

**American Academy of Pediatric Dentistry  
After-Action Minutes  
2014 Ad Interim Board Meeting  
October 10, 2014**

Meeting: Regular Ad Interim Meeting of the American Academy of Pediatric Dentistry Board of Trustees

Date: October 10, 2014

Place: Presidio A&B, Grand Hyatt San Antonio, San Antonio, Texas

Presiding Officer: Dr. Edward H. Moody, Jr., AAPD President

Minute Taker: Ms. Margaret A. Bjerklie, AAPD Executive Assistant and Office Manager

Members Present: Drs. Robert L. Delarosa, Jade Miller, James D. Nickman, Warren A. Brill, David A. Tesini, Brian A. Beitel, Paul B. Andrews, Joseph B. Castellano, Santos Cortez, Jr., Catherine Flaitz, Scott D. Smith, Kelly Maguire, N. Sue Seale, John S. Rutkauskas

Members Absent: Drs. John A. Hendry, Jessica Y. Lee, Heber Simmons, Jr.

Staff Present for All or Part of Meeting: Mr. C. Scott Litch, AAPD Chief Operating Officer and General Counsel; Mr. Paul Amundsen, Senior Director of Development and Charitable Programs, Healthy Smiles, Healthy Children: The Foundation of the AAPD; Ms. Tonya Almond, Vice President for Meetings and Continuing Education; Ms. Suzanne A. Wester, Membership and Marketing Director; Ms. Mary E. Essling, Dental Benefits Manager

Guests Present for All or Part of Meeting: Dr. J.C. Shirley, ABPD President; Dr. Paul S. Casamassimo, Director, Pediatric Oral Health Research and Policy Center (POHRPC).

President Moody called the meeting to order at 8:05 a.m. on Friday, October 10, 2014.

**Actions taken by the Board at this meeting**

No.	Motion	Action	Responsible Party*	Relevant Council/Committee
1	To reaffirm the electronic vote of July, 2014, approving the after-action minutes of the May Board Meetings, and September 2014, approving the minutes of May 25, 2014, meeting of the General Assembly.	Carried	Bjerklie	Minutes were posted on the AAPD website
2	To adopt the consent calendar as presented.	Carried	Bjerklie	AAPD HQ
3	To approve the receipt of the audit <a href="#">Discussion points:</a>	Carried	Nickman, Rutkauskas	AAPD HQ

\* Responsible party – Board member, Council chair, Staff liaison, other staff as appropriate

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	<ul style="list-style-type: none"> <li>• The audit received an unqualified rating, the best possible.</li> </ul>			
4	<p>To approve the proposed changes to the <i>AAPD Administrative Policy and Procedure Manual</i>:</p> <ol style="list-style-type: none"> <li>1. Amend duties of Council on Membership and Membership Services, Committee on Interprofessional Relations (per motion from BOT) (Section 8-Councils and Committees, O.22)</li> <li>2. Amend Section 14-AAPD Pediatric Oral Health Research and Policy Center (POHRPC); add section on PORHPC Fellows.</li> <li>3. Housekeeping clean-up for Nominations Committee (Section 8-Councils and Committees, N.5)</li> <li>4. Housekeeping clean-up for Society of Post-Doctoral Program Directors (Section 3-Board of Trustees, C-Policies Governing Recognition of Other Organizations)</li> </ol>	Carried	Litch, Bjerklie	AAPD HQ
5	<p>To approve the budget for the 2015 Annual Session as proposed.</p> <ul style="list-style-type: none"> <li>• Income: \$2,670,425</li> <li>• Expense: \$2,361,102</li> </ul>	Carried	Rutkauskas, Almond	AAPD HQ
6	<p>To approve Boston as the site for the 2021 Annual Session.</p> <p><b>Discussion points:</b></p> <ul style="list-style-type: none"> <li>• Reminder that 2020 meeting is in San Diego, 2022 meeting in San Francisco.</li> <li>• With the approval for Boston for the 2021 meeting, the 2023 meeting will be in the Southeastern District; looking at Orlando and Nashville.</li> </ul>	Carried	Rutkauskas, Almond	AAPD HQ

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7	<p>To charge the Council on Clinical Affairs to delete the Clinical Guideline on Xylitol Use in Caries Prevention.</p> <p><b>Discussion points:</b></p> <ul style="list-style-type: none"> <li>• The council requested that the guideline be eliminated because of the inconsistency of clinical findings and the impracticality of use for patients.</li> <li>• The Policy on Use of Xylitol in Caries Prevention will be retained.</li> </ul>	Carried	Castellano, Filstrup	CCA
8	<p>To charge the Council on Clinical Affairs to develop a policy on one standard of care across all types of practice settings.</p> <p><b>Discussion points:</b></p> <ul style="list-style-type: none"> <li>• The policy will talk about the AAPD's philosophy of one standard of care and the importance of following the guidelines, emphasize laws (e.g., owners cannot interfere with the clinical judgment of dentists).</li> <li>• The Background &amp; Intent to be drafted by Dr. Castellano.<sup>i</sup></li> <li>• Should this be a position paper from the Policy Center rather than an AAPD policy? <ul style="list-style-type: none"> <li>○ Publication in the Reference Manual makes the policy an organizationally approved policy; publication by the Policy Center is just an opinion.</li> <li>○ Once approved, the Policy Center can create a position paper or technical brief based on the policy.</li> </ul> </li> </ul>	Carried	Castellano, Filstrup	CCA

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9	<p>To approve the submission of the Case Management Code to the Code Maintenance Committee for their November 1 meeting.</p> <p><b>Discussion points:</b></p> <ul style="list-style-type: none"> <li>• The code is to be co-sponsored by the ADA; decision by their board at the annual meeting.</li> </ul>	Carried	Essling	AAPD HQ
10	<p>To approve the interim appointment of Brent Johnson as chair of the Council on Dental Benefit Programs, effective immediately.</p> <p><b>Discussion points:</b></p> <ul style="list-style-type: none"> <li>• Thomas Ison has resigned because of family issues.</li> </ul>	Carried	Moody	President
11	<p>To continue to offer a 50% discount on Annual Session registration fee, currently in place, to new Pediatric Dentists in the first two years out of residency, for an additional 5 years.</p> <p><b>Discussion points:</b></p> <ul style="list-style-type: none"> <li>• The intent is to allow the Academy to have the opportunity to reach more young Pediatric Dentists and display the many member benefits present at annual session, thereby increasing the chances of developing a lasting relationship with the new members.</li> <li>• While there has not been a noticeable increase in the percentage of new dentists attending the meeting since the introduction of the reduced fee, there has also been no decrease, while other organizations are losing these members.</li> </ul>	Carried	Rutkauskas, Almond	AAPD HQ
12	<p>To approve the appointments of members and senior consultants to the Council on Membership and Membership Services, Pediatric Dental Resident Committee</p>	Carried	Moody, Hajek	President

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	<p><b>Discussion points:</b></p> <ul style="list-style-type: none"> <li>• Committee’s rotation is in October, due to school schedules</li> <li>• The Committee is still in the process of identifying Freshman Consultants (first year residents) and will forward their recommendations at a later date.</li> </ul>			
13	<p>To donate \$225,000 over 3 years to the second phase of the Ad Council campaign.</p> <p><b>Discussion points:</b></p> <ul style="list-style-type: none"> <li>• The first phase has been very successful               <ul style="list-style-type: none"> <li>○ AAPD provided \$500,000 over the three-year period.</li> </ul> </li> <li>• In the second phase, all stakeholders will be required to contribute to the campaign; the original contributors will be asked to contribute \$50-75,000 per year.</li> </ul>	Carried	Rutkauskas, Hoeft	AAPD HQ
14	<p>To support the Dental Specialty Group’s Specialty Campaign.</p> <p><b>Discussion points:</b></p> <ul style="list-style-type: none"> <li>• Campaign is procedure-focused, whereas Pediatric Dentistry is age-related.</li> <li>• The DSG campaign is aimed at getting more patients to see a dental specialist.</li> <li>• The AAPD’s message is to encourage general practitioners to see more children.</li> <li>• Given our ongoing PR campaign, this activity is redundant.</li> </ul>	Defeated		
15	<p>To approve the topics and suggested speakers for the ADA 2015, 2016 and 2017 meetings</p> <p><b>Discussion points:</b></p> <ul style="list-style-type: none"> <li>• 2015</li> </ul>	Carried	Dalhouse	AAPD HQ

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	<ul style="list-style-type: none"> <li>○ Topic: Trauma</li> <li>○ Suggested speaker: Dennis McTigue</li> <li>● 2016               <ul style="list-style-type: none"> <li>○ Topic: Restorative Care</li> <li>○ Suggested speakers: Kevin Donly and William Waggoner</li> </ul> </li> <li>● 2017               <ul style="list-style-type: none"> <li>○ Topic: Pain Management and Antibiotic Use</li> <li>○ Suggested speaker: Bobby Thikkurissy</li> </ul> </li> <li>● Topics will be forwarded to the ADA, which will make the final arrangements</li> </ul>			
16	<p>To convene a joint course with the American Orthodontic Society following the Annual Meeting in Seattle.</p> <ul style="list-style-type: none"> <li>● Historically, our associations have been with the recognized specialty.</li> <li>● Time line is very tight.</li> <li>● We have a robust list of CE courses that do well for the Academy and do not need to add to it at this time.</li> </ul>	Defeated		
17	<p>To provide \$2,000 for the cost of speaker honorarium at the leadership caucus in Seattle</p> <ul style="list-style-type: none"> <li>● Reminder that last year was the first state and leadership caucus, which was very well received.</li> <li>● This year, we will be able to publicize the caucus and schedule it more conveniently.</li> <li>● The caucus will be hosted by the district in which the meeting is being held.</li> <li>● While the Academy provides the space, it is not an official Academy function.</li> </ul>	Defeated		

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18	<p>To adopt the 2014-2015 budget, as amended (see below).</p> <p>Discussion points:</p> <ul style="list-style-type: none"> <li>• Unrealized gains, while not included in the budget or the financial statements, will be noted in the monthly financial statements, to give the Budget and Finance Committee an idea of trends.</li> </ul>	Carried	Nickman, Rutkauskas	AAPD HQ

Summary of adjustments to the 2014-2015 budget approved by the Board of Trustees:

Expenses, original:	\$ 10,462,445		
Adjustments (see detail):	<u>\$ 936,102</u>	Adjustments detail:	
Total expenses:	\$ 11,398,547	\$ 861,102	Increase in Annual Session expenses (Motion 5)
Income:	\$ 8,261,060	\$75,000	Ad Council Campaign, Phase 2, 1st year (Motion 13)
Adjustments (see detail):	<u>\$ 620,425</u>	\$620,425	Increase in Annual Session income (Motion 5)
	\$ 8,881,485		
Balance:	-\$ 2,517,062		

## Informational Items and Discussion Points

### Report of the Constitution and Bylaws Committee

- Working from the recommendations of the Task Force on Global Interactions, the Committee attempted to draft a proposal which would (a) create an “online only” membership category for international members, (b) identify a “sliding scale” payment process for international members from certain areas.
- During the drafting, many questions arose, such as:
  - Whether the “online only” membership would apply to all international applicants, or only those who do not meet the educational qualifications for international membership
  - Whether “online only” members get all the same benefits of membership (member registration fees, for example)
  - The financial impact of reduced fees
  - The complexity of so many levels of membership

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- The financial impact of the new categories would mean that AAPD would have to gain 2 or 3 new international members to make up for the loss of revenue.
- The Task Force had also recommended reduced registration fees for annual session. Although this would be a consideration for the Budget and Finance Committee, the Constitution and Bylaws Committee did look into it during their deliberations.
  - Note that the cost to AAPD per attendee is \$500
  - International members currently do get a discount from non-member pediatric dentists (\$895 vs. \$1,300)
  - There is also the cost of travel and hotel; the registration fee is not likely to make or break the decision to attend when the other costs are taken into account

**ACTION:** The Committee will revise its proposal for the January board meeting to allow Web access/online membership for individuals from low and low middle income countries (per World Bank classifications). U.S. or Canadian-trained pediatric dentists living or working in such countries would not be eligible.

### **Council on Clinical Affairs**

- The Council requested the board's feedback on deleting the Definition of Dental Home.
  - The definition is stated within the Policy on the Dental Home, which makes a definition redundant
  - However, having a stand-alone definition helps with advocacy by supporting the AAPD's emphasis on the dental home

**ACTION:** The definition will remain; the council will seek input from the advocacy team (Hogan Lovells, Heber Simmons, CGA)

### **Council on Scientific Affairs**

The Council referred a question regarding their Charge #9 (Maintain and update as necessary a list of individuals actively engaged in research activity which closely parallels our research agenda. Specify how the work being done by these groups and individuals parallels the AAPD research priorities. Recommend ways by which the AAPD and the Pediatric Oral Health Research and Policy Center can collaborate and establish partnerships with these groups and individuals.)

- Council wants to find ways to get junior faculty involved in research and to explore funding.
- The Foundation no longer funds research
  - Until 2011, the Foundation was actively trying to fund 2 research grants; the proposals received were not innovative enough to be awarded
- ABPD is in the process of developing a grant funding program.

**ACTION:** The board generally supported the idea, and asked the Council to put together some proposals for the board to review.

The Council also referred a question regarding their charge #11 (Provide support of a Pediatric Oral Health Research (POHR) group within the International Association of Dental Research (IADR)).

- Council wishes to host a reception with another scientific session at the meeting and requested funding for that and for a student research award.
- The board pointed out that they have dues revenue, in addition to \$750 annual support from the AAPD, which could be spent on this reception.



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**ACTION:** The board liaison will report back to the Council and ask if their current funds will support these plans.

## **Dues Collection**

Informational

- Dues collection is on pace with last year, after a slow start.
- As predicted, revenue is up for those states for which AAPD is collecting dues.
- PAC and HSHC contributions are down by as much as 26%.

## **AGD Collaboration on Webinar**

Informational

- AAPD and AGD will conduct a joint webinar toward the end of the first quarter of 2015.

## **Sedation Course Faculty Development**

Informational

- Work group met to create the new sedation course, which will begin in 2015.
- Primary audience for the course is the private practitioner.
- Simulation is where sedation education is heading; Academy will explore options.
- The work group also noted that for some residency programs, the AAPD course is the only didactic education for sedation, so meaningful content has to be developed specifically for residents.

## **AAPD Pediatric Oral Health Research and Policy Center**

Informational

- Jan Silverman, is transitioning from her role as assistant director to a contract employee, primarily on the DentaQuest Foundation grant.
- Dr. Casamassimo will be able to spend more time on the Policy Center, now that he is transitioning from his role as Program Director.
- Dr. Casamassimo will be invited to all board meetings in the future.

## **Online Voting**

- At the 2014 General Assembly, John Ukich, President of the Idaho Academy of Pediatric Dentistry, requested that the board charge the Committee on Constitution and Bylaws to allow for absentee balloting that would include the slate of officers and bylaws amendment decisions.
- The request was separated into two parts:
  - Staff was instructed to investigate methods of electronic voting (including real-time polling during the General Assembly)
  - The Board would discuss the overall issue of expanding absentee ballots.
- Regarding absentee balloting, the board noted their concern about issues such as bylaws amendments or approval of clinical policies and guidelines is two-fold:
  - Voting without the benefit of the discussion on complex issues is uninformed voting.

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- Voting prior to the General Assembly does not take into account any changes made during the meeting, either in a Reference Committee report or on the floor the General Assembly, those absentee votes would have to be set aside (in effect, maintaining the current system of counting only the votes of those present at the General Assembly).
- Regarding the second point, the Western Society of Pediatric Dentistry, through its trustee representative, asked whether online voting could take place after the General Assembly.
  - Pros:
    - Members would have the benefit of a record of the discussion points
    - Members would have time to analyze the question
  - Cons
    - In the event of a contentious issue, delaying a vote could create more “bad blood” between the proponents and opponents, making it harder to move on.
    - There would be more time for incorrect information to be given out, and no opportunity to respond and correct it.
- The board noted that the report did not consider the original request, for absentee balloting, but focused on online voting during the General Assembly.
- A member asked if the report could be revised and circulated before the January meeting so the board could take an electronic vote. This would allow a member or a state or district unit time to submit an amendment proposal to the Committee on Constitution and Bylaws within the specified deadline.
  - Dr. Moody replied that he did not want this issue decided by an electronic vote because it’s important for everyone to have a voice, and that needs the back-and-forth of board discussion.
  - It was also noted that a member or state or district unit does not have to wait for the board’s decision on this report to submit language for a bylaws amendment.

**ACTION:** Staff will revise the report, expanding it to give the pros and cons of absentee voting in addition to online voting. The board will review the report at its January meeting and decide whether to charge the Constitution and Bylaws Committee with drafting a bylaws amendment.

## **New District Trustees**

The board was informed of the results of the call for district trustees for the Southwestern and Western districts. Both were uncontested appointments by the districts.

- Bruce Weiner (Texas) will be the 2015-2018 trustee for the Southwestern District.
- John Gibbons (Washington) will be the 2015-2018 trustee for the Western District.

The meeting was adjourned at 2:25 p.m. on Friday, October 10, 2014.

Minutes approved by electronic vote November 11, 2014.

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**Background and Intent Statement: Policy on Moral and Ethical Treatment of Children in a Dental Facility**

**Background:** Different entities can perform dental services on children- a solo practice, a group practice, a specialty group practice, a dental service organization, an educational institution, or a certified health center to name a few. Although each entity will have its own administrative policies and procedures that it must adhere to, each entity must also be aware of and follow established standards and guidelines used in the practice of pediatric dentistry.

The practice of pediatric dentistry must follow accepted morals, ethics, and standards of care. All children must be treated the same regardless of the facility selected to provide the care. The children must receive comprehensive care with appropriate referrals, and the treating doctor's clinical judgment should not be influenced or interfered with by the treating facility's administrative policies and procedures.

**Intent:** The intent of this policy statement is to create awareness that all children must receive the same level dental care with respect to morals, ethics, and standards of care regardless of what entity is selected to provide their care. The policy will emphasize that, regardless of practice setting, financial considerations of the business owners of should never interfere with the clinical judgment of the treating dentist.