



BULLETIN

CALIFORNIA SOCIETY OF PEDIATRIC DENTISTS

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President's Message



I am starting this message 6,000 feet over California returning from a meeting at the new CDA headquarters in Sacramento. Present at the meeting were CDA's president and president-elect and the presidents of the dental specialty groups in California. The purpose of the meeting was to share common ideas and try to resolve mutual problems.

The specialists are not going to receive much help from organized dentistry (although CDA is trying) concerning "Yellow Page Advertising." With the phone company's battery of attorneys and disclaimer printed on every page, CDA is finding it impossible to deal with them. CDA, therefore, encourages every qualified specialist to let the public know of their qualifications: Specialty Trained for the Treatment of Children; Member, California Society of Pediatric Dentistry; Fellow, American Board of Pedodontics; Diplomate, American Board of Pedodontics; Member, California and American Societies of Dentistry for Children, etc. This limits the telephone company's income and informs the public as to who are the true specialists.

As part of CDA's five-year, six-million-dollar marketing program, Paula Perich is presenting a full-day workshop on "How to Market Your Dental Practice Ethically and Efficiently" to dentists and their staffs. Paula is CDA's marketing director with over 16 years of experience. She has already presented her program to over 10,000 dentists and their auxiliaries and has been invited to present her program to the Australian and Denmark Dental Associations, and 21 other dental groups outside California. Paula is beginning to formulate seminars directed to various specialty groups. She has developed a special manual for orthodontists and presented her program to them. According to their president, Dr. George Payne, she *taught* one of the finest seminars he has ever attended.

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La Quinta — 1984 Seminar

Robert Shaye, D.D.S., and Alexandre Petrovic, M.D., D.Sc., will highlight the academic portion of the ninth annual CSPD Seminar. The meeting will be held at the La Quinta Hotel Golf and Tennis Resort March 29 to April 1, 1984.

Dr. Shaye is Professor of Orthodontics at the Louisiana State University School of Dentistry. With more than fifteen years' experience with functional appliances, he has developed an approach to activator therapy which facilitates and expedites the treatment of children with Class II malocclusions. Dr. Petrovic is Director of Research at the National Institute of Health and Medical Research, Republic of France. His research has produced the first rigorous experimental demonstration that the mandibular growth rate and amount can be modified orthopedically.

Drs. Shaye and Petrovic, through their collaborative efforts, have been able to correlate research findings and clinical application to develop new approaches to functional orthopedic therapy.

To blend with the academic, recreation will be provided by La Quinta's 17 tennis courts, 36 holes of championship golf, swimming pools and outstanding cuisine. All rooms are located in cottages surrounded by beautiful gardens. All this is nestled in privacy against the Santa Rosa Mountains.

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Editorial

Perhaps the most discouraging thing to anyone who serves organized dentistry is the aggravation of knowing there are dentists who don't feel your devotion and energy are worth anything. The ignorance of the importance of organized dentistry and what it accomplishes for the benefit of the patients and each and every one of us as practicing dentists must be one of the reasons for some lack of concern. If we look at the lives of those involved we find many of them cut their practice load down; they give up evening after evening studying problems, possible solutions, bills and proposals, budgets and incomes, goals and needs of members and public alike; they give up their family time, free time and even time necessary to maintain an organized business; they miss their children's Little League, soccer, gymnastics, graduations and many other very important functions; they give up income-producing time and spend their own money to attend meetings for the benefit of the whole.

Can we assume all of these people are stupid and don't see the forest for the trees? I don't think so. Is it possible they've learned something about the need and importance of organized dentistry that others haven't had the exposure and haven't learned?

Everyone doesn't have the personality or time and situation to actively serve on boards and committees. However, no one wants to feel like their energies are in vain. They would like to know that, at least, those they represent appreciate the effort they provide. This is demonstrated by belonging. At least pay dues and belong. Why anyone would choose not to belong is beyond my imagination.

Another lack of knowledge is shown by the remark people make saying "what does organized dentistry do for me?" Thousands of hours are spent on things which only indirectly affect us; that's true. You may not feel education, prevention, research, and public relations are good ways to spend our dollars. Sometimes I don't either. However, recently CSPD took a stand at the state board of investigation level and said physical restraints and pre-medication and hospital treatment are well-researched and accepted procedures in pediatric dentistry. This comforts me knowing that if some off-the-wall patient makes an issue over a choice of treatment, at least we have some guidelines of accepted procedures among all our peers.

Sometimes you may not like a speaker or what he says. Sometimes I don't either. However, even in disagreeing there is a chance for interchange of ideas and learning.

Sometimes you may question how a board spends its members' money. Several years ago many respected members of our society had a really neat vision of a major public relations campaign to strengthen our image as Pediatric Dentists among the public and other dentists. The membership voted unanimously to assess the members \$100.00 and pursue the outlined plan. Certain board members had given their all for several years before this meeting to prepare a plan and then tried making it work for another year. Finally, they discontinued their efforts

and returned every dime, since they felt the P/R firm could not produce what they had promised and were giving us the run-around. That took a lot of guts to cancel the project after three years of thousands of hours of work and discussions. I feel they acted very responsibly to be accountable for our money. My appreciation for the integrity of those individuals is unsurpassed. In the meantime, our own membership has put together a better public relations program for virtually nothing. I'm proud of this organization and how it manages our money. We are going into our ninth year, and for the first time we need to raise our dues from \$50 to \$65. Many people spend more than that for a dinner out with their wife. Furthermore, the board makes it a concern to try to return as much of that money to as many of the members as possible through the efforts of organization, meetings and speakers. A portion of the cost of our annual meeting is subsidized by the organization — not enough to discourage those who are unable to attend, but enough to keep the cost down at registration for the meeting.

There are many things involving our profession that are aggravating and discouraging, and organizations like CSPD may never be able to solve some of these problems. We may not feel comfortable with closed panels and PPO's or the "Denti-Cal run-around," but we should not abandon the benefits we have, merely over some problems we've so far been unable to solve. The fellowship of only one friend in an organized setting of Pediatric Dentistry alone is worth the little dues we pay.

—Lonnie Lovingier
Editor

Letters to the Editor

Responsibility: As a member of CSPD, I am writing
Are We this editorial . . . to express my view
Responsible? on one small area of dental practice
which I feel is weakening the foundation of our profession. As stated in the first paragraph of our CSPD by-laws, the purpose of this organization "shall be the advancement of the speciality of pediatric dentistry for the benefit of the health of the public." I am concerned about two areas which I consider our responsibility.

First, can it be considered responsible when pediatric dentists allow individuals other than hygienists to clean teeth? According to the California Dental Practice Act, coronal polishing shall not be deemed as a prophylaxis. Yet, too many pedodontists are allowing dental assistants, trained and non-trained, to clean teeth.

A few years ago, a dentist by the name of Barkley advocated the "toothbrush prophylaxis . . . that's all those kids need anyway." I wonder why then, after my patients have had their teeth disclosed, and then three minutes later after they brushed most of it off, why did it still take my hygienist 15 to 30 minutes to scale and polish their teeth? After all, I hired her because she graduated first in her class. I have to wonder — are my standards too high?

Also, some of our members are allowing assistants to place sealants — totally not allowed by the Dental Practice Act. Are both of the above procedures being done for the benefit of the patient . . . or the doctor? After all, the manufacturer's rep said, "Just etch, paint the tooth, and shine the light — it's something anyone can do." So, what has happened? Our fellow pedodontists (and don't forget the G.P.'s) have delegated this procedure to "the assistant who can do everything." I *strongly* feel that either the dentist or hygienist should do the prophies and sealants.

CSPD promotes "the achievement of a high and ethical standard of practice," but maybe our membership has never been told what this standard should be. Therefore, I challenge this organization to establish higher standards for which its membership could take pride in. If we were to put the shoe on the other foot, how would you feel being treated by the medical assistant instead of the physician? We not only owe something to the public itself, but to dentistry. Perhaps we can begin with prophies and sealants, and build our foundation of responsibility on these small stepping-stones.

—A Concerned Member

Practice-Related Research

Dear CSPD Members:

There have been several attempts in the past to stimulate practice-related research in our Society. Up to now, research has existed in the Pedodontic Departments of the various teaching institutions. A good part of these projects have involved graduate students. The Professional Activities Committee has been given the responsibility of extending and sharing knowledge and expertise in Pedodontics. The Committee will gladly coordinate research among Private Practitioners and help graduate students in schools with their various projects.

We will encourage research in both sectors by offering Research Grant money. As there is a limited amount of money available to graduate students and Private Practitioners, a formal proposal must be submitted to the Committee. The sponsored research must be written up so as to be acceptable for publication. It is expected that the final results will be presented at an annual meeting of the Society.

For more information and an application, please apply to the Professional Activities Committee in care of:

—Daniel Brostoff, D.D.S.
Chairman, Professional Activities
6226½ W. Manchester Avenue
Los Angeles, CA 90045
(213) 670-3677

Specialty Advertising Companies

Dear CSPD Member:

Now that the American Dental Association has gone into "Specialty Advertising" with their Cross Pen Sets, many of you may start receiving phone calls from "Specialty Advertising Companies." As a majority of you know, I believe in specialty advertising via the gifts we give to our patients and their parents, and to dentists and physicians who refer new patients to our office. The rou-

time gifts are mentioned in Dr. Michael McCartney's booklet on successful promotion ideas.

I would like to relate a personal experience to you. A company known as Kay-Mar (Mike Williams, President) in Ft. Lauderdale, Florida, and I did some business one year ago. I ordered 100 "Patient Thank-You Pens" from Kay-Mar. The pens were priced fairly and were of excellent quality.

Several months ago, Mike Williams called me because I was one of their "Preferred Customers." Before I placed an order, I spent several days on the phone doing my best to determine if what I would order would be a good purchase. According to the jewelry stores and specialty advertising companies I spoke to, it would be an excellent purchase. I was to receive 13 "top of the line" Century pen and pencil sets (gold engraved to my specifications), and a Lucien Piccard wristwatch with a \$20 goldpiece as the face of the watch. These were to be Christmas thank-you gifts. Then, on November 15, 1983, I had 10 chances out of 12 to win either \$5,000, an \$8,000 sailboat or a 1983 Lincoln because, out of Kay-Mar's 170,000 customers, I was one of their twelve "Preferred Customers." Three days later I ordered the Century sets and Lucien Piccard watch from Mr. Williams for \$360.

The writing sets and watch arrived C.O.D. I could not examine my order until I had paid for it. Regretfully, Mike Williams had lied to me. The pen and pencil sets were much inferior to the models he quoted to me. All 13 sets could be purchased for \$182. Also, the watch had a plastic rather than a gold face.

To make a long story short, neither our local nor the Ft. Lauderdale Better Business Bureau could be of any help to me. The Ft. Lauderdale B.B.B. had pages and pages of complaints similar to mine. Rather than try to look up complaints against Kay-Mar, Mike Williams or his associate Tony Borrell, they merely read me a prepared statement. They said many "Fly by Night" companies like Kay-Mar exist principally in Florida, but also throughout the country.

The Telephone Company's Security and Legal Department does not believe they will ever locate Kay-Mar or Mike Williams. They believe they will locate an unpaid telephone bill for his former location, and he will have set up another company in Florida using the name M. G. Williams or T. Michael Williams or some other similar name. The Telephone Company's Security and Legal Department has two large books which deal with fraud, cheating, extortion, etc., but with the enormous telephone changeover, they don't have the time to deal with cases such as mine. Although a Mr. G. A. of the telephone company is still looking into this matter for me, I really don't expect a resolution in my favor.

CONCLUSION: Let my experience be your guide!! Do not purchase *anything* unless you know the salesperson and his or her company personally!

By the way, is anyone interested in a Lucien Piccard wristwatch or some pen and pencil sets? I will make you a deal you can't refuse.

—Rolf Spamer, President

**The Latest
About Glu-
taraldehyde**

Dear Editor:

I have discussed with Dr. Hugh Kopel the use of glutaraldehyde as an alternative to formocresol. It has been concerning to some that formocresol has been found in other body tissues besides the teeth treated with the agent. I feel our individual consideration of use of glutaraldehyde as a pulpal fixative would be time well spent. Numerous references prior to 1981 are in Hugh's original article on glutaraldehyde published in the *J. Dent. Child.*, Nov.-Dec. '81. The following is additional, including more current bibliography pertinent to the subject, that Dr. Kopel has supplied to me:

Davis, M.J. Glutaraldehyde: an alternative to formocresol for vital pulp therapy. *J. Dent. Child.*, 49:176-80, May-June 1982.

Dilley, G.J. and Courts, F.J. Immunological response to four pulpal medicaments. *Ped. Dent.*, 3:179-83, 1981.

Nelson, J.R. et al. Biochemical effects of tissue fixatives on bovine pulp. *J. Endo.*, 5:139-44, May 1979.

Wemes, J.C. et al. Histological evaluation of the effect of formocresol and glutaraldehyde on the periapical tissues after endodontic treatment. *O.O.O.*, 54:329-32, Sept. 1982.

Wemes, J.C. et al. Glutaraldehyde in endodontic therapy: philosophy and practice. *J. Dentistry*, 11:63-70, 1983.

—Robert L. Dorfman

New Membership Drive

Pediatric dentists who practice in California and who are not CSPD members will soon be forwarded a packet of information and be encouraged to join. More than ever before, it is important to have a strong and unified voice from our California specialty group. The following advantages of CSPD membership make this organization extremely worthwhile:

1. **Pediatric dental representation at the state level:**
Matters such as peer review, communication with the California State Board, and communication with CDA (as well as CDS) are now handled by CSPD.
2. **Newsletter:**
An outstanding newsletter is distributed to all members twice a year. Important information for pediatric dentists practicing in California is published.
3. **Special Mailings:**
Separate mailings as required to members regarding important California dental information specific for pediatric dentists; for example, most effective ways of completing Medi-Cal insurance forms.
4. **Public Relations Manual:**
Practice-building and marketing ideas from the best practices in California have been compiled and distributed free to all CSPD members. This manual is well organized and is full of outstanding ideas with names and addresses on where to get more information.

5. **Annual Meeting:**

The annual meetings have been very successful because they are well planned, and oriented specifically for California pediatric dentists. Our next meeting will be at La Quinta in March, 1984.

6. **Component Status:**

CSPD has become a component of the American Academy of Pedodontics and will have an even greater opportunity to help mold the future of pediatric dentistry. CSPD is the largest component of the Academy. CSPD membership *does not* require Academy membership; but, it is encouraged.

7. **Marketing Projects:**

Funds in the CSPD account are available for marketing projects now in the planning stages. Pediatric dentists today and in the future will benefit from these exciting projects.

8. **Phone Book Listing:**

Grouped phone book listings under "CSPD Member" would help pediatric dentists to stand out as the organized specialty group in California. Many CSPD members are now doing this!

9. **Research:**

CSPD has funded research projects in the past, and encourages applications from regular members as well as student members for funding of future research.

10. **Membership Directory:**

Our membership directory listing all office addresses and phone numbers of CSPD members is very useful, especially for family referrals within California. Our new directory is scheduled for distribution in December, 1983.

Please encourage your pediatric dental colleagues who are not CSPD members to join today in order to make our organization even stronger!

—Warren E. Brandli, D.D.S., M.S.



Dental Survey Touches a Nerve

Over one hundred CSPD members responded to the "Dental Blues" survey sent to the membership by the Dental Care Committee during October. The survey was done in an effort to assess feelings and current practices in coping with the discouraging standards of care being imposed by the current Dental guidelines and administrative policies.

Frustration was the dominant theme throughout the responses received. "I'd like to meet the unknown consultant who demands perfect x-rays for a two-year-old mentally retarded Vietnamese child," one member complained. The consistent theme, both from the 40% of respondents who still see Dental patients, and by the 60% who no longer see these children, or who only see patients of record, emergencies, or the handicapped, related to an inability to provide an acceptable quality of care for these patients under guidelines which require the use of unnecessary x-rays for administrative purposes, too frequently deny payment for the restoration of teeth where caries is not yet radiographically detectable, or refuse payment for the removal of over-retained teeth.

The complaints also included: denial of payment based on less-than-ideal quality of x-ray exposure without consideration of the age or special status of the patient; the lack of compensation for the special time and skill required in managing extremely young or handicapped children; the payment for prophylaxis and topical fluoride only once a year; no payment for periodic exams without x-rays.

What follows is a summary of suggestions taken from the survey responses, by which CSPD members report being able to overcome some of these obstacles in trying to provide quality dental care to a SIGNIFICANT portion of California's children, who are their patients, in the face of a fee schedule which hardly dents the average office overhead. These are only reported responses, to be evaluated by each member for possible appropriateness, and use in his or her own practice. If nothing else, their complexity graphically demonstrates the severity of the problem.

Many members report preauthorizing all treatment, charging patients for required treatment which was not approved.

Virtually all respondents list the importance of documenting, through a narrative, justification for all treatment. Examples: "occlusal caries clinically detectable; caries through the dentino-enamel junction"; "significant carious destruction, leaving inadequate supported enamel; stainless steel crown required; amalgam unacceptable"; "hysterical, extremely young child; x-rays impossible."

Many members report accepting Dental fees for preventive procedures only (exam, x-rays, prophylaxis and fluoride), but offering to complete additional treatment on a private patient, fee-for-service basis, explaining to the patient the difficulty of obtaining approval for so much of this needed care under the current guidelines.

Several members require a deposit before each appointment is made, to be refunded when the patient appears for treatment, in an effort to minimize a chronic broken appointment tendency.

Some report success in resubmitting all claims which have been denied, for review by a dental consultant, with additional explanations as needed.

Many charge the patient a separate fee for premedication, or patient management.

Many members set aside special, low-demand hours for Dental patients, with different scheduling guidelines to compensate for perceived higher failure rates, and will only see Dental patients in these time slots.

Some report seeing patients twice yearly for exam, prophylaxis and fluoride; billing Dental once, the patient the other time.

Some CSPD members report success in establishing a rapport with a specific consultant "to help get questions answered and obtain as nearly as possible what you and the patient need."

Some suggest careful documentation of the need for relative analgesia, premedication; reminding the consultant that you are a pedodontic specialist, with these patients referred for management problems.

Regarding hospital treatment: always include a copy of the operative report, listing teeth treated by line as opposed to paragraph form. Include length of operation in the report to document fee for operating room time; some report that approval for hospital treatment can be obtained over the phone in urgent cases (handicapped child with acute abscess).

As to the question on the survey regarding action which we as pedodontists should take to try to improve the situation, the consistent feeling was that, while any action would most likely fall on deaf ears, CSPD might consider going public, especially with information about the double-standard which is imposed on these patients (unnecessary x-rays, non-payment for restorations judged necessary, non-payment for removal of over-retained teeth).

The other common response to an absurd fee schedule and guidelines which require extensive "game-playing" on behalf of the patient was most often to see less and less children on Dental, or to simply no longer treat this segment of the population at all . . . with the hope that only through an across-the-board unwillingness to participate in a sub-standard government program would necessary revisions in the program ever come about.

What should CSPD do now? While there was no strong sentiment in any one direction regarding appropriate action, it seems appropriate for this organization to voice its disapproval of the current program to legislators, administrators at CDS, the power structure of the CDA, the State Board of Dental Examiners, and possibly the public.

These are decisions that must come from the Board of Directors. . . . Hopefully the dialogue will continue, on behalf of a lot of children in need of our care.

—Dr. Mark Lisagor

The following are a couple of responses we thought we would share.

Dear Dr. Lisagor,

When I received the questionnaire on "Denti-Cal Blues" my heart rejoiced!! It was the best piece of mail I opened all morning. I was truly happy to find out that other offices are just as confused and frustrated as mine. For a long time I kept my confusion a secret. Now I can "come out of the closet" and admit my total frustration that has consumed me for years. Thank you for allowing me to "pour my guts out" to you and others.

First of all, I have to rank Denti-Cal right up there with the IRS on my "hate" list. And like the IRS, they have become a challenge to me and have forced my back against the wall. Denti-Cal has made me reach deep inside myself to come up with the most creative and imaginative explanations for treatment (all legal, of course!).

If I ever leave dentistry, I know I can get a job with the *National Inquirer* for my sensationalism in documentation. When Denti-Cal denies payment due to lack of documentation, I turn around and give it to them in a small book. I have found that lengthy documentation bores them to death, and I can picture some claim processor throwing her hands up in the air and screaming "PAY THESE TURKEYS!"

I document everything including graphic detail of the young patient vomiting on the x-ray tech's shoes, thus not being able to get x-rays. Because x-rays do not show occlusal caries, I simply tell them that the explorer got "stuck" in the occlusal of #J and we couldn't retrieve it.

Sprinkle your documentation with words like "malpractice" and "neglect" when justifying your treatment. Copy segments of your CDS manual and shove it back in their face. (I don't think they have read it.) Always charge for sedation (301) whether you use it or not. Use words like "uncontrollable," "screamed" and "gagged." Use phrases like "bit the doctor on the finger and required stitches," "did not speak English," and "refused fluoride treatment on religious grounds."

As far as retained teeth are concerned, I have found that Denti-Cal will only pay for extractions when x-rays show that a tooth is so rotten with decay that it is half gone anyway. I am not above asking parents to pay for any other extractions. Of course, they pay at time of treatment. I am not above asking parents to pay for premedication or anything else that Denti-Cal won't pay for. Unfortunately, there is a lot of that.

I have no favorite person to talk to at Denti-Cal. In my experience, I have found that "talk is cheap," and payment doesn't come any faster. Their employee turnover is outrageous, and you can never talk to the same person twice anyway.

I hope this helps you in your great search for Denti-Cal Truths. Please inform us to how this project is doing. If you are ever in our area, please call and maybe we can arrange an "encounter group" to talk about these things.

Good Luck! And God Bless You!

—Claudette Barnes

Date _____

California Dental Service
Denti-Cal Division (Attn: Denti-Cal Review Supervisor)

Enclosed please find a Denti-Cal claim for our patient, _____
Please note that we are Pedodontic specialists.

We have been unable to obtain x-rays on this child due to a management problem. Please take into consideration the child's young age and/or need for relative analgesia and sedation when processing this form. Areas where work has been done without preoperative x-rays have shown positive need for procedures by visual exam.

Thank you.

—Edward M. Matsuishi, D.D.S.

President's Message (Continued from page 1)

She will do a full-day seminar for the American Academy of Pedodontics in May. At our next Board of Directors' Meeting, I will recommend that we invite Paula to present her program to CSPD's members and their auxiliaries. I have had an opportunity to review the workbook and worksheets developed for the orthodontists. They are unique, informative and contain many very practical, motivating ideas.

Recently, at the ADA's expense, six of California's dental leaders (including CDA President Bruce Lensch, and past presidents Art Dugoni and Steve Yuen) went to Washington, D.C., and personally met with over 30 Congressmen. They also had dinner with 10 of the 12 Congressmen who are on the major committees which influence health legislation. The discussions and feedback our delegation received were very positive toward dentistry. The topper was that the Congressmen were "literally shocked" that a delegation of dentists would travel all the way from California just to meet and exchange ideas with them. This was most certainly "politics," but in a way very unique to the members of Congress.

Along the same line, Cal D Pac, led by CDA Past President Dr. William Allen, will meet with every CDA component society. The program which will be presented is titled the "Political Power Forum." It has been planned as an outstanding program with three principal goals. Please encourage attendance among your peers when Cal D Pac comes to your area.

The State Board of Dental Examiners may take under consideration the status of "foreign dentists" regarding their eligibility to take the California Board Dental Examination. The ADA is considering the same problem. The ADA would like to pass legislation that would require "foreign dentists" to first pass an examination demonstrating their complete knowledge of the English language. Only then would they be allowed to be tested for their competency in dentistry. Ideally, both the CDA and ADA would like to make it mandatory for the "foreign dentists" to spend one to three years in an American Dental School, depending upon the results of a Proficiency Examination which they would be required to take.

Many unqualified "foreign dentists" are slipping through California's Board Dental Exam. California's Dental Schools are graduating approximately 600 students every year. However, over 2,100 "dentists" are taking the California Boards every year with an approximate passing rate of 55%, which results in 1,155 new California dentists every year.

The Dentists Insurance Company is trying to elevate

the dentist's ability to avoid malpractice suits. It has targeted 10 areas which have the highest number of suits. TDIC will present comprehensive courses to the dentists in these areas. TDIC recommends that many dentists should add more questions to their Medical History Questionnaire. Malpractice Attorney Gerald Shepard recommends a minimum of 30 *correct questions* on the questionnaire. The questions and their answers are necessary if a dentist has to prepare a proper defense in many malpractice suits. This subject will be covered at a table clinic at the La Quinta Seminar.

CDS has informed us that if we sign a contract with a Preferred Provider Organization (PPO), the Fee Schedule we accept with the PPO will automatically become our Usual and Customary Fees, even though we may have a different Fee Schedule filed with CDS.

The Board of Dental Examiners has rewritten the Section on Conscious Sedation in the Dental Practice Act. Here is a summary of the most important parts of the rewritten section. By July 1, 1985, no dentist shall administer or directly supervise the administration of *parenteral conscious sedation* on an outpatient basis for dental patients, unless such dentist possesses a permit of authorization issued by the board. The dentist shall be subject to review by the board, and the permit must be renewed annually.

In order to receive a permit for the use of *parenteral conscious sedation*, a dentist shall apply to the board on an *application form prescribed by the board*. The dentist must submit an application fee and produce evidence showing that he or she has completed a minimum of one year of advanced training in anesthesiology and related academic subjects approved by the board, or equivalent training or experience approved by the board, beyond the undergraduate school level. The board may, by regulation, establish additional requirements under this section.

Prior to the issuance or renewal of a permit, the board may require an on-site inspection and evaluation of the facility, equipment, personnel, licentiate, and the procedures utilized by such licentiate. An on-site inspection shall be done once in every five-year period.

On or before July 1, 1985, *each dentist who has been using parenteral conscious sedation prior to the enactment of this chapter* shall make a permit application to the board if such dentist desires to continue to use parenteral conscious sedation.

The board shall issue the permit to such dentist and may only refuse if, at the board's discretion, an on-site inspection and evaluation of facilities, equipment, personnel, the licentiate, and the procedures utilized by such licentiate indicate that a permit should not be issued.

The board shall renew permits annually, unless the dentist is informed in writing 60 days prior to such renewal date that a re-evaluation of his or her credentials is to be required. In determining whether such re-evaluation is necessary, the board shall consider such factors as it deems appropriate, including, but not limited to, *patient complaints and reports of adverse occurrences.*

The fee for a permit or renewal shall not exceed \$50.00. The on-site inspection fee shall not exceed \$150.00.

Violation of any provision of this chapter may result in the revocation or suspension of the dentist's permit, license, or both, or the dentist may be reprimanded or placed on probation.

The last five paragraphs are obviously the ones which will affect a majority of the pediatric dentists in California. The board is going to keep a constant visual on the dentists using conscious sedation via claims presented to TDIC and the modes previously mentioned. From the recent meetings I have attended, I feel that if any dentist(s) abuse the use of nitrous oxide - oxygen or any other form of premedication to any degree, the board will immediately make it more difficult for every dentist to obtain a permit to administer conscious sedation. *Too many dentists are still using a "shotgun technic" when giving the drugs which put a patient into a state of conscious sedation.*

In conclusion, *please emphasize the patient's safety and welfare when utilizing premedication.*

This summary may not have appeared brief, but it is when compared to the pages in the Dental Practice Act on parenteral conscious sedation.

Within CSPD, the Board of Directors and the committee chairpersons are working hard to improve the status of Pediatric Dentistry for all of us: development of innovative in-office ideas, increasing memberships, politically; working with CDA and the Academy to improve dental health care statewide and nationally; and working to get more patients into our offices. Dr. Mel Rowan is developing an excellent program for La Quinta. Speaking of our Annual Seminars, is there any other three-day, Class 1 postgraduate course for which you and your spouse can register for a cost of approximately \$110.00? Dr. Mike McCartney is putting together one of the most outstanding table clinics which you will be able to use in your offices. Dr. Mark Lisagor has spent the last two years "doing battle with Dentical." His article on "The Dentical Blues" appears elsewhere in the *Bulletin*. According to the leadership of CDA and CDS, Dentical will be more difficult to work with in the future. According to CDA's and CDS's attorneys, if any dentist is going to stop treating their Dentical patients, they must give them 60 days to find another dentist. I suggest they be referred to a pediatric dentist treating Dentical patients. If a pediatric dentist can't be found, the patients should be referred to a generalist who treats children. Their names can be found in the Yellow Pages. I must emphasize that TDIC believes that it is your responsibility to find your "former" Dentical patients another dentist.

We all owe Dr. Lonnie Lovingier a great deal of thanks for publishing this outstanding *Bulletin*. A former Academy president said it was the best state specialty newsletter he had ever read.

I hope to see many of you at La Quinta. Until then, I wish you all the very best in 1984.

—Rolf Spamer, D.D.S., M.S.D.
President

CSPD Sponsor Program

Starting this issue, we are pleased and fortunate to have several businesses willing to sponsor our organization. Their donations will help subsidize our annual meetings. Also, not listed below, is Moore Business Systems. They were gracious enough to sponsor our 1983 annual meeting, and will again be at La Quinta in 1984. We are looking forward to seeing each of them at our annual meeting and discussing their products and services. I'm sure all the members will show their appreciation by stopping by their displays and sharing with them. We hope their businesses will prosper through their efforts to sponsor CSPD.



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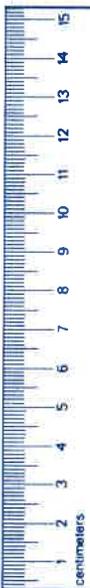
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CALIFORNIA SOCIETY OF PEDIATRIC DENTISTS

ADDENDUM TO PRESIDENT'S MESSAGE

Ever since the two "Public Hearings" by the California Board of Dental Examiners on conscious sedation and general anesthesia were held and the Laotian girl died in the Intensive Care Ward at Oakland Children's Hospital, I have received a multitude of phone calls from pediatric dentists. In order to determine what was fact and what was rumor, I spent many hours on the telephone speaking to the people actually involved in both situations. Here is a summary of the facts as of today (December 14, 1983).

I doubt if very many of you were told about the "Public Hearings." From the C.D.A. I found out that they were very public for oral surgeons, but very few of us heard anything about them until they were over.

Regarding the public hearings, Dr. Eugene Casagrande, President of the Board of Dental Examiners, gave me the conclusions which the Board agreed upon. These basically are the same as described in the President's Message.

Other leaders in the C.D.A. strongly feel the Board is overreacting to the conscious sedation situation. Therefore, on January 5, 1984 one member (and only one) from each dental specialty, Dr. Casagrande, and several other dentists involved with this future legislation will meet in Sacramento to develop guidelines which will hopefully be acceptable to almost everyone. Once I receive the agenda plus the names of the dentists who will attend the workshop, I will be calling some of our members for their input related to this future legislation. The outcome of this meeting should be published in the C.D.A. Journal

In my conversations with Dr. Hazel Shorter, Dr. Diane Chin and Attorney Rochelle Sobel of Hoffman-La Roche, Inc., I was assured there is no talk whatsoever regarding a recall of Nisentil.

Regarding the death of the three-year-old Laotian girl, Mouang Saephan, here is a public statement given by Dr. Steven Wei on December 7, 1983. Dr. Wei reviewed the case carefully with a committee on December 5, 1983.

On a prior screening visit, Mouang Saephan was found to have extensive dental decay and pulpal abscesses requiring immediate dental care to prevent the risk of infection. On Monday, November 28, she was seen by a staff pedodontist. Because of her age and apprehension, she was sedated using Nisentil and Phenargan, supplemented with N₂O₂ and O₂ to reduce her anxiety and potential psychological trauma and to provide mild sedation. These medications, the mode of administration and the dosages are commonly used for children in pediatric dentistry nationally. The details of this protocol have been documented by a special issue of Pediatric Dentistry, the Journal of the American Academy of Pedodontics.

The child's father was present throughout the dental procedure. As is commonly done in such cases, she was placed on a papoose board (a padded board with blanket and velcro) to keep her from falling off the chair while sedated. A special heart stethoscope was taped to her chest to monitor her heart beat and respiration during the entire procedure.

Mouang stopped breathing approximately 50 minutes after the dental procedure began. Resuscitation was commenced immediately. The emergency code blue team arrived within 60 seconds and continued the resuscitation, and the child's respiration and heart beat were restored. She was transferred to the Intensive Care Unit for observation. After three days in Intensive Care with full life support she expired.

I would also like to add that the staff pedodontist is a highly qualified specialist in children's dentistry who has had four additional years of post-doctoral training including one year as an anesthesia resident.

I am extremely sorry that this tragic incident has occurred and want to express our deepest sympathy to Mr. and Mrs. Saephan. We will join the hospital in trying to do everything we can for the family and the community.

This is the end of Dr. Wei's statement.

"The Alameda County Coroner's office said it found no indication of the cause of death after the autopsy. Results from laboratory tests won't be known for three to six weeks it said." Hopefully the lab test results will determine the cause of death. For those of us who use Nisentil, the answer may prove important.

Rolf Spamer
President

Public Relations Idea

Preschool Dental Health Education Traveling Resource Center

This issue's public relations idea is from:
Dr. Mike Weideman of Citrus Heights.

The Preschool Dental Health Education Traveling Resource Center was conceived as a resource center for teachers of preschool age children. It was felt that if this resource center contained a wide variety of dental health information and teaching aids the teacher could choose the material she wanted to present to her students. We felt that the resources should be well organized and contain instructions for their use. It was also desirable to have the material condensed and in a form that could easily be transported from school to school.

The contents of the resource center were chosen from many existing dental health education materials sponsored by the American Dental Association and the Sacramento District Dental Auxiliary, as well as original material developed by various individuals. These resources were condensed into a mobile trunk on wheels, and a book of instructions written for their use. A list of contents so the material could be inventoried and a teacher feedback form to evaluate and update the center were also included. The resource center contains dental health-related art projects, music, games, puppet and flannelboard shows, a role-playing script and costumes, good food/bad food flash cards, a slide series, a movie on toothbrushing, a large demonstration toothbrush and teeth, dental x-rays, storybooks, hand mirrors, and a wide variety of illustrated material for classroom use.

An adult-oriented pedodontic slide series was developed to be presented at parent meetings to be given in conjunction with the resource center's arrival. The same dentist would also serve as consultant to the school. The resource center would remain in each school for approximately two weeks.

The overall program has proven to be very successful from its inception with one resource center to ten distributed throughout Sacramento County. The dentists who have participated have found it to be an excellent practice-builder and great public relations in their communities.

An instruction booklet for developing the resource center is available from the Sacramento District Dental Society, 1507 21st Street, Suite 203, Sacramento, California 95814.

Classified

HAWAII — FOR RENT, a tropical paradise home on Kauai's North Shore. Located on the beach just past Hanalei. Call or write Dr. Larry Reichel, 733 Bishop St., Ste. 2275, Honolulu, HI 96813. Tel: (808) 523-6421.

I AM LOOKING for a full-time pedodontic associate to begin in July or August. Any dentist worth his/her salt will tell you they have a quality practice. (Ever heard anyone say they're "average"? I guess I'm no different. If you can walk on water, please apply. If you can't, apply anyway (go ahead, go for it!). Send resume to 26 Greenwood Vale, Monterey, CA 93940.

ASSOCIATESHIP WANTED. Dr. Bob Rube, 1982 Pedodontic Graduate of UCLA, looking for a place to practice. Have a great personality, good attitude, and will send resume. Call (213) 545-3055 or (213) 530-9656.

HAWAII. Dual Ortho-Pedo person needed on the Kona Coast of Hawaii. Two modern, efficient office locations. Well-established practice needs associate leading to full partner. Please mail inquiries and resumes to P.O. Box 1507, Kamuela, Hawaii 96743.

ASSOCIATESHIP WANTED. June 1983 Pediatric Dentistry graduate of UCLA; 1981 D.D.S., Northwestern University. Seeking associateship in the Los Angeles area beginning June 1983. Will send curriculum vitae. Call or write Dr. David Chin; 1811 Ocean Park Blvd., #E; Santa Monica, CA 90405; (213) 450-6532 or (213) 825-5619.

PEDODONTIST. 2 left-handers looking for a third to join quality-oriented pedo-based 3-office group practice also involving an orthodontist and a general dentist for adults. Excellent opportunity in this Southern California coastal community. Please call eves. (805) 484-3928.

ASSOCIATE WANTED in Sacramento 1 to 3 days per week. Please contact Richard A. Mandelaris, D.M.D., (916) 391-2101.

ASSOCIATE PARTNERSHIP — SAN DIEGO. Looking for association leading to partnership for established North County San Diego pedodontic practice. Practice is located behind 250-bed hospital in large M.D./D.D.S. speciality complex and adjacent to 6-member pediatric group. Current office has expansion capabilities. I would like someone with practice administration capabilities and ortho experience. Call Dr. Ron Bills, (619) 724-1102, or send resume to 3230 Waring Ct. Q, Ocean-side, CA 92054.

ASSOCIATESHIP. Dr. Naga Prasad, 1340 King Ave., Columbus, Ohio 43212.

25' FIBERGLASS FAMILY CRUISER. Berthed in Palo Alto. The "Easefree" is an Albin, diesel-powered craft, built in Sweden in 1971. Sleeps 4 in separate cabins. VHF radio, depth-sounder, full cover, head, stove, and dining table. \$22,500. Call Mel Feldman, (415) 664-6871.

PEDODONTIST wanted in Benecia. Call (707) 745-8004 or (707) 745-4054.

All members are invited to place free classified ads. Non-members must pay \$25. Send information to the Editor. If you do not contact the Editor to continue your classified ad, it will automatically be discontinued.

CSPD Treasurer's Report

PROJECTED INCOME 4/1/84 - 3/31/85

Full Dues - 257 at \$65.00	\$16,705.00
Half Dues - 19 at \$32.50	617.50
Associate - 6 at \$15.00	90.00
Retired - 1 at \$10.00	10.00
	<u>\$17,422.50</u>

Projected Accrued Interest - Savings	1,620.00
Sponsorship (3) at \$500.00	1,500.00

Total Projection \$20,542.00

BUDGET 4/1/84 - 3/31/85

President	\$ 200.00
Board Meetings	5,200.00
Annual Meeting/President-Elect	3,250.00
Secretary	5,200.00
Office Expenses	2,050.00
Constitution & By-Laws	75.00
Professional Activities	500.00
Editor	2,800.00
Dental Care	150.00
Liaison	—0—
Peer Review	250.00
Professional Fees	200.00
Miscellaneous	200.00
Total	<u>\$20,075.00</u>

News from the Dental Schools

This issue of the Bulletin will feature the first-year pedodontic students from the three graduate programs in California.

At USC there are three first-year pediatric dental postdoctoral students:

Craig Jolley attended USC during his college years and graduated from the USC School of Dentistry in 1981. He then was in private practice, and also taught part-time in the D.A.U. program at USC. His loyalty to USC is demonstrated by his current enrollment in the postdoctoral program. He is single, and also practices in Walnut.

Keith Serxner received his B.A. at the University of California at Irvine in 1977 and has his Master's Degree in Public Health from UCLA in 1978. In 1982 he graduated from Georgetown School of Dentistry in Washington, D.C. During his senior year Keith spent two months in a Cambodian refugee camp. Keith is married to a Pediatrics Resident at Children's Hospital of Los Angeles. His future plans are to find an associate position somewhere between Santa Barbara and San Francisco, preferably in Santa Cruz.

Robert Valdez is from Los Angeles and did his undergraduate work at Cal State University - Dominguez Hills. He then was a private high school teacher in biology. In 1972 he graduated from the Dental Autonomous University of Guadalajara, and then attended a one-year foreign refresher program at UCLA. Robert is married and is currently keeping busy at USC.

There are five postdoctoral first-year students at UCLA:

George Wilson was born in Santa Monica, California. He graduated from the University of the Pacific Dental School in 1974. He practiced in Visalia, California, for almost nine years when he decided that he would like to limit his practice to pediatric patients. George enrolled in the Pediatric Dentistry Postdoctoral Program at UCLA to further his study. His plans are to return to private practice. George is married and has four children.

Maureen Short was raised in New Jersey and received a Bachelor of Science degree from the College of Saint Elizabeth. She then received her D.D.S. from Georgetown University in Washington, D.C., and the Robert J. McCall Award for Excellence in Pediatric Dentistry. Maureen then spent one year in New York at the Mount Sinai Hospital General Practice Residency. She is currently enjoying UCLA and the West Coast.

Richard Prouse was born in Norwalk, Connecticut, but moved to Southern California at the age of 11. He attended the University of Southern California, receiving a B.S. in biology. He then went to Northwestern University Dental School in Chicago, receiving his D.D.S. degree in June 1983. To further his education in both pedodontics and orthodontics, he enrolled in the UCLA Pediatric Dentistry Postdoctoral Program. Richard plans to do general dentistry upon graduation, with a heavy emphasis on pedodontics and orthodontics.

Stephen T. Finger was born and raised in Southern California. He attended the University of California at Los

Angeles for his undergraduate work and received a B.A. degree in biology. Upon graduation in 1977, he entered the private business world for a year. He then started his dental education at Washington University School of Dental Medicine in St. Louis in 1978 and received his D.M.D. degree in 1982. He then returned to UCLA in 1983, starting his work towards an M.P.H. in the School of Public Health. In July of 1983, he also started his postdoctoral studies in pediatric dentistry at UCLA.

Conrad J. Sack was born in Camden, New Jersey, on December 15, 1952. He spent his early childhood and attended high school in Haddon Heights, New Jersey. Conrad later entered Fitchburg State College in Massachusetts, where he received a B.S. in biology with honors (magna cum laude). From 1979 to 1983, he attended Boston University Dental School, where he was very active in pedodontics. Presently he is attending the three-year postdoctoral program in pedodontics/orthodontics at UCLA.

From UCSF we received the following biographical sketches of first-year pedodontic students:

Yann-Hwa Wong comes from Taipei, Taiwan, where she graduated first in her class in June 1982. While attending the National Taiwan University, Dr. Wong was elected class representative several times, received numerous awards for her outstanding academic achievements in dentistry, and was actively involved with the university's drama club. Dr. Wong is specifically interested in working with handicapped children.

Andrew Soderstrom is a graduate of the University of the Pacific School of Dentistry, where he was senior class president and a member of the TKO honorary dental fraternity. He comes from a family which has been involved in dental history for three generations — his father and uncle are both UCSF dental graduates. With a B.A. in neurobiology and graduate studies in pharmacology, Dr. Soderstrom is well on the way to developing a highly unique approach to dentistry with children.

Chifan Cheng graduated third in a class of thirty from the National Taiwan University School of Dentistry. Upon graduating, she accepted a position as resident in Taipei's Veterans' General Hospital, which provided in-depth exposure to varying aspects of dentistry. Dr. Cheng's primary goal is to return to Taiwan and play an active role in developing pedodontics through practice, teaching and research.

All of the students have excellent credentials and will be an asset to the future of pedodontics. CSPD welcomes them and hopes to meet them at the annual meeting in March.

Annual Meeting 1985

We are pleased to announce our annual meeting in 1985 will be at the Silverado Country Club and Resort. It will be held March 27-31, 1985. Watch for more information at our La Quinta meeting.

CDA Professional Placement Program

Are you offering (or looking for) an ASSOCIATESHIP, PARTNERSHIP, PRACTICE FOR SALE, or TIME-SHARING ARRANGEMENT? The California Dental Association is pleased to announce a new benefit of membership, designed to assist CDA members who are seeking an associate, partner or purchaser for their practice.

The Professional Placement Program is a membership service of the California Dental Association, designed to match CDA members who have opportunities available in their practices with dental students and recent graduates who are seeking positions in California.

Position seekers and providers are matched according to geographical location preference, specialty, type of practice opportunity (partnership, associateship, etc.) and other specifications. Lists of positions available and individuals seeking a position are maintained in the CDA central office, and distributed upon request. (Confidentiality is maintained, if the position seeker or provider so requests.) Each application receives personal attention from CDA staff, who are trained to screen applications and direct qualified applicants to the appropriate dental practice opportunities.

Job Fairs are held at the Scientific Sessions in Northern and Southern California, to allow CDA members with positions available to interview prospective associates.

This service is free of charge to CDA members and student members. Non-member students may participate for a nominal fee of \$20.

To obtain an application as a position seeker or provider, contact the CDA headquarters at (800) 262-1754 (toll-free) or (213) 776-4292, or write to the following address:

California Dental Association
Professional Placement Program
P.O. Box 91258
Los Angeles, California 90009

Members' Activities

The U.S. National Archery Association Flight Championships were held at Bonneville Range, at the Salt Flats in Utah, this August 13th and 14th, 1983. Flight archery is a contest to see how far one can shoot an arrow.

Ron Wong shot an arrow a distance of over eight hundred and ninety yards to win the Silver Wescott Medal, symbolizing the Second Best Amateur Flight Archer in the U.S.A., for the second consecutive year. Ron is a native Californian born in Fresno, and a graduate of John Marshall High School in Los Feliz and USC Dental School ('56). He practices children's dentistry in Hollywood. He is a member of Rotary, Pasadena Roving Archers, California Bowmen and Hunters, and State Archery Association. Ron is the first Asian-American to compete in international competition in modern times. He has been accepted by the Olympic Archery Committee to serve as a volunteer in 1984.

Dear Members,

Greetings from Saudi Arabia, the land of sand and oil. As many of you know, a year ago Doug Hamilton hijacked me and my family to this part of the world promising lots of dental caries, palm trees, and wild nightlife. Well, one out of three ain't bad. To those of you who have had occasional urges to chuck it all and work in faraway places, this letter is for you.

Saudi Arabia still retains many of its Third World beginnings, but obviously petrodollars are changing all of that. Many of the old suugs (marketplaces) still exist as they were 1000 years ago, but they are rapidly being replaced with cinderblock and mortar. You can still see the old mud and rock-walled houses (the Arab version of adobe), but often they are next to multi-storied high-rises, and will be gone completely in a few more years.

For us born and raised in California, the culture is both exciting and overwhelming. When you consider that the influence of the Western World entered Saudi Arabia only 35 or so years ago, the strides toward modernization have been phenomenal. Keep in mind, too, that this modernization has occurred within the framework of a strict and dominant religion which is often mutually incompatible. Our "Western" view of their criminal justice system, mode of government, women's rights, and non-separation of church and state are at times difficult to keep in perspective. When we try to "wear their skin," we can only get a glimpse of understanding. So, for us Western folk who live here, it is an exciting, and at times confusing, place that requires a sense of humor and a degree of tolerance that is tested almost every day.

Thanks to Aramco, living conditions are exceptional, considering this is the Middle East. Our Dhahran community houses 18,000 or so people, and it looks more like an Arizona or New Mexico suburb than Arabia. Food is expensive, and most meat is frozen, but the quality is good. At times a head of lettuce will cost \$7.00 . . . and we pay it!

The weather? Well, I worried about that a lot, and yes, it can be hot. VERY HOT! But, from last October 1st to this May 1st, I have never been in a more consistently beautiful climate. Some sand and dust at times, and not every day perfect, but overall superb.

The other five months of the year, however, you can forget. Like Barstow and Needles, you can always find those people who will be out playing tennis and golf in 114° but not this pantywaist.

Nightlife and dining out? Forget it! Oh yes, it is done, but somehow for this Californian, dinner without wine loses about 95% of its pleasure, and Saudi Arabia really is DRY. Well, almost dry. So, most entertaining is in the home. Lots of dinner parties rotating among friends and associates.

The pedo practice here is reminiscent of Concord, California, in the '50s and early '60s. Lots of pulp tomies, crowns, and spacers. A high decay rate has been an unfortunate by-product of prosperity in Saudi Arabia. Patient management can also be a "trip," what with the language barrier, cultural conflicts, and minimal dental understanding among the Saudi children. It can make for

an exciting, and at times noisy, dental appointment. You need a good working understanding of sedation procedures, and a bucketful of patience to practice pedo in Saudi Arabia.

Let me close by sending my very best to all of you back in wonderful California. For those of you who might be wondering, Aramco is NOT actively recruiting, but from my brief viewpoint, it is sort of like the Marine Corps: they are always looking for a few good men. And sexist as that may sound, I do mean *men*.

Until next time . . .

—John F. Fitzsimmons, D.D.S.
Aramco Box 9213
Dhahran, Saudi Arabia

La Quinta — 1984 Seminar (Continued from page 1)

A luncheon is being planned for the women on Friday, March 30. It will include a program by Sheila Cluff, noted authority on physical fitness and owner of two successful health spas, The Oaks at Ojai and The Palms at Palm Springs. Ms. Cluff is an enthusiastic speaker with a very practical approach to health and fitness.

March is the height of the season in the Desert. Don't be disappointed. When you receive the seminar registration announcement, return the La Quinta reservation card to assure a room. Treat yourself to an educational winter vacation with your friends. You deserve it. Reserve March 29 to April 1 for La Quinta.

CALIFORNIA SOCIETY OF PEDIATRIC DENTISTS
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