

# PDT

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Systems and Safety in Dentistry

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November 2021 Volume LVI, Number 6

Practice Management and Marketing News  
**Successful Hiring: How To Hire  
The Right Person and Train  
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**26**

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## Systems and Safety in Dentistry

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**Continuing Education by Dr. Paul Glassman** Teledentistry and Minimally Invasive Procedures in the Time of COVID-19

Please download this file for your test and instructions to obtain 1 hr CE Credit for Dr. Glassman's course.




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**Continuing Education by Dr. Jeanette MacLean** The SMART Pediatric Dentist

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**Continuing Education by Dr. Jeremy Horst** Minimally Invasive Caries Treatments

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## Education is What Unites Us

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## Stay in Touch

by Dr. K. Jean Beauchamp

AAPD President



All of us are tired of this pandemic. For a year and a half we have planned to go to a meeting, a concert, or a ballgame, just to have it cancelled. We are so ready to get together with family, friends and colleagues, to be with each other “in person” where we can shake hands, hug, sit beside each other and just hang out.

Well, the time is coming—AAPD is busy planning for our next annual session, in person, in San Diego. It is going to be a tremendous meeting! Please save May 26-29, 2022, for our big “back together” meeting.

But in the meantime, how do we share ideas, get to know our colleagues and get our continuing education? The AAPD has lots of ways for you to stay involved in pediatric dentistry. Let’s start with our website. There is so much information there about what is happening at headquarters, in our districts and in our states. Just get on [AAPD.org](http://AAPD.org) and explore. Whether you want to learn more about our Foundation, volunteer for a committee, review the practice checklist, read archived journals, look for a new associate, check clinical practice recommendations, research legislative issues or order some pamphlets, it’s all on our website.

The Education Passport is full of CE courses. You can find everything from past annual session courses and live symposiums to content that was developed for on-line learning. Sometimes the courses weren’t at convenient times, but now you can watch them when it is best for you. This is a great way to stay current with all areas of pediatric dentistry.

A fun way to connect to other members are the Shared Interest Groups on Little Teeth Chat. “LTC” is our online community. Just log in and start reading, learning and sharing. Visit one or visit all – there’s sure to be something on LTC that interests you.

Our website is such a great resource! Log in and see what is happening in our world.

And you can keep on learning even when you can’t be at your computer. There is always time to listen to podcasts! Commuting to work, working out, walking the dog—these are all times when we can listen to a quick podcast. The AAPD is so fortunate to have Dr. Joel Berg as our host. As a former AAPD president, former Dean of UW, and a leading consultant in the dental industry, he knows the right questions to ask of the guests. The topics on *Pedo Teeth Talk* range from bioethics to mental health to conscious sedation to behavior management. The podcasts are about 30 minutes long and are very informative. For our residents and early career dentists, the *Newly Erupted* podcasts showcase contemporary topics picked by residents. Subscribe to both to learn new ideas to help both professionally and personally.

There are so many ways AAPD helps us **stay in touch** electronically.  
Please take advantage of the resources! We’ll see you in San Diego!

# SAN May 26 - 29 DIEGO aapd<sup>22</sup>

Here are the topics you can expect to see at AAPD 2022:

**The Preconference course: Diagnosis and Management of Dental Trauma in Children and Adolescents**

**Pulp Therapy Update**

**Space Management and Orthopedic Timing**

**Social Media and Marketing for the Dental Team and Dentist**

**AAP Section: Mental Health in Children and Adolescents**

**Safety Committee: Here's to your Health! Strategies for Long Term Health in Pediatric Dentistry**

**3D Scanning, Digital Dentistry and their Clinical Applications**

**Sedation**

**Practical Clinical Tips for Office Staff**

**Practical Dental Care for Special Needs Patients? Treating Special Needs Patients Toolbox**

**Speed Learning: Restorative**

**2021 Benefits Symposium**

**PALS/BLS/PEARS Skills Checks**

**Team Talk**

**Early Career Dentist Course**

## Registration & Housing

Please know that the AAPD is closely monitoring all recommendations regarding the SARS-CoV-2/COVID-19. We are working very closely with all of our partners that make Annual Session possible to ensure that the health and safety of our members is our top priority. We will inform you in advance should there be any changes that will impact Annual Session and its events.

The meeting will take place at the San Diego Convention Center. Registration and Housing will open in December 2021. Complete meeting and hotel details will be posted on the AAPD 2022 website and published in the January 2022 issue of *PDT*. An email will be sent to all members announcing when registration opens as well as all hotels in the AAPD official room block.

## 2022 Submission Deadlines

**Jan. 14, 2022** • International Oral Presentations, Poster Research Competition

### 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.

### Poster Research Competition

All presenters must be registered for the Annual Session to compete. If you are a pediatric dentist, you must be 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 27, and Saturday, May 28, 2021, at AAPD 2022 in San Diego.



# READY FOR ADVENTURE, EXCITEMENT, AND LEARNING?

Join the California Society of Pediatric Dentistry (CSPD) in Paradise Valley at the luxurious Omni Resort and Spa, Scottsdale, Arizona from March 31 - April 3, 2022.

CSPD invites you to meet new friends and join colleagues and “get away” to fulfill your CE requirements.

## EARN UP TO 18.5 CE UNITS.

Our 2022 Academic Program includes lectures by Dr. Donald Chi on the **Parental Refusal of Fluoride and the Medical Management of Caries** and Dr. Joel Berg on **Minimally Invasive Approach to Treating Dental Decay**.

Dr. Eyal Simchi will captivate the audience with **Unique Ways of Managing Children’s Behavior in the Dental Office**. Dr. Wanda Claro will refresh us on **Interceptive Orthodontics: Phase I Treatment**.

Dr. Michael Swetye, a child psychiatrist from the SF Bay Area, will lecture on **Child and Adolescent Mental Health**. CSPeD Talk sessions are planned by Dr. Randy Lout who will speak about **Substance Abuse in Adolescents** and a specially designed presentation on **Wellness Care and Health for the Dental Practitioner** will be given by Dr. Purnima Hernandez.

Dr. Juan Yepes, from Indiana University, will be lecturing to us on **Safety and Best Practices in Pediatric Radiography--Image Gently**.

Mark your calendars NOW and come to the Omni Resort and Spa to imbibe in the ambience of Montelucia Spanish luxury.

## EDUCATION AND ADVENTURE AWAITS YOU!

Visit [conference.cspd.org](https://conference.cspd.org) for more information!



# Legal and Clinical Considerations with Legalization of Recreational Cannabis Use

by C.Scott Litch Chief Operating Officer and General Counsel



In recent years, many states have moved towards legalization of cannabis for recreational use, beyond just medical use for alleviation of pain.<sup>1</sup> This raises issues for your patients, their families and your staff.

As noted in a *Chicago Dental Society* magazine article from 2019<sup>2</sup>:

- “Patient use. All staff members need to know how to recognize and talk with patients about their marijuana use with tact and discretion. Other considerations include whether an impaired patient can provide informed consent and how to approach discussions about the effect marijuana use has on a patient’s mouth and overall health.
- Staff use. Because marijuana use affects productivity and cognitive function, dentists should review, sooner rather than later, their employment policy manuals and spell out how and when medical marijuana use is permitted and the practices of documentation and consequences for recreational use. A clear and enforced policy – on both medical and recreational use – provide valuable legal protection for your practice, employees and their rights, and patients.”

Other key points from the article are:

- In similar mode to alcohol use, while recreational marijuana use may be legal in your state, employees should not be impaired at work. In others words, it is a perfectly acceptable employee handbook policy to clearly state an employee cannot work under the influence of alcohol or marijuana.
- A significant current challenge is that, unlike alcohol, there is a lack of a reliable test for marijuana use and current impairment/level of intoxication.
- Smoking marijuana has a more immediate effect than consuming edibles.
- Employment policies must allow reasonable accommodation for those cases of documented medical marijuana usage.

The AAPD has a policy on *Substance Misuse in Adolescent Patients* that was just updated and approved by the General Assembly in 2021.<sup>3</sup> Note the following excerpts (with emphasis added in **bold**, footnotes omitted):

“Findings from the 2019 Monitoring the Future (MTF) survey demonstrate the strong desire for vaping in adolescence, as seen in the increased prevalence of marijuana use as well as nicotine vaping. **Past-month marijuana vaping among twelfth graders nearly doubled in a single year from 7.5 to 14 percent. Marijuana was the most commonly used illicit drug among teenagers.**”

“A 2015 survey found more than 2.3 million youth aged 12-17 years were current (i.e., in the past 30 days) users of illicit drugs, equivalent to 9.4 percent of adolescents. In 2015, alcohol use was higher, reported at 11.5 percent, corresponding to 2.9 million adolescents, with binge drinking shown to occur in 6.1 percent. **Among the same age group, marijuana use was at 7.4 percent (approximately 1.8 million adolescents).**”



**“Thirteen percent of those who developed an SUD [substance use disorder] began using marijuana by the time they were 14 years of age.”**

“Due to the prevalence of substance misuse, it would not be uncommon for the dental provider to encounter signs of substance misuse. Staff should be attentive to similar signs displayed by the parent. Clinical presentations of substance use may include odor of alcohol on breath, odor of marijuana on clothing, impaired behavior, slurred speech, staggering gait, visual hallucinations, disorientation, rhinitis, scratching, physical injuries including lacerations, needle marks, cellulitis, diaphoresis, tachycardia, sensory impairment, and pupillary dilation or constriction.”

The ADA offers a helpful resource on its website entitled *Cannabis: Oral Health Effects*.<sup>4</sup> Some excerpts are provided below:

**“Dental Care Implications**

Signs and symptoms of an active (intoxicated) cannabis user include:

- Euphoria
- Hyperactivity
- Tachycardia
- Paranoia
- Delusions
- Hallucinations

A currently intoxicated (i.e., “high”) user may present several difficulties for the dental practitioner. Increased anxiety, paranoia and hyperactivity may heighten the stress experience of a dental visit. Increased heart rate and other cardiorespiratory effects of cannabis make the use of epinephrine in local anesthetics (for procedural pain control) potentially life-threatening. Patients may be unwilling to self-report marijuana use or unable to answer reliably, but determination of intoxication may be possible during the routine cardiac risk assessment. It is because of the dangers of administering epinephrine or products containing alcohol to a “high” patient, in addition to increased anxiety and paranoia, that dentists may refuse to treat the intoxicated patient, or consider postponing non-emergency treatment for at least 24 hours. Additionally, there may be legal implications regarding validity of informed consent with intoxicated patients, especially with irreversible procedures like extractions. Effects of acute intoxication effects are reported to subside within two to three hours.

For further information, contact Chief Operating Officer and General Counsel C. Scott Litch at (312) 337-2169, ext. 29 or [slitch@aapd.org](mailto: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.*

<sup>1</sup> <https://www.ncsl.org/research/civil-and-criminal-justice/marijuana-overview.aspx>

<sup>2</sup> Sisk S. *Is your practice READY FOR LEGAL POT?* *cds review*, December 2019: 10-14.

<sup>3</sup> [https://www.aapd.org/globalassets/media/policies\\_guidelines/p\\_substanceabuse.pdf](https://www.aapd.org/globalassets/media/policies_guidelines/p_substanceabuse.pdf)

<sup>4</sup> <https://www.ada.org/en/member-center/oral-health-topics/cannabis-oral-health-effects>

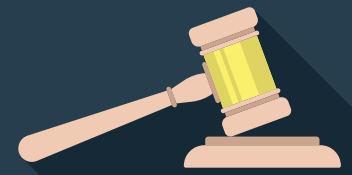
The following dental findings may indicate a chronic recreational cannabis user:

- Xerostomia
- Leukoplakia
- Periodontitis
- Gingival enlargement/hyperplasia
- Increased decayed, missing or filled teeth
- Stomatitis
- Candidiasis
- Alveolar bone loss

If the patient appears to be a user, it may be helpful to understand whether the use is medicinal, as this may suggest relevant comorbidities. Verification of cannabis use may be an opportunity to discuss other health consequences and inform the patient of the importance of fluoride, good oral hygiene practices, and healthy snacking.

When dental health care providers suspect cannabis use, it is recommended to:

- Complete a comprehensive oral examination and include questions about cannabis use in a thorough dental and medical history.
- Emphasize the importance of regular dental visits and oral care.
- Encourage healthy, nutritious snacks over sweet, cariogenic snacks.
- Consider employing preventive measures, such as topical fluorides.
- Consider treatment for xerostomia, while avoiding alcohol-containing products.
- Keep advised of current changes in applicable laws on recreational or medicinal cannabis.”



## 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](mailto:slitch@aapd.org).

### STATE NEWS

#### Dental Medicaid Rates Boosted in Three States: Minnesota, Mississippi, and Wisconsin

As reported by Minnesota Academy of Pediatric Dentistry Public Policy Advocate Dr. Elise Sarvas



The Minnesota legislature passed an omnibus health and human services bill that was signed by the Governor on June 29, 2021.<sup>1</sup> Among other provisions, it is fantastic news that Medicaid dental reimbursement rates will increase by 98 percent starting in January 2022. Additionally, the Critical Access Dollars (20 percent increase)

was preserved (university-owned dental clinics receive these dollars).

This is a *once in a generation reimbursement rate* increase and will affect most practitioners in the state who are not state-operated dental clinics, federally qualified health centers, rural health centers, or Indian health services which fall under a different fee schedule.

In addition to the rate increase the bill also sets establishes a process to start measuring dental utilization and create benchmarks for different geographical areas. This means that if a county is not getting a certain percentage of the people in their area on public insurance at least one dental visit a year, they will need to study the issue and fix it. There are also measures to fund telehealth services and tobacco prevention and cessation.

Many thanks go to Dr. Jim Nickman, past-president of the AAPD, current president of the Minnesota Dental Association (MDA), and adjunct University of Minnesota dental faculty member for his work with the MDA in getting this passed. Nickman indicates that key factors for this success were: a) a bold proposal from DHS to rebase the system to

more contemporary rates; b) an interested House chair to drive the issue, c) and a united front of private and non-profit providers from throughout the state.

The MDA provided the following summary of the Medicaid dental provisions:

- “The bill creates performance benchmarks to improve dental utilization for Managed Care and county-based purchasing plans. If the health plans do not meet the benchmarks established by the Minn. Department of Health, they will be required to submit a corrective action plan. If in 2024 plans in aggregate are continuing to fail to meet the performance benchmarks, the state will enter into an agreement with a single administrator to begin delivering services beginning in 2026.
- To better understand dental utilization in the state, the commissioner of DHS will submit a report to legislators on dental utilization.
- The legislation requires a uniform dental credentialing process beginning Jan. 1, 2022.
- The legislation does eliminate the rural, children, and community clinic add-on and reinvests those dollars into an across-the-board rate increase.
- The legislation expands Medicaid to cover nonsurgical treatment for periodontal disease for adults including scaling and root planing once every two years for each quadrant, and routine periodontal maintenance procedures.



- Each year the commissioner of DHS will submit a report to legislators on provider reimbursement rates, in order to improve transparency.
- The legislation establishes a **dental home advisory committee** that will require DSAC (dental services advisory committee), in collaboration with specific stakeholders, to design a dental home demonstration project and present the recommendations by Feb. 1, 2022. The advisory committee will include a representative from the Minnesota Dental Association and two private practice dentists.
- The commissioner of DHS shall present recommendations on dental rate rebasing to legislators by Feb. 1, 2022. The report must include recommendations on the frequency of rebasing, whether it should incorporate an inflation factor, and other factors relevant to ensuring access to dental care.
- The commissioner of DHS will review other states that have implemented a carve out model and switched to a single administrator and compare programs.”

<sup>1</sup> [http://wdoc.house.leg.state.mn.us/leg/LS92/1\\_2021/HF0033.2.pdf](http://wdoc.house.leg.state.mn.us/leg/LS92/1_2021/HF0033.2.pdf)

### As reported by Mississippi Academy of Pediatric Dentistry Public Policy Advocate Dr. Neva Eklund



In 2020, the Mississippi Academy of Pediatric Dentistry (**MAPD**) engaged a state-level lobbying firm to work on Medicaid issues before the state legislature and general anesthesia issues before the state dental board. Typically, in every third Mississippi legislative session Medicaid is up for reauthorization. MAPD’s focus was on increased dental fees and greater accountability for managed care organizations (**MCOs**).

In 2021 progress was made via changes the legislature made to remove the automatic five percent administrative withholding on reimbursement rates, and approve a five percent increase in preventive and diagnostic fees for each fiscal year 2022, 2023, and 2024. MAPD also assisted the Mississippi dental board in re-vamping their anesthesia regulation to ensure safer measures are in place for Mississippi children under anesthesia during dental procedures.

MAPD President Dr. Tiffany Green sent the following message to chapter members:

“Mississippi Academy of Pediatric Dentistry owes a huge thank you to Clare Hester, Erin Nail and the entire team at Capitol Resources, LLC. I am a firm believer that NONE of the above things would have been accomplished without our partnership. They have led and directed us, fought for our interests and the safety of the children of Mississippi, connected and

established valuable relationships with legislators and state agencies, and opened doors and helped us gain respect from Mr. Drew Snyder and the Department of Medicaid. They have kept your leadership informed on almost a daily basis and have advocated for our interests on many late nights at the Capitol when there was no other voice present representing the dentists of Mississippi. This WIN should validate any questions we as a collective body have ever had on the value and necessity of this partnership!”

The Mississippi Dental Association provided the following details on the legislation (SB 2799) passed in April 2021 that reauthorized the Medicaid program for three years (July 1, 2021 – July 1, 2024):

“This legislation was a collective effort of a coalition of health care providers (including representatives from MDA and MS Academy of Pediatric Dentistry). Our dentist volunteer leaders and lobby team worked really hard to meet with legislators, elected officials and other pertinent leaders to help pass the bill. MDA efforts began last summer, and built up leading into the session. We all owe a special thanks to the dentists who took time to deliver advocacy messages to our leaders when it counted.

The bill does a number of things to impact reimbursement and program management. First, the bill eliminates the five percent administrative fee for dentists who participate in Medicaid. The fee was implemented in the 1990s, so this law reverses a long-time fee for dentists (and other providers too). It also provides for a five percent fee increase for three years for dentists on preventative/diagnostic care. While the increase is a start, we will continue advocating for dentists to be fairly compensated for Medicaid treatment.

The following items in the bill pertain to reimbursement rates:

- Increases dental rates on diagnostic and preventative services each of SFY 2022-2024 by five percent each year.
- Deletes five percent provider withhold (including dentistry) and requirement for the medical care advisory committee to study reimbursement rates.
- Prohibits Medicaid from increasing or decreasing reimbursement rates or limitations on services from the levels in effect on July 1, 2021, unless authorized by the Legislature.

The following provisions apply to Managed Care Organizations (**MCOs**) who contract with Medicaid on the program:

- If Medicaid reduces rates to providers because projected expenditures exceed appropriation,

then Medicaid must accompany any reimbursement reductions with reductions in the MCO profit and administrative fees to the fullest extent allowable.

- Prohibits MCOs from implementing more stringent requirement than Medicaid for prior authorization, utilization review, medical services, transportation services and prescription drugs. Also requires the MCOs to submit a report to the Medicaid Chairmen by Dec. 2, 2021, on the status of the processes for these services. Intention is to have alignment and standardization for these processes.
- Requires all MCOs or similar programs to adopt level of care guidelines in determining medical necessity in all utilization management practices including PA, concurrent reviews, retro reviews and payments.
- Authorizes MCO categories of eligibility to only include categories eligible for participation in Medicaid managed care as of Jan. 1, 2021, and CHIP waiver in operation as of Jan. 1, 2021, and removes the Commission on Expanding Managed Care.
- MCOs required to annually share administrative cost data and number of Mississippi FTEs dedicated to the Mississippi contracts for Medicaid and CHIP with the Medicaid Chairmen.
- More stringent reporting/review/audit requirements on MCOs performed by PEER, State Auditor, Mississippi Insurance Department or an independent third party and publish the results in their entirety on the Division's website.
- By Dec. 1, 2021, MCOs must adopt a standardized and expedited credentialing process; if not, then DOM must do it by July 1, 2022. Provisions for temporary credentialing are provided.
- MCOs must give detailed explanation of reasons for a denial of a procedure that was ordered or requested by a provider as well as provide the name and credentials of the person who denied the coverage. MCOs and Medicaid must also expedite the review and appeals process.
- Legislative intent for DOM to study feasibility of using one vendor for dental benefits."

## As reported by Wisconsin Academy of Pediatric Dentistry Public Policy Advocate Dr. Colleen Greene



The Wisconsin Academy of Pediatric Dentistry is delighted with the first significant Medicaid dental fee increase in 20 years, overall a 40 percent increase that goes into effect on Jan. 1, 2022. The Wisconsin Dental Association has engaged in proactive and multi-faceted legislative solutions to improve access to care for vulnerable

individuals, including taking a neutral position on dental therapy legislation, pushing for expanded function dental auxiliaries and collaborating to set the stage for teledentistry opportunities. Medicaid dental fees were last raised one percent in 2008 and one percent in 2002, so this is a monumental achievement. It is a credit to the decades-long advocacy of dentists, organized dentistry leaders and staff members as well as collaboration among diverse stakeholders statewide and a bipartisan group of elected officials and lawmakers.

The Wisconsin Dental Association (WDA) issued the following press release on July 8, 2021:

### **"Advocacy at work: Gov. Evers signs monumental dental Medicaid increase into law**

After months of WDA advocacy, Gov. Tony Evers this morning signed into law a 2021-23 state budget that includes a 40 percent dental Medicaid reimbursement increase. The hike is the largest increase in the state budget, and the largest in recent memory. **It represents an additional \$46 million over the biennium.**

Many thanks to the WDA members who sent over 500 emails to lawmakers in support of dental Medicaid increases and testified at budget hearings as our Madison team continued to engage with legislators, the Department of Health Services and the Governor's Office. Passage of the 40 percent increase is a huge victory for the WDA, its members and the patients you serve.

WDA President **Dr. Paula Crum** (Green Bay) issued the following statement shortly after the governor signed the budget:

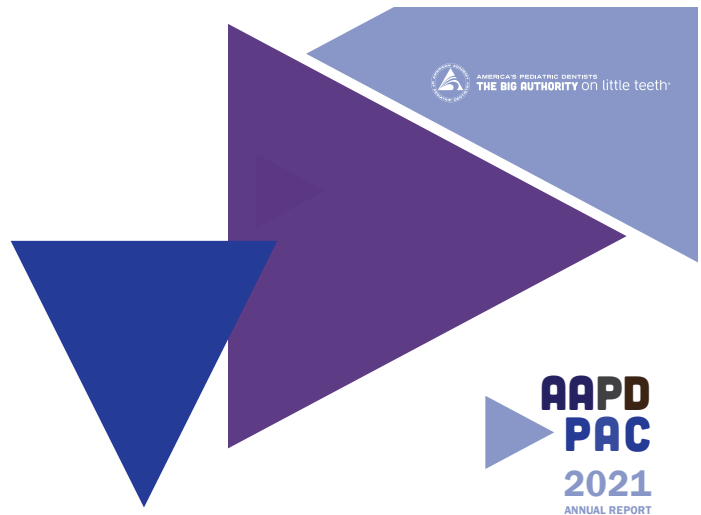
*"On behalf of the 3,100 members of the Wisconsin Dental Association, I would like to extend a sincere thank you to the Legislature and Gov. Evers for including dental Medicaid reimbursement increases in the 2021-23 state budget. Through bipartisan action and support, the Legislature and Governor have taken a strong step forward toward increasing access to care for our state's most vulnerable populations."*

*"Today's action represents the state's first significant investment in oral health in two decades. Expanding access to oral health is, and should remain, a bipartisan priority. The WDA would like to thank Gov. Evers, Speaker Robin Vos, Majority Leader Devin LeMahieu and Joint Committee on Finance Co-Chairmen Mark Born and Howard Marklein for doing just that.*

*"I also want to extend my appreciation to WDA member dentists who sent **over 500 messages** to lawmakers urging them to support increased Medicaid reimbursement.*

Successful advocacy campaigns require engaged and enthusiastic grassroots partners. Today's bill signing is a testament to this.

"We greatly appreciate the increased attention being paid to oral health in Wisconsin. We all agree that getting more people quality oral healthcare will require a multipronged approach, utilizing a variety of solutions. The Wisconsin Dental Association strongly believes increasing reimbursement rates in our state is one of the prongs to do just that. Today is a momentous day, and we look forward to continuing to collaborate to accomplish even more this legislative session."



**View or download the AAPD PAC Annual Report from the AAPD website at <https://www.aapd.org/advocacy/aapd-pac/about-pac/>.**

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b. Paid and/or Requested Circulation		
(1) Paid/Requested Outside-County Mail Subscriptions Stated on Form 3541. (Include advertiser's proof and exchange copies)	8,781	8,253
(2) Paid In-County Subscriptions (Include advertiser's proof and exchange copies)	0	0
(3) Sales Through Dealers and Carriers, Street Vendors, Counter Sales, and Other Non-USPS Paid Distribution.	0	0
(4) Other Classes Mailed Through the USPS	518	173
c. Total Paid and/or Requested Circulation [Sum of 15b. (1), (2), (3), and (4)]	9,299	8,426
d. Free Distribution by Mail (Samples, complimentary, and other free.)		
(1) Outside-County as Stated on Form 35416845	0	0
(2) In-County as Stated on Form 3541	0	0
(3) Other Classes Mailed Through the USPS	0	0
e. Free Distribution Outside the Mail (Carriers or other means)	0	0
f. Total Free Distribution (Sum of 15d. and 15e.)	0	0
g. Total Distribution (Sum of 15c. and 15f.)	9,299	8,426
h. Copies not Distributed	535	604
i. Total (Sum of 15g. and h.)	9,834	9,030
j. Percent Paid and/or Requested Circulation (15c. divided by 15g. times 100)	100%	100%
16. Extent and Nature of Circulation		
a. Paid Electronic Copies	0	0
b. Total Paid Print Copies (Line 15c) + Paid Electronic Copies (Line 16a)	9,299	8,426
c. Total Paid Distribution (Line 15f) + Paid Electronic Copies (Line 16a)	9,299	8,426
d. Percent Paid (Both Print & Electronic Copies (16b divided by 16c x 100)	100%	100%

17. Publication of Statement of Ownership is required. It will be printed in the November 1, 2021 issue of this publication.

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

John S. Rutkauskas, Chief Executive Officer

Date: October 1, 2021

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

## Pediatric Dentist Appointed CMS Chief Dental Officer

The AAPD is delighted that board certified pediatric dentist and AAPD member Dr. Natalia Chalmers has been appointed Chief Dental Officer (CDO) at the Centers for Medicare and Medicaid Services (CMS). The CMS CDO position had been vacant since 2017, and AAPD has strongly advocated for a CDO appointment. Congressional appropriations report language was obtained each fiscal year since then urging CMS to fill the CDO position. Dr. Chalmers previously served a temporary stint as CMS Dental Officer beginning in 2020, on assignment from the Food and Drug Administration. Earlier this year, the AAPD and ADA jointly wrote CMS to endorse Dr. Chalmers' candidacy. She is the first CDO to serve in the CMS Office of the Administrator. Congratulations Dr. Chalmers!

## Dental Loan Repayment Assistance Act

The AAPD spearheaded a letter from the Organized Dentistry Coalition (which includes ADA and ADEA among others) in support of legislation that would allow full-time educators participating in the HRSA Dental Faculty Loan Repayment Program to exclude from their federal income taxes the amount of the loan forgiveness received from this program. In July 30, 2021 letters to the Senate Finance and House Ways and Means Committees, the groups asked lawmakers to include S. 449/HR 1285, Dental Loan Repayment Assistance Act, in any tax legislation considered by Congress in 2021.

## ACA Benefit and Payment Parameters 2022

The AAPD and ADA submitted a joint letter to the Centers for Medicare and Medicaid Services (CMS) on July 28, 2021 outlining our position on updates to the proposed notice of benefit and payment parameters for the Affordable Care Act next year. The letter supported the agency's proposal to repeal a provision that would have allowed direct enrollment outside of exchanges. The letter also expressed support for an extension of the ACA open enrollment period and creation of a special open enrollment period for lower-income consumers.

## Permanent CHIP Reauthorization

The AAPD and ADA joined more than 500 organizations in sending a July 22, 2021 letter to congressional leaders urging them to pass the Comprehensive Access to Robust Insurance Now Guaranteed for Kids Act and the Children's Health Insurance Program Permanency Act and make the Children's Health Insurance Program (CHIP) permanent. The groups, led by the First Focus Campaign for Children, said CHIP has helped reduce the number of children without health insurance, improved health care access for pregnant women and children, and become a vital source of health care coverage for American Indian, Alaska Native, Black, Hispanic and multi-racial children.

## REDI ACT Reintroduced

Congressman (and dentist) Dr. Brian Babin (R-Texas 36<sup>th</sup>) reintroduced the Resident Education Deferred Interest (REDI) Act (H.R. 4122) along with Congresswoman Chrissy Houlahan (D-PA 6<sup>th</sup>). The legislation would halt interest accrual while loans are in deferment during residency training. The full text of the accompanying press release is below; it lists a number of supporting organizations, including the AAPD:

### Babin, Houlahan Ease Heavy Burden on America's Health Care Providers

Washington, June 24, 2021

**WASHINGTON, D.C.** – Today, U.S. Congressman Brian Babin (TX-36) and U.S. Congresswoman Chrissy Houlahan (PA-06) issued the following statement on the introduction of the *Resident Education Deferred Interest Act (REDI Act)* to address the growing doctor shortage, help make medical education more affordable, and boost health care outcomes in Southeast Texas and across the nation.

"As a dentist, I know firsthand how expensive graduate school is, as well as how burdensome hefty student loans are when you're working to become a health care professional," said Rep. Babin. "By the time many medical and dental school students finish their required training, ballooning interest payments too often prevent them from further specializing in practices like radiology or serving in rural areas far from large hospitals. This bill will help remove those barriers, bringing quality doctors and dentists to patients in my district and underserved areas across America."

"During this pandemic, we were painfully reminded just how vital our medical professionals are," said Rep. Houlahan. "We need to be doing everything in our power to break down barriers preventing people from entering these lifesaving fields. Most young doctors and dentists finish their residencies carrying crippling student debt, often preventing them from pursuing more specialized fields or providing medical services in rural and remote locations. Our bipartisan legislation will begin the overdue process of eliminating such economic barriers and support young medical professionals serving across the country, building a more equitable and fair health care system."

"Physicians and dentists accumulate significant student debt during post-graduate education and must then undertake several years of residency with very low pay, making it difficult to begin repaying their student debt right away," said B.D. Tiner, D.D.S., M.D., F.A.C.S., of San Antonio, Texas, and president of the American Association of Oral and Maxillo-facial Surgeons. "Interest accrual relief during residency – as provided for in the REDI Act – will prevent students from being punished during their residency with higher debt balances and will make the options of serving in underserved areas or faculty and research positions more attractive and affordable. The physician and dental community is grateful to Representatives Babin and Houlahan for introducing the REDI Act to address this important issue."

## Supporting Organizations [of REDI Act]:

Academy of General Dentistry  
American Academy of Dermatology Association  
American Academy of Neurology  
American Academy of Ophthalmology  
American Academy of Oral and Maxillofacial Pathology  
American Academy of Oral and Maxillofacial Radiology  
American Association of Orthopedic Surgeons  
American Academy of Pediatric Dentistry  
American Academy of Periodontology  
American Association for Dental Research  
American Association of Child and Adolescent Psychiatry  
American Association of Endodontists  
American Association of Neurological Surgeons  
Congress of Neurological Surgeons  
American Association of Oral and Maxillofacial Surgeons

American Association of Orthodontists  
American Association of Women Dentists  
American College of Obstetricians and Gynecologists  
American College of Osteopathic Surgeons  
American College of Rheumatology  
American Dental Association  
American Dental Education Association  
American Society of Anesthesiologists  
American Society of Dentist Anesthesiologists  
American Student Dental Association  
American Society for Radiation Oncology  
Society for Cardiovascular Angiography and Interventions  
The Society of Thoracic Surgeons  
American College of Prosthodontists  
American College of Emergency Physicians

# Call for 2022 Nominations

## Secretary/Treasurer and At-Large Trustee for the International Membership

The AAPD Nominations Committee is accepting nominations for the 2022 election of **Secretary/Treasurer and At-Large Trustee**. The at-large trustee also represents the International Membership. The term of the current At-Large Trustee Dr. Anupama R. Tate, expires in 2022.

Nominations must be received by the AAPD headquarters office no later than Dec. 1, 2021. This date reflects procedures for the Nominations Committee, per the current *AAPD Administrative Policy and Procedure Manual*.\*

A nominee's submission must be on the standard AAPD Nominations Committee Candidate Consideration form. This form can be obtained by contacting Governance and Operations Manager Margaret Bjerklie at [mbj@aapd.org](mailto:mbj@aapd.org). The required materials from nominees are the following:

1. The completed and signed Nomination form;
2. A one-page essay explaining their interest in serving in the specific office and summarizing their leadership skills;
3. A background description suitable for publishing in *Pediatric Dentistry Today*;
4. A photograph in electronic format suitable for publication in *Pediatric Dentistry Today*.

Letters of recommendation: Nominations for Secretary/Treasurer and Academic At-Large Trustee must have three letters of recommendation from active, life, or retired members of the Academy.

The Nominations Committee will meet in January 2022, at which time they shall interview all nominees via teleconference or web conference or other appropriate technology. All nominees must agree to participate in this interview process. All nominees for the 2022-2023 academy year will be published in the March or May 2022 issue of *PDT* and voted on by the membership at the 2022 General Assembly.

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

\* All members have online access to the most recent version of the *AAPD Administrative Policy and Procedure Manual*, which is periodically reviewed and updated by the Policy and Procedure Committee with oversight and approval by the board of trustees. The *Policy and Procedure Manual* can be found on <http://www.aapd.org>, under Governance Documents in the Governance section of Member Resources.

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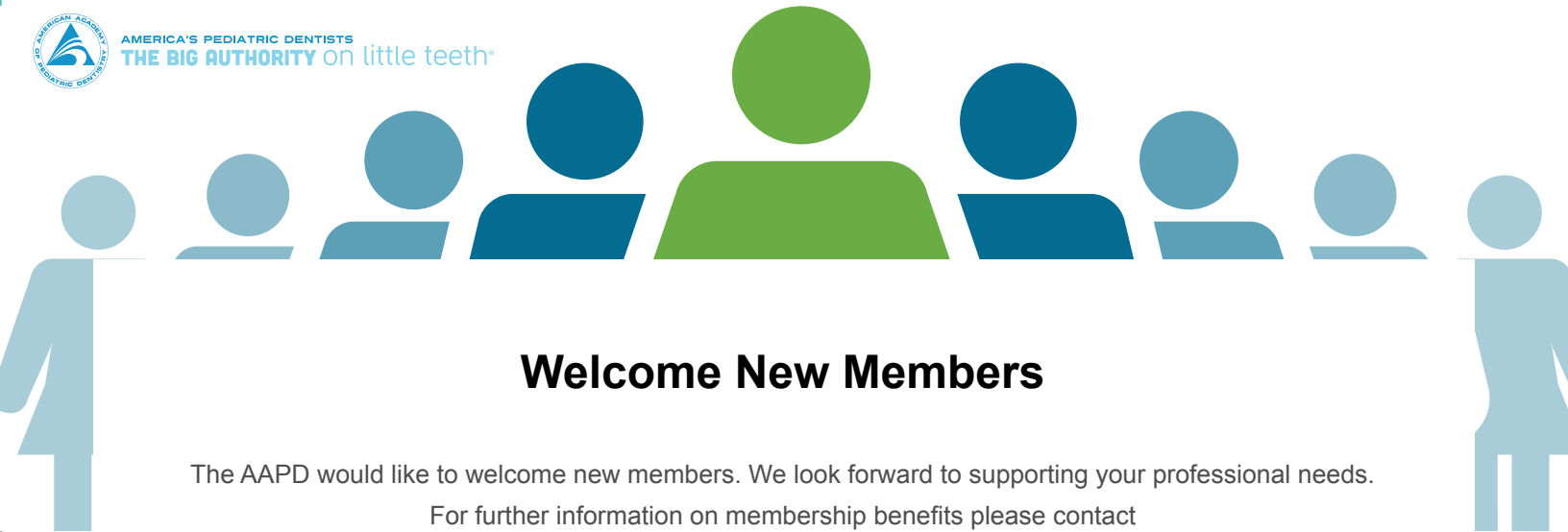


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\*Limit 1 Free Box Next Prophy Paste (any flavor or grit) per dental office.







## Welcome New Members

The AAPD would like to welcome new members. We look forward to supporting your professional needs.

For further information on membership benefits please contact  
Membership Department at (312) 337-2169 or [membership@aapd.org](mailto:membership@aapd.org).

### Member Benefit Spotlight

## AAPD Career Center

### Job Seekers

Just finished your residency program? Looking for your next career opportunity? AAPD is dedicated to providing the best industry resource for pediatric dentistry careers. The AAPD Career Center includes robust tools for creating a personal presentation for any potential employer:

- **Job Agent** – Let the system find new jobs for you: establish your search and you'll be notified automatically whenever a matching job is posted. Job Agent effectively matches candidates with the right industry employers.
- **Career Resources** – Access free career tips, resume writing services, webinars and more!
- **Resume Builder** – Post an updated resume/C.V. by uploading from Microsoft Word or other desktop applications.
- **Professional Profile** – Create a user-friendly professional presentation of your qualifications with information pre-populated from your resume.
- **Searchable Portfolio** – Increase your exposure to employers by uploading up to five career-related documents, i.e., work samples, cover letters or certification letters.
- **Job Application Preview** – Control your applications with the ability to preview your application as an employer will see it before submitting.
- **Tighter Confidentiality** – Take comfort in strict confidentiality rules throughout the Career Center.
- **Google Maps** – Assess a potential commute right from the job detail screen.

### Employers

Looking to grow your practice with a new associate? Have an open position? The AAPD Career Center can help you facilitate employment connections including a resume database for the job seekers.

- **Two Posting Options** – Employers will now have the choice of posting to AAPD Career Center only OR extending their reach by posting to the National Healthcare Career Network.
- **National Healthcare Career Network (NHCN) Partnership** – AAPD is now a member of the National Healthcare Career Network (NHCN), a network of nearly 300 leading health care associations nationwide. Our partnership allows your posting to be seen on AAPD Career Center AND all relevant associations in the network, helping you attract specialized talent through multiple healthcare industry leaders.
- **Network Wizard Technology** – The AAPD Network Wizard gives you peace of mind in knowing exactly where your job will be distributed before committing to a purchase. AAPD employers can paste their entire job description in the Network Wizard and see a list of career center sites in which their job might be listed.
- **Larger Resume Database** – NHCN job postings allow employers to have immediate access to our network database of resumes that have been posted to AAPD and the nearly 300 niche job boards in the network.
- **Resume email alerts, job posting statistics and more!**

Find the Career Center on AAPD's website under  
Publications – Advertising and/or  
visit the AAPD Career Center directly at  
[http://www.aapd.org/career\\_center/](http://www.aapd.org/career_center/).

## School Visits

By Carrie Wucinich, R.D.H.

As dental professionals, one of the greatest gifts we can give is our time and knowledge to children living in underserved areas. Many of these children have never even seen what a dental professional looks like. Some of them don't even own a toothbrush. Throughout my journey in this profession, I have come to learn about the struggles children face when it comes to their dental health. These children need us more than we are aware. If we start educating them at a young age, we can set them up on a positive path that can last a lifetime. They will have the tools they need to prevent decay and severe pain. As it stands, there are approximately 48 million children under the age of 11 in the United States. If we come together to get out in our communities, we can watch smiles go up and rate of decay go down.

In the previous year, I have become an author and have been working with local Title One schools and Head Start programs. This work really changed my perspective on how important it is that we get involved in our local communities. In February of 2021, I was invited by a Public Health Hygienist Crystal Spring, the co-founder of a nonprofit called Smiles Across Montana, to read my book to the children prior to their dental evaluation. Some of these children walked in very afraid. It was their first time visiting a dental professional, being in a dental chair, and seeing all our equipment. Prior to their exam, I sat with each child and read them my book, "Where the Sugar Bugs Live." We had tons of fun giggling about the bugs, and learned why it's so important to look for those pesky sugar bugs! After we were done reading, almost all the children were relaxed through their exam, photos, X-rays, and cleaning. A little education and fun went a long way with these kids!

One thing Crystal taught me, which I vowed to teach every dental professional from that day forward, is that we should never assume a child has their own toothbrush. The first question you should start with, no matter what their

socioeconomic status, is "Do you have your own toothbrush?" This seems like it's a given, but for many children, this is something they are embarrassed to admit and won't tell you unless you ask, as many children are sharing a toothbrush with their entire family. It was a humbling experience and that is why I feel strongly about going out into our communities and providing children with the knowledge to set them up for dental success. We can do this by providing them with the tools needed by explaining the importance of oral hygiene, diet, and educating them on how to properly use them for optimal oral health.

Here are the tips and tricks I have used throughout my visits in underserved areas, to set kids up for potential success. When working with kids, I have learned very quickly to give them the opportunity to be creative, provide visuals, and have fun! It is the easiest way to teach them the basics and make sure they retain the information.

**Step One:** Find a Title One school in your area. These schools are typically working with students in lower income areas and/or are on a Free Reduced lunch schedule program. Many of the schools I have helped were actually referrals from my patients who are teachers. All it takes is connecting with one teacher in your area, and they will get you in contact with someone who can assist you with contacts at the school district or specific schools.

**Step Two:** Call the school, introduce yourself as a local dentist/dental hygienist in the area and express interest of coming in to a kindergarten or lower-level class to teach children the importance of dental health education. Typically, the administrators/teachers are beyond grateful for our help as some of these children don't currently brush and desperately need guidance. In some states, dental health is part of the required academic standards that needs to be met.



**Step three:** Schedule your time and date. Make sure to ask how many students are in the class. Keeping it to about 25-30 children per person is a good ratio. If class sizes are bigger, this is a great opportunity to bring some staff to assist in the presentation.

**Step Four:** Grab a fun educational book, (like *Where the Sugar Bugs Live*), your huge typodont, toothbrush and floss. If you are able, goody bags are always a hit with the kids, and can be a huge referral to your practice! This also ensures they

will have their own toothbrush moving forward. Taking some fun coloring worksheets and brushing calendars to the class can be beneficial. I have provided a free coloring pages and calendars in English and Spanish on my website. You can also take your presentation to a new level by discussing nutrition as it relates to their dental health.

In conjunction with reading a book, bring out a bag with a variety of fake fruit, a soda can, juice box, water bottle, a bag of skittles, a bag of jelly beans,

gummy bears \*. I pull a food item out of the bag and asked them “do the Sugar Bugs come out for this?” This is a great visual for them, also emphasizing the importance of healthy eating and drinking water.

**Step Five:** Sit back, read another fun book, sing a song, and share all the knowledge you have gained throughout the years. Let them see dental professionals are fun! The purpose is to increase their confidence and reduce their fears walking into a dental office.

On my last visit, some of the children had never been to a dentist, some had never seen floss, and some were learning how to brush for the first time.

Like I had mentioned earlier, as dental professionals/tooth heroes, we have the ability to change the path that many children are on for their dental health. It doesn't take much to get out into the community and find ways to help. The kids need our expertise and will be forever grateful for any help we can provide!

**\* REMEMBER TO AVOID ANY NUT PRODUCTS OR CANDY THAT CONTAINS NUTS**

## Resident's Corner

### My National Health Service Corps Journey

by Naheed Ahmad

Early on in my education, I decided that working in public health was a professional goal of mine. One big vehicle that allowed me to do so was the National Health Service Corps (NHSC) Scholarship. The scholarship helped me significantly financially and let me work in a community clinic where I felt like my work was making a difference.

The National Health Service Corp Scholarship and Loan Repayment programs are great for an individual who wants to pursue a career in public health dentistry. If you receive the scholarship in dental school, the NHSC will cover your tuition and fees in exchange for a service of a set amount of years at an approved site. The only post graduate programs the NHSC allows to be completed before the service requirement are a pediatrics residency, dental public health program, a geriatric fellowship and a general practice residency/advanced education in general dentistry.

After completing a pediatric dental residency, there is still an opportunity to take advantage of the programs that the NHSC offers as both a pediatric dentist and a general dentist. There is a loan repayment program that will provide up to \$50,000 of loan repayment for your first two years, up to an additional \$40,000 the following two years and \$10,000 for every year beyond that. You will receive the loan repayment in addition to the salary that is provided by your health center. It is possible to have all of your loans repaid with this program.

My journey with the National Health Service Corp started out as a second year dental resident, when I received the scholarship. When I graduated, I started my career working as a general dentist at a FQHC, Community Health Systems in Beloit,

WI. I was really proud of the service our clinic was able to offer to our patients – molar endodontics, removable prosthetics, crowns and esthetic services. I felt that my coworkers, clinic and myself were truly making a difference in the lives of our patients.

While working there, I observed the need for dental care for these patients and the community. Our appointments would be scheduled out three months in advance due to the lack of dental providers in the area. A big barrier to care that was present at the clinic was education about oral health. A large portion of my job was educating families and individuals in helping them be aware of prevention and care of their oral health. The most rewarding moments at my clinic were recall appointments where families have completely transformed their oral health. On the flip side, some of the hardest parts of my job was seeing the unmet needs of my patients. Most of my young patients had a high caries risk and a large amount needed full mouth rehabs at the ages of four or five. Our patients that were referred to pediatric dentists waited up to eight months before being seen for a consultation. Within that time span, they made many trips to the ER for pain, swelling and abscesses. This dire need for pediatric dentists in public health was one of the reasons that I wanted to pursue specialty education in the field.

For those of you who have the goal of working in public health, I highly encourage you to look at the National Health Service Corp Loan Repayment program. You can search for potential opportunities at the NHSC Health Workforce Connector (<https://connector.hrsa.gov/connector/>). There is a world of difference ready to be made.

Naheed Ahmad is a second year dental resident at the NYU Langone-Southern California site. She feels lucky to be in a field that she loves and is excited to be a pediatric dentist soon.



# Safety is vital

## Systems and Safety in Dentistry

by Dr. Charles S. Czerepak

AAPD Foundation President

What comes to your mind when someone brings up the subject of safety? Do you reflexively think about wearing an N-95 respirator? Counting gauzes in the OR? Maybe its not even dental related: seat belts in cars, or passwords on your computer. Safety has a wide and nuanced meaning, and that is why it is so difficult a subject to quantify in the health care setting. You can examine patient safety, staff safety, and even safety of the building. It all depends on your point of view and what you are examining.

This article reviews several building blocks of the current science of health care safety. From there we will apply these new principles to two case histories. Let's begin with training. I was trained at Northwestern like the physicians at our hospital – to be the “captain of the ship”. The idea was that if a dentist was trained to a high degree of knowledge and experience, accidents would be avoided, or at least managed well. Back then it was thought that good doctors don't make mistakes. However, that point of view changed with the publication of a modest commentary in the Dec. 21, 1994, issue of the *Journal of the American Medical Association*. The author, Dr. Lucian Leape, a pediatric surgeon and researcher at Harvard Medical School, entitled it, “Error in Medicine”<sup>1</sup>. Leape focused particular attention to a paper written by Dr. Elihu Schimmel, M.D.,<sup>2</sup> which examined the patient records of a large teaching hospital. Schimmel found that 20 percent of the adverse events were caused by physician errors (iatrogenic) and 20 percent of those errors were serious or fatal. Leape posed the question, “How could the error rate be so high?”. The physicians involved were trained at major institutions to the highest standards, yet patients were dying due to physician errors.

To quote Leape:

*“Physicians are socialized in medical school and residency to strive for error free practice.<sup>19</sup> There is a powerful emphasis on perfection, both in diagnosis and treatment. In everyday hospital practice, the message is equally clear: mistakes are unacceptable. Physicians are expected to function without error, an expectation that physicians translate into the need to be infallible. One result is that physicians, not unlike test pilots, come to view an error as a failure in character—you weren't careful enough, you didn't try hard enough. This kind of thinking lies behind a common reaction by physicians. “How can there be an error without negligence?”*

Though physicians were trained for perfection, Leape observed that errors were still occurring. He called it “perfectibility” training. With medical errors came blame and guilt and an atmosphere where errors were rarely discussed or at least shared only privately.

Leape looked for an explanation outside of the medical safety literature. He turned to the studies of human factors by specialists and psychologists who studied human cognition. This field of study examined how human behavior could cause an accident. One of its most accomplished researchers was James Reason, a professor of Psychology at England's University of Manchester. He studied the industrial accidents at Three Mile Island, Bhopal, the Challenger shuttle failure and Chernobyl, to understand the fundamental causes<sup>3</sup>. Reason's work led to the Swiss-cheese model of the causes of an accident. (*Figure 1*) Each layer represented a defense in the system to prevent an accident, but each layer of defense had a flaw (the hole) and when infrequently, all the flaws of the system aligned themselves that could lead to an accident. He referred to that phenomenon as the trajectory of the accident, and his key point was that an accident is caused not only by the human error, but also by the flaws in the system. Those systems flaws were called “latent errors” and were accidents waiting to happen.

## The Swiss Cheese Model of Accidents

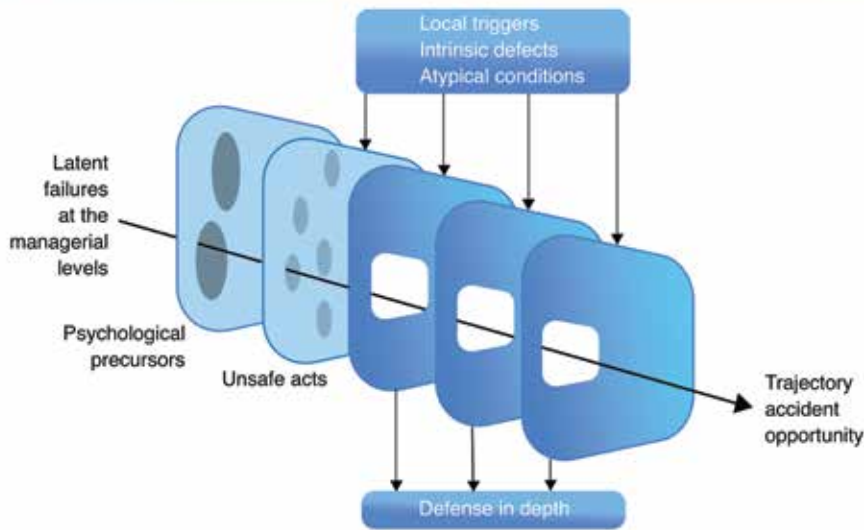


Figure 1. The arrow represents the trajectory of the accident. Each defense has a loophole, and the accident trajectory finds the loopholes at a particular moment in time.

On examining the industrial accidents, Reason found that even though there were operator errors, they were only part of the explanation of why these complex systems failed. He pointed out that these disasters were caused by major design errors in place long before the operator introduced errors.

Reason's work helped Leape to realize that in the arena of health care errors, it was not enough to look at the physician's error but also the system flaws that surrounded the physician. To reduce errors, each part of the system had to be examined for these flaws/latent errors. In hospitals he suggested a review of all the delivery systems in an attempt to decrease medical errors. As you can imagine Leape's commentary was not initially met with universal support from the medical profession,<sup>4</sup> but it did lead the Institute of Medicine to report on the state of human safety in health care. The report, *To Err is Human: Building a Safer Health System*,<sup>5</sup> published in 1999, stated that errors occurred not because of bad people working in health care, but good people working in bad systems. Systems needed to improve, and the intent was not to remove the physician from responsibility but to find

a way to deliver health care more safely. The report outlined several recommendations to create a safer health care system:

1. Establishment of a national center for patient safety in the U.S. Department of Health and Human Services, which became the Agency for Health Care Research and Quality (AHRQ).
2. Make mandatory and voluntary reporting systems in health care.
3. Announcement of new standards on safety from the Joint Commission and a report, "Safe Practices for Better Health Care", which was a consensus report by the National Quality Forum on evidenced based safe practices in health care.
4. Health care organizations to create an environment in which safety becomes the top priority.

The second recommendation, mandatory and voluntary reporting systems, caused a lot of consternation in the medical community, fearing that with mandatory reporting, errors would see the light of day. But within the medical community, some realized that with

reporting, there could be data collection. Physicians could learn from their own accidents and those of their colleagues. An open learning environment could lead to improvements in systems and decrease preventable errors. At the time of the report, some physicians feared the public would feel health care was unsafe and law suits would increase in frequency, 21 years later, it has been shown that an organization/hospital that is more transparent has fewer law suits and lower dollar settlements.<sup>6,7</sup> When we look at dental reporting key phrases are "non-discoverable" and "degree of acuity". Non-discoverable means that no one would know who did the reporting. This allows the doctor to disclose without admitting guilt or worrying about a potential lawsuit from the disclosure. In regards to acuity, there would need to be a lower limit on what gets reported. Certainly, subsequent hospitalization from complications from a dental procedure must be reported, but dropping an orthodontic band on the floor would not. Currently in dentistry, we do not have one accepted means of non-discoverable reporting, but the safety committees of both the AAPD and the ADA are working on it.

The following is a brief review of application of concepts described above. The medical community has changed its focus from a provider-centric to a system-centric analysis of health care errors. Instead of blaming a practitioner, the key to error reduction is to examine the system.

Two distinct adverse events, one in industry and one in the dental office, offer an opportunity to use the lens of system thinking to examine the accidents.

The first is an industrial standard for error analysis. The tragedy of the Challenger Space Shuttle disaster,<sup>8</sup> in which all seven astronauts on the Challenger perished on Jan. 28, 1986. At that time the Challenger Space Craft held the record for most successful space flights by any of the space shuttles. On this flight the rockets failed catastrophically 73 seconds after liftoff. The primary failure mode was the erosion and ultimate failure of an O-ring on a section of the

solid-state booster rocket. Examination of the accident found that the O-rings on the solid-state booster rockets had some degree of failure on **most** of the previous Challenger flights. The engineers who designed that booster rocket felt there was enough of a safety margin to warrant continued flights without redesign of the O-ring joint. For James Reason, this would be the latent error waiting for an accident to happen. But there were other flaws, mainly resting with the NASA hierarchy on how decisions whether to launch the rocket were made. Complicating the circumstance (Reason's hole in the Swiss cheese) was that it was very cold that day, around 32 degrees Fahrenheit. (Pictures of the launch platform showed icicles on equipment.) O-rings were never meant to function at that low a temperature. When the NASA officials spoke with engineers of Marshall Space Flight Center and Morton Thiokol Inc, who developed the solid-state booster rockets, a miscommunication gap was identified. So, even though some engineers recognized that the cold could negatively affect the functioning of the O-rings, the launch occurred anyway. Part of the failure of the system was the decision made by the launch director to go ahead with the mission, so, there was a real time error in deciding to launch, but latent factors doomed the shuttle flight from the beginning. This very complicated system with its numerous defense mechanisms, each with a vulnerability, that all lined up caused the accident. Because of its high media profile, the Challenger accident has been studied by many organizations, but one investigator, Diane Vaughan, deserves special mention. In her book: *The Challenger Launch Decision, risky technology, culture, and deviance at NASA*<sup>9</sup> she added to the safety lexicon with the concept of "the normalization of deviance". The easiest way to describe the normalization of deviance is by observing the person who chooses to text while driving a car. The very first time the phone is checked, there is a heightened awareness that this is a dangerous thing to do. But because nothing bad happened, the next time the phone is looked at there is less of a sense of danger. This observation leads to distracted driving and not feeling un-

safe, until the unfortunate day when an accident occurs. In the case of the Challenger, the partial O-ring failures on the previous flights should have served as a warning that the system was not as safe as it could be, but the engineers began to look at O-ring erosion as normal and not a possible failure mode, an unconscious lowering of the margin of safety.

The normalization of deviation is an important lesson for anyone practicing clinical dentistry. As months and years of practice accumulate, there can be a natural erosion of situational awareness. Lowering the threshold for an accident to occur in your office. The moral of this story is that if the O-rings (the system) had been properly addressed, a catastrophic ending with the demise of the seven astronauts would not have occurred.

For our second case history, let's examine a dental adverse event. I would like to thank Dr. Ronald Zentz from CNA insurance and Dr. Jennifer Flynn from the Dentist's Advantage for this actual case history.

The plaintiff/patient was a minor who underwent extraction of a baby tooth for the development of her permanent tooth. The patient alleged that the defendant dentist extracted the patient's adult tooth which was next to the baby tooth he intended to extract. The patient alleged that the defendant dentist was also negligent in confirming that he was extracting the correct tooth, and negligent in stopping the extraction when it was difficult to remove the tooth, which is a sign that he was attempting to remove a mature tooth, instead of a baby tooth. The patient also alleged that the defendant dentist did not obtain informed consent. According to the report the dentist by verdict was ordered to pay punitive damages.<sup>10,11</sup>

In the classical approach, the supposition was that the dentist could not make that error, but an error was made. To determine the cause of the error the dentist would have to self-examine to evaluate why professional training failed or was not followed to cause the erroneous

extraction. Certainly, the error would not be shared with the profession.

Under the lens of the IOM report "To Err Is Human", which systemic issue allowed the permanent tooth to be extracted? The second primary molar can sometimes resemble the first permanent molar in shape and size. They can be mistaken for each other especially if the dentist is distracted, perhaps by a non-cooperative patient or a busy schedule. So, what systems-fix could the dentist have made to increase the awareness of which tooth to extract? Certainly, marking the correct tooth to extract would uniquely identify the tooth and would be an easy system-fix, just as orthopedic surgeons mark a surgical site preoperatively. Marking would add another layer of defense to the system. Another system-fix could be to call a time out with the assistant and the patient. verbally identifying what tooth is going to be treated. Pre-Dr. Leape, the dentist's judgement was the weak link, post-Dr. Leape the system you work in is the weak link.

The practice of pediatric dentistry involves systems of care. All of these systems have latent flaws that can lead to errors in patient care. Think of the number of potential errors existing in any cycle of care we use. Through review of our systems, we have the chance to achieve "Zero Harm".

I would like to end by recommending Dr. Leape's latest work, *Making Healthcare Safe the story of the Patient Safety Movement*, a great resource for anyone with an interest in patient safety. And finally, the last paragraph of Error in Medicine, written 26 years ago, says it all:

"But it is apparent that the most fundamental change that will be needed if hospitals are to make meaningful progress in error reduction is a cultural one. Physicians and nurses need to accept the notion that error is an inevitable accompaniment of the human condition, even among conscientious professionals with high standards. Errors must be accepted as evidence of systems flaws not character flaws. Until and unless that happens, it is unlikely that any substantial progress will be made in reducing medical errors."



### Acknowledgements

Dr. Keven Donly and Dr. John Rutkauskas who organized the first task force on patient safety for the AAPD.

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Dr Steven Geiermann, the ADA liaison to the ADA safety taskforce.

Dr. Nancy Hijjawi for her drive to create a safe dental practice.

The dentists, children and parents that I work with every day.

MaryAnn Czerepak for her unwavering support.

### References

1. Lucian L. Leape, "Error in Medicine," *Journal of the American Medical Association* (JAMA) 272, no.23 (1994): 1851.
  2. Schimmel EM. The hazards of hospitalization, *Ann Intern Med.* 1964;60:100-110.
  3. Reason J. Human error. Cambridge: Cambridge University Press; 1990.
  4. Zinman D, Study finds hospitals "harm" some. *Newsday* 1990 March 1, 1990; Sect.17A
  5. Kohn KT, Corrigan JM, Donaldson MS, editors. *To err is human: building a safer health system*, Washington DC: National Academy Press; 1999.
  6. The National Safety Foundation's Lucian Leape Institute. *Report of the Roundtable on Transparency* 2015. Boston, MA. NPSF:2015.
  7. Sandra G. Boodman, Should Hospitals and doctors- apologize for medical mistakes? *the Washington Post*, March 12, 2017.
  8. *to the Presidential Commission on the Space Shuttle Challenger Accident* (Washington. DC: Government Printing Office) 1986.
  9. Vaughan D. *The Challenger Launch Decision risky technology, culture, and deviance at NASA*. The University of Chicago Press, Chicago and London, 2016.
  10. Personal communication with Dr. Zentz for permission to use case study on 9/1/2021.
  11. Downloaded from the Dentists Advantage Website with permission.
- The 19 in the Leape quote references:
19. Hilfiker D Facing our mistakes, *N Engl J Med* 1984;310:118-122.

Figure 1. Trajectory of an accident, adapted from "Human Error," by James Reason, 1990, One Liberty Plaza, 20th floor, New York, NY 10006, USA, Cambridge University Press, p 208, figure 7.8

# Title VII FY 2020 Grant for Postdoctoral Training in Pediatric, General, and Public Health Dentistry Spotlight

## Grantee Profile: Nova Southeastern University & Variety Children's Hospital d/b/a Nicklaus Children's Hospital

The Health Resources and Services Administration (HRSA) awarded 27 Title VII FY 2020 grants for postdoctoral training in pediatric, general, and public health dentistry. Six awards were directed solely to pediatric dentistry programs, and another ten include pediatric dentistry in collaboration with general dentistry and dental public health.

In each issue, we would like to highlight programs that received this grant. Today, we spotlight Nova Southeastern University and Nicklaus Children's Hospital Pediatric Residency Program.

*(From Grant Application Abstract)*

## Postdoctoral Training in Pediatric Dentistry for Vulnerable and Underserved Children and Adolescents

**Overview:** Focus Area 1 (Underserved and Vulnerable Populations) The project Postdoctoral Training in Pediatric Dentistry for Vulnerable and Underserved Children and Adolescents aims to enhance and expand upon an innovative oral health training program at the Nova Southeastern University, College of Dental Medicine. The program is focused on vulnerable and underserved children and adolescents, including those with special health care needs (SHCN). Those enrolled in the NSU-CDM Department of Pediatric Dentistry and the Department of Restorative Sciences and Public Health Dentistry's AEGD programs participate in didactic and clinical training addressing children with SHCN, cultural competence and oral health literacy, childhood obesity, and the opioid crisis. Education and training are provided to each class annually over the five-year project period. This project addresses the following HHS and

HRSA Priorities: Childhood Obesity and Combatting the Opioid Crisis. Community-based clinical sites include Mailman Segal Center (MSC), South Florida Autism Charter Schools (SFACS), and the Caridad Center.

**Specific Measurable Objectives:** The project addresses vulnerable and underserved children and adolescents, including those with SHCN through increasing the workforce of postdoctoral trained dentists who practice in rural and/or underserved areas or with vulnerable populations. The training addresses cultural competency and oral health literacy, as well as childhood obesity and the opioid crisis.

Objectives include: 1) Improve the oral health of uninsured, vulnerable, and underserved children and adolescents, including those with SHCN, via providing high quality, comprehensive oral health

care visits; 2) Develop and implement an enhanced curriculum to address vulnerable, underserved, and uninsured children and adolescents, including those with SHCN via training in primary care diseases and conditions of children and adolescents with SHCN, as well as cultural competence and oral health literacy, childhood obesity, and the opioid crisis; 3) Implement clinical training in the oral health and primary care diseases and conditions of children and adolescents, including those with SHCN at community-based clinics; 4) Evaluate project performance and impact.

*Ocanto, R., Levi-Minzi, M, Chung, J., Sheehan, T., Padilla, O., Brimlow, D. The development and implementation of a training program for pediatric residents working with patients diagnosed with ASD in a special needs dental clinic. Journal of Dental Education. 2020:1-12. <https://doi.org/10.1002/jdd.12049>*

Further details of these specific awards can be found at <https://data.hrsa.gov/tools/find-grants>. Click on Program Name, scroll down and select, Postdoctoral Training in General, Pediatric and Public Health Dentistry and Dental Hygiene (D88). Then click on Year and select 2020 and hit the Submit button.

For more information about AAPD's Title VII advocacy, contact Chief Operating Officer and General Counsel C. Scott Litch at [slitch@aapd.org](mailto:slitch@aapd.org).

For more information about HRSA Title VII dental grant opportunities, contact Education Development and Academic Support Manager Leola Royston at [lroyston@aapd.org](mailto:lroyston@aapd.org).



## Nicklaus Children's Hospital Pediatric Dental Department

### Pediatric Dentistry 2.0: Curricular Re-engineering and Safety Net Capacity Building to Enhance Outcomes

Nicklaus Children's Hospital's (NCH) grant program addresses HRSA's focus area on caring for underserved and vulnerable populations. Over the five-year grant period, NCH and its partners will improve pediatric dental outcomes by revising its pediatric dental curriculum, developing new and enhanced inter-professional education and care coordination programs to better train the existing dental workforce, and improve oral health outcomes for vulnerable populations. NCH will accomplish these goals through the following objectives:



**Nicklaus  
Children's  
Hospital**

- **Reengineer its pediatric dental residency program curriculum.** NCH will modify the traditional surgical approach by revising their residency program curriculum to focus on Chronic Disease Management, Minimally Invasive Dentistry (MID) and Motivational Interviewing (MI), and by revising their clinical protocols to include the International Caries Detection and Assessment System (ICDAS) and Lesion Activity Assessment (LAA) concepts. The goal of this approach is to conserve healthy tooth structure by focusing on prevention, re-mineralization, and minimal surgical intervention. NCH attendings and residents will receive annual training in ICDAS, LAA and MI.
- **Increase access to care for the highest risk children through a community dental health coordination program.** NCH Pediatric Dental Department has partnered with NCH's Pediatric Care Center, NCH's Mobile Dental Unit, NCH's School-Based Health Programs, and NCH's Emergency Department to integrate their CDHC at each site, with the goal of increasing access to care for high-risk patients. The CDHC is responsible for assisting patients with any access to care barriers, facilitating insurance enrollment, ensuring continuity of care and treatment completion, and providing culturally-appropriate oral health education to patients and their families.
- **Augment the pediatric dentistry knowledge and skills of General Practice and Advanced Education in General Dentistry residents.** Didactic and clinical training is being provided to two community-based academic partners to enhance their pediatric dentistry knowledge and skillset, with the objective of strengthening the oral health care provided to their vulnerable pediatric patient population. Primary trainees are General Practice Residents and Advanced Education in General Dentistry Residents.
- **Enhance outcomes through the implementation of a chronic disease management value-based care program.** NCH has partnered with the CareQuest Institute, formerly the DentaQuest Partnership for Oral Health Advancement, to pilot a population health management model within the dental clinic that will focus on improving patient outcomes via the implementation of new reimbursement models. Quality measures will be tracked over the pilot period to assess patient outcomes and provide further support for a long-term value-based payment program.

The target population for this programmatic initiative includes South Florida's poorest and neediest children, primarily migrant farmworkers' children, Hispanics, Haitians, African Americans, and those supported by Medicaid. Formative and summative evaluations will be performed annually to ensure the intended outcomes are being achieved for each objective.

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

## Successful Hiring: How To Hire The Right Person and Train Effectively

Now, more than ever, building a great team is one of the most prominent challenges leaders face. Cultivating a cohesive team is critical to the success of a practice. Successful entrepreneurs find the right people by following an organized, systematic approach for hiring. If key steps are omitted, wrong candidates are hired just because they are breathing. We have heard that statement too many times. Statistics show that it costs a business a minimum of one and a half times an employee's annual salary to replace hires that are not the right fit. Hire right the first time!

### FIRST: Understand How People are Hard Wired

After extensive research, Professional DynaMetric Programs (PDP), [www.pdpglobal.com](http://www.pdpglobal.com), a worldwide leader in top-of-the-line behavioral assessment solutions for businesses, has defined the four essential behavior traits as **Dominance (take charge), Extroversion (people), Pace (patience), and Conformity (systems)**. Each trait has high and low behavioral intensities. **One of these four high traits will be a person's strongest and dictate 50-70 percent of their natural behavior and responses.** It is almost like people come from four different "planets"; each "planet" has its own natural way of behaving and communicating, which will impact the success or failure of that person in a particular job.

#### Take Charge Trait

##### High Dominance

- Can take charge, likes to accomplish goals, is comfortable with risks
- Communication style is short and to the point, can often be interpreted as blunt

##### Low Dominance

- Does not want to be in charge, looks for strong leadership
- Agreeable

#### People Trait

##### High Extroversion

- Outgoing, enthusiastic, motivating; prefers to interact with people and make others feel welcome and comfortable
- Communication style is persuasive; they enjoy talking

##### Low Extroversion

- Does not mind working alone
- Quiet with people they do not know

#### Patience Trait

##### High Pace

- Focuses on work output. Prefers routines and working on one thing at a time, does not like change
- Communication style is warm, friendly, and careful to avoid confrontation

##### Low Pace

- Likes change and fast pace
- Can easily multi-task

#### Systems Trait

##### High Conformity

- Prefers structured and standard operating procedures, concerned with accuracy
- Communication style is guarded, cautious and exacting

##### Low Conformity

- Can see the big picture and does not need a pre-set structure to work in
- Independent wants to live by their own rules

## Work Style Approaches

Many times doctors do not understand why their employees wait to be told what to do. This can easily be explained by understanding the three work style approaches. It is wise to hire a person with a Thrust or Ste-Nacity work style for any leadership position in the office.

### Thrust

- **Initiates** and completes a project or task with **rocket launch energy** and a persistent manner

### Ste-Nacity

- A coined word of PDP from steadfast and tenacious
- **Initiates** and completes a project or task in a **steady** and persistent manner

### Allegiance

- **Looks to an outer-directed source** (supervisor) to be told what needs to be done
- **Supports** completing a project, or task **rarely initiates**

## SECOND: Follow a System

### Have a written job description.

- Identify specific job duties and traits/strengths needed to perform the job effectively. Behavioral assessment surveys help put the right person in the correct position by picking the candidate with the right strengths.

### Write an effective ad.

- The best workers are already working for someone else; however, they may not be satisfied and are looking for a change. Rather than placing a standard ad that is worded like everyone else's, write an ad that includes motivators for the type of person you would like to hire.

### Find applicants.

- Word of mouth
- Practice's Facebook page
- *Indeed.com*
- *DentalPost.net*
- *ZipRecruiter.com*
- Millennials sometimes seek out employers. Large practices can have a section on their website, "Join our growing team," with information about applying for employment.
- Post ad at the local college career center or dental assistant and hygiene schools.

### Have applicants email resumes to the office.

- This allows applicants to be prescreened and an indication of their ability to follow directions.

## Narrow your list of applicants through a telephone or virtual interview. A good match can quickly be determined before spending time on an in-office interview.

- The majority of a person's communication is non-verbal; therefore, initial virtual interviews are recommended. Most candidates are familiar with virtual platforms such as Zoom.
- Applicants can look good on paper, but they can have poor grammar, manners, interpersonal and verbal skills.
- Review job requirements and the applicants' skills and experiences.
- Discuss salary range, benefit requirements, geographic location, and available work hours to see if they are compatible.
- Perform a social network scan online.

### Initial In-Office Interview

- To maximize efficiency, a well-trained team member, preferably the office manager, may conduct the initial interview with the Front Office or Clinical Coordinators, depending on which department is hiring.
- Have the applicant complete the following forms:
  - Employment Application
  - Authorization for a criminal background check
  - Authorization to check references
- Show the applicant a written job description and discuss the duties.
- Prepare a list of interviewing questions that explore the following traits: initiative, organization, conscientiousness, communication, teamwork and experience.
- Ask open-ended questions. Do not ask questions that can be answered with yes or no. If the interviewee begins answering with yes or no, ask them to explain.
- The interviewer should talk less than 25 percent of the time. The purpose of the interview is to let the applicant share their abilities and experiences.
- If the applicant is promising, have them take a tour of the office, meet team members and the doctor.
- If the team feels the applicant is motivated and shows promise, continue with the next steps.

### Hire based on behavioral strengths and traits, not only skills.

- Have applicants take a behavioral assessment survey to determine if they have the strengths and traits needed to succeed in the position. This is one of the most important steps when hiring a new employee. An employee can be trained on specific job skills; however, it is difficult to change someone's natural strengths or personality.
- If the applicant's trait survey shows, they have the right strengths for the job, proceed to the next steps.

### **Always check references.**

- *This is essential!* Many people know how to package themselves to cover up past problems. While employers might only be willing to confirm employment dates, try to determine their overall satisfaction with the employee by their tone of voice and other comments.
- If the applicant has previously worked in a dental office, be sure you dial the office number and speak with the previous employer. Applicants have been known to commit fraud by giving a friend's cell phone number who is posing as the doctor for the reference check.

### **Describe your perceptions and observations of the applicant to determine if they are correct.**

- Ask the doctor if there is anything else they would like to share with you. One of the most crucial questions to ask is: "If you had a position open up in your office, would you rehire this person?"
- Always have signed authorization to call references. Never contact an applicant's current employer unless they have given permission. Not only could it cost an applicant their job, but it is also illegal.

### **Perform a criminal background check.**

- If the applicant's references are positive, then complete a *national* criminal background check.

### **Conduct a skills assessment interview.**

- Ask the applicant to come in for a half-day skills assessment.
- Observing the applicant in the office will indicate the applicant's current skills, ability to work with others and follow directions, speed of work, and adaptability to your unique work environment.
- Check your state laws for paying applicants for their time to ensure you are following required protocols.

### **Lunch out.**

- If the skills assessment goes well, suggest the applicant have lunch with team members they will most closely be working with. The doctor should pay for this lunch, but neither the doctor nor the office manager should attend. Ask the team to observe and give feedback on the applicant's politeness, manners, and personality outside the office. They should also assess the applicant's interest in the job itself, not just the paycheck and benefits.

### **Ask the team's opinion about hiring the applicant.**

- Is the team comfortable with this person and willing to let them into the dental family?
  - No matter how qualified the applicant is, if the team is unsupportive, there will be problems, and the new hire will eventually leave.

### **Proper Certification**

- Make certification verification a condition for employment. It is not uncommon to find dentists using assistants who had indicated they were licensed to take X-rays but who actually are not. Or, it has happened that a coronal polishing assistant presented themselves as a hygienist when they moved to a state that did not allow assistants to coronal polish. The unsuspecting dentist hired this person as a hygienist! They neglected to do a reference check.

### **Hiring**

- After the applicant accepts the position, have them complete all required personnel records. Employee files should be kept in a locked file.

### **Orientation for the New Employee**

- Introduce them to all team members.
- They must be made to feel welcome and part of the team.
- Have them read the Employee Manual and sign a statement that they have read and agree with the office policies.
- Review salary and benefits package.
- Share and discuss the practice Patient and Team mission statements, what they mean and how to live it in the office.
- Communicate the practice culture; who is in charge of what, who they report to, attitudes and communication expectations, along with your practice philosophy and beliefs.
- Review the written job description.

### **Encourage team relationships.**

- Arrange to have different team members who will be working closely with the new employee go to lunch with them and have them check in regularly.

### **Training the new employee.**

- Create a list of duties for which they must be proficient. Mark the duties off as the employee demonstrates the acceptable ability.
  - Assign a well-trained veteran staff member to instruct the new employee, answer questions, and check progress.
- Use the method; Tell, Show, Do

- Ask:
  - What do you know about this?
  - What are your strengths, weaknesses?
  - How can I best teach you?
  - How do you like to learn something new?
- Tell the new hire:
  - The importance of each function and how it fits into the big picture.
  - The benchmark of acceptable performance for each job duty they have.
- Have the new hire role play as much as possible. They will not own the new behavior until they have done it themselves many times.

**Regularly coach the new employee.**

- Schedule a 5-10 minute debriefing with the new hire at the end of each day for the first two weeks and every other day for weeks three and four. The doctor and office manager should conduct a 30, 60, and 90-day review. Review daily with the new hire:
  - What they did well.
  - What and how do they need to do something differently?
  - What do you want them to focus on the following day?
  - Ask what was their biggest struggle today?
  - Ask what they would like help with tomorrow?
  - Ask what they learned today that impacted them the most?

**Hiring people is an art, not a science, and resumes can't tell you whether someone will fit into a company's culture."**

~ Howard Schulz

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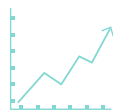
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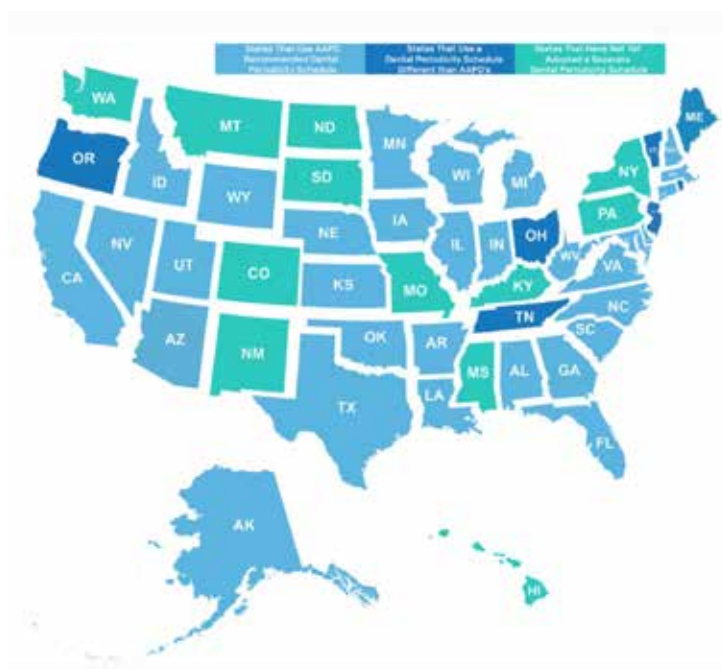
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## Dental Periodicity Schedule for Your State

Seeking to understand Medicaid dental coverage for children in your state? Look no further! We are excited to share the updated State Dental Periodicity Schedules. This online AAPD resource includes concise information and clear visuals for your state's Early and Periodic Screening, Diagnostic, and Treatment (**EPSDT**) services. You can view links to each state's relevant periodicity schedule, as well as a color-coded map divided by:

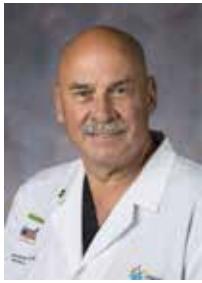
- States That Use AAPD Recommended Dental Periodicity Schedule (light blue)
- States That Use a Dental Periodicity Schedule Different than AAPD's (dark blue)
- States That Have Not Yet Adopted a Separate Dental Periodicity Schedule (green)

Explore this free resource by visiting the AAPD Policy Center webpage at <https://www.aapd.org/research/policy-center/state-dental-periodicity-schedules/>.



# National Adult Medicaid Dental Services Would Benefit Patients with Special Needs

By Dr. Paul S. Casamassimo, Chief Policy Officer



Persons with special health care needs (**PSHCN**) in this country would benefit tremendously from a universal adult dental benefit in Medicaid. As in many aspects of our society, they are the forgotten 20 percent of Americans.<sup>1</sup> In actuality, one in three persons in Medicaid are those with disabilities. In the Early and Periodic Screening, Diagnostic and Treatment (**EPSDT**) program, younger PSHCN

covered by Medicaid enjoy access to oral health care, but at adulthood enter the limbo of the Affordable Care Act and many, eventually, the purgatory of unpredictable coverage or the hell of none. Alternative sources of funding for poor special needs adults vary by state. Those with mild disability who may be under- or unemployed and without health coverage, as well as those with acquired disabilities, may not have access to oral health care. Many adult PSHCN without a source of oral health care end up in the vast queue of Americans who: (1) rely on emergency medical management of preventable dental problems, (2) often require hospitalization to achieve that care, and (3) upon returning to society, have no source of rehabilitation and restoration of function, much less oral health supervision. The downward cycle begins again.

An adult dental benefit in Medicaid offers both beneficial human and fiscal outcomes. Reduction in suffering and health equity should be benefit enough. The return on investment from EPSDT-supported care should be another motivator to those who pay for and have to manage acute needs. A third more subtle benefit is safety. Many special needs patients have medical conditions kept at bay with advances in medical care in childhood and adolescence, but who in adulthood suffer from accumulated systemic effects that can be exacerbated by dental disease and compromise its treatment. An adult benefit would offer the opportunity to many patients to prevent risks associated with decades of dental neglect and accumulated need, capped with significant medical problems.

Another major good that would emerge from an adult benefit would be, at last, some compensation for care to institutions, training programs, and safety net clinics that have carried the burden for dentistry for both poor and special needs adults. Case management compensation is at least a decade or more away from being routine, but even Medicaid's meager compensation for dental procedures will help defray some cost of direct care and case management of social obstacles to care for these safety nets.

Sadly, it is unlikely that dentistry will immediately embrace adults in Medicaid, much less those with special needs, even with dental benefits. Medicaid's history with dentistry isn't rosy. Pervasive misconceptions within the profession, along with likely continued low reimbursement, will make this an uphill trek. The lack of trained generalists is another confounder, as only recently have predoctoral dental education standards

moved past a "referral competency" related to people with special needs. It will take decades to amass a general dental community capable of caring for people with special needs, irrespective of coverage. Pediatric dentists reading this commentary are all too familiar with the "white coat ceiling" when trying to refer patients with special needs who need adult dental homes.<sup>2</sup> Sadly, too few programs like the NYU Dentistry Oral Health Center for People with Disabilities<sup>3</sup> exist in dental schools to immerse predoctoral students in care of special needs patients. History has shown us that general practice residencies have not been able to generate adequate numbers of dentists willing to and capable of treating those with special needs, and lack of compensation exacerbates that shortage.

Other unknowns are the expectations and promotion by state and the federal government toward expenditures aimed at an adult Medicaid population. Dental programs in general are a low priority in Medicaid, accounting for about four percent of expenditures,<sup>4</sup> and it is estimated that an adult benefit adds only one percent to a state's burden.<sup>5</sup> Yet even with the negative fiscal and human toll of oral health problems noted above, dentistry barely gets noticed in many states, and it is the state that bears most of the cost. The oral health needs of the special needs population are at risk of being caught in the widespread disinterest in a Medicaid adult dental benefit, despite its low cost.

Lastly, with all but a handful of states engaged in the managed care Medicaid experiment, it is unclear how an adult benefit would fit into the fiscal model of payer organizations. With an adult benefit in place, managed care organizations would inherit an EPSDT-groomed population with minimal needs, but still at risk. A *robust* adult benefit would be needed to support health and deter a second standard of care for those covered. The balance of oral health with corporate and government fiscal health is already a juggling act in managed care Medicaid dentistry; an adult benefit, especially one that addresses the challenges of those with special needs, adds another ball. The fact that the emergency and inevitable medical costs of dental neglect often fall outside the dental administrator's responsibility doesn't help to move the needle forward.

In summary, an adult benefit in Medicaid would be a large step forward in oral health equity for America's poor and particularly those with special needs. States that have already provided an adult benefit offer guidance and impact measures on how an adult benefit would affect states. Now, a meaningful dental benefit in Medicare is a competing priority of organized dentistry. Oral health coverage in Medicare would enable those who have had employer-supported or self-paid oral health coverage to extend access to oral health care into their senior years. What is missing in the discussion is that a large cohort of poor older Americans, denied adult benefits in Medicaid, would come to Medicare with a lifetime of accumulated dental needs. If that happens, it is not hard to see the outcome become one of "dentitions of despair" to borrow a concept from medicine,<sup>6</sup>

with services focused on and unintentionally encouraging an inevitable, unavoidable and less expensive decline to policy-facilitated edentulism. For the special needs population, even with a Medicare benefit, dentitions damaged by neglect over a lifetime will be accompanied by accumulated medical issues complicating treatment and limiting treatment goals for future oral health.

A universal adult Medicaid benefit is a means-tested path to oral health equity and compassion for those with special needs and a way to maximize the return on investment of EPSDT's opportunity to provide oral health to a large segment of our society.

## References

1. Kaiser Family Foundation. Medicaid in the United States. October, 2019.
2. Nowak AJ, Casamassimo PS, Slayton R. Facilitating the transition of patients with special health care needs from pediatric to adult oral health care. *JADA* 2010;14(11):1351-1356. <https://pubmed.ncbi.nlm.nih.gov/21037193/>. Published November 2010.
3. New York University College of Dentistry, Evolution of oral health for persons with disabilities, *Global Health Nexus*. 2020; 21(1): 16-19. [https://dental.nyu.edu/content/dam/nyudental/documents/Nexus\\_S2020.pdf](https://dental.nyu.edu/content/dam/nyudental/documents/Nexus_S2020.pdf). Published Spring 2020. Accessed August 14, 2021.
4. Crall JJ, Vujicic M. Children's oral health: progress policy development and priorities for continued improvement. *Health Aff (Millwood)*. 2020;39(101):1762-1769. <https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2020.00799> Published October 2020.
5. Health Policy Institute, American Dental Association. Infographic. Medicaid expansion and dental benefit coverage. [https://www.ada.org/~/media/ADA/Science%20and%20Research/HPI/Files/HPIgraphic\\_1218\\_3.pdf?la=en](https://www.ada.org/~/media/ADA/Science%20and%20Research/HPI/Files/HPIgraphic_1218_3.pdf?la=en) Published December 2018. Accessed August 15, 2021.
6. Leonhardt D. The Morning Newsletter: Life Expectancy, Falling. *The New York Times*. July 22, 2021. <https://www.nytimes.com/2021/07/22/briefing/life-expectancy-falling-covid-pandemic.html>. Accessed July 22, 2021.

## Did you know...

The AAPD received a 2021 APEX (**Award for Publication Excellence**) for its "Re-emergence: Pediatric Dentistry Practice Checklist" from Communications Concepts. Created by the Safety Committee through the Policy Center, this member resource offers the most useful research and relevant guidance on safe practice during the pandemic, updated as new information emerges.



**Stay up-to-date on AAPD Latest News by visiting the News Room on the AAPD website under the About section.**





# Welcome ABPD Director: Brian Hodgson, DDS

The American Board of Pediatric Dentistry (ABPD) is pleased to introduce our newest appointed director, Dr. Brian Hodgson. He will serve on the Board of Directors for ABPD from 2021-



Brian Hodgson, DDS

2027. He completed his undergraduate and doctorate education at Marquette University. Dr. Hodgson is a decorated retired United States Naval Officer and after completing his Certificate in Pediatric Dentistry at the Children's Hospital of Wisconsin in 1993, served in the U.S. Navy Reserves from 1993 until 2020. Dr. Hodgson has supported the mission of the American Board of Pediatric Dentistry since pursuing his board certification. Prior to serving various roles with ABPD, he mentored many colleagues to achieve

board certification, became a consultant examiner for the Oral Clinical Examination (OCE), and was selected as a member and ultimately chosen to be a Part Leader on the Oral Clinical Examination Subcommittee. Dr. Hodgson has been an educator to dental students and residents since 1993 at Marquette University and the Children's Wisconsin Residency Program. In addition to teaching, Dr. Hodgson maintained a private practice for many years, authored many publications on a wide range of pediatric dental topics, and presented at national and international dental meetings.

On a personal note, Dr. Hodgson has three profound

personality characteristics that are immediately evident. He is brilliant, genuinely cares for everyone present in his life, especially the children and adults with special health care needs he serves, and comprehensively fulfills every role in his life with gratitude and humility. Dr. Hodgson is an avid sailor and nutrition and health enthusiast. The Hodgson Family is talented and diverse in expertise. Dr. Hodgson's wife Debbie is a Certified Public Accountant. Both his son and daughter graduated from Marquette University. Zach is a physical therapist, and Amanda is an officer of the law.

Dr. Hodgson has chosen to champion the "High-Quality Certification Process" aspect of the ABPD Strategic Plan. His timing is impeccable, as his tenure in leadership will capture the launch of the new ABPD Practice Analysis designed to enhance the examinations used in the board certification and renewal process. He will also spend his first year in leadership in the development and launch of the new ABPD Strategic Plan, and he will see the directed work through to fruition. Dr. Hodgson hit the ground running last spring and has already begun work to innovate the ABPD certification process to serve all its stakeholders.

We welcome Dr. Hodgson to the Board of Directors who, together with the entire ABPD community, are committed to the mission of ABPD.



E. LaRee Johnson, DDS, MS  
Immediate Past President, ABPD  
Board Certified 2001  
Raleigh, NC

## Research Fellowships Awarded

2021-2022 Jeffrey A. Dean/ABPD Research Fellows: Congratulations to our first research fellowship recipients! These two scholars will each receive \$15,000 to assist with their research efforts. They will present their findings after the Research Fellow year concludes in August of 2022.

**Allison Scully, DDS, MS**  
Indiana University

**Project Title: Assessment of the Association of Board Certification Status on State Board Disciplinary Actions of Pediatric Dentists**

Dr. Scully studied at the University of Michigan, and was board certified in 2018. Her research will focus on how board certification status affects the outcome of state board disciplinary actions, or if there is correlation between being board certified and the instances of disciplinary action.

**Keith Da Silva, DDS, MS**  
University of Saskatchewan

**Project Title: An Evaluation of Dental Continuing Professional Development Programs in the USA and Canada**

Dr. Da Silva studied at New York Presbyterian Hospital, and was board certified in 2010. With his research, Dr. Da Silva seeks to answer what the differences are in minimum continuing professional development (CPD) requirements to maintain mandatory dental licensure and/or voluntary certifications across different jurisdictions in the USA and Canada.

2022-2023 Jeffrey A. Dean/ABPD Research Fellowship applications will be accepted January – May 2022. More information is available on our website: [www.abpd.org](http://www.abpd.org) > About ABPD > Grantmaking The inaugural Jeffrey A. Dean/ABPD Research Grant awards application will open in the summer of 2022. Additional details will be available on our website early 2022.

## Coding Corner

### Reporting COVID-19 tests

In 2020, the ADA approved two dental codes for reporting coronavirus testing.

- **D0604** antigen testing for public health related pathogens including coronavirus Author's note: An antigen test typically utilizes swabs to take samples from the patient's nasal cavity. Some antigen tests are performed on blood specimens. An antigen test determines whether the patient is currently infected with SARS-CoV-2, also known as the COVID-19 virus.
- **D0605** antibody testing for public health related pathogens including coronavirus or serology, test to determine whether the patient has been infected by the virus. This type of test is typically used to determine whether a patient has been previously infected. It is not always accurate in determining a current infection, as the patient may have recovered.

#### Diagnoses Codes

When reporting either POC testing for COVID-19 or specimen collection for laboratory testing, a valid diagnosis code is required. To report a confirmed case of COVID-19, the primary ICD-10-CM code reported is U07.1 (2019-nCoV acute respiratory disease). Secondary conditions, such as pneumonia, may be reported as secondary diagnoses. CDC guidelines state that U07.1 is to be reported only for confirmed cases of COVID-19. For conditions not yet confirmed as COVID-19, the symptom(s) will be reported as the reason for testing.

Examples of appropriate ICD-10-CM codes to report for COVID-19 testing include, but are not limited to:

- R05 Cough
- R06.02 Shortness of breath
- R50.9 Fever, unspecified

#### Resources for More Information

For updated information on COVID-19 and how it may affect your practice, we recommend the following resources:

- [www.ADA.org](http://www.ADA.org)
- <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>

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



# A single software system for the pedo-ortho practice.

Dolphin has been adding pediatric features and tools to its Management, Imaging and Aquarium products:

### Dolphin Management Specialty – Pedo:

- Manage scheduling and patient treatment for pedo and ortho in one place
- Distinct ledgers and billing for pedo and ortho
- Effectively track and market to your patients for pedo and ortho treatment

### Dolphin Imaging:

- Magnify and Spotlight toolbar tools
- Pediatric/dental FMX layouts

### Aquarium:

- Pediatric Library containing more than 50 pedo-specific patient education movies
- New content added every two months

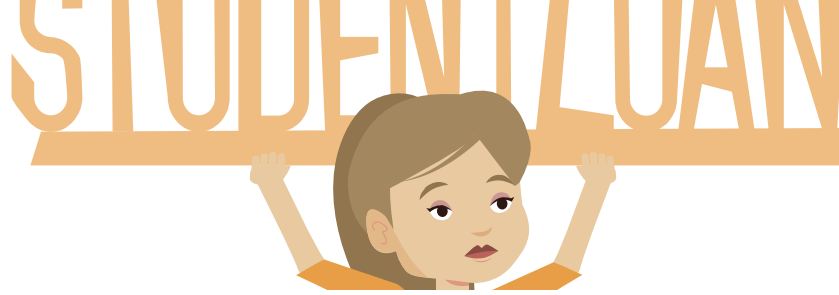
These products are joined by a full suite of complementary software and services for ortho-pedo practices that includes mobile and Cloud options.

For more info visit [www.dolphinimaging.com/pediatric](http://www.dolphinimaging.com/pediatric).



Treatment Card





## Seven Tips As You Re-start Student Loan Payments

Patrick Cortazzo Jr. CSLP®, ChFC® Associate Wealth Advisor  
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[pcortazzo@treloaronline.com](mailto:pcortazzo@treloaronline.com)

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If you've taken out loans to pay for dental school, you likely experienced a brief pause in your payments during the pandemic. But everything must come to an end, and this momentary relief will, too. Here are some tips to ease your transition.

**#1 Remember what kind of repayment plan you committed to.** If the administrative forbearance for your loan ends at the close of September 2021, you can anticipate your loan payments to resume in October 2021. It may be a while since you paid attention to your school loans. Now would be a good time to check with your provider to find out exactly when you need to start paying, and how much. Remember a 'standard' repayment plan is 10 years, though there are several alternate plans. Make sure your repayment plan is still appropriate for your current situation and consider alternatives if there have been changes.

**#2 Knowledge is power.** Knowing what type of loans you have, whether it's a direct loan or an FFEL loan, and whether it's subsidized or unsubsidized can help shed light on whether you have additional options with regard to student loan repayment. The more you know about how your loan works, the better informed you'll be on what next steps make sense for you.

**#3 Pay attention to changes in income.** Especially if you have really low monthly payments, it is important to note if your income has changed (decreased or increased), because you will have to recertify that income at some point, and that could dramatically change how much you're paying on a month-to-month basis.

**#4 IDR versus refinancing? Crunch the numbers.** Many of the questions that we get are around "should I stay on an income-driven repayment plan or refinance?" Valid question, especially with interest rates as low as they are now (2021). You need to consider several factors. Let's say you refinance your loan, the cost is going to be the interest that you pay on it, and the length of loan repayment is typically fixed. However, with income-driven repayment, calculating cost becomes more complex, because the cost is dependent on your income and its growth over the course of your career. You'll need to make some assumptions (which may or may not hold over time). Also, certain IDR plans will cap your monthly loan payments at your Standard 10-year amount, one of the exceptions being Revised Pay As You Earn (**REPAYE**). There is no maximum monthly payment for REPAYE. If your income increases to this level, you may pay your loans off at a much higher interest rate compared to refinancing.

**#5 Don't assume forgiveness.** Income-Driven Repayment plans will forgive any outstanding loan balance remaining after 20-25 years depending on the plan. There's no guarantee that will happen. Your income may increase enough that your loans will be repaid in full prior to receiving any forgiveness, often at a higher interest rate (more costly) compared to if you refinanced. If the balance of your loan is forgiven, it's important to know the forgiven amount may be treated as ordinary income and be taxable in addition to your existing income. To that end, you may be stuck with a large tax bill that will need to be paid out of your existing assets.

**#6 Understand the difference between consolidation and refinancing.** Consolidation combines your outstanding loans and allow you to make a single payment based on a weighted average interest rate rounded up by .125 percent. It typically does not reduce how much interest you pay. Consolidation may make sense in certain situations. Beware of companies offering to consolidate your loans for a fee. These are often a scam. You should always work directly with your loan servicer and trusted advisor to make changes to your repayment plan.

Refinancing on the other hand, entails finding a lender that will pay off your federal loans, and then issuing you a new loan with a certain interest rate, whether fixed or variable, for a certain duration of time, known as the term of the loan.

**#7 Work with an advisor who is educated on student loan repayment plans and who knows your field of study.** Not all financial advisors understand the complexities of student loan repayment in the field of dentistry. Find one who does, it's worth it to work with someone who has experience in this area.



#### About Treloar & Heisel

*Treloar & Heisel offers dental and medical professionals a comprehensive suite of financial products and services ranging from business and personal insurance to wealth management. We are proud to assist thousands of clients from residency to practice and through retirement. Our experienced teams deliver custom-tailored advice through an active local presence, while our strong national network ensures that clients experience the same high level of service throughout the country. For more information, visit us at [treloaronline.com](http://treloaronline.com).*

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TH-210135



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

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

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- Pediatric dental assistant video training modules in key practice areas with optional Q&A assessments.
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*...and so much more!*

As a PDTA member, your practice receives terrific benefits. Your dental assistants gain valuable knowledge and training. Their increased abilities help grow and develop your practice. And overall communication and patient care are greatly improved. Learning new skills and sharpening the skills of your existing assistants is the key to keeping your practice happy, productive, and profitable.

*\*additional fee*



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# Opportunities

For information regarding placing a listing in *PDT* or *Pediatric Dentistry* please visit the AAPD Career Center at <http://jobs.aapd.org> or call (312) 337-2169.

## SEEKING PEDIATRIC DENTISTS

**ALASKA—JUNEAU.** Position Summary: Our pediatric dentists work in a beautiful 8 chair clinic in Juneau with an amazing group of professionals enjoying their profession in Southeast Alaska! Living and working in Alaska is an amazing adventure. Many people visit Alaska, but very few people can say that they ever lived here. The scenery is amazing and the opportunities for outdoor recreation are unlimited. Southeast Alaska is a temperate rain forest. We get lots of rain and decent winter snow most years, but the temperatures are mild year round - rarely below 10F in the winter or above 75F in the summer. We boast fantastic hiking, fishing, wildlife watching, boating, camping, hunting, cross country and downhill skiing, glaciers, and more! Additional Info: At SEARHC, we see our employees as our strongest assets. One of our top priorities is to further providers in their professional development. Working at SEARHC is more than a job, it's a fulfilling career. We offer generous benefits including health benefit options, life insurance, retirement, PTO, medical malpractice at no expense to the provider, CME, provider commitment bonus + sign-on and relocation assistance, if applicable. Interested in learning more? Send your resume and contact information to Kathy Miller, Provider Recruitment Director via email to [kmiller@searhc.org](mailto:kmiller@searhc.org) or call (907)966-8658 or submit your resume here and we'll contact you! Education Required: D.D.S. or D.M.D. degree and Pediatric Dental Residency. Graduate of an accredited program with the D.D.S. and Pediatric Dental Residency. Board Certification preferred. Licensure Requirement: Dental License in the State of Alaska or another U.S. State.

**ARIZONA—GOODYEAR.** Exceptional pediatric dental practice has a wonderful opportunity for a pediatric dental associate! We have a well-established, non-corporate, state of the art, themed office in a rapidly growing area. Our office is looking for an enthusiastic pediatric dentist to join our growing team who will provide high quality care to our patients on either a full-time or part-time basis. Our office is doctor owned, offers patient-centered treatment (accepting private PPO dental insurances only/ no state based plans), and has been a successful business for 16 years. We also offer in-office general anesthesia in our surgical suite dedicated to weekly general anesthesia days and are open weekdays only (no weekends). Associates earn a guaranteed daily salary, quarterly bonuses, paid vacation days if full time, and share in the corporate retirement plan as well as group medical insurance. Please email your C.V. to [hilgersk@yahoo.com](mailto:hilgersk@yahoo.com) to learn more about this exciting opportunity! D.D.S. or D.M.D. with a certificate from a pediatric dental residency program Current residents may apply.

**CALIFORNIA—FONTANA.** At Dentistry 4 Kids - kids dental care comes first. Established in 1998 with 12 locations in Inland Empire and Orange County of southern California, with 4 locations to open this year! We are expanding and in need of skilled experienced Pediatric Dentists or even

Dentists fresh out of residency. Dentistry 4 Kids is a Southern California based company that offer comprehensive dental services to include Preventive dental care, orthodontics and oral surgery services. We also own our own surgery center so we offer general anesthesia service for kids in need of having dental treatment done under general anesthesia. Our doctors are paid above industry paid compensation and we are proud to have a high retention rate of our doctors. We cover move in expenses and also offer sign on bonuses. Desired Qualifications: Compassionate & caring, board eligible or board certified, California dental board license and DEA and CPR licenses. For more information please contact [dentistry4kid@gmail.com](mailto:dentistry4kid@gmail.com).

**CALIFORNIA—PASO ROBLES.** Compensation negotiable. This is a wonderful opportunity to join a professional, compassionate team with a mission of delivering quality dental care to the underserved children in San Luis Obispo County. If you are interested in working in a great, collaborative environment as well as living in a beautiful part of California, you should apply for this position. Relocation expenses negotiated based on the location. Compensation will be negotiated based on experience and workweek (3-5 days), starting range will be \$172,000 - \$285,000. Potential for loan repayment through SLRP and PSLF. Currently, we have offices in Paso Robles and San Luis Obispo as well as the Healthy Smiles school site program that utilizes Teledentistry. Learn more at [www.tolosachildrendental.org](http://www.tolosachildrendental.org). Qualified applicants will possess a license to practice dentistry in California and will have graduated from an accredited pediatric dental residency program. Experienced dentists and recent graduates are equally encouraged to apply. If you are interested in joining our team, please contact Suzanne Russell, Executive Director, at (805)238-2216 or [suzanne@tolosadental.org](mailto:suzanne@tolosadental.org).

**COLORADO—DENVER.** Seeking an energetic, compassionate, and passionate person with a desire to be on the forefront of dentistry. We are a highly sought out and education based Fee For Service frenectomy/frenuloplasty practice in Denver helping to pioneer this field. We are helping mothers and babies bond and breastfeed, children with feeding, speech, and sleep issues, and all with better airways. Looking for an associate toward buy in or buy out. We are willing to train. If interested, please email your resume and interest to [DrJesse@ColoradoTongueTie.com](mailto:DrJesse@ColoradoTongueTie.com) Colorado License.

**CONNECTICUT—GALES FERRY.** Pedodontist-Southeastern Connecticut. A well-established successful and growing multi-practice (general, pediatric and orthodontic) office located in New London County is seeking a full-time pediatric dentist. This is an excellent opportunity for a recent residency program graduate. Must be proficient in comprehensive care including oral sedation, in-office IV sedation with a dental anesthesiologist and hospital OR treatment. Full benefit package with compensation based on 50% of collections with a \$1,500.00 per day guaranteed for the first three months. Please e-mail resume to: [Pat2lab@comcast.net](mailto:Pat2lab@comcast.net) or fax resume to (860)464-0186.

**CONNECTICUT—STAMFORD.** Offices in Stamford, Norwalk and Danbury CT. Energetic, talented pediatric dentist wanted for a rapidly growing, excellent Pediatric Dental practice. Great opportunity for a caring, motivated pediatric dentist. New graduates and dentists with experience are welcome. Practices are state of the art facility alongside a highly productive staff. This practice is, without a doubt, one of a kind. Patients and parents love it! Come join a highly trained, compassionate and enthusiastic team. It's just more fun to practice here! Be a part of our outstanding team, providing care for Connecticut's Kids. Generous production-based pay. Full benefit package averaging over \$250K with a 4 to 5 day work week. Interest in providing dental care to children and a passion for educating patients about dental health. Job Types: Full-time, Part-time. Pay: From \$1,000.00 per day. COVID-19 considerations: All ADA sanitization protocols are in place as well as appropriate PPE is supplied to all employees, protecting patients and staff. D.D.S./D.M.D. from a dental education program accredited by the Commission on Dental Accreditation. Pediatric Dentistry Certificate or Diploma. Current, valid license to practice dentistry in the State of Connecticut (License must be in good standing). Current Malpractice Insurance -- minimum coverage of \$1 Million/\$3 Million. Other certifications as required by the State of Connecticut included are CPR, DEA, PALS, etc. For more information please contact [hstrazza@allaboutkidsteeth.com](mailto:hstrazza@allaboutkidsteeth.com).

**FLORIDA—WESLEY CHAPEL.** Looking for a full or part-time, pediatric dentist for a large private pediatric practice in the Wesley Chapel area of Tampa Bay, Florida. A+ rated schools, great neighborhoods. You can enjoy the Florida lifestyle of beaches, boating, and all the activities of a big city like Tampa. Long established, pediatric dental practice with a doctor owner, (no corporate ownership). All PPO and fee-for-service, no medicaid, and no capitation plans. High income potential over \$400K+ per year based on 30% of collections. Digital x-rays and digital panorex in the office. Dentrix software with computers in each room. Fully trained and certified staff in place with years of experience. Potential candidate must have a current Florida dental license. Previous experience in private or corporate offices is preferred. Must be a pediatric dental specialist and must enjoy a fast paced work environment. We are interviewing qualified candidates now. Please provide your current C. V. [tdentalapplicant@yahoo.com](mailto:tdentalapplicant@yahoo.com).

**GEORGIA—ATHENS.** Kwon Pediatric Dentistry is looking for a pediatric dentist to work in its pediatric dental practice located in Athens, GA. We are looking for a doctor who shares our values and is as passionate about helping children achieve a lifetime of great oral health! Come join our supported dental office, where we do just that; support pediatric dentists by bringing them cutting edge technology, well trained support staff, and an industry leading Quality Care Program. The practice is doctor owned and is dedicated to our mission of raising the standard of children's oral healthcare! Our Pediatric Dentist Enjoy: Competitive Compensation package and working

for a doctor owned practice. Being able to focus on patient care, while other professionals handle the business aspects of running a practice (HR, Payroll, Marketing, etc.). We also offer: Clinical Autonomy, Work/Life Balance and the ability to invest in your future - Full-time doctors have the opportunity to purchase equity in D4C Brands. Additional benefits include: Malpractice insurance, Medical, Dental, Vision, PTO and 401K. Sign on bonuses offered! Current residents are encouraged to apply. Please contact Alex English at [alex.english@d4c.com](mailto:alex.english@d4c.com) or (618)558-2183 Candidate Requirements: D.D.S./D.M.D. from an accredited university. Completion of residency from an accredited pediatric residency program. Active Dental Board License.

**GEORGIA—ATLANTA.** Roswell, Milton, Ga area suburbs: 2 Full time pediatric dentists for established pediatric dental private practice. Join a established, growing, and progressive pediatric practice. Established private practice since 2006. Sign up bonus and moving expenses Excellent pay: Guaranteed per Diem with percentage of production. Partnership opportunity. Great schedule Excellent staff support Total Benefits package: Medical, 401k. Malpractice Liability Insurance Coverage aapd CE course and travel expense paid New grads welcome to apply! We will arrange the travel interview. Please call Dr. Nath at (678)763-2600 or email [drnath@kidshappyteeth.com](mailto:drnath@kidshappyteeth.com).

**GEORGIA—AUSTELL.** Dentistry for Children of Georgia is looking for a pediatric dentist to work in it's pediatric dental practice located in Austell, GA. We are looking for a doctor who shares our values and is as passionate about helping children

achieve a lifetime of great oral health! Our Pediatric Dentist Enjoy: Working for a doctor owned practice, being able to focus on patient care, while other professionals handle the business aspects of running a practice (HR, Payroll, Marketing, etc.). We offer: Clinical Autonomy and the ability to INVEST in your future - Full-time doctors have the opportunity to purchase equity in D4C. We cover your malpractice insurance, Medical, Dental, Vision, PTO and 401K. Sign on bonuses offered! Current residents are encouraged to apply. Dentistry for Children of Georgia is an equal opportunity and affirmative action employer that does not discriminate in employment and ensures equal employment opportunity for all persons regardless of their race, color, religion, sex, sexual orientation, gender identity, national origin, or status as a qualified individual with a disability or Vietnam era or other protected veteran. Candidate Requirements: D.D.S./D.M.D. from an accredited university. Completion of residency from an accredited pediatric residency program, Active Dental Board License and A positive attitude with a great personality; excellent chairside manner and communication skills. For more information please contact [alex.english@d4c.com](mailto:alex.english@d4c.com).

**GEORGIA—MORROW.** Dentistry for Children is looking for a pediatric dentist to work in its pediatric dental practice located in Morrow, GA. We are looking for a doctor who shares our values and is as passionate about helping children achieve a lifetime of great oral health! Come join our supported dental office, where we do just that; support pediatric dentists by bringing them cutting edge technology, continued

education, and an industry leading Quality Care Program. The practice is doctor owned and is dedicated to our mission of raising the standard of children's oral healthcare! Our Pediatric Dentist Enjoy: Competitive Compensation package, working for a doctor owned practice. And being able to focus on patient care, while other professionals handle the business aspects of running a practice (HR, Payroll, Marketing, etc.). We also offer Clinical Autonomy, Work/Life Balance and the ability to invest in your future - Full-time doctors have the opportunity to purchase equity in D4C. We provide malpractice insurance, Medical, Dental, Vision, PTO and 401K. Sign on bonuses offered! Current residents are encouraged to apply. Please contact Alex English at [alex.english@d4c.com](mailto:alex.english@d4c.com) or (618)558-2183 Candidate Requirements: D.D.S./D.M.D. from an accredited university, Completion of residency from an accredited pediatric residency program and an Active Dental Board License.

**ILLINOIS—BUFFALO GROVE.** Signing Bonus! We are seeking a licensed pediatric dentist who is team oriented, energetic and fun loving to join our practices in the cities of Buffalo Grove and Crystal Lake. These are large northwest suburbs with great patient sources. Our offices have a positive and cheery atmosphere. We are an ultra modern and high technology office. No HMO or public aid. Compensation includes health insurance, disability and life insurance, 401k, paid time off, malpractice insurance and a very competitive compensation. Come check us out at [www.kidsmyl.com](http://www.kidsmyl.com)! For more information please contact [nwlittleteethbigteeth@gmail.com](mailto:nwlittleteethbigteeth@gmail.com).

**ILLINOIS—CHICAGO.** We are a thriving General Dentistry practice in the Wicker Park / Humboldt Park neighborhood of Chicago and would like to expand our offerings by including pediatric services. We are looking for Pediatric Dentists who have a passion for their profession and compassion for their Patients. We offer very competitive compensation package and very flexible work hours allowing you to achieve the ideal work/life balance you desire. If you would like to know more about our clinic and our staff, please reach out to us. For more information please contact [samir.khan@dsopartnersllc.com](mailto:samir.khan@dsopartnersllc.com).

**ILLINOIS—CLARENDON HILLS.** We are seeking a part-time pediatric dentist to join our growing team at a high-end, fee-for-service, orthodontic and pediatric dentistry specialty practice in Chicago's West Suburbs. We are a patient-focused practice with emphasis on evidence-based quality care. Fully digital with state-of-the-art equipment including digital radiography, CBCT and intra-oral scanners. Compensation is negotiable but guarantees a minimum per diem and can be structured based on collection or production. Please submit a Resume with a cover letter for consideration. Licensed Specialist in Pediatric Dentistry in Illinois, Board-Certified or Board-Eligible. For more information please contact [ramzi@bandandwire.com](mailto:ramzi@bandandwire.com).

**ILLINOIS—ROUND LAKE BEACH.** We are looking for a friendly pediatric specialist to join our growing team in a private dental office in far north suburbs of Chicago. Must be well versed in all phases of pediatric dentistry and licensed to practice in the state of Illinois. Negotiable compensation based on per day along with a sign up bonus and a percentage of collections. For more information please contact [northsuburbdentist@gmail.com](mailto:northsuburbdentist@gmail.com).

**INDIANA—INDIANAPOLIS.** Available in 6-10 months. Central Indiana Associate Opportunity. If you love the outdoors and peaceful live of the Midwest, then this opportunity is for you. Outdoor

## UAB SCHOOL OF DENTISTRY

The University of Alabama at Birmingham

### Assistant/Associate Professor Pediatric Dentistry

The University of Alabama at Birmingham, School of Dentistry, seeks applicants for a full-time Assistant/Associate Professor, in the Department of Pediatric Dentistry. The University of Alabama at Birmingham, School of Dentistry seeks faculty candidates with a demonstrated record of clinical teaching in the advanced dental education program in Pediatric Dentistry and with some involvement in research and service. Candidates with previous teaching experience, including care for children with special health care needs, are strongly encouraged to apply.

Qualified candidates must have a DDS/DMD or equivalent degree. Completion of advanced training in Pediatric Dentistry is required. certificate in pediatric dentistry from an ADA approved program and should be a Diplomate of the American Board of Pediatric Dentistry, have experience in the field, be eligible for license in Alabama and must be able to obtain hospital privileges. Consideration of applicants will begin immediately and will continue until the position is filled.

Opportunities exist for Assistant/Associate Professor ranks. Academic rank, salary, and tenure status will be commensurate with qualifications and experience. Interested individuals are encouraged to apply online at: <https://uab.peopleadmin.com/postings/8748>

*UAB is an Equal Opportunity/Affirmative Action Employer committed to fostering a diverse, equitable and family-friendly environment in which all faculty and staff can excel and achieve work/life balance irrespective of race, national origin, age, genetic or family medical history, gender, faith, gender identity and expression as well as sexual orientation. UAB also encourages applications from individuals with disabilities and veterans. A pre-employment background check investigation is performed on candidates selected for employment.*

enthusiasts worldwide visit Indiana for the ultimate in hiking, biking, boarding, birding, climbing, horseback riding, and fishing. Go camping at many of the National Forests. This city has it all—amazing cuisine, historic landmarks and museums, art galleries, weekly markets, yearly festivals and lots of family fun. This private practice needs a full-time associate to join their busy and growing practice (currently 2 offices and one more coming in Spring of 2022). Position is available 2 days, 3 days or 4 days a week. Only one Saturday per month. Offices are a state-of-art with all updated technology with experienced and devoted staff. The practice offers in-office IV sedation using an anesthesiologist 1 day a week and the OR cases are done at a nearby hospital 1 day a week as well. Compensation- guaranteed base of \$1,200 per day or 35% of collections on everything including hygiene production. Other associates are making over \$300,000 a year. Benefits- paid malpractice, \$2000 towards CE and \$3,000 for moving expenses. Work in a fun, kid-friendly office with all updated technology with qualified and experienced staff. This opportunity will provide a candidate with a wonderful income and a fun place to live and raise a family. For more information please contact [am.arbelaez@hotmail.com](mailto:am.arbelaez@hotmail.com).

**INDIANA—SOUTH BEND.** At The Dental Center of South Bend (Dentistry and Braces for Children and Teenagers), we begin seeing patients as early as age 12-18 months. Establishing rewarding and lasting relationships with our patients is important to us. We pledge excellence in all we do, and we are looking forward to helping you make the most of your smile now and for all the years to come. Experience the difference with The Dental Center of South Bend - Smile Safari. Pediatric Dentist w/Partnership Opportunity. We are currently looking for Full-Time Pediatric Dentists or General Dentists with strong interest in Pediatrics, 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, CE, Sign-on Bonus, relocation), as well as, a partnership opportunity for those seeking a long term home. The ideal candidate will be excited by the many clinical opportunities we have available. We practice all phases of Pediatric Dentistry to include : Hospital Dentistry, SHCN, Tethered Oral Tissues, Space Maintenance, Early Orthodontic Treatment; Phase 1 orthodontics, and INVISALIGN. We also utilize DENTSPLY/Sirona Wave One Gold endodontic systems for simple definitive root canal treatments. Trained and well experienced Expanded Function Dental assistants are available to provide definitive care within their scope of practice. Contact us to find out more before making your next career move. We have been working diligently to ensure all our patients and staff feel safe and protected while in our office. We now have Plexi-glass Barriers in the reception area and in selected clinical areas. We have all the proper PPE for the staff and are CDC COVID-19 compliant. Must have completion of Pediatric Dental Residency and licensed to practice dentistry in the State of IN. The Dental Center of South Bend Smile Safari is a highly successful affiliated specialty practice of Dental Care Alliance(DCA). Dental Care Alliance. Stronger Together. [www.dentalcarealliance.net](http://www.dentalcarealliance.net). For more information please contact [bames@dentalcarealliance.com](mailto:bames@dentalcarealliance.com).

**INDIANA—SOUTH BEND.** Our busy, growing pediatric practice is looking for the right candidate to replace our senior dentist who is retiring from patient care. Compassionate, friendly and a desire

to provide excellent care is what we are looking for. Our 20-year-old practice is led by four like-minded pediatric dentists and is fully staffed with excellent expanded duty dental assistants, hygienists and administrative personnel. We have two beautiful offices contemporary in design, space and function. Our practice provides the full scope of preventive and restorative care from ages newborn to 18 years. We have privileges at a local hospital, surgery center, as well as offering in-office general anesthesia. Our highly respected practice is the result of our commitment to providing personalized care in an environment comfortable for both parents and children of all ages. We are located in north central Indiana and enjoy a very reasonable cost of living with large city amenities available in nearby Chicago, Indianapolis and Detroit. We are a short drive to the beautiful west coast of Michigan with plenty of outdoor activities throughout the four seasons. Com Board eligible or board certified necessary for out patient privileges. For more information please contact [information@northpointkids.com](mailto:information@northpointkids.com).

**IOWA—DAVENPORT.** Alex Brandtner's Children's Dentistry is looking for a pediatric dentist to work in its pediatric dental practice located in Davenport, IA. We are looking for a doctor who shares our values and is passionate about helping children achieve a lifetime of great oral health! Come join our supported dental office, where we do just that; support pediatric dentists by bringing them cutting edge technology, well trained support staff, and mentorship. The practice is doctor owned and is dedicated to our mission of raising the standard of children's oral healthcare! Our Pediatric Dentist Enjoy: Working for a doctor owned practice and being able to focus on patient care, while other professionals handle the business aspects of running a practice (HR, Payroll, Marketing, etc.). We also offer: Clinical Autonomy, Work/Life Balance and the ability to invest in your future - Full-time doctors have the opportunity to purchase equity in D4C. We cover your Malpractice insurance, Medical, Dental, Vision, PTO and 401K. Sign on bonuses offered! Current residents are encouraged to apply. Candidate Requirements: D.D.S./D.M.D. from an accredited university, completion of residency from an accredited pediatric residency program, Active Dental Board License and a positive attitude with a great personality; excellent chairside manner and communication skills. For more information please contact [alex.english@d4c.com](mailto:alex.english@d4c.com).

**IOWA—URBANDALE.** Children's Dental Center of Central Iowa is looking for a pediatric dentist to work in its pediatric dental practice in Urbandale, Iowa. We are looking for a doctor who shares our values and is as passionate about helping children achieve a lifetime of great oral health! Come join our supported dental office, where we do just that; support pediatric dentists by bringing them cutting edge technology, continued education, and mentorship while you build the practice of your dreams. The practice is doctor owned and is dedicated to our mission of raising the standard of children's oral healthcare! Our Pediatric Dentist Enjoy: Working for a doctor owned practice and being able to focus on patient care, while other professionals handle the business aspects of running a practice (HR, Payroll, Marketing, etc.). We also offer: Clinical Autonomy and the ability to invest in your future - Full-time doctors have the opportunity to purchase equity in D4C. Additionally we cover we cover your malpractice insurance, Medical, Dental, Vision, PTO and 401K. Requirements: D.D.S./D.M.D. from an accredited university, completion of residency from an accredited pediatric residency program, an Active

Dental Board License and a positive attitude with a great personality; excellent chairside manner and communication skills. For more information please contact [alex.english@d4c.com](mailto:alex.english@d4c.com).

**MARYLAND—BALTIMORE.** Dentistry for Children of Maryland is looking for pediatric dentist to work in their pediatric dental practices located throughout Maryland. We are looking for doctors who share our values and are passionate about helping children achieve a lifetime of great oral health! Come join our supported dental offices, where we do just that; support pediatric dentists by bringing them cutting edge technology, a well trained support team, and an industry leading Quality Care Program. The practices are doctor owned and are dedicated to our mission of raising the standard of children's oral healthcare! Our Pediatric Dentists Enjoy: Competitive Compensation package, working for a doctor owned practice and being able to focus on patient care, while other professionals handle the business aspects of running a practice (HR, Payroll, Marketing, etc.). We also offer Clinical Autonomy, Work/Life Balance and the ability to invest in your future. Full-time doctors have the opportunity to purchase equity in D4C. We provide malpractice insurance, Medical, Dental, Vision, PTO and 401K. Sign on bonuses offered! Current residents are encouraged to apply. Please contact Alex English at [alex.english@d4c.com](mailto:alex.english@d4c.com) or (618)558-2183. Candidate Requirements: D.D.S./D.M.D. from an accredited university, completion of residency from an accredited pediatric residency program and an Active Dental Board License.

**MARYLAND—FREDERICK.** This state-of-the-art pediatric owned pedo-ortho practice is located in a fast growing suburban area between Baltimore and Washington DC. This is an excellent practice opportunity for a caring and motivated pediatric dentist. This busy established practice has a mix of private insurance and Medicaid patients. The office has an outstanding reputation in the area and patient care is our top priority as well as maintaining a friendly team-based work environment. The open position is flexible with 2-4 days a week available beginning February 2021. Opportunity for OR dentistry and oral sedation if desired. The position comes with a guaranteed salary, benefits, and percentage of production. Please contact Dr. Sivi at (301)514-6588 or email [drsvivi@aol.com](mailto:drsvivi@aol.com). Required: certification in pediatric dentistry.

**MARYLAND—GERMANTOWN.** We are looking for a part time Pediatric Dentist-Wednesday's for our multi specialty state of the art practice in Germantown, MD. Excellent guaranteed pay and awesome team to work with! Send resume right away to [Practicemanager@totaldentalcaremd.com](mailto:Practicemanager@totaldentalcaremd.com) and please text me at (301)928-7410 to schedule an interview. Dr. SreeniPartner, TDC

**MARYLAND—GLEN BURNIE.** We are looking for a Pediatric Dentist to provide care to our family of patients, work with our wonderful staff and enjoy practicing all aspects of needed care. The position is currently available 3-4 days a week. We are looking to grow this position full time due to the demand in the community. All COVID-19 precautions taken with Aerosol excavation units in use. To learn more about this position and our practice. Please email with C.V. to [ehuang1@gmail.com](mailto:ehuang1@gmail.com) thanks! Completion of Residency in Pediatric Dentistry, Board Certification/eligible a plus, Active Maryland Dental License (or able to obtain by start date), Maryland CDS and DEA license. New Grads welcome!

**MICHIGAN—CHESTERFIELD.** Well established pediatric dental and orthodontic office serving



Metro Detroit area for over 6 years is seeking a motivated and caring pediatric dentist. Our practice, which is non-corporate has a passion for treating children. We are seeking both part-time and full-time opportunities. Experience is welcomed, mentorship available. We offer a very competitive salary and benefit package for the right person including CE allowance and malpractice insurance. We have 3 very modern offices with state-of-the-art equipment, OR privileges at two area hospitals, and in office GA available. To find out more information about our office, please contact Julie Spinek at [julie@growingsmilesdpd.com](mailto:julie@growingsmilesdpd.com).

**MICHIGAN—LINCOLN PARK.** We are an expanding pediatric Dental practice located in Lincoln Park, MI. Our practice is dedicated to giving our young patients the best dental care available. We pride ourselves on providing a happy stress free setting for our little guys and girls by providing using AAPD behavior techniques and general anesthesia for comfort during dental procedures. We are searching for a Pediatric Dentist that is passionate about providing excellent dental health to our community. We have an amazing team here to help you achieve your personal goals as well as the practice goals. We average 130-150 new patients per month. Requirements: Active Michigan Dental License, active malpractice insurance, active Michigan Pediatric Dental License, active DEA and controlled substance for the state of MI. Current C.V. should be e-mailed to [kids1stdentistry@gmail.com](mailto:kids1stdentistry@gmail.com). CPR certified and Basic Life Certification.

**NEW JERSEY—OLD BRIDGE.** KidZdent is offering a full or part-time career opportunity to an enthusiastic, experienced pediatric dentist who is interested in joining an amazing team of professionals, and developing a satisfying career. Applicants 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 CE program and much more! This opportunity to grow and prosper provides our pediatric dental associates with great financial success, as well as personal and professional growth and security. KidZdent is a full-service oral healthcare center for children and is dedicated to pediatric dentistry, interceptive orthodontics, orthodontics, and special needs dentistry. We believe in preventive dentistry, and providing the best options for our patients during each phase of growth and development. For over 40 years, KidZdent has grown to become the most trusted, premier practice in NJ for children's dental health care needs. Join our team of outstanding pediatric dental professionals today by sending your C.V. along with an introductory letter to [christine@kidzdent.com](mailto:christine@kidzdent.com), or by faxing same to Christine at (732)679-8896. Visit our website to learn more about the culture at KidZdent! [www.kidzdent.com](http://www.kidzdent.com).

**NEW YORK—BREWSTER.** At Kids Family Dental of Brewster, we are dedicated to giving your child the highest quality of pediatric dental care. Our Brewster pediatric dental office is customized with your child in mind! We see children as young as six months old. As a Pediatric specialist you will experience the support of a highly trained team of experienced professionals. Responsibilities include: Perform Pediatric dentistry specialized clinical services, including the diagnosis and treatment of diseases, injuries, and malformations of teeth, gums, and related oral structures. Consult with the patient, parent and/or guardian and advise of suggested treatment, risks, benefits and alternatives. Complete treatment planned procedures such as restoring teeth affected by decay and treating gum disease. Maintain the

highest standards of ethics and professionalism while providing treatment. Remain apprised of current technologies and standards of care through CE and professional development. Included: Strong patient referral system, competitive and uncapped earning potential and clinical autonomy to diagnose and treat patients. We are a patient care centric practice with modern facilities and equipment. We have established business support allowing the providers to focus on patient care. We also offer a complete range of benefits for full-time employment. Qualifications: D.D.S./D.M.D. from an accredited Dental School, certificate from an accredited US Pediatric Dental Residency Program and an active Dental License in the state of NY. Kids Family Dental of Brewster is a highly successful affiliated practice of Dental Care Alliance(DCA). At DCA we don't just accept differences we celebrate them and recognize the value this brings to our patients and employees. DCA is proud to be an equal opportunity workplace. Equal opportunity and consideration are afforded to all qualified applicants and employees. We won't unlawfully discriminate on the basis of gender identity or expression, race, ethnicity, religion, national origin, age, sex, marital status, physical or mental disability, Veteran status, sexual orientation, and any other category protected by law. The DCA team is best characterized by the relationships we have with our patients and each other. We embrace collaboration which is necessary to innovate in today's changing world of dentistry. Our culture encourages participation, diversity of thought, innovation, and strong execution. For more information please contact [bames@dentalcarealliance.com](mailto:bames@dentalcarealliance.com). Go further with an ally.

**NEW YORK—CLIFTON PARK.** The Smile Lodge is located in Clifton park New York and is looking to grow its team of dental marvels! Many of our doctors right out of school make over \$350,000 in their first year. This job not only offers very competitive benefits, but also exponential growth for the right leader. We offer both a three day and four day a week option. Avenging dental disease and serving the underserved is what we do. Working as a high-functioning, passionate team is how we do it. One can only appreciate our hows and whats once they have experienced our passion for our why. We invite you to visit The Smile Lodge at your convenience! Benefits Highlights: 6 Weeks of Vacation, Licenses, Dues, MLMIC, and CE Reimbursement, Healthcare Insurance Stipend, 401K Contribution and Long-term Disability Insurance. For more information contact The Smile Lodge at [avengers@smilelodge.com](mailto:avengers@smilelodge.com).

**NEW YORK—CLIFTON PARK.** Experienced Pediatric Dentist? Check out this opportunity! We have a limited opportunity for a pediatric dentist with over 3 years of clinical experience. We are looking for only one doctor with advanced clinical skill. This doctor can make well over \$450k in their first year with us. This job not only offers very competitive benefits but, also exponential growth for the right leader. We offer both a three day and four day a week option. Avenging dental disease and serving the underserved is what we do. Working as a high-functioning, passionate team is how we do it. One can only appreciate our hows and whats once they have experienced our passion for our why. We invite you to visit The Smile Lodge at your convenience! Benefits Highlights: Up to 6 Weeks of Vacation, Licenses, Dues, MLMIC, and CE Reimbursement, Healthcare Insurance Stipend, 401K Contribution and Long-term Disability Insurance. For more information contact The Smile Lodge at [avengers@smilelodge.com](mailto:avengers@smilelodge.com).

**NEW YORK—MANHASSET.** We are seeking a part-time Pediatric Dental Associate to join our team 2 days per week plus select Saturdays. We are an established, fee-for-service practice that has been in business for 14 years. The recently renovated office is sleek, bright, and cheery. Our friendly and experienced staff ensure a fun team atmosphere. We utilize paperless charting and modern equipment including a CO2 laser. We offer competitive compensation, optional health insurance benefits, and a company matching 401K plan. Aside from pediatric dental services, there is also a practicing orthodontist within our office. For more information please contact [glen@happykidsdental.com](mailto:glen@happykidsdental.com).

**NORTH CAROLINA—CHARLOTTE.** We are a multi-location pediatric dental practice with offices in North Carolina and South Carolina. We value teamwork and collaboration with colleagues and staff, and look forward to building lasting relationships with our patient families. We have a diverse team of doctors that take pride in providing quality care to children. Our core value of inclusivity extends beyond our team of doctors and staff to our patient families, empowering us to bring happy and healthy smiles to the community. For more information please contact [practiceadmin@southparkpd.com](mailto:practiceadmin@southparkpd.com).

**NORTH CAROLINA—CHEROKEE.** The purpose of this position is to serve as Pediatric Dentist to provide pediatric and special-needs dental services to the designated population. The purpose of the work is to perform the required dental treatment on the designated population in an efficient and professional manner. These procedures, which require independent judgment and skilled workmanship, affect the attitudes and well-being of the patients. They also affect the efficiency and overall attitude of the dental team. Incumbent must be a degreed graduate from an American Dental Association accredited dental program. This would include an undergraduate degree and a doctoral degree in dental practice. Incumbent must have successfully completed a Pediatric Dentistry Advanced Training Program that is accredited by the Commission on Dental Accreditation. The incumbent must be board certified by the American Board of Pediatric Dentistry (ABPD) with successful completion of the Qualifying Examination (QE) and the Oral Clinical Examination (OCE). The incumbent is expected to complete the Renewal of Certification Process (ROC-P) as stipulated by the ABPD to maintain active pediatric board certification. Have an unrestricted license in the State of North Carolina or an unrestricted license in another state. Incumbent holding an unrestricted license in another state must obtain an unrestricted license to practice dentistry in the State of North Carolina within one year of hiring. Current BLS. The incumbent is required to obtain and maintain all certification and education requirements as stipulated by an off-site hospital to maintain operating room privileges including but not limited to Pediatric Advanced Life Support (PALS) and/or Advanced Cardiovascular Life Support (ACLS) certification by the American Heart Association. For more information please contact [Tara.Reed-Cooper@cherokeehospital.org](mailto:Tara.Reed-Cooper@cherokeehospital.org).

**NORTH CAROLINA—MONROE.** Excellent opportunity is waiting for you to join a prosperous private dental practice in the Charlotte North Carolina area. If you are just getting started or want new experiences, come and join me as an associate dentist. We are paperless and we Dentrix Software and Digital X rays. Our roomy office is patient/parent friendly with multiple

private rooms and 3 bay areas with N20. We focus preventative dentistry and have networked our clinical area with educational programming. Our friendly and bilingual staff is fully trained, and you have no administrative duties. Guaranteed Salary \$275,000.00 per year. This opportunity along with your guaranteed salary will include loan repayment, medical benefits, vacation, malpractice insurance and holidays. Please contact: Amelia Foster by phone: (336)451-1957 Office: (336)230-0346, or email: [pedodds@pedodoctor.com](mailto:pedodds@pedodoctor.com).

**NORTH CAROLINA—MORGANTON.** Immediate opening available for a Pediatric Dentist to join our well established, multi provider team! Great income and growth potential. Full or Part time is available. We are located in the beautiful Foothills of Western North Carolina. Compensation includes a guaranteed base salary and bonuses. Benefits include medical insurance, malpractice insurance, continuing education allowance and more. Fully staffed with an experienced and knowledgeable team. Contact us for more information at [murphycottmdmpa@bellsouth.net](mailto:murphycottmdmpa@bellsouth.net).

**NORTH CAROLINA—RALEIGH.** Wake Orthodontics & Pediatric Dentistry is a multi-specialty office in the Raleigh/Garner area of NC. We are a dedicated team of orthodontists, pediatric dentists and an oral surgeon committed to the highest quality care in a fun and energetic atmosphere. We have excellent administrative and clinical support in state of the art facilities. We are seeking a board eligible pediatric dentist who is fun loving, energetic, compassionate, hardworking, approachable, and team oriented. We have an excellent compensation package with competitive pay, 401K, health care, generous vacation and CE stipend. Requirements include a dental degree with an accredited university (D.M.D./D.D.S.), certificate in pediatric dentistry from an accredited program and must be board eligible. A license to practice dentistry in North Carolina is also required. Serious applicants please send a current C.V. to [Dora@wakeorthopedo.com](mailto:Dora@wakeorthopedo.com).

**NORTH CAROLINA—WILSON.** Wilson Pediatric Dentistry 2401 Wooten Blvd SW, Suite F Wilson, NC 27893 Wilson Pediatric Dentistry is seeking a part-time or full-time associate pediatric dentist to add to our team in Wilson, NC. We are located 45 minutes east of Raleigh. If you are looking for autonomy, this is the practice for you! Exceeding all CDC guidelines with iWave air purification system in place. Partnership opportunity available if interested. You must have completed an accredited Pediatric Dentistry Residency Program to qualify. Included: Hospital privileges in the local hospital - up to four days a month available. Sign-on bonus prorated over 12 months for first year / CE. To apply: please send your C.V. to Jasmine R. Elmore at [dr4babyteeth@gmail.com](mailto:dr4babyteeth@gmail.com). You must have completed an accredited Pediatric Dentistry Residency Program to qualify.

**NORTH CAROLINA—WINSTON SALEM.** Excellent opportunity is waiting for you to join a prosperous private pediatric dental practice in Winston Salem North Carolina. If you are just getting started or want new experiences, come and join me as an associate dentist in our modern 4,000 square feet practice. We are paperless and we have Dentrix Software and Digital X-rays. Our roomy office is patient/parent friendly with multiple private rooms and 2 bay areas with N20. We focus on preventative dentistry and have networked our clinical area with educational programming. Our friendly and bilingual staff is fully trained, and you have no administrative duties. Guaranteed Starting

Salary \$275,000.00 per year. This opportunity along with your guaranteed salary will include loan repayment, medical benefits, vacation, malpractice insurance and holidays. Please contact: Amelia Foster by phone: (336)451-1957 Office: (336)230-0346 or by email: [pedodds@pedodoctor.com](mailto:pedodds@pedodoctor.com).

**OHIO—CLEVELAND/AKRON/NORTHEAST OHIO.** Expanding non-corporate Pediatric Dental practice in a family-oriented area close to Cleveland/Akron is looking for an energetic compassionate Pediatric Dentist for a P/T or F/T position. Just 25 minutes drive South of Cleveland and an hour and a half drive to Columbus. Modern office, fee for service, some PPO's, all-digital, dedicated staff with great clientele and no Medicaid. GA / IV. Willing to mentor new graduates. Great opportunity for someone looking for an associateship position and making good money. Let's chat and discuss our future opportunity together! Check our office at [www.dentist4kidz.com](http://www.dentist4kidz.com). Apply in confidence to [rvij1@hotmail.com](mailto:rvij1@hotmail.com).

**OREGON—NEWBERG.** Our group is looking for a fulltime 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: 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 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. 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. Ownership Option: For the right fit, ownership/equity buy-in is an option. This option is not for everyone and is not offered without both sides feeling that partnership is in everyone's best interest. We are happy to discuss this with applicants and provide our written pathway to ownership structure. More about the Newberg Area: The area wedged between the coast and mountains in the Northern Willamette Valley. Skiing at Mt. Hood 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 right next door. 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. If you are into great food, wine, the outdoors, and low-stress living, you are really going to enjoy living and working in the Newberg area! If you are interested in learning more we would love to pay for you to visit, meet our doctors, and tour our clinic. Also, please view our website at [www.Newbergkidsdentist.com](http://www.Newbergkidsdentist.com). We look forward to hearing from you soon. Pediatric Dental Specialist/Pedodontist. For more information please contact [Eric@opdconline.com](mailto:Eric@opdconline.com).

**SOUTH CAROLINA—CHARLESTON.** Coastal Kids Dental and Braces is looking for a pediatric dentist to work in its pediatric dental practices located in Charleston, SC. We are looking for a doctor who shares our values and is as passionate about helping children achieve a lifetime of great oral health! Our Pediatric Dentist Enjoy: Working for a doctor owned practice and being able to focus on patient care, while other professionals handle the business aspects of running a practice (HR, Payroll, Marketing, etc.). We also offer Clinical Autonomy and the ability to invest in your future - Full-time doctors have the opportunity to purchase equity in D4C. We cover your malpractice insurance and offer Medical, Dental, Vision, PTO and 401K. Sign on bonuses offered! Current residents are encouraged to apply. Coastal Kids Dental and Braces is an equal opportunity and affirmative action employer that does not discriminate in employment and ensures equal employment opportunity for all persons regardless of their race, color, religion, sex, sexual orientation, gender identity, national origin, or status as a qualified individual with a disability or Vietnam era or other protected veteran. Candidate Requirements: D.D.S./D.M.D. from an accredited university, completion of residency from an accredited pediatric residency program, an active Dental Board License and a positive attitude with a great personality; excellent chairside manner and communication skills. For more information please contact [alex.english@d4c.com](mailto:alex.english@d4c.com).

**SOUTH CAROLINA—GREENVILLE.** Ashby Park Pediatric Dentistry is looking for a pediatric dentist to work in its pediatric dental practice located in Greenville, SC. We are looking for a doctor who shares our values and is as passionate about helping children achieve a lifetime of great oral health! Come join our supported dental office, where we do just that; support pediatric dentists by bringing them cutting edge technology, well trained support team, and an industry leading Quality Care Program. The practice is doctor owned and is dedicated to our mission of raising the standard of children's oral healthcare! Our Pediatric Dentist Enjoy: Competitive Compensation package, working for a doctor owned practice and being able to focus on patient care, while other professionals handle the business aspects of running a practice (HR, Payroll, Marketing, etc.). we also offer: Clinical Autonomy, Work/Life Balance, and the ability to invest in your future - Full-time doctors have the opportunity to purchase equity. We provide malpractice insurance, Medical, Dental, Vision, PTO and 401K. Sign on bonuses offered! Current residents are encouraged to apply. Candidate Requirements: D.D.S./D.M.D. from an accredited university, completion of residency from an accredited pediatric residency program and an active Dental Board License. For more information please contact [alex.english@d4c.com](mailto:alex.english@d4c.com).

**SOUTH CAROLINA—SIMPSONVILLE.** Our young and locally owned, fee-for-service pediatric dental practice is looking for both full- and part-time pediatric dentists with a passion for serving others! We are a fun-loving, family-focused, relationship-driven, smile-inducing kind of practice and we're growing faster than we ever expected! We have built our private practice with a strong focus on our Mission- "We want to be better people today than we were yesterday. We want to serve and grow with our community. We do that by making your family a part of our family, and we happen to do some dentistry along the way". It is important for us to invest in our team and provide the most competitive compensation including, but not limited to, Medical/Dental/Vision, Malpractice insurance, PTO and 401K with an employer match,

continuing education and potential ownership opportunity as well. Sitting right at the center of the triangle created by Charlotte NC, Atlanta GA and Asheville NC, Greenville is one of the fastest growing areas in the country with the top schools in the state. Check out our website [www.yourmileplace.com](http://www.yourmileplace.com) and Social Media to see the fun we're having at Smile Place. Email resume to: [info@yourmileplace.com](mailto:info@yourmileplace.com).

**TENNESSEE—CHATTANOOGA.** We are a multi-doctor, multi-site pediatric dental and orthodontic group located in and around the Chattanooga/North Georgia region. At this time, we have multiple pediatric dental locations. Despite being a group practice, we strive to provide our patients and doctors with a hometown feel. It is our goal to create a practice where you want to be for many years to come. We need doctors who are friendly, kind, professional, hard working and needless to say, great with kids. We have openings for part or full time pediatric dentists. Competitive pay in great working environment. Chattanooga is a wonderful city to live. Whether you are looking for a great place to raise a family or love outdoor activities, Chattanooga has it all. Degree from a US accredited dental school. Certificate or equivalent from pediatric dental residency. Active license or willingness to obtain, in Tennessee or Georgia. For more information please contact [jasonalton82@gmail.com](mailto:jasonalton82@gmail.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 3.5% company matching New grads welcome to apply. TX License For more information please contact [Joinourpractice2010@gmail.com](mailto:Joinourpractice2010@gmail.com).

**TEXAS—LAREDO.** Energetic, talented pediatric dentist wanted for a rapidly growing, excellent Pediatric Dental practice in Laredo, TX (two hours south of San Antonio). Option of Full-Time or Part-Time available. Local Airport in which you can fly in to work at a great practice (fly in from Houston or Dallas). Come join a highly trained, compassionate, and enthusiastic team. Great opportunity for a caring, motivated pediatric dentist. New graduates and dentists with experience are welcome. Practice in a state-of-the-art facility alongside another pediatric dentist and experience team. This practice is, without a doubt, one of a kind. We are a privately owned company with multiple locations and offer everything from pediatric dentistry and orthodontic services. Also have OR availability at the local hospital. Generous adjusted production/collections or based pay. Full benefit package to include License Renewal, CE allowance, Vacation Days, Holiday Days and more. Please email resumes at [pedodocjobs@gmail.com](mailto:pedodocjobs@gmail.com) or call Dr. Joanna at (210)632-4560.

**TEXAS—SAN ANTONIO.** Excellent opportunity for a FT/PT Pediatric Dentist to join a highly successful well established quality oriented private practice. Dentist will be given opportunity to earn excellent pay. Responsibilities are minimal. Why wait for collections dentist will receive 35% of production plus added negotiable benefits not listed. Our office is open M-F with half days on Friday's no extended or weekend hours. Interested in joining our dental family email your resume to: [scaldwell@whkidsdds.com](mailto:scaldwell@whkidsdds.com).

**VIRGINIA—WOODBRIIDGE.** Our established, well respected, and growing pediatric practices are looking to add a friendly and compassionate pediatric dentist to our team. This opportunity is available in January-February for a full time associate who is eager to build relationships with patients, families and the community, and who possesses excellent communication and leadership skills. We are a group of experienced pediatric dentists who strive to provide quality dentistry and comfortable environment for children to establish their dental home. The position is for an individual with equally enthusiasm and who shares this vision to care for patients and can help lead our team. Please send resume if interested. VA license and Sedation license. For more information please contact [gcpham@yahoo.com](mailto:gcpham@yahoo.com).

**WASHINGTON—VANCOUVER.** If you would like to work in a state-of-the-art dental practice, with experienced colleagues and staff and have a passion to work with children, and not chase after production goals, we might be the right fit for you! We are a true mom and pop pediatric dental practice in SW WA focused on providing excellent dental services to our community. We accept both Medicaid as well as PPO dental insurance plans. We are looking for a humble, energetic team player, with great chair side manners, who would provide high quality comprehensive dental care, with empathy and compassion for his/her patients and their parents. Our 5200 sq ft office has 9 separate operatories, a total of 11 dental chairs. Our office is modern, state-of-the-art facility, we use latest equipment and technologies, including multiple hard tissue lasers. We have a full-time restorative hygienist on staff, who assists with dental restorations as needed. We accept both Medicaid as well as PPO dental insurance plans. Sign-up bonus, Health Insurance, paid time off and 401K plan with profit sharing. Employer pays for professional liability insurance, DEA and licensure renewals. Pediatric Dentistry clinical experience is preferred but recent pediatric dentistry graduates welcome to apply including residents on F-1/OPT, will sponsor H-1B as needed. Apply via email: [associate.classified@gmail.com](mailto:associate.classified@gmail.com). COVID vaccination mandatory. WA State Dental License required as well as OR State License for hospital privileges.

## PRACTICE FOR SALE

**INDIANA—NEAR CENTRAL INDIANA.** Strong Pediatric Practice located in central Indiana. Average annual collections exceed one million. The selling Doctor has a great reputation within the community and is motivated to find the right successor! The practice is a turnkey opportunity with a highly trained team. The seller will consider various transitions options depending on the needs of the prospective purchaser. The practice has 7 chairs and averages 55-60 new patients per month. The real estate can be purchased or leased. For more information on this opportunity, contact Sherry Foster at (765)210-3793 or [Sherry@LegacyPracticeTransitions.com](mailto:Sherry@LegacyPracticeTransitions.com).

**MAINE—AUGUSTA.** Turnkey pediatric practice located amid riverbanks, walking/biking trails, and local restaurants serving up fresh lobster rolls. The area's public parks are frequented by farmer's markets and local family-friendly events. The practice has 3,972 active patients, averages 40 new patients per month, and does over \$1.6M in collections on 4 days a week. This 2,500 sq ft. office is located in a professional building and has 7 operatories with room to expand by one. The real estate is personally owned by the seller and available for sale. The office is digital, utilizes MacPractice management software, and is equipped with a Solea Laser and brand new panoramic x-ray machine. The practice is 23% fee-for-service, 65% PPO and 12% Medicaid. The ideal candidate is experienced, available for an immediate transition, eligible for a Maine licensure and one who is a proven high producer. Contact [catriona@nationaldentalplacements.com](mailto:catriona@nationaldentalplacements.com) for more information!

**NEW MEXICO—DURANGO.** The practice is located outside Durango and focuses on all aspects of pediatric dentistry including diagnostic and preventive hygiene, fillings, extractions, crown and bridge, conscious sedation and IV sedation. The office is roughly 5,500 sq ft and located in a single-story free-standing building. There are nine operatories of which seven are for hygiene. The office is computerized, digital and equipped with a Pan-Ceph machine along with x-ray with sterilizers. The practice sees ~60 hygiene patients per day and both doctor and hygiene are booked out 60 days in advance. The patient base consists of approximately 8% fee-for-service, 23% PPO and 69% Medicaid and averages 67 new patients per month. Roughly 50% of new patients come from referring doctors, 40% internal patient referrals and 10% external referrals such as the practice website and social media sites. Production averages just over \$1.5M, collections are just shy of \$1.5M and the overhead is ~48%. With great cash flows, this is a fantastic opportunity for experienced doctor that is looking to own in a historic city that offers tasty food, unique shops, and outdoor and culture adventures! Contact [catriona@nationaldentalplacements.com](mailto:catriona@nationaldentalplacements.com) for more information.

**OHIO—MILFORD.** Pediatric dental office for sale in Milford Ohio. Dentist is retiring from practice. The practice is located 15 miles from downtown Cincinnati, making it the perfect combination of a quaint neighborhood feel and easy access to the metro area. Active patient base of approximately 1,900 patients, with collections of over \$300K. The office is currently open four days a week and is primed to grow. The office is paperless with digital x-ray and three dental chairs. It is located on the ground floor of a professional complex and is approximately 1,100 square feet which is also available. The sale is at a very reasonable acquisition price. Please contact: [kamptt@twc.com](mailto:kamptt@twc.com). Must be Pediatric Dentist and able to be licensed in the state of Ohio.

**WISCONSIN—FOND DU LAC.** Pediatric Practice For Sale Fond du lac, Wisconsin Long standing solo practice located in Fond du Lac, Wisconsin. Owner wishes to retire and is looking for the right person to continue quality care for his patients. Email [bstecker1@wi.rr.com](mailto:bstecker1@wi.rr.com) for information.

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