

An invitation to join the American Academy of Pediatrics

It is my pleasure to address you for the first time since the American Academy of Pediatrics (AAP) instituted the Associate Member category created specifically for pediatric dentists. Many of you have become associate members—about 200 pediatric dentists, in fact. We at the AAP are very pleased with the response from the pediatric dental community, and look forward to more of you joining with us.

The AAP created the category of associate member because our chapter members—pediatricians in your cities and towns—wanted a formal link with their pediatric dentist colleagues. Our members told us that they were already collaborating regularly with dentists by referring patients and working together on advocacy, so it only made sense to make the partnership official. And since the AAP has had a long-standing liaison relationship with the AAPD the new membership category evolved quite naturally.

I personally have had a long-standing relationship with pediatric dentists. It was my son, Joe, who brought us together. I'll never forget the phone call I received while attending an AAP meeting in Washington about 10 years ago. My son was 11 years old at the time and my wife called me and said, "There's been a little accident. Joe tripped and fell, and cracked off a front tooth!" Actually, he cracked it in half, and did the same to his other central incisor a short time later. But our pediatric dentists came to the rescue. They put crowns on the teeth and restored Joe's smile to its former glory. We are all grateful. Not only as parents but as pediatricians do my colleagues and I value your technical skills and welcome your child advocate voices to Academy discussions.

Now, some might say that such a collaboration could be dangerous, a conspiracy perhaps. The 18th century economist and philosopher Adam Smith said "People of the same trade seldom meet together, even for merriment and diversion, but [when they do] the conversation ends in a conspiracy against the public, or in some contrivance to raise prices." Well, to me the irony of that quote itself provides merriment and diversion. Yes we hope to conspire, but on *behalf* of the public, not *against* it. We do *contrive* to provide comprehensive care for children, with fair compensation for the work we do but certainly *not* to raise prices.

Evidence of that is clear in the almost completed Towers Perrin Actuarial Study of the AAP Child Health Benefits Package. The study was more efficient and more complete because of our combined input—the AAP and the AAPD—with you identifying the dental services to be included in the study.

The AAP saw another opportunity for such combined input when we received an invitation from the Department of Health and Human Services to a national conference, "Building Partnerships to Improve Children's Access to Medicaid Oral Health Systems". This conference again brought together people of the same trade in yet another "conspiracy"—this time to enhance Medicaid-eligible children's access to dental services. The conclusions and recommendations of the conference will be used by policy makers now in the process of developing the new State Children's Health Insurance Program (Title XXI or S-CHIP).

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When we received the invitation, we designated two people to attend—a pediatrician who is a former member of our Committee on State Government Affairs and a pediatric dentist. Our new relationship made that appointment logical. Our advice wouldn't be complete without input from both pediatricians and pediatric dentists.

That's how our Committee on Practice and Ambulatory Medicine (COPAM) felt when it recently met with two members of the AAPD Executive Committee. The subject at hand was the patient age at which pediatricians make the first referral for dentistry. That's going to take more work, but I'm sure that we'll come up with a policy to help children that will please us all.

Such collaborations can only be increased and strengthened now that pediatric dentists are joining the AAP. New associate members have already expressed interest in creating an AAP Section on Pediatric Dentistry. We applaud this initiative to expand awareness of dental issues within the AAP, and look forward to the growth of this new section as well as the inclusion of pediatric dentists in other AAP sections.

By the way, one of the main functions of all of our sections is to provide their members and the membership at large with continuing medical education. CME is just one of the many benefits I hope you will participate in as AAP Associate Members. Other benefits include: member rates on all AAP materials, publications, and meeting

registrations, and membership dues that are half that of Academy fellows. These are benefits tailored to your needs because we surveyed a group of pediatric dentists and developed our "package" with their input.

There are approximately 3000 pediatric dentists eligible to join the AAP. They are you and your colleagues who have received a certificate or degree in the specialty of pediatric dentistry from an American Dental Association-accredited program, and who are practicing in the United States, Puerto Rico, or Canada. I assume most of you have received our invitation. I welcome those of you who have accepted and encourage you who have not to do so. It's my goal to have at least 750 pediatric dentists as Associate Members by this time next year. I want that because we need each other. We must present a united front to managed care and to help create comprehensive coverage for children. We must present a united front to the government, so that Medicaid and EPSDT will always include, and appropriately reimburse for, *complete* preventive care for children.

And so we meet, members of the same trade, the trade of promoting and preserving the health of the nation's children. And we "conspire" to do it even better. The more we work together the more I know we can achieve. I look forward to hearing from you in the future.

*Joseph R. Zanga, MD, FAAP
President, American Academy of Pediatrics*

From a speech given to the American Academy of Pediatric Dentistry, May, 1998.