



CDC handouts address care of kids' teeth

Martha Ann Keels
AAP News 2003;22;52

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<http://aapnews.aappublications.org/cgi/content/full/22/2/52-d>

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American Academy of Pediatrics

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LETTER FROM THE PRESIDENT

Appropriate reimbursement among triad of top AAP priorities



Dr. Edwards

The top priorities for our organization include the triad of access to health care in a medical home for all children, high quality care and appropriate reimbursement for services. In my last two columns, I've discussed quality and access. This month, I turn to reimbursement.

Reimbursement isn't an easy subject to address because so many of our members feel uncomfortable discussing it. Yet, I am absolutely convinced that children will never receive appropriate health care until pediatricians are adequately reimbursed for our services. Let's look at major initiatives we're taking to promote this concept.

Leonard Kutnik, M.D., FAAP, chairs the recently appointed Pediatric Reimbursement Advisory Team, which has recommended that the Academy should: 1) incorporate a private sector advocacy effort; 2) explore the development of pediatric insurance report cards; 3) strengthen national and chapter activities to improve the reimbursement environment; and 4) explore developing educational programming on negotiation and other practice management- and reimbursement-related issues. Your Board of Directors is committed to pursuing these recommendations.

The Academy has a long history of advocating for Medicaid and the State Children's Health Insurance Program (SCHIP). We've been active on both the

federal and state levels. Federally, we've met several times with the leadership of the Department of Health and Human Services (DHHS), insisting that they enforce the Equal Access Provision of the Medicaid law, appoint a Medicaid Advisory Commission and develop a Medicaid database. We also sent a letter of complaint to DHHS two years ago about its failure to comply with the Equal Access Provision. Since that letter went to the previous administration, we plan to send another to the current administration, and this time we'll be reinforcing our message via the press and our coalition partners.

On the state level, chapters and members continue to push for compliance with the Equal Access law. The current budget squeeze makes this more difficult, but many states are pressing ahead. The Michigan Chapter has won a major legal victory requiring the state to comply with the Equal Access law and holding both the state and public officials accountable if they fail to do so. The Oklahoma Chapter also has initiated a legal challenge to force its state to treat children and pediatricians fairly.

Public relations is an additional important front on which we must fight this battle. We simply must do a better job convincing the public that inadequate reimbursement prevents poor children from getting the medical homes and quality care they need. We must use our public relations arm, coalition partners and other child advocacy groups to deliver this message.

And while partners are important, our most valuable asset is our membership. If we could harness just a fraction of our potential, we could change the way the nation views child health care. The Washington office is looking for members who are willing to step up to a higher level of commitment by: nurturing or developing a close relationship with a member of Congress; staying in close communication with our Washington office; and being willing to be held accountable for their responsibilities.

Our challenges are formidable. Our cause is just. But, we can, and we shall, forcefully and convincingly deliver the message that America is not providing the same quality of health care for its children that it provides for its senior citizens. Our country must take care of its children by providing adequate economic resources necessary to accomplish the job. The Academy is going to take the lead in effecting this change. We need YOU. Won't you volunteer for a role by contacting Graham Newson, director, AAP Department of Federal Affairs, (800) 336-5475, ext. 3001 (gnewson@aap.org) or me (sedwards@aap.org)?

E. Stephen Edwards, M.D., FAAP
President, American Academy of Pediatrics

This month in *Pediatrics*

The following are published in the February *Pediatrics*:

Hearing Assessment in Infants and Children: Recommendations Beyond Neonatal Screening

— AAP Committee on Practice and Ambulatory Medicine and the Section on Otolaryngology and Bronchoesophagology

Scope of Practice Issues in the Delivery of Pediatric Health Care

— AAP Committee on Pediatric Workforce

The full text of these documents can be accessed on the AAP Policy Web site: www.aappolicy.org.

Corrections

An incorrect code appeared in the article "Practices can accommodate more patients by offering flu clinics" (November *AAP News*, p. 231). The code for Immunization administration, first vaccine — V04.8 should be 90471.

The December 2002 Coding Corner listed the incorrect code for the placement of an umbilical artery catheter. The correct code is 36660 *Catheterization, umbilical artery, newborn, for diagnosis or therapy*.

CDC handouts address care of kids' teeth

by Martha Ann Keels, D.D.S., Ph.D.

The U.S. Centers for Disease Control and Prevention (CDC) has developed two handouts for parents regarding early care for children's teeth, *Brush Up on Healthy Teeth*, (located on the adjacent page) and *Pediatric Oral Health Tips*.

These fliers were derived from the report, *Recommendations for Using Fluoride to Prevent and Control Dental Caries in the United States*, published in the Aug. 17, 2001, *Morbidity and Mortality Weekly Report*. The intent of these handouts is to educate parents regarding the importance of cleaning the baby teeth as soon as they erupt and to supervise toothbrushing until the child can master the skill independently, which typically is not until school age.

Parents should be familiar with all the sources of fluoride in the child's diet, (i.e., city water vs. well water), the CDC advised. Parents also should make sure the child is receiving an appropriate amount of fluoride to prevent dental caries and at the same time avoiding fluorosis (white spots on the teeth). The critical period to avoid too much fluoride exposure is while the crowns of the permanent teeth are forming (from birth through age 6). Parents need to ensure that the child is not swallowing fluoridated toothpaste or any fluoride mouth rinse during this critical tooth development. Several infant/ toddler fluoride-free toothpastes have been developed recently to prevent swallowing too much fluoride during the early years of toothbrushing.

Most children who have mastered spitting out their toothpaste receive an adequate amount of fluoride to help prevent dental caries if they drink fluoridated water and brush their teeth with a pea-sized amount of fluoridated toothpaste twice a day. Parents should consult their pediatrician or dentist regarding their child's individual risk for dental cavities and specific fluoride needs. In children with a high risk for dental caries and exposure to only water without fluoride, additional fluoride supplements may be indicated.

Print copies of the CDC report can be ordered by contacting the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C., 20402, or by calling (202) 512-1800. To read the report online, visit www.cdc.gov/mmwr/preview/mmwrhtml/rr5014a1.htm.

Dr. Keels is a member of the AAP Section on Pediatric Dentistry Executive Committee.

New from the National Cancer Institute

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