CALIFORNIA SOCIETY OF PEDIATRIC DENTISTRY

Bulletin

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President's Message

Dennis Paul Nutter, DDS

Midlevel Providers, Teledentistry and the Art of Politics

If one looks at the American Dental Hygiene Association's (ADHA) position paper on access to care, it is clear that their goal is the independent practice of dental hygiene. That position paper also makes the pitch that "dental hygienists serve as an efficient pipeline for identifying and sending on those who need the care of a dentist." In the parlance of managed care, the ADHA's agenda is for the dental hygienist to act as the "gatekeeper" for referral to the more specialized care that a dentist can provide.

To the Pew Charitable Trusts, the Kellogg Foundation and their coalition partners, the ADHA proposal meets their criteria for "expanding the number of professionals who can provide high-quality dental care to low-income children." Catalyzing their resolve for a solution of this type is the astounding social statistic that over half the children in California will soon qualify for Medi-Cal.

Organized dentistry well understands the degradation in quality of care that devolves from a less-educated, less-mentored provider who is detached from the clinical team, but that objection appears self-serving and anti-competitive when no alternative is suggested. Still, the integrity of the clinical team with the dentist as the leader of that team has become a core-value, the line in the sand we shall not cross, when evaluating "midlevel provider" proposals. Organized dentistry has not always been successful in defending that core value.

In California, the RDHAP and in Colorado and Maine the IPDH both can practice independently. (See list of providers on page 4) The DHAT in Alaska and the Advanced Dental Therapist in Minnesota both operate under "general supervision" of a dentist so technically they qualify as members of the dental team. The contentious issue in those cases is the scope of work that is done under "general supervision." Both providers are licensed to perform restorations and extractions without the direct supervision of a dentist.

Maine recently passed a new hygiene therapist bill with an increased scope of practice that includes restorations, crowns, extractions, administration of local anesthesia and nitrous oxide. In the final hour of the bill the state governor intervened to make these extended functions under the direct supervision of a dentist instead of in an independent practice setting.

The term "midlevel provider" has been loosely applied to dental providers with a wide variety of independence and function. The list of providers below shows the extent of proposals for novel workforce solutions across the nation. A more detailed description of their permitted scope of work can be found at http://www.agd.org/files/webuser/website/advocacy/definitionsmidlevelproviders.pdf. These provider types were generally the result of a contentious process and represented opportunities where independent, midlevel provider champions could have prevailed.

(Continued on page 4)

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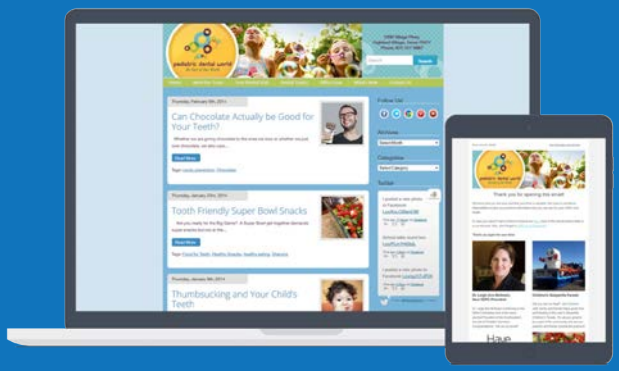

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For a complete list of committee members visit the CSPD website at www.cspd.org

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 Jung-Wei (Anna) Chen, DDS by email at jwchen@llu.edu.

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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 (continued from front page)

Provider Type	State
Hygienists with Extended Functions	California & 41 other states
Community Dental Health Coordinators	California & six other states
Dental Health Aid Therapists (DHAT)	Alaska
Registered Dental Hygienist in Alternative Practice (RDHAP)	California
Dental Therapist – Minnesota	Minnesota
Advanced Dental Therapist	Minnesota
Independent Practice Dental Hygienist (IPDH)	Colorado & Maine
Limited Access Permits	Oregon
Dental Hygienist with Public Health Endorsements	Nevada & Maine
Advanced Dental Hygiene Practitioner	None yet

Teledentistry; Senate Bill 1174

I tell you all this to provide you with some context to the decisions of the CSPD Board with regards to the introduction and development of Senate Bill 1174 known as "Teledentistry: Expanded Duties and Medi-Cal Billing." It establishes an expansion of duties for the RDH, RDHAP and RDAEF. Hygienists must satisfactorily complete additional training for the placement of Intermediate Therapeutic Restorations. For this procedure, the use of a rotary instrument is prohibited; only hand instrumentation may be used for excavation of caries. RDA's must also complete additional training to prescribe dental radiographs. All three providers are still on the dental team and work at the direction and general supervision of a dentist but do so asynchronously using "store and forward" digital technology.

An RDH, or RDHAP can only perform an ART or ITR at the direction of a dentist who has determined the diagnosis and treatment plan. If these auxiliaries encounter trouble, they may pick up a phone and call the dentist for consultation and direction much in the way that they do so currently when they act remotely under "general supervision" when the dentist is not in the office.

Before engaging in patient treatment, the parent must give written, informed consent to remote treatment by an auxiliary using "store and forward" technology. They are only required to get this consent once, at the beginning of treatment. More than this is considered a superfluous barrier to access to care by non-dentist coalition partners.

This bill creates an opportunity for independent practice RDHAP's to remain at their remote locations and rejoin the dental team consequently upgrading and enhancing the quality of care received by patients they treat.

Through our Public Policy Advocate, Paul Reggiardo, CSPD worked with the bill's author to amend the bill's language to increase provider responsibility, transparency and patient protections. The bill's author worked with CSPD to obtain our support. He complied with nearly all of our requests until restricted by the precedent of legislative language in other health statutes and regulations. Due to our involvement, these provider types are now limited to low income schools, nursing homes and public health settings. We have compromised by allowing the performance of ART's in this setting but have restricted the performance of that technique to hand instrumentation which is the standard, invasive instrument of the dental hygienist.

I do not have the space available here to give you the details of CSPD's deliberations and the confidentiality of strategic action is also a restraint. But I can tell you that given:

- the social and political context of the bill;
- regulations elaborated by the dental board are likely to strengthen patient protections for the mobile locations for which the expanded function auxiliaries are likely to be deployed;
- a violation of the regulations for remote settings would be treated no differently than any violation of the laws under which any dentist maintains a license,

the CSPD board voted to "support" the final language of SB 1174 that was submitted to the Senate Health Committee. The debate was contentious and not unanimous. The decision was political, pragmatic and involved compromise. The action reflected the Board's understanding of our need to be credible, positive partners in the formulation of legislation with intent to increase access to dental care. It also reflected a sober understanding of what happened in Alaska, Minnesota and Maine.

(Continued on next page)

When the bill that was given our support was submitted to the Senate Health Committee, chaired by Senator Ed Hernandez, (an optometrist who has long been a champion and supporter of issues important to dental hygienists) that committee tried to rewrite the bill to establish an independent practice of dental hygiene. The bill's author (Bocanegra) is aware that CDA and CSPD will not accept language that would subvert the intent of the bill to maintain the dentist as leader of the dental team and has assured us that he will not accept any amendments that eliminates that patient protection.

Unfortunately, Senator Hernandez accepts the position of the California Association of Dental Hygienists (CADH) and the Dental Hygiene Committee of California (DHCC) that AB 1174 limits or restricts the current practice of dental hygienists to prescribe dental radiographs in traditional and alternative practice settings and that requiring a dentist's order to place an Interim Therapeutic Restoration by an RDH or RDHAP is an unnecessary barrier to care.

CSPD and CDA continue to monitor the final phases of this bill for its compliance with our core values.

Please email me or call with any of your questions.

Dennis Nutter
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Cell: 707 888-2812

August, 2013 CDA Journal Wins 2014 Maggie Award

Gary Sabbadini, DDS (former Editor for CSPD)

The August, 2013 California Dental Association Journal entitled "Pediatric Dentistry Update" (for which I was the guest editor) received the 2014 "Maggie Award" in the Medical, Dental & Related Services/Trade division. The Maggie Awards are awarded by the Western Publishing Association to those "deserving individuals and companies whose work is deemed 'The Best in the West' in a wide variety of publishing categories."

I am honored that the issue received the award and that is has been so well received. I'd like to thank all of the other authors who collaborated with me to make the issue so special: Drs. Priyanshi Ritwik, Elizabeth Gosnell, and S. Thikkurissy along with CSPD members Drs. Oariona Lowe, David Rothman,and Clarice Law.

Letter from the Editor

Jung-Wei (Anna) Chen, DDS, MS ,PhD

It is great to have another new issue of the bulletin published. As a regular reader, you may find that some of the content is the same and some is different. We will still have the reports from the leaders of CSPD, WSPD and CSPDF. The legislation details legislative updates of important bills and other issues. There is also a volunteer opportunity from CDA care in which you can help those who need care right here in Pomona. Information of the Annual Meeting of 2015, student activity reports and faculty of Spot Light are also included. We have added one more section to this issue which was put together by the continue education committee - the CSPD recommended abstract. This section includes scientific articles which are related to pediatric dentistry but are not in the journals that we read every month, such as anesthesia progress, pediatrics, etc. I hope you enjoy reading it!

Executive Director's Message

Denti-Cal Reimbursement and the Survival of Our Pediatric Dentistry Training Programs

Ray E. Stewart, DDS

Most of the people reading this column will be familiar with the enormous problem which exists with the State of California's Medicaid program, particularly with the schedule of fees that it applies for reimbursement of providers for services rendered for care to the millions of beneficiaries of the MediCal/Denti-Cal system.

When comparing provider reimbursement rates, California has been near the bottom of the list relative to the other 49 states however with the recent 10 percent reduction in Medicaid fees paid to providers, California is now at the bottom. The largest populace and arguably one of the wealthiest states in the Union with the greatest number of children covered by Medicaid (9 million and counting) and one of the worst in terms of access to care……something is seriously wrong with this picture and in my opinion is unconscionable.

The California dental schools are one of the largest safety-net provider sources for the Medicaid population in the state. In particular, the five pediatric dentistry training programs provide specialty care that would otherwise be unavailable to many of those individuals requiring treatment other than routine preventive and restorative services. With most schools and residency training programs operating at a breakeven over the past few years and with most serving predominantly low income Medicaid eligible patients to serve as teaching cases, one wonders what effect the recent 10 percent reduction in provider reimbursement for these programs will have on their ability to continue to provide services to that population.

In a word the net effect of this reduction has been nothing short of devastating. A pre-doctoral teaching program as well as a specialty training program is not unlike any other practice or business in that in order to continue to operate, the income generated must equal the costs of doing business or that business will not survive for very long without significant cutbacks in the quantity and quality of the services they provide. I am intimately familiar with one UC system dental school and have seen the early signs of what a toll that the most recent Denti-Cal fee reductions will ultimately have on the teaching programs. Programs that were at best breaking even prior to the cuts are now hemorrhaging with red ink. The state is no longer subsidizing these educational programs to the extent that it once was and it is inevitable that decisions will need to be made which will almost certainly result in a reduction in access to care for the underserved low income children in California. Whether our legislators and health care policy makers realize it or not, this may be a life or death situation for many of our teaching institutions such that they will be forced to curtail or severely limit the number Medicaid patients they serve or to seek alternative funding sources thru diversifying their payer mix and to recruit more private, non-Medicaid patient pools, and least desirable of all, to raise tuitions.

The dilemma confronting the schools is not unfamiliar to many of the practitioners who have long served Medicaid families over the years. The reimbursement level has long been such that most practices suffer a loss when seeing these patients. What was once considered a "civic duty" to assure that no child should suffer from pain or infection of dental origin has become untenable and except for cases of extreme need or as a favor to a referring pediatrician, general dentist or school nurse the inclusion of Medicaid children as a matter of routine is a thing of the past.

There is little doubt that the other California dental schools and specialty training programs are experiencing similar financial does and will be faced with difficult decisions as to how to limit the financial pitfalls of continuing to provide services to low income children covered by Denti-Cal. The overriding question has to be "what are we going to do about it?" Governor Brown and the California Department of Health Services do not seem inclined to find a solution thru increasing fees to a more reasonable level which would allow schools and practices to operate at a break-even as a minimum. I would suggest that there are but few approaches which would have likely outcomes that would positively affect the looming crisis in dental education in California. These might include:

1. Forging "out of the walls" affiliation agreements with Community Health Centers (CHCs) which have FQHC designations and would allow for patients to be seen and reimbursement based on an encounter basis. This would result in a small but significant increase in the fees generated by the students and residents. Such affiliations between universities and CHCs would necessitate significant accommodations on the part of both the schools and CHCs in that the patients would necessarily be patients of the CHC and not the school. Among many other considerations there would also need to be an institutional systems compatibility regarding record keeping, data

(Continued on next page)

storage and transfers. These are not insurmountable obstacles but there would be an institutional "culture gap" which would need to be overcome.

2. A unified and well structured "revolt" by the Deans of all six dental schools who would go as a group to the State Legislature and to the Department of Health Services with and appeal (threat) to no longer be able to accept Denti-Cal patients at the current reimbursement rate. This "revolt" might be planned and orchestrated with the support and collaboration of CSPD and CDA.
3. Convert the entire Denti-Cal system to a managed care system in order to control costs, reduce over utilization and prevent fraud.
4. Last but not least, many states confronted by the same circumstances now confronting California, have filed law suits against their respective State Legislatures and Health Service Departments for being non-compliant with federal laws and guidelines (ESPDT requirements) regarding access to care and provision of minimal preventive and restorative services to low income children. Many states have successfully pursued this litigation option and the resulting increase in levels of provider reimbursement have been such that the access to care problem has all but disappeared.

If for no better reason than to be the salvation of our dental schools, this is a problem that needs a solution. The CSPD Board of Directors recognizes this impending disaster and stands fully prepared to engage in any discussions directed toward finding a solution which will, at once, allow the continuing production of the next generation of pediatric dentists at the same time that it will allow for a continuation of the important safety-net provider network that the schools provided for many thousands of low income children in our state.

Faculty Spotlight: John A. Guijon, DDS

Interview by Sahar Hamedani, DDS, Warren Brandli Intern

Dr. John Guijon is an Orange County native, and has been in the Southern California area his whole life. He obtained his DDS degree at UCLA and his pediatric specialty training at USC. Dr. Guijon has a private practice in the city of Huntington Beach and serves as an Associate Clinical Professor of Pediatric Dentistry at USC since 1998 where he teaches pediatric dental residents in the areas of hospital dentistry, sedation management and clinical practice. Dr. Guijon holds staff hospital privileges at Children's Hospital Orange County (CHOC) in Orange, CA. He has also been working for Healthy Smiles for Kids of Orange County, a CHOC affiliated non-profit organization, as a hospital dentist and an attending dentist since 2006. Dr. Guijon and his lovely wife have three beautiful children, Christina, Andrew and Isabella.

Q: What motivated you to enter teaching, and in what ways has being a faculty member positively influenced your life and/or practice?

A: It's fun. And it keeps me on my toes. It helps me stay on top of things and review things. I enjoy the interaction with the residents. It's beneficial to me as a practitioner to keep up with things I normally don't see in private practice.

Q: What has been the biggest change or shift that you've seen in pediatric dentistry since the time that you first started?

A: Insurance. My feel is that insurance has had an impact on private practice and practices such as Healthy Smiles. How much change, good or bad, I don't know. I think we're still waiting to see that but it's definitely something that has changed. We're still looking for the perfect pulpotomy medicament. While there hasn't been great change, it seems as though we are more willing to look at alternatives more so than before. Esthetic crowns are also making headway. There is definitely more of a shift in attitude to revisit some of these things and it might be because of the technology now catching up.

Q: What is the most difficult challenge that graduating pediatric dentists must face today and what advice would you give to new grads?

A: Finding a job. There are definitely opportunities out there, but it may not be in an area you want to work. It may just be a transition or a stepping-stone to where you want to be so keep your options open and be open minded!

Q: What would you tell young practitioners or new grads who are contemplating a part-time faculty position?

A: I think that's great. We could always use more faculty. I think you'll find it very rewarding. There's certainly a big need for it. My personal take is that it would be nice to balance both private practice and academics. Doing both gives you that much more to offer.

Q: Aside from pediatric dentistry, what are some of your passions?

A: I enjoy camping. I am involved with Boy Scouts; I am an Assistant Scout Master and I really enjoy that. I am also a First Aid Merit Badge Counselor and a Dental Merit Badge Counselor and those are very rewarding. I like hiking, cycling and spending time with family.

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Public Policy Advocate's Report

Bills of Interest to CSPD

Prepared for the California Society of Pediatric Dentistry - July 15, 2014

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 357 (Pan) Medi-Cal Children's Health Advisory Panel. This bill would rename and recast the defunct Healthy Families Advisory Panel as the Medi-Cal Children's Health Advisory Panel, an independent statewide advisory body composed of 19 members charged with advising the State Department of Health Care Services on matters relevant to children enrolled in Medi-Cal.

CSPD Position: Under Consideration

Comment: One of the panel members must be a "licensed, practicing dentist." CSPD and CDA member Jimmy Forrester currently occupies this position on the nonoperational Healthy Families Advisory Panel. If the bill is passed into law, it will be an important CSPD objective to see that the dentist position appointed by the Department of Health Care Services is a qualified pediatric dentist.

AB 1174 (Bocanegra) Teledentistry: Expanded Duties and Medi-Cal Billing. This bill would expand the scope of a practice 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: Support

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 bill was amended 5/21/14 to require that the supervising dentist provide the patient or the patient's representative written notice including specified contact information and disclosing that the care was provided at the direction of that authorizing dentist, and would prohibit the dentist from concurrently supervising more than five such dental auxiliaries as specified in the bill.

AB 1759 (Pan) Medi-Cal Reimbursement Rates: Independent Assessment. The bill would require an independent assessment of Medi-Cal provider reimbursement rates, access to care, and the quality of care received in the Medi-Cal program and require the Director of the Department of Health Care Services to annually review the findings and recommendations of that assessment and suggest reimbursement rate adjustments as necessary to meet applicable state and federal standards as part of the state budget adoption process.

CSPD Position: Under Consideration

Comment: The bill also would create a 16-member advisory committee appointed by the Governor and the Legislature to provide input and oversight of the assessment. The bill is silent on whether Medi-Cal Dental program (Denti-Cal) rates would be part of that review and if a dentist would be appointed to the advisory committee.

AB 1962 (Skinner) Dental Plans: Medical Loss Ratios. This bill would require dental benefit carriers to file annual reports with the Department of Managed Health Care or the Department of Insurance on loss experience and would express the will of the legislature that the data reported pursuant to these provisions be considered by adopting a medical loss ratio standard for dental benefit plans that would take effect no later than January 1, 2018.

CSPD Position: Support

As introduced, would have required that dental plans sold in the state spend a minimum percentage of premium revenues on direct patient care and that plans failing to meet this "medical loss ratio" would be required to rebate the excess premium revenue back to enrollees. The bill now requires only data collection which would support the establishment of such a standard.

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Public Policy Advocate's Report (continued from page 9)

SB 1245 (Lieu) Dental Hygiene Committee of California: Sunset Review. Extends the operation of the Dental Hygiene Committee of California within the jurisdiction of the Dental Board of California four years until January 1, 2019

CSPD Position: Watch

Comment: The DHCC and the California Dental Hygienists Association have proposed an expanded authority for the Committee which would include (1) establishing the Committee as a separate Board under the jurisdiction only of the Department of Consumer Affairs and a separate Dental Hygiene Practice Act; (2) allowing the proposed Dental Hygiene Board to propose dental hygiene scope of practice changes independent of the Dental Board of California input or jurisdiction and (3) moving administration of local anesthesia and inhalation analgesia from direct to general supervision for Registered Dental Hygienists. This legislation does not include those provisions.

SB 1416 (Block) Dental Board of California: Licensure Fees. This legislation raises the fee charged by the Dental Board for initial dental licensure and biannual renewal from $450.00 to $525.00.

CSPD Position: Neutral

Outcome: Passed by the Legislature and signed by the Governor into law, taking effect January 1, 2015

Comment: These increases make the Board fiscally sound for the time being, but an impartial analysis of revenue, spending and services need to be part of the Board's sunset review process next year before the statutory cap is again raised..

Hospital Dental Care Crisis

Paul Reggiardo, DDS, Public Policy Advocate

CSPD is hearing from members disturbing reports of the closing of hospital operating rooms and ambulatory surgical centers to dental cases. Recently Sutter Memorial Hospital representatives announced that it and Sutter Health affiliated facilities in northern California will no longer provide a surgical setting where a dentist can work with an anesthesiologist to provide care under general anesthesia. Sutter's decision was based on the inadequate Medi-Cal reimbursement rates for operating room costs and anesthesia fees, which have also forced other facilities statewide to curtail or discontinue the provision of dental services under general anesthesia for the young or patients with special medical or disability needs.

CSPD in partnership with CDA is exploring both immediate relief from the Department of Health Care Services as well as a long-term legislative solution recognizing that Medi-Cal reimbursement rates must be increased, not only at hospital and free-standing surgical facilities, but also for care provided under anesthesia in dental offices.

To do this, we need the help of our members who have been affected by, or potentially affected by, hospital and surgical facility closings or curtailment of dental services under general anesthesia.

If you are aware of ---- or have been affected by --- these denials of service access you are requested to contact CSPD Public Policy Advocate Dr. Paul Reggiardo at reggiardo@prodigy.net so that we may demonstrate the extent of the problem facing patients throughout the state.

Your cooperation in providing this information will be invaluable in securing administrative or legislative remedy on behalf of our patients.

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Our hearts have been deeply touched by the kindness of Dr. Vickie, Dr. Jeff, and their staff! Autumn's new gorgeous smile lights up every room she is in. Thank you for sharing your skill with our family!

Autumn's mom

Meet AUTUMN

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Oariona Lowe, DDS
Chair, CDA Fundraising Committee- CDA Cares Pomona

CDA Cares is a two-day dental event that moves around the state twice each year to provide dental care and oral health education, at no charge, to Californians who experience barriers to care. Since 2012, CDA Cares has provided $10 million in dental care. CDA Cares has been held in Modesto, Sacramento, San Jose and San Diego, Solano...now the event will be held in the Southern California community of Pomona!

CDA Cares Pomona will take place November 21-22, 2014 at the Pomona Fairgrounds. We anticipate providing care to at least 2,000 people.

While the goal of CDA Cares is to relieve pain and infection, it also provides us the opportunity to educate the public and policy-makers on the importance of oral health care and issues associated with state and local policies and funding. State Senate Pro Tem Darrell Steinberg (D-Sacramento) attended the Sacramento clinic and said, on the spot, that it was a mistake by both he and the Legislature to have ever cut the adult Denti-Cal program. Following that clinic, he made restoring the adult Denti-Cal program in California one of his top priorities. In June 2013, Governor Brown signed the State Budget, including a reinstatement of the adult Denti-Cal program, one of the very few health-related programs to receive any additional funding. On June 15, 2014, CDA was successful in establishing the position of a State Dental Director who must be a licensed dentist. The dental director will manage and implement oral health programs throughout the state.

Dentistry has always given back to those in need and CDA Cares gives us the opportunity to provide care to a much larger group of people than we could ever see in our offices. Please join me as a volunteer to this most precious event and also consider being a partner with CDA Cares and the CDA Foundation as a Chair sponsor or an Ambassador!

Each chair sponsor receives:

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The sponsorship form can be completed and faxed to Michelle at 916.498.6182 or you may donate online at http://www.cdafoundation.org/donate-now. Click one time donation, then $500 Chair Sponsor, $1,000 for Ambassadors.

Don't hesitate to contact me if you have any questions or need additional information. You may also contact Michelle Rivas at: *michelle.rivas@cda.org*. or by calling **800.232.7645**.

To read about CDA Cares Pomona please go to cspd.org, the calendar of events and click on the event.

Pediatric section at CDA Cares Vallejo, CA

Dr. David Suttie hard at work with a young patient.

Dr. Joshua Connolly at CDA

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CSPD Recommended Abstracts (Summer 2014)

By Samah Omar, DDS, MSD
Continue Education Committee

Fluoride toothpaste efficacy and safety in children younger than six years: a systematic review.

Wright JT1, Hanson N, Ristic H, Whall CW, Estrich CG, Zentz RR. J Am Dent Assoc. 2014 Feb;145(2):182-9

Abstract

BACKGROUND:
The authors conducted a systematic review to assess the efficacy and safety of fluoride toothpaste use in children younger than 6 years.

METHODS:
The authors defined research questions to formulate a search strategy. They screened studies, extracted data and assessed risk of bias systematically. They conducted meta-analyses to determine the effects of brushing with fluoride toothpaste.

RESULTS:
Use of fluoride toothpaste brushing had a statistically significant effect on mean decayed, missing and filled primary tooth surfaces and decayed, missing and filled primary teeth for populations at high risk of developing caries (standard mean difference [95 percent confidence interval {CI}], -0.25 [-0.36 to -0.14] and -0.19 [-0.32 to -0.06], respectively). The effects of using different fluoride concentration toothpastes on caries varied. Study findings showed either a decrease in the odds of having fluorosis (odds ratio [OR] [95 percent CI] = 0.66 [0.48-0.90]) when the use of fluoride toothpaste was initiated after 24 months or no statistically significant difference (OR [95 percent CI] = 0.92 [0.71-1.18]). Beginning use after 12 or 14 months of age decreased the risk of fluorosis (OR = 0.70 [0.57-0.88]).

CONCLUSIONS:
Limited scientific evidence demonstrates that for children younger than 6 years, fluoride toothpaste use is effective in caries control. Ingesting pea-sized amounts or more can lead to mild fluorosis. Practical Implications. To minimize the risk of fluorosis in children while maximizing the caries-prevention benefit for all age groups, the appropriate amount of fluoride toothpaste should be used by all children regardless of age. Dentists should counsel caregivers by using oral description, visual aids and actual demonstration to help ensure that the appropriate amount of toothpaste is used.

Fluoride concentration in commonly consumed infant juices.

Omar S, Chen JW, Nelson B, Okumura W, Zhang W. J Dent Child (Chic). 2014 Jan-Apr;81(1):20-6

Abstract

PURPOSE:
The purpose of this study was to measure the fluoride concentration in the most commonly consumed, commercially available infant fruit juices and to determine if a significant difference existed among various juice flavors and brands.

METHODS:
Ninety samples of different flavors from three infant juice manufacturing companies were analyzed using the Taves microdiffusion method. The fluoride content in one serving juice container was calculated and compared to the recommended optimal daily fluoride intake.

RESULTS:
Fluoride concentrations ranged from 0.11 to 1.81 ppm (mean=0.75+0.45 ppm) for all samples. A statistically significant difference in fluoride concentration among different manufacturers (P<.001) was found. Gerber juices contained higher fluoride amounts (mean=1.1+0.22 ppm) than Beechnut juices (mean=0.43+0.42 ppm) and Earth's Best juices (mean=0.34+0.13 ppm).

CONCLUSION:
Fluoride was found in all tested infant juice samples, and concentrations varied among manufacturers and flavors assessed. Fluoride in all tested samples was below the recommended optimal daily intake. When taking other fluoride sources into consideration, infants six months old and younger who consume three times the American Academy of Pediatrics' recommended amounts of juice per day may be at risk of developing fluorosis.

(Continued on next page)

Pulp and periradicular testing.

Levin LG. J Endod. 2013 Mar;39(3 Suppl):S13-9.

Abstract

Pulp and periradicular testing is crucial to the initial trauma evaluation and to subsequent monitoring of the traumatized teeth and supporting structures. An accurate diagnosis serves as the basis for therapeutic intervention and helps to ensure that destruction of the dental structures will be minimized and function will be regained. The purpose of this review is to present the current best evidence for accurate diagnostic testing of the pulp and periapex of traumatized teeth. Five databases were searched for literature pertaining to pulpal testing and trauma. Widely recognized textbooks were also consulted. Currently used pulp vitality testing is constrained by its subjective character and by the fact that it is a measure of neuronal status and not true pulpal viability. Tests that measure tissue perfusion more accurately reflect pulpal vitality, but they are not available commercially. This review discusses the specificity, sensitivity, and accuracy of commonly used tests, with emphasis on the applicability of certain tests to specific patient presentations in trauma. Factors that influence test selection are discussed, and specific recommendations are made on the basis of best evidence. Although differences exist between the various studies as to the accuracy of commonly used pulpal and periradicular tests, most of these have acceptable predictive value. Pulpal and periradicular tests in the trauma patient should be used in conjunction with clinical and radiographic observations to arrive at a diagnosis and treatment plan.

Premature loss of primary anterior teeth due to trauma--potential short- and long-term sequelae.

Holan G1, Needleman HL. Dent Traumatol. 2014 Apr;30(2):

100-6.

Abstract

Traumatic dental injuries (TDIs) can result in the premature loss of primary anterior teeth due to an immediate avulsion, extraction later after the injury because of poor prognosis or late complications, or early exfoliation. There are a number of potential considerations or sequelae as a result of this premature loss that have been cited in the dental literature, which include esthetics, quality of life, eating, speech development, arch integrity (space loss), development and eruption of the permanent successors, and development of oral habits. This article provides a comprehensive review of the dental literature on the possible consequences of premature loss of maxillary primary incisors following TDI.

Methemoglobin Levels in Generally Anesthetized Pediatric Dental Patients Receiving Prilocaine Versus Lidocaine.

Lauren L. Gutenberg, Jung-Wei Chen, and Larry Trapp
Anesthesia Progress 2013 60:3, 99-108.

Abstract

The purpose of this study was to measure and compare peak methemoglobin levels and times to peak methemoglobin levels following the use of prilocaine and lidocaine in precooperative children undergoing comprehensive dental rehabilitation under general anesthesia. Ninety children, 3–6 years of age, undergoing dental rehabilitation under general anesthesia were enrolled and randomly assigned into 3 equal groups: group 1, 4% prilocaine plain, 5 mg/kg; group 2, 2% lidocaine with 1 : 100,000 epinephrine, 2.5 mg/kg; and group 3, no local anesthetic. Subjects in groups 1 and 2 were administered local anesthetic prior to restorative dental treatment. Methemoglobin levels (SpMET) were measured and recorded throughout the procedure using a Masimo Radical-7 Pulse Co-Oximeter (Masimo Corporation, Irvine, Calif, RDS-1 with SET software with methemoglobin interface). Data were analyzed using chi-square, one-way analysis of variance (ANOVA), and Pearson correlation (significance of $P < .05$). Group 1 had a significantly higher mean peak SpMET level at 3.55% than groups 2 and 3 at 1.63 and 1.60%, respectively. The mean time to peak SpMET was significantly shorter for group 3 at 29.50 minutes than that of group 1 at 62.73 and group 2 at 57.50 minutes. Prilocaine, at 5 mg/kg in pediatric dental patients, resulted in significantly higher peak SpMET levels than lidocaine and no local anesthetic. In comparison to no local anesthetic, the administration of prilocaine and lidocaine caused peak SpMET levels to occur significantly later in the procedure.

CSPD Foundation

Foundation President's Message

Steve Gross, CDT

As usual, I often "surf" the web for ideas, articles and news focused on areas of my own interests. My goal is to increase my understanding and to further educate myself in this ever-increasing learning environment called the web. Oh yes – Facebook counts too!

I came across this article by Arthur A. Dugoni, D.D.S., M.S.D. regarding Dental Education in the Journal of Dental Education.

I'd like to share with you:

This is but a brief section of the article, it simply speaks to the heart of the matter when it comes to the crises in dental education for the schools, its programs, their students and the dental profession as a whole.

Philanthropy and Dental Education

J Dent Educ 2012 76:275-278

"Dental education is the foundation of our profession, and this foundation is threatened. If we do not have a strong foundation in education, our profession risks losing its integrity. Some even say that if nothing is done to repair the system, it will eventually turn the profession of dentistry into a trade. There are overwhelming challenges facing the entire educational system, not just dental education.

Dental schools suffer from aging physical and clinical facilities that must be updated to meet the challenges of the future. Technology, while helpful in the educational process and integral in the practice of dentistry, demands a constant stream of money to fund upgrades and new equipment. This is one of the more challenging effects of the continuous advancements of technology. Often technology becomes obsolete soon after development! Unfortunately, it is the nature of the technology beast, but it is an educational must-have since students cannot graduate and enter the profession with training in antiquated methods, equipment, and facilities.

"Dental education is the foundation of our profession, and this foundation is threatened."

A dental education is one of the most costly professional education and training programs. Dental students graduate from dental school in the United States with an average of $162,000 in debt and many with more than $400,000 in accumulated debt. Besides creating foundations and endowments, Andrew Carnegie spent significant sums establishing libraries because he believed that education should be free. Unfortunately, we do not have this luxury to offer to all dental students. But we can alleviate some of the stress and the cost of education that is placed on the shoulders of our graduates by creating grants and endowments.

Since government support is decreasing, dental schools increasingly must rely on generous donations and fundraising campaigns simply to maintain operations at their current rate. But what happens when you want to grow a school and prepare for the future? What happens when equipment needs to be updated and educational demands are not being met? Our dental students will suffer significant educational and dental medical training shortfalls, and they are the future generations of our profession.

These are some of the challenges that our schools, our educators, and our students faced yesterday, face today, and will face tomorrow, and it is our responsibility to make a difference. The future of our profession is dependent on us and our actions. These challenges may seem overwhelming, but they are not insurmountable.

What works for one school might not work for others, but that does not mean that programs and policies cannot be adapted to fit the needs of the students and the school. We owe it to ourselves to safeguard our educational system—the system that provided us with the knowledge and talent to thrive and to provide for our family, friends, and patients.

Our dental education is what has made each of us into the person we are today. It has molded us into dental professionals, enabled us to provide care for those who need it, and provided us with respect and dignity. If it were not for the strong dental education that we received, the dental profession would cease to exist as we know it, with detrimental effects not only to dentists but to the health of the public.

Developing a culture of philanthropy among our peers, our colleagues, our friends, and ourselves is essential. We can seize with our excitement the future of our profession. Acts of giving should inflame a passion for the profession of dentistry. Charitable giving allows for the development of extraordinary and innovative projects that expand and enhance learning opportunities for every student.

In my experience, the top three reasons why people make a donation are the following: returning something to society, a belief in a particular cause, and a desire to make a difference or change. This profession thrives on the dedication and support of an entire network of people, but it needs funding to survive. Proper funding is imperative, and it is

(Continued on next page)

the responsibility of dental school graduates who have been positively affected by the profession to give back. Dentists are generous with their time and talent, but must be even more generous with their treasury. However, the ultimate goal lies in finding solutions to our problems. Having proper funding will assist in this process, but we need the strong minds and support of everyone to pool ideas and join forces to enhance and protect the progress of dental education and its commitment to excellence".

This article speaks to the mission of the CSPD Foundation!

The mission of the California Society of Pediatric Dentistry Foundation is to support and promote education, research, and service that advance the oral health of all California infants, children, adolescents, and those with special health care needs.

The future is in your hands! – Without your generous donations, the Foundation could not fund the programs that are the future of your profession in California. We address each program on their individual needs support the CSPD/WSPD membership with hot topic presentation keeping you abreast of the pitfalls, hurdles and exciting developments that effect your profession.

Please consider this as our first outreach towards the 2014-2015 annual giving campaign. Log onto CSPD.org/foundatioin/ and submit your donation.

For those of you who donate on a regular basis, thank you. Please consider increasing your pledge. Those of you who have completed your life pledge, please consider continuing your yearly donation – all donations are cumulative.

Once again, thanks to you all. As always, if you have any comments or concerns I may be reached at SteveG@SMLglobal.com.

Foundation News

Opportunities

Bridge the Gap

Through your generous donations the Foundation will continue to support pediatric dental education programs throughout the in California. In 2014-2015 the Foundation will announce some new expanded opportunities in the Bridge the Gap program. These new categories will be presented to all the chairs and programs within the next few months. The application process will be available online in a new simple to follow format. More to come!

2014-2015 Foundation Presentation

Once again your Foundation will be offering another "Hot Topic" presentation on March 26, 2015 at the CSPD/WSPD annual meeting in Dana Point. This presentation will again address the issues that affect your profession for the present and into the future.

More information will be release as they are available!

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District Report

Santos Cortez, DDS District VI Trustee

The Western District Trustee

The annual meeting of the American Academy of Pediatric Dentistry (Academy) has come and gone. The attendance records of the meeting in Orlando were surpassed this year in Boston during the Memorial Day weekend where one third of the active and life members of the Academy attended. Attendance at the General Assembly was not reflective of the attendance at the scientific session, receptions and social events, however. The issue at hand drew more attendees but as in the past, this important meeting was not very well attended. There may be many reasons for this low attendance at the general Assembly but even those reasons may be debated. That is a subject for discussion at another time.

For many of us the meeting took great significance as the merits of keeping the Tripartite membership requirements were debated in small group and caucus conversations and at the myriad of receptions leading to the Sunday morning General Assembly meeting. As in last year's meeting, the process in which our current governance structure is set, worked. Depending on your point of view, the process either worked for you or against you, but under the circumstances, the "process" cannot be questioned. We all know the results of the vote at the meeting where Tripartite amendment was passed and membership in the state unit and district will be "strongly encouraged" but not required. The significance of this change in the bylaws may or may not be noticed for some time. This will be closely monitored by all the stakeholders, especially by obtaining data from the state units and districts for the foreseeable future.

As Trustee for the Western District, I appreciate the passion of many of the leaders in our district, though the stance on the issue differed from those in the Academy leadership, including the board of trustees. As Western Society of Pediatric Dentistry president, John Gibbons, in addressing the board of trustees on that Sunday afternoon meeting eloquently stated, " we would now like to have us all move forward, united" to make this work out for all concerned. That is all of our sentiments exactly.

At the time of this writing, the actions of the Board have not been published and therefore I cannot communicate the decisions that were voted on by the new Board. I will however, intend to hold the conference call that I usually convene post the board meetings. This call may be held sometime in the next two to three weeks, as we move on to the work of the district. One thing that I can share is the commitment of the Academy to support the now very successful "Leadership Caucus" that was led by past district president Johnny Ukich and skillfully moderated by Ray Stewart. Several members of the AAPD board were in attendance and all had very positive comments to make about the success of this inaugural meeting of state and district leaders. As of this writing, I am anticipating receiving a proposal from WSPD President John Gibbons to forward to the board of trustees for support while at the Seattle meeting in 2015. I have no doubt that it will be affirmed by the board as the consensus is that it is a worthwhile event to be held regularly.

For the first time, our district appears to have multiple candidates who may submit applications for the Western District Trustee position that will be open in May 2015 as I will be termed out. Applicants may either self-nominate (with 10 active members submitting letters of recommendation), via a nomination from a recognized state unit or from the district. The respective president may submit the name to me and or to the Nominating Committee representative, Dick Mungo. I will mention to you that Dick Mungo is also being termed out and the district has nominated and forwarded Ora Lowe as your next representative to the Nominating Committee. I thank Dick Mungo for his service and commitment to working in the capacity of Representative for our district the last three years. Thank you Dick. Though Ora Lowe has "big shoes to fill" in this position, I have no doubt that she will do a great job in helping select the next cadre of leaders in the Academy. I have all the confidence that she will do a great job on the NC!

"I thank Dick Mungo for his service and commitment to working in the capacity of Representative for our district the last three years."

I am happy to report that as a member-benefit, each AAPD active member will be provided the use of a video produced for the Academy that we may use for marketing our practices in our own local community. The spots are one minute and another is a thirty-second spot that highlights the benefits of taking a child to a pediatric dentist. The intention is to differentiate pediatric dentistry from general dentistry and all other specialties. This public relations effort is piggybacking on the public awareness campaign that has begun with the development of the tagline: "America's Pediatric Dentists: THE BIG AUTHORITY on little teeth". The investment and goal of this campaign is to provide public awareness of the importance of children's oral health while at the same time driving patients to pediatric dental offices. This may bring a competitive edge for our members in an era when competition and outside forces may have negatively impacted our practices.

One of the mega issues affecting many pediatric dentists across the county is the Medicaid Recovery Audit Contractors (RAC). The Affordable Care Act (ACA) requires that Medicaid (Denti-Cal in California) agencies contract with RACs to identify and recover overpayments and to identify underpayments. States must also develop processes for entities to appeal RAC determinations, and coordinate efforts with other Federal and state law enforcement agencies. Now, while this sounds pretty innocuous, what has been found troublesome is that these contractors are compensated on the percentage of the amount of money that they recover (take back from us). This may place an incentive for them to "over audit', if you will. There have been reports from some of our members in the Midwest and the East Coast that the audits are not only intense but place practices at liability for what the contractors determine may be fraudulent practices, such as taking and billing for x-rays prior to the predetermined periodicity the Medicaid regulation in a particular state is. Another example may be for scheduling a recall or prophylaxis prior to the date that the patient would be due. These audits are separate from the audits that may be already done by the states' Medicaid programs… we are talking about federal audits done by private contractors…paid on the basis of how much they recover. What's wrong with this picture?

The Academy is monitoring this closely and via the education portal and the use of a webinar, the membership will be provided more information about how to successfully survive one of these audits. I am told that this is ALL about documenting "medical necessity." More to come on this…. To me the bottom line is that these practices, if continued in such an imposing manner, may negatively affect the access to care for a lot of underserved populations as more and more practitioners choose to bail out of the system. I will keep you posted on this issue.

I appreciate the opportunity to serve in the position as Trustee for the Western District.

Please feel free to contact me should you have any comments or questions regarding this report or matters relating to the district or the Academy. I may be reached by e-mail at scortezdds@gmail.com.

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CSPD Member News

New CSPD Board Members

Dr. Daniela Rodrigues P. Silva
Director, 2016 South

Dr. Daniela Rodrigues Silva is originally from Goiânia, Goiás, Brazil. Earned her D.D.S. degree at the Federal University of Goiás in 1986. She completed her first residency in Pediatric Dentistry at the University of Castelo Branco, São Paulo, Brazil in 1989, and later on completed a Certificate and Master Degree in Pediatric Dentistry at the University of Michigan in 2002. Dr. Silva owned a pediatric dentistry private practice in Goiânia, Brazil, from 1987 to 2000 and had a part-time faculty position in the Department of Pediatric Dentistry at the School of Dentistry of Anápolis, Goiás, Brazil from 1990-2000, where she was awarded the "Teacher of the Year" for three consecutive years. Dr. Silva joined the University Of Florida College Of Dentistry in August 2004 and was the Residency Program Director of the Gainesville and the Naples programs until July 2011; when she joined the UCLA School of Dentistry as an Associate Clinical Professor and Residency Program Director in the Pediatric Dentistry Section.

Dr. Silva is a Diplomate of the American Board of Pediatric Dentistry and serve as Consultant for the ABPD Oral Clinical Examination. This past January Dr. Silva was nominated as Board Member of the California Society of Pediatric Dentistry.

Dr. Susan Tavana
Director, 2016 North

Dr. Susan Tavana joins the Board after serving as the 2012 Warren Brandli Leadership Intern. She completed her Pediatric Dental Residency at UCSF. She holds an additional masters degree in Oral and Craniofacial Sciences. She attended dental school at the University of Southern California in Los Angeles and has been practicing Pediatric Dentistry in the Bay Area ever since. Dr. Tavana is currently in private practice and lives in Los Gatos with her husband and two children.

Do You Have a Story to Share?

Is your practice doing something unique? Whether it's a great new program or how you managed a complex issue, we want to hear about it. The CSPD Bulletin is distributed to members statewide and Pediatric Dentists located throughout California. If you have news to share, contact Stacie Lewis, slewis@cspd.org.

Patient Safety Committee

Rick J. Nichols, DDS

U.S. FDA Issues Safety Alert for Oral Viscous Lidocaine 2 Percent

On June 26th, 2014, the FDA issued a safety alert regarding the use of oral viscous lidocaine 2 percent (2%) for the purpose of alleviating pain associated with teething in infants and children. The FDA alert stated that "health care professionals should no longer prescribe or recommend viscous lidocaine 2 percent (2%) solution for teething pain, and urged parents and caregivers to follow the recommendations of the AAP," which includes the use of chilled teething rings, and gently massaging the gums with a finger to relieve the symptoms. The alert continued in stating that "topical pain relievers and medications that are rubbed on the gums are not necessary or useful, because they wash out of the baby's mouth within minutes," and "too much viscous lidocaine, if swallowed can result in seizures, severe brain injury, and problems with the heart." Cases of overdosing due to wrongful dosing or accidental ingestion have results in children being hospitalized and even dying.

On July 1, 2014, AAPD President, Dr. Edward H. Moody, Jr., DDS, emphasized the need for parents to establish a dental home for their child by age one year old, to give the Pediatric Dentists the opportunity to inform the parents and caregivers that "teething is a normal part of childhood, and recommend nonmedicinal alternatives in addressing teething pain."

CSPD members can encourage their patient's parents to visit the AAPD's consumer website at www.mychildrensteeth.org, for more information on teething and infant/child oral health care.

The complete article can be read at www.fda.gov/drugs/drugsafety/ucm402240.htm or at www.DrBicuspid.com.

> "health care professionals should no longer prescribe or recommend viscous lidocaine 2% solution for teething pain, and urged parents and caregivers to follow the recommendations of the AAP"

Student Activity Report for California Pediatric Dental Residencies

The Pediatric Study Club of USC

Dr. Julie Jenks, Herman Ostrow School of Dentistry of USC

The Pediatric Study Club of USC, have monthly meetings open to all students. During these sessions we have a guest lecturer that discusses different topic in pediatric dentistry. This past year some of the topics discussed has been: behavior management techniques, oral surgery, medical emergencies in the dental office, and the application process for residency programs. The average attendance is around 40 students, from dental, international, and hygiene programs. In addition to monthly meetings the study club is involved in community service, such as community health screenings and volunteering during the Special Olympics. The future of the Study Club is bright and we are looking forward to more lunch seminars and community service.'"

"The Pediatric Dentistry Selective of USC has meetings twice a month with a student presentation on a topic related to pediatric dentistry. A few weeks ago the 2015 class had a party for our graduating senior PDS class at Dave and Busters in Culver City. Furthermore, the USC PDS is trying to organize a mobile dental clinic to go to the Ronald McDonald House in Los Angeles. In addition, the PDS students will be taking on the role as student leaders for the USC Children's Health and Maintenance Program (CHAMP) to go with the CHAMP team to local WIC centers, Early Head Start and Head Start programs to provide dental screenings and preventive dental services to infants and young children."

(Continued on page 26)

Thank You to Our Generous Sponsors and Exhibitors for the 2014 CSPD/WSPD Annual Meeting!

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UCLA Spring Quarter Report (continued from page 24)

Student Activity Report

Spring quarter was quite busy for UCLA SCAAPD, filled with plenty of fun, service and educational events!

We kicked off spring quarter with a local health fair at Lennox Middle School on March 22, 2014. With UCLA pediatric residents as our mentors, we provided oral hygiene instruction and gave much needed oral health advice, toothbrushes, toothpaste and floss to over 50 children and their parents.

We also had the opportunity to listen to Dr. Daniela Silva give a presentation on "Local Anesthesia and the Pediatric Patient" on April 15, 2014. We very much enjoyed listening to her "secrets" and tips on how to manage the pediatric patient and found her presentation very informational, encouraging and entertaining! She is very insightful and we look forward to more educational lectures from her.

We partnered with UCLA ASDA and hosted a "Reading to Kids" event at Los Angeles Elementary on May 10, 2014. It was a fun event for everyone involved that included reading and silly art projects.

We also had a question-and-answer session, "Applying to Pediatric Residency," with a few of our esteemed pediatric faculty, including Dr. Daniela Silva, Dr. Clarice Law and Dr. Setareh Ghafouri on May 27, 2014. They were very helpful in answering our questions about the application process, including advice on developing our personal statements and obtaining letters of recommendation. Our educational chairs also supplied attendees with an informational handout about pediatric residency that they created under the mentorship of Dr. Chanel McCreedy.

We held a Senior Banquet on May 30, 2014 to congratulate graduating seniors and thank them for their commitment and dedication to SCAAPD over the years. We are sad to see them go but are excited to see what their new futures will bring.

And lastly, we are excited about our last event of the quarter, an "Ice Cream Social" held on June 2, 2014. It was a fun and relaxed way for our members to interact with each other, network with pediatric residents and faculty, and build lasting memories!

Dental students at the Lennox Middle School Health Fair on March 22, 2014.

SCAAPD's co-presidents pose with graduating seniors at our Senior Banquet on May 30, 2014.

Left: Dental students at our" Reading to Kids" event on May 10, 2014. Right: A drawing of a" dragon and flowers" given to one of our volunteers by one of the participants.

Loma Linda Department of Pediatric Dentistry

By Adi Genish DDS, Student group mentor & Jung-Wei Chen DDS, MS, PhD

Welcome to the summer quarter of 2014! Loma Linda's Department of Pediatric Dentistry is excited to report several exciting activities from winter 2014. This past quarter, CSPD has helped sponsor multiple important experiences and has allowed some of our residents to be a part of their very first CSPD annual meeting. In order to enhance the learning experience of the residents, as well as provide exposure to unique patient cases, the Department of Pediatric Dentistry continues to host monthly case presentations by the residents for undergraduate and IDP students. This past quarter we were fortunate to have four wonderful case presentation by our second year residents which were all sponsored by the CSPD. Clinton Lepetich presented a unique case report of Dens in Dente in a nine year old patient. Parisa Kermanshahi presented an interesting case on Apert syndrome; Khanh Truong gave a fascinating presentation on a patient presents with an extremely rare condition called Harlequin Icthyosis and lastly, Michelle Shin presented a detailed case which encompassed a prosthodontic approach (CAD/CAM) to treating a case Amelogenesis Imperfecta in a ten year old patient. Our first year residents have also done their case presentations with topics including Hemangioma by Adi Genish; Sickle Cell Disease by Pooyan Nasibi; Harlequin Syndrome by Minh-Ky Young; and Transient Apical Breakdown by Ava Chung.

Further, two of our first year residents, Ava Chung and Adi Genish were fortunate to have had the opportunity to present posters at CSPD's annual session in Monterey. Ava presented a poster on management of traumatic dental sports injury and Adi presented on the dental management of a patient with isolated hemangioma of the head and neck. Both residents attended several of the lecture sessions including Trauma Management, Oral Sedation, and the New Dentist lecture. In the beginning of May, Loma Linda University held the annual Children's Day. Our first year residents provided oral hygiene instructions to hundreds of children and host the visit on mobile dental van.

We are now in the process of seeing off our senior residents as they take on their new careers and begin their journey in the world of private practice. We will miss them and wish them all the best. We look forward to several more CSPD sponsored events this Spring quarter which will continue to create a dynamic and interesting learning environment.

Dr. Adi Genish presented a poster at CSPD Annual Meeting.

Dr. Ava Chung teaching the children about oral hygiene.

Annual Children's Day; Drs. Malva Wyatt, Pooyan Nasibi, Adi Genish, Mike Yong, Ava Chung and Wesley Okumura by the mobile dental clinic.

Report of the Meeting of the Dental Board of California

Paul Reggiardo, DDS, Public Policy Advocate

The Dental Board of California met May 29-20, 2014, in Oakland. 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.

Legislative and Regulatory Matters

The Board currently tracks 21 bills being considered in the legislature, the majority of which pertain to the Administrative Procedure Act and government accountability. Several bills which directly impact the Dental Practice Act or the Board's operations include the following:

- AB 1174 (Bocanegra) would expand the scope of practice of Registered Dental Assistants in Extended Functions (RDAEF) and Registered Dental Hygienists (RDH) to determine which dental radiographs to perform prior to a dental examination and to place interim therapeutic restorations pursuant to the order and supervision of a licensed dentist. The bill would also 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. After reviewing the bill as amended May 21, the Board voted to adopt a position of "Support if Amended" with a letter to the author that the bill be modified to authorize the expanded scope of practice under a permit issued by the Board rather than by the establishment of a separate licensing category for RDAEFs and RDHs completing the educational and competency requirements for these procedures.
- SB 1245 (Lieu) would extend the operation of the Dental Hygiene Committee of California within the jurisdiction of the Dental Board of California until January 1, 2019. The Board supports the bill.
- SB 1416 (Block) would increase the fee for an initial dental license and for the renewal of that license from the current $450 to $525. The Board supports the bill.

Comment: *Additional information on these bills, including CSPD positions, may be found in each issue of the CSPD Bulletin and on the CSPD website.*

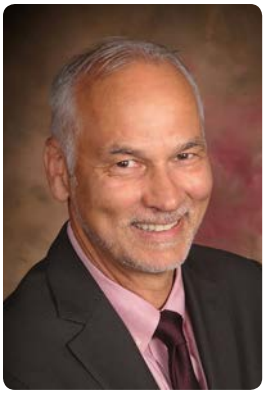
Prescription Drug Abuse

The Board devoted considerable discussion Friday afternoon to the issue of prescription drug abuse and how dental prescribing and dispensing practices may contribute to this public health problem. Specifically, three areas of possible Board action were considered under the Board's mandate to protect the public.

1. Pain Guidelines for Dental Prescribers -- The Medical Board of California provides its licensees with written "Guidelines for Prescribing Controlled Substances for Pain." These guidelines provide clear expectations regarding the physician's role in deciding when to prescribe opioids for pain control as well as follow-up procedures after treatment or pain control medication has been provided. The Board may consider adopting these guidelines or establishing similar guidelines of its own.
2. Establishing Continuing Education (CE) Requirements – According to information provided by medical experts in the treatment of substance abuse, physicians and dentists receive an average of 11 hours of instruction, at most, in pain control during their medical or dental training. According to these experts, this initial education may be inadequate to prepare practitioners for appropriate pain management or to recognize drug-seeking patient behaviors. In California, most licensed physicians are required to take, as a one-time requirement, 12 hours of CE on pain management and the appropriate care and treatment of the terminally ill. At present, the dental board has no similar regulation. The Board could consider establishing continuing education requisites in this area for renewal of the dental license, either in the existing mandated courses or as a separate requirement.
3. In-Office Dispensing Protocols – According to the same abuse treatment experts and the Medical Board of California, the practice of dispensing opioids by physicians is relatively rare, with most prescribers using pharmacies to fill prescriptions. The Board seemed to feel that it is more common for dentists to dispense such medications in their offices, a practice which, without appropriate security and record-keeping in place, lends itself not only to higher risk of theft and misuse by employees and others, but also to misuse by the prescriber. As suggested with pain management, consideration was given by the Board to developing a policy statement or guidelines on in-office dispensing for licensees to follow.

As a result of these discussions, the Board voted that the President would appoint a task force or committee, on which various stakeholders would be invited to participate, to study the issues and to make recommendations to the Board as to regulatory and statutory action.

Comment: *This body will not be limited just to consideration the specific areas discussed by the Board, nor to the specific remedies.*



Western Society of Pediatric Dentistry

WSPD President Letter

John L. Gibbons, DMD

The WSPD has been very active this last year and there is quite a bit to report on. First, I want to thank Johnny Ukich, WSPD Immediate Past President, on the terrific job he did over the last two years. He has guided us through some tough issues with a level head that kept us focus on the important long-term goals.

The CSPD/WSPD Monterey meeting was outstanding with a great CE program, extremely well organized, with ample time and opportunity to have good times with new and old friends. A national leader that was attending his first CSPD/WSPD meeting said he thought it was the best-run state meeting he had ever seen. I have no doubt that is true. CSPD elevated this meeting to rival the annual AAPD meeting. If you have not attended the Thursday CSPD Foundation meeting then you are missing one of the best in the nation. Their topics are always cutting edge; looking at the next big issue that is facing our profession.

"Being a member of your state pediatric dental organization can add credibility to your leaders when they advocate for our profession and ultimately for the children we treat."

Many of you know that at the AAPD Boston meeting it was voted on to eliminate the requisite membership in states/districts in order to be a member of the AAPD. It should be one of our priorities to keep the value of state membership. I hope each individual realizes that the laws that dictate how we are able to practice are made at the state level. Being a member of your state pediatric dental organization can add credibility to your leaders when they advocate for our profession and ultimately for the children we treat.

One of the most frustrating and yet important events you may ever attend is the General Assembly at the AAPD meeting. The General Assembly is where you have the right to cast your vote on the future path that your organization will take. It is estimated that only three percent (3%) of our membership attend this important meeting. To allow every member the right to vote on important issues such as leadership change, constitutional and bylaws changes the WSPD introduced a bylaws change that will require that every member be sent an absentee ballot when these issues are voted on. We believe that every member regardless of his or her circumstances should have the ability to vote on the direction of our organization. Currently our bylaws allow a member to request an absentee ballot for the annual leadership change; what we are advocating is that every member also be sent an absentee ballot when there is a major constitutional or bylaw change. The vote on this proposed bylaw change will take place in Seattle at the next AAPD annual meeting. We urge each of you to please come and cast your vote on this important proposed bylaw change.

WSPD organized and conducted the first annual Leadership Caucus at the Boston AAPD meeting. There were 36 leaders from states, districts and the national organization, representing 25 different states. It is our hope that the caucus, not only, promotes leadership skills, but also be a place where leaders can network from different regions of the academy to navigate through common problems. There are so many that made this meeting possible, and I want to thank each and every one of you. There are too many to list, but you know who you are!

One of the problems that we should all be aware of is the Recovery Audit Contractor (RAC) Program. Audits, such as the RAC, are a means to identify improper payment and instances of fraud within the Medicare and Medicaid programs. RAC auditors are paid on a contingency basis, which have led to excessive fees and penalties. It is important for us to know the federal and state guidelines that govern the treatment of these patients and properly document all your work. Both ADA and AAPD are working at both state and federal levels to introduce guidelines for the RAC auditors to follow that will make the audits less punitive.

I want to end that by saying that the WSPD board is so fortunate to have so many dedicated leaders that make us the most organized and productive district in the AAPD. Thank you to all of you for your hard work!

ANNOUNCEMENTS

NEW CSPD MEMBERS

Active Members

Ali Asgari	San Marcos, CA
Douglas Harrington	Paso Robles, CA
Peter Jimenez	Yucipa, CA
Brent Powell	Fresno, CA
Nyasha Scott	Fontana, CA
Linh Van	San Jose, CA
Ryan Wittwer	El Dorado Hills, CA
Amirali Mirenayat	Porterville, CA

Associate

Terence Chan	Flint, CA

Affiliate

Carson Erin	Orangevale, CA
Christine Armenian	La Canada, CA
Chun Jihee	Covina, CA

Post-Doctoral Student Members

Jessica Kravit	New York University College of Dentistry
Jacqueline Nguyen	Lutheran Medical Center-Southern California
Sophie Taylor	Lutheran Medical Center-Southern California
Sara Van Arsdall	Lutheran Medical Center-Southern California

Congratulations to CSPD Editor Dr. Jung-Wei (Anna) Chen

Loma Linda University School of Dentistry shared that Dr. Jung-Wei (Anna) Chen was recently promoted to Professor! Dr. Chen was also recently selected as the new CSPD Bulletin Editor after Dr. Gary Sabbadini "retired" from the appointment after many great years of service.

Significant Approved Motions from the June CSPD Board Meeting

- Move to approve the agenda with the proposed changes and additions. Motion carried.
- Move to approve the March 27, 2014 Board of Directors meeting minutes with the proposed amendments to the Public Policy Report, the April 28, 2014 Executive Committee Meeting, the May 26, 2014 Electronic Meeting of the Board of Directors and the May 27, 2014 Executive Committee Meeting as presented. Motion carried.
- Move to approve including Dr. Mel Rowan as an individual to be interviewed prior to the CSPD 2014 strategic planning session contingent upon his agreement to participate. Motion carried.
- Move to approve CSPD extending an invitation to the CSPD Board meeting to candidates before considered for the AAPD Western District Trustee. Motion carried.
- Move to evaluate the reinstatement of the Child Advocacy Committee through the development of the necessary proposed bylaws changes and new charges to be discussed at the September 2014 board meeting. Motion carried.
- Move to refer further action specialty association collaboration to the CDA Interdisciplinary Affairs Committee to work out and give CSPD direction.
- Schmitt: Support the initiative contingent upon dedicated funding for oral health. Overarching policy being the support of measures that reduce the consumption of sugary beverages (or agents that attribute to disease and decay). Approach a position on an initiative or bill that uses this overarching policy and notes what this initiative does and what will it achieve to accomplish that goal. Passed.
- Motion to grant the Constitution and Bylaws Committee permission to incorporate the appropriate actions of CSPD leadership after assuring compatibility of verbiage and lack of conflict with other areas of the document without further approval of the board. Motion carried.

Upcoming Meetings & Continuing Education

CSPD
March 26-30, 2015: CSPD's 40th Annual Session at Laguna Cliffs Marriott Resort, Dana Point, CA
April 20-24, 2016: 2016 Silverado Resort, Napa, CA

AAPD CE Meetings
May 22-25, 2014: 67th Annual AAPD Meeting, Boston, MA
August 15, 2014: Antibiotic Therapy in the Pediatric Patient: Indications, Resistance and Stewardship Webinar
Sept. 4, 2014: Oral Clinical Exam Review
Sept. 5-7, 2014: Comprehensive Review Course

See www.cspd.org and www.aapd.org for more courses.

CSPD Professional Opportunities

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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.

Join us in 2015

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- **Dr. William Waggoner**
  50 Questions and Answers about Zicronia Primary Crowns
- **Dr. Kevin Donly**
  Update on Restorative Dental Care for Children
- **Bob Philips**
  Business Forum: Discussion of Business Topics Affecting Pediatric Dentists
- **Linda Waggoner**
  Relationships 101: Enhancing Personal Interactions with Your Patients, Team and Family
- **Debra Quarles**
  Utilizing Practice Management Systems
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- Explore the Dana Point Harbor by whale and dolphin watching, sailing across the Rivera, learning how to catch your first wave surfing and more!
- Dine with an oceanview at the Vue Restaurant offering an elegant yet causal atmosphere and award-winning California cuisine.
- Immerse yourself in California history by visiting San Juan Capistrano Mission which was founded over 200 years ago and is considered the birthplace of Orange County.
- Shop in Dana Point and the surrounding areas which offer a unique and diverse experience.

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