

# Conference Paper

## Oral Health Policies and Clinical Guidelines

Arthur J. Nowak, DMD

**Abstract:** *The American Academy of Pediatric Dentistry (AAPD) has developed oral health policies, clinical guidelines, and definitions to serve as a reference for healthcare providers, the public, and others. These documents are developed by the AAPD Council on Clinical Affairs with input from the Council on Scientific Affairs. In addition, the AAPD has endorsed policies and guidelines published by other associations that have some relevance to the oral health care of children. The purpose of this presentation was to review the extent to which the AAPD policies and guidelines includes mention of persons with special health care needs (PSHCN). Recommendations are made for the inclusion of references to PSHCN in additional AAPD policies and guidelines. (Pediatr Dent 2007;29:138-9)*

KEYWORDS: CLINICAL GUIDELINES, ORAL HEALTH POLICIES, AMERICAN ACADEMY OF PEDIATRIC DENTISTRY, PERSONS WITH SPECIAL HEALTH CARE NEEDS

Not a week goes by in a busy practice or clinic that a clinician is not faced with making a decision on what treatment would be best for a patient with a specific history and a clinical finding. Often, the clinician goes back to his/her training experiences, a favorite textbook, or reference. The clinician may even refer to the American Academy of Pediatric Dentistry's (AAPD) *Reference Manual*.

Fortunately today, guidelines and policies have been developed by institutions—governmental institutions, professional organizations, and advocacy groups—to assist. Often, they target a specific population or diagnosis. More and more, these are evidence-based recommendations that help clinicians provide a framework to develop management protocols that provide the best patient care in the most efficient manner with positive outcomes.

The AAPD Councils on Clinical Affairs and Scientific Affairs develops oral health policies and clinical guidelines under the direction of the AAPD Board of Trustees (BOT). Once developed, guidelines are available to the membership for review and comment at the Reference Committee hearings held during the AAPD's Annual Session. They are then presented to the membership at the General Assembly meeting for approval. Once approved, they are published online at [www.aapd.org](http://www.aapd.org) and in hardcopy form in the *Reference Manual*, a supplemental issue of *Pediatric Dentistry*. The purpose of the

*Reference Manual* is to encourage a diverse audience to provide the highest possible level of care to children.

It is important to know the definitions of oral health policies, clinical guidelines, and standards:

1. A policy is a statement relating to AAPD positions on various public health issues.
2. A clinical guideline is a practice recommendation designed to assist the dental provider in making decisions concerning direct patient care.
3. A standard is any definite rule, principle, or measure established by authority.

Each oral health policy and clinical guideline is reviewed for accuracy, relevance, and currency by the Council on Clinical Affairs no less than once every 5 years or more often if directed by the AAPD BOT. Policies and guidelines from other organizations that have been endorsed by the AAPD are reviewed annually.

For 2006-2007, the AAPD has: (a) 28 oral health policies; (b) 23 clinical guidelines; (c) 5 definitions; and (d) 5 endorsements.

The policies and guidelines as they relate to oral health care for persons with special health care needs (PSHCN) were reviewed to identify those policies and guidelines that: (1) specifically address PSHCN; (2) would be enhanced by specific mention of PSHCN; (3) should be developed to improve care for PSHCN; and (4) diminish access to care for PSHCN.

Of the 51 policies and guidelines, 29 have specific references to PSHCN.

Of the 9 policies with no references, all but 1 would be enhanced by adding a reference to PSHCN. None of the policies diminishes access to care. In fact, a number of them

---

*Dr. Nowak is Professor Emeritus, Colleges of Dentistry and Medicine, University of Iowa, Iowa City, Iowa.*

*Correspond with Dr. Nowak at [nowak@abpd.org](mailto:nowak@abpd.org)*

would improve access if mention was made of PSHCN (eg, the policy on the dental home).

Of the 13 clinical guidelines with no references to PSHCN, several would be enhanced by the addition of at least a paragraph on the special needs of PSHCN. Examples include guidelines on:

1. oral and dental aspects of child abuse and neglect;
2. periodicity of examination;
3. preventive dental services;
4. anticipatory guidance and oral treatment of children;
5. pediatric restorative dentistry; and
6. management of acute dental trauma.

The 3 endorsements lacking a reference to PSHCN require at least a paragraph by the AAPD added to the guidelines developed by the American Academy of Periodontology. Because of the high prevalence of periodontal disease, especially in older children and young adults, it should be emphasized that additional management and personalized follow-up is indicated.

A final charge was to recommend guidelines that need to be developed. The guideline on management of persons with special health care needs provides an excellent review emphasizing where and how the professional care provider can

alter or modify treatment protocols to accommodate PSHCN. One area needing clarification is treatment planning, especially regarding: (1) accounting for the complexities of management; (2) quality-of-life issues; (3) patient longevity; (4) treatment failure; (5) practitioner limitations; and (6) costs. Little if any evidence-based literature exists to guide us in these matters.

## Conclusions

The AAPD has developed policies and guidelines to assist the practitioner in making decisions concerning direct patient care. By following these policies and guidelines, practitioners increase the probability of a favorable practice outcome.

Of the 61 policies and guidelines, 32 include reference to PSHCN. Fifteen of the remaining 32 would be greatly enhanced by including special health care patient language. Additionally, policies are needed for:

1. the frequency of recall appointments;
2. treatment variations; and
3. fair and adequate compensation for treating complex patients and other PSHCN.

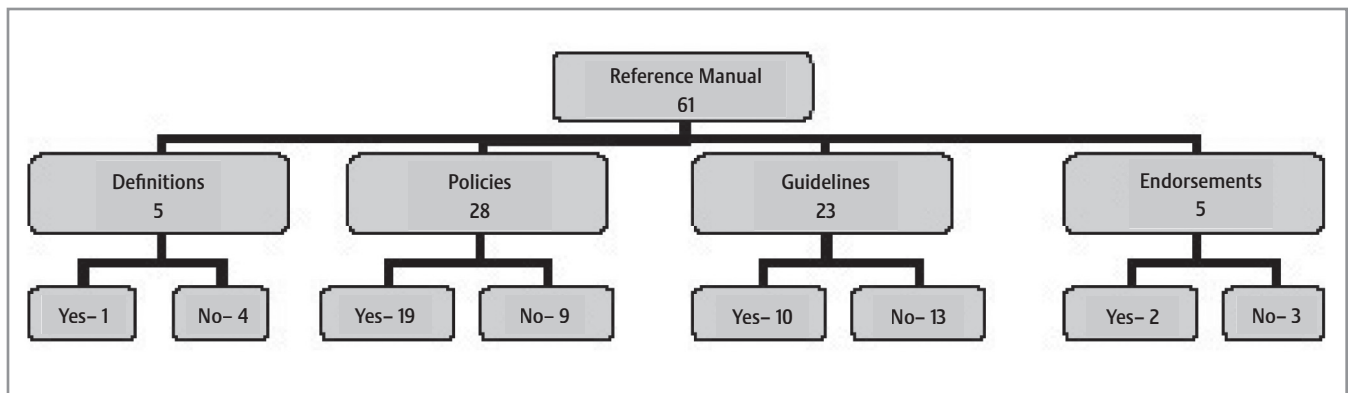


Figure 1. American Academy of Pediatric Dentistry policies and guidelines that mention persons with special health care needs (yes) and those that do not (no).