We Want to Partner in Improving the Oral Health of Children

The Academy and The American Board of Pediatric Dentistry

About a dozen years ago, the American Academy of Pediatric Dentistry made a profound change in its mission by adding a strategic direction on advocacy. The significance of this move was momentous; a dental organization, formed for the betterment and protection of its members, committed itself and its resources to serving children first. Our leaders made this decision for several reasons. Government had failed for a generation in children's oral health care. In spite of advances in caries reduction, primary dental caries continued to plague the most vulnerable of children. Across the United States, practitioners were leaving Medicaid. The leaders of the dental profession had pronounced pediatric dentistry "dead" as a specialty. It was impossible for the Academy to remain passive. A dozen years later, we now see both the wisdom and courage of the AAPD leaders who chose to do what was right for children and damn the status quo.

Today, the health care system continues to change rapidly, often not for the better. We have discovered the ugliness of oral health disparities within our nation in a time of unprecedented plenty. Our government has only begun to awaken to the problem of access to oral health care. More than ever in recent history, it is a time for introspection for all dental organizations, as they reassess their role in the changing health care paradigm. We believe this includes the American Board of Pediatric Dentistry.

It is within this context that the Academy approaches the American Board of Pediatric Dentistry, both as its sponsoring body and as its partner in stewardship of our specialty and the oral health of children. We feel strongly that the Board must look at itself within the changing health care system, at a time of reallocation of health care dollars and our emerging knowledge of oral health care disparities. The certifying process has become more than an individual source of satisfaction and achievement. It is being used in ways that have implications for the oral health of children, the vitality of the specialty of pediatric dentistry, and the balance of pediatric oral health within the dental care system.

In his recent publication on this topic in the Academy's newsletter, President Robert Boraz mentions storm clouds above our specialty. A few of these have already touched down. For example, in selected hospitals, credentialing committees have determined that board certification will define membership on the medical staff. In some cases, existing dental members have been grandfathered, but new applicants have been denied membership. With only a window of eligibility in effect, some pediatric dentists will not and some (with expired eligibility) *cannot* join the medical staff. It is highly unlikely they will have to find an alternative career, but the avenue of care within the hospital will be denied the children they treat. In California, there is a risk that board certification may define specialty status, despite accredited training as a specialist. In our postdoctoral educational programs, directors are required to be board-certified. There is the likelihood, as the pool of older board-certified pediatric dentists retires, that these positions will not be filled, putting programs in jeopardy. Managed care organizations are accumulating data on board certification, as are credential verifying organizations (CVOs) and the day may soon come when this single credential divides our specialty.

These changes and use of certification may never have been envisioned by any of us, including the Board, and may not be condoned or supported. Nevertheless, this juggernaut of health system change moves forward and who knows what further changes will separate diplomates from other recognized trained pediatric dentists. We feel that the Board must recognize, accept, and act upon its greater role in these changes, just as the Academy has for child advocacy. These issues will not go away as the stakeholders in health care—patients, providers, hospitals, third party payers, licensing agencies, and quality assurance organizations—struggle to define parameters for quality and payment. Unfortunately, these are ways for which the certification process was never meant to be used and for which no data exist to support its benefit or utility. Board certification in pediatric dentistry remains a personal milestone, a means of satisfaction. Its proof as quality indicator and usefulness as a measure of a practitioner's fitness or superiority remain undocumented.

The Board's current mission statement is concise: verifying to the public that diplomates have (1) completed an accredited program and (2) passed an examination "designed to validate the knowledge, application, and performance requisite to the delivery of proficient care in pediatric dentistry." The time is now for the ABPD to consider modifying that mission, joining with the Academy, and accepting and working toward the following " realities" of pediatric oral health care in 2000 and beyond.

1. *Recognize and accept that board certification has assumed significance far beyond the singular individual achievement that it was intended to represent*. For the reasons stated above, the Board needs to see and embrace the changing role of certification in the health care system. This is a "first step" issue from which all further action will flow. Board certification has become politicized, like it or not. The Board already extends its reach into education and practice in its examination process. Its choice of cases, decisions on what to examine in site visits, and choice of readings all influence both education and practice. To say that the Board can and must remain aloof of the politics of dentistry would be deny the reality of its past existence. It is already there.
2. *Understand that in the social and political context of today's health care, the "close working relationship with" and "membership on the board according to a method prescribed by" the sponsoring organization are dynamic*

and must reflect the changing needs of the specialty and society. The American Dental Association's *Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists* is perhaps necessarily vague on both these items, leaving them to the sponsoring organizations. This same ADA document recognizes that specialties will adapt to societal needs rather than force creation of new specialties, thus mandating that sponsoring organizations "work closely" with their boards to change them as needed to meet the oral health needs of the public. The Academy, in approaching the Board to change, is simply fulfilling its role as sponsor of its certifying board and steward of the specialty and oral health of children. We want to exercise this intended partnership for the benefit of children and the specialty.

3. *Recognize the need for and critical importance of modifying the Board mission to include the objective of demonstrating the utility and value of board certification as a professional marker of proficiency.* Like it or not, all agencies that measure performance, knowledge, or skill, at every level, from pre-school through professional board certification are in the outcomes business in today's world! Our society's voracious appetite for accountability and a competitive edge makes this a reality. To think otherwise is folly. The Board has a new responsibility today as compared to the past: it must show with scientifically sound data that its process means more than simply a candidate has withstood the process. Being board-certified must be related to quality of care. If it isn't—which is a possibility—then its use by the stakeholders described above must be guided. It is the paradox of our specialty's low rate of certification amid its ever-improving vitality that is partly driving the Academy's interest in evolution of the certification process. Our nation's pediatric dentists must be doing something right to thrive as they have in the dental marketplace! It is our belief that many more of our members practice at a level meriting the status of board certification. We want to work with the Board to find a process that acknowledges the quality we know is out there. The Academy is ready to share its resources and expertise with the Board to make our certification a model for other professions in demonstrating a link between diplomate status and practitioner quality.

4. *The Board must recognize that for many Academy members, the two organizations are the same.* The need for a closer working relationship, better communication and shared goals does not have to compromise the examination process or tarnish the meaning of "diplomate". For many members, the distinction between the Board and the Academy is blurred. Ironically, their vision of today, which is troublesome for us now, should, in fact, be our shared vision for the future when our two organizations work more closely together to address common issues. We believe that a shared physical presence in Chicago lends itself to a close working relationship that permits fiduciary, communication, ethical, and accountability goals shared by both the Academy and the Board.

This is both a time of change and of opportunity. More clouds are forming, such as the move of medical specialty boards to "continued competency" which requires frequent, even yearly, re-examination. Who can guess what else our specialty will need to face in the near future.

We, the Academy leadership, want to work more closely with the Board, as well as the College of Diplomates, to improve the process and certify more of our members. The pulpit of leadership we speak from is not to bully, but to pledge commitment to our specialty and the children we serve. We invite a dialogue that will lead to rapid, meaningful, and well thought out solutions to the issues that the changing health care environment and persistent pediatric oral health disparities present and will continue to challenge us with in the future.

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