CALIFORNIA SOCIETY OF PEDIATRIC DENTISTRY

Bulletin

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President's Message

"It was the best of times, it was the worst of times…"

David Rothman, DDS
CSPD President

So goes the opening sentence of Charles Dickens' *A Tale of Two Cities*, an epic work of historical fiction that chronicles the years leading up to the French revolution and parallels the political and economic conditions in France with those in England.

Pediatric dentistry's current situation - economically, socially and medically - certainly may fit the opening line of the opus depending on where you sit on the healthcare reform issue. Though the onset of the French Revolution may have little to do with the health care revolution that will (it's not "if" but "when") be taking place, we will be taking an active and participatory role in the shaping the policy for children's oral health. Instead of Madame Defarge knitting the names of the revolutionaries into a scarf as she and her husband organize the revolutionary movement from behind the façade of a wine shop, we have panels of experts, concerned individuals, and policy makers conducting fact finding and needs analysis studies, especially at the CDA level where we have Paul Reggiardo, our Public Policy Advocate, participating and representing our patients and members. Pediatric dentists have abundant roles in CDA leadership and will bring the unique needs of the traditionally underrepresented pediatric population to the forefront. Time will tell whether the findings of the panels and the changes proposed will be revolutionary or evolutionary. Will our practice model change to improve access to care? Is there a glut of providers and all that is needed is redistribution of services? What models may be developed or are in place that will improve oral health care for children? These are all questions which will need to be answered so that we may shape debate and provide a mutually beneficial outcome for implementation of Universal Oral Health Coverage as mandated by the Healthcare Reform Act of 2010.

Please allow me to digress for a few moments and draw some parallels (kind of a stretch) between the French Revolution and our current situation. There is much being said about mid-level providers in dentistry, access to care and the discussion of equality and quality of care. Perhaps we are closer to the French Revolution than I thought; more so than to the American Revolution as that was more about taxation and representation than class warfare. *"Liberte, Egalite, Fraternite"* (Liberty, Equality, Fraternity) is the national motto of France and perhaps is guiding our plunge into this unknown world of healthcare reform. Sadly, the French are not an example of an ideal model health care delivery system even though they, the Danes, and the Canadians are often viewed as an example of how universal health care can work.

The public health insurance plan in France was established in 1945 and has gone through many incarnations since its inception. The program's guiding principle is *"couverture maladie universelle"* (universal health coverage) for those employed in France but it excludes illegal immigrants and their children. It is based on solidarity in which the burden is spread over the entire population in order to guarantee financial protection. A hallmark of this system is that the sicker you are the less you pay for care. The burden of cost is spread among the employers, employees and personal income taxes which continue to rise to make up for the increase in medical care delivery. The basis of the system is government mandated cost containment, universal fee schedules and negotiations with physician unions. The general practitioner in medicine is the gate keeper who determines specialist need. Dentists, ophthalmologists and gynecologists are exempt from the physician gate keeper mandate but fee schedules are negotiated and mandated by the State government. There are private practice alternatives with physicians and dentists who don't accept government reimbursement rates; however, they are not eligible for their government pension. The French government dictates how care is to be delivered and to what extent. Approximately 75% of healthcare costs are covered by the system; the rest is borne by the individual. The government mandates specialist care and services and limits the number and location of specialized equipment such as MRI and CT scanners. There are three types of hospitals:

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California Society of Pediatric Dentistry

BULLETIN

CSPD members are encouraged to contribute to the Bulletin. Articles, Letters to the Editor, or other items of interest are welcome. Items for publication may be submitted to Gary D. Sabbadini, DDS by mail (1500 Tara Hills Dr. Suite 100 Pinole, CA 94564 or GarySab@comcast.net).

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MISSION OF THE BULLETIN

The Bulletin of the California Society of Pediatric Dentistry shall be to examine and identify the issues that affect the specialty of Pediatric Dentistry and the oral health of teenagers and children. All of our readers should remain informed and participate in the formulation of public policy and personal leadership to advance the purposes of the Society. The Bulletin is not a political publication and does not knowingly promote the specific views at the expense of others. The views and opinions expressed in the Bulletin do not necessarily represent those of the California Society of Pediatric Dentistry.

Member Publication
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Patient Safety Committee

David Rothman, DDS

The Patient Safety Committee, which was originally developed to monitor trends and incidents in pediatric sedation, general anesthesia and behavior management in dental offices, has redefined its role and expanded its scope to include other areas of quality assurance and patient safety. The new duties of the Committee are as listed in the Policies and Procedures manual:

"The Patient Safety Committee shall promote and make recommendations to improve patient safety in the dental office. Quality assurance and total quality management will be stressed and the inclusion of such programs will be promoted in offices. The Patient Safety Committee will be actively engaged in reviewing the disciplines of pharmacology, behavior management, anesthesia and sedation, materials and oral health care delivery to the pediatric patient and persons with disabilities. Members of the committee will have demonstrated ability in these areas and consultants may be engaged in areas where additional expertise may be needed."

Two areas of concern will be discussed in this issue:.

Sedation and Anesthesia

On May 11, 2010, subsequent to the death of a child undergoing sedation in Virginia, the AAPD issued the following statement:

"The health, safety and welfare of children are a top priority of the American Academy of Pediatric Dentistry (AAPD). Our deepest condolences go out to the family of the young patient who died on Tuesday at the Virginia Commonwealth University Dental Clinic in Richmond, Virginia. Deaths due to sedation and/or anesthesia are extremely rare. The AAPD has guidelines in place that are co-endorsed by the American Academy of Pediatrics which reflect the highest safety measures for children undergoing sedation and/or anesthesia. It is paramount that every health provider discuss the risks and benefits of anesthesia with parents and care givers regarding the need for anesthesia services. The AAPD supports state regulations that limit the practice of deep sedation and general anesthesia to qualified, appropriately trained individuals."

Unfortunately, the death in Virginia noted above is not the only pediatric death that has occurred. Over the past few years, there have been deaths of pediatric dental patients in surgicenters and pediatric dental offices in California, Texas, Florida as well as another in Virginia. Full details of these cases are not available and may not be until closed case analysis is completed following settlement. Only a few facts have emerged from these cases. All of the children were sedated with the exception of one in Virginia who was being treated using general anesthesia at a facility run by VCU College of Dentistry. This case was supervised by an individual dual trained in Anesthesia and Pediatric Dentistry. At least two of the children (one in Virginia and one in Florida) received chloral hydrate sedation. The child in California aspirated a tooth and cotton roll while sedated and the child in San Antonio died while sedated with morphine. Neither is it apparent nor factual to assume any of the sedation cases were deep sedation and the drug dosages are not known at this time. Two of the clinical guidelines of the AAPD discuss sedation and anesthesia for the pediatric dental patient and are also cited by the ADA for patients 12 years of age and under: *"Guidelines for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures: An Update"* and *"Use of Deep Sedation and General Anesthesia in the Pediatric Dental Office."*

It is prudent to follow these guidelines on monitoring and administering sedative drugs especially when there is a chance that the drugs may have additive effects. We must also assume that polypharmacy may be a problem when adding nitrous oxide and local anesthesia, both of which have sedative properties. Obtaining a thorough patient history with an understanding of drug interactions, co-medications, and medical implications of underlying diseases are key to minimizing problems. NPO guidelines are critical for preventing aspiration following vomiting. Practicing for and anticipating emergency responses are a must. Many courses are available to help you and your staff improve your skills at sedation including the AAPD course on contemporary sedation. There will always be sedation incidents; it is how we prepare for and manage the complications that will minimize the risk for our patients.

Dental amalgam

The FDA will be bringing together a panel of experts in the fall to reevaluate the safety of dental amalgam after concerns about the material resurfaced. Though this topic and the material have been extensively researched and government bodies have issued statements attesting to its safety in children, the FDA is responding to the concerns of some government officials and consumer advocates. It is our hope that the panel of experts will include persons well versed in the material and the research and their findings will be based on sound scientific principles. We will keep you informed on this issue as more information becomes available.

(PRESIDENT'S MESSAGE, continued from page 1)

public, private and private not for profit. Emergency care in public hospitals is free and the patient does not a pay any fee leading to severe overuse and a tremendous burden on the system. The French system has nearly bankrupted the government in a country where the norm is a 35 hour work week and up to 60% of your income goes to taxes of which 20% of gross salary goes to social security. Health services are governmentally limited in this single payer system. Many French are turning to "complimentary" private insurance packages which help pay the patient portion and they are increasingly seeking private practitioners to provide limited care that is not covered by the national system or can only be obtained after a prolonged wait. There is a discrepancy between the care received by the economically diverse population and the lower middle class complains of not being able to afford the co-pays to receive care.

Is this the model we are approaching? Is it much different than what we currently have in the US? Has the experiment in universal care failed or is it successful? Much work will be done, panels convened, cost analysis performed, workforce examined and in the end, despite our best efforts, there will most likely be differences in care delivered to the population based on socioeconomic diversity. The French people, despite their motto "Liberte, Egalite, Fraternite" still moved on from their "ideal" system over the last 60 years to a model which still has many flaws despite being cited by the WHO as the world's best in 2001. We will need to continue to be active in the policy making arena and ask that all of you become participatory as well. Only time will tell where our journey will take us, but we will (through all our efforts) be leading the way.

CSPD 36th Annual Session/ WSPD 9th Annual Session

"Gateway to Gold Mountain"

April 7 – 10, 2011

San Francisco's Fairmont Hotel Atop Nob Hill




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..."Sittin' on the dock of the Bay, watching the tide roll away"

Summary of the Meeting of the Dental Board of California

The Dental Board of California met May 5-6, 2010, in San Francisco. The following summarizes the actions and issues pertinent to pediatric oral health.

Paul Reggiardo, DDS
Public Policy Advocate

Registered Dental Assistant Written Examination Statistics

Last July 1, with the dissolution of the Committee on Dental Auxiliaries (COMDA), responsibility for the licensing of Registered Dental Assistants (RDA) passed to the Dental Board of California. Last November, Dental Board members expressed concern that the 2009 pass rate for the RDA written examination barely exceeded 50%. Utilizing a new written examination this year, the pass rate through April 23 was still only 52%, although the number of applicants taking the new written test as yet is too small for meaningful comparison. The Board directed staff to compile statistical information on the educational backgrounds and previous examination history of those taking the examination and will revisit the issue at its July meeting.

Comment: The low pass rate for the written examination discourages interest in registered dental assisting as a career choice and limits the number of those entering the field. Pediatric dentists and those general practitioners treating significant numbers of children are particularly affected. Presently, there are approximately 35,000 active RDAs to serve the needs of California's approximately 37,000 actively licensed dentists.

Retroactive Fingerprinting Regulations

Currently, the Dental Board of California, along with other boards and bureaus of the Department of Consumer Affairs, requires applicants for licensure to provide electronic fingerprint records for a criminal background check prior to issuance of the license. Although required since 1999, this licensure prerequisite was not retroactive until now. Licensees who obtained their licenses prior to 1999 have no electronic fingerprint records on file with the Department of Justice. As a result, the Board has no access to the criminal history or automatic reporting of arrest records of any dentist or registered dental assistant category licensed prior to 1999.

To remedy this situation, the Board approved regulatory language in February to require the submission of electronic fingerprint records to the Department of Justice as a condition of license renewal for any licensee without such records on file. The licensee will pay the costs of furnishing the fingerprints and the Department of Justice search which is estimated at $50 to $60. As another condition of license renewal, the licensee will be required to self-disclose whether, in the prior renewal cycle, he or she has been convicted of any violation of law in California or any other state or country, omitting traffic infractions under $1,000.00, so long as the infraction does not involve alcohol, dangerous drugs, or controlled substances.

Comment: To facilitate compliance with the new requirement, CDA anticipates offering electronic fingerprinting and registration with the Department of Justice at their statewide meetings, beginning in San Francisco in the fall of this year. Dentists and registered dental assistants will be able to access DBC records to determine if they must comply with this requirement on their next licensure renewal, and if so, meet the requirement on the spot.

Bills of Interest to CSPD
California Legislature 2010-2011 Second Regular Session
July, 2010

CSPD follows these and a number of other bills potentially impacting pediatric oral health. Members having questions or wishing to comment on these or any other legislative initiatives are invited to contact CSPD's Public Policy Advocate, Dr. Paul Reggiardo, at reggiardo@prodigy.net.

ADVOCACY LEGISLATION AND REGULATORY MATTERS

AB 684 (Ma) Dental Claim Payment: Contested Claims: This bill would set certain timeframes for acknowledgement of receipt a claim by dental insurers, specify information required on a notice to the claimant when a claim is contested or incomplete, and set a 30-day working period for payment of an uncontested claim.
CSPD Position: Support
Comment: This bill was withdrawn by the Author. As introduced, this bill would have increased the interest penalties for uncontested dental claims not paid within 60 days of receipt. As amended in the Senate 6/3/10, these provisions were removed.

AB 1524 (Hayashi) Dental Licensure by Hybrid Portfolio Pathway: This bill would replace the clinical dental licensure examination administered by the Dental Board of California with an assessment process during enrollment at an in-state dental school. The Hybrid Portfolio Pathway (HPP) would utilize uniform standards of minimal clinical experiences and require a final assessment of the submitted portolio at the end of the school program.
CSPD Position: Watch
Comment: Other current paths to dental licensure (with the exception of the California clinic exam) would remain available, including passage of the Western Regional Examination (WREB). The bill was amended 6/29/10 to require adoption of regulations by the Dental Board of California before implementation is permitted. Present proposed regulations do not require treatment of the primary dentition or treatment of the minor dental patient in the portfolio of cases that must be presented and are excluded from the competencies by which the applicant would be evaluated.

AB 1783 (Hayashi) Denti-Cal: Change of Location Form: This bill would allow a dentist enrolled as a Denti-Cal provider changing practice location within the same county to continue enrollment by the filing of a change of address form with the Department of Health Care Services.
CSPD Position: Support
Comment: Existing law requires a dentist to file a new enrollment application for a change of address, a process that can take the better part of a year for approval. This change would allow uninterrupted practice, continuum of care to Dent-Cal patients, and conform to a similar provision already in place for physicians. It was amended 6/14/10 to apply only to a dentist practicing as a sole practitioner.

AB 2035 (Coto) Self-Funded Dental Plans: Disclosure of ERISA Information: This bill would require that claimants of a self-funded dental plan be informed in explanation of benefits statements and other materials that the plan is subject to compliance with the federal Employee Retirement Income Security Act (ERISA) and not subject to state law governing health care coverage for dental plans.
CSPD Position: Support
Comment: This bill died in Committee and is identical to AB 745 (Coto), introduced in the last legislative session, which was vetoed by the Governor as "unnecessary". It enjoyed broad support in both houses of the legislature. Like AB 745, AB 2035 is sponsored by CDA.

AB 2699 (Bass) Healing Arts Licensure Exemption: This bill creates a state licensure exemption for out-of- state licensed health care practitioners, including dentists, who provide free services on a short term, voluntary basis at events sponsored by not-for-profit community-based organizations. It requires the sponsoring organization to register the event with the applicable healing arts boards and bureaus of the Department of Consumer Affairs.
CSPD Position: Neutral
Comment: As originally written, this bill would have allowed licensure exemption if the sponsoring entity registered with a "local governmental agency," thereby circumventing the jurisdiction of the state licensing boards and bureaus. As amended the sponsoring entity and volunteer professionals must register and gain approval of the state licensing board having jurisdiction over the provider.

Editor's Note: To see a complete and current list of bills affecting pediatric dentistry, visit our website at www.cspd.org.

Pediatric Oral Health Access Update - July, 2010

Prepared for the California Society of Pediatric Dentistry by Dr. Paul Reggiardo from information brought before the California Department of Public Health/ California Department of Health Care Services joint Oral Health Workgroup on June 2, 2010, in Sacramento.

BPA Proposition 65 Warning

The State Office of Environmental Health Hazard Assessment (OEHHA) is considering requiring that dentists must post a warning under Proposition 65 for Bisphenol A, as a component of sealants. Public hearings were held April 20, 2010, at which CDA argued BPA is not present in dental sealants as an ingredient, but rather, extremely small amounts of BPA below the "no observable effects level" (NOEL) may be present after sealant placement through the degradation of other components of sealant materials. CSPD submitted a letter of public comment to the OEHHA by a May 13, 2010 deadline. It is very likely that BPA will be listed as a chemical known to the state to cause mutagenic change or reproductive harm. CDA hopes to gain an exemption for dental offices based on the forgoing information. CDA's concern is that the requirement for a Proposition 65 Warning may discourage patients from seeking dental sealants or discourage dental providers from offering the service.

Denti-Cal

The Governor's May Revision to the 2010-2011 state budget included a proposal to institute a $5.00 co-payment for all medical and dental visits, including those visits where dental services are provided to minor patients. As a result, children could be denied care if parents did not have the cash for a required co-payment. This change would require a federal Medicaid waiver, which it is extremely unlikely would be granted. This does, however, indicate the extent to which the state is prepared to consider spending reductions.

In the meantime, the Department of Health Care Services has been approached by several dental consortiums proposing managed dental care programs to replace the fee-for-service program in parts of the state. Consultants are currently evaluating the Sacramento Geographic Managed Care (GMC) program (a "pilot project" that has existed for 20 years). A report has been completed and will be presented to First 5 Sacramento June 7.

First 5

A measure to shift First 5 (Tobacco Tax) funds from specified children's programs to the state's General Fund to reduce the state budget deficit will appear on the November ballet. Passage is considered unlikely.

Fluoridation

The Sacramento City Council is considering a proposal to discontinue municipal water fluoridation. A decision will be made by July 1.

The Watsonville City Council is still holding off signing a $2 million grant contract for construction of a water fluoridation system. Watsonville fought a legal battle to uphold a 2002 voter-approved ordinance that effectively banned fluoride from the water supply. But an appeals court ruled state law -- requiring cities with 10,000 or more hook-ups to fluoridate if outside money is available to cover costs -- trumped the ordinance. The California Dental Association Foundation has agreed to provide these funds.

Healthy Families

Eligibility for Healthy Families has been restored from 200% to 250% of the federal poverty level (FPL). Federal Health Care Reform passed in March prohibits the previously proposed eligibility reduction.

The administration, however, is proposing an increase in monthly premiums for families with incomes between 200% and 150% of the FPL by $18 per child ($54 maximum for families with three or more children). This would increase the current monthly premium of $24 per child to $42 and the family maximum from $72 to $126 (a 75% increase). The proposal would take effect September 1, 2010.

Mobile Dental Facilities

The Dental Health Foundation and CDA continue to disseminate the Mobile Dental Facilities Toolkit, which is available also on the CSPD website. The toolkit is intended to provide school administrators and decision-makers information to consider before entering into an agreement with a mobile dental provider.

CDA is also considering seeking increased regulation of school-linked mobile dental providers by the Dental Board of California. In May, CDA formally requested that the issue be placed on the Board's agenda for a future meeting. In the meantime, CDA's Policy Council has assembled a Workgroup to examine current regulation of itinerant dental services and make recommendation to the Council for regulatory reform. Dr. Paul Reggiardo sits on that Workgroup and serves as a consultant to the Policy Development Council.

OSHA Bloodborne Pathogens Standard

OSHA is reviewing the Bloodborne Pathogens Standard to determine whether such regulation should be maintained without modification, amended, or rescinded. OSHA issued the current Bloodborne Pathogens Standard in December 1991. It was promulgated to protect health care workers from exposure to pathogens in blood and other potentially infectious materials, particularly the Hepatitis B virus (HBV) and the Human Immunodeficiency Virus (HIV). The law requires, among other things, a written exposure plan intended to minimize or eliminate workers' exposures to bloodborne pathogens and implementation of defined "Universal Precautions." Comments from interested parties must be submitted by August 12, 2010.

District VI Update

The AAPD meeting in Chicago was terrific! It set a record with over 1,800 members in attendance and had the 4th largest total attendance with over 4,850 attendees. **"Education. Networking. Awareness. Start Spreading the News!"** is the theme for the 2011 Annual Session in New York from May 26-29, 2011. *Save the date!* Here is a summary of the meeting:

- In spite of the difficult economy, AAPD membership continues to be strong. It is now at its high level of over 7,800 members with active membership at 5,000.
- AAPD recently reported the results of its most recent comprehensive membership survey that is completed ever 5 years. Here are the Top 5 reasons responders continue their membership:
  - Support the organization that represents their specialty
  - Advocacy on behalf of children
  - AAPD publications and CE courses
  - Fellowship/Interaction with colleagues
  - AAPD Annual Session
- The financial health of the organization remains strong. Total reserves continue to exceed 100% of annual operating budget. The projected 2010-2011 budget is in excess of $9 million.
- $7.575 million in federal funds has been secured for pediatric dentistry residency training.
- For the 2010 election cycle, the PAC will contribute over $230,000 to over 75 members of Congress who support children's oral health care.
- AAPD now offers a Coding and Insurance Workshop to state and regional societies. The three hour workshop includes information on appropriate coding, completing claims more efficiently, writing narratives and other tips to turning claims around faster. Contact Mary Essling (messling@aapd.org) for details.
- AAPD has put out, for the first time ever, a Buyer's Guide to Dental Benefits. This pamphlet is designed for benefit directors, human resource staff and other key stakeholders responsible for designing, selecting, and purchasing dental benefit plans with optimal dental benefit coverage for children.
- AAPD's public relation efforts are focusing on a multi-year, multimedia effort to promote the dental home and age one dental visit titled: Get it Done in Year One.
- The Head Start Dental Home Initiative continue to document success from across the country as State Leaders and Regional Oral Health Consultants continue to engage new providers to provide true dental homes for Head Start children. These local partnerships encourage head Start program staff and Head Start families to engage in behaviors that improve the oral health of Head Start children. The Head Start Dental Home Initiative will launch 13 more states in 2010 to bring the total to 31 states by the end of the year. The states in District VI are Montana, Idaho and California (central region). Washington and Oregon launched in years past. Instructional videos are available online at www.aapd.org/headstart.
- The 2010 AAPD Legislative and Regulatory Priorities are available at www.aapd.org/hottopics/advocacy.
- To learn more about Health Care Reform, see the ADA's summary of the final legislation: www.aapd.org/uploads/news/2010/3848.pdf.
- Mid-Level Providers promise to be a huge issue at the state level in 2010. The AAPD Advanced Legislative Workshop on September 24-25, 2010 will focus extensively on this topic to assist those advocates working with this issue at the state level. The AAPD will fund 2 representatives from each state to attend. A great guest editorial by Dr. Paul Casamassimo is in the March/April edition of the 2010 Pediatric Dentistry Journal discusses the negative aspects of the midlevel provider concept. **I highly recommend that you read it**.
- The federal appropriations for the 2010 Fiscal Year have increased the Title VII funding for pediatric residency training to an all time high plus makes faculty loan repayment available.
- AAPD will be embarking on a redesign of the website has launched a Facebook page.
- Of the 562 applications for pediatric dental residencies, 307 positions were offered and 299 positions were filled. The 562 applications were the highest number of any specialty! There are 74 pediatric dental residency programs accredited by CODA with 710 postdoctoral residents enrolled (61.8% female/38.2% male) with 314 graduates entering the workforce.
- In 2011, pediatric dentistry will undergo the review process to be re-recognized as a specialty.
- Healthy Smiles, Healthy Children, the Foundation for the AAPD, has raised in excess of $1 million. Access to Care grants from the Foundation will fund 5 grants out of 70 applications. These initiatives will impact more than 238,000 children over the next 5 years. The foundation will accept applications for new grants beginning September 1, 2010. The goal of this grant activity is to have a positive impact on at least 5 million children over the next 5 years. Please be a part of this extremely worthwhile effort.
- Leadership Institute III will begin December, 2010. Congratulations to the 4 members selected from District VI.
- 54% of eligible AAPD members are Diplomates of the American Board of Pediatric Dentistry. By the end of 2010, there will be over 3,000 Diplomates! In July, 2010, the ABPD will launch the Renewal of Certification Process for the time limited individuals.
- Thank you Dr. Bill Berlocher for a great year as AAPD President. Congratulations to District VI's own Dr. John Liu as the 2010-2011 AAPD President. Dr. Warren Brill joins the AAPD Executive Committee as the new Secretary/Treasurer.
- The AAPD Nominating Committee is undergoing a detailed review to see what changes should be made to improve the process.
- The 2010 CEO's Annual Report has a complete list of the AAPD's accomplishments. Hard copies of this report were distributed at the AAPD 63rd Annual Session; electronic copies may be viewed in a PDF format in the *Member's Only/Member Resources* section at www.aapd.org.

My commitment is to represent District VI to the best of my ability. Please contact me at any time.

Jade Miller, DDS
District VI Trustee

Alaska,

Arizona,

California,

Hawaii,

Idaho

Montana,

Nevada,

Oregon,

Utah,

Washington,

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No Formal units in:

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CSPD Foundation
CALIFORNIA SOCIETY OF PEDIATRIC DENTISTRY

PRESIDENTS' MESSAGE

Steve Gross, CDT
CSPDF President

Independence Day

It's time to celebrate our independence and our cause! For many years, CSPD and the CSPD Foundation were thought of as the same entity. However, they are distinct organizations with separate governing bodies. The differences between the two can be delineated by their mission statements:

The mission of the **CSPD** is to *serve its membership and the public by advocating for the optimal oral health of infants, children and adolescents in California.*

The mission of the **CSPD Foundation** is *to support and promote education, research, and services that advance the oral health of all California infants, children, adolescents and those with special health care needs.* One way this is accomplished is through educational and travel grants – some through the governing body of the CSPD and others directly through the Foundation.

Bottom Line: These two distinctly different organizations complement each other. They work *together*, yet stand alone in their efforts to promote the future of pediatric dentistry in California!

Feasibility Study Completed

The CSPD Foundation is forming a task force that will be meeting with the five dental schools in California for the express purpose of reviewing their program objectives. During the course of this meeting, we will determine how we, as a Foundation, can better assist with the school's requirements for additional faculty. This task force will also explore partnerships with professional organizations, recommend criteria and guidelines for grant programs, and monitor and evaluate our existing grant programs.

This will be no easy task. Our feasibility study determined that we, as an organization, have the capacity to make this dream come true, but it will only be through the dedication of your board and its advisors that this task force can prove successful. To that end, as we move forward, we will strive to cultivate new prospective individual, corporate, and foundational donors to support our mission.

Thanks again to all who have supported our cause with your hard work and donations. As always, I welcome your suggestions and comments. Feel free to contact me at steve@ApplianceTherapy.com.

Is Your Name Listed Correctly?

The Foundation's **Life Members** list has undergone some changes. Please check to see if you are listed, your name is spelled correctly and that your spouse is listed if you want him/her listed. All corrections should be forwarded to Dr. Ray Stewart (drrstewart@aol.com) so the list can be updated.

The Gift of Health

The Foundation has developed an opportunity to honor a person or to donate for a memorial gift. Gifts of $25 or more can be made using the donation form on the website (www.CSPD.org.) A letter will be sent to the person or family for whom the gift is made plus a letter to the donor for tax purposes.

There will be a one-time listing in the CSPD Bulletin of the gift. Please write out how you would the listing published on the donation form.

2009-2010 ANNUAL GIVING CAMPAIGN DONORS

as of 06/30/2010

Presidents' Circle Donors

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Mark & Teri Lisagor
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Corporate Life

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Rick Kleinsasser
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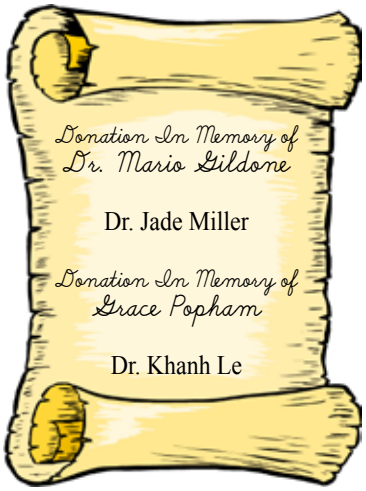

Student Group Activity Report for CA Pediatric Dental Residencies

USC Report - Julie Jenks, DDS

The Pediatric Dentistry Selective has been having regular bi-monthly meetings with a student presenting a topic related to pediatric dentistry followed by a group discussion. The Pedo Study Club held 2 meetings this last trimester. In the first meeting, Dr. Tom Tanbonliong discussed behavior guidance for the pediatric patient and in the second meeting, students who had recently matched to programs discussed the process and gave helpful tips. Approximately 40 students attended each meeting. Both of these students groups participated in local health fairs including the LA Child Guidance Clinic Health Fair, the USC's Early Childhood Education Health Fair, and a screening at the Vista Del Mar Home Safe Early Head Start Program in Hollywood.

UCSF Report - Brent Lin, DDS

7 current students matched to pediatric residency programs: Karen Lam (UCSF), Tanner Zane and Mai Din (University of Washington) Nicholas Ching (Harvard/Boston Childrens), Matt Swam (Lutheran/ Rhode Island), Patrice Espinoza (USC), and Christian Yee (USC).

The new president for the Student Society of Pediatric Dentistry is Shirin Mullen, class of 2011. She is also the president of the student chapter of the National Children's Oral Health Foundation and the Paul Ambrose Scholars Program. Brent Lin is the National Student Advisor for the National Children's Oral Health Foundation. Their mission is to work with students at various levels in different schools to advocate oral health for underserved children. The students have collaborated with the African American Health Disparity Project to provide dental screening, topical fluoride application, and oral health education for various health fairs sponsored by the AAHDP. On May 16, 2010, Alice Hseih, a UCSF student who is also an Albert Schweitzer Fellow, received the third-place award from the CDA at the community health education poster presentation for her work with the ethnic community groups. Another student, Grace Lam who was just accepted as a Schweitzer Fellow, has designed a project on oral health education and health prevention for underserved pregnant women. Both of these students are mentored by Brent Lin, DDS. Brent has recently received the 2010 Academic Mentor Award from the Albert Schweitzer Fellowship Program and the 2009 John C. Greene Society Mentor of the Year Award at UCSF School of Dentistry. Our students have also participated in numerous outreach activities and have been involved in many infant oral health projects with childcare centers around the Bay Area. They are also in the process of partnering with the San Francisco Unified School District to provide dental access for the low performing schools in the city of San Francisco. Our students have continued to work with the Boys & Girls Club in San Francisco to provide oral health awareness and dental screening for the inner city children living in public housing.

UOP Report - Jeff Wood, DDS

The Pacific Student Pediatric Dentistry Study Club has met twice this quarter. The topics included the review of two journal articles (student presenter) - one from the Journal of Dentistry for Children and the other from Pediatric Dentistry as well as the review of the pediatric residency application process & timeline, the presentation of externship and interview experiences, community outreach reports, and officer elections for the 2010-2011 academic year.

LLU Report - Laura McCormack, DDS

The LLU Pediatric Study club became official on April 19th, 2010 and has already had 4 meetings. The undergraduate students have an open invitation to prepare for and participate in our bi-weekly resident case presentations. In the future, they hope to allow the club members to accompany them on a variety of outreach projects that the residents already participate in, such as providing free dental care from mobile clinics, or doing educational outreach promoting good oral health. Their guiding philosophy focuses on educating the general dentist on important pediatric dentistry issues, on promoting good oral health for children, and in helping those who might also have an interest in specializing. Attendance at the meetings has been substantial. The officers are as follows: Laura McCormack (President), Dr. Jung-Wei (Anna) Chen (Faculty Advisor), Lauren Guttenberg (Vice President), and Morris De Leon (undergraduate officer). Each meeting, Dr. Chen picks the articles which are all part of their resident journal club and it always involves 1 trauma and 1 operative case.

Loma Linda Univeristy Pediatric Study Club

UCLA - No report submitted

CSPDF Statement of Financial Position Fiscal 2009-2010

Total Current Assets	$729,352
Total Liabilities	$0
Equity	
Retained Earnings	$741,612
Net Income	($13,423)
Total Liabilities and Equity	$729.352
Revenue	$76,745
Expenses	
Grants and Awards	$55,927
Administrative	$24,616
Fundraising	$9,625
Net Income/(Loss)	($13,423)

Annual Giving Campaign

(All contributions accrue yearly helping you achieve a personal level of satisfaction)

***All donors receive the following benefits*:**

- Recognition in the CSPD Foundation's Annual List of Contributors published in the CSPD Bulletin and Annual Meeting program.
- Recognition in the CSPD Foundation's Annual List of Contributors published in the Giving Campaign annual brochure.
- Badges showing membership level to be to be worn during the CSPD Annual Meeting.
- Recognition in the CSPD Foundation's Annual List of Contributors displayed prominently at the annual CSPD meeting.

***President's Circle donors receive the following additional benefits*:**

- Special designation in Annual List of Contributors, in all CSPD Bulletins at the Annual Meeting
- Personal Annual Briefing by Foundation Trustees
- Invitation to the President's Circle reception at the CSPD Annual Meeting

Membership Opportunities

Presidents' Circle

- ☐ Diamond Life.....$25,000 may be payable in up to 5 annual Installments of $5,000 each
- ☐ Platinum Life.....$10,000 may be payable in up to 10 annual installments of $1,000 each
- ☐ Gold Life .....$5,000 may be payable in up to 5 annual installments of $1,000 each
- ☐ Patron .....$1,000 may be payable in 1 annual installment of $1,000

Circle of Friends

- ☐ Sustaining.....$500
- ☐ Contributing.....$300
- ☐ Member.....$200
- ☐ Student.....$25

Special Giving

- ☐ .....In Memory Of _____ Amount_____
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- ☐ .....Give what you can – denote below amount enclosed

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- Recognition in the CSPD Foundation's Annual List of Contributors published in the CSPD Bulletin and Annual Meeting program.
- Recognition in the CSPD Foundation's Annual List of Contributors published in the Giving Campaign annual brochure.
- Badges showing membership level to be worn during the CSPD Annual Meeting.
- Recognition in the CSPD Foundation's Annual List of Contributors displayed prominently at the annual CSPD meeting.
- Special designation in the Annual List of Contributors, in all CSPD Bulletins and at the Annual Meeting
- Personal Annual Briefing by Foundation Trustees
- Invitation to the President's Circle reception at the CSPD annual meeting
- Mentioned by name at every social event during the CSPD annual meeting

- ☐ Corporate Life.....$10,000.may be payable in up to10 annual installments of $1,000 each
- ☐ Corporate Sustaining .....$5,000 may be payable in up to 5 annual installments of $1,000.00 each
- ☐ Corporate Friend.....$1,000.00

Name: _____
(please list name above exactly as you wish to be recognized in all publications)

Amount Enclosed: $_____

Return to: **CSPD Foundation, PO Box 221608 Carmel, CA 93922**

Ray Stewart, DMD
Executive Director

I am pleased to report that the CSPD 2010 Annual Meeting in Cancun, Mexico was a smashing success in all regards. Our Meeting Chair, Oariona Lowe, organized a tremendous meeting that was well attended, had an outstanding social and scientific program and kept costs under control allowing our organization to realize a modest profit.

The First Quarter of the new fiscal year has been very active and the Board Reports included in the packet for this Board meeting reflect a new energy and enthusiasm in proceeding with the implementation of the new CSPD Strategic Plan. Our very capable and qualified Board of Directors will be challenged in the coming months to actualize and employ the new 2010-2013 CSPD Strategic Plan that will direct our organization for the next three years.

Speaking of the new Strategic Plan, there is a renewed emphasis on Membership Services and giving our members a more obvious real and perceived value of their annual dues contribution. That is not to say that we have in any way forsaken our commitment to our advocacy initiatives or our vision of *"exemplary oral health for all infants, to effectively children and adolescents"* as these are clearly addressed in Strategic Goal #3: **"effectively advocate in the members' and public interest to advance pediatric oral health."**

We have also made a commitment to analyze our administrative and operational strategies to ensure that we have the most efficient, effective and productive structure possible. We will also be looking critically at the way we conduct our annual meetings to assure that our members are getting the best value for the resources being expended. As a point of personal privilege, I am hopeful that the Board will reverse the previous policy that " the Annual Meeting be break even, revenue neutral " and adopt a policy that the Annual Meeting should be a profit center which, combined with other non-dues revenue sources, will help postpone the need for a general member dues increase.

We are also confronted by a number of issues which may begin to obscure the things that we have traditionally dealt with on a day to day basis and potentially change the way we practice pediatric dentistry. The "elephant in the room" at this juncture is the subject of Mid-level Providers (Alternate Workforce Providers) and just how this relatively new entity will be integrated into the existing system of oral health care delivery in this country. This subject will be center stage at the June 26 Board meeting and is a topic of intense study both at CDA and across the nation. This will be the primary subject of the AAPD Advanced Legislative Workshop conducted in Chicago in September where we will be capably represented by three CSPD members: Paul Reggiardo, Santos Cortez and Joe Sciarra.

FTC Red Flags Rule Compliance Deadline Delayed to Dec. 2010

Businesses that extend credit are required by this rule to implement a written identity theft prevention program. The compliance deadline for small businesses was extended again to December 31, 2010. The FTC announcement is posted on its Web site (www.ftc.gov/opa/2010/05/redflags.shtm).

ADA-supported legislation (H.R. 3763), to exempt certain small businesses with 20 or fewer employees from the rule passed in the House of Representatives. A Senate-version of this bill (S.3416) is currently under consideration. The ADA is working very hard lobbying members of Congress and FTC representatives, and getting dentists to raise the issue with their respective representatives. You can read about their efforts here (http://ada.org/3742.aspx). CDA will continue to monitor this issue and provide updates on www.cda.org and on www.cdacompass.com.

ONLINE CONTINUING EDUCATION CONTINUES TO MAKE PROGRESS

The current status of the Online Continuing Education [OCE] programs places CSPD in a well-respected position. The OCE program is now generating enough non-dues revenue that it is covering the expenses of hosting the programs and financing some limited development of new programs. It is positioned well for the future. Years ago, the CSPD OCE committee moved forward ahead of the rest of organized dentistry. It was through the persistent and devoted effort of this committee that we now see other organizations beginning to follow our lead. With finalization of the recent courses from the Cancun meeting, we will have approximately twenty (20) courses available online. As other organizations enter the arena of providing continuing education credit for a fee, CSPD OCE will need to refine its efforts and products in order to compete with the larger, more well-resourced and financed organizations.

The CSPD OCE committee has accomplished a few tasks recently that may help in the future. We have certainly become more familiar with the procedures and technology available for this endeavor. We have put together one program with a corporate sponsor (NuSmile) which has worked quite well and may set the stage for similar productions in the future. This may encourage more corporate sponsor advertisements as well.

The International Association of Paediatric Dentistry (IAPD) and CSPD OCE committee have now collaborated to make our entire course catalog available at no charge to IAPD members worldwide. This program was a joint effort between the organizations and sponsored by NuSmile Corporation, CSPD and IAPD. The program receives enough revenue to cover its costs, but the real benefit might occur in the future. Our current effort has resulted in hits from a wide variety of countries including Argentina, Australia, Bermuda, Bolivia, Brazil, Canada, Chile, Czech Republic, Germany, Greece, India, Iran, Israel, Ireland, Malaysia, Netherlands, Nigeria, Peru, Portugal, Saudi Arabia, South Korea, Slovenia, Spain, Syria, Taiwan, Turkey, Venezuela, United Kingdom, and the USA. This newly established relationship and online project between the IAPD and CSPD will likely grow exponentially as thousands of their members become aware of the potential for online education. Worldwide users can harness the power of the internet to bring pediatric dental information directly to their desktop. This may also result in our need to translate some lectures into other languages.

Lonnie Lovingier, DDS
Chair, Online CE

Our program was originally funded with a generous grant from the CSPD Foundation. With our outreach to the rural area dentists via the Internet, we believe that we might be in a position to meet requirements for similar grants from other sources. We recently spent considerable time investigating the acquisition of a significant grant. Unfortunately, this first effort resulted in a dead end because our programs did not meet the specific requirements of that grant. However, it whetted our appetite and we believe that there is a good possibility that we can qualify for a grant with the assistance of a professional team. The committee is hopeful that we can identify a grant writer who will further assist our effort to produce many more essential online lectures. Our future can be significantly enhanced if we are successful in using grant dollars to fund many more continuing education lectures.

During this upcoming year, the CSPD OCE committee plans to make the lectures acquired from the Cancun meeting available online. We also plan to pursue producing another "high demand" lecture in the area of sedation. Over the course of the next few months, we may also develop audio-only lectures that can be downloaded to a variety of handheld devices such as the iPod. We also plan to look for more opportunities to produce courses which will help RDA's meet their renewed licensure requirements.

With the recent collaboration of CSPD and IAPD, members of the OCE have been discussing attending the IAPD meeting in Athens, Greece. We will pursue the request from IAPD to consider recording some of their lectures and making them available online.

There has been discussion to create different viewer categories within the program. One would be a multi-viewer category. This would allow a dentist to be appointed the moderator and oversee the viewing of a lecture by his entire staff. Finally, we are considering the possibility of creating a Yearly Online Library Access category of viewer. The viewer would pay a yearly fee and receive a password allowing the viewer to view any of the lectures in the library.

CARIES RISK ASSESSMENT

At the request of the Editorial Committee, Sharine Thenard, chair of the Professional Activities Committee, was asked to write an article about Caries Risk Assessment.

Sharine Thenard
Professional Activities

It's been a week of loud noises, dry walling, plastering, painting, and wiring. We're remodeling the office. As technology-infused fantasy thoughts of flat screen monitors and iPad-like tablets float through my mind, I think about how cool pediatric dental offices can be nowadays. Dentists and companies that cater to dentists love technology and like to think that we have come a long way in the diagnosis and delivery of dental care. Digital X-rays, automated appointment reminders, video games for the kids, and other technological advances have certainly made the dental world faster and usually more efficient. **But have we really come that far?**

Cavities are still forming and we are still desperately trying to scoop them out as fast as we can and then filling the hole with tooth-structure replacement materials. Caries is the most prevalent disease affecting children, a fact that we Californians hear about over and over again. Kids suffer, kids cry, and sometimes kids even die from untreated dental disease which become systemic infections, or unfortunately, from a complication from sedation procedures that are meant to address the dental disease.

We may have come a long way in making the delivery of dental care more comfortable and easy, but we haven't really done much in the way of eliminating caries or improving the surgical removal of decayed tooth tissue. We still use hand pieces. We still excise the diseased portion of the tooth. Even when we know how caries form, understand the steps that can be taken to prevent them and educate our patients about the protective benefits of fluoride and xylitol, the caries process is still continuing in our patients.

But there is hope. We have begun to incorporate the philosophy of caries risk assessment into our dental arsenal. The AAPD considers use of caries risk assessment "an essential element of practice." The graduates from dentals schools and residency programs today know all about caries risk assessment. And this is a wonderful thing.

Caries risk assessment signals a new way of addressing tooth decay. It's a method of assessing the risk for caries in the future. The objective is to treat the bacterial causes of the caries process and try to PREVENT decay, instead of surgically excising the decay once it has been created. To more effectively diminish the caries process in our patients, we must begin to treat each person as having their own unique medical and dental histories, with different food preferences and eating styles, and varying levels of dental IQ and oral hygiene. Through parental counseling, food counseling, and anticipatory guidance, the hope is that the caries will be diminished in this generation.

So, in case you have been so busy chasing decay that you have strayed from caries risk assessment, here are a few key points to help you remember (taken from Dr. Featherstone - www.cspd.org/pdf/2010/CAMBRA-CSPD4-10BWeb.pdf):

- Detect caries lesions early enough to reverse or prevent progression, assess caries risk, use fluoride and/or antibacterial therapy
- An existing cavity automatically places that individual in the high risk group
- One or more frank cavities indicates high risk for future new carious lesions since there are high levels of cariogenic bacteria still living in the cavity
- Placing restorations does not reduce the bacterial load in the rest of the mouth
- Caries is a transmissible bacterial infection, so the best way of stopping the infection is either preventing transmission in the first place, or lessening the bacterial load once the infection has occurred
- The mouth is a battle ground for demineralization and remineralization that is constantly going on in a tug-of-war fashion
- Some factors that lead to demineralization include: cariogenic bacteria (*Mutans Streptococci* and *Lactobacillis species*), reduced salivary function, and a high frequency of ingestion of acids and fermentable carbohydrates such as sucrose, glucose, fructose, and cooked starch
- Other risk factors include heavy plaque, recreational drugs, frequent snacking, deep pits & fissures, orthodontic appliances, interproximal enamel lesions, white spots, and dental restorations
- Protective factors include salivary components and flow, fluoride, calcium, and phosphate
- Don't forget that things like fluoride, xylitol, and MI paste can be protective factors and help aid the remineralization of teeth

So, the next time you look into one of your patient's mouths, step back, assess the whole person and the environment, not just the mouth, and think about caries risk assessment. **Manage the caries by assessing the risk.**

Website Notes - Traveling with www.CSPD.org

All families have sad times when their members must meet for the passing of a loved one. Most are dealt with locally. Mine recently involved traveling half way around the world to the landlocked and lesser developed nation of Laos. Even though I have been there many times before, I always seem to discover something new about how to travel while still being attached to a computer and the Internet. I'll list a few comments on traveling which may or may not help others.

Should You Attend?

Yes, this question does arise. Rescheduling all those patients is a dreaded task, especially when the trip will involve at least a week of ceremonies, a full 24 hours of travelling both to and from the destination plus a day or so of recovery. You might also have to miss important meetings (such as the CSPD quarterly Board Meeting) or even need to delay closing escrow on a purchase. All these business needs must be balanced against personal and family needs. Realize that most of this business can be conducted by emails or FAX. I suggest that since we only live once and for a limited number of years, we really should take the extra time to be with our families.

Plan Ahead if You Can

With only a day or two to plan, it is always easier if you have traveled to the area before and know what is needed. Years ago, you could call your travel agent with orders to get tickets. Now, you often need to search the Internet or call some of the wholesale ticket agencies. When traveling 24 hours on a plane, business class is definitely much more comfortable than economy! Some places require malaria drugs that must be taken a week before entering the area. Some can be taken one day before. We always take a kit containing basic antibiotics such as amoxicillin for infections and Ciprofloxacin for severe GI problems that can occur and other items such as basic suture materials, etc. Probably most important are medications to help us sleep in a time zone that is 15 or more hours different from California and on the flights to and from the destination. Triazolam is my favorite to help me sleep on the plane and at more appropriate times for the first few days on the other side of the earth.

Communication

Nowadays, you can travel almost anywhere in the world and still be connected to home through the Internet and phone services. It helps to plan ahead on this as well. In many nations, it is better to have an unlocked cell phone which will accept a local SIM card. You can now buy SIM plans that allows you to call anywhere in the world for what seems like pennies and eliminates the exorbitant fees that some US carriers must charge. Internet cafes in Asia are as numerous as Starbuck Coffee Shops in New York City. Cell phones with Wi-Fi capabilities can get access at any of these locations as can your computer.

Taking Along your Laptop

Of course, backing up your data is necessary – but how do you do it? I've used two programs, Nero and Norton, to backup and assumed that they both worked. The trouble with them is that to test them, you must restore them to a hard drive. This is a hassle. Recently I've started syncing files with the office server. This all sounded great and worked well with almost all the files until we synced the Outlook files and I discovered (while in Chicago at the AAPD and now in Vientiane) that I could not open Outlook because of a sync problem. So, don't try to sync your email program. To get around this, you can go directly to your email service provider such as AOL or Yahoo - **if you know the passwords**. Your Blackberry or iPhone can also connect by Wi-Fi and might be a better alternative to carrying around a computer if all you need are email messages.

Steve Niethamer, DMD
Website Editor

Be Ready for Surprises

Most of the battery chargers and equipment now needed for any trip use either 110 or 220 volts, but it is smart to check. Life could be miserable (especially for a 15 year old daughter!) if one's hair iron burns up with the higher voltage. Make sure to bring along appropriate electric plug adaptors too. One pleasant surprise is that Amazon's reading device, the **Kindle**, can download new books, newspapers, magazines and even browse the Web while abroad just like in the US. Another surprise was discovered after I took a USB flash drive containing a photo of Grandma to a local photo shop. We wanted to print a large photo of her for the ceremonies and on my return, I discovered a worm had been added to the drive and I was very happy that my antiviral program was up-to-date.

A New Membership Directory is Coming Soon

While in Asia, I updated the CSPD data base to create a new Membership Directory. However, if you want the most current information, check the Membership Directory on the "Members Only" page of the CSPD website as this is updated quarterly. Most of us don't know or really care about these facts, but, while sitting on a bamboo stool with my laptop resting on a pile of suitcases, I discovered that there are a total of 16 CSPD members with the last name of "Lee." Also, there is only one letter of the alphabet which contains no member – the letter "X." I return to California with this request – please everyone, let's shorten our website names and email addresses to make the editing for our next new directory much easier!

OFFICE FORMS

Please send in your office forms for inclusion on the website. This is a tremendous membership benefit both for those who are just starting in practice and those who may need to update their forms. They are available in the "Members Only" section of www.CSPD.org. Please e-mail them in digital format to either Sharine Thenard or Steve Niethamer.

Steve, hard at work on the website!

ANNOUNCEMENTS

NEW CSPD MEMBERS

Active Member

Rene Alingog.....Chula Vista, CA

Post-Doctoral Student Members

Stephanie Moniz.....Milwaukee, WI

Thai Lam.....Univ. of Tennessee

Pre-Doctoral Student Members

Brandon Gire.....UCSF

CALIFORNIA PEDIATRICIANS WELCOME CSPD ASSOCIATE MEMBERS

Pediatric Oral Health issues are of primary concern for our pediatrician colleagues. With the advent of the establishment of the Dental Home and Oral Health Assessments the American Academy of Pediatrics needs our help and support. The AAP welcomes our members to join their organization as Associate members.

All interested CSPD members should contact their local California Chapters through www.AAP.org/membership section or they can contact Oariona Lowe at w.roslo@verizon.net for membership information.

UPCOMING MEETINGS and CONTINUING EDUCATION DATES

CSPD

April 7-10, 2011: CSPD's 36th Annual Session in San Francisco, CA

AAPD

August 26, 2010: Oral Examination Review Course, New York, NY

August 27-29, 2010: Comprehensive Review of Pediatric Dentistry, New York, NY

September 8-18, 2010: AAPD/University of Washington Continuing Education Cruise - Roman Empire, Rome, Italy

October 22, 2010: Dental Assistant's Course: Sedative and Medical Emergencies in the Pediatric Dental Office, San Diego, CA

October 22-24, 2010: Contemporary Sedation of Children for the Dental Practice, San Diego, CA

November 5-6, 2010: Medical Emergencies in the Pediatric Dental Office, Chicago, IL

December 3-4, 2010: Beyond Sugar: Contemporary Nutrition in Oral and Systemic Health, Chicago, IL

March 11-12, 2011: CDA Leadership Education Conference, Los Angeles, CA

May 26-29, 2011: AAPD 64th Annual Session, New York, N.Y.

May 24-27, 2012: AAPD 65th Annual Session, San Diego, Ca

2013 Orlando; 2014 Boston; 2015 Seattle; 2016 San Antonio; 2017 TBD; 2018 Hawaii

See www.CSPD.org and www.AAPD.org for more sponsored courses

ASSOCIATE POSITION - SAN DIEGO, CA

Seeking pediatric dentist or dual trained ortho-pedo for a high quality, well established, private pediatric dental / orthodontic office. Located in a medical office building on the campus of Rady Children's Hospital San Diego. Modern, state of the art facility with a dedicated, caring staff. All phases of pediatric dentistry including, oral sedation, in-office general anesthesia, hospital dentistry and orthodontics. Part-time associate position available with potential for full-time in the near future. Salary guarantee and bonus based on collections. Email CV to DrPoiset@sbclobal.net or fax to (858) 492-9910. For more information call (858) 492-9977, ask for office manager Linda Carlo.

WHAT'S YOUR EMAIL ADDRESS?

The CSPD Board greatly encourages you to provide your email addresses to the CSPD headquarters office. From time to time, there is urgent business or information we wish to provide to the members and we would appreciate feedback as well. Please provide your email addresses and notify our executive director of any changes. Send to: DrRSTEWART@aol.com. Thank you.

CSPD Professional Opportunities

Alex Alcaraz, DDS, Membership Services

Have you been thinking about hiring an associate, but just aren't sure where to look? Or are you finishing your residency soon, and aren't sure where you'd like to live and practice? The answer is right on the CSPD website. To look at these opportunities and others, go to http://www.cspd.org.

When I was a pediatric dental resident, I didn't realize the services that are available to me as a member of the California Society of Pediatric Dentistry. Through my various involvements with CSPD, I have quickly learned how extensive are the number of benefits and opportunities offered through this organization. First, the Warren Brandli Internship offered me an incredible experience where I had the opportunity to learn how the Board functions and how all of the hard work done behind the scenes has made CSPD such a strong organization. I strongly encourage all residents to apply. Now that I've been on the Board for a few years I've realized how many more benefits there are to being a member of the CSPD.

Of course, one of the first things I think of when it comes to value is the Annual Meeting. This is an amazing event with incredible CE courses and ample opportunity to network with fellow pediatric dentists from California, other states, and even other countries. Furthermore, the meeting provides residents and recent graduates with valuable information they need early in their careers through courses such as the New Dentist Seminar.

Another membership benefit is our newsletter and website. Our quarterly Bulletin provides valuable information about what is happening not only in our organization but also in pediatric dentistry at the state and national level. We have an informative website that is a great resource for both our members and our patients (www.cspd.org). The website provides our members with a listing of opportunities for jobs in private practice and in academic settings. You can also post an opportunity if you are looking for a job. All of these services are free and I encourage everyone to check it out under the "Professional Opportunities" link.

Alex Alcaraz, DDS
Membership Services

Although there are many more benefits to our CSPD membership, I am most amazed by our advocacy programs. Our public policy advocate, Paul Reggiardo, works tirelessly to monitor and influence decisions made on children's oral healthcare policy. He keeps us well informed on the policies at the state level that affect pediatric dentistry. Furthermore, many of our board members actively participate on the boards of several state and national child advocacy groups. This gives our organization a voice within these groups and provides us with valuable information on "hot topic" issues.

We are always looking for ways to improve the services this organization provides its members. I welcome any suggestions and ask you to take a look at the CSPD website in the upcoming months for a new feature. We are working on providing you with an opportunity to comment on what you like about the organization and to provide suggestions on areas of improvement.

AB 171 Establishes Provisions for Third Party Credit

Visit www.leginfo.ca.gov/bilinfo.html for more information

California Assembly Bill 171 went into effect January 1, 2010, providing guidelines for credit arrangements with third parties (such as a bank) that are established in dental offices. Below is a brief summary of some of some of the provisions of the new legislation.

- A dentist (or an employee or agent of that dentist) who arranges for or establishes credit for a patient with a third party must provide the patient with a written notice about the credit arrangement and a written treatment plan. Also, the dentist must obtain the patient's signature to ensure receipt of these documents.
- Treatment not yet provided (or costs not yet incurred) may not be charged to open-ended credit extended by a third party without first providing the patient with a written treatment plan and obtaining the patient's signature to ensure receipt.
- The patient may not be under the influence of general anesthesia, conscious sedation or nitrous oxide while credit is discussed, arranged or established.
- Dentists are required to refund the lender any payment received through credit extended by a third party for treatment that has not been provided or costs that have not been incurred within 15 business days of the patient's request. Violation of this provision can subject the dentist to civil liability.

Dr. Leticia Mendoza-Sobel was highlighted on a number of media outlets during National Children's Dental Health Month. On February 7, 2010, she appeared on "Childhood Matters," a radio program on KISS, KOCN and KBBF. On the same day, Dr. Mendoza-Sobel appeared on "Nuestros Ninos," which airs on KLOK, KSES and KMBX. These radio stations serve the San Jose and San Francisco communities. In addition, Mendoza-Sobel was featured on two stories on www.drbicuspid.com regarding behavior guidance and the age 1 visit.

As President of the Western Society of Pediatric Dentistry, it is my distinct pleasure to write the inaugural column for the new WSPD - AAPD District VI Section in the CSPD Bulletin. Since the WSPD formally organized in 2002, I have had the distinction to serve on the WSPD Board since 2005 and as the AAPD Liaison from California since 2006.

Jonathan Lee
WSPD President

The Mission of the Western Society of Pediatric Dentistry (WSPD) is to provide outstanding membership services and to facilitate communications between and amongst the American Academy of Pediatric Dentistry, its component districts and the State/Province Units of WSPD. In order to fulfill its mission of providing outstanding membership services and facilitate communications, WSPD, in conjunction with CSPD, now has a dedicated section in the quarterly CSPD Bulletin. In order to minimize costs, the CSPD Bulletin with the WSPD section will be distributed electronically to those members of the WSPD who are not CSPD members as well.

I would like to highlight the major accomplishments of the WSPD, which is the unified voice for District VI AAPD members:

1. In 2006-2007, Larry Loveridge of Washington and Christine Roalofs of Alaska reported issues regarding TriCare to WSPD which was then brought to the attention of the AAPD for resolution.
2. In 2007-2008, Kevin Rencher, representing the constituents of Distict VI, went before the General Assembly voicing opposition to the AAPD Bylaws change in regards to the Affiliate General Dentist Member.
3. In 2009-2010, the WSPD communicated with the AAPD for the need to establish an AAPD Policy on School Absences for Dental Appointments and to develop an AAPD Sample Letter for School Absences for Dental Appointments using the joint CSPD-CDA *Message to Parents and School Administrators* as a model.

To improve our approach to issues raised at the national level at the AAPD General Assembly, the WSPD will be holding the first Western State Caucus at the CSPD/WSPD Annual Session, which will be held on April 7 – 10, 2011, at the Fairmont Hotel in San Francisco, California. CSPD Vice President, Steven Chan, is the Annual Session Chair. Steve is a past President of the California Dental Association and was able to build regional alliances through caucuses to better represent CDA with the ADA. With these regional alliances, he was able to bring important issues that affected the West to the National level. We would like replicate what he did at CDA and ADA with the WSPD and AAPD.

While the Board of the WSPD has representatives from societies in the Western states and provinces, the invitees to this caucus will be the President-Elect or Vice President, the President, Immediate Past President, the Executive Director or Secretary and AAPD Liaison of the constituent societies. The purpose is not to render policy decisions or to replace or supersede the WSPD. The purpose is to develop a think tank amongst the leadership in the western states and provinces. The object of this caucus is to develop relationships among the leadership in the Western States and Provinces. The Caucus will open direct lines of communication among the leaders in the western states and provinces. This Caucus will enable state and province leadership to share common ground and variations of issues confronting the western states. Here are some examples:

- Determine how each state is handling the topic of mid level providers and the changing characteristics of the Pediatric Dental Specialist Workforce Model.
- Examine insurance issues and fees for service.
- Review the different sedation regulations.
- Discuss the impact of social media and consumer rating sites where the health care providers have limited recourse to respond to slanderous and hostile postings due to patient confidentiality rules and First Amendment rights.

The Caucus can provide a clearinghouse of information on issues directly impacting pediatric dentistry such as those mentioned above as well as the anti-amalgam movement or incidents involving sedation complications. The Western region is often affected by controversial issues before other parts of the country. It has been the experience of other organized groups in dentistry that the ongoing relationships developed in this type of Caucus result in a better informed approach to issues raised at the national level at the AAPD General Assembly.

For future bulletins, we plan on asking WSPD members to send the WSPD any information, stories or announcements (i.e. meetings, courses, etc.) that they feel the membership may be interested in sharing in this section. **Thank you so much, I look forward to a great year.**

facebook

In this day of Social Media, WSPD now has a Facebook page. Just go to the WSPD website http://www.aapd.org/district6/, scroll to the Facebook Link at the bottom and become a fan by selecting "Like."

Call for AAPD District VI Nominations for Trustees and Representatives

The WSPD-AAPD District VI is seeking qualified applicants for the following positions:

- AAPD District VI Trustee for 2012-2015 Term*
- AAPD District Representative for the AAPD Nominations Committee 2011-2013 Term
- AAPD District Alternate Rep for the AAPD Nominations Committee for 2011-2013 Term

Nominations for AAPD District VI Representative and Alternate for AAPD Nominations Committee must be postmarked no later than August 1, 2010, and returned to:

Jonathon Everett Lee DDS - WSPD President
1291 East Hillsdale Blvd STE 100
Foster City, CA 94404
(650) 574-4447

Nominations for AAPD District VI Trustee must be postmarked no later than August 1, 2011. Currently, all District VI Trustee nomination materials must be collected by the WSPD which will in turn forward these materials to the AAPD headquarters by the AAPD deadline. Historically, the AAPD deadline has been Sept 1st of the year prior to the beginning of the Trustee Term. Therefore, WSPD tentatively expects a September 1, 2011 AAPD deadline for the District VI Trustee Nomination for the 2012-2015 term. However, this is subject to change if AAPD changes the deadline or protocol. Currently, if two or more candidates are nominated, the AAPD will conduct a mail ballot of each AAPD voting member in the district in order to select the trustee.

The nomination can be submitted by 1) a letter signed and dated from the president of the recognized state unit, certifying that the nomination is an offical act of the state unit or 2) an individual from the district with a letter signed by 10 AAPD voting members from the district signifying support of the nomination. Both nominations must also include the following:

- A Curriculum Vitae and the AAPD nomination form signed and dated by the Nominee.
- Three (3) letters of personal recommendation from fellow Academy members who maintain Active, Life, or Retired status in the Academy.
- A brief (1 paragraph) biography and a photograph - both suitable for publication.

Due to the August 1st deadline, please fill out the Draft AAPD nominations form available from the CSPD Executive Director, Dr. Ray Stewart. The AAPD is currently revising the nominations form. Once they finalize and publish it, we will send you the updated one to fill out.

Under either scenario, all materials will be forwarded to the District Nominations Committee and make recommendations to the WSPD Board who will then forward the names and materials to the AAPD headquarters.

CALIFORNIA SOCIETY OF PEDIATRIC DENTISTRY
PO Box 221608
Carmel, CA 93922

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The mission of the California Society of Pediatric Dentistry is to serve its membership and the public by advocating for the optimal oral health of infants, children and adolescents.