AMERICA'S PEDIATRIC DENTISTS
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Reference Committee Hearing Report

American Academy of Pediatric Dentistry
71st Annual Session
Hawai'i Convention Center
Honolulu, Hawai'i

Saturday, May 26th
10:00 – 11:00 a.m.
Room 308AB
Hawai'i Convention Center

Contents:

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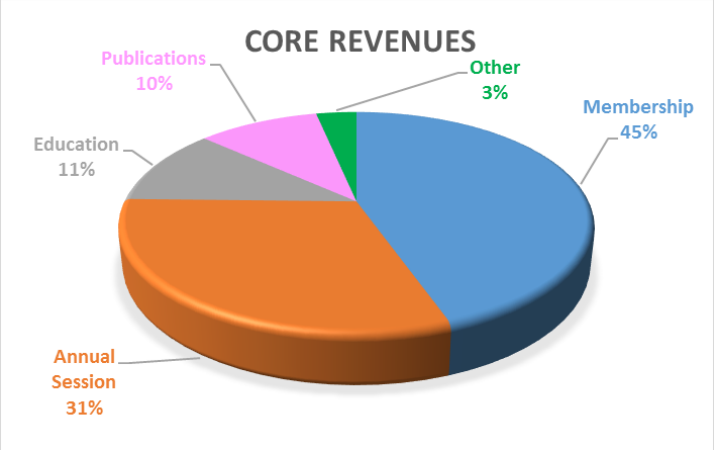
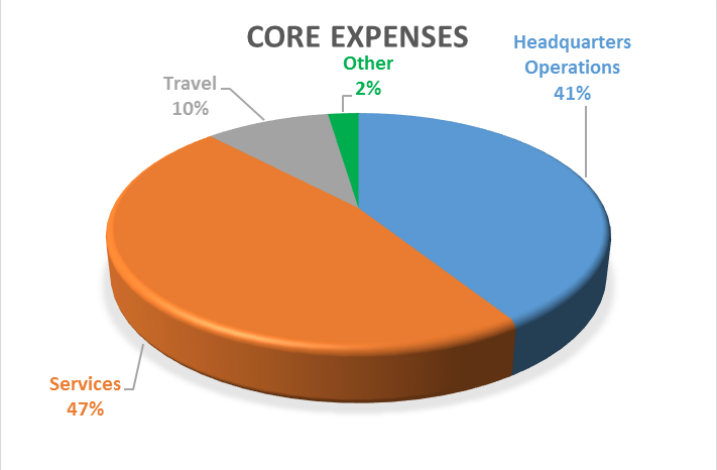
Report of the Reference Committee
Budget and Finance Committee

American Academy of Pediatric Dentistry	
Operating Budget	
Fiscal 2018-19	
Core Revenues	**Fiscal 2018-19**
Membership	$ 4,629,491.00
Annual Session	3,200,000.00
Education	1,171,726.00
Publications	1,042,000.00
Other	345,000.00
Total Core Revenues	$ 10,388,217.00
Core Expenses	
Headquarters Operations	$ 4,641,622.57
Services	5,308,011.69
Travel	1,102,232.00
Other	268,495.75
Total Core Expenses	$ 11,320,362.01
Core Net Gain / (Loss)	$ (932,145.01)
Non-Core Operations	
Investment Earnings	$ -
PAC Revenue - Hard $	120,000.00
PAC Revenue - Soft $	110,000.00
PAC Expense - Hard $	(120,000.00)
PAC Expense - Soft $	(160,909.14)
Non-Core Net Gain / (Loss)	$ (50,909.14)





Report of the Reference Committee
Council on Clinical Affairs

Proposal
Please refer to 2018 - Proposed Oral Health Policies and Clinical Recommendations.

The Council on Clinical Affairs presented its report and heard comments on proposed definitions, oral health policies, clinical guidelines, or endorsements. Changes that have been made to the documents as presented are noted below under "Reference Committee Recommendations."

Reference Committee Recommendations

The Reference Committee recommends approval/reaffirmation of existing Definitions, Oral Health Policies, or Clinical Guidelines as Presented:

Definition of Dental Home
Policy on Minimizing Occupational Health Hazards Associated with Nitrous Oxide
Policy on Patient Safety
Policy on the Role of Pediatric Dentists as Both Primary and Specialty Care Providers
Policy on the Use of Fluoride
Policy on Prevention of Sports-related Orofacial Injuries
Policy on the Dental Home
Best Practices on Periodicity of Examination, Preventive Dental Services, Anticipatory Guidance/Counseling, and Oral Treatment for Infants, Children, and Adolescents
Best Practices on Dental Management of Pediatric Patients Receiving Immunosuppressive Therapy and/or Radiation Therapy
Best Practices on Fluoride Therapy
Best Practice on Use of Nitrous Oxide for Pediatric Dental Patients
Best Practices on Use of Anesthesia Providers in the Administration of Office-based Deep sedation/general Anesthesia to the Pediatric Dental Patient (revision limited to Personnel section)

The Reference Committee recommends approval of existing Definitions, Oral Health Policies, Clinical Guidelines, or Endorsements with the changes as noted:

Policy on the Use of Silver Diamine Fluoride for Pediatric Dental Patients

Following line 13, add:
When SDF is indicated, it is essential that the infants, children, adolescents, or individuals with special health care needs receive a comprehensive dental examination, diagnosis and a plan of ongoing disease management prior to placement of the material.

Lines 20-22:
One of these strategies employs ~~the~~ application of SDF as an antimicrobial and remineralization agent to arrest active ~~carious~~ caries ~~dental~~ lesions after diagnosis and at the direction of a responsible dentist of record.

Following line 70:
~~The use of~~ SDF is safe ~~poses little toxicity or fluorosis risk~~ when used in adults and children.[38-41] Placement of SDF should follow AAPD's Chairside Guide: Silver Diamine Fluoride in the Management of Dental Caries Lesion. [41] ~~manufacturer's recommendations.~~ Delegation of the application of SDF to auxiliary dental personal or other trained health professionals, as permitted by state law, must be by prescription or

order of the dentist after a comprehensive oral examination.

The ultimate decision regarding disease management and application of SDF are to be made by the dentist and the patient/parent, acknowledging individuals' differences in disease propensity, lifestyle, and environment.[42] Dentists are "required to provide information about the dental health problems observed, the nature of any proposed treatment, the potential benefits and risks associated with the treatment, any alternatives to the treatment proposed, and potential risks and benefits of alternative treatment, including no treatment." [43] The SDF informed consent, particularly highlighting expected staining of treated lesions, potential staining of skin and clothes, and the need for reapplication for disease control, is recommended. [41] Careful monitoring and behavioral intervention to reduce individual risk factors should be part of a comprehensive caries management program that aims not only to sustain arrest of existing caries lesions, but also to prevent new caries lesion development. [42] Although no severe pulpal damage or reaction to SDF has been reported, SDF should not be placed on exposed pulps.[42] Therefore, teeth with deep caries lesions should be closely monitored clinically and radiographically by a dentist [42]

SDF, when used as a caries arresting agent, is a reimbursable fee through billing to a third- party payor, when submitted with the appropriate dental code recognized by the American Dental Association's Current Dental Terminology. Reimbursement for this procedure varies among states and carriers. Third- party payor's coverage is not consistent on the use of the code per tooth or per visit. [42] Because there is a recommended code for SDF application, billing the procedure using any other code would constitute fraud, as defined by the Federal Code of Regulations. [44] The AAPD supports the education of dental students, residents, other oral health professionals and their staffs to ensure good understanding of the appropriate coding and billing practices to avoid fraud. [45]

Following line 100:

Policy statement

The AAPD:

- Supports the use of SDF as part of an ongoing caries management plan with the aim of optimizing individualized patient care consistent with the goals of a dental home.
- Supports third party reimbursement for fees associated with SDF.
- Supports delegation of application of SDF to auxiliary dental personnel or other trained health professionals according to a state's dental practice act by prescription or order of a dentist after a comprehensive oral examination.
- Supports a consultation with the patient/parent with an informed consent recognizing SDF is a valuable therapy which may be included as part of a caries management plan.
- Supports the education of dental students, residents, other oral health professionals and their staffs to ensure a good understanding of appropriate coding and billing practices.
- Encourages more practice-based research to be conducted on SDF to evaluate its efficacy.

Additionally, references will be appropriately formatted where needed.

The Reference Committee recommends deletion of the following existing Definitions, Oral Health Policies, or Clinical Guidelines:

Best Practices on Dental Management of Heritable Dental Developmental Anomalies

The council recommends that this document is no longer needed.

The Reference Committee recommends approval of new Definitions, Oral Health Policies, Clinical Guidelines, or Endorsements with the changes as noted:

Best Practices for Pain Management in Infants, Children, Adolescents and Individuals with Special Health Care Needs

Lines 11: Purpose: Begin with: "The American Academy of Pediatric Dentistry (AAPD) recognizes that infants, children, and adolescents can and do experience pain due to dental/orofacial injury, infection, and dental procedures, and that inadequate pain management may have significant physical and psychological consequences for the patient. Appreciation of pediatric pain can help practitioners develop clinical approaches to prevent or substantially relieve dental pain. When pharmacologic intervention is necessary to manage pain, the practitioner must understand the consequences, morbidities, and toxicities associate with the use of specific therapeutic agents."

Then delete "The purpose of this document is" and add "This document is intended" to provide dental professionals and other stakeholders with current best practices for pain management in pediatric dentistry."

Lines 31-2: delete ", and professional and educational requirements are being reviewed at multiple levels." Add "; due to the increased appreciation for pediatric pain and because of the national opioid crisis, recommendations for professional education and approaches for therapeutic management are being reviewed at the national, state, and local levels.[2-5]"

Line 39: reorder "invasive treatment, tissue damage, or infection" to "tissue damage, infection, or invasive treatment" so dental procedures are not listed as the prominent cause of pain.

Line 168: change "good local anesthetic techniques" to "profound local anesthesia" as interpretation of good is unclear

Lines 179-82: Because the AAP recommendation is 17 years past publication, change: "The American Academy of Pediatrics consensus statement on the assessment and management of pain in children recommends acetaminophen, ibuprofen and opioids as the top three medication choices for the treatment of acute pain in children.[3,16]" to "Acetaminophen, ibuprofen, and opioids are common medication choices for the treatment of acute pain in children.[16,76]"

Line 199: Add "acetyl-para-aminophenol" prior to "APA". Change "APA" to the common abbreviation, "APAP", and enclose with brackets.

Lines 211-3: Change "Common use in pediatric patients include: cancer pain, sickle cell crises, osteogenesis imperfecta pain, epidermolysis bullosa pain, and pain related to neuromuscular disease.[83,84,85]" to "Common uses in pediatric patients include pain associated with cancer, sickle cell disease, osteogenesis imperfecta, epidermolysis bullosa, and neuromuscular disease.[83,84,85]"

Lines 226-7: After "specialty provider" insert (e.g., pain medicine practitioner, anesthesiologist)

Line 264: after "prescription" add "because of the increased potential for respiratory depression.

Line 269: "After "individuals."' add citation number 95. Replace "A study also demonstrated a" with "A"

Line 271: after "group", add "also has been demonstrated"

Line 289: delete "standard"

Line 298-9 Change "Most agree some screening should be done for adolescents, however there is no common standard.[77]
Change to "Screening adolescents for opioid abuse or misuse has been suggested; however, a standard assessment has not been identified.[77,104]"

Line 307: change "i.e.," to "e.g.,"

Lines 295-6: Change "controlled substance prescriptions" to "prescriptions for controlled substances". Delete ", as well as controlling" and add: "which may also decrease".

Line 300: At the end of the existing language, add "Furthermore, discussion regarding the proper disposal of unused controlled medications is key to reducing availability/diversion of substances with the potential for abuse or for physical and/or psychological dependence."

Line 303: Insert before the bulleted list: "Infants, children, and adolescents can and do experience pain due to dental/orofacial injury, infection, and dental procedures. Inadequate pain management may have significant physical and psychological consequences for the patient. Adherence to the following recommendations can help practitioners prevent or substantially relieve pediatric dental pain in a safe and effective manner."

Line 304: Change "Minimize tissue damage and use careful technique when providing dental treatment." To "Use careful technique to minimize tissue damage when providing dental treatment."

Line 309: Delete "of"

Line 311: Change "Screening of parent and patient is recommended when prescribing opioid analgesics" to "To help minimize the risk of opioid abuse, screen pediatric patients and their parents regarding previous/current opioid use before prescribing opioid analgesics."

Line 312: Change "Proper disposal measures for all medications is recommended" to "To avoid diversion of controlled substances, practitioners should utilize prescription monitoring databases and encourage patients to properly discard any unused medications."

Additionally, references will be appropriately formatted where needed.

Policy for Selecting Anesthesia Providers for the Delivery of Office-Based Deep Sedation/*General Anesthesia*

Lines 11-15:

Purpose

~~The purpose of this policy is to guide dental professionals in selecting a qualified anesthesia provider for the delivery of deep sedation/general anesthesia in an office-based setting, specifically for pediatric and special healthcare needs populations. It is not the intent of this policy to suggest that any individual group of anesthesia provider is more qualified than another.~~

The American Academy of Pediatric Dentistry (AAPD) recognizes that it is the exclusive responsibility of dental practitioners, when employing anesthesia providers to administer office-based deep sedation/general anesthesia, to verify and carefully review the credentials and experience of those providers.[1] An understanding of the educational and training requirements of the various anesthesia professions and candid discussions with potential anesthesia providers can assist in the vetting and selection of highly skilled licensed providers in order to help minimize risk to patients.

Lines 22-27:

Background

~~Pediatric patients and patients with special healthcare needs who are unable to accept dental care using a customary approach due to a lack of cooperation may have dental treatment accomplished by deeper forms of sedation or general anesthesia.~~ Historically, ~~these levels of~~ care necessitating deep sedation/general anesthesia was ~~were~~ provided in a surgical center or hospital-based setting by an anesthesiologist selected and vetted by the facility or institution.

Delete lines 32-36 (moved to Purpose and rephrased):

~~In an effort to establish the safest care possible, the American Academy of Pediatric Dentistry (AAPD) wishes to assist its members in screening potential anesthesia providers. The following document shall serve to help guide members during the screening process associated with selecting a competent and experienced anesthesia provider for the delivery of office-based care for the pediatric and special needs populations.~~

After line 40:

Add language from AAPD Best practices on use of anesthesia providers:

Deep sedation/general anesthesia techniques in the dental office require at least three individuals:

- Independently practicing and currently licensed anesthesia provider.
- Operating dentist.
- Support personnel[1].

Lines 40-44:

No other responsibility is more important than identifying an anesthesia provider ~~that is meticulous and~~ who is highly competent. Significant pediatric training, including anesthesia care of the very young, and experience in a dental setting are important considerations, especially when caring for young pediatric and special needs populations. Advanced training in recognition and management of pediatric emergencies is critical in providing safe sedation and anesthetic care.[1] ~~Dentists collaborate closely with mobile~~ Close collaboration between the dentist and the anesthesia providers ~~to expand the field of dental medicine,~~ can provide access to care, establish an enhanced level of patient cooperation, improve surgical quality, and offer an elevated level of patient safety during the delivery of dental care.

Federal, state, and local credentialing and licensure laws, regulations, and codes dictate who legally can provide office-based anesthesia services. Practitioners choosing to use these modalities must be familiar with the regulatory and professional requirements needed to provide this level of pharmacologic behavior management.[1] The operating dentist must confirm any potential anesthesia provider's compliance with all licensure and regulation requirements. Additional considerations in anesthesia provider selection may include proof of liability insurance and recommendations from professional colleagues. Lastly, dentists must recognize potential liability issues associated with the delivery of deep sedation/general anesthesia within their office.

Lines 48-50:
~~With this, we offer a summary of the advanced training and certifying credentials associated with the anesthesia providers that most commonly provide mobile anesthesia care in an office-based dental setting.~~Table 1 summarizes the educational requirements of various anesthesia professions.

Delete lines 52-163, as this information is now in table form.

Table 1. Anesthesia Education and Training Comparison
Update table with current information from association documents.

Lines 175-183:
Because of the diversity in anesthesia education among potential providers, ~~It is important for~~ operating dentists ~~to appreciate the diversity in anesthesia education among potential providers, and if appropriate,~~ should further investigate an individual's training and experience. A candid discussion with a potential anesthesia provider to establish the individual's comfort and experience with unique patient populations (e.g., patients with development disabilities or medical comorbidities, ~~special needs,~~ infants and toddlers, ~~certain comorbidities, etc~~.) is extremely important, especially if it is anticipated that this will represent a large portion of a dental practice's deep sedation/general anesthesia focus. ~~Lastly, dentists must recognize the additional exposure to potential liability issues associated with the delivery of deep sedation/general anesthesia within their personal office and establish a rigorous vetting strategy to help mitigate this risk.~~ Selection of a skilled and knowledgeable anesthesia provider is paramount in providing patients with the safest and most effective care possible.

Add Policy Statement:
Policy Statement
The AAPD encourages dental practitioners, when employing anesthesia providers to administer office-based deep sedation/general anesthesia, to verify and carefully review the credentials and experience of those providers. In addition to the credentialing process, the AAPD encourages dentists to engage a potential anesthesia provider in a candid discussion to determine expectations, practices, and protocols to minimize risk for patients. Sample questions to assist in this conversation appear below.

Sample questions revised and reordered. Legal disclaimer added:
~~20~~ SAMPLE QUESTIONS TO ASK A POTENTIAL OFFICE-BASED ANESTHESIA PROVIDER
These sample questions, developed by the AAPD, are provided as a practice tool for pediatric dentists and other dentists treating children. They were developed by experts in pediatric dentistry and offered to facilitate excellence in practice. However, this list

does not establish or evidence a standard of care. In supplying this list of sample questions, the AAPD is not engaged in rendering legal or other professional advice. If such services are required, competent legal or other professional counsel should be sought.

~~1. What is your experience with providing mobile deep sedation/general anesthesia care?~~

~~2~~1. What is your experience with pediatric patient populations? …special healthcare needs populations?

2. What is your background/experience in providing office-based deep sedation/general anesthesia care? …and specifically for pediatric dental patients?

~~3. How did your training prepare you for the delivery of anesthesia on a mobile basis?~~

~~4. What is your experience with providing anesthesia for dental cases?~~

~~5. How long have you provided mobile dental anesthesia care for pediatric patients? …special needs patients?~~

~~6~~3. ~~Explain how~~ How do you evaluate a dental facility and staff prior to initiating ~~mobile~~ anesthesia services~~.~~? What expectations and requirements do you have for the dentist, auxiliary staff and facility?

~~7. What expectations and requirements do you have for the dentist, auxiliary staff and facility?~~

4. What equipment do you use to administer and monitor deep sedation/general anesthesia in the office, and what is your maintenance protocol for this equipment?

~~8~~5. What equipment and/or medications should be maintained by the dental facility?

~~9. How would you manage a medical emergency?~~

~~10~~6. What are some potential emergencies associated with the delivery of deep sedation/general anesthesia in the pediatric dental office, noting any that may be unique to these clinical circumstances?

7. What is your training/experience in recognition and management of pediatric anesthetic emergencies?

8. In the event of a medical emergency, what is your plan of action? What are the roles of the dentist and auxiliary staff during a medical emergency?

~~11. What is the role of the dentist and auxiliary staff during a medical emergency?~~

~~12. How do you prepare the dentist, auxiliary staff and facility for the possibility of a medical emergency?~~

9. Do you have an affiliation with any area hospitals in case a patient requires transfer?

10. What patient selection criteria (e.g. age, weight, comorbidities) do you use to identify potential candidates for office-based deep sedation/general anesthesia?

~~13. Explain how you prepare a patient for office-based deep sedation/general anesthesia?~~

~~14~~11. When a decision has been made that a patient is a candidate for office-based sedation/general anesthesia, ~~W~~what is the office's role in preparing a patient for office-based deep sedation/general anesthesia? How/when do you prepare the patient for the procedure?

12. What is your protocol for monitoring a patient post-operatively?

~~15~~13. What ~~is~~ are your discharge criteria and follow-up protocols for patients who receive office-based deep sedation/general anesthesia ~~on an outpatient basis~~?

~~16~~14. ~~Explain~~ Would you describe a typical general anesthesia case from start to finish~~.~~?

~~17~~15. What is your protocol for ordering, storing and recording controlled substances for deep sedation/general anesthesia cases?

~~18. Do you have any specific patient criteria (ie: age, weight, comorbidities, etc.) in identifying potential candidates for office-based deep sedation/general anesthesia?~~

~~19~~16. What are the patient ~~costs~~ fees associated with ~~the~~ office-based deep sedation/general anesthesia services?

~~20. What are the long and short-term effects of anesthetic agents on neurologic development in young patients?~~

17. How/where are patients records related to the office-based administration of/recovery from deep sedation/general anesthesia stored?

Additionally, references will be added and appropriately formatted where needed.

Report of the Reference Committee
Constitution and Bylaws Committee

Proposal
Please refer to *2018 - Proposed Amendments to the Constitution and Bylaws*

The Constitution and Bylaws Committee presented its report and heard comments on the proposed amendments to the Constitution and Bylaws of the American Academy of Pediatric Dentistry.

Reference Committee Recommendations

CLARIFICATION OF RECOGNIZED CHAPTERS TO INCLUDE PEDIATRIC DENTAL ORGANIZATIONS BASED IN OTHER COUNTRIES
The Reference Committee recommends one technical correction:
Section 5 B: An application for a recognized foreign chapter shall be submitted to the AAPD Board of Trustees. Chapter status shall be granted by a majority vote of the ~~District~~ Board of Trustees.

CLARIFICATION OF CREDENTIALS AND ETHICS PROCEEDINGS
The Reference Committee recommends adoption of the proposal with the following amendment (following the addition after line 136):
This provision shall not apply to those individuals who are otherwise duly qualified for membership, but whose current employment does not require a valid license to practice in any state.

TECHNICAL CORRECTION CONCERNING TRUSTEE MEMBERSHIP REQUIREMENTS
The Reference Committee recommends adoption of the proposal as submitted