

Bulletin



Winter, 2013

www.CSPD.org

Vol. XL No. 4

The Biological Basis for Management of Traumatic Dental Injuries

This article is based on the trauma manual and trauma guidelines listed at the end.*

By Leif K. Bakland, DDS

Introduction

The outcome of traumatic dental injuries depends on at least two factors: the treatment provided and the patient's healing response. The first factor, treatment, is under the dentist's control; while the second factor, healing, is dependent on multiple variables including the health of the patient. This article will discuss sound treatment principles that can improve the outcome of treatment following dental trauma.

Stabilization of the initial injury

Traumatic dental injuries cause damage to some or all of the following: the teeth, supporting structures, and the surrounding soft tissue. For example, in a luxation injury a tooth may be displaced resulting in both a fracture of the alveolar bone and gingival laceration. When confronted with such an injury, the dentist's first concern is usually accurate repositioning of the displaced tooth or teeth. However, the dentist must remember that repositioning the tooth will incur additional trauma that may increase the risk of root resorption and loss of supporting bone.

Prior to stabilization, the tooth must be repositioned in a gentle manner. If excessive force is required to achieve perfect repositioning, the dentist should consider using a lighter force to move a tooth into an acceptable position. After healing has taken place, a tooth that needs further repositioning can be moved orthodontically. Early stabilization is also critical in avulsions and root fractures. Timely intervention in displacement injuries favors healing.

It has been shown that when an avulsed tooth is replanted within a very short extra-alveolar time, healing is quite predictable. This is also true when repositioning the displaced coronal segment of a tooth with horizontal root fracture. Repositioning the coronal segment allows revascularization from the apical pulp segment, which typically has not been affected by the injury.

In summary, displacement injuries are most successfully treated when the displaced tissues are gently repositioned as soon as possible after the injury.



Figure 1 – Extensive luxation injury in a 12 year-old boy.



Figure 2 – The teeth were gently repositioned and the orthodontic appliance adjusted. Note the soft tissue repositioning.



Figure 3 – Three week follow-up. Note good soft tissue healing. Gingival recession labial to #24 unrelated to the injury.

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California Society of Pediatric Dentistry

BULLETIN

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

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



President's Message

The Sign of the Snake

Steve Chan, DDS, CSPD President

In the Chinese zodiac, 2013 is the Year of the Snake. In mythology, there were twelve animals that ran in a Great Race. They followed in succession. Thus is the origin of the Chinese custom to relate each year with an animal in 12 year cycles.

Remarkable for my family, my grandmother has seen 9 cycles of the Year of the Snake. She turned 108 this year. In the year she came to this country, another Chinese Exclusion Act was enacted. We believe she was on the last ship in 1924 that allowed Asian females into this country. Chinese women were barred for over a decade after that landing. If she didn't make it on that ship – this article would have been written by someone else.

The Dais

There have only been four pediatric dentists who have risen to the Presidency of CDA. Dave Gaynor was the first. He started TDIC, the CDA malpractice company. He passed away in January. Dave gave me the courage to run for the Executive Committee at CDA.

I was the second. "Tin Man" or the CDA Foundation was my baby. Andy Soderstrom was the third. He brought thousands of people together – through CDA Cares, the massive event in 2012 to treat the underserved. Lindsey Robinson became the fourth in October, 2012. We couldn't let Lindsey's rise to the dais go unnoticed.

In a precedent setting move, CSPD was given permission to "anoint" one of our own at the CDA House of Delegates. By custom, the home dental society component of the incoming president is typically afforded that privilege. We were the first specialty group granted that privilege.

Theater is Lindsey's passion in life (behind her husband, Parker, and dentistry). Then, a miracle happened! We found her theatrical trunk! Inside, we found the "hats" she's worn throughout her leadership career! Over a dozen pediatric dentists who serve at the CDA House of Delegates anointed her with these metaphorical "hats" that punctuated her career...all set to Broadway musical tunes. The video will be shown at our Annual Meeting.

The Machine

In order to get where you want to go you need an engine that works. As CSPD matures, the process in which we engage issues also needs to mature. This is happening thanks to our unsung Board and Committees who are fixing our long overdue overhaul of our organizational structure. We continue to integrate Smith Moore & Associates, our association management company, to perform many of our administrative functions. We're learning.

The Challenges

The Affordable Care Act begins implementation in 2014. The Annual Meeting Committee, in conjunction with the CSPD Foundation, is presenting an expert panel to help our members

understand what this means to us as practitioners, as employers, and as taxpayers.

The Board is monitoring emerging issues. As licensure in California is moving towards a portfolio model, the pre-doctoral experience in performing pediatric functions is being called to question. What happens when they get into the real world? Stay tuned.

At the recent CDA House of Delegates, participation in social couponing through social networks has been deemed a form of fee splitting. This practice is in violation of the Dental Practice Act and therefore illegal. The House expressed further frustration with social network review sites where there appears to be an unfair playing field for patients to post negative reviews. The House said, "Do Something!" CSPD cosponsored a course with CDA on the potential risks of social media and strategies to engage it. The course will be expanded to upcoming CDA Presents (Sessions).

The specialty organizations convene at CDA as the Interdisciplinary Affairs Committee. Oral surgery is raising the issue of itinerant specialists. Specialists from outside of a geographic area hire themselves out, do their work, and leave the area after they're done.

The lack of emergency care, follow-up care, and accountability for care are issues that are being raised. Itinerants come from nearly every specialty including dental anesthesiology. Even mobile dentistry by general practitioners is a form of itinerant practice. Stay tuned.

As CSPD matures in its political advocacy on pediatric oral health issues, we've come to a new threshold. We've got a team to do our due diligence by examining if CSPD should support political candidates. Support comes in different ways in the political game. In the California legislature, Bill Emmerson, an orthodontist, serves in the State Senate. The current Chair of CalDPAC (a CDA affiliate political action committee), Jim Wood, is a general dentist. He is building his run for the California Assembly.

And thus we segue into the realm of dental politics. AAPD has convened a Task Force to examine the structure of its governance. We believed the drive for this task force was to seek solutions for equitable representation in the Academy. As of this writing, the Task Force recommended and the AAPD Board adopted the following to forward to the Constitution and Bylaws Committee and ultimately to the General Assembly to decide:

- To eliminate the requirement of tripartite membership. District and state membership will be optional.
- To eliminate the requirement that membership in the ADA or similar national dental organization must be maintained to be an AAPD member.

Hold everything! Don't touch that dial (or remote). You'll have to wait until after the AAPD Annual Meeting in Orlando to see what happens. Oh, what a tangled web we weave...This was supposed to be my home stretch...



Executive Director's Message

CSPD Foundation Affordable Care Act, Program and Panel Discussion... DON'T MISS IT!

Ray E. Stewart, DDS, CSPD Executive Director

It should come as no surprise to any of us that there are substantial changes occurring in how our specialty is practiced. There are mounting pressures to find solutions to a myriad of problems, many of which emanate from the access to care problem for a very large and ever growing segment of the population. With the implementation of the Patient Protection and Affordable Care Act (ACA) on January 1, 2014, 5.3 million children (over 1 million in California) will gain dental coverage through public programs such as Medicaid or the SCHIP programs. In California, Healthy Families has been eliminated in many counties with the enrollees transitioned into the Denti-Cal program.

The provisions of the ACA raise many questions for all health care providers, in particular those of us who are pediatric dentists. As it now stands, the ACA will include the following provisions:

- The inclusion of a pediatric dental benefit as part of the Essential Health Benefit package.
- The option for adults to purchase dental benefits in the individual and small business exchanges.
- The inclusion of stand-alone dental plans in the exchanges.

As always, the devil will be in the details and just what all of this will mean to the individual practitioner is unclear.

One might wonder how realistic it is for the state of California to absorb over a million new patients when the current provider network is very limited due to the completely inadequate reimbursement rates. In addition to that major hurdle are questions such as "What are the requirements for insurance coverage of our employees?" "How will we be able to ensure that our practice is included in the provider networks of the plans which will be offered in the exchanges?"

In an attempt to answer some of these questions, the CSPD Foundation has put together a panel of guest speakers to discuss the specifics of the ACA implementation in California and field questions from the audience. The program titled "The Affordable Healthcare Act – Its Effect on Pediatric Dental Practice" will be at the CSPD/WSPD Annual meeting on Thursday, April 25th at 1:30 PM (just prior to the Annual Meeting Welcome Reception). This is a must attend program for anyone who is concerned about the greatest change in health care in our generation.

The upcoming Annual Meeting program will have something for everyone! The scientific program is filled with valuable presentations for both dentists and staff. Rancho Los Palmas also promises to be a beautiful venue with first rate accommodations! I hope I see you there.



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Seven warning signs in 7-year-olds
An orthodontist answers the following questions when making a first evaluation; these answers are based on visual observation of the mouth and teeth as well as the way a child's upper and lower jaws align with one another. When you know what to look for, you can answer these questions, too.

- 1. DO THE UPPER TEETH PROTRUDE?**
Excessive protrusion of the upper front teeth - "buck teeth" - is by far the most common orthodontic problem. You can test this by using the attached Smile...Now Let's See Your Bite ruler.
- 2. IS THERE A DEEP BITE?**
The upper front teeth cover too much of the lower front teeth. This may provide answers about why your child grinds his/her teeth at night and why the lower front teeth are crowded.
- 3. IS THERE AN UNDERBITE?**
All of some of the upper front teeth fit inside the arch of the lower teeth. This can lead to tooth grinding and chipping as well as root, gum and bone loss of the developing permanent teeth. Jaw asymmetry may sometimes be noted.
- 4. IS THERE AN OPEN BITE?**
The child can stick his or her tongue between the upper and lower front teeth when the back teeth are together. A finger/thumb habit or improper swallowing pattern may cause this situation to develop. Present and future jaw alignment is a primary concern along with the child's developing dentition.
- 5. IS THERE TOO LITTLE OR TOO MUCH ROOM FOR THE TEETH?**
Teeth are crowded, overlapped or there may be noticeable large gaps between teeth which can lead to cavities, gum and bone loss.
- 6. DO THE FRONT TEETH LINE UP?**
The space between the two upper front teeth and the two lower front teeth should line up with each other; both should line up with the bridge of the nose. When they do not, some probable causes are drifting permanent teeth, missing or crowding of permanent teeth, or an asymmetrically developing lower jaw. This can all result in an improper bite or other dental issues.
- 7. IS THERE A CROSSBITE?**
The upper teeth fit inside, rather than outside of the lower teeth. There can be several types of crossbites, in the front teeth only, one or both sides of the mouth, or a combination. This may lead to the same concerns as found when an underbite is present.

Smile... Now Let's See Your Bite Ruler Test

The Smile...Now Let's See Your Bite ruler attached to this pamphlet is especially designed to help you detect excessive protrusion of the upper front teeth, one of several early warning signs of bite problems in children.

Detach the ruler at the perforation. Have your child bite down normally, keeping lips open. With printed side up, place printed end of orthodontic ruler against the lower front teeth with the teeth touching on the ruler. If the bite is within the red zone, probably excessive protrusion and your child should be examined by an orthodontist.

Note: This Smile...Now Let's See Your Bite ruler is intended only as a preliminary indicator of some potential bite and jaw problems in 7-year-old children. It is not a substitute for a consultation with a specialist in orthodontics. Use only under adult supervision.

Seek treatment earlier than age 7 if the child has:

- difficulty chewing
- open-mouth breathing
- snoring
- tongue is always between child's front teeth
- thumb or finger sucking
- overlapping or crowding of erupting permanent teeth
- jaws that click or pop
- biting of the cheek or into the roof of the mouth
- speech problems
- grinding or wearing down of the teeth
- a profile is not balanced
- a lower jaw looks too small or big
- an upper jaw "sticks out"
- obvious abnormal bite development of any kind

Consider a visit to an orthodontist at any time to have you or your child's questions answered or to receive information on what your child may need orthodontically as they grow older.



The California Association of Orthodontists **Smile...Now Let's See Your Bite!** kit is designed to help the public understand the advantages of orthodontic detection and treatment. The kit has been field tested nationally and found to be simple to use and most effective; just tear off the ruler and place against the lower front teeth to determine the extent of malocclusion.

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Public Policy Advocate's Report

Report of the Meeting of the Dental Board of California

December 3-4, 2012

Prepared for the California Society of Pediatric Dentistry

Paul Reggiardo, DDS, Public Policy Advocate



The Dental Board of California met December 3-4, 2012, in Los Angeles. The following report summarizes actions and issues coming before the Board pertinent to pediatric oral health.

Legislation to Require Dental Laboratories to Register with the Dental Board

At the May, 2012 Board meeting, the California Dental Association (CDA) appeared before the Board to discuss regulation of dental laboratories. Specifically, CDA suggested requiring dental labs engaged in the manufacture or repair of dental prosthetic appliances in California to register with the Board (similar to the current requirement for dental referral services) and to disclose to the dentist the material content and place of origin of such appliances.

A subcommittee of the Board was appointed to work with CDA, key stakeholders, and staff to determine the feasibility of the proposal. In its report to the Board, the subcommittee expressed concern of unintended consequences the proposal could place on California licensed dentists and did not recommend moving forward with a legislative proposal. The subcommittee found it unclear how the Board would enforce a dental laboratory's disclosure of material content. Additionally, requiring dental laboratories to disclose material content and FDA registration numbers could potentially increase lab costs which would be passed on to the dentist issuing the work order and ultimately the consumer. The subcommittee also questioned the repercussions to a licensed dentist doing business with an unregistered dental laboratory and the costs and administrative burden placed on Board staff and enforcement division.

Comment: Should the Board or CDA move forward with a legislative proposal in the future, it will be important to consider if the intent is to include the manufacture of pediatric tooth replacement appliances or orthodontic appliances containing anterior pontics and to craft language accordingly.

Implementation of Notice to Consumers of Licensure by the Dental Board

The requirement that dentists provide notice to consumers of licensure by the Dental Board became effective November 28, 2012. This new regulation requires licensed dentists engaged in the practice of dentistry to provide conspicuous notification to consumers that dentists in California are licensed and regulated by the Dental Board of California. The notice is required to be prominently posted in a conspicuous location accessible to public view on the premises where the dentist provides licensed services. The notice is required to be in at least 48-point type font and include the following statement and information:

NOTICE TO CONSUMERS
Dentists are licensed and regulated by the
Dental Board of California
(877) 729-7789
www.dbc.ca.gov

To implement the requirement, notification has been posted to the Board's website and an e-blast was sent to licensees signed-up to receive email notifications from the Board. A sign is available on the Board's web site available for download.

Comment: Although this requirement took effect November 28, the Board will send written notification by postal service delivery to all licensees before it begins enforcement of the regulation sometime next year.

Letter to the Editor

Composed in 1980...but unpublished...then edited this year. *A Retrospective View – Those Thirty Years – 1950 to 1980*

When specialty programs in Pedodontics were “few and far between,” the generalist was most often the source of dental care for the child. During those early years California was experiencing a rapid population growth and the demand for dental services was accelerating at a similar rate. Many practitioners who were schooled in the delivery of quality care found themselves inadequately trained in the highly technical field of Pedodontics. No wonder that many thinking individuals realized their inadequacies and decided to seek some form of postgraduate study. That desire became a reality when membership in organizations such as the American Society of Dentistry for Children created the vehicle for continuing education. That nucleus of interested professionals also attracted other individuals who formed small study groups to improve their skills based upon the experience of their peer structure. Thus, those students “carried their own” with the intermittent assistance from a variety of intra professional sources. This bootstrap operation was ongoing and resulted in many practitioners declaring themselves to be dentists who “limited their practice.” Granted certain prerogatives, this cadre of men and women cared for large numbers of patients with a no-frill, “drill and fill” expertise. At that time some detractors expressed the idea that basic care for the child was not exactly specialty practice, but more akin to general practice for the young. However, the quality of that care does speak well for the resounding success experienced by those early practitioners...presumably the result of mutual satisfaction between doctor and patient.

For many years that system functioned reasonably well until the American Dental Association placed a deadline for announcement of limitation of practice. After the announced date of the deadline only “trained” dentists could announce themselves as a specialist. The effect of that edict was to set aside the law of supply and demand as it applied to the profession. The long-standing dynamic balance between patient supply and doctor availability was then upset, and an imbalance at the marketplace was introduced. During this time period the demand for Pedodontic care slowly continued to grow, never mollified by improved access to graduate specialty training. On careful introspection we could perhaps admit that the old system had been replaced with a new bias that did not provide a ready supply of trained specialists.

Several significant years in the early history of California Pedodontics have now faded into the past. Graduate programs now abound with eager practitioners who relish the idea of completing their graduate program and entering the job market. These new graduates seek a responsible place in society and they are certainly able to admirably perform every task that comprises dental specialty practice. Unfortunately, the availability of an appropriate position has often been less than expected. Metropolitan private practice opportunities are limited with little chance that the doctor-patient ratios will significantly change for the better. Many diverse reasons could be held to be responsible for this dilemma.

These and other socio-economic trends have negatively impacted the job market to such a degree that many recent graduates have turned to the institutional marketplace. That employment opportunity presents new challenges to some universities, since traditional curricula has not leaned heavily upon dental treatment delivered in other than the private office setting. In addition, the time-honored precept of fee-for-service in private practice is exchanged for a salaried position.

Some specialists who enjoy successful practices may feel little or no compassion for the difficulties faced by the recent graduate since they may have experienced similar distress when they opened the front door for the first time. If we are able to concede that there is a distinct lack of opportunity in private practice, and further that the character of practice is changing, should we not inquire about the possible impact of such changes and seek appropriate solutions?

We have been traditionally identified with those specialists that treat the child dental patient. Should we not be aware that their problems are also our own? If such inquiry is appropriate in other closely related dental specialties, can we remain aloof to the facts of economic pressure?

Solutions to complex problems come after the application of careful analysis and deliberation by qualified observers. As with many difficult decisions, the statement of the facts surrounding an issue can often present a task that overshadows the solution. It could be suggested that the delineation of our corporate priorities should be paramount in our thoughts. Pedodontics must do it...no other group of people should have primary responsibility. The ultimate burden will be carried on the shoulders of younger practitioners who must begin to formulate their own set of values. Even with assistance from those older and more experienced, the road ahead is not a primrose path. The specialty will rise or fall depending to great degree upon the amount of unity that we display.

Experienced people in the profession have voiced serious questions surrounding the future viability of practice. If we recognize that legitimate questions remain unanswered, we can begin to seek responsible answers to the myriad questions.

Roland W. Hansen

Treasurer's Report

CSPD Second Quarter

Fiscal Year 2012-2013

Kenneth G. Szymanski, DDS, CSPD Treasurer

Current Financial Picture: CSPD continues into this year as a financially sound organization. This year marks the first time that the integrated Profit and Loss (P&L) Statement includes both the Annual Meeting and Online Continuing Education income and expense in addition to the regular CSPD operations. This simplifies reporting and treats the organization as a whole, rather than three separate parts. It will facilitate budgeting and make reporting the financial state of the organization to the membership more clear and concise. The Second Quarter Financial P&L against Budget Comparison shows a \$34,000 surplus over budget. Non-Dues income is greater than last year due to increased Bulletin advertising and early Annual Meeting sponsorship funds. On our balance sheet, we have seen a \$75,000 increase in Total Assets through the Second Quarter of this fiscal year with both increases in Operational and Reserve Funds. We continue to remain in compliance with the Reserve mandate in the Policy and Procedures manual.

2012 – 2013 Budget: The budget calls for \$443,000 in consolidated income from all our revenue sources. Our budgeted expenses for 2012-2013 are predicted to be \$451,000 which leaves us with a projected budget deficit of \$8,000. Again, this is reflective of Operations, Annual Meeting and Online Continuing Education. This deficit, though small, will be positively impacted by any additional revenue profit from the Annual Meeting and our updated and improved continuing education online portal (www.cspd.org/oce).

Reserves: CSPD's Policy and Procedures manual calls for us to maintain a Reserve Fund equal to an average of the last two years operating expenses. The current mandated amount is \$297,038 and, based on our total assets, this leaves \$171,175 in our operating funds account. This is the highest Second Quarter excess over reserve in the history of CSPD.

Investments: CSPD's investments continue to consist entirely of fixed return products including savings and money market accounts with the guiding principle being safety and principal preservation. This follows the overlying objective of the Financial Policy as outlined in the Policy and Procedures manual. These policies are reviewed on an annual basis by the Finance Committee with any changes or recommendations forwarded to the Board for their review.

Summary: It has been my pleasure to serve as your Treasurer this year. It has been rewarding participating in both the consolidation and simplification of our financial policies, records, and accounting while we have integrated with Smith Moore & Associates, our new management group. This has allowed me to spend more time in analysis and evaluation of our financials, rather than the basic accounting and entry. I look forward to another year in this position as this organization moves forward for the benefit of children's dental health in California. At the Annual Meeting, I also plan to simplify and streamline the presentation of our financial position and budgeting in written and PowerPoint formats to make membership more aware of the financial state of our organization.

I have enjoyed working with both the Executive Committee and the Board and the dedication and leadership of these individuals continues to serve not only this organization but also the oral health needs of the children of California. As stated by my predecessor, the volunteers of the CSPD Board work to shape legislation, educate our members, and provide consistent evidence based messages to the media. These are worthy member benefits that are often overlooked by our members. Thanks for allowing me to serve in the position of your Treasurer and I look forward to seeing you at Rancho Las Palmas.



Speaker and Educational Session Information

2013 CSPD/WSPD Annual Meeting

April 25 – 28, 2013

Rancho Las Palmas Resort & Spa
Rancho Mirage, CA



Thursday, April 25, 2013

CSPD Foundation Sponsored Course

The Affordable Healthcare Act (ACA): Its Impact on your Pediatric Dental Practice

Are You Prepared to Deal With the Profound Consequences of the ACA on the Delivery of Oral Health Care to the Children of California?

Panelists:



Jeff Album – Vice President for Public and Governmental Affairs at Delta Dental of CA. He has been actively involved in the California and Federal legislation as they affect dental plans.



Paul Casamassimo – Director of the American Academy of Pediatric Dentistry Oral Health Research & Policy Center. He has represented the AAPD in the areas of infant oral health, childhood caries, care for children with special health care needs, and pediatric dental education.



Jennifer Kent – Health Management advisor to the state of California regarding the legislation, regulations, and the structure of the Health Benefits Exchange. She is a consultant to the CDA Councils regarding the ACA.



Paul Reggiardo – Public Policy Advocate for the California Society of Pediatric Dentistry and chair of the AAPD Council on Dental Benefits Programs. He was influential in the selection of the Healthy Families Dental Guidelines as the benchmark for care in California.

Course Description: This new law will very likely result in significant changes in the way you practice and the way you conduct the business administration of your practice in California. The panelists are experts who have cutting edge knowledge of the intricacies of the new laws and can offer insight into how they will potentially affect you and your practice.

- Do you know that the Affordable Care Act may have profound consequences on how your patients choose their pediatric dental provider which quite possibly may not be you?
- Do you know what an Exchange is?

- Do you know what will be required of you as an employer under the new ACA guidelines?
- Are you prepared to answer questions posed by your patients' parents when they ask if you are in the provider network for the coverage that their employer has selected?

DO NOT MISS THIS IMPORTANT PROGRAM!!!

Friday, April 26, 2013

Understanding Legal Tools: The Key to Lawsuit Prevention and Tax Reduction



Dan McNeff received his B.S. from Brigham Young University and his CFP from UC San Diego. He is the CEO of Legally Mine. In addition to running his own businesses for the last 20 years, he has served as the Senior Vice President of one of the nation's largest financial services company for 15 years. He is a published author with one book and many magazine and newspaper articles. He has been married for 31 years and is the father of 8 children and grandfather to nine children. Mr. McNeff has conducted hundreds of seminars and is responsible for helping thousands of people protect their assets and reduce their tax liabilities.

Course Description: The presentation will discuss the proper structuring of dental professionals legal entities (Living Trusts, Family Limited Partnerships, C and S Corporations, and LLCs) to accomplish the following:

- Understanding of correct legal deductions of each entity and correct partnership structuring for lawsuit prevention and tax reduction.
- Structuring their practice for maximum tax reduction and malpractice protection and prevention.
- Maintain the focus of their dental practice on improved patient care rather than malpractice defense.
- Ensure 100% protection of their personal and professional assets from lawsuits through applied risk management.
- Reduce malpractice insurance costs and taxes.
- Keep focus on patients (no legal defense, taxes, etc.) to keep dental practice costs down.

2013 CSPD/WSPD Annual Meeting Continued

Simple Tips to Start a Sedation Practice



Dr. David Rothman received his B.A. Cum Laude from the State University of New York at Buffalo and his dental degree from the New York University College of Dentistry. Following a General Practice Residency at Albert Einstein Medical Center and an Anesthesiology Residency at the Medical College of Pennsylvania, he completed his Pediatric Dental Residency at Children's

Hospital in Oakland and the University of California, San Francisco. After being Pediatric Dentistry Residency Program Director at UCSF, he became Chair of Pediatric Dentistry at the University of the Pacific School of Dentistry and currently is an Associate Professor of Pediatric Dentistry in the School of Dental Medicine of Case Western Reserve University. Dr. Rothman is Board Certified as a Diplomate of the American Board of Pediatric Dentistry. He is an active member of the American Academy of Pediatric Dentistry, California Society of Pediatric Dentists, American Dental Association, and the California Dental Association. He is on the active staff of the California Pacific Medical Center, Kaiser Permanente Medical Center/San Francisco and Children's Hospital in Oakland, and he consults on the Craniofacial Panel of Kaiser Permanente Medical Center. He lectures nationally and internationally in the areas of anesthesia, sedation and pediatric dentistry. He has three children and lives in San Francisco.

Course Description: You've finished your residency, you were exposed to a few sedations (most were "screamathons"), and now what do you do? This course will provide the basics of how to set up your practice, get the right permits (yes, there are more than one), develop a quality assurance plan, purchase and maintain the right equipment and drugs, create the paperwork you will need, train your staff, and prepare for emergencies (yes, that is possible!).

A Pediatric Dentist Guide to Orofacial Myology



Kirk and Katherine Bowman, Anaheim Hills Speech and Language Center

Katherine Bowman M.S.,CCC is a licensed speech-language pathologist and is founder/director of Anaheim Hills Speech and Language Center. She is also an Adjunct Professor in the Speech Pathology Graduate Program at Chapman University in Orange. She graduated from California State University Long Beach receiving her B.A. in Communicative Disorders and Chapman University receiving her M.S. in Communicative Disorders. She is an active member of the International Association of Orofacial Myology, the American Speech and Language Association and is on the Advisory Board for the California Speech and Language Association.

Kirk Bowman received his Bachelor's Degree from California State University Long Beach. Post Graduate Education included

courses in: Communicative Disorders, Child Development, Psychology, Dental Hygiene, Neurology, Anatomy, and Physiology. He is an active member of the International Association of Orofacial Myology

Course Description: Participants will learn about Orofacial Myofunctional Disorders (OMD) and their effects on dentition; what is state-of-the-art in OMD; how to identify OMD; and when and why to refer. Additionally, they will learn how Orofacial Myofunctional Therapy (OMT) differs from Dental Treatment and what the future holds for the field of OMT.

Embezzlement: Simple Strategies to Avoid Theft in Your Dental Practice



Ali Oromchian, J.D., LL.M., Dental and Medical Counsel, P.C.

Mr. Oromchian is one of the nation's leading legal authorities on topics relevant to dentists. Since its creation, the Dental and Medical Counsel PC law firm has been regarded as one of the pre-eminent health care law firms devoted exclusively to health care professionals with offices in San Ramon, Reno, Honolulu, and Irvine. His clients seek his advice on practice acquisitions and sales, creation of corporations and partnerships, associate contracts, estate planning, employment law matters, office leasing and state board defense. He is a frequent speaker on topics such as employment law, negotiations strategies, contract and estate planning throughout North America. Using humor, real world examples, and his business experience, he communicates legal concepts with a unique, conversational style that is neither tedious nor too "lawyerly."

Course Description: The focus of this seminar is to analyze and examine the methods used by employees, patients, and associates to steal from the practice owner. You will learn how to recognize danger signs that point to embezzlement, decide what steps to take when embezzlement is occurring, and learn easy techniques that will reduce your susceptibility to embezzlement.

Saturday, April 27, 2013

What To Expect When You're Sedating: Basics of Sedation for the Advanced Practitioner

David Rothman, DDS

Course Description: This course will review the basics for a practitioner who has advanced experience in sedation. These are the areas that will be covered:

- Pediatric physiology: why children are different than adults
- Pediatric pharmacology: how and why drugs work and what happens to them
- Inhalation therapy: nitrous oxide/oxygen analgesia and why it's a nearly perfect drug for sedations
- Medications for oral and IV sedation: how to choose the "best" drug or drugs based on their length and severity
- Monitoring: what are you looking for anyway?

2013 CSPD/WSPD Annual Meeting continued

A Review of Medical and Dental Emergencies: How to Recognize, Treat and Prevent Them



Dr. Joseph Renzi, Jr., M.A., D.D.S, a native Southern Californian, is a Board Certified pediatric dentist that has primarily been in clinical practice for over thirty years. He is a senior evaluator for the on-site examination required of conscious sedation permit holders in the State of California. Practicing comprehensive pediatric dentistry has been his top priority for his practice career. He maintains staff privileges in three major hospitals in Orange County, CA and has assisted the Anesthesia Department in writing conscious sedation guidelines for one of Orange County's trauma centers.

Dr. Renzi has been active in organized dentistry, local school district, and legislative activities. His many interests include collecting unique automobiles and real estate development. He also maintains a part-time faculty appointment in the Department of Pediatric Dentistry at Ostrow School of Dentistry (USC).

Course Description: Dr. Renzi will review the equipment, drugs, and physical office requirements for undertaking sedation in a dental office. Included in this presentation will be mock cases that will demonstrate common medical and dental emergencies that occur in the dental office. Additionally, there will be a review of mishaps that have led to emergency situations and advice on how to prevent those accidents from occurring.

Infection Control



Leslie Canham, CDA, RDA

Leslie Canham is an international speaker with over 40 years of experience in dentistry. Her fast paced and entertaining programs are favorites of dental societies, study clubs, and associations. Leslie is the founder of Leslie Canham & Associates providing In-Office Training, Consulting Mock-Inspections,

Home-study courses, teleconferences, and webinars. She is authorized by the Dental Board of California to provide continuing education for licensees and teaches an 8 Hour Infection Control course for unlicensed dental assistants. She is authorized by the Department of Labor as an OSHA Outreach Trainer in General Industry Standards.

Course Description: The participant will learn how to update their existing infection control practices to meet current California Regulations and CDC Guidelines. Examples of infection control "Do's and Don'ts" and "hands on" demonstrations will provide the participant with valuable tips. This program will motivate each participant to strive for infection control excellence in pediatric dentistry.

Sunday, April 28, 2013

Insurance Coding Workshop



Mary Essling, Dental Benefits Manager, American Academy of Pediatric Dentistry

Ms. Mary Essling is the Dental Benefits Manager at the American Academy of Pediatric Dentistry, a position which she has held for over five years. Prior to that, she was the Manager of Third Party and Reimbursement Issues for the American Society of Plastic Surgeons and the Administrator of the CDT codes for the American Dental Association for 10 years. Ms. Essling holds a B.S. in Dental Hygiene from Marquette University and a Masters in Health Law Administration from DePaul University. She lives in Chicago.

Course Description: CDT Codes are revised annually which impacts practice administration in terms of submitting correct codes to third party payers. This workshop will explain the code revision process and delineate the changes that affect the dental practice. Ms. Essling will also cover general coding issues plus specific ones that may be unique to your region. She will present information on claims processing tips, coordination of benefits, documentation requirements specific to pediatric dentistry, cross coding dental procedures to medical procedure and diagnosis codes, tips on developing meaningful narratives, Medicaid policies on reimbursement issues, and tips for appealing claim denials.

Online registration information is available at www.cspd.org/calendar/show.asp?event_ID=197.



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For complete list of sponsorship opportunities, refer to page 3 of the Sponsorship Opportunities informational brochure.

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Please reserve booth # _____. I am aware that booth spaces are assigned on a first-come, first-served basis and CSPD staff will notify me if my preferred space is already reserved.

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Donated prizes should be shipped directly to the hotel, see shipping instructions on the back page of the Sponsorship Opportunities informational brochure.

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Sacramento, CA 95814

**To ensure your company is listed in the
conference program, forms must be submitted
no later than *Thursday, February 28, 2013.***



Mark Your Calendars for CDA Cares San Jose May 18-19, 2013

A CDA Cares free dental clinic is scheduled for May 18-19, 2013, at the San Jose Convention Center. Dentists and dental professionals will provide cleanings, fillings, extractions, oral health education, and assistance in finding a dental home to Californians who experience barriers to care. Pediatric dentists are needed in the 10-chair pediatric section. Dentists are also needed in other areas of the clinic, including restorative, anesthesia, triage, and routing. Dental team members are also encouraged to volunteer. In 2012, the CDA Foundation and CDA hosted two clinics that provided \$2.8 million in dental care to 3,676 patients thanks to the generosity of volunteers. Volunteer registration is open. You can choose your job, days and times by registering at www.cdafoundation.org/cdacares.



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Recognize the role of bacteria

Although it is impossible to sterilize an oral injury site, every effort should be made to minimize bacterial contamination. The tried-and-true method of irrigation of the hard and soft tissues with sterile water or saline is a simple way to accomplish this goal. In addition, the use of an antiseptic agent such as a chlorhexidine solution is also recommended.

There is limited clinical data to support the use of antibiotics to improve the outcome following dental injuries. Still, antibiotics are almost universally used and may be useful to some extent. Dentists may use antibiotics after dental trauma more from their training or clinical experience than from hard scientific evidence.

It is very important to gently rinse an avulsed tooth prior to replantation to remove as much bacteria from the root surface as possible. Bacteria can also find their way into the now ischemic tooth pulp, an environment where bacteria will rapidly multiply. Bacteria located in the pulp are primarily responsible for subsequent infections and related root resorption. Timely initiation of endodontic therapy (ideally within 2 weeks) can help prevent the risk of resorption.



Figure 4 – Good Splint

Also be a source of idiopathic contamination. In particular, large resin splints become traps for food and debris and provide ideal environments for bacterial growth. Splints should be cleansable and should not impinge on the gingival tissues. Patients should be able to maintain good oral hygiene to promote desirable healing.

Allow for potential healing

Traumatized teeth that are caries free will typically have a better prognosis than carious traumatized teeth because there is less bacteria in the pulpal tissue and the pulpal tissue is healthier and has a better chance of revascularization. It is important to recognize that disruption of the blood supply to the pulp may result in ischemia and subsequent coagulation necrosis. As a result, pulp vitality tests on these teeth are not very accurate. Fortunately, luxated teeth in young patients can undergo spontaneous pulpal revascularization and continued root development if the pulps in these teeth can be protected from bacterial invasion.

One way to promote pulpal healing is to repair or cover crown fractures with exposed dentin as soon as possible. Biofilm will form rapidly on the exposed dentin surface allowing bacterial invasion through the dentinal tubules into the pulp tissue. Spontaneous pulpal revascularization requires a bacteria free chamber, and a pulp without an active blood supply is an ideal growth environment for bacteria. Preventing contamination to the pulp is thus necessary to provide an environment for revascularization.

Preserve the alveolar ridge

One of the most challenging dental injuries to treat is the loss of a maxillary incisor. Replacement of missing teeth with dental implants has gained widespread acceptance; however, with a few exceptions, implants are not a treatment option for children and young teenagers. The options available after the loss of a maxillary incisor include orthodontic closure of the space, autotransplantation, or prosthetic replacement with a fixed or removable appliance. When feasible, the first two options can provide good long term outcomes. Fixed and removable appliances can be less than ideal, and they fail to prevent loss of the supporting bone and gingival tissue that may be critical for success of a future implant.

Losing a maxillary incisor at an early age often leads to bone loss in the alveolar ridge creating a restorative challenge in both the short and long run. Therefore, every effort should be made to preserve the alveolar ridge. One procedure to maintain alveolar bone that has been gaining favor in recent years is a technique referred to as “decoronation.”

When a traumatized tooth exhibits replacement resorption, it is possible to surgically remove the crown while intentionally leaving the ankylosed root. Leaving the root in the bone helps prevent bone loss of the alveolar ridge. Further, as the adjacent teeth continue to move forward and downward during ridge maturation, it has been noted that the alveolar ridge in the area of decoronation maintain its facial-palatal dimensions with continued deposition of bone on the alveolar ridge. Such a dimensionally preserved ridge will provide an excellent site for placement of an implant at the proper age.



Figure 5 – Example of ridge collapse following loss of maxillary incisor



Figure 6 – Alveolar ridge following decoronation. Note the normal horizontal and vertical dimensions that will allow implant placement.

Conclusion

Careful application of sound biological principles can enhance the healing outcome following dental trauma in young patients.

*The material presented in this article is based on recommendations from:

1. Andreasen JO, Bakland LK, Flores MT, Andreasen FM, Andersson L. Traumatic dental injuries – A manual. Wiley-Blackwell, Oxford, UK, 3rd Edition, 2011.
2. DiAngelis AJ et al. IADT Guidelines for management of traumatic dental injuries: 1. Fractures and luxations of permanent teeth. Dent Traumatol 2012; 28: 2-12.
3. Andersson L et al. IADT Guidelines for management of traumatic dental injuries: 2. Avulsion of permanent teeth. Dent Traumatol 2012; 28: 88-96.
4. Malmgren B et al. IADT Guidelines for management of traumatic dental injuries: 3. Injuries in the primary dentition. Dent Traumatol 2012; 28: 174-182.



Continuing Education

Karilyn House, DDS

Well, it's hard for me to believe, but my three-year term is ending. I have decided to take a break from being your CE Chairperson in order to spend more time with our daughter. Isabella is 4 ½ and I want to be able to devote more time to her while she is young. Once she is older, I hope to be able to serve you again in the leadership of CSPD.

Here are some of the highlights of the CE Committee accomplishments:

- 1) Increased CSPD compliance with the ADA CERP and Dental Board of California regulations for our continuing education programs. We would like to thank you for being patient as we have adapted to the changes. The next step is to have your name pre-printed on the CE verification of attendance form (your CE "certificate"). Perhaps we will someday be as high-tech as CDA where we can scan you into each course!
- 2) Listening to our member's requests for CE course topics and meeting locations/venues. Your input in the CE survey and post-Annual Meeting surveys have been used to make sure that our Annual Meetings reflect what our members want. A meaningful and high-quality Annual Meeting is an important benefit of being a CSPD and WSPD member. We look forward to your continued input so that we may better meet your needs in the CE arena.
- 3) Supporting the "green" policy of CSPD. We have switched to utilizing more electronic communication and electronic media to reduce the use of paper for our Annual Meeting and for the surveys. An extra benefit: the lecture handouts are available online if you don't obtain one during the meeting.
- 4) Improved hospitality for our speakers and dignitaries. Although this was not a true CE duty, I was the one that brought it up after serving as a host at the CDA Presents. We feel that it is important for our organization to give our speakers and dignitaries a contact person as well as a friendly face when coming to our Annual Meeting. Our hosts also continue the hospitality by escorting the speakers and dignitaries to the social events. My thanks go out to Jeff Huston who has taken over the duty of matching hosts with speakers/dignitaries this year.

As we transition to a new CE Chairperson, I will be continuing to act as a consultant, and ask you to continue to be as patient and cooperative with our new Chairperson as you have been with me. It has been a privilege to serve you as your Continuing Education Chairperson and Board Member during these past years. Special thanks go out to all the residents who have helped with the sign-in forms and distribution of CE "certificates." I also thank the other dentists who have helped during the lectures or by hosting our speakers and dignitaries.



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Paul Reggiardo - Public Policy Advocate - California Society of Pediatric Dentistry

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Foundation President's Message

You Can Do More!!!

Steve Gross, DDS

I want to thank all the Foundation Board members who gave up their weekend from January 26-27, 2013 to work on board business and complete our long needed strategic planning session. I would also like to thank Lisa Yates and her assistant, Judith, from ACS Quantum Strategies for keeping us on track and focused during this session. Through everyone's combined efforts, the Board was able to construct a new plan that will guide the Foundation towards a healthy future.

Foundation Q & A

Question: What does the Foundation do?

Answer: We fund education and research. In turn, this helps train future pediatric dentists and leaders to care for the oral health needs of all infants, children and adolescents in California.

Question: How do you do this?

Answer: Through the generous donations of the CSPD membership and its corporation allies, we support and fund the pediatric dental programs in California as follows:

1. Help fund additional faculty at all the programs in California
2. Fund Two Brandli Interns per year which nurtures our future leadership
3. Sponsor "Lunch and Learns" at all the programs in California
4. Maintain Platinum Sponsorship at the CSPD/WSPD Annual Meeting and help fund the California pediatric dental residents travel to the Annual Meeting
5. Develop and sponsor new and cutting edge programs and presentations for pediatric dentists at the Annual Meeting
6. Fund various research and travel grants for the pediatric dental programs in California

2013-2014 Giving Campaign

The 2013-2014 giving campaign is well underway and I am happy to report that we are ahead of last year's campaign. Even though your Foundation has made tremendous strides in addressing the crisis in pediatric dental education in California and has funded over \$1,000,000 towards its mission, your Foundation cannot sustain its commitment to addressing this urgent situation without your continued support.

FYI ...

Upon review of the list of donors, I was quite surprised to discover that only about 70 out of the CSPD's 700 members actually support the Foundation. It is my opinion we can do better!!!!

I would like to encourage you to place the CSPD Foundation's 12th Annual Giving Campaign at the very top of the list of professional organizations vying for your support. This is especially true for those of you who are relatively new to the profession.

You can give at any level... "in honor of"... "in memory of"... you can even arrange for a \$5 dollar a month gift program... any gift is welcome and you will be recognized for your contribution. Please see gift opportunities page or visit www.cspd.org/foundation.

In the end, it all benefits the children and isn't that what it's all about?

As always I welcome your comments and suggestions: steve@appliancetherapy.com.

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- Recognition in the CSPD Foundation's Annual List of Contributors displayed prominently at the CSPD Annual Meeting.

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

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- 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 CSPD Annual Meeting.
- Special designation in the Annual List of Contributors, in all CSPD Bulletins and at the Annual Meeting
- Personal Annual Briefing by Foundation Trustees
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Structure: Board of Directors: 4 Northern & 4 Southern Executive Director: Ray Stewart Association Management Company: Smith Moore & Associates	Structure: Board of Trustees Executive Secretary: Deborah Johnson
Membership: <ul style="list-style-type: none"> • Pediatric dentists and dental residents • Affiliate – general dentists and physicians • Allied Professional - companies 	Membership: Open to all CSPD members, corporations, and the general public who want to donate to the Foundation in support of pediatric dentistry.
Communication: <ul style="list-style-type: none"> • 4 Bulletins a year • Website: www.cspd.org • E-mail blasts of news and notices 	Communication: <ul style="list-style-type: none"> • 4 center pages of the CSPD Bulletin • Website: www.cspd.org/foundation • E-mail blasts of news and notices
Benefits: <ul style="list-style-type: none"> • Year meeting for continuing education • Display of equipment and products • Report on advocacy for the specialty • Quarterly Bulletin with news and current topics of concern • Networking opportunities • Represents California at the AAPD and CDA 	Benefits: <ul style="list-style-type: none"> • The “Bridging the Gap” program funds pediatric dental education • Funding of the Warren Brandli Leadership intern(s) • Life members recognized at annual cocktail party the Friday of the CSPD/WSPD Annual Meeting • Members are recognized in the CSPD Bulletin • Helps financially subsidize the attendance of the California pediatric dental residents at the CSPD/WSPD Annual Meeting

Letter from Carrie Tsai

Dear Drs. Good, Gross, Stewart, Grossman, Lisagor,

I hope that all is well. I want to thank the Foundation for sponsoring my research endeavors and also let you know that the funds have been put to use in many helpful ways. The budget has aided me in attending regional and national conferences, as well as helped pay for necessary data from the Dept. of Finance.

The first part of my project took a qualitative look at how the entire landscape of pediatric dentistry for the Medicaid population has changed since the elimination of most adult dental services in 2009, which I presented at the 2012 CSPD and AAPD conferences. These findings then led me to my current investigation on the “Pediatric Dental Workforce Capacity and California’s Expanding Pediatric Medicaid Population.” As you know the Medicaid population in CA is experiencing a HUGE expansion due to mandated enrollment through the ACA and the shifting of all Healthy Families children to Denti-Cal. This puts strain on an already stretched Medicaid workforce. I hope to be able to discuss trends in provider capacity for this population, as well as project out to make a statement about the future capacity of providers for this vulnerable population.

I’m still in the final analyses portion of my study, but I’m very excited to summarize and write up the findings and discussion. Thank you once again for supporting the UCSF residents to explore research ideas that ultimately contribute to our pediatric population. I will keep you all updated!

Carrie Tsai, DMD, MPH
 Pediatric Dental Resident PGY-3
 UCSF Division of Pediatric Dentistry



Faculty Spotlight

By Justin Shuffer, DDS

Five Questions with Dr. Nasem Mojarrad

Dr. Nasem Mojarrad is originally from the Midwest, growing up in Granger, Indiana. She attended Indiana University, where she earned a Bachelor of Science degree in Biology and a Bachelor of Science degree in Psychology. After college, Dr. Mojarrad attended Tufts University School of Dental Medicine in Boston, Massachusetts. She was very active in dental school, serving on her dental class' executive board, participating in a variety of outreach programs and even traveling to third world countries to provide dental care to children. She excelled in dental school and was on the Dean's List for her board score accomplishments, as well as receiving the 2009 American Academy of Implant Dentistry Dental Student Award.

Following dental school, Dr. Mojarrad was accepted into the University of Southern California's advanced pediatric specialty program where she spent two years of additional post-doctorate training. Dr. Mojarrad received the Hugh M. Kopel Award for outstanding resident of the year during her time at USC.

Dr. Mojarrad is currently working at the Children's Hospital of Orange County as a hospitalist dentist, providing dental care for children with special needs. She also is on faculty for the University of Southern California's advanced pediatric specialty program where she teaches the residents pediatric dentistry in a hospital setting. She also works in a private practice in Aliso Viejo. She has recently become a Diplomate for the American Board of Pediatric Dentistry passing both her qualitative and oral certification exams. Dr. Mojarrad is an active member of the American Academy of Pediatric Dentistry, the California Society of Pediatric Dentistry, the Orange County Dental Society, the California Dental Association and the American Dental Association.



Q: What it is like to be a pediatric dentist hospitalist?

A: Being a pediatric hospitalist dentist is great, I am able to work directly with the special needs patients and their doctors to provide the best comprehensive care. We meet with the hematology/oncology department to allow access to dental care prior to chemotherapy. I really enjoy being in the hospital and working in a more medical

aspect of dentistry.

Q: How did you decide to dedicate a segment of your life to teaching?

A: I really enjoyed my residency program and wanted to continue to be a part of the cycle. I had some great mentors and would be honored to become a mentor for the future pediatric dentists.

Q: What is the toughest challenge facing new graduates in 2013?

A: I think that finding a good job is becoming more and more difficult for new graduates as less doctors are retiring or have the need for an associate because of this economy. Although very exciting and rewarding, the transition from resident to new pediatric dentist is always a challenge too.

Q: What advice would you give young practitioners on how to handle offices that pressure them to practice below the standard of care?

A: I would remind them that they have worked too hard and come too far to compromise the health and well-being of a child. As the cost of education increases and graduates face higher and higher debt, it is hard to focus on the heart of pediatric dentistry and not focus on the money aspect. I encourage everyone to remember why we are in this field and practice accordingly.

Q: What do you do to relax when not involved in pediatric dentistry?

A: When I'm not "counting teeth," I enjoy being active – hiking, yoga, tennis – reading and playing with her Yorkshire Terrier puppy, Maxwell.

Medical Excise Tax

On January 1, 2013, a new 2.3 percent federal excise tax went into effect that applies to the medical devices dentists and physicians use. According to the ADA Division of Legal Affairs, the term "device" can apply to devices, instruments, products, materials, and substances. Here is more information from the ADA: www.ada.org/news/8060.aspx.

Two Warren Brandli Leadership Interns are Named for 2013



Dr. Jordan Buzzell is the first Warren Brandli intern from the military. He is a graduate of Loma Linda University School of Dentistry (for both his DDS and MPH) and completed his pediatric dental training at NYU. Dr. Buzzell, who was commissioned in the US Navy in 2002, is the third naval officer in his family and has served in Kasigluk, Alaska, Haiti, Montserrat, Belize, Vietnam, Nicaragua, Venezuela, and Yokosuka, Japan. He is currently stationed at the Naval Medical Center in San Diego where he primarily sees children with special health care needs. He is married and enjoys video editing, running (he has completed 7 marathons), traveling, and watching movies.

Dr. Alexandra Malebranche returns to California and her hometown in the San Francisco Bay Area after completing her pre-doctoral studies on the East coast. She received her Bachelor's degree from the University of Pennsylvania and earned her D.D.S. at Columbia University School of Dental Medicine.

Throughout undergraduate and graduate school, Alexandra participated in organized dentistry through intensive and active involvement in the American Student Dental Association. While at Columbia, she served ASDA at both the local and national levels as a writer and editor for several award winning publications. She also served on ASDA's communications council contributing to several major changes in ASDA's website, blog, and print publications.

Her research and interests within dentistry are child advocacy, the underserved, public relations, and public health. When Alexandra is not treating patients, she enjoys writing, creating, working out, and spending time with friends. She is in her first year of residency at UCSF and could not be more excited to work with CSPD as this year's Warren Brandli Intern.



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

UCSF – Brent Lin, DMD

The students at UCSF received products for the 2013 GKAS day and also received \$1,500 from the Albert Schweitzer Fellowship Program to co-sponsor the event. They invited their colleagues on the campus at the medical school, nursing school, and pharmacy school, as well as this year's Schweitzer Fellows in the Bay Area (Stanford, Berkeley, and etc.) to be involved in the GKAS event.



(the other one is in Washington, DC) and our students have worked extensively with the coordinator to address the community

oral health needs. The students have also initiated and created a new journal club with emphasis on children with special needs and have worked with our residents and faculty on its activities.

The students who have interest in pediatric dentistry as a specialty continue to seek opportunities in performing advanced pediatric dentistry skill and techniques by participating in several elective courses at the Native American Health Center and the Alameda County Medical Center under the direction of UCSF affiliated faculty.

California Public Health Association-North: At the Give Kids a Smile Day event, there were 220 dental/pre-dental participants who treated 162 children with almost \$40,000 worth of services provided.

Elev8 Oakland Initiative-UCSF Partnership: Launched in 2008, Elev8 Oakland is one of five sites across the country selected to participate in the national Urban Health Initiative funded by the Robert Wood Johnson Foundation. UCSF's provided health education and dental screenings for the entire student body of Roosevelt Middle School in San Francisco.

(Continued on page 24)

Student Group Activity Report (continued from page 23)

Community Dentistry at MLK Elementary: On 11/7/2012, UCSF dental students along with the UCSF Orthodontics Department provided free screenings and fluoride varnish for the 6th grade classrooms at Martin Luther King Jr. Middle School in San Francisco.

Children's Health Hut: UCSF students work alongside dental, medical, nursing, pharmacy, and physical therapy students to promote health education and facilitate access to healthcare through screenings and free preventive services. In 2012, they screened 231 children and applied fluoride varnish on 229 children.

UOP, USC, Loma Linda, UCLA, Western – No report

UCLA – Setareh Ghafouri, DDS

On February 2, 2013, 11 faculty members, 13 pediatric dental residents, and over 80 dental students from UCLA provided care to over 140 children at a Give Kids a Smile event.



On January 31, 2013, pediatric dental residents and dental students conducted over 1500 dental screenings in Inglewood elementary schools and at the Westwood Salvation Army Transitional Village.



International Association
of Dental Traumatology

IADT CE Course
Sunday, May 19, 2013
San Diego, CA
Hyatt Hotel... on San Diego Bay



Course Schedule: 8:00am– 4:30pm | Sunday, May 19, 2013

Presenters: Anthony J DiAngelis, DMD, MPH
Kenneth W. Tittle, DDS, MS
Leif K. Bakland, DDS

Conference Content, Overview & Schedule:
<http://www.iadt-dentaltrauma.org/SanDiego2013.html>

CE Credits: 6 hours

Registration Fees: \$150 IADT Member / \$195 Others

New Directions in Dental Traumatology

Course Description: Sponsored by the International Association of Dental Traumatology (IADT), this course provides the latest up-to-date information on traumatic dental injuries to teeth. See the Dental Trauma Guidelines, available at: <http://www.iadt-dentaltrauma.org>.

Accommodations: Hyatt Manchester Hotel, located on San Diego Bay. Room rate: \$199/night+ taxes. See conference website link for reservation instructions. *Make your reservations early*

Program Content:

- Dental trauma situations – the use of current guidelines
- The biological basis for management of traumatic injuries
- Preventing injuries and preparation for dental emergencies
- Management of tooth luxations
- New concepts in treating tooth avulsions
- Management of fractured teeth



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District VI Update

Summary of the Winter Planning Meeting of the Board of Trustees

Santos Cortez, DDS, District VI Trustee

The Winter Planning meeting of the Board of Trustees of the AAPD met in Phoenix, AZ on January 12, 2013. Many of the chairs of councils were in attendance for their council and committee meetings were held concurrently with this meeting. Dick Mungo, who serves as District VI's representative to the Nominations Committee, reports that the following people were nominated for the 2013-2014 year: Jessica Lee, Trustee-at-Large; Jade Miller, Secretary/Treasurer; and Charlie Czerepak, Parliamentarian.

The Board voted to equally divide the AAPD assets between current portfolio manager, BMO Harris, and Associated Bank for greater diversification. The Academy reports very strong financials with conservative asset allocations and holds at least one year of operations in reserves.

The Council on Clinical Affairs recommended to adopt the "Trauma Guidelines" established by the American Association of Endodontists (AAE). The guidelines on "Protective Stabilization" will be developed with the final document to be sent to Trustees for review prior to sending it out to the General Assembly.

The Council on Continuing Education has developed new charges:

- Charge #1: To explore the possibility of developing a course on "Protective Stabilization" for general practitioners and to look at an existing course (Colorado Model) which has approximately 8 hours of didactic education on the subject. The use of outside consultants to determine the curriculum may be needed.
- Charge #2: To develop a "true" board prep course for taking the board examination. The current "Comprehensive Review Course" is not consistent with the information on taking the board exam. The course needs more clinical application.
- Charge #3: Dental Town Magazine has requested authors to provide a proposed table of contents and articles for an October, 2013 featured publication dedicated to Pediatric Dentistry. It was recommended to include an article on "Policy" from the Academy. The deadline for the materials is August 1, 2013.
- Charge #4: There will be a General Practitioner course on Pulp Therapy to be presented at the Annual Meeting. Jim Cole was asked to be the speaker.
- The two day AAPD/AAE Symposium in Phoenix, AZ was very successful. There were over 950 attendees with about a 50-50 ratio of Endodontists and Pediatric Dentists in attendance.

Council on Government Affairs:

The 2013 Legislative and Regulatory agenda was adopted and posted on the AAPD Members-Only website. On March 11th, the Public Policy Advocates (PPA) will have training at

the AAPD Lobby Days in Washington D.C. prior to joining delegations on the Hill. California's PPA, Paul Reggiardo, will be one of the participants. Three other states in District VI have provided PPAs as well: Arizona, Nevada, and Washington. Thirsty states will be represented at the Washington DC meeting of the "Public Policy Advocacy Conference" previously known as "Lobby Days." California will represent the largest delegation with over fifteen attendees including residents. The delegation will be led by CSPD's Executive Director, Ray Stewart.

Task Force on Governance Review:

The members of the Task Force: Chair: Scott Cashion, scashion@me.com, District I: Monica Cipes, monicacipes@snet.net, District II: Ed Ginsberg, edginsberg@gmail.com, District III: Mark Meyer, mmeyer@triad.rr.com, District IV: Eric Teduits, eteduits@wisc.edu, District V: Bruce Weiner, bruce2th@gmail.com, and District VI: Jade Miller, jmkidds@aol.com are forwarding the following bylaws changes which will be placed for a vote at the General Assembly meeting at the Annual Session in Orlando, Florida:

1. The AAPD should no longer require tripartite membership. District and state membership should be optional. (Passed)
2. The AAPD should offer collection of district and state dues at no cost. (Passed)
3. The AAPD should require membership in the ADA at the time of applying for membership to the AAPD. (Passed)
4. The AAPD should combine Districts I and II to more evenly distribute the numbers of members in each district. (Passed)
5. The AAPD should add past district presidents to those eligible to be members of the nominations committee. (Voted down)

American Board of Pediatric Dentistry

- 65% of all eligible members are board certified.
- ABPD has requested that the Academy develop a board-exam prep course, which would be different than the current "Comprehensive Review" course.

AAP – Section of Oral health

Their Executive Committee will now be comprised of 2 pediatricians and 2 pediatric dentists. They have identified 5 initiatives including caries risk assessment, cavity-free smile promotion, increase the value of Section, increase collaboration with AAPD, etc. They will present a CE course at the AAPD Annual Meeting on Pediatric Medicine. AAPD President, Joel Berg, encouraged the liaison, Dr. Segura, to have the Section "drive" the CE with a proposal that includes topics, speakers, etc.

(Continued on page 27)

AAPD Headquarters

The Board directed the CEO to pursue a proposal from the ADA to explore the feasibility of acquiring additional space in the current floor of our headquarters office. AAPD President, Joel Berg, appointed the following task forces:

1. Project Management: To track and monitor multi-year projects and programs.
2. Talent Pool: (Charlie Czerpak – Illinois) to develop pipeline for future leaders.
3. Global Connections: (Amr Morsi – New York) International interaction and collaboration. International Academy of Pediatric Dentistry.

Pediatric Oral Health Policy and Research Center:

The Trustees are charged with submitting names from their respective districts to the Practice Based Research Network. When research projects come up, the center will have an available database of people who are willing to participate. The practitioner drives the research, chooses the projects, and collects the data but does not have to do the statistics nor write the results.

AAPD AD Campaign:

Eight public relations firms responded to a Request for Proposal (RFP). Four were semi-finalists and two firms presented to the Board of Trustees. The goal of this campaign is to raise public awareness as to what a pediatric dentist is and how to differentiate us from general practitioners.

Workgroups at Advanced Leadership Institute: (Wharton School of Business)

Thirty graduates of the AAPD Leadership Institute were divided into five groups each tasked with defining how the "AAPD will become the recognized authority in pediatric dentistry." After working on their project for the past 10 months, under the direction of the Wharton faculty, they presented their projects. The next step for the groups will be to summarize their findings to provide the Board with their recommendations. The Board may then develop strategies to implement projects.

Thank you for allowing me to represent District 6. Please feel free to contact me should you have any questions, suggestions, or concerns.



California Dental Association Update

CDA learned on February 1, 2013, that Delta Dental is planning to reduce reimbursement to its Premier Providers. We are now in contact with Delta to obtain details and clarification about this decision. It is likely these reductions will average 8 to 10 percent and may vary by region and provider. The reason for the reductions is not yet clear, but it is likely to be market pressures and a resultant effort to reduce the cost of the Premier plan for employers in order to keep it viable. The reductions will not go into effect immediately, but are intended to be implemented later this year. CDA is aware that the rapidly changing dental benefits marketplace is creating significant competitive pressures for dentists. Through our Dental Benefits Research Task Force, we are working to better understand the forces behind these changes and seeking to identify strategies to support members in addressing these pressures in their practices. CDA will provide additional, updated information to members about the changes to Delta Premier as soon as it becomes available.

In Memoriam

Dr. J David Gaynor, past CDA president and co-founder of The Dentists Insurance Company (TDIC), passed away on January 14, 2013, at the age of 81. Dr Gaynor was a pediatric dentist who practiced in Beverly Hills. Although Dr. Gaynor never joined CSPD, he did serve as a facilitator for CSPD's first strategic planning session in 1994. He is survived by his wife of 59 years, Bobbie; daughter, Cindy Eliahu, DDS, of Alamo; and son, Mark, PhD, of St. Louis.

CSPD Member News



AAPD PAC Check to Congresswoman Speier

On November 6, 2012, Drs. Brian and Jonathon Lee presented Congresswoman Jackie Speier (U.S. Representative for California's 12th congressional district) with a campaign check on behalf of the AAPD Political Action Committee. Congresswoman Speier has a distinguished record of being an advocate of optimal oral health. In 1995, as a California State Senator, Jackie Speier authored AB 733, the Fluoridation Act, which provided for the fluoridation of water systems with 10,000 service connections or more. Prior to the implementation of AB 733, California was ranked 48th in the nation in the number of residents receiving community water fluoridation.



Check presentation to Barbara Lee

On November 6, 2012, Drs. Sharine Thenard and MyLinh Ngo met with Congresswoman Barbara Lee (Representative from California's 9th District) to present her with a check from the AAPD PAC. During the meeting, it was stressed that pediatric dentists are champions and advocates of children's oral health.



Gary Sabbadini Induction into the ICD

At the ADA Annual Meeting on October 19, 2012, Gary Sabbadini, the Editor for CSPD, was inducted as a Fellow into the International College of Dentists (ICD). The ICD was established in 1928 and is the oldest and largest international honorary dental organization with over 12,000 members around the world. Fellowship in the ICD is extended by invitation only and is granted in recognition of a dentist's "outstanding professional achievement, meritorious service, and dedication to the continued progress of dentistry for the benefit of humankind."



Lindsey Robinson Installed as CDA President

At the CDA House of Delegates meeting in Newport Beach on December 7, 2012, Dr. Lindsey Robinson was installed as the CDA President for 2013. Lindsey has held position with the CDA Foundation, ADA, AAPD, and was CSPD President from 2009 – 2010. Congratulations Lindsey!



Board Seeks Subject Matter Experts

The Dental Board of California is recruiting qualified knowledgeable licensees to serve as Subject Matter Experts (SME's) SME's are practicing dentists who review investigation cases in an effort to evaluate and/or determine whether violations of the Dental Practice Act have occurred. The Board is seeking general dentists and dental specialists who meet the following minimum qualifications:

- Be actively practicing within the field and have been in practice at least 5 years
- Have no prior or current discipline against any health related license
- Have no reported malpractice judgements over \$10,000
- Have no criminal convictions
- Possess Board certification or have completed an advanced accredited education program (Specialists only)

If you are qualified and are interested in reviewing cases for the Board, please contact:

Attention: Investigative Analysis Unit
Dental Board of California
2005 Evergreen Street, Suite 1450
Sacramento, CA 95815
916-263-2300
www.dbc.ca.gov

FREQUENTLY ASKED QUESTIONS

Will I have to testify?

Possibly. If the case is submitted for disciplinary action, and no stipulated agreement is reached, you will be called upon to provide expert testimony. However, the majority of cases are settled before a hearing is held.

How much will I be paid?

The SME is paid \$100 per hour for record review, and a maximum of \$1,200 per day for testimony at an administrative hearing. You will also be compensated for any other expenses you may incur, e.g. parking, postage, travel.

Can I do some research?

Yes, you may consult dental texts and other authoritative reference materials which help define accepted standards. It is important that you do not attempt to conduct your own investigation.

Can I be sued for expressing my opinion?

Civil Code section 43.8 provides immunity from civil liability for

expert consultants.

How soon do I need to complete the review and provide an opinion?

Generally, you are allowed 30 days. However, this varies depending on the volume and complexity of the case. In a complicated case involving multiple patients, your review could extend beyond our 30-day time frame. Keep in mind that the dentist you are reviewing will continue to see patients until a determination is made by the Board. If this dentist poses a danger to patients, it is vital that you provide your opinion expeditiously so that the Board can move rapidly to protect the public.

Who will see my report?

If an accusation is filed, the Subject dentist will be provided with a copy of your report as part of legal discovery. In cases that do not proceed to formal discipline, your report may be used for an information conference, or as an educational tool.



Thank you to our Sponsors for the 2012 CSPD/WSPD Annual Meeting!

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NEW CSPD MEMBERS

Active Members:

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 Michael Kleinman..... Beverly Hills, CA
 Nicholas Ching.....El Cerrito, CA
 Courtney Brooks.....Phoenix, AZ
 Tyler Davis..... Mesa, AZ
 Aneil Kamboj..... Visalia, CA

Post-Doctoral Student Members

Jack Yeung.....UCLA
 Kyahh Truong..... Loma Linda University
 Clinton Lepetich..... Loma Linda University
 Michelle Shin..... Loma Linda University
 Porisa Kermenshahi..... Loma Linda University
 James Han.....New York University
 Jordan Priestley.....Oregon Health Science University
 Aaron Yashar..... Lutheran Medical Center

Life Member*

Lonnie Lovingier.....Mission Viejo

"Life membership is available to members who have maintained at least 20 continuous years of Active membership or continuous Charter membership, reached the age of 65, and continues to otherwise fulfill the requirements of Active membership."

CALIFORNIA PEDIATRICIANS WELCOME CSPD ASSOCIATE MEMBERS

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

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

28th
ANNUAL

CHARLES A. SWEET, SR. MEMORIAL LECTURE

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presented by

Barbara Sheller, DDS, MSD
 Arthur A. Dugoni School of Dentistry

Saturday, April 13, 2013

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CSPD Professional Opportunities



- Opportunities Wanted
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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 www.cspd.org.

Upcoming Meetings & Continuing Education

CSPD

April 25-28, 2013: [CSPD's 38th Annual Session](#) at Rancho Las Palmas Resort, Rancho Mirage, CA
 March 26-31, 2014: [CSPD's 39th Annual Session](#) at Monterey Hyatt, Monterey, CA

AAPD

April 5-7, 2013: [Comprehensive Pediatric Dentistry for the General Practitioner](#), San Francisco, CA
 April 26, 2013: [The Eighth Washington Dental Service Foundation Distinguished Professor in Dentistry Symposium](#)
 May 23-26, 2013: [AAPD 66th Annual Session](#), Walt Disney World Swan Dolphin Resort Orlando, FL
 2014 [Boston](#); 2015 [Seattle](#); 2016 [San Antonio](#); 2017 [TBD](#); 2018 [Hawaii](#)
 September 19-21, 2013: [GAPD: Pediatric Emergencies in the Dental Office and PALS Recertification](#)

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



Website Notes

Steve Niethamer, DMD, Website Editor

New OCE Site is Live!

The OCE committee is very happy to announce that CSPD's new OCE site is finally alive and available as a convenient, additional source of continuing education. This new portal allows computers in our homes and offices to show many of our Annual Meeting programs along with special presentations of interest to our members. These programs are available 24/7 and allow viewers to stop, rewind, and repeat as needed to master the materials. The need for airport security and long car trips vanishes. By simply pausing the viewer, restroom breaks and naps are easy with this online system!

After recording an event, our committee members can edit, encode, and then upload the program to our own content delivery network. We can add quizzes, create CE certificates, and charge (or not charge) for viewing as needed. Most of the new programs will be in a MP4 format that will make watching easier for

our viewers using mobile devices.

Whereas the old system would cost tens of thousands of dollars to add all day programs to the OCE menu, this new system will allow CSPD volunteers to do most of the work at little or no cost to our organization.

New Programs will Soon be Added

In the mean time, work is almost complete on adding many new programs for our library. Soon, we will add Dr. David Rothman's all day sedation lecture that was given to Loma Linda residents and staff last year. Sedation lectures are very popular with dentists needing CE to satisfy their sedation permit recertification.

Dr. Tim Wright's program "The Making of a Tooth" will also be added giving us the opportunity to review some of the facial genetics needed to help manage our special patients. Portland's Dr. James Kratochvil's lecture on Pediatric Oral Pathology and Dr. James Stout's program on "Management of Childhood Chronic Conditions" (such as asthma) will also soon be on the site.

Plans to Record the CSPD Foundation Program in Rancho Mirage

The CSPD Foundation will present another timely and important program, "The Affordable Health Care Act, Its Impact on Your Pediatric Dental Practice." This presentation with panelists is planned to address the future of our Health Care system. It will give an overview of the Affordable Care Act and how it may impact issues such as access to care for children, our private practices, the insurance exchange, the economic impact on the insured, and how insurance will affect families with children. The OCE committee plans to record this valuable program.

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