

Letter to the Editor

To the Editor,

I am writing to challenge the publication of an article in the November/December issue of the Journal: "Do Early Dental Visits Reduce Treatment and Treatment Costs for Children?" by Arthur J. Nowak, Paul S. Casamassimo, JoAnna Scott, and Richard Moulton. (*Pediatr Dentistry* 2014;36(7):489-93).

The data utilized in this research comes from 20 clinics of the Church Street Health Management Group, identified frequently in the article as CSHM. However, the operational and functional name of this group—the name by which readers would recognize it—is not identified. That name is Small Smiles. The failure to identify CSHM as Small Smiles, either intentionally or not, is deceptive. An important criterion for a scientific article is that the information provided results in adequate understanding. This criterion is not met as a result of a lack of transparency in identifying CSHM as Small Smiles. To have made this appropriate identification would have created a significantly different orientation for the readers of this article. That this research is from the clinics of this organization calls into serious question the validity and reliability of the data.

The authors, two of whom, Drs. Nowak and Casamassimo, disclosed they were unpaid members of the pediatric advisory board of CSHM/Small Smiles, state: "The CSHM system is uniform in its procedure, staff training, and quality assurance, making it a better source of data than aggregate independent Medicaid dental providers." They also make an even stronger claim: "A strength of this study is the careful management of billing and strong oversight of service provisions by the CSHM system to meet federal standards. The likelihood of erroneous billing and procedure counts is low."

However, the United States Senate clearly calls into question these comments. In June of 2013, U.S. Senate Finance and Judiciary Committees jointly released an extensive investigative report on the corporate practice of dentistry in the Medicaid program.* The report documents Small Smiles' egregious behavior, including significant fraud and abuse of the Medicaid system. The report summary was 33 pages in length; however, the full report is 1,509 pages with 66 Exhibits. The Senate committees' report offers a scathing indictment of the Small Smiles clinical operation from which the data in this article are derived. The Senate report documenting repeated abuses of children is disturbing to read. Following are just a few of the comments:

- "The clinics [Small Smiles] performed a high number of crowns and pulpotomies on children who did not require such aggressive treatment. [Emphasis added].

- The quality of care was significantly below any recognized medical standard according to independent pediatric dentists..."
- "...the conduct of Small Smiles was really horrific stuff."
- "The conduct noted in the agreement includes submitting Medicaid reimbursement claims for medically unnecessary pulpotomies, crowns, extractions, fillings, sealants, x-rays, anesthesia, and behavior management; failing to meet professionally recognized standards of care; and provision of care by unlicensed individuals." [Emphasis added]

The United States Senate's investigation documenting these extensive abuses of clinical standards calls into question the entire data set on which the conclusions of this article are based. Frankly, this should have resulted in an outright rejection of this manuscript for publication.

Furthermore, the article contains a methodological flaw that challenges the conclusions drawn. The authors do not control for the variation of the number of teeth in the eight year span of tracking 'early' and 'late' starters. Late starters, mean age of 5.8 at the initial appointment, would be 13.8 years of age at the end of the eight year period under study. Early starters, mean age of 2.88 would be 10.88 years of age at the end of the period. Given the late mixed dentition exfoliation schedule of primary teeth and the eruption schedule of permanent teeth, including canines, premolars, and second molars, the late starters would have significantly more teeth at risk for treatment during the eight year period than would early starters.

Finally, the authors make the erroneous comment: "The results support the policy of many dental organizations to begin oral health intervention at one year old and may encourage pediatricians to overcome obstacles and make dental referrals." The data reported in this study, even if they were understood to be valid and reliable, do not support the belief that pediatricians should refer children at one year of age to a dentist. It is unquestionable that parents need anticipatory guidance, even before the birth of a child. This does not translate into a need for that guidance to come at an age one visit with a dentist. There is cynicism by a number of members of the dental profession that this is simply a marketing strategy for pediatric dentists.

While I am not sure how you and the Editorial Board should manage the issues raised by the publication of this article, they deserve your careful consideration and deliberation.

Sincerely yours,

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* Joint Staff Report on the Corporate Practice of Dentistry in the Medicaid Program. Prepared by the Staff of the Committee on Finance and the Committee on the Judiciary, United States Senate. June, 2013. Washington, U.S. Government Printing Office. Available at: "<http://www.finance.senate.gov/library/prints/>".