

# Bulletin



Fall 2010

[www.CSPD.org](http://www.CSPD.org)

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## President's Message

In 1964, Bob Dylan wrote, "The times they are a-changin'" and it applies just as much today as it did then. However, I'm not so sure if we're changing for the better or worse or if it is just for the sake of change. As many of you know, I am not a lover of e-mail or other forms of electronic communication, especially the "reply all" button which sometimes acts as either group adoration or condemnation. At times, it has the same value in our society as the "everyone is a winner" mentality - even when we finish in last place.



**David Rothman, DDS**  
**CSPD President**

It can also allow us to express an opinion then hide behind it with "group think mentality" especially when a tough decision has to be made. More often than not, electronic communication is useless blather transmitted across the ether that takes

much of our time to sort through and prioritize. We are told to embrace this form of communication because it is the future. But the more we become involved and our days become filled, we are privy to more "reply all" and listservs. In the old days (defined as pre millennium), "information was king" because only a few people had access to it. Now, everyone has access to all information - all the time - and there is no privacy or confidentiality once it leaves our computers and moves through the Web.

Adolescents and teenagers are learning that things they thought were done in private may end up being posted on Facebook. Don't get me wrong, the Web is a wonderful tool for improving education and literacy, increasing the ease of commerce, and developing and improving relationships and communications ... but it has its limitations. In my dental practice, the internet helps me keep in touch with my patients and families, allows me to answer questions without being called away from the patient in the chair and it even lets me handle emergencies by having the family take a picture of the problem and forwarding it to me via e-mail.

The business of dentistry relies on personal  
*(Please see Page 23)*

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**For a complete list of committee members visit the CSPD Website at [www.CSPD.org](http://www.CSPD.org)**

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.



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# Program At A Glance

## Speaker Highlights

**Friday, April 8, 2011**

### **“Oral Health and Culture: Recognizing Differences in the Patient Population”**

**Charles J. Alexander, Ph.D.** currently serves as the Associate Vice Provost for Student Diversity and Director of the Academic Advancement Program and as an Associate Adjunct Professor in the Division of Public Health and Community Dentistry at UCLA. He has been a consultant and peer reviewer to various federal agencies and universities; published in the area of using non-cognitive factors in the selection and admissions process and workforce diversity in the health professions. He has also been a faculty member and guest lecturer at a number of universities and colleges, and a presenter at many national and international conferences. He was the past Chair of the Robert Wood Johnson Foundation's Dental Pipeline Project Advisory Committee.



### **“Forensic Odontology: CSI Dentistry”**

**Duane Spencer, DDS** is a 1965 graduate of the USC School of Dentistry. Following 4 years of active duty as a Naval Dental officer, he moved to the East Bay where he continues to practice pediatric dentistry in Walnut Creek. He is a Diplomate of the American Board of Forensic Odontology and the recent Chairman of the Board's Certification and Examination Committee. He is a Fellow of the American Academy of Forensic Sciences and has served for many years as forensic dental consultant to the Alameda, Contra Costa and San Mateo County coroners, the CA Dept of Justice and numerous northern CA law enforcement agencies. He is a member of the Contra Costa County Child Death Review Team and Child Abuse Prevention Council and has served on state POST (Peace Officer's Standards and Training) committees. He has both published and lectured internationally in the field of forensic dentistry.



### **New Dentist Lecture**

### **“Branding: Survival Skills in a Down Economy”**

**Ruchi K. Sahota, D.D.S. and Robyn Thomason**

**Ruchi K. Sahota, D.D.S.**, is a general dentist in Fremont, California and is on staff at the local hospital, Washington Hospital Township. She is a consumer advisor for the American Dental Association, Associate Editor of the California Dental Association, and immediate past chair of the ADA Committee on the New Dentist. Dr. Sahota is clinical instructor at the Arthur A. Dugoni University of Pacific School of Dentistry and a consultant at the Veterans Affairs Medical Center General Practice Residency in Palo Alto, California.



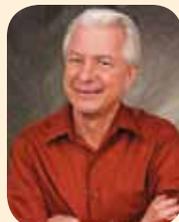
**Robyn Thomason** is a Content Expert/Practice Analyst in the new Practice Support and Development Center of the California Dental Association (CDA). Previously she worked for TDIC for 8 years as a Risk Management Analyst. This new department assists dentist in various areas of practice management. While the course is designed for the New Dentist, the CDA Practice Support Center offers practical management information to dentists at all stages of their careers.



**Saturday, April 9, 2011**

### **“Lab to Lips: Minimally Invasive Dentistry”**

**Dan E. Fischer, DDS** graduated OKU from Loma Linda University in 1974, and taught in its Restorative Department before establishing a private practice. After balancing his day job with after-hours research for 15 years, he shifted his primary focus to R&D, though he maintains a part time esthetic dentistry practice. As President and Chief Executive Officer of Ultradent Products, Inc., Dr. Fischer remains involved with the invention and innovation of many patented dental products. In 1994, Loma Linda University named Dr. Fischer its Alumnus of the Year, and in 1997, the state of Utah awarded him the Governor's Medal for Science and Technology. Dr. Fischer lectures internationally on new concepts in dentistry, and has published several articles in U.S. and European journals. He is presently a member of the Academy of General Dentistry, the Academy of Operative Dentistry and the American Dental Association. Dr. Fischer currently serves as an adjunct professor at Loma Linda University and the University of Texas, San Antonio.



**Sunday, April 10, 2011**

### **“Orofacial Genetics Genome”**

**Timothy Wright, DDS, MS** is currently the Bawden Distinguished Professor and Chair in the Department of Pediatric Dentistry at the University of North Carolina. He received his DDS degree from the University of West Virginia and completed his specialty training in Pediatric Dentistry from the University of Alabama at Birmingham. He has extensive clinical experience in the diagnosis and management of developmental defects of teeth. His research involves both the diagnosis and treatment of hereditary diseases involving teeth and the craniofacial complex. He has been funded by the National Institutes of Health for the past 20 years and he has authored over 150 scientific papers and presented extensively both nationally and internationally on the topics of dental defects and their treatment. Dr. Wright has won numerous awards for his research related to special patient care.



We're trying something new at the 2011 Annual Meeting. We're asking that CSPD members send us 3 - 5 photos of the interior of their offices. We're going to create a Powerpoint show which will feature the photos before, during breaks and after lectures at our Annual Meeting. Please caption at least one slide with your name and e-mail or phone number. Send the photos to Steve Chan, Annual Meeting Chair - [justkids1895@comcast.net](mailto:justkids1895@comcast.net)



## Fee Cap Ban Signed Into Law



CDA successfully sponsored legislation, AB 2275 (Hayashi), that prohibits dental plans from capping fees dentists may charge for non-covered services.

The bill, which was signed into law by Governor Schwarzenegger on September 30, 2010, allows dentists to reasonably cover their costs of providing non-covered services by enabling them to charge up to their usual and customary fees that would apply to most private-pay patients. It also requires dental plans to provide a disclosure statement in their enrollees' evidence-of-coverage document explaining the law and encouraging them to contact their plan or insurance broker for further information.

The law, which goes into effect January 1, 2011, is the result of a resolution passed by the CDA House of Delegates in November 2009 that directed CDA to consider options, including legislation, to ban these fee restrictions on non-covered services.

Read the September Update article [www.cda.org/library/pdfs/fee\\_caps\\_update\\_9\\_2010.pdf](http://www.cda.org/library/pdfs/fee_caps_update_9_2010.pdf) on CDA's efforts to pass the ban on fee caps for more information.

CSPD members, **Dr. Scott Thompson** and **Dr. Jeff Huston**, have been faculty members of the American Academy of Pediatrics (AAP) Chapter Advocate Training on Oral Health (CATOOH) for the past three years. The purpose of this program is to train a pediatrician from each of the 66 chapters of the AAP in the United States, Canada and Puerto Rico. In turn, these physicians go home to train the members of their local chapter about early oral health prevention strategies and how to integrate them into medical practice.

Funding for CATOOH comes from an educational grant from the American Dental Association Foundation. The last training will be held this November 4th and 5th at AAP Headquarters in Chicago.

The AAP has posted a video of Dr. Huston applying fluoride varnish on a baby's teeth on their website: [www.aap.org/oralhealth/cohas/cohas-video.cfm](http://www.aap.org/oralhealth/cohas/cohas-video.cfm)

## Nine of the Most Common Mistakes Encountered in Dental Design Projects

### 1. Overestimating the Problem

Maybe you need a new office... then again, maybe you don't. Just because things have gotten a little out of control in your present space doesn't necessarily mean that a new office is inevitable. Usually dental workplaces "evolve" over the course of years as you adapt to changes in your practice. Perhaps traffic flow is suffering now, or your sterilization area has become less than adequate. Modern approaches to dental office design result in many space saving features that reduce operating costs and provide greater efficiency. Before increasing your lease payments and absorbing relocation costs, consider less costly solutions within your current office that would get you back on track.

### 2. Selecting a Location Based Solely on Square Footage

Most people work with a realtor to find a new space. Usually the criteria used to find a space is inadequate to determine how well the space will actually work for you. Square footage is one factor, but subtler aspects may shape how usable the space really is and how much of it you will need. Here are some things to look for: Are the existing plumbing, electrical and mechanical services adequate to satisfy your professional needs? Are there any load bearing columns or partitions? Will the window spacing, solar orientation and views support your design requirements? Is there adequate parking? Are the lease conditions acceptable; for instance is the lease term long enough to justify your investment and is the building owner willing to participate in the cost of the tenant improvements?

### 3. Overlooking Items When Budgeting and Scheduling

Moving expenses, start-up costs, phones, computer networks, sound systems, intercoms and security systems are but a few of the items that often get thought about late in the game. Treated as afterthoughts, these become more costly, less effective, and are often very disruptive. Remember that each item has scheduling as well as cost implications and must be implemented on time to keep the project moving smoothly. When evaluating these options, consider also life cycle costs and not just initial expenditures.

### 4. Underestimating the Value of a Good Design

Many people have the mistaken notion that a skilled designer is a luxury whose main purpose is to wrap the project in an attractive package. Design is, in fact, a synthesis of many factors that are crucial to the success of your project: the functional, spatial and relational requirement of each of your spaces; the interrelationships between you, your staff and your patients; codes and life safety considerations; budgetary requirements; equipment requirements; consideration of the existing mechanical and structural conditions; and finally, the critical visual element, the atmosphere of the created environment. When

combined skillfully by a qualified architect, these factors will reinforce one another and translate into an office that will enhance every aspect of your practice and further your success.

### 5. Excluding Your Staff from the Process

It's important for you to maintain control, but there are often great benefits to involving your staff early in the design process. Their day to day involvement with the details of your practice frequently gives them insights into problems that you are too busy to notice. Often you will discover something about how they work or could work better. And almost always, getting your staff's input will make them more receptive to whatever plans you implement.

### 6. Compiling a Bid List from Weak Sources

Everyone has friends that have used a contractor at one point or another. Chances are you could accumulate a bid list with five phone calls. But are you really tapping into the most effective resources for you? Do they have experience in dental construction? Can they furnish you with favorable references? Are they skilled in good construction practices; properly motivated; free of scheduling conflicts? Make sure the contractors on your list are truly qualified for your project.

### 7. Accepting Bids from Inadequate Drawings

If you have not provided a complete set of Working Drawings and Specifications, there is little to hold a contractor to the quality of construction you have in mind. This leaves the door open for the contractor to cut corners or charge you dearly for change orders and additions after he has won the bid and the competition is out of the picture. Solving the problems on paper and not in the field will save you time, money and aggravation.

### 8. Failing to Coordinate Changes

Often a change will be made that will affect other members of the project team. Make sure that all involved are aware of the change. It is easy enough to decide to move a wall, but the design for the cabinets may also need revision. Does it affect the fire sprinklers? Heating? Electrical? Someone who understands all the ramifications should coordinate the changes. The result will be a smoother job, with deadlines and budgets maintained.

### 9. Trying to Shoulder Too Much Responsibility Yourself

You are a highly trained dental professional. Chances are, there are precious few opportunities in your day for returning calls or handling outside issues. Redoing your office will put you in the midst of a disruptive process; there will be more than enough other details requiring your attention. Why would you want to spend time you don't have, trying to do a job you're not trained for, at the worst possible time?

## COMPANY PROFILE

Design for Health is an architectural and space planning firm specializing in the design of dental and medical office facilities. We have been located in Santa Cruz, California, since 1981. Since inception, our focus has been to create high quality office suites for our clients. Inspiration for our creative process comes from our individual client's requirements, the opportunities afforded by the project space or site, and our combined 70 years of professional experience in the field. Our work has run the gamut from a small 500 square foot remodel to a highly successful 12,000 square foot group dental practice. We have completed most projects with our in-house staff and have also worked effectively as a consultant or partner with other architects both inside and outside of this country.

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# Summary of the Meeting of the Dental Board of California

The Dental Board of California met July 26, 2010, in Sacramento. The following summarizes the actions and issues pertinent to pediatric oral health.



Paul Reggiardo, DDS  
Public Policy Advocate

## Conscious/Oral Conscious Sedation Review

In October, 2007, the American Dental Association House of Delegates adopted revised "Guidelines for the Use of Sedation and General Anesthesia by Dentists." The Dental Board of California governs conscious sedation and oral conscious sedation by California dentists through provisions of statute and regulation embodied in the Business and Professions Code. Acting at the direction of President John Bettinger, a two-member subcommittee was appointed to compare the Business and Professions Code to the revised ADA Guidelines and to report back to the Board if statutory and/or regulatory revisions are necessary to ensure that, in the interest of improved public protection, California's law conforms to the ADA guidelines.

**Comment:** For children 12 years of age and younger, the 2007 ADA Guidelines defer to the joint American Academy of Pediatrics / American Academy of Pediatric Dentistry "Guidelines for the Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures." This was brought to the attention of the Board in public comment by CSPD's Public Policy Advocate, who pointed out that any comparison of California statute and regulation with ADA Guidelines that omitted a similar comparison to the joint AAP/ AAPD Guidelines for patients under 13 years of age would be incomplete. The recommendation that will emerge from the subcommittee at the next meeting of the Board is expected to be one only of whether modification of California statute or regulation is warranted or necessary, and not what those changes might be.

## Licensure by Portfolio Pathway

Assembly Bill 1524 (Hayashi), sponsored by the Dental Board of California, repealed the licensure examination now administered by the Board and replaced it with a portfolio examination process of an applicant's competence to practice dentistry determined while the applicant is enrolled in a California dental school program. The bill passed both houses of the legislature and was signed into law by the Governor on September 29th. The bill requires that the portfolio examination process cannot commence until the Board adopts formal regulations for implementation, a process that will commence in 2011.

**Comment:** Draft regulations were developed by the Board and submitted to the legislature prior to passage of the bill. Those draft regulations require that the dental student (applicant) provide to the Board a "portfolio" of cases, which include 60 direct (amalgam or composite resin) restorations on primary or permanent teeth. The applicant would further be required to submit with the portfolio documentation of successful completion of specified "case competencies", which would include one each of a direct C1 II, C1 III/IV and C1 V restoration on a permanent tooth. If the regulations as proposed were to be adopted by the Board, a licensure candidate could meet licensure requirements without demonstrating either experience or competence in the treatment of the primary dentition or the minor dental patient. It is my suggestion we engage CDA in a joint effort to place into regulation that no less than a certain percentage (say 20%) of the portfolio of direct restorations be on primary teeth or on patients 13 years of age or younger. Increasing the clinical experience and competency of the pre-doctoral student in the treatment of the minor dental patient not only protects the public, but reflects the full scope practice of dentistry.



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**Bills of Interest to CSPD  
California Legislature 2010-2011 Second Regular Session  
September, 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](mailto:reggiardo@prodigy.net).

**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**

**Outcome: Withdrawn by Author**

**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 portfolio at the end of the school program.

**CSPD Position: Watch**

**Outcome: Passed by the Legislature and Signed by the Governor**

**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**

**Outcome: Passed by the Legislature and Signed by the Governor**

**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**

**Outcome: Died in Committee**

**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**

**Outcome: Passed by the Legislature and Signed by the Governor**

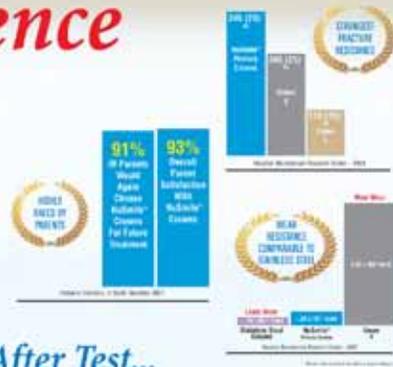


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# Pediatric Oral Health Access Update - September, 2010

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 September 2, 2010, in Sacramento.

## Mobile Dental Facilities

Improved regulation by the Dental Board of California of for-profit mobile facilities providing school-based dental services remains a priority of the CDA. Last May, CDA formally requested that the Board review its current mobile facility regulations to ensure that public protection was appropriately addressed. Although the Board has yet to respond, it is expected the issue will be placed on their agenda in 2011. At that time, recommendations developed by a workgroup of CDA's Policy Development Council will be presented to the Dental Board. CSPD was represented on that workgroup by its Public Policy Advocate, Dr. Paul Reggiardo.

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

## School-Entrance Oral Health Assessments

CDA continues to monitor the public response and effectiveness of AB 1433, the legislation enacted in 2006 that created a school-entrance oral health assessment requirement in California. Data from the most recent school year (2008-09), indicates that just under 60% of entering public school kindergartners complied with the requirement by submitting either a completed oral health assessment form (86%) or a request for a waiver (14%). In sum, just under 230,000 entering students documented a school-entrance oral health assessment by a dental professional, 23% of which were reported to have untreated dental decay.

Complicating future data collection is a change in funding brought about by the 2009-2010 budget negotiations in which overall financial support for such programs was reduced and school districts were relieved of the obligation to participate in what are known as "Tier 3" (low priority) programs. While the law remains in effect, school districts now have the option to collect and report data. Effects of this change will be first evident in the 2009-2010 school year, for which reporting will be available in mid-2011.

## Fluoridation

The City Council of Sacramento voted July 1st to continue municipal water fluoridation. The issue of discontinuing fluoride water supplementation had been under consideration.

The Watsonville City Council is still holding off signing a \$2 million grant contract for construction of a water fluoridation system. Watsonville has fought a legal battle to uphold a 2002 voter-approved referendum that effectively banned fluoride from the water supply. Earlier, 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 local ordinance. The California Dental Association Foundation has agreed to provide these funds.

## Denti-Cal

The California HealthCare Foundation (CHCF), a non-profit entity dedicated to improving access to affordable healthcare for underserved individuals and communities and promoting improvements in the health status of Californians, will perform a major data collection / analysis studying the effects of the loss of adult Denti-Cal services. The California Department of Health Care Services is assisting the CHCF in determining what data is needed and meaningful and how to extract that data from available resources. The intent is to have this analysis performed on a regular basis and made available to the public by on-line report. CSPD hopes to see included in this analysis the effect that the elimination of adult dental services has had on the delivery of dental services to minors enrolled in the Medi-Cal program.

The California Department of Health Care Services is in the final stages of development of a brochure informing Medi-Cal beneficiaries of the availability and scope of pediatric oral health services. The brochure, to be produced in three threshold languages in addition to English, will be available online and distributed at state welfare offices at the time of Medi-Cal enrollment. It will also be distributed to participants in the state Child Health and Disability Prevention Program (CHDPP). CSPD participated in the review of the proposed document and will post it on our website after field testing of the brochure is completed.

Lastly, the Department of Health Care Services is moving forward to replace the outdated CDT 2004 procedure codes required for Denti-Cal billing with those embodied in CDT 2009-10. Although coding will change to some degree (which will simplify billing for most dental practice management systems), the department is mandated to see that the changes are revenue neutral. This will be achieved by administrative and regulatory restrictions on eligible services.

## Maternal Child and Adolescent Health (MCAH)

The Patient Protection and Affordable Care Act (PPACA) of 2010, the health care reform package signed into law by President Obama on March 23, 2010, provides \$1.5 billion over 5 years in funding for a maternal, infant and early childhood Home Visiting Grant Program for all states. Through this program which will be implemented at the county level, nurses, social workers, and other professionals will meet with at-risk families in their homes, evaluate the families' circumstances, and connect families to such services as health care, developmental assistance, early childhood education, parenting skills, child abuse prevention, and nutrition counseling. What is still left unclear is the oral health component of the program.

Governor Schwarzenegger has designated the California Department of Public Health as the lead agency to apply for and administer funds for a home visitation program in California. The Maternal, Child and Adolescent Health (MCAH) Division has been allocated the first phase of funding and is restructuring its organization to incorporate a new section devoted to home visitation. MCAH must first compile and submit an updated State Plan, including measureable benchmarks, which must meet evidence-based criteria and match specific needs of families in the targeted at-risk communities. This plan is due in early 2011. Additional information can be found at: <http://www.cdph.ca.gov/programs/mcah/Pages/HVP-HomePage.aspx>.

## California Children's Services (CCS)

The state is considering a proposal to put the delivery of CCS services exclusively into managed care. Under discussion is a five-year transition plan utilizing up to four managed care systems delivering both routine and specialized care. Not yet addressed is how dental and orthodontic services will be incorporated under the proposed managed care system.

## District VI Update

As the summer has come to a close and we ease back into our routines, I look forward to the leadership of Dr. John Liu of Washington as our AAPD President for 2010-2011. Because John is a full time private practitioner, he brings a perspective with which most of us can identify. In addition to the normal Board business, he has asked the Board to focus in depth on a topic which pertains to our specialty. The intent is to proactively address specific areas that may have been placed "on the back burner."

This is a time of tremendous uncertainty and perhaps a time when it is most critical to maintain your membership in organized dentistry - CSPD, WSPD, AAPD, CDA and ADA. The dental profession in the United States, which provides arguably the finest quality of dental care in the world, is under threat like we have never seen before. The issue that will have the potential to have a significantly negative effect on oral health and thus general health will be the movement of midlevel providers.

Most states are engaged in this conversation at some level. Like most things, the "devil is in the details." The critical part of how states may adapt boils down to the scope of services they can provide, level of training and level of supervision for the midlevel provider.

The solution to improving access to care for the underserved is a

complex issue and clearly a real one. Some state legislatures have taken action and many plans are in the works. Many states' dental associations have aligned with one of two camps in the role midlevel providers should or should not play. Now is not the time to be apathetic or indifferent. Now is the time to be active, involved and engaged.

Let me assure you the AAPD is committed to taking a leading role as this midlevel provider debate continues to evolve. The overarching mantra is a *single tier of the highest quality of oral care for all children*. The foundation is that the dentist will be the leader of the dental team and will receive latitude by the states allowing them to proceed in the direction they see best for them.

This past September 24-25th, the AAPD hosted an Advanced Legislative Workshop where members from CSPD and CDA were well represented as both attendees and presenters. It was an outstanding program that educated and provided resources for all the attendees. I appreciate the active engagement and leadership role that CSPD has taken. CSPD is truly the leader for oral health in California.



*Jade Miller, DDS  
District VI Trustee*

### "Children with Healthy Teeth Do Better in School"

The Central California AAPD/Head Start Mentorship Core Training Group met on September 3rd in Salinas, California. They organized the establishment and training of mentorship teams which will be comprised of members from 18 Central California Dental Association component dental societies, various other oral health providers and personnel from Head Start and Early Head Start clusters. A curriculum was created for five 1-day "train the trainer" sessions which will be implemented this coming year in Sacramento, San Jose, Santa Barbara, Modesto and Bakersfield. Trained teams from these areas will mentor local colleagues.

The ultimate goal of the Central California AAPD Head Start Dental Home Initiative mentor program "Children with Healthy Teeth Do Better in School" is to ensure the provision of dental homes for 37,000 underprivileged Head Start and Early Head children living in the Central Valley and Central Coastal regions of California. The program provides pediatric and general dentists an opportunity to draw some positive attention from the Capital. It is not unusual for our profession's volunteer time at health fairs, pro bono treatments in private offices and other various efforts to improve dental access to go unnoticed. The AAPD/HS Dental Home Initiative offers a rare chance for dentists to improve our exposure to legislators and hopefully increase their willingness to listen to our concerns.

Interested? Please contact AAPD HS DHI Central California State Leader Dr. Ray Stewart ([drstewart@aol.com](mailto:drstewart@aol.com)) or State Leader Dr. Paul Reggiardo ([reggiardo@prodigy.net](mailto:reggiardo@prodigy.net)) to learn more and/or volunteer to participate in this most worthwhile endeavor.



*Pictured from Left to Right: Dr. Reed Snow, Dr. Vanessa Franks, Ms. Esther Rubio, Dr. Ray Stewart, Ms. Debi Diaz, Dr. Jeff Huston, Ms. Carol Galginaitis, Dr. Rafat Razi*



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## Dental Health Foundation Announces New Name: **Center For Oral Health**

On 9/14/10, The Dental Health Foundation (DHF), a well respected advocate for innovative programs, policies and partnerships that improve the oral health of Californians announced that they have changed the name of their organization. The new name is **Center for Oral Health**.

### **About the Center for Oral Health (formerly the Dental Health Foundation)**

*The Center for Oral Health (COH) is a California-based, nonprofit organization dedicated to promoting public oral health, with a focus on children and vulnerable populations. A leader in developing community-based solutions, COH provides strong leadership to create and guide the broad coalitions of public and private organizations and individuals necessary to improve the oral health of the public. COH collaborates with national, state and local partners to develop and implement innovative community-based programs and policies for improving oral health. COH was founded in 1985 under the name Dental Health Foundation (DHF) with the vision of "Oral Health for All." The Center for Oral Health name was adopted in September, 2010, together with the tag line "Collaboration, Innovation, Advocacy" to better reflect the organization's ongoing purpose and mission.*

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*Steve Gross, CDT  
CSPDF President*

**PRESIDENTS' MESSAGE**

**Supporting Pediatric Dental Education in Crises**

With summer behind us, we look forward to the rest of the year with great anticipation of prosperity and good times. Even though the Foundation has funded over \$200,000.00 towards research, travel grants, and OCE, it is not enough. The unfortunate reality is that pediatric dental education in California *remains* in real crisis. With the 2010-2011 giving campaign kicking off in early November, **it is time to get serious!**

**Without your support**, our Foundation cannot maintain its commitment to addressing (and remedying) this dire situation.

**Without your support**, state and federal budget cuts (presently at an all-time high) may ring the death knell for a number of vital services and specialties.

**Without your support**, the level of education and research may never again reach the height or generate the quality you've come to expect.

For those who have supported the Foundation in the past ... **Thank You!** For those who have reached their plateau of Life pledges, PLEASE reconsider renewing your Life pledge.

For those who have never pledged ... **Get involved!** It's time to **invest in the future** of your specialty in California. Please place the CSPD Foundation's 10th Annual Giving Campaign at the very top of the list of professional organizations asking for your support.

**Bottom line** – it all begins with you and ends with access to quality dental care for children throughout our state.

Thank you in advance for your consideration and support; your gift is a vote of trust in our cause. We will work very hard to be deserving of that trust.

As always I'm always available for your comments and suggestions. I can be reached at 818-998-7460 or [steve@appliancetherapy.com](mailto:steve@appliancetherapy.com).



**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](http://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.

**CALL FOR APPLICANTS - WARREN BRANDLI LEADERSHIP INTERNSHIP**

*Richard Mungo, DDS*



*Richard Mungo, DDS*

CSPD is accepting applications for the 2011–2012 Warren Brandli Leadership Intern program. This program offers a unique opportunity for leadership development and is specifically designed for current pediatric dental residents or for those pediatric dentists who finished their postgraduate training in the past 5 years. The objective of the program is to introduce the selected intern to the inner workings of CSPD and help them learn the art of organizational

governance and the importance of child advocacy. This will help provide young, hopeful leaders with the knowledge and confidence necessary to become further involved with CSPD, AAPD, CDA or any other related organization. The internship serves as the true breeding ground for our future leaders in pediatric dentistry.

Participation in the program will require the intern to attend and participate in all CSPD board of director meetings for the year. The CSPD Foundation supports the participant's travel and lodging expenses. The intern will be assigned a leadership mentor who will guide him or her throughout the year. The due date for the 2011-2012 application is December 15, 2010. The term begins in April, 2011 at the CSPD Annual Meeting. Applications and further information can be obtained on the CSPD website ([www.CSPD.org](http://www.CSPD.org)) and should be sent to CSPD's Executive Director, Dr. Ray Stewart.

Thank you for your interest and your dedication to the mission and goals of CSPD.

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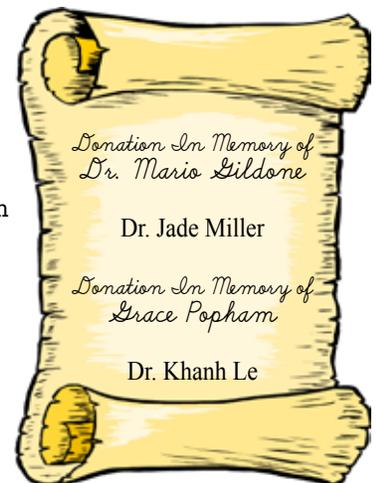
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## Student Group Activity Report for CA Pediatric Dental Residencies - Justin Shuffer, DDS

There are 6 dental schools in the state of California and the CSPDF has been involved in supporting pediatric dentistry awareness, community outreach, and the promotion of evidence based learning amongst students, residents, and faculty. To increase awareness of pediatric dentistry and to further support our students, we have elected to make additional funds available to the respective schools and are looking forward to furthering the promotion of education, research, and the advancement of oral health to children, adolescents and those with special needs. The CSPDF generously grants funds to the respective universities to support our cause and listed below are some of the activities that we are proud to support.

### LLU Report - Laura McCormack, DDS

A new student group has been formed that plans to focus its efforts on community outreach projects, undergraduate participation in pediatric dental research projects, and finding new ways to increase awareness amongst general dentists about the role and function of pediatric dentists. They are currently planning for events to begin in Fall, 2010 when the general class schedule resumes.

### USC Report - Julie Jenks, DDS

Two pediatric student groups continue to remain active at USC. The Pedo Study Club currently has two meetings planned for this trimester and the Pediatric Dentistry Selective continues to meet twice monthly for student presentations.

### UCSF Report - Brent Lin, DDS

Dr. Brent Lin and the pediatric student group have been involved in community outreach activities to provide oral health education for indigent inner city children at Camp Mendocino, which is sponsored by the SF Boys and Girls Club. The group has also participated at San Francisco's Western Addition health fair in collaboration with the African American Health Disparity Project. They have also worked with the National Children's Oral Health Foundation to form the student chapter for the organization. The group has organized regular journal club meetings and speaker events to present topics relevant to pediatric dental care in addition to gathering to discuss the process of residency application. The Student Society of Pediatric Dentistry is also in the process of launching a website for their group and is being designed by one of their members.

### UOP Report - Jeff Wood, DDS

No activity reported

### UCLA Report - Justin Shuffer, DDS

Cicely Smith and Natalie Umof, the co-presidents of the UCLA Student Chapter of AAPD, coordinated a talk by Dr. Stephen Blain in April entitled "Emotional Impediments in the Dental Treatment of Children" which was followed by a group discussion on behavior management. In May, the chapter organized a visit to the Venice Boys and Girls Club to teach children about oral hygiene and nutrition. The group also arranged volunteers to spend a morning reading to children at Los Angeles Elementary school. In June, a farewell banquet for the graduating seniors slated to enter a pediatric dentistry residency was held to thank them for their contributions to the group. In July, a research journal club met to discuss treating children with special needs, followed by a meeting with UCLA's pediatric dentistry program directors to discuss residency programs and the application process. And in September, volunteers provided screenings, sealants, and other care to over 300 underserved children in rural Bishop, California.

### Western University Report - Justin Shuffer, DDS

Health screenings and education were provided by members of the 1st and 2nd year classes on July 31st at the Kids Health Fair in the Pomona Valley Health Medical Center and at the Diabetes Education Day at Western University in Claremont on August 28th. The Student-run health center also provides free health care for the homeless population of Riverside every other Wednesday at the First Congregational Church of Riverside.

## Silent Auction



The CSPDF is now accepting auction items for the 2011 CSPD/WSPD Annual Meeting silent/live auction in San Francisco. We already have some great items to auction:

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Thanks in advance for your generosity!

Matthew C. Hamilton, DDS, MS  
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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.

## 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

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- 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

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- Contributing.....\$300
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- Student.....\$25

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  - 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
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# WHERE HAVE ALL THE LEADERS GONE?

President Dwight D. Eisenhower once said, "Leadership is the art of getting someone else to do what you want done, because he or she wants to do it." If you want people to follow your lead, you need to inspire them. It has been said that a **good** leader inspires others with confidence in him; a **great** leader inspires others with confidence in themselves.

When Noah heard the weather forecast, he ordered the building of an ark ... **that was Leadership**. Then he looked around and said, "Make sure the elephants don't see what the rabbits are up to." ... **that was Management**. There is a difference between leadership and management and, even though both are very important to an organization, it is imperative that we understand the differences.

Where have leaders like Eisenhower and Noah gone? It would seem that today's world has found itself lacking in the production of extraordinary leaders who possess the vision and vigor required to take us to a brighter future. Whether in governmental circles, professional societies, or community organizations, effective leadership is being challenged by a paucity of interested participants and a lack of understanding of just how important competent leaders are to the very existence of these organizations. Throughout the years, we, the California Society of Pediatric Dentistry, have been blessed with outstanding visionaries. Our leadership, past and present, stems from a long pedigree of inspirational individuals who have established our professional society as **the** voice of pediatric dentistry in California. Our leaders have been called upon to guide other organizations both within our state and across our nation. A fertile environment has always existed within the very culture of our professional society that has assured us of an unending stream of men and women who have volunteered to carry the banner of leadership so that our organization doesn't just exist but thrives.

Recently, it has been increasingly difficult to cultivate a full slate of candidates to pick up that banner of leadership. This is not our problem alone; many organizations face the same dilemma. We are not sure whether we are experiencing a generational aberration, a change in lifestyle priorities, or a failure to educate and excite those needed to guide us to new horizons. Developing leaders, managers and general volunteers is a difficult job. Some believe that true leaders are born with the skills to inspire others to higher feats. Another group believes that good leaders are a product of study, learning, and honing their skills through course work and mentorship. Whatever one's belief regarding the acquisition of the attributes of leadership, it is important that those with the "gift of leadership" and those with the interest to lead, are identified and given the opportunity to do so.

**The Leadership Development Committee** holds the charge of enhancing the structure and process from which we identify, recruit and train existing and potential leaders. We strive to discover those who have proven themselves within other arenas of leadership, those who manifest an interest in volunteerism and those who desire to take their existing skills to the next level.

Leadership development, for any organization, unfolds along a continuum rather than a vignette in time. It is ongoing with specific goals, expectations and measurable outcomes. Leadership training should produce individuals who can transform values into action, vision into realities, obstacles into innovations, separateness into solidarity and risks into rewards.

We hope to energize you, our members, to give leadership within our organization some serious consideration. You have so much to offer. We are all leaders because of the profession we have chosen. Through our interactions with our office staff, patients and colleagues, we demonstrate leadership every day. Our leadership skills bring out the best in them with the hope of making our practice the best for the children we serve. Basically, "Leadership is everyone's business!" It is truly our business.....

The Leadership Development Committee will provide interesting and informational articles in future Bulletins that will give us more insight into the art of leadership. The articles will hopefully stimulate **thought, involvement** and, above all, **action**. A bibliography of helpful books on leadership and the skills associated with it will be provided in time, so that our members can further hone their skills on a personal level. We will announce upcoming leadership courses and seminars that might be of interest to those wishing to grow in their leadership roles. For example; we are now seeking applicants for the 2011-2012 Warren Brandli Leadership Internship.



Richard Mungo, DDS

A new volunteer application form will be provided on the CSPD web site ([www.cspd.org](http://www.cspd.org)) to make it easy for members to express their interest in participating in CSPD leadership positions. We hope all of this will make leadership an easier road to walk upon, paved with mentorship and support, so that CSPD will continue to be the leader in pediatric dentistry with the vision and vigor to guide us into the future.

In *On Becoming a Leader*, Warren Bennis, Ph.D. stated, "Managers are people who do things right, while leaders are people who do the right thing."

**Now get out there and do the right thing.....**



## **The power of we.**

Leadership isn't about going it alone. It's about striving to get the best out of every member of your team and working together towards your collective goals, skills that are the focus of the 2011 Leadership Education Conference. Hear dynamic speakers and learn valuable strategies to put collaborative leadership into action.

## **Save the date.**

CDA's 2011 Leadership Education Conference  
March 11-12  
LAX Marriott, Los Angeles

Look for your brochure and registration information to arrive in November. Please contact Jessica Barker at 800.CDA.SMILE, ext. 4903 or [jessica.barker@cda.org](mailto:jessica.barker@cda.org) for more information.

**CALIFORNIA SOCIETY OF PEDIATRIC DENTISTRY  
VOLUNTEER AND LEADERSHIP PARTICIPATION FORM**

**Volunteer Interest:**

Interested in serving on a CSPD committee?      Yes \_\_\_\_\_      No \_\_\_\_\_

If "Yes", which committee(s)? \_\_\_\_\_  
\_\_\_\_\_

**Leadership Participation:**

List the three most recent positions you have held in any organization.

(Committee member, director, chair, officer, etc)

Organization	Position Held	Dates
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

**Associated Leadership positions: (CDA, AAPD, ADA, Local or State Government, etc.)**

Do you know of any organizations outside of CSPD that have leadership opportunities available that would be well suited for our members?

If so, please list:

\_\_\_\_\_  
\_\_\_\_\_

**Please Type or Print**

Your name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Thank you so much for your interest, and kind dedication, in helping CSPD continue to be **THE VOICE** for pediatric dentistry in California,

**Leadership Development Committee**

Mail or FAX to: Dr. Ray E. Stewart  
Executive Director CSPD  
P.O. Box 221608  
Carmel, Ca. 93922

FAX: 831 624 2215  
Email: [drstewart@aol.com](mailto:drstewart@aol.com)

# EXECUTIVE DIRECTOR'S REPORT



Ray Stewart, DMD  
Executive Director

The past quarter has seen significant activity at both the state and national level with a number of developments that could have a profound influence over the way we practice pediatric dentistry in the future. There have been many hours of discussion concerning the role of mid-level providers in dentistry, both here in California and at the ADA level, which culminated in an agreement that was hammered out at the recent ADA meeting in Orlando, Florida. In essence, this agreement accepts the premise that mid-level providers can perform all phases of "non-surgical dentistry" under the direct supervision of a dentist. A surgical procedure

is defined as one which involves "the cutting of hard or soft tissue." At least for now, ADA policy precludes the mid-level provider from performing restorative procedures requiring the removal of enamel or dentin, extracting teeth or any other surgical procedure. Stay tuned as to how all of this develops within California where there is significant pressure building to produce legislation which would enable mid-level providers to practice within the state to ostensibly increase access to care for underserved populations.

Your Board of Directors has made significant progress toward implementing the new Strategic Plan which will guide CSPD's activities over the next three years. Notable under this new plan is the renewed emphasis on increasing the actual and perceived value of CSPD membership. Strategic Goal #4 is to "Actively Engage and Promote Membership," which has as its Strategic Objectives:

1. Increase perceived value of CSPD membership by:
  - Providing a high quality and profitable Annual Meeting
  - Provide improved access and quality of Continuing Education
  - Promote CSPD's role as the premier advocate for infants, children and adolescents
  - Conduct cost effective and meaningful research
  - Develop, fund and promote regional study clubs
2. Become a technology driven organization
  - Continue web site excellence and utilization
  - Increase data collection
  - Explore social media opportunities

3. Conduct ongoing assessments of membership needs
4. Identify new members/explore and potentially broaden the definition of membership
5. Develop a purposeful communication strategy emphasizing membership benefits for the purpose of recruitment and retention

Planning for the 2011 Annual Meeting is well underway and our Meeting Chairman, Steve Chan, has assembled an all-star lineup of speakers at a venue which is arguably one of the best meeting locations in the country. The program, which will be held at the Fairmont Hotel located atop Nob Hill in San Francisco, promises to be a memorable one. Registration and Hotel Reservations for CSPD's 36th Annual Meeting held April 7-10, 2011 are now open and available online at the CSPD web site ([www.cspd.org](http://www.cspd.org)). We are expecting a record turnout for this meeting so do not delay in making your plans and registering early.

As you may have heard, the Head Start office in Washington, DC has decided not to renew its contract for the Head Start Dental Home Initiative (HSDHI) with AAPD for the next three years. How this will affect the program which was launched in Central California in April of this year and was scheduled to roll out in Southern California in April, 2011, is yet to be determined. Jeff Huston and the Central (Core) Mentorship team have been very busy and doing a great job of setting up the training modules for the Regional Mentorship Teams in Central California. There are four Regional Training sessions planned for various locations throughout the Central region which will train dental and Head Start components of the Regional Mentorship Teams from each component dental society. These teams will provide training at the Head Start Centers within the geographic boundaries of that particular dental society and will be key elements in developing provider networks in those locations.

Our plan, at this point in time, is to proceed with the development of the Mentorship Teams and to encourage them to develop training and provider networks with or without the HSDHI. Stay tuned for more details as they become available.

As always, I am happy to hear from anyone regarding any questions you might have relating to CSPD. I would be particularly interested in hearing from anyone who has a desire to get involved with CSPD activities, committee positions or leadership roles.

## Patient Safety Committee

David Rothman, DDS

Canada has declared Bisphenol A (BPA) to be toxic and has added it to a list of substances deemed toxic. The primary health concern is BPA's potential effect as an endocrine disrupter which can mimic or interfere with estrogen and potentially damage the growth of developing children. This controversy continues to wage between industry groups and governments. The European Food Safety Authority (EFSA) reviewed the available research and determined that BPA is safe for use in food contact items. BPA bans in the US have are currently only happening on the local level. Bis-GMA resins will, during curing and wear, release miniscule amounts of BPA into saliva at levels 1/200th of the maximum dose allowed by the National Institute of Health (NIH). These numbers may be reduced with certain intraoral hygiene procedures such as rinsing after sealant placement or using a mild surface abrasive to remove uncured resin on the surface of the resin restoration or sealant. Glass ionomers are the only resin restorative material that does not release any BPA.

Physicians have reported that pacifiers containing honey are being widely sold in several stores especially those catering to the Latino community. The honey is not pasteurized and there is a risk of the child contracting botulism. The pacifiers are manufactured in Mexico and have wide distribution. "Cachico" pacifiers were recalled in 2005 and were also honey filled.

According to the trade publication, [Dr.Bicuspid.com](http://Dr.Bicuspid.com), the controversy surrounding fluoride in water continues despite reports by the FDA, CDC and EPA on the lack of toxicity at low levels and the benefits of fluoride in drinking water. The concern is related to the ubiquitous nature of fluoride and its availability in other sources. Cities and towns continue to fight against fluoridating their water supplies, citing issues of personal liberty as well as potential health risks. There are 12 states and the District of Columbia that have mandatory fluoridation laws. Watsonville, which had fought against fluoridating its water supply for nearly a decade, finally approved it last month after state health officials threatened fines for failing to comply with a California state law requiring it. According to [Dr.Bicuspid.com](http://Dr.Bicuspid.com), "voters in several Massachusetts communities have repeatedly thwarted bids to put fluoride in their water, with opponents arguing that fluoride use should be voluntary, not mandated by the government. And similar debates are taking place in other states, including Louisiana, New Jersey, Mississippi, Nevada, New York, and Alaska."

(ROTHMAN, continued from page 1)

relationships and CSPD has developed and depends on personal social interaction and a tight network; this is why we get together at the Annual Meeting and communicate throughout the year via our Bulletin and our website. I and many others (my version of "reply all") believe that the internet (and especially social networking sites) alienates and isolates people rather than bringing them together. I also believe that we, as a group with common interests, concerns and wishes for the oral health of children, can benefit from this rapid diffuser of information. The argument can be made that in the past could you make a "friend" in Africa, Asia or Europe whereas now, with social networking, you can have friends on all the continents or just limit it to people with common interests such as pediatric dentistry.

When we were young, we would write to "pen pals" in faraway places and it was always so exciting and exotic to think our little letter could travel across the ocean to some other student in another country. Do you remember "Par Avion" envelopes and the thin paper of which they were made? Thomas Friedman, author and columnist for the NY Times, wrote that the world is shrinking and thinks it is for the overall good. But what is missing with so much electronic communication are the personal cues and innuendos that are vital to human interaction. Will our children learn how to communicate face to face? Will they ever learn to spell or add? Will they miss the smell and feel of a book and the art of searching for a definition? Will they ever have to travel to the library to do research or will they do it all from their comfy chair in their isolated room and never learn social skills? What about the "friends" that we have on social networking sites ... are they true friends or just the social version of "reply all"?

And I have not yet touched on electronic games and time spent in front of TV's, cell phones, smart phones (an oxymoron if ever there was one), "Crackberries" and communication devices; we are always on call. These devices prevent any of us from having down time or being out of touch. Our business life and our social life are intertwined and now 24/7. Remember when it was cool to wear a pager because it made you look and feel important. We could be contacted anywhere, anytime as long as we were within 3 miles of the hospital. News flash: those days are gone. Remember turning it off when you left the hospital and returning to isolation and peace and quiet? Remember when you waited for the mail, received a letter and had a day to think about what you were going to write in response rather than today's instant response? I'm not advocating a return to the dark ages but I am asking for moderation, especially for the youth of today. Coping skills, downtime and emotive imagery are important concepts in

the developing psyche. This will not be a diatribe on the breakup of civilization and relationships as we know it but it is a plea to give ourselves more time to be physically with those around us, rather than only linked by electrons. I believe the more "linked in" we are, the more distanced we become from our surroundings and people in general. Are you guilty of putting your cell phone on the table next to you at a restaurant as you wait for that next message? How many times an hour do you check for new tweets, emails or text messages? What and whose reality are you a part of?

As health care professionals, we have a responsibility as caretakers and providers for the upcoming generations in this new electronic world. The internet and electronic gaming have spawned their share of diseases and disabilities. We are all familiar with "Gamer's thumb", a neuromuscular disorder from overuse and repetitive motion of the thumb and the abnormal way we hold electronic devices. At the AAP annual session in S.F. last month, Richard Louv, the author of *Last Child in the Woods: Saving Our Children From Nature-Deficit Disorder* and chairman of the Children & Nature Network described a new disorder, "Nature Deficit Disorder", occurring in a world where obesity is becoming more common among children who are tethered to televisions and computers. He is concerned about their current and future health and has developed a program where children rediscover nature and the outdoors. He believes that over the past few generations, the world of children has gradually constricted from miles from the doorstep to the doorstep itself. In that time, children have stopped exploring the world of woods, streams and parks to building worlds of animated characters and social networks, leading to the development of "nature-deficit disorder." "In the last three decades, there has been a dramatic division between kids and nature. They are simply not going outside much anymore to play or explore. Every generation has gotten closer to staying in the home. Today, "children can hardly leave the stoop," Louv said adding that he understands the reasons for the change, which include security fears of parents. Though child abductions are down, perception that it is on the rise is fueled by viral media reports.

So, what does this all mean? It means that as advocates of children's health we need to be cognizant of the child who is not exercising, not exploring and not living a healthful life. We must act as role models in this electronic world and limit how it affects us so that we can teach our children how to control electronics rather than letting electronics control them (or us). We may continue to be "linked in" but in a healthy way. Please think twice before you hit "reply all!"



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# CSPD WELCOMES INCOMING RESIDENTS

Each year the California Society of Pediatric Dentistry contacts the California Pediatric Dentistry Post-doctoral programs and requests information on their incoming residents. The program directors provide photos and profiles of their residents so that we might get to know them. Please watch for them and encourage them as they enter into our pediatric dentistry family.

If your residents are not included in the following pages and you would like to include them, please contact Dr. Aparna Aghi - [Aparna.Aghi@ucsf.edu](mailto:Aparna.Aghi@ucsf.edu)

## LLU SCHOOL OF DENTISTRY



**Jessica Fung, DMD** grew up in the Midwest and is excited to start residency in sunny California. In June, 2010, she graduated from Case Western Reserve University in Cleveland, Ohio. In her free time, she enjoys traveling, baking, and exploring what Southern California has to offer.



**Lauren Gutenberg, DDS** is a native of Redlands, California. She completed her dental training at Loma Linda University in 2010. She enjoys traveling and spending time with her husband, family, and two dogs. Following completion of her residency in 2012, she looks forward to excellent practice opportunities in the western United States and hopes to one day open her own practice.



**Mamiko Kuriya, DDS** graduated from dental school in Japan in 2002. To further pursue her academic interest in dentistry, she joined the International Dentist Program in Loma Linda University, graduating in 2004. Since then, she has been practicing in private practice for five years in Washington State. She enjoys spending her time with her husband and her little Chihuahua, Snoopy. She hopes to have her own practice in the Pacific Northwest where her husband resides.



**Anisha Ranchhod, DDS** graduated from the University of the Pacific in 2006 and completed a General Practice Residency at Cedars-Sinai Medical Center in 2007. I am very excited to be a first year resident at Loma Linda and I look forward to my eventual career as a pediatric dentist. I enjoy hiking, reading and spending time with my wonderful husband, Pranay Desai. When I graduate, I hope to work within an office that provides dental services to the underserved children of California.

## USC SCHOOL OF DENTISTRY



**Patrice Espinosa, DDS** was born and raised in Sacramento and received a Bachelor's degree in Biology from U.C. Santa Barbara prior to attending UCSF Dental School. She enjoys water skiing, snow skiing and snowboarding. She has expressed interest in Hospital Dentistry, particularly the operating room setting. Hopefully this interest will grow into a faculty position in one of our affiliated hospitals!



**Jenny Ha, DDS** was born in South Korea, came to the US at a young age and grew up in Orange County. After attending Corona Del Mar High School, she became a Trojan and received her BA in 2004. After obtaining her dental degree in Michigan and a GPR at St. Vincent's Charity in Cleveland, OH, she returns to USC to wear her true colors. She enjoys movies, music and food that only Southern California has to offer. She is interested in various aspects of pediatric dentistry, including behavior management, obesity in children and pulp therapy. While aiming for a future in private practice, Jenny is also considering part-time teaching or community health service.



**Piper Huber, DDS** also comes to us from Michigan, where she received her Bachelor's degree in Biology as well as her dental degree. She then attended a GPR program at Ohio State. Born in Ann Arbor, Michigan, she also lived in Stuart, Florida and enjoys scuba diving and photography. Her pediatric dentistry interests are early childhood caries and craniofacial anomalies. Private practice and part-time teaching are her plans after graduation.



**Sara Khoshbin, DDS** grew up in Iran where she received her dental degree. Upon moving to the United States, she completed the Advanced Standing Program for International Dentists in 2010. Her hobbies include reading and walking. Professionally, her interests include care for children with cleft lip and palate and preventive dentistry. She is also planning on a part-time teaching career.



**Ray Klein, DDS** was born and raised in Florida. A returning Trojan, Ray first joined USC to receive a Bachelor's Degree in Theater Arts, which he completed in 1993. After working in the movie industry, he redirected his career to dentistry, obtaining his DDS at USC in 2010. He is particularly interested in dental trauma and endodontics for children and is looking forward to a career in private practice. His hobbies include photography, travel and cooking.



**Christian Yee, DDS** was born and raised in San Jose, California, and received a BS in Biology from UOP in 2006 and his DDS from UCSF in 2010. As a pediatric dentist, he is concerned with prevention as well as conscious sedation for children. Christian is interested in sports, music and food and is planning on a private practice and teaching part-time.



**Ji Min (Mina) Yohcim, DMD** came to the United States from South Korea where she obtained a BS in Microbiology from Kyung-Pook University in 1993. Mina is also a returning Trojan, first attending USC for her MS degree in Microbiology (1993) and PhD in Biochemistry (2003). She went on to Nova Southeastern for her dental degree, finishing in 2009. She is poised to excel in her planned academic and hospital career as a pediatric dentist.



**Kenneth Zamora, DMD** was born in Edinburg, Texas but grew up in Caldwell, Idaho. After receiving a BA in Biology at Boise State in 2006, he went on to Pittsburg where he earned a DMD in 2010. He is interested in prevention and oral conscious sedation, which he will need to master before pursuing his plans for a "private practice with community involvement" after graduation.

## UCLA SCHOOL OF DENTISTRY - WESTWOOD



**Yvonne Lee, DMD** grew up in Northridge, CA. She graduated from UC Berkeley in 2005 with a BA in Molecular and Cellular Biology. Following a year working at Genentech performing protein purification, Dr. Lee attended and received her dental degree from the University of Pennsylvania. Dr. Lee enjoys traveling (she recently went to Budapest) and her future plans include private practice, community outreach and teaching.



**Scott Ngai, DDS** was born and raised in San Francisco, CA and graduated from UC Berkeley in 2007 with degrees in both Molecular Cell Biology and Public Health. He also played 4 years of lacrosse. He graduated from the UOP, Arthur A. Dugoni School of Dentistry in 2010 and was awarded the CDA's Outstanding Senior Award and the Charles and Joe Sweet Ward for Pediatric Dentistry. While in dental school, he had leadership roles in the Associated Study Body and in organized dentistry as Pacific's California Dental Association Student Delegate. He went on two dental mission trips to Cuzco, Peru and Nadi, Fiji and received the Hinman Symposium Research Award as a second year student. After residency, Dr. Ngai has plans for private practice, organized dentistry, teaching and leading community outreach programs and mission trips.



**Chanel McCreedy, DDS** was born and raised in Las Vegas, NV. She earned a BS degree in Biology and Combined Sciences at Santa Clara University in 2004. Following graduation, Dr. McCreedy worked as a research assistant with Dr. Michelle Marvier on the non-target effects of genetically modified crops. In 2010, she graduated from the UCLA School of Dentistry with honors and where she was active in community service, pediatric dentistry and teaching. Upon graduation, Dr. McCreedy plans include community outreach, teaching and private practice in underserved communities.



**Brett Carranza, DDS** was raised in Kearney, Nebraska. He attended the University of Nebraska at Lincoln and completed his DDS degree from the University of Nebraska Medical Center in 2008. Following graduation, Dr. Carranza spent a year in private practice and completed a GPR at the OU Children's Physician Hospital in Oklahoma City, OK. Upon completion of the residency, Dr. Carranza's plans include private practice and community health care.



**Katie Hawn, DDS** was born and raised in Knoxville, TN. In 2004, she graduated from the University of Tennessee with a BS in Animal Science and earned the distinction of Top Collegiate Scholar in the College of Agricultural Sciences and Natural Resources. She also marched in the Pride of the Southland Marching Band and discovered a passion for swing dancing. In 2009, she graduated with honors from the University of North Carolina School of Dentistry where she was proud to serve as an Albert Schweitzer Fellow providing oral health education to children scheduled for comprehensive dental treatment under general anesthesia. She earned a certificate from the GPR program at the Rancho Los Amigos National Rehabilitation Center in 2010. Dr. Hawn's future plans include private practice, special care dentistry, community outreach and teaching.

## UCLA CHAT PROGRAM in VENICE



**Deyanira Sanchez, DDS** was born and raised in Los Angeles, CA. At the age of 15, she moved to Guadalajara, Mexico where she attended Universidad de Guadalajara preparatory program and obtained a degree in Pathology as well as a Surgeon Dentist degree. After a year of social service, she returned to L.A. and obtained her DDS through the Professional Program for International Dentists. In the future, she plans on private practice, community involvement and teaching



**Gerardo Martinez, DMD** graduated from the University of South Florida with a BS in Biomedical Sciences and a BA in History. He received his DMD degree from Nova Southeastern University and an AEGD certificate from the University of Florida. Dr. Martinez plans on practicing in California upon the completion of the program.

## UCLA CHAT PROGRAM in SAN DIEGO



**Breanne Reid, DDS** was born and raised in Harrisburg, PA. Inspired by her own pediatric dentist who hired and trained her as one of his pediatric dental assistants, she was the first in her family to pursue a higher education. Having graduated with a degree in Biology from Penn State University with "Highest Distinction" honors in 2002, she then attended the University of Maryland Dental School under the Health Professions Scholarship Program in the United States Navy earning her DDS in 2006. Dr. Reid and her husband, LT Keith Reid M.D., were co-located to San Diego in 2006 where she completed an AEGD residency at the Naval Medical Center. She has a son, Ezra, who is currently 2 1/2 years old. Throughout her dental career, she has been active in providing dental care to children of low income families and promoting oral health education in events such as Give Kids a Smile, National Children's Dental Health Month, Thousand Smiles and as a provider at St. Leo Dental Clinic in San Diego, CA. She plans to practice pediatric dentistry in a combination of private practice and community dental care and to provide care and advocacy for patients with special needs.



**Alison Fronczak, DDS** was born and raised in Boulder, CO. In 2000, she received a BA in Psychology at Wellesley College. Dr. Fronczak then earned her MA in Broadcast Journalism at the University of Colorado at Boulder. She changed career paths and earned her DDS in 2008 and GPR certificate in 2009, both at the University of Colorado School of Dental Medicine. She is passionate about improving children's oral health in underserved areas and abroad, particularly in Guatemala. In June 2011, Dr. Fronczak will marry her fiancé, Logan Grover. Dr. Fronczak enjoys running, skiing, scuba diving, traveling, and spending time with her parents and fiancé.



**Francesca Artiga, DDS** was born and raised in San Francisco, California and graduated from SF State University with a BS in Biology in 2003. She obtained her DDS from UCSF in 2008 where she served as Class President, ADS President, and Community Outreach Chair of the UCSF ADEA Student Chapter. She was also the recipient of the San Francisco Dental Society Professionalism and Ethics Award, Bernard Osher Scholarship for Community Service, Postgraduate Periodontology/Implant Clinic Rotation Award, ADEA Council of Students Innovative Chapter Award, the ADA Foundation Minority Scholarship, and received honors in Patient Centered Care/Community Clinics Externship. After graduation, Dr. Artiga worked in private practice and in a community clinic treating the underserved children of Marin County, while teaching third and fourth year UCSF dental students in their externship rotations. Her future plans include returning to San Francisco and continue her work in community clinics, teaching, and private practice.



**Jeremy Horst, DDS, PhD** is a native of San Francisco and just completed the first concurrent DDS/PhD at the University of Washington (UW). Jeremy's clinical adventures have included being a dental assistant, running the U.C. San Diego Free Dental Clinic, serving as a dentist for various outreach and community clinics, faculty practice in the UW Dental Fears Research Clinic, and serving as an attending in the UW Dental Urgent Care Clinic. In his thesis, Jeremy developed a suite of protein sequence analysis methods to model functional mechanisms of tooth and bone development and homeostasis. For his research, Jeremy was honored to receive an individual NIH Ruth Kirschstein NRSA, both the American and International Hatton Awards, and was named a Warren Magnuson Fellow along with his wife, Orapin. Jeremy's future research aims to address contemporary issues in pediatric dentistry - understanding the etiology of developmental abnormalities by mapping mutations to modeled functional protein complexes, and halting dental caries through application of multitarget in silico drug discovery to limit acid generation and tolerance in cariogenic bacteria. Jeremy enjoys teaching as well as scientific mentorship which resulted in the UW Undergraduate Mentor Award.



**Yu-Hsing Kao, DMD** was born in Tokyo, Japan, and lived in Taiwan and Nicaragua before settling in Birmingham, Alabama. She received her BS in Biology from Birmingham-Southern College and completed her DMD at the University of Alabama School of Dentistry. Upon graduation, she was accepted to a GPR at Northwestern Memorial Hospital, a level 1 trauma center. She completed a 2 year GPR at the Wadsworth/West Los Angeles VA Healthcare Center in Los Angeles, CA, and served as chief resident while providing comprehensive care to medically compromised patients. She is committed to community service where she has participated in medical missions to Ensenada and Rosarito, in addition to volunteering in free healthcare clinics to serve low income children and adults. For the past few years, she has worked in general and pediatric/orthodontic dental offices and provided comprehensive care to the homeless veteran population. Upon graduation, she hopes to continue serving the community by participating in global outreach.



**Karen Lam, DDS** recently graduated from UCSF School of Dentistry where she was recognized for her exemplary leadership and community service. She was inducted into the Omega Kappa Upsilon national dental honor society and was awarded the prestigious Elizabeth Fuhrman Gardner Award by the faculty. She was also recognized by the local San Francisco Dental Society for her exceptional ethics and professionalism. Karen's longstanding record as a leader in student government and community service helped her promote numerous free health fairs, dental screenings and educational conferences for children of underserved communities in the Bay area. Her diverse background as a French native brought up in a Chinese-Vietnamese family has helped her bridge multicultural barriers found when treating patients in the San Francisco bay area or abroad on volunteer trips in Mexico. Her prior education and professional experience have given her a strong foundation upon which she has built her dental education. She completed her undergraduate studies in Chemical Engineering (B.S.) and graduate work in Materials Science (M.S.) at the California Institute of Technology. She then worked as an engineer for a startup company developing energy storage solutions for biomedical and aerospace applications. Her research work led to several patents in the field of lithium ion batteries. Karen recently got married as well.



**Susan Poorsattar, DDS** is A recent graduate of USC School of Dentistry and is excited to finally get out of Los Angeles. Originally from Rockford, Illinois, Suzy moved to California in 2001, and has devoted her time and effort to public health and child advocacy ever since. A recipient of the Charles and Shirley Goldstein Community Service award, Suzy was a leader in promoting access to the underserved pediatric population during her time in dental school. She concluded 3 years of service to the USC Mobile Clinic with a poster presentation at the NOHC on research and data indicating the effectiveness of this program. She was a member of the prestigious Intravenous Sedation Team which allowed her to earn her permit to administer oral and IV sedatives and several of her articles were published in ASDA News, the Journal of Dental Education, and Dental Clinics of North America on the importance of pharmacosedation and anxiolysis which earned her a nomination by the ASDA for Article of the Year. Suzy has also been honored for clinical excellence in dentistry as she received the Newport Harbor Academy Carl Rieder award and the CDA Foundation award. Her professional interests include promoting a holistic definition of access to care, medical emergencies, sedation, and anesthesia safety/efficacy. Her personal interests include biking, running, traveling, and spending time with her family.



**Carrie Tsai, DMD** was born and raised in Barstow, California and attended college at UC Berkeley where she earned a BA in Sociology. She recently graduated from the Harvard School of Dental Medicine and also received her MPH from the Harvard School of Public Health, where she focused on family and community health. In both her undergraduate and graduate studies, she was actively involved in campus activities, leadership roles, and community service. Carrie's most memorable experience during dental school was her time as a coordinator of Project Bridge, a student-run dental clinic that serves the homeless youth population of the Boston area. Her efforts have been recognized as she has received both the American Association of Public Health Dentistry's student merit award and the Albert Schweitzer fellowship. Carrie is dedicated to improving children's oral health and addressing oral health disparities and access to care issues. Outside of clinic, Carrie loves to stay active with marathon training, swing dancing, group sports, hiking and exploring new cities.

Even though this song was sung by Bob Dylan during those '60's years, I can still remember it and its meaning. In a recent Rolling Stones magazine, I saw a photo of a grinning Bob Dylan (have you ever seen him grin?) who, after a performance at the White House, was shaking the hand of the first black President of the United States. This made me think back to all that has changed over these last 40 plus years.

Back in 1968, I studied FORTRAN in a new computer programming class and spent my evenings typing information onto stacks of Punch Cards which were then fed to an IBM 360 mainframe that was so big that it filled a large air conditioned room. The following year, a friend, who later turned out to be my GPA's savior, introduced me to machine I called, "The Wang," which was housed in a suitcase size container and was connected to a typewriter with a small, green screen where numbers and formula could be entered and answers calculated and received within minutes. This was a godsend for performing the tedious tasks required by Quantitative Chemistry labs, where previously all calculations were completed by mistake prone long-hand with the help of a slide rule.

Soon after that, while working during summer break, I was offered a job at the LA Herald-Examiner to help them convert their ancient union-controlled production over to a computerized publishing system. My answer, as I still remember it over-and-over during difficult two-year-old child sedation cases, was, "Oh, no thank you. I want to be a dentist!" We all must live with our decisions as the times continue to change.

A revolution took place during the seventies and eighties when Al Gore, among others, helped to create the internet and guys like Steve Wozniak, Steve Jobs (too bad that Steve N is not in this list!), Bill Gates and many others made desktop computers more available to the masses. Most PCs and Macs were connected through dial-in terminal accounts like CompuServe, Prodigy, AOL and other service providers using UNIX computers for a connection to the internet. The internet was a group of worldwide computers that were connected together. Surfing was spent looking at text based lists and directories while typing "yes" or "no" to view files. You could find and "get into" other computers by using Telnet or Gophers or WAIS or Whois. FTPs were used to "grab" files from anywhere in the world.

During the nineties, graphic file layouts replaced these text based directory pages and were used to make websites and desktops more interesting, attractive and easier to navigate. Internet browsers like Netscape in 1994 and later Microsoft's Internet Explorer were developed to help display these worldwide websites correctly. CSPD's

Roland Hansen developed our organization's first website during 1996 using HTML, a programming language that helped browsers know where on the page to locate the information. Search engines with names like, Excite, Infoseek Ultra, Lycos, Magellan and Yahoo, were developed to help web users find information on these websites.



Steve Niethamer, DMD  
Website Editor

In September of 2002, CSPD updated its website to the current format which has served our organization very well over the last eight years. This format was expanded to include pages of interest to California pediatric dentists such as the ALARM pages that cover advocacy, legislation and regulatory matters. Another popular area is the Opportunities page that includes employment opportunities for our members.

Online Continuing Education pages went live in August of 2006 and have developed into a worldwide source for continuing education for dentists who treat children. This year the CSPD provided the IAPD access to these programs through a generous grant from NuSmile Primary Crowns. So far this year, over 150 of their widely dispersed members have registered to view these programs.

### Cancún Presentations are Available in a Changed Format

Both Dr. Featherstone's and Dr. Berg's lectures have been added to our OCE library. Those of us who heard them in Cancún know how much useful information is packed into their programs. They are in a slightly changed format from previous productions and include a window with the slides shown as projected, the audio of the lecture and a window with the transcription of the lecture. After viewing the presentation, visitors can complete a short quiz and receive a CE certificate for their efforts.

### More a 'changin'...

During this process of adding the Cancún lectures, we learned that our previous "latest technology" formats used in past years are now antiquated. Even our website uses a page width that nine years ago was the standard but now looks too narrow. Facebook pages and Twitter messages are complicating how websites now function. Yes, the times are continuing to change... If you want to help CSPD with these changes, please call, email, write on my Wall, text or tweet me.



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## NEW CSPD MEMBERS

### Active Member

Lynne Hsia.....Napa, CA  
 Michelle Kelman..... Los Angeles, CA  
 Fatima Pineda-Lam.....Oakland, CA

### Post-Doctoral Student Members

Michael Kleinman.....Baltimore, MD

## 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.AAPorg/membership](http://www.AAPorg/membership) section or they can contact Oariona Lowe at [w.roslo@verizon.net](mailto: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

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

January 28-30, 2011: Comprehensive Review of Pediatric Dentistry, San Francisco, CA

February 10-12, 2011: Contemporary Sedation of Children for the Dental Practice: Enteral and Parenteral Techniques, Baltimore, MD

February 13-19, 2011: Southwestern Society of Pediatric Dentistry Winter Ski Meeting, Steamboat Springs, CO

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](http://www.CSPD.org) and [www.AAPD.org](http://www.AAPD.org) for more sponsored courses

## Congratulations Dr. Andy Soderstrom

CSPD member, Dr. Andrew Soderstrom, will be installed as the next President of the California Dental Association in a ceremony during the CDA House of Delegates meeting on Saturday, November 14, 2010 at the Beverly Hilton Hotel, 9876 Wilshire Blvd. Beverly Hills, CA 90210 (310-274-7777)

All CSPD members are encouraged to attend to show our support and appreciation for Andy's achievement. There is no registration fee.

If you are able to attend, please contact Diane Schaubach at CDA ([diane.schaubach@cda.org](mailto:diane.schaubach@cda.org)) or call her at 916-554-4996.

25th ANNUAL

## CHARLES A. SWEET, SR. MEMORIAL LECTURE

### An Update in Early Diagnosis and Minimally Invasive Restorative Care for Children

presented by

Kevin J. Donley, DDS, MS

### Behavior Guidance for Today's Pediatric Dental Patient

presented by

Issa S. Sasa, DDS

Arthur A. Dugoni School of Dentistry  
 April 30, 2011

## CSPD Professional Opportunities



Alex Alcaraz, DDS,  
 Membership Services

- Opportunities Wanted
- Opportunities Available
- Faculty Positions Available
- Practices for Sale  
 Offices for Lease

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>.

The Peer Review System is one of the premium benefits for members of the California Dental Association. The peer review system was begun by the dental profession to be used in lieu of litigation in order to ensure the highest quality of dentistry for the patient. It is provided as a public service at no cost to the patient or the dentist. The treating dentist has an opportunity to have the treatment in question evaluated by his or her peers, while the patient has the opportunity to have the complaint adjudicated for free.

The purpose of the peer review system is to resolve disputes that may arise in the delivery of dental services to the public; in particular, disputes regarding the quality and/or appropriateness of dental treatment, utilization issues (problems related to dental insurance benefits when treatment is questioned), and/or potentially irregular billing practices.

How does the peer review system work? Peer Review begins when the patient calls the local dental society with a complaint or dispute regarding the treatment provided or proposed by the dentist. If the complaint involves a pediatric dentist who is a member of CSPD, the pediatric dentist's local component will get in touch with the Chair of the CSPD's Peer Review. The patient is required to complete some forms including a description of the complaint. The treating dentist is given an opportunity to respond to the patient's complaint and is given the option of meeting with the committee to present his/her side of the story prior to the committee taking any action to resolve the dispute.

After the committee has examined the patient, had an opportunity to interview the treating dentist, and has evaluated all the records from the subsequent treating dentist(s) and any insurance carriers, a determination is reached. Both parties have an opportunity to appeal the committee's decision to the CDA Appeals Panel. The appeals process is another step to ensure a fair and objective process.

Most Peer Review cases involve general dentists, with crowns, prosthodontics and orthodontics leading in subject areas. In the last two years, the California Dental Association's Peer Review cases have found 52% of cases in favor of the dentist, and 48% of cases in favor of the patient. Of all of these, only two cases have gone to litigation. In each of those cases, when the dentist involved brought his resolution letter from the Peer Review Committee, the case was dismissed. This indicates that the Peer Review system works.

How do you avoid problems?

1. Communicate with your patients. Many cases result from a patient's feelings that you are not listening to him about his problem. If they are convinced that you are trying your best to solve the problem, then they are likely to stay with you. ALL of us have less than ideal results at times, but if the patient thinks that you are trying to listen to him and solve the problem, he will be less likely to even consider peer review or litigation.
2. Discuss treatment plan options and alternatives. If they don't know where you are trying to take their children on the road

to dental health, then they will have a greater chance of being unhappy with your results. If they choose a less-than-ideal treatment plan, they need to be aware of the possible disadvantages.

3. Document everything.
  - For every treatment plan, you should have a written diagnosis of the problems. You also need a written treatment plan which is discussed with the patient.
  - Write down any possible complications and document that you discussed them with the patient.
  - Anything you see as a possible problem should be recorded.
  - You are in good shape if you use the S.O.A.P system: **S**ubjective evaluation (clinical signs), **O**bjective evaluation (symptoms and patient's complaint), **A**ssessment of the problem, and **P**lan of action.
  - If you didn't write it down--- you didn't do it! This is how it will look if you run into problems.
  - It is troublesome and time-consuming to write things down, but it is your best and sometimes only defense.
  - There is nothing wrong with abbreviations to help you with your charting. There are many standard abbreviations, and you can customize your own if you are consistent (it may be a good idea to keep a glossary of your own abbreviations).
4. If someone comes to you with a problem about another dentist's work, try to get them to work it out with the dentist involved. Call or write the previous dentist if you think it will help. Be very careful not to criticize another dentist's work. This can easily lead to trouble.
5. If you perform treatment that is commonly done by a specialist (orthodontics for example), you are held to the specialist's standard of care. This means that if you have a tough case, sometimes referral to a specialist is a good way to stay out of trouble.



*Bernard Gross, DDS  
Chair, Peer Review*

Peer Review can get you out of a jam and can do so at no cost and a minimum of fuss for you and your patient. Keeping an open line of communication with patients can prevent many peer review cases. Proper documentation may also prevent some cases from requiring peer review and can assist others in being resolved in your favor.

The peer review system is one of the best benefits of CDA membership. It is there if you need it and benefits both you and your patient. CSPD is fortunate in that we have very few cases come before peer review. This is a testament to our commitment to being the best pediatric dentists in the world!

If you are interested in being part of a review committee, and are willing to become calibrated to do so, please contact either CSPD Peer Review co-chairs, Bernard Gross ([malibubs@aol.com](mailto:malibubs@aol.com)) or Jac Pederson ([jwpeddent@hotmail.com](mailto:jwpeddent@hotmail.com)).

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**Jonathan Lee**  
**WSPD President**

## Bulletin Updates

The Launch of the Inaugural WSPD Section in the CSPD Bulletin and the associated Electronic Distribution of the Bulletin to AAPD District VI members outside of California coincided with an increase of over 1000 downloads! Wow!

## The WSPD Board of Directors in Action

The WSPD Board of Directors met on October 1, 2010 at the Cedarbrook Lodge in Washington State. At this meeting, the WSPD Bylaws were updated and our AAPD Trustee, Dr. Jade Miller,

presented the changes to the AAPD Policy and Procedures for the AAPD Nominations Committee. Your WSPD Board of Directors also reviewed the AAPD's "Analysis and Policy Recommendations Concerning Mid-level Dental Providers."

## The following is section 4 of the policy recommendations:

*AAPD supports the use of mid-level dental providers who perform or assist in the delivery of specified reversible procedures and certain surgical procedures under the general supervision of a dentist, provided that such arrangements have been thoroughly evaluated and demonstrated to be safe, effective, and efficient and to not compromise quality of care in similar settings.*

It has been brought to the attention of the WSPD Board of Directors that there is confusion about the terms "General Supervision of a Dentist" and how AAPD defines "General Supervision of a Dentist." Does AAPD support the use of mid-level dental providers who perform or assist in the delivery of specified reversible procedures and certain surgical procedures under supervision based on examination and diagnosis of the patient and subsequent instructions given by a licensed dentist but not requiring the physical presence of the supervising dentist in the treatment facility during the performance of those procedures?

The WSPD Board of Directors wrote a letter to the AAPD Leadership asking for both clarification and for the AAPD to consider specifically defining the level of supervision of a dentist as AAPD intends it to be used in its "Analysis and Policy Recommendations Concerning Mid-level Dental Providers." Because there is no AAPD definition for "General Supervision of a Dentist," the definition is open to interpretation and it may be used incorrectly and inappropriately by legislative bodies and public policy advocates.

The WSPD Board of Directors believes it is important that AAPD support each state's effort to study all workforce models to resolve identifiable access to care issues that are unique to the individual state's needs as a "one size fits all" approach is inadequate.

Our District Trustee, Jade Miller, attended the AAPD Ad Interim Fall Board of Directors Meeting in Orlando, Florida. At that meeting, WSPD's concerns about supervision in AAPD position paper were accepted and the paper is still in the process of revisions. At this meeting, the proposed changes to the policy and procedures concerning AAPD's Nominations Committee were approved and reaffirmed.

## Changes to the AAPD Policy and Procedures

The WSPD Board of Directors supports the proposed requirement that the prospective candidates for the AAPD Secretary-Treasurer, AAPD At-Large Trustee and the Director of the American Board of Pediatric Dentistry have bios, photos and interviews as it will enhance the selection process. It was WSPD's Past President, Kevin Rencher, who suggested the inclusion of a photo.

However, the WSPD Board of Directors wrote to AAPD leadership that the proposed requirements that the AAPD Nominations Committee District Representative either be a past AAPD Trustee, past Healthy Smile Healthy Children (The Foundation of the American Academy of Pediatric Dentistry) Trustee or have participated in the AAPD Leadership Institute severely limits the ability of the AAPD Districts to choose the most qualified candidate from its membership. These requirements significantly decrease the number of candidates interested in serving on the AAPD Nominations Committee. The WSPD Board of Directors is also concerned that this may not allow for equal representation of the districts should a district not have any qualified candidates who would be willing to serve on this important selection committee.

District VI was in the process of selecting its Representative to the AAPD Nominations Committee for the 2011-2013 term when these changes became effective. WSPD has selected California's highly qualified and viable candidate, Richard Mungo, as its Representative. Fortunately, as a past AAPD Trustee, Dr. Mungo fulfills the AAPD Trustee requirement. If this had not been the case, his application would have not been considered. We do not believe that these requirements should be the sole qualification and prerequisite for the AAPD Nominations Committee Representative. It is our contention that viable candidates for the AAPD Nominations Committee Representative should also include those who have served in past or present leadership positions in their respective AAPD State, Province or District component, or have served as AAPD council or committee chairs.

The proposed changes will essentially exclude those, such as WSPD Past President Kevin Rencher, who have shown commitment to organized pediatric dentistry and will limit the decision making power of the districts. These changes undermine the democratic and representative nature of AAPD and contradict the AAPD's Mission Statement: "The Academy serves and represents its membership in the areas of professional development and governmental and legislative activities."

AAPD Leadership responded through letter correspondence that *"the nominations process is by far one of the most important functions within the AAPD. The decisions made and the deliberations leading up to the decisions have significant impact on the future health and well being of our organization. As such, the members of the Nominations Committee, by necessity, must be individuals who are held in the highest esteem, are well aware of the governance and structure of the AAPD, and, as a result, know a broad range of members from across the country. Only by having served on the AAPD BOT, the HSHC BOT, and participated in the AAPD Leadership Institute does one reach the point of having interacted in a meaningful way with a broad spectrum of our membership and seen our governance and structure in action.*

*There is a specific reason for excluding council and committee chairs. Frequently, our potential future officers and trustees serve as chairs of various councils and committees. To place one of these individuals on the Nominations Committee would preclude them from being considered for those positions because of their position on the Nominations Committee. The same is true for those at the district and state levels."*

The WSPD Board of Directors appreciates AAPD's efforts to improve the selection process, but feels this proposal increases the perception of exclusivity. We believe the selection process must be transparent and inclusive.

## WSPD Action at the State/Province Level

WSPD's Idaho Board Director, Dr. John R Ukich, reported that DentaQuest, the contractor who administers the "Idaho Smiles" network, is reducing the number of providers by giving a thirty day

notice to 150 dentists that their contracts with DentaQuest will not be renewed effective as of November 1, 2010.

The WSPD Governmental Affairs Representative, Dr Santos Cortez, was alerted to this development. With the reduction of Medicaid providers, vulnerable patients that need those dental services the most will be negatively affected by this decision. It is one more example of the necessity of Medicaid reform and why each state needs to be willing to advocate for this segment of our population. Santos has asked AAPD legal counsel, Scott Litch, to collaborate for a concerted effort in fighting this injustice.

#### District Expansion News

WSPD has initiated discussions with Dr. Sarah Hulland, Alberta Academy of Pediatric Dentistry's President, to officially recognize the Alberta - AAPD Province.

#### WSPD PALS Update

The WSPD sponsors PALS course, which was discontinued in 2009,

has been resurrected by the Washington State Academy of Pediatric Dentistry (WaSAPD) and they are offering a discounted registration fee for all WSPD members.

The two day PALS initial course is scheduled for March 4-5, 2011 at the Sand Point Country Club in Seattle and the registration fee is \$425. The renewal course is on March 5th and the registration fee is \$300. The instructor is Raedelle Wallace who taught the course for the WSPD/CSPD Annual Meeting. The course is geared for dentists and is at a very nice venue which includes lunch for the all day Friday course. More information can be found at [www.wsapd.org](http://www.wsapd.org).

#### Upcoming District VI meetings

WSPD/CSPD Annual Session San Francisco April 7-10, 2010

Washington State Academy of Pediatric Dentistry 2011 Annual Meeting is going to be held at the Coeur d' Alene Resort in Coeur d' Alene, Idaho on Saturday, October 1, 2011. This is a destination resort and WaSAPD has negotiated room rates for Friday and Saturday starting as low as \$139. More information to come! [www.cdaresort.com](http://www.cdaresort.com)



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."

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*Posterior Intro Kit Includes: Upper & Lower - Right & Left-Sizes 3,4, and 5 - 1 of each crown*
- 480-140 A.T. Anterior SS Crowns Full Kit, 120 Crowns ..... \$460.00  
*Anterior Full Kit Includes: Upper & Lower - Right & Left Centrals and Laterals-Sizes 2-7, 5 of each crown*
- 480-250 A.T. Posterior Stainless Steel Crowns Full Kit, 240 Crowns ..... \$850.00  
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