

ROGER A. ACHONG, D.M.D., M.S.

Dr. Roger Achong - pediatric dental specialist.

University of Toronto – Bachelors of Science (3 years)
University of Pennsylvania – Doctor Dental Medicine (4 years)
University of Michigan – residency in Pediatric Dentistry (2.5 years)
University of Michigan - Masters of Science in Pediatric Dentistry.

Fellow, American Academy of Pediatric Dentistry.
Diplomate (board certified), American Board of Pediatric Dentistry.
Fellow (board certified), Royal College of Dentists of Canada.

Group practice comprising of 7 dental specialists, 3 women and 4 men.
6 pediatric dental specialists.
1 orthodontist specialist.
12 dental hygienists.
14 dental assistants.

Concord Orthodontics.
Concord Pediatric Dentistry.
New London Pediatric Dentistry.
Lincoln Pediatric Dentistry.

We have been taking care of New Hampshire children for the past 45 years. (see orange flyer)

Pediatric Dentistry

Pediatric dentistry is an age-defined specialty that provides both primary and comprehensive preventive and therapeutic oral health care for infants and children through adolescence, including those with special health care needs.

Local and national experts on pediatric oral health care.

Board certified in pediatric dentistry.

2015 Definitions and scope of pediatric dentistry - American Academy of Pediatric Dentistry. American Academy of Pediatric Dentistry REFERENCE MANUAL V 36 / NO 6.

2015 Policy on the Role of Pediatric Dentists as Both Primary and Specialty Care Providers - American Academy of Pediatric Dentistry REFERENCE MANUAL V 36 / NO 6.

Dental Home

The New Hampshire Academy of Pediatric Dentistry and the American Academy of Pediatric Dentistry advocated the dental home for the pediatric patient.

The dental home is the ongoing relationship between the dentist and the patient, inclusive of all aspects of oral health care delivered in a comprehensive, continuously accessible, coordinated, and family-centered way. Establishment of a dental home begins no later than 12 months of age and includes referral to dental specialists when appropriate.

Establishment of the dental home is very valuable for the pediatric patient and very cost effective in preventing oral diseases.

2002 The Medical Home - AMERICAN ACADEMY OF PEDIATRICS Pediatrics-2002--184-6

2015 Policy on Workforce Issues and Delivery of Oral Health Care Services in a Dental Home. American Academy of Pediatric Dentistry REFERENCE MANUAL V 36 / NO 6

2015 Definition of Dental Home - American Academy of Pediatric Dentistry REFERENCE MANUAL V 36 / NO 6.

2015 Policy on the Dental Home - American Academy of Pediatric Dentistry REFERENCE MANUAL V 36 / NO 6.

2015 Policy on the Role of Pediatric Dentists as Both Primary and Specialty Care Providers - American Academy of Pediatric Dentistry REFERENCE MANUAL V 36 / NO 6.

New provider type

Other states that have midlevel or dental therapist have different problems than New Hampshire. There is no major access issue for children in New Hampshire.

2015-01 The State of Children's Oral Health in England - Faculty of Dental Surgery.

2015-04 Failure on all fronts: general dental practitioners' views on promoting oral health in high caries risk children- a qualitative study. Ahmad K Aljafari, Jennifer Elizabeth Gallagher and Marie Therese Hosey*. Division of Population and Patient Health, King's College London Dental institute, Bessemer Road, London SE5 9RS, UK. BMC Oral Health 2015, 15:45 Published: 9 April 2015.

2014 American Academy of Pediatrics Policy Statement: Maintaining and Improving the Oral Health of Young Children. Pediatrics 2014;134:1224-1229.

2014-02 Early Impacts of Dental Therapists in Minnesota. Minnesota Department of Health Minnesota Board of Dentistry. Report to the Minnesota Legislature 2014. February 2014 Division of Health Policy. Office of Rural Health & Primary Care Minnesota Department of Health. Minnesota Board of Dentistry.

2014-10 Minnesota Dental Therapist Evidence to Date is Underwhelming. COMMENTARY by Director Paul S. Casamassimo, DDS, MS, Pediatric Oral health Research & Policy center – American Academy of Pediatric Dentistry. October 2014.

2012 Survey of Dental Practice Pediatric Dentists in Private Practice CHARACTERISTICS REPORT. American Dental Association.

2013 A systematic review of oral health outcomes produced by dental teams incorporating midlevel providers J. Timothy Wright, Frank Graham, Catherine Hayes, Amid I. Ismail, Kirk W. Noraian, Robert J. Weyant, Sharon L. Tracy, Nicholas B. Hanson and Julie Frantsve-Hawley. ADA 2013;144(1):75-91.

2015 Policy on Workforce Issues and Delivery of Oral Health Care Services in a Dental Home. American Academy of Pediatric Dentistry REFERENCE MANUAL V 36 / NO 6

2015 Definition of Dental Home - American Academy of Pediatric Dentistry REFERENCE MANUAL V 36 / NO 6.

2015 Policy on the Dental Home - American Academy of Pediatric Dentistry REFERENCE MANUAL V 36 / NO 6.

2015 Policy on the Role of Pediatric Dentists as Both Primary and Specialty Care Providers - American Academy of Pediatric Dentistry REFERENCE MANUAL V 36 / NO 6.

2013 A critical summary of Wright JT, Graham F, Hayes C, et al. A systematic review of oral health outcomes produced by dental teams incorporating midlevel providers. JADA. 2013;144(1):75-91.

2014??? AAPD State of Little Teeth report which contains a section refuting dental therapist claims (see p. 18).

2014 National Dental Association Position Paper on Mid-Level Providers.

Medicaid reimbursement and utilization rate.

The state of New Hampshire have not increased their Medicaid reimbursement in approximately 10 to 12 years.

New Hampshire Medicaid is currently working for the time being. However it is not keeping up to date with current fee structure and its administration burden can be improved.

2014 The Impact of Medicaid Reform on Children's Dental Care Utilization in Connecticut, Maryland, and Texas. Kamyar Nasseh and Marko Vujicic. Health Services Research 2014.

2014 A Ten-Year, State-by-State, Analysis of Medicaid Fee-for-Service Reimbursement

Rates for Dental Care Services. Authors: Kamyar Nasseh, Ph.D.; Marko Vujicic, Ph.D.; Cassandra Yarbrough, M.P.P. 2014 American Dental Association Health Policy Institute.

2014 CHILDREN'S USE OF DENTAL CARE IN MEDICAID: FEDERAL FISCAL YEARS 2000 – 2012. October 2014. Prepared by: Erika Steinmetz, Brian Bruen and Leighton Ku. George Washington University, Milken Institute School of Public Health, Department of Health Policy.

2015 Reducing early childhood caries in a Medicaid population. A systems model analysis. Burton L. Edelstein, DDS, MPH; Gary Hirsch, SM; Marcy Frosh, JD; Jayanth Kumar, DDS, MPH. ADA 2015:146(4):224-232.

2015 Impact of fee increases on dental utilization rates for children living in Connecticut and enrolled in Medicaid. Tryfon Beazoglou, PhD; Joanna Douglass, BDS, DDS; Veronica Myne-Joslin, BA; Patricia Baker, MS; Howard Bailit, DMD, PhD. JADA 2015:146(1):52-60.

2015 The relationship between altruistic attitudes and dentists' Medicaid participation. Susan C. McKernan, DMD, MS, PhD; Julie C. Reynolds, DDS, MS; Elizabeth T. Momany, PhD; Raymond A. Kuthy, DDS, MPH; Elham T. Kateeb, BDS, MPH, PhD; Nancy B. Adriane, BSDH; Peter C. Damiano, DDS, MPH. JADA 2015:146(1):34-41.

2015-01 The booming Medicaid market. Marko Vujicic, PhD. JADA 146(2) February 2015.

Dentists, Hygienists & Assistants.

Significant increase in dentists in the state of NH especially pediatric dentists have occurred in recent years. When I first arrived in New Hampshire approximately 18 years ago there were 15 pediatric dentists. Today there are approximately 40 pediatric dentists. That is an increase of approximately 250%. There is no major access issue for children in New Hampshire.

As pediatric dental specialists, we are the national and local experts of pediatric oral health care.

2011 New Hampshire's Dental Health - A System that Works. New Hampshire Dental Society white paper from 4 years ago basically indicating the state has a sufficient number of dentists.

2015-05 Rethinking dentist shortages. Marko Vujicic, PhD. JADA 146(5) May 2015.

New Hampshire is not a typical state.

Other states that have recently introduced a new type of dental provider have different problems than New Hampshire. There is no major access issue for children in New Hampshire.

The pediatric dental specialists are the safety net for New Hampshire children. As a group of dental specialists, the pediatric dentists in New Hampshire have collectively seen more underserved, low income and children with Medicaid than all of the community and public programs combined. We are able to do this based on the sheer volume of patients we can see, our wide scope of services and by nature of our specialty care. Hence the pediatric dentists have created an effective safety net in New Hampshire. Access for children is not a major issue in New Hampshire.

Prevention and education.

Current programs in schools, community clinics and dental offices need to be optimized and made more efficient. Better utilization of the

existing system would be better and more cost effective in the long term.

Most dental diseases are preventable. Change the expectations that so many primary and permanent teeth have to be always extracted. Educating the children and their parents / legal guardians about oral health is a far superior value compared to constantly funding inefficient and wasteful emergency room visits for dental pain. Increasing the value of oral health should be a priority.

Educating the parents and the children is a much better long term strategic plan and much more cost effective in the long run. Knowledge is more powerful.

2015 Policy on Early Childhood Caries (ECC) - Unique Challenges and Treatment Options - American Academy of Pediatric Dentistry. Dentistry REFERENCE MANUAL V 36 / NO 6.

2015 Policy on Early Childhood Caries (ECC) Classifications, Consequences, and Preventive Strategies - American Academy of Pediatric Dentistry. Dentistry REFERENCE MANUAL V 36 / NO 6.

2013-06 Effectiveness of Preventive Dental Visits in Reducing Nonpreventive Dental Visits and Expenditures PEDIATRICS Volume 131 Number 6 June 2013 Pediatrics. Bisakha Sen, PhD, Justin Blackburn, PhD, Michael A. Morrisey, PhD, Meredith L. Kilgore, PhD, David J. Becker, PhD, Cathy Caldwell, MPH, and Nir Menachemi, PhD, MPH.

2015-03 Clinical Decision-making for Caries Management in Children: An Update. Slayton, Rebecca L. Pediatric Dentistry, Volume 37, Number 2, March/April 2015, pp. 106-110(5).

Irreversible surgical procedures are not 'simple'.

The concept of a non dentist performing irreversible surgical procedures on our most vulnerable citizens of our country is overly concerning and potentially very dangerous. As pediatric dental specialists, part of our professional obligation is to advocate for these young growing impressionable children of our country. As pediatric dentists, part of our professional obligation is to protect children. Pediatric dentists are the voice for children regarding children's oral health. We are overly concerned about non dentists performing irreversible surgical procedures on my children.

Early childhood caries.

Please see case #111, case #33, case #95, case #56, case #17.

Discrimination of children. Discrimination of the poor.

Children should not be discriminated from quality care. It is an inexcusable form of discrimination. Poor children should not have to settle for poor quality care.

Smile – It's Summer Time!!! (see last page)