorny; 7. Be a Lifetime Learner; 8. Innovate and Embrace Change; 9. Be Humble; 10. Be Grateful. We train as a team each month on these values, and performance reviews use our values as the framework for our discussions and decision making. These are led by the doctor, not an office manager. IF YOU SEEK TO BE A LEADER FOR GOOD IN EVERY ASPECT OF YOUR LIFE, this is the opportunity you have been looking for. Come join an incredible group of doctors and team members that love and support each other and our patients each and every day, as we continue to grow and serve. We offer ownership after one year with extra equity gifted for helping open new clinics. Guaranteed \$250,000+ during first year associateship with intent to buy in. Oh, and by the way, you also get to live in the pristine Pacific Northwest where all sorts of outdoor adventures await. The Pacific Ocean, snow sports, water sports, hiking, biking, farm tours, city life and quaint small towns are all at your fingertips. The foodie cultures not too bad either :). Please respond to this ad to find out more about this incredible opportunity. We look forward to sharing it with you. Please e-mail resumes to timrichardsondds@gmail.com.

PENNSYLVANIA—UNIONTOWN. Full or Part-time ownership potential. Offering generous salary and benefits that easily exceed other offers. Solo pedodontist operates a 9 chair ergonomically designed stand alone office/building. Associate would be immediately busy. All operatories are computerized with TV's above each chair and arcade games in the reception area. Computerized charting, digital x-rays in operatories, panograph and cephalometric in centralized area. Venga communication system for all staff. Heavy restorative mix. Dr. has been providing care with nitrous oxide, oral and IM sedation as well as IV sedation with dental anesthesiologists for over 25 years. For this reason practice is one of the most productive solo practices in Pa.. Practice is located in a scenic area in a wonderful family-oriented community. Three lakes, four ski resorts and largest pa. state park with river rafting, hiking, biking, skiing, swimming, trout fishing, hunting and picnicking all within 20-45 minutes. You won't waste time in traffic! Pittsburgh is to the north and booming Morgantown, WV is just 20 minutes to the south. Incredible place to raise a family...football, baseball, soccer, running clubs abound. You will find our practice to be on the cutting edge with all the latest technology. We enjoy a stellar reputation; being awarded "Best Dentist" in Fayette County County for 18 years. Check out our Mission Statement and Practice Philosophy at: geshaypediatricdentistry.com. Please e-mail C.V. with cover letter to geshaypedo@gmail.com. Applicant must have Pediatric Dental certificate and be ABPD Board eligible/certified.

PENNSYLVANIA—COLLEGEVILLE. Children's Dentistry of Trappe is currently seeking an awesome pediatric dentist who has excellent communication and clinical skills. You will have the benefit of a career position while growing both personally and professionally. At Children's Dentistry of Trappe our mission is to provide the highest quality pediatric dental care in a fun and comfortable environment for our patients and their families. Our core values of Integrity, Caring, Excellence and Fun is demonstrated by our staff and experienced by our patients every day. You will be working with a unique office, team and Pediatric Dentist that believe in personal and professional growth. You will have time where you have the

opportunity to have one on one mentoring with Dr. Hans. Your compensation will be 35% of production, not adjusted production or collection, but 35% of production. Based on past experiences, we expect that your annual compensation will exceed \$300,000 and can guarantee minimal annual compensation of \$250,000. You will have a four-day workweek. You will be on call no more than eight weeks a year. You will be given a generous continuing education stipend as well as be eligible for our student loan payback program, which can pay up to \$75,000 of your student loans. Your medical insurance premiums, malpractice premiums, AAPD, ABPD, and ADA dues will be fully provided by us. 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 the opportunity to learn about and perform laser dentistry. Our practice utilizes digital radiography, CariVu, Isolite, and other technologies. 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 practice has been open for over 20 years and is very well respected in the area. We are strictly a fee for service practice, but do treat select in need patient's pro-bono. We are honored to treat the children and grandchildren of local dentists as well as local 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 local pediatric dentists. We treat all of our patients as if they were our own children, and guarantee the restorative treatment we provide. If you feel that we are a great fit, e-mail your resume today to: eric.hans@comcast.net.

PENNSYLVANIA—PITTSBURGH. Find your forever office! We are seeking an upbeat, positive pediatric dentist to join our growing and privately-owned practice. The owner doctor and staff are highly trained and supportive. The practice is thriving and there is high-income potential. The position can be full or part-time. We are located north of Pittsburgh, Pennsylvania in Cranberry Township. The community is friendly and supportive. This is one of the fastest growing areas in the US. It is minutes away from all that a large city has to offer. There are many outdoor activities, new restaurants and events. It is a wonderful place to be single or raise a family. We are seeking an immediate start and are excited to have the right person to grow with us. New Graduates welcome. Requirements: Pediatric Dentistry certificate, Board eligible or Board Certified, Licensed to work in the U.S., P.A. Dental License. We are looking forward to hearing from you! Please contact us at CranberryDFK@gmail.com.

RHODE ISLAND—CRANSTON. We'll established pediatric dental office serving the Rhode Island community for over 35 years is seeking a motivated and caring pediatric dentist. Full time position leading to partnership for the right individual. We have two modern offices equipped with the latest digital technology including all digital radiographs. Our offices are located near the beaches, a major Ivy League institution, and the culture and diversity of Providence, RI. Requirements: Board eligible or American Board of Pediatric Dentistry Certified Pediatric Dentist. Licensed to practice dentistry in the state of Rhode Island. To find out more information about our office, please contact Craig Elice at ceelice@comcast.net or by phone (401) 463-5540.

SOUTH DAKOTA—RAPID CITY. Pediatric Dentist looking for a career opportunity with a Pediatric Dentist owned, state-of-the-art facility. Black Hills Pediatric Dentistry is located in Rapid

City, South Dakota. Our campus includes a Pediatric Clinic, an Adolescent Clinic and a Dental Surgical Center dedicated to providing comprehensive dental treatment under general anesthesia. Enjoy the dental career you love, coupled with the endless outdoor attractions of the Black Hills. We are in the top 5% of all dental clinics in the U.S. for yearly production. 4 days a week, 200k base pay and a sign-on bonus for the right candidate. Please send C.V. to pamm@bhpd.com.

TENNESSEE—NASHVILLE. My Kid's Dentist has an excellent opportunity for a pediatric dentist to work 3-4 days per week in Smyrna, Tennessee. 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. Compensation includes a guaranteed daily draw or a percent of adjusted production along with comprehensive benefits. My Kid's Dentist also has equity opportunities for pediatric dentists who are interested in a path to ownership. Requirements: Dental degree from an accredited University and an active State Dental Board license. D.D.S./D.M.D.. Oral Sedation license required. If patient care and the relationships you create is your passion, then practicing at My Kid's Dentist is likely just the place for you! Contact Ed at (949) 842-7936 or e-mail loona@pacden.com.

TEXAS—AUSTIN. We are a Pediatric Dental Practice, located in and around the Austin area with multiple locations to fit the needs of our diverse population. Our commitment is to provide the highest quality comprehensive dental and orthodontic care to the children and teens of the Austin community in a compassionate and caring environment. We truly believe that each patient is unique. We take the time to develop the perfect treatment plan for each child that sits in our chair, treating everyone on a case-by-case basis. Austin is consistently rated one of the best cities to live in and for good reason. It is a hub for live music, the food is amazing, and there are more outdoor activities than you could ever get to. One of the keys to long term happiness and success is the ability to work and live in a city you love. We know you will love your time in Austin! We offer a comprehensive compensation package: -Full Medical Benefits -Company Paid Life Insurance -Company Paid Long Term Disability Insurance -401K with up to 4% company matching New grads welcome to apply by e-mailing resumes to Joinourpractice2010@gmail.com.

TEXAS—BELTON. We are a clinician owned group that consists of board certified Pediatric Dentists, Orthodontists and Oral Surgeons with an Associate Pediatric Dentist opportunity available in the Killeen-Temple-Fort Hood Metropolitan area. This is a growing community with opportunities to settle down outside of the fast paced urban lifestyle while still being only an hour away from all that the Austin area offers. Copperas Cove is known as the Five Hills area due to its beautiful creeks and valleys and the Belton area has a wonderful school district that received the Texas Education Agency's highest accountability rating (met standard) based on student performance on the State of Texas Assessment of Academic Readiness. Please e-mail your C.V. to joinourpractice2010@gmail.com for more information.

WASHINGTON—SPOKANE. Spokane Pediatric Dentistry is a growing practice and expanding to Colville. We have immediate openings for part-time and full-time associate pediatric dentists working in our new clinics. Opened in 2013, we are an energetic, patient-driven practice, striving to provide the highest quality dental care. Our clinics provide a comfortable, kid-friendly environment to serve our growing patient base. Our team performs comprehensive preventative and restorative dental treatments, sedations and in-office General Anesthesia. The Associate position includes a competitive salary and complete benefit package including employer-paid professional liability insurance, C.E. reimbursement, health insurance and 401(K) plan with match. Please send letter of interest and C.V. to patrick@spokane pediatricdentistry.com.

FACULTY POSITION

COLORADO—AURORA. The Children's Hospital Colorado and the University of Colorado School of Dental Medicine currently seek applicants for a full-time clinical or tenure track faculty member at the rank of Assistant or Associate Professor. Primary responsibilities include clinical and didactic resident instruction in concert with other faculty members. The ideal candidate will be an enthusiastic academician with record of involvement in scholarly activities and a commitment to excellence in clinical and didactic teaching. Additional responsibilities include participation in faculty practice. The clinical facility, the Pediatric Dental Center, is located on the Anschutz Medical Campus in Aurora, Colorado. The Anschutz Medical Campus is one of the nation's newest comprehensive academic health science centers that includes the schools of Medicine, Pharmacy, Public Health, and the College of Nursing. Children's Hospital Colorado is nationally recognized as one of the top US children's hospitals and is an EEO institution and affiliated with the University of Colorado School of Dental Medicine. The University of Colorado Denver is dedicated to ensuring a safe and secure environment for our faculty, staff, students and visitors. To assist in achieving that goal, we conduct background investigations for all prospective employees. The University of Colorado strongly supports the principle of diversity. We encourage applications from women, ethnic minorities, persons with disabilities and all veterans. The University of Colorado is committed to diversity and equality in education and employment. The Immigration Reform and Control Act requires that verification of employment eligibility be documented for all new employees by the end of the third day of work. Alternative formats of this ad are available upon request for persons with disabilities. Applications are accepted electronically ONLY at www.cu.edu/cu-careers refer to job number 15093. Review of applications will continue until

the position is filled. Salary and Benefits: Salary is commensurate with skills and experience. The University of Colorado offers a full benefits package. Information on University benefits programs, including eligibility, is located at <https://www.cu.edu/employee-services>. Minimum Qualifications: Requirements include a D.D.S./D.M.D. degree or foreign equivalent, a certificate in pediatric dentistry from an ADA accredited program, and Board eligibility or certification. Candidates must be eligible for original or academic Colorado licensure. Preferred Qualifications: Previous experience teaching in a professional academic setting. Special Instructions to Applicants: Review of applications will begin immediately and will continue until the position is filled. Please do not submit any of your application materials to the job posting contact as applications are only accepted electronically to Dr. Roopa Gandhi roopa.gandhi@childrenscolorado.org. Questions should be directed to Dr. Roopa Gandhi. Reference checks are a standard step in our hiring process. You may be asked to provide contact information, including e-mail addresses, for up to 5 references if you are referred to the Hiring Authority for an interview. We will notify you prior to contacting both on and off-list references. Application Materials Required: Cover Letter, Resume, List of References Application Materials Instructions: Applications are accepted electronically at www.cu.edu/cu-careers refer to Job Number: 15093. When applying, applicants must include: 1. A letter of application which specifically addresses the job requirements and outlines qualifications. 2. A current Resume. 3. The names, addresses, daytime telephone numbers and e-mail addresses for three professional references, either attached to your resume or uploaded as a separate document. Please be advised that the University does check references as part of the employment process. Please do not submit any of your application material (via email) to the job posting contact. NOTES: Additional Salary Information: The University of Colorado offers a full benefits package. Information on University benefits programs, including eligibility, is located at <https://www.cu.edu/employee-services>.

MASSACHUSETTS—BOSTON. Boston University Henry M. Goldman School of Dental Medicine Department of Pediatric Dentistry Full-time, Non-tenure Track Position Description Boston University Henry M. Goldman School of Dental Medicine (GSDM) invites applications for full-time Clinical Director, Clinical Assistant/Clinical Associate Professor positions in the Department of Pediatric Dentistry. The Department of Pediatric Dentistry is accepting applications for two full-time, five day per week clinical director positions. Major responsibilities include academic tasks such as lecturing in departmental courses and supervising pediatric dental residents in the clinic; serving in departmental committees; hiring and management

of clinic employees; managing program development and performance improvement; and providing patient care at Boston Medical Center or the East Boston Neighborhood Health Center. A successful applicant must be able to collaborate with the Department Chair, the Program Director and other Clinical Directors to plan, coordinate and supervise the academic program and its diverse clinical services. Applicants must have a D.D.S./D.M.D. degree or equivalent, be board certified in pediatric dentistry and have a full Massachusetts dental license (or be eligible to obtain such license). Experience with treating children with special health care needs, including children who have complex medical conditions or physical or developmental disabilities, and dental care in a hospital setting are highly desirable. Academic rank at the level of Assistant /Associate Professor and salary are commensurate with qualifications and experience. Boston University is an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law. Applications will be accepted until the positions are filled. Please send your letter of interest, academic C.V. in names of three professional references holding positions in academia with contact information to the email or address below. Reference letters are not requested at this time. Dr. Athanasios Zavras, Chair Department of Pediatric Dentistry Boston University Henry M. Goldman School of Dental Medicine 635 Albany Street, Suite 705 Boston, MA 02118. E-mail: zavras@bu.edu.

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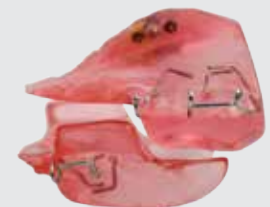
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