

Bulletin



Spring, 2013

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Vol. XLI No. 1

Dental Plans: They Are A-Changin' (Finally !) An Insider's Top Ten Insurance Issues to Watch For...

By Gary L. Dougan, DDS, MPH

The world of dental benefits is changing and practitioners are balanced at the chasm's edge peering into a great abyss. Although our eyes may want to focus on the comfort of the known plateau behind us, our feet must soon take a step down into the canyon of the unknown.

My friends in pediatric dentistry have asked me to impart some insider knowledge as to what I see coming in the evolution of dental insurance and plan administration. Listed below are my observations and predictions for some of the changes you should expect in the delivery of dental care. Hopefully this article will better prepare you for some of the anticipated modifications.

1. **Dental benefits will soon be very different:** As we approach 2014, various new aspects of the Patient Protection and Affordable Care Act (also known as the ACA, "Obamacare," or my preference - just plain "Health Care Reform") will soon take effect. You may have forgotten that parts of it are already in effect with children being able to stay on their parent's policy up to age 26 and the groundwork for eliminating pre-existing conditions clauses has been laid. Coming in 2014 will be the Health Exchanges, an "Essential Benefit Package," mandatory inclusion of coverage for children, increased transparency with ability to compare benefit plans, emphasis on quality management within health plans, new models of health care delivery with reimbursement based on positive outcomes, and a decreased emphasis on the "per procedure" methodology that is currently the norm in dentistry.

Implications for Pediatric Dentistry: Watch for pay-for-performance initiatives, payment for outcomes, payment for populations or groups, payment per visit, and payment per child that is assigned to you as a dental home. There may also be incentives for increased quality measures such as how many children you have in recall/on maintenance, low complaint patterns, patient satisfaction measures, and meaningful use of risk assessments with modulated treatment based on risk category. There may be a move away from the "one size fits all" approach to preventive or restorative dentistry.

2. **Hooray for more patients!** Pediatric dentists should be excited that there will be more children with dental coverage in need of their services. Some coverage will be modeled similar to the Denti-Cal-Cal system or the Healthy Families (CHIP) program. Other children will have access to plans subsidized by the government or provided by their parent's employer that will include children's coverage within current plan designs.

Implications for Pediatric Dentistry: You could be busier with patients at the lower end of the reimbursement spectrum. Efficiency and "systems" in your practice will be essential. Due to pent up need, you may see more complex cases and cases that require sedation, behavior management, or general anesthesia – so make your relationships with these providers now.

3. **The profession needs your help!** Pediatric dentists may wish to assist their general dentist colleagues in gearing up for this influx of probably close to one million more children in the California system. Statistics seem to indicate that there are not enough pediatric dentists in practice in California and in the United States to handle all this new pediatric activity. General dentists will need to step up and take up some of this slack, reserving your special training

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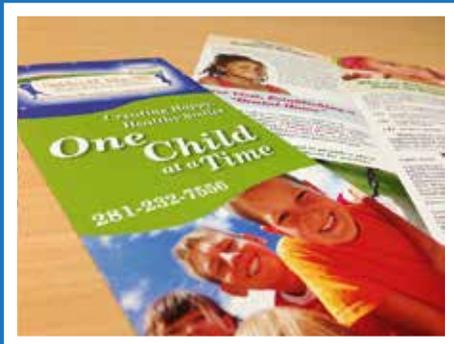
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For a complete list of committee members visit the CSPD website at www.CSPD.org

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).

Product and informational content presented in the Bulletin by contributing authors and advertisers is not necessarily endorsed by CSPD.

Published quarterly
Editor: Gary D. Sabbadini, DDS
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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

Rebecca Lee, DDS



Weekends at my house can be exhausting...especially when the agenda my kids have envisioned (playing with their Legos or Barbies, watching TV for hours, and playing Minecraft until their iTouch batteries run out) is completely different from the one I have every intention of *making* happen (going grocery shopping, finishing a book report, visiting Grandpa for his birthday, etc...) In order to minimize the potential for whining (by either me or my kids) and maximize the

chance that we all come out somewhat happy at the end of the weekend, I have tried to ingrain the concept of teamwork into my kids' young and impressionable minds. Mom ensures that on Friday evening, "Team Hugs" (as my kids have embarrassingly named us) has a powwow to discuss the direction and goals of our team for the weekend. One can only guess where I am going with this...

The CSPD/WSPD Annual Meeting, held last month in Rancho Las Palmas, was CSPD's kick-off powwow for our upcoming 2013-2014 year. This was the first annual meeting that was *collaboratively* put on by our Annual Meeting Committee, chaired by Oariona Lowe, our Annual Meeting Site Coordinator, Dennis Nutter, and our association management company, Smith Moore and Associates. The meeting was a huge success with over 450 attendees and 37 sponsors traveling to Palm Springs to take advantage of the beautiful weather, the 26 CE units that were offered, and also partake in the Las Vegas themed Welcome Reception and Gala Dinner. The sunny weather and idyllic setting during the meeting were perfect for mixing business with pleasure. Old friends had the chance to catch up while relaxing poolside, boogieing at the Nest, Palm Spring's classic dive, or playing golf on one of the area's many famous courses. Thank you to Ora, Dennis, Jennifer, Simone, and all of the multitude of volunteers, without whose tremendous effort it would not have been possible to have so seamlessly bring together leadership and membership, friends and families, educators and students, and sponsors and practitioners in one, jam-packed four and a half day session! Please be sure to join us in 2014 for what is sure to be another fantastic meeting at the Hyatt Regency in Monterey!

The Installation Luncheon at the Annual Meeting serves as the venue during which CSPD's Elected Officers, Board of Directors, and Appointed Officers for the year are installed and selected members of leadership are given the opportunity to formally address the membership they serve. For many years now, CSPD has been honored by having both the President of the California Dental Association and the President-Elect of the American Academy of Pediatric Dentistry speak to our membership during our Luncheon. This year, Drs. Lindsey Robinson and Warren Brill eloquently outlined the myriad of issues that their organizations will tackle in concert with CSPD in the year to come. (Please excuse a quick digression. On the following Saturday, Dr. Brill also graciously faced "the firing

squad" (CSPD's Executive Committee) to discuss several of our Board's concerns. These include the Academy's proposed Bylaws changes, Dr. Brill's perception of the potential threats to our profession, and whether the Academy is considering taking steps to address the mobile and corporate dentistry phenomenon. We appreciate his candid responses and look forward to his upcoming term as President of AAPD! Now, back to the Luncheon...)

During the Installation Luncheon, the Board also gave thanks to many individuals who have completed their leadership roles this year and whose work and dedication have helped our organization take great steps forward. These include Karilyn House, chair of the Continuing Education Subcommittee, Lonnie Lovingier, chair of the Online Continuing Education Subcommittee, Weyland Lum, member of the Leadership Development Committee, Mel Rowan, member, consultant, and former chair of the Finance Committee, Sarah Ghaemmaghami, CA trustee to the WSPD, James Forester, Liaison to the Board for the Healthy Families Advisory Panel, and Jonathan Lee, WSPD/CSPD Liaison to AAPD. I was granted the personal honor of bidding adieu to our fearless chieftain, Steve Chan, whose term as President was regarded by many as a lesson in leadership and whose shoes will certainly be big ones to fill! Finally, the Installation Luncheon allowed us to install our new board, where the newest Board Directors, Rick Nichols and Eric Dixon, and Warren Brandli Interns, Jordan Buzzell and Alexandra Malenbranche, were introduced. I know I am not alone in my enthusiasm for the insight and talent they have to offer to our organization!

But Team CSPD is not only composed of those individuals introduced and installed during the Luncheon. Because the organization exists to serve its membership and the public, the team is not complete without its membership staying involved. During my acceptance of the Presidential Gavel, I spoke about the importance of maintaining an open pathway for communication with our membership. Teamwork begins by building trust, and without communication, trust often is the first to be lost. Throughout the year, the CSPD leadership will communicate with the membership through our quarterly Bulletin, the organization's website, www.cspd.org, and occasional e-blasts. We encourage the membership to stay abreast of the Board's activities by reading the Bulletin for reports from our Executive Director, Public Policy Advocate, Editor, Treasurer, District VI Trustee, and other committee chairs. While the plethora of information contained on our website is far too long to list here, members can explore the website to find information on current advocacy, legislative, and regulatory matters, as well as upcoming events, leadership development, continuing education, and CSPD Foundation news.

However, communication is a two-way street, and without your input, our conversation may turn into a lecture. The membership is encouraged to direct their questions or concerns to our Executive Director, Ray Stewart, members of the Board, or our committee chairs, all of whose contact information can be found on our website and in our membership directory. Please stay in touch, as a Strategic Planning Workgroup has

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President's Message (continued from previous page)

been appointed in preparation for next year's Strategic Planning session. Members of this committee will be surveying the membership within the upcoming year for your opinion on our organization's strengths and weaknesses, what you value about CSPD, and where you feel the Society's priorities should lie. Your feedback will be necessary to help determine the Society's direction for the immediate and long term future!

Want your voice to be heard like a shout instead of a whisper? Get involved! The leadership of CSPD recognizes that the membership is our greatest resource, and we depend on the membership pool from which to draw our future leaders. Some years ago, Jeffrey Wood wrote in his President's Message about a "leadership crisis," referring to the increasing difficulty in "identifying members who are interested and willing to contribute their time and efforts to serve the CSPD." The Leadership Development Committee has since developed an impressive leadership development page on our website which makes applying for position as an officer, director, or committee member

simple and straightforward. Pediatric dentists in California are fortunate to have an organization that has grown to the extent that we now are able to exert a significant influence on the oral health of children in California and beyond. We believe that the California Society of Pediatric Dentistry is the face of pediatric dentistry in California, and, by volunteering to participate in leadership, you can choose to play an active role in helping to shape our voice. I particularly challenge any member who has felt their voice is not being heard to get involved and volunteer their time and effort to our organization.

Thank you again for allowing me the honor and opportunity to serve as the President of your organization for the year to come. I am thrilled to work with our amazing team of dedicated and talented individuals on our Board and Committees. However, I am convinced that it is time for the several hundred members-at-large of our organization to get active. I conclude this message with the same words I use to finish my weekly powwow's with my kids: "Let's Do It!"

CSPD Member News

New CSPD Board Members



Dr. Eric Dixon

Dr. Eric Dixon received his BS in Neurobiology from Vanderbilt University and his DDS from the University of the Pacific Arthur A. Dugoni School of Dentistry. He earned his certificate in Pediatric Dentistry from UCLA, where he also met his co-resident, Dr. Stephanie Dixon, who is now his

wife. Dr. Dixon is a Diplomate of the American Board of Pediatric Dentistry and currently serves as the Treasurer of the San Diego County Dental Society. He is also on the UC San Diego Share the Care Dental Advisory Board which endeavors to reduce barriers for children seeking preventative dental care in San Diego. Lastly, Dr. Dixon is an Assistant Clinical Professor in the Department of Pediatrics at UCSD where he lectures to pediatric medical residents about pediatric dental issues and preventative guidance.

Eric owns two pediatric dental practices with his father, Dr. Howard Dixon, and his wife. He currently works full time in private practice caring for the pediatric needs of children in San Diego. Dr. Dixon lives in the Kensington community of San Diego with his wife and two sons. He enjoys soccer, skateboarding, travel, and spending time with his family.

Dr. Dixon is honored to have been selected to serve as a Southern Director for CSPD. He hopes to assist in guiding the profession through the challenges presented by changing regulatory and legislative landscapes, while maintaining the best interests of our patients.



Dr. Rick Nichols

Dr. Nichols received his bachelor's degree in Biology/Zoology from Fresno State University and then attended Loma Linda University School of Dentistry where he received his DDS in 1993. He was the first resident ever accepted to Loma Linda's post graduate program in pediatric dentistry. After

graduation, he opened his practice in Redlands, CA in 1995 and became Board Certified in 2012.

He has served on various non-profit boards (including the Tri County Dental Society) and was the chair of the Give Kids a Smile (GKAS) Committee for 5 years. He has been a delegate to the CDA House of Delegates for 11 years and is currently a member of the CDA Foundation Scholarship Committee and the CDA Foundation Board of Advisors.

Dr. Nichols has been married to his high school sweetheart, Cheralyn, for 25 years and has three children, Jordyn (20), Janelle (17), and Tyler (16). They are all amazing kids! He is a member of the Ride Yourself Fit and Team Learning for Life bicycling teams and participates in Race Across America, a seven day, 3,000 mile bicycle race from California to Maryland (which he has finished twice) that encourages people to get out and get active. He and his wife are active in their church ministry and raise funds and awareness of the educational needs of children with developmental disabilities. He enjoys playing golf, cooking, collecting (and drinking) good wine, and is a huge Angel's baseball fan!

Serving on the CSPD Board has been one of his career goals. He has long admired his colleagues who served such as Lonnie Lovingier, Santos Cortez, Paul Reggiardo, Oariona Lowe, Richard Mungo, Gary Chan, etc. From the time he was a sophomore dental student at LLUSD, he has been involved

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Executive Director's Message

The Mother Church has spoken...should we come to our knees?!

Ray E. Stewart, DDS

What happened to the principal "United we stand... divided we fall?" As you may or may not be aware, some very critical and contentious issues are coming before the General Assembly during the 2013 AAPD Annual Meeting in Orlando Florida. Unfortunately, this will be ancient history by the time you read his message. Nevertheless, I would like to comment on the proposed changes by the Academy. Having had the honor and privilege of serving as District VI Trustee and later as a member of the AAPD Executive Committee as Parliamentarian for President Phil Hunke, I feel that I have a unique perspective of the governance process of our "Mother Church" (AAPD). 99% of the time, I am in lock step with the policies and decisions that the Board of Trustees put forth as the "compass" by which we in the District and State units chart our course. The Bylaws amendments which have been proposed for consideration and adoption at this year's General Assembly definitely fall within that small 1% with which I do not agree.

In my opinion, these amendments, if passed, will be a major step backward in the evolution of AAPD structure and governance. I have urged everyone going to the Orlando meeting to attend both the Information and Discussion session and the Reference Committee scheduled the day before the General Assembly. All members should consider the long term implications and results of the proposed amendments if they are approved. The proposed amendments, to remove the requirement for AAPD members to maintain ongoing and continuous ADA and AAPD District and State Unit membership, are coming at the worst possible time as our specialty and profession face potential threats from many different fronts: the Affordable Care Act, the potential for mid-level providers, and corporate dentistry to name a few. Dentistry needs to stand together not be fractured apart. This proposal was made without a comprehensive survey of District/State leadership or membership opinion. Even the results of the limited survey of membership that was done showed that the majority of the respondents favored retaining mandatory District/State Unit and ADA membership.

The AAPD Board's justification for bringing these amendments before the membership is that it is "a legal opinion that Bylaws content need to be enforceable and the requirement for ADA and State Unit membership is not practically enforceable." That raises the question ... are we better off to "go it alone" as District and State Units or would we better off maintaining that we are speaking on behalf of the full tripartite membership of the ADA and AAPD when we advocate for the children we serve.

In my view, this proposal is a major detour to the path that the AAPD should be choosing. AAPD leadership should realize that the real and true strength of our organization lies in the power and influence which exists in the State and District units. As the saying goes "all politics is local."

Your leadership has worked long and hard to solicit opinions and to garner the support (where appropriate) of the other 49 State Units to oppose the proposed amendments. Regardless of the outcome at the General Assembly, we have joined with many of our State Unit brethren to raise a voice to be heard in the AAPD Boardroom which will henceforth need to be reckoned.

On a more positive note...The final quarter of the 2012-2013 year saw the "changing of the guard" with the installation of the new officers and Board of Directors for 2013-2014. This past year, the society was in good hands with your volunteer leaders rising to the occasion when faced with difficult and challenging issues. It has been my great pleasure to have served as Executive Director during Steve Chan's term as the CSPD President. We all should be extremely grateful for the dedicated and very skillful job that Steve applied to this office during his term. I believe that his extensive knowledge of organizational behavior, parliamentary procedure, and the basics of running an efficient and productive Board meeting have been of immeasurable value to all of us who served with him. Steve, thank you from all of us!

Kudos are in order and well deserved by two other people in your volunteer leadership: Oariona Lowe and Dennis Nutter. Ora not only served as Immediate Past President but also as the chairperson of the Annual Meeting Committee. Dennis Nutter, as CSPD Vice President, served as Meeting Coordinator and produced a meeting that attracted nearly 500 registrants and produced \$30,000 plus in profits. This allowed CSPD to avoid raising dues for the seventh straight year and allows us to continue the operations and advocacy efforts for children's oral health in California.





Public Policy Advocate's Report

Report of the Meeting of the Dental Board of California

February 28 – March 1, 2013

Prepared for the California Society of Pediatric Dentistry

Paul Reggiardo, DDS, Public Policy Advocate



The Dental Board of California met February 28 – March 1, 2013, in San Diego. The following report summarizes actions and issues coming before the Board pertinent to pediatric oral health. CSPD is represented at each meeting of the Dental Board and updated reports are posted in the Advocacy, Legislation and Regulatory Matters (ALARM) section of the CSPD Website. Members having questions or comments should contact CSPD's Public Policy Advocate, Dr. Paul Reggiardo, at Reggiardo@prodigy.net.

MINIMUM STANDARDS FOR INFECTION CONTROL

The California Dental Practice Act requires the Dental Board to conduct an annual review of the regulations relevant to the minimum standards for infection control. The Board discharged that responsibility this year by assignment of a subcommittee consisting of one representative each from the Dental Board, the Dental Assisting Council of the Board, and the Dental Hygiene Committee of California.

The subcommittee reported to the Board that the section relative to gloves may need to be revised to specify that puncture-resistant gloves are required when processing sharp instruments, needles, and devices. The section currently only specifies that when processing contaminated sharps, dental health care personnel shall wear heavy-duty utility gloves to prevent puncture wounds. At this time, Board staff recommended it was not necessary to amend the regulations as the current language implies that "heavy duty" gloves are "puncture-resistant" and posed no threat to public safety.

Comment: Since no other public safety issues were identified, California infection control regulations will not change this year. The Board directed staff to retain the subcommittee's

review and findings for consideration during future annual reviews.

ACCESS TO CARE COMMITTEE

As part of the consideration of the potential impact of the Patient Protection and Affordable Care Act (PPACA) on delivery of dental services, Dr. Huong Le, Board President, re-established an *Access to Care Committee*. Public member Fran Burton was appointed Chair with other members of the Board to be appointed later.

Comment: At the time of the meeting, it was unclear what would be the charge or scope of interest of the committee.

PORTFOLIO PATHWAY TO DENTAL LICENSURE

The Board received the final *Portfolio Pathway to Licensure Report* prepared by Progeny Systems Corporation. The Board also received and accepted the final draft of the *Candidate Handbook and Examiner Training Manuals*.

The consultant's report and the manuals can be accessed on the Board's website at http://www.dbc.ca.gov/about_us/materials/20130516.mm.pdf



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Bills of Interest to CSPD

California Legislature 2013-2014 First Regular Session

May 20, 2013

Paul Reggiardo, DDS, Public Policy Advocate

CSPD follows a number of bills under consideration by the state legislature which potentially impact pediatric oral health. Updated information on the legislative progress of these initiatives may be found in the Advocacy, Legislation, and Regulatory Matters (ALARM) section of the CSPD website. Members having questions or wishing to comment on these or any other legislative matters are invited to contact CSPD's Public Policy Advocate, Dr. Paul Reggiardo, at reggiardo@prodigy.net.

AB 18 (Pan) ACA: Pediatric Oral Health Benefits. The bill is intended to facilitate the offering of stand-alone dental plans in the California Health Benefits Exchange.

CSPD Position: Watch (likely to support when amended)

Comment: AB18 exempts a Qualified Health Plan (QHP) offered in the Exchange (but not in the commercial market outside of the exchange) from having to include pediatric oral health benefits if there is a stand-alone dental plan in the Exchange. It requires coordination of cost sharing with the QHP so that total out-of-pocket expenses using a QHP and a stand-alone dental plan do not exceed total cost sharing for a QHP bundled with pediatric dental benefits. It also contains provisions relating to medical loss ratios, prohibitions against denials of coverage, excessive waiting periods, and annual or lifetime maximums.

AB 836 (Skinner) Continuing Education Required of Retired Dentists. This bill would mandate that the Dental Board reduce the continuing education licensure requirements for retired dentists providing only uncompensated care to no more than 60% of those hours required for an active license.

CSPD Position: Support

Comment: The purpose of this CDA-sponsored bill is to reduce the continuing education requirements for retired dentists providing volunteer care, thereby encouraging such activity for those wishing to do so.

AB 900 (Alejo) Medi-Cal Provider Payments. This bill would prohibit imposition of the 10% reduction in payments to Medi-Cal providers, including dentists, that were enacted through AB 97 and which would also eliminate the state's ability to "claw back" rate cuts from those Medi-Cal providers who have not yet been charged from June 1, 2011 to the present.

CSPD Position: Support

Comment: This is the companion bill to SB 640.

SB 640 (Lara) Medi-Cal: Provider Payments. This bill would prohibit imposition of the 10% reduction in payments to Medi-Cal providers, including dentists, that were enacted through AB 97 and which would also eliminate the state's ability to "claw back" rate cuts from those Medi-Cal providers who have not yet been charged from June 1, 2011 to the present.

CSPD Position: Support

Comment: The bill was amended 4/15/13 to include managed care plans. A companion Assembly bill, AB 900, mirrors SB 640 in the Assembly.

AB 1174 (Bocanegra) Teledentistry: Expanded Duties and Medi-Cal Billing. This bill would expand the duties of a Registered Dental Assistant and Registered Dental Hygienist to prescribe dental radiographs and the Registered Dental Assistant in Expanded Functions and the Registered Dental Hygienist to place interim therapeutic restorations pursuant to the order of a licensed dentist. The bill would authorize asynchronous transmission of information to be reviewed at a later time by a licensed dentist at a distant site as a billable encounter under Medi-Cal regulations.

CSPD Position: Watch

Comment: Introduced at the request of The Children's Partnership, the bill would place into statute the elements of the Virtual Dental Home pilot project (Health Workforce Pilot Project #172) developed by Dr. Paul Glassman and the Pacific Center for Special Care at the Arthur A Dugoni School of Dentistry. The author has indicated he will not advance the bill unless there is wide stakeholder consensus, including that of the professional community. This will now be a "two-year bill" which must pass out of its house of origin by January 31, 2014.

AB 456 (Padilla) Health Care Coverage. Introduced as a "spot" bill for possible later legislation related to dental workforce study and the establishment of a state dental director.

CSPD Position: Monitor

Comment: Senator Padilla has indicated he will not move forward with SB 456 unless consensus is achieved between CDA and The Children's Partnership on both the state dental director's office and the workforce study and the funding issues related to both that derailed last year's SB 694.

SB 5662 (Galgiani) Mobile or Portable Dental Services. This bill would direct the Dental Board of California to bolster regulations governing mobile and portable dental units regarding provisions for follow-up and emergency care and for maintenance and availability of provider and patient records.

CSPD Position: Support

Comment: The intent of this CDA sponsored bill is to address concerns about continuity of care and maintenance and availability of patient records when entities operating mobile or portable dental facilities market services in schools or community settings.

Public Policy Advocacy Conference (formerly known as Lobby Days): Through the Eyes of a Resident—*Carrie Tsai*

It was another bustling day on “the Hill,” as they call it, and we were trying our best to keep pace with our health legislative aide and not run into the countless other congressional staff, senators, and representatives rushing between meetings or appointments. We were traversing from the Cannon building to the Capitol building via underground hallways that connect most buildings in Capitol Hill and received permission to ride the exclusive underground tram reserved only for legislators, staff, and aides who may have to hurry from various locations to make a vote in the Senate galleries. We were on our way to meet our representative, Jackie Speier (Congressional district 14), who was adamant that no matter what meeting she was going to be in that day she would take the time to speak with us. Through hearing the voices of the constituents in her district, she has been a supporter of measures that promote oral health, including the Fluoridation Act in 1995.

I had learned about the Graduate Student Legislative Advocacy Program about a year before attending my pediatric residency and was eager to apply for this opportunity to represent and be sponsored by CSPD at the March, 2013 AAPD Public Policy Advocacy Conference in Washington, D.C. I was especially thrilled to be chosen as a graduate student legislative intern. Even though I had gone to “Lobby Day” in dental school, the issues at hand now were much more real and pertinent as I matured in my profession. At the legislative briefing session that kicked off the first day and prepared us for our talks with our respective legislators, I learned about how organized and influential our AAPD political action committee (PAC) has been for pediatric dentists and our patients. I realized that the efforts of the PAC and of experienced pediatric dentist advocates have directly influenced the ability of my dental colleagues and me to be able to participate and grow in our very own residency training programs. For example, every year in D.C., the group has fought to maintain the HRSA Title VII funding, whose appropriations to pediatric dentistry have supported over 60 pediatric dentistry residency programs including helping out with 10 new ones. It also devotes funds for faculty development and loan repayment which increases the ability to acquire and retain quality faculty members to train future pediatric dentists.

The main theme for our lobbying efforts was to protect our patient population and help them have access to needed dental care. Supporting residency programs—which often serve as safety net clinics for wide geographic areas—and graduating pediatric dentists, who historically have had higher rates of accepting public insurances than general dentists—is one way of increasing access to care for our low-income pediatric population. In addition, as the details of the implementation of the ACA unfold, we made it a point to push for mandatory purchasing of the pediatric dental benefit as one of the Essential Health Benefits under plans purchased through the Exchange.



Ray Stewart, Carrie Tsai, and Congresswoman Jackie Speier



Naomi Zaul, Joyce Huang, Santos Cortez, and Geraldine Ruiz



Drs. Alex Griego and Ray Stewart with Representative Michelle Grisham



Patricia McClory, Thawinee Chaichanasakul, Jack Yeung, Carrie Tsai, John Chen, and Jon Chang

I learned that constituents do have a say in the decisions made by our government that can seem so distanced from our daily lives. We are fortunate that there are processes in place for us to voice our views and it is our civic duty to do so.

All in all, this brief three-day trip (and hours of reading up on issues beforehand...) was a formative and humbling experience. We were able to visit with and learn from those leaders who have participated from the beginning days of AAPD’s political involvement. Seeing the “veterans” in action as well as reconnecting with colleagues and faculty I knew from dental school on the east coast reminded me that we are all part of a larger organization with the shared goal of serving our patients. From a California standpoint, we were proud of our large representation of residents and advocacy leaders as well as the fact that we made it to a total of 28 appointments with Senators and Representatives—more than any other state there! Advocacy is the “big picture” aspect of pediatric dentistry that is just as important as the daily work. My experience at the Public Policy Advocacy event certainly reinforced the importance for me (and all of you) to get involved!

CSPD in the 1990's

By Weyland Lum, DDS

The 1980's saw CSPD establish itself as the organization representing pediatric dentistry in California. Here are some of the highlights of the decade: dentistry faced cutbacks in DentiCal, insurance carriers included dental sealants as a benefit, conscious sedation permits became a requirement and nitrous oxide/oxygen delivery units were required to be "fail safe" in 1983. California became a part of the AAPD's District VI and CSPD began Peer Review for pediatric dentistry in California.

In 1990, CSPD was ushered into its third decade with Richard (Dick) Pace's term ending and Mike McCartney's term beginning. CSPD continued to work to obtain and protect dental benefits for children and arbitrate the already low rates of reimbursement from some third parties – especially state or federally funded programs. During Dick Pace's term (1989-90), RDA coronal polishing, conscious sedation, and child neglect and abuse were key issues being followed.

Under the guidance of Mike McCartney (1990-1991), CSPD began actively submitting articles to the Journal of the American Academy of Pediatrics California District and reorganized its committee structure and governance. It was during this year that "60 Minutes" aired a segment on the potential dangers of mercury in dental amalgams.

The challenging requirements for Infection Control procedures and OSHA requirements evolved during Richard Sobel's tenure (1991-92). Access to care and quality of care were also important considerations as well. Weyland Lum succeeded Warren Brandli as the 2nd AAPD District VI Trustee (1991-94). It was much Aloha in Hawaii where the Annual Meeting was held.

The Annual Meeting chaired by Paul Reggiardo (1992-93) at Rancho Bernardo Inn had the highest attendance in the 17 year history of CSPD and offered the first optional ticketed social event (Southwestern Steak Fry). A mentoring program pairing CSPD members with residents in California's postdoctoral programs was initiated and Mark Lisagor developed and implemented the CE programs for pediatric dental auxiliaries.

Suzanne Berger (1993-1994), the first female president of CSPD, and the Board were confronted with the problem of increasing number of HMOs in California. This concern resulted in much of the year being spent helping CSPD membership understand the dental managed care insurance industry and its impact on private practices. Richard Sobel was the third CSPD member elected to serve as the AAPD District 6 Trustee.

Jac Pedersen (1995-96) continued to address the issues relative to managed care programs that began during Suzanne Berger's term. Also on the agenda were improving membership benefits by increasing the amount of CE courses and developing an employment opportunity program within CSPD. Advocacy activities involved supporting water fluoridation,

getting insurance coverage for deep sedation, and instituting a proactive legislative advocacy program. The possibility of a CSPD website was investigated. Under the guidance of Tom Barber, CSPD's first Executive Director and Mel Rowan, his successor, a Standard Operating Procedure Manual for the Executive Director was created.

Under the leadership of Mark Lisagor (1996-97), CSPD continued working with third party payers, namely Delta Dental and Denti-Cal, and also advocated for insurance coverage for the anesthesia services associated with dentistry for children. Mark worked closely with Mel Rowan to formulate new policies and restructure procedures for more effective governance. A major transition occurred with the retirement of Tom Barber and Mel Rowan stepping up to assume the position of Executive Director.

During Ray Stewart's tenure (1997-98), CSPD attained the long sought after position of being the voice and leader for pediatric dentistry and advocate for children's oral health in California. CSPD was represented on a number of California organizations such as the Children's Lobby, Dental Health Foundation, Healthy Families Program, the Children's Defense fund, and the Board of Dental Examiners. Through the efforts of CSPD leaders such as Paul Reggiardo, David Perry, and Dick Mungo CSPD participated in drafting language for legislation regarding insurance coverage for general anesthesia coverage and also for the safe administration of oral conscious sedation agents for children. CSPD attended the CDA House of Delegates in an advisory capacity for the Specialty Caucus. Under the direction of CSPD's Editor, Roland Hansen, the CSPD Newsletter was changed to the CSPD Bulletin and the CSPD website was launched.

President Don Duperon (1998-99) ushered out the 1990's with the announcement that the Annual Meeting had "the largest attendance of any CSPD meeting" at the joint District VI meeting in Las Vegas. CSPD continued to grow in size and stature as it represented more outside health and dental organizations. Paul Reggiardo continued to represent CSPD on the Board of Dental Examiners. The passage of AB 2003 (Strom Martin Bill), mandated insurance benefits for medical costs associated with dental treatment under general anesthesia. The success of this passage was attributed to the efforts of Paul Reggiardo, Lonnie Lovingier, David Perry and Andy Soderstrom on behalf of CSPD. A CSPD sponsored resolution to support the concept of Infant Oral Health at the CDA House of Delegates was approved at their annual session. Looming on the horizon was a workforce shortage in pediatric dentistry and CSPD representatives, including Scott Jacks, met with the deans of the California dental schools to urge support for raising the number of post doctoral students or residents in pediatric dentistry and increasing government funding for these programs.

Thank You to Our Generous Sponsors and Exhibitors for the 2013 CSPD/WSPD Annual Meeting!

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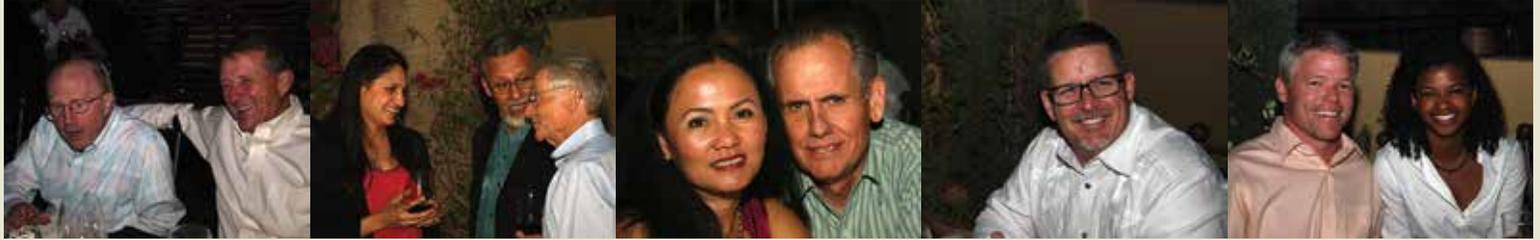


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Board Orientation Dinner



Thursday's Welcome Reception



All the photos from the Annual Meeting are
available here: www.cspd.org/images/2013RM

It's Palm Springs Baby!

APRIL 25-28, 2013



Installation Luncheon



Saturday Receptions



Saturday Night Gala



Volunteers Needed for CDA Cares San Diego

A CDA Cares free dental clinic is scheduled for **December 7-8, 2013 at the Del Mar Fairgrounds in San Diego County.** To help provide oral health care services to the large number of expected patients, the CDA Foundation needs volunteer dentists, dental and health professionals, lab technicians, nurses and pharmacists. Additionally, community volunteers are needed to assist with registration, clinic setup, data entry, escorting patients, translating and much more. Patients will receive cleanings, fillings, extractions, oral health education, and assistance in finding a dentist for follow-up care.

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 and sponsors. Registration for CDA Cares San Diego opens in July. To learn how you can get involved, go to www.cdafoundation.org/give/volunteer/cda-cares-free-dental-clinics. Another CDA Cares will be held in Vallejo, CA from April 25-26, 2014. Watch for further details.



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Leadership Development Committee Reading List

By Weyland Lum

On Leadership

The Harvard Business School Publishing Corporation published a compendium *On Leadership* in their “10 Must Reads” in 2011.

Twenty-one well respected management consultants and academicians of graduate business and management departments from prestigious universities such as USC, Harvard, Rutgers, MIT, London Business School, Stanford, Tufts and Boston College contributed 10 articles in this book.

The articles include topics such as defining Emotional Intelligence and how it relates to effective leadership performance, eight practices that make for effectiveness as a leader, characteristics of inspirational leaders, the pros and cons of seven leadership styles, adapting to and coping with challenges of change, learning from adverse experiences, and much more.

An important concept pointed out by one article is that leadership and management are distinct complementary entities and that people cannot effectively manage and lead at the same time. Authentic leaders acknowledge and are willing to learn about and share their leadership weakness and strengths. Leaders need to build a support team to carry out tasks and plans and they need to identify those at levels that can provide skills that the leader may lack and distribute leadership responsibilities to

them. The idea of a “complete leader” is a myth because no one person can accomplish all of the overwhelming tasks required of a leader.

This book is available from [Amazon Books](#) in paperback or Kindle edition.

Reading About Leadership

From the CSPD Leadership Development Committee

Looking for something new to read? In response to the request of our members, the Leadership Development Committee has compiled a list of reading materials on the topics of:

- 1) Organizational and Management Skills
- 2) Leadership and Team Management
- 3) Communication, Marketing, and People Skills

Whether you are interested in joining organized dentistry, already actively involved in leadership, or just looking for ways to better manage your dental team in private practice, this list is sure to have something that can help you become a better leader.

Have you read something recently that you feel belongs on this list? The Leadership Development Committee welcomes your suggestions. Follow this link to learn more: www.cspd.org/leadershipdev/

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Western Society of Pediatric Dentistry

WSPD President Letter

John R. Ukich, DDS



It is more important than ever to be involved with pediatric dentistry at a state level. The state organizations for both the AAPD and ADA are the foundation and backbone for our larger national representatives. It is imperative that we have local support and organization as we navigate a multitude of challenges: corporate dentistry, government involvement into healthcare (Affordable Care Act), midlevel providers, and decreased reimbursement for our services. How is our profession going to react to these anticipated changes? The answer lies in the state organizations of those with whom you most closely practice.

Dentistry's response to external forces has to start within each state first and expand from there. Legislative and political maneuvering will start in the state and naturally move to the district and national organization. It is impossible for the national component to anticipate and react to all of the individual state issues. The AAPD does a fantastic job championing large issues and with promoting the specialty of pediatric dentistry, but they cannot reach into each state simultaneously and help legislate. They are actively involved with legislation on a national level, but that hardly makes an impact in your state when you are attempting to change the practice act or to stand up against an insurance company.

We need to be advocates for our states and the only way to do that is through strong organization. For those states that may have size or population barriers, they can reach out to their district organization for help and support. I have personally seen this happen in my state, Idaho, where we have little to no pediatric dental organization. Because we are divided by geography and have a relatively small amount of pediatric dentists, we have reached out and banded with our larger sister states and sought help from them. Our regional component of AAPD, District VI, has grown in strength because of the collaboration of a multitude of smaller states working together for the common good. The district unites the smaller states with the larger and better organized states that surround them. These neighboring states are often facing some of the same issues and can share strategies on ways to hand to handle the problems.

Now more than ever, we need individual leaders to step forward and represent their profession and their state. Reach out to your local leaders and express your interest in getting involved. It does not require hours of work and loads of responsibility. Sometimes just supplying a fresh idea helps move a difficult problem towards a solution. Support your state and district by donating your talent; make it a priority this year to contact your state and district leaders. Let them know who you are, where you practice, and what some of the problems are that you face day to day. You are the face and the future of your profession and we can make it even greater if we work together.

The Toughest Race on Earth



Do you know anyone who's actually completed the Iditarod? Do you know anyone who's even "thought about" participating it? Well, as a matter fact, you do! Our pediatric dentist colleague and past-president of the WSPD, Dr. Christine Roalofs, recently completed the Iditarod XLI. Along with sixteen sled dogs, she traversed 998 miles of terrain deep in the heart of Alaskan wilderness from Anchorage to Nome. On March 17, 2013, Christine and her beloved pups crossed the finish-line. They were on the trail for 13 days, 22 hours, 36 minutes, and 8 seconds. Holy Snow Angels! Congratulations, Christine! (PS. check out the YouTube video, "Ride along: Dr. Christine Roalofs, Iditarod 2013 Rookie Musher")

Christine follows in the footsteps of Kelly Maixner, another Alaskan pediatric dentist. Kelly has completed the Iditarod 3 times where he finished 30th, 32nd, and 31st in his runs and just missed winning Rookie of the Year in his first race.

Introducing the NEW

Smile...

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Early Orthodontic Screenings Assure Healthy Smiles

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 – "back 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 or 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 noticeably large gaps between teeth which can lead to caries, 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 dental problems in children.

Detach the ruler at the perforation. Have your child bite down normally, keeping lips open. With printed side up, place one end of orthodontic ruler against the lower front teeth with the teeth touching on the ruler. If the bite is within the red zone, a 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 guide and not a substitute for a consultation with a specialist in orthodontics. Use with 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 late 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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Foundation President's Message

Foundation Donors ...

Thank You!!!



Steve Gross, DDS

Another Annual Meeting is behind us, and what a great one it was! The spectacular weather provided a delightful setting for friends and family. A big thank you goes out to Oariona Lowe, Dennis Nutter, and Smith Moore & Associates for all of their hard work in making the Annual Meeting a success.

The weekend started off Thursday afternoon with the annual CSPD Foundation sponsored presentation on the Affordable Care Act. Once again, the Foundation is bringing you timely and informative information on hot button topics that will affect our specialty now and in the future.

For the first time, the Annual Meeting was cosponsored with the gracious donation of **DL Products – Spiffies** – Oral Care Products for Infants and Children.

Several important events for the Foundation occurred throughout the meeting. At Thursday evening's Welcome Reception, the CSPD Foundation partnered with the CDA Foundation to host a superb silent action where over \$3,000 was collected! Thank you to all who participated in this inaugural event. Next, the President's Circle reception was again a resounding success due to the Foundation's Life Pledge donors like you! Lastly, the weekend was topped off by our own Foundation Bride, Dr. Rebecca Lee, in an impromptu dance which raised over \$700.00 for the Foundation. Another big thank you to those who participated!

Who is the Foundation?...The Foundation is you! – It is the proud members of the CSPD who are committed to supporting programs that benefit all the members of the CSPD and the children of California.

The Foundation is a volunteer board whose programs support the following:

1. Key research and travel grants.
2. Sponsored lunch and learns for all the resident programs in California.
3. Fund the Warren Brandli Intern program which nurtures our future CSPD/WSPD leaders.
4. The Foundation is a Platinum Sponsor for the Annual Meeting and funds the registration costs for many of the residents who attend.
5. Develops, sponsors, and presents the Annual Meeting Thursday afternoon Foundation program.
6. The Bridge the Gap program which has enabled the pediatric programs in California to hire additional faculty.

I would also like to thank all of our Brandli Charter Corporate Sponsors – without their support the Foundation could not continue funding these programs.

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Dr. Santos Cortez

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The Foundation has had much success in its programs. However, it needs your support to continue to accomplish great things for California's pediatric dentists. In the last few years, donations and membership to the Foundation have dwindled to an all-time low. We need your donations to continue funding these important programs. These donations help all of us: CSPD members, students, dental schools, pediatric residency programs, and especially the children of California. We have plenty of room to grow...out of the over 500 active CSPD members who currently benefit from the Foundations programs, only 100 are supporting it.

Donations large and small are appreciated. Any amount possible will keep the Foundation alive to support the issues that are important to our profession and our patients. A goal of the Foundation is 100% participation – at any level! Imagine what we could accomplish if this goal is achieved!

As always I welcome your comments and suggestions, you can reach me at: steve@theatg.org. Donate online at www.CSPD.org/foundation.

Thank you again for what you do for the children of California!



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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.

President's Circle donors receive the following additional benefits:

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

- Corporate Life.....\$10,000 may be payable in up to 10 annual installments of \$1,000 each
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(please list name above exactly as you wish to be recognized in all publications)

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Return to: **CSPD Foundation, 1215 K Street, Suite 940, Sacramento, CA 95814**

The Affordable Care Act: It's Impact on Your Pediatric Dental Practice

The Affordable Care Act (ACA) and its implications for the practice of pediatric dentistry in California was the subject for the Foundation's presentation at the 2013 CSPD/WSPD Annual Meeting in Rancho Mirage. The new laws will significantly affect patient access to care and will result in changes in how we conduct our practices.

A panel of experts set the stage with background information about the ACA and how it may affect children's dentistry. ACA covers 10 areas of healthcare including pediatric oral health care. Approximately 1 million children without dental insurance will receive coverage.

The panelists discussed federal guidelines, the rules and regulations being formulated in California to implement the Health Care Benefit Exchanges, and how this will affect dental insurance availability and the functioning of our practices. They examined how the business, structural, and societal changes are currently affecting our delivery of dental care to children. Medical insurance carriers are presently looking how to bundle dental benefits in a package that would be available to the public through the Exchange program. It could be as attractive as a Kaiser Healthcare 30 matched with a PPO Delta Dental program or it could be Medi-Cal type coverage bundled with a Denti-Cal/Healthy Families type program. California will probably pick several combinations to offer. When the decisions are made towards the end of the year, please watch for the release of the combined choices since the parents of your practice will be asking you for advice.

The panel consisted of Jeff Album, VP of Public and Governmental Affairs for Delta Dental of California, Jennifer Kent, of Health Management Associates, who has been actively involved in the California legislation and regulations, Paul Casamassimo, Director of the AAPD Oral Health Research and Policy Center, and Paul Reggiardo, CSPD Public Policy Advocate and AAPD Chair of the Council on Dental Benefits.

A large audience participated with numerous questions for our panel following their prepared presentations. It was obvious from the response that this subject is of paramount importance to our CSPD membership. Please support our Foundation so that we may present another in our series of practice and business related educational programs at the 2014 CSPD/WSPD Meeting.

~ Richard Sobel, DDS

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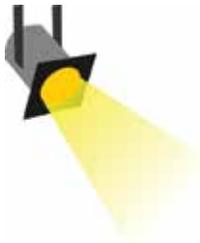


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Faculty Spotlight

By Justin Shuffer, DDS

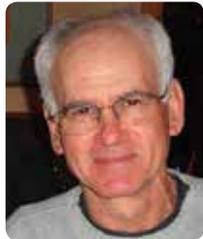
Five Questions with Dr. Kenneth Greenstadt



Dr. Kenneth Greenstadt was born and raised in Los Angeles. He graduated from UCLA with a degree in microbiology in 1970 and with his DDS in 1974. He practiced general dentistry for 4 years before returning for his pediatric specialty training at Harbor-UCLA Medical Center under the guidance of Dr. Ken Troutman.

Upon completion of his pediatric dental residency, Dr. Greenstadt taught at the USC School of Dentistry from 1980-1982 and again from 1985-1987. During this time, he began his private practice in Torrance, where he still practices to this day. In 1991, Dr. Greenstadt resumed teaching when a teaching position opened up at UCLA in the undergraduate clinic. He continued to teach in the undergraduate clinic until the pediatric residency at the Venice Dental Center opened 6 years ago. He has taught there ever since.

Dr. Greenstadt is a member of the AAPD, CSPD, and Southern California Society of Dentistry for Children. He was member of the CDA House of Delegates in 1985 and served on the CSPD Board in 1991. He is currently on the staff at two local hospitals in Torrance and the Ronald Reagan-UCLA Medical Center.



Q: What made you decide to teach and why have you continued to teach for so long?

A: I first started teaching shortly after completing residency because I needed a job and there was a position available. I soon realized I was benefiting more than my students. Being a recent graduate, I wasn't sure how much I had to offer. However, I learned quite a bit through my interaction with

the experienced pediatric and orthodontic faculty and realized how valuable this experience would be for me. I have had an extremely satisfying experience working with every resident who has been part of the Venice program.

Q: What are the most important things that you feel you never learned in residency?

A: In residency, we concentrated on learning how to "fix teeth." When I entered private practice, I wasn't prepared for how challenging it was to run a practice, manage my staff, deal with demanding parents, and still "fix teeth." I quickly discovered how difficult our job can be.

Q: What advice would you give new pediatric dentists?

A: I know that new graduates are under a lot of financial pressure primarily due to the debt they incurred during their educational training. They should not let that pressure influence how they deliver care to their patients. It's not worth risking their license performing treatment beyond their training or outside their comfort zone. Manage your personal and practice overhead to minimize financial pressure.

Q: Do you have a particular philosophy in regards to how you treat your patients?

A: I do not have any profound philosophy for treating patients. I do try to imagine myself as the parent and evaluate if my treatment recommendations seem reasonable and understandable. Above all, I want parents to know that I will treat their child as I would treat my own children.

Q: Outside of pediatric dentistry, what did you find helped you deal with the stress of our position?

A: It is important to have stress relieving hobbies. For me, it's skiing down a run in Mammoth or grinding up a hill on a road or mountain bike. I can't possibly be thinking about work when I'm doing something active.



2013 CSPDF Auction Report

The 2013 CSPDF Auction in Rancho Mirage was a great success! This year, we joined forces with CDA to have a very successful auction. CDA's Michelle Rivas spear-headed the fundraising event and we collected over \$3,000 dollars. Many thanks go out to Michelle and her efforts. We hope to continue our relationship with CDA for this event.

Matthew C Hamilton, DDS, MS

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

LLU Report – Morris De Leon/Anna Chen

In August, 2012, the Department of Pediatric Dentistry at Loma Linda University held an informational meeting for pre-doctoral students who are interested in pursuing post-graduate studies in pediatric dentistry. Students had the opportunity to ask questions about how to apply to pediatric dentistry programs and listen to what the current residents had to share about their experiences, from applying, to the interview process, and finally sharing some insights about the LLU pediatric dentistry program.



Dr. Anna Chen, pediatric dentistry program director at Loma Linda University, running the informational meeting and welcoming those in attendance.



Pre-doctoral dental students listen to Dr. Khanh Truong, a 1st year resident, share his story about how he came to be interested in pediatric dentistry.

Case Presentations

In the fall quarter, the Loma Linda Pediatric Dentistry Study Club sponsored lunch and learn case presentations during which the second-year pediatric dentistry residents presented interesting cases to their colleagues, faculty, and all LLU students who were interested in attending. Here are some of the presentations:

- 1) The Management of Chromosome 22q11.2 Deletion Syndrome
- 2) Cleft Lip and Palate
- 3) Proteus Syndrome
- 4) CHARGE Syndrome

Guatemala Mission Trip

In December 2012, a group of LLU pediatric dentistry residents traveled to Guatemala on a mission trip to provide dental care for children at an orphanage.



From L-R: Dr.'s Morris De Leon, Uyen Phan, and Khanh Truong provide dental work for children at an orphanage in Guatemala.

UCLA – Chanel McCreedy: During the winter quarter, the UCLA SCAAPD club celebrated two successful Give Kids A Smile events, and began gearing up for the spring quarter activities. So far this quarter, the UCLA SCAAPD club held an informative session for first, second, and third year dental students interested in applying to pediatric dentistry residency programs. Many interested students participated in a round table discussion with fourth year dental students who were recently accepted into pediatric dentistry residency training programs. The UCLA SCAAPD club participated in a preschool health and oral health festival on May 4th, and attended the El Monte Para Los Ninos Health Fair on May 18th where they provided screenings and oral health education.

The UCLA Inglewood Clinic Group continues to be extremely active with their monthly evening clinic sessions at The Children's Dental Center of Greater Los Angeles. This student run and faculty supported evening clinic serves as a great opportunity for third and fourth year dental students to obtain additional training in the treatment of children.

The UCLA Section of Pediatric Dentistry is proud to announce next year's incoming pediatric dental residents: Adi Avital (Loma Linda University), Shiva Hedvat Borukhim (UCLA Westwood), Hweejo Byun (Yale-New Haven Hospital), Andy Ko (UCLA Westwood), Brett Martin (UCSF), and Katherine Rosen (Children's Hospital of Pittsburgh).

USC – Julie Jenks: They have had 2 meetings, both of which included a student-led review of a current literature article. They have added new AAPD student members (AAPD student membership is required for our Pedo Study Club membership, though most events are open to all). There was a student led panel discussion of interview experiences which included a presentation on the timeline for applying to pediatric dentistry residencies.

UOP – Jeff Wood: 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.

UCSF – Brent Lin: UCSF UCSF Dental students have joined "Wellness Wednesdays" at UCSF to screen medically compromised and developmentally disabled patients to assist them in acquiring proper dental care.



New UCSF recognized student group – Developmentally Disability in Pediatric Dentistry

(Continued on page 24)

UCSF students and residents have been actively involved in numerous community works – both locally and globally. The current mission of the University and the establishment of the Global Oral Health Program at UCSF have promoted the students and residents to travel abroad and provide care and oral health education in areas of need. One of the current third-year residents, Dr. Carrie Tsai, has recently received the first UCSF Student Achievement Award in Global Oral Health for her leadership and works with the global health communities and was honored in the annual Global Oral Health Symposium on May 13th. Dr. Tsai is also the current resident chief for the Community Outreach Program and the Student Liaison for the residency program. The newly elected resident chief in that position is a second-year resident, Dr. Shirin Mullen.

Under the leadership of their current president of the Student Society of Pediatric Dentistry (SSPD), Kaitlin Jennison, the student organization has worked with the San Francisco Department of Health and other local community programs in providing care and oral health education at numerous events, activities, and health fairs. Its affiliated group, Students United for America's Toothfairy (SUAT), is also a major force in collaborating and organizing the outreach events. Their student group has also worked extensively with the coordinator of the Bay Area Oral Health Zone to identify and reach out to many indigent communities in the Bay Area.

The Bay Area Albert Schweitzer Fellowship Program provided support for the Give Kids a Smile event which included various pediatric dental, medical, nursing, and pharmacy specialties. Stations were set up outside the UCSF School of Dentistry courtyard to provide specialty care and screenings.

Student leaders in SSPD also participated in a number of advocacy projects. The current SSPD student officer, Michael Hong, traveled to Washington, D.C. to advocate and promote

policies related to oral health delivery and the impact of recent changes in health care presented by Congress and President Obama. Sarah Kent established a new campus group under the mentorship of Dr. Brent Lin to advocate and provide care for special needs children. The new group is named "Developmental Disabilities in Pediatric Dentistry" or "DDPD." In its first year, it has garnered attention in the local community and has been actively involved in outreach events, the care of special needs children, and the enhancement of the learning experience of dental students in providing care for this special population.

Two of the current third-year residents at UCSF, Dr. Carrie Tsai and Dr. Jeremy Horst, are finalists for the Graduate Student Research Award and presented their work in the upcoming AAPD meeting. One of the first-year students, Jean Calvo, has received the UCSF Summer Research Fellowship Award with a project that she will be working on under the guidance of Dr. Brent Lin.

Thirteen pediatric dental residents attended the CSPD/WSPD Annual Meeting and participated in the poster presentations. On April 16th, Dr. Ray Stewart gave an excellent presentation to the Student Society of Pediatric Dentistry and encouraged students to join organized dentistry early in their career.

Eight current fourth-year dental students have been matched to pediatric dentistry residency programs around the country, including the University of Texas Health Science Center in San Antonio, Children's Hospital in Boston, Cincinnati Children's Hospital, Lutheran Medical Center in Brooklyn, New York University, Loma Linda University, and University of California, San Francisco.

Western U – no report submitted



Continuing Education

Aparna Aghi, DDS

First and foremost, I would like to acknowledge my predecessor, Karilyn House, who devoted an enormous amount of time and energy to CSPD as both the Chair of the Continuing Education Committee and as a board member. Thankfully, Karilyn has agreed to stay on as a consultant to our committee and I know her experience and knowledge will be invaluable.

For those you who do not know me, I began my time on the CSPD Board as a Warren Brandli intern and I am starting my second year as a North Director. I graduated from Harvard Dental School in 2000 and practiced for a few years before completing pediatric specialty training at UCSF in 2011. I currently divide my time practicing in Marin, CA with Dr. Marty Rayman and serving as the Assistant Clinic Director at

UCSF's pediatric residency program. My husband, Manish, and I have been married for 12 years and have two children: Riya (7) and Shreya (3).

As the Continuing Education Committee works to provide innovative, timely, and quality topics for CSPD courses, we wish to emphasize to our membership that without their suggestions, comments, and ideas we may not be meeting their expectations for continuing education. You should have received our online survey by now and we urge you to share your valuable insights. Your responses are greatly appreciated and will help us to determine future topics, meeting locations, and other issues that pertain to course content. This is your chance to help direct the future of our continuing education program. Please also do not hesitate to contact me by email at aparna.aghi@ucsf.edu with any comments.

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District VI Update

Santos Cortez, DDS, District VI Trustee

This is an interim report of the AAPD District Trustee, as the next meeting of the Board of Trustees is scheduled for May 21, 2013 at the Annual Session of the AAPD in Orlando, Florida.

Governance Recommendations and Report:

There has been much discussion about the recommendations brought forth by the Governance Task Force and the subsequent Board of Trustees recommendations for Constitution and Bylaws amendments. The recommended changes have been published in the Members-Only Section of the AAPD website: www.AAPD.org/Assets/1/7/2013_Bylaws_Amendments_With_Governance_Report.PDF.

Further discussion will take place during the AAPD Annual Session in Orlando, Florida at the Reference Committee proceedings prior to the vote that will be taken at the General Assembly meeting. The report of the Governance Task Force is published within this document as well.

NOTICE TO ACTIVE AND LIFE MEMBERS CONSTITUTION AND BYLAWS AMENDMENTS BEFORE THE 2013 GENERAL ASSEMBLY

Constitution and Bylaws amendments will be one of the subject matters for the Reference Committee hearing at the Annual Session which will take place on Saturday, May 25, 2013 from 10:00 to 11:00 a.m. in **room Northern Hemisphere DE of the Dolphin Hotel**. Final action on recommendations from Reference Committees takes place at the General Assembly. The General Assembly is a meeting of Active and Life members for the purposes of conducting the business of the AAPD. It will take place on Sunday, May 26, 2013 from 9:30 to 11:30 a.m. at the **Northern Hemisphere DE of the Dolphin Hotel**.

Your Board of Trustees is recommending several changes to the AAPD Constitution and Bylaws this year in the area of governance structure of the Academy. These proposed amendments arose from the report of the Task Force on Governance which conducted interviews and an all-member survey last year. The results of their study were presented to the Board and the proposed amendments were published in the March, 2013 issue of *Pediatric Dentistry Today*.

We encourage you in advance of the Annual Session to contact your Trustee and or/any of the AAPD officers, if you have any questions concerning these recommendations. Your District Trustees are:

- District I – Man Wai Ng, Manwai.ng@childrens.harvard.edu
- District II – Shari Kohn, thedentist4kids@comcast.net
- District III – Jeannie Beauchamp, kjbscott@aol.com
- District IV – Jim Nickman, james.nickman@att.net
- District V – Joe Castellano, jcastellanodds@msn.com
- District VI – Santos Cortez, scortezdds@gmail.com

Public Relations:

The AAPD has engaged a Chicago-based public relations firm to raise public awareness about pediatric dentistry and how pediatric dentists are different than other dentists. The contract may extend for up to a three-year period with the campaign launching in the summer of 2013.

Task Forces Appointed:

President Joel Berg has appointed three task forces this year:

- **Task Force on Project Management (AAPD Staff)**
Charge: To develop a project management system within the AAPD office to track multi-year projects.
- **Task Force on Talent Pool Development**
 - Chair: Dr. Charles Czerepak
 - Members: Rebecca Slayton, Ryan Hughes
 - Charge: To develop a process to identify talent for councils, committees, lecturers, advocacy, etc. and to learn how to develop people's talent.
- **Task Force on Global Oral Health**
 - Chair: Amr Moursi
 - Charge: To explore ways in which the AAPD can interact more closely with international colleagues.

As always, I am available to answer any questions you may have regarding the Academy. I hope to see you in Orlando, Florida!

Top Ten Insurance Issues (continued from page 1)

and skill levels for the more difficult and complex cases such as children with medical conditions, early childhood caries, cases needing sedation or general anesthesia, or more complex behavior management than can be delivered at the general dentist office.

Implications for Pediatric Dentistry: You will be busier with more complex and special cases, so don't fret if general dentists take some of the routine stuff. This will help the entire system provide care by the practitioner with the most appropriate scope of training and experience. Your skills should be reserved for those cases that need your education, experience, and judgment.

4. **Traditional dental benefits will stay the same for awhile:** Despite new coverage models and emphasis on change, full-service health (medical) plans will be at the forefront of these efforts and it will take probably 3-5 years or more before we see full implementation and severe realignment of the dental delivery system. So keep your eyes open as to what is happening to the overall health (medical and hospital) system and watch for what you can do to ready yourself for similar changes in dentistry.

Implications for Pediatric Dentistry: Since children's coverage will be in the first wave, you'll be uniquely positioned to assist the profession of dentistry to identify improvement opportunities to the health plans, the dental plans, and the profession as to what is and isn't working now and what steps will be needed as further reforms take place. You'll (unfortunately) be the "canaries" in the mines.

5. **Health care Exchanges may de-emphasize the "Differentness" of dentistry:** As dental services for children are included in the ACA's Essential Benefit Package, we are seeing a preference for plans designated by the Exchange as "Qualified Health Plans" to offer the children's dental portion within full-service plans. This means that medical insurers who do not have a dental insurance offering or who do not operate a dental plan will either need to partner up with a stand-alone dental insurer, acquire one, or urge enrollees to choose their own dental plan. Over the ensuing years, the need for stand-alone dental insurers may diminish as the Exchanges grow in popularity and market share. Some may revel at saying "good-bye" to Delta, MetLife and others as Aetna and Cigna and United Health Care take more of the business share. But remember that it is Delta and MetLife and other "stand-alone" insurance companies that greatly value the network dentist as a partner. If these go away and medical plans take control of the industry, dentists may look more like the auxiliary non-medical providers in medicine: Physician Assistants, Nurse Practitioners, Podiatrists, Chiropractors and other "ancillary" providers. Many of these professionals are able to bill for services, but are not the primary group deciding how health care dollars are distributed. Beware of this trend. Dentistry has fought for decades to preserve its autonomy and independence. Those of us in oral health care know that dentistry is different and does not necessarily want to be subordinated into the medical plans as secondary participants.

Good News: Delta, MetLife, CDA and other entities (including community coalitions and public health groups) are working at the state level to ensure that stand-alone dental coverage is maintained in the Exchanges.

6. **Transparency:** The state and federal Exchanges have mandated that those health plans which include dental coverage offer the same or similar benefits with the same or similar levels of patient participation (copayments or percentage participation, also known as "co-insurance"). They must also have similar actuarial ratings. This means that choosing a health plan, whether it is for a family, an employer group, or an individual, will be more like renting a car or choosing an air flight on a comparative website like Orbitz® or Travelocity®. The offerings will be very comparable. We will see if decisions will be made on price alone or if brand loyalty will be a factor when choosing a plan.

We are unsure if this will lead to further commoditization of dentistry. This is possible if price becomes the main driver. Those in dentistry know the services and experiences we provide for our patients are special, but the patient or subscriber may choose a plan strictly on price. Further, with the cost of medical coverage skyrocketing in preparation for the medical plans having to take all subscribers (also known as "guaranteed issue"); they are currently hiking premium rates in preparation for the assumed influx of additional sick people. This means that HR professionals seeking to arrange for medical coverage are consumed with cost control and are looking to save dollars on the dental coverage. Thus, they may choose the cheapest dental option available for their covered employees.

Implications for Pediatric Dentistry: You will be asked more and more to cut your fees, take less, do more, and change your emphasis from "procedural" dentistry to "outcome" dentistry (which is still yet to be defined). Plans will be pushed to reduce their costs and will push providers to reduce or stabilize their costs as well.

7. **"Quality" may finally matter:** The Exchanges are creating checklists of quality management metrics that participating plans must meet in order to be a "Qualified Health Plan" participating in the Exchange. For years, medical and dental plans had working quality improvement, quality management, and utilization management initiatives that were touted to differentiate them in the marketplace. However, brokers began to just expect these things to exist, and would not actually value them or factor them into the comparisons of competing plans. Unfortunately, brokers may sell the cheaper plan with a poor quality management program over the plan that costs a little more but has a superior quality group of network dentists that behaved within the expected utilization and performance guidelines.

Implications for Pediatric Dentistry: Your offices will see increased emphasis on Quality Improvement initiatives within each plan in which you participate. This may include chart review, complaint pattern analysis, utilization profile, fraud and abuse detection, member satisfaction profiles, etc. Those of you who score well on these dashboards may be given preferential fees, extra incentives, more of the patient population, and other "perks" as you will be identified as the "centers of excellence."

8. **CDT 2013 Dental Code Changes:** Rather than just leaving you thinking about the far-off distant future, I wanted to tell you about a few things that occurred in the CDT 2013 code revision that I think you should know about:

(Continued on page 29)

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- i. **Screening and Assessment of a patient** (such as those exams done in school screenings or at health fairs) now have their own codes.
 - ii. **X-ray** codes changed to allow for image capture by one practitioner, but interpretation of the image by a different practitioner (such as occurs with an orthodontic x-ray lab).
 - iii. **D1203 and D1204** (fluoride treatments) have been merged into one code that is NOT age-specific. D1208 topical application of fluoride will be the same fee for all recipients.
 - iv. **Topical application of fluoride** now is no longer linked to a risk assessment level of a patient.
 - v. **D2929 resin infiltration of incipient smooth surface lesions** is a code similar to the preventive resin restorations, but for the smooth surfaces of the tooth (such as Icon from DMG America).
 - vi. **D2929 prefabricated porcelain ceramic crown – primary tooth** is a code for the EZ-Pedo, Nu Smile, and other brands of the pre-fabricated Zirconia crowns that are used as a more cosmetic alternative to stainless steel crowns.
9. **CDT 2014 Dental Codes on the horizon:** Although the official list of CDT 2014 codes has not been released from the ADA, there were over 90 code changes submitted for consideration. It appears that there may be 20+ new codes. Those codes that may affect pediatric dentistry are for risk assessment, unspecified preventive procedure (D1999), repairs of orthodontic appliances, and re-cementation of orthodontic appliances.
10. **Dental Plans are Evolving:** If Health Care Reform doesn't take all our energy, I see that we are finally facing some interesting changes to traditional dental plans. These include higher maximums (in increments of multiples of \$250), increased and revised sedation and general anesthesia allowances, increased periodontal benefits, probably a decrease in the frequency of sealant replacement (they should be placed correctly the first time), diagnostic and preventive services possibly excluded from the annual maximum, increased posterior teeth resin benefits (for those plans that still use an

amalgam allowance), increased benefits to bruxism occlusal guards, possible increases for emergency out-of-network benefits, decreases in radiography frequencies (in alignment with the FDA position on customizing x-ray series to the needs of the particular patient and not a one-size-fits-all approach), insurance company "steerage" to drive subscribers into network offices rather than paying the same percentages even if a subscriber goes out of network, and increased utilization reviews to identify utilization outliers from the norm of the dentist population (generally done regionally). Some of these changes will result in a tightening of benefits, while others will relax previous restrictions. We are also seeing replacement frequencies for lab-fabricated crowns moving to 7 years or even to 10 years, due to evidence based research showing that these items should really last longer than 5 years. The five-year limitation was never based on evidence, but instead was based on what medical plans allowed for replacement of prosthetic limbs and devices.

Implications for Pediatric Dentistry: Expect that some x-rays will be denied, and there will be a pressure on you to place sealants correctly the first time and to repair defects at little to no charge. There will be pressure on you to join networks and to render care as an in-network specialist. You may see some tightening of pre-fabricated crown replacement frequencies as well.

We will see incremental change on the current policies and practices, but we will also see the first steps towards the sweeping health care reform changes. Stay alert to how these things will affect your practices and stay poised to be nimble and flexible so that you can take advantage of these changes as much as possible.

Ed. Note: Dr. Dougan currently functions as the National Dental Director for MetLife. He practiced clinical dentistry and has worked in the dental benefits industry, each for over 20 years. He has been Dental Director for small, regional, and large dental carriers and provided quality management direction for a large chain of 220+ dental offices. Views contained in this article are provided as an experienced dental insurance executive and independent author and are NOT the position of MetLife or any of its subsidiaries.



Canadian Academy of Pediatric Dentistry/ Académie Canadienne de Dentisterie Pédiatrique Annual General Meeting

September 26-28, 2013
Vancouver, British Columbia
Metropolitan Hotel

www.eply.com/CAPD2013AnnualMeeting683317

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 Michael M. Wahl..... Alameda, CA

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 Megan K. Burns UCLA
 Kimball C. Burton.....UCSF
 Sarah M. Forbes.....UCSF
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 Poornima Gorur SheshadriuasanUCSF
 Amanda N. SiuUCSF

“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.”

CSPD Professional Opportunities



- Opportunities Wanted
- Opportunities Available
- Faculty Positions Available
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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.

Significant Approved Motions from the April 25, 2013 CSPD Board Meeting

- Move to approve the agenda with the proposed changes and additions
- Move to approve the January 19, 2013 Board of Directors meeting minutes as presented
- Move to approve the April 15, 2013 Executive Committee meeting minutes
- Move to refer the letter from Drs. Dixon and Grossman regarding CSPD membership and SB 694 to the Executive Committee for disposition
- Move to refer the motion to provide a SWOT analysis for CSPD to support political candidates back to the Ad hoc Committee to continue its due diligence and provide an proposed action plan to the Board at its June Board meeting
- Move to approve the CSPD Membership List Policy, Rental Form, and Rental Agreement as presented
- Move to accept the financial reports as presented by the Finance Committee
- Move to refer funding support of the CSPD President and President elect for attendance at the AAPD Legislative Days to be reviewed by the Finance Committee and integrated with the 2013-2014 Budget

CALIFORNIA PEDIATRICIANS WELCOME CSPD ASSOCIATE MEMBERS

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

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

Upcoming Meetings & Continuing Education

CSPD

March 27-30, 2014: [CSPD's 39th Annual Session](#) at Monterey Hyatt, Monterey, CA

AAPD

June 12-15, 2013 [IAPD Congress 2013](#) (All Day Event)

August 1-3, 2013 [Academy for Sports Dentistry Annual Symposium](#)

August 22, 2013 [Oral Clinical Exam Review](#) (All Day Event)

August 23-25, 2013 [Comprehensive Review Course](#) (All Day Event)

September 19-21, 2013: [GAPD: Pediatric Emergencies in the Dental Office and PALS Recertification](#)

September 28, 2013 [The Impact of the Affordable Care Act on the Pediatric Dental Practice](#) (All Day Event)

October 04, 2013 [Dental Assistant's Course: Sedative and Medical Emergencies in the Pediatric Dental Office](#) (All Day Event)

October 4-6, 2013 [Contemporary Sedation of Children for the Dental Practice: Enteral and Parenteral Techniques](#) (All Day Event)

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

Website Notes

Steve Niethamer, DMD, Website Editor



Spring is a busy time

April is usually a time when we wake up from a long winter's dream, start cleaning, start growing things and begin changing to a fresher, better life. Last week, I bought a new desk for the business office, started to sort through some of the old stacks of papers and articles, and repaired the office vacuum cleaner which contained way too much hair wrapped around what used to be a spinning brush. I have renewed hope that the economy will continue its improvement and add its fertilizer to our practices.

For the website, spring means refreshing some of the older information, adding materials from another annual meeting, and managing the many changes a new administration brings to the CSPD officers and committee members found on our Leadership Page.

Photos of the Annual Meeting

Photos from the meeting are available on a website [link](#) from the Home Page. Marilyn and Dean are in many of the glitzy Welcome Reception photos. We also have faux wedding party photos of our new CSPD President, Rebecca Lee, and her bridesmaids at the Saturday Night Gala. Any members wanting the original photo file can request it from the Website Editor.

The Affordable Healthcare Act is live on the website and coming soon to a community near you

The OCE camera crew videotaped the program, "The Affordable Healthcare Act - Its Impact on Your Pediatric Dental Practice," presented by our CSPD Foundation with a grant from Spiffies Xylitol Infant Oral Wipes. This excellent panel forum examined the future of our health care system and its potential effect on pediatric dentistry in California. A [link](#) to the video is on the CSPD Home Page.

Other Rancho Mirage programs coming soon to Online Continuing Education (OCE)

This year, the OCE committee is attempting to simplify the production of online CE programs by adding a few programs using the audio/slides format. This method will allow for the higher resolution of the slides without the "distraction" of the talking heads. They also will require fewer volunteers to produce. The plan is to add programs by Drs. Renzi and Rothman on emergency/sedation, Leslie Canham on infection control, and Mary Essling on insurance coding.

Thank you Lonnie Lovingier

Dr. Lovingier has filled practically every position in CSPD from President on down to OCE camera crew member. He spent many years as the Editor for our Bulletin and then became chair of OCE after passing the Editor position on to Gary Sabbadini in 2010. During this three year tenure, OCE purchased a professional video camera and a mini-broadcast studio that can produce broadcast quality programs while switching between three sources of video. He and his cohort/visionary, Roland Hansen, pushed for the redesign of the OCE system which now allows our committee to upload CSPD produced programs at a fraction of the cost previously charged by production companies. The OCE now is considered a major membership benefit and provides a convenient, safe, and green way to get CE credits for our members and their office staff.

With Lonnie's retirement, CSPD will have less access to yet another one of their special leaders who served unselfishly to help guide CSPD to what it is today. I personally will miss his positive outlook on life, his generous offers to jump in as needed to complete projects, and his incredibly organized methods of problem solving in governance. My best wishes go out to Lonnie and his amazing wife, Jan, who will now have more precious time to spend together and with their family. I'm sure they will be spending more time at their daughter and son-and-law's orphanage in Tijuana, Mexico, where Lonnie has setup and runs a pediatric dental free clinic. Live long and prosper!

Member News (continued from page 5)

in organized dentistry, investing his time and talents for the purpose of protecting and improving our great profession. His involvement and time commitments to Tri County Dental Society have lessened to the point that he now has the time to devote to CSPD. He is excited to be offered the chance to serve on the CSPD Board, and will give it his all!

"This is a critical time for both our specialty and for dentistry in general. With the Affordable Care Act quickly approaching, CSPD needs talented and devoted people on the CSPD Board to protect the integrity of our specialty, to ensure the quality of care for the children, and to maintain practitioner's autonomy at all costs. CSPD has always been a leader when it comes to advocating and lobbying; ensuring that those who are making decisions and passing laws are fully and accurately informed prior to making those decisions. That needs to be maintained. Even with the success of GKAS, there are still far too many children who do not have access to adequate oral health care. I am very passionate about creating a world where no child has to sit in the classroom or miss school all together because of untreated dental needs. I hope that I can be as effective in serving as those who have served before me."



California Society of Pediatric Dentistry
 1215 K Street, Suite 940
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The mission of the California Society of Pediatric Dentistry is to serve its membership and the public by advocating for the optimal oral health of infants, children and adolescents.



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