



BULLETIN

CALIFORNIA SOCIETY OF PEDIATRIC DENTISTS

SUMMER, 1986

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The San Diego Promise is Fulfilled

The annual meeting at the Hotel del Coronado has become the most well attended CSPD meeting ever. Approximately one-third of our membership were present with one hundred six CSPD members, four non-members, sixteen graduate students, and sixty-six registered spouses in attendance. Many new members and long time members who had not previously attended an annual meeting shared in a fulfilling weekend.

The excellent program included Drs. Stephen Wei and John Yagiela. The spouse/guest program featuring Dr. Victoria Dendinger was a tremendous success. To many members the highlight was the panel discussion moderated by Paul Reggiardo. The six member panel discussed the many aspects of pediatric dentists and orthodontists practicing together. David Gaynor, then President of the American Academy of Pediatric Dentists, gave a stimulating and thought-provoking presentation at the luncheon on Friday. With many thanks to Marty Steigner, there were numerous outstanding table clinics and the many graduate students in attendance. The office notebook project organized by Mike McCartney had many participants sharing their unique office forms and materials. The fun run, tennis, golf, trapshooting, windsurfing and social events made for fun places to make new friendships and be with long time friends.

The San Diego meeting truly was a fantastic weekend. Fond memories will be brought back to many when they view this issue's two page collage arranged by Lonnie Lovingier. Members can read more about the meeting in the articles by Madeleine Brandli, Paul Reggiardo and Marty Steigner in this issue of the **Bulletin**. For next year, members can look forward to CSPD's twelfth annual meeting at the beautiful Claremont Hotel in Oakland.

Bob Dorfman, D.D.S.
EDITOR

PRESIDENT'S MESSAGE

It is a privilege to follow in leadership as your 12th President, and to serve with many hard working dedicated professionals with CSPD! Our mission this year will be to unite and focus our energies on the issues of our specialty, and to do so with a strong voice.



The changing and restructuring of our executive secretarial service has progressed smoothly. Our membership should enjoy a consistently high quality of service from American Business Image, which will enable our present and future leadership to "be the best they can be".

CSPD's relationship with the American Academy of Pediatric Dentistry (AAPD) has never been more critically important. So many issues are of mutual national interest, and knowing that the AAPD is our national voice, CSPD membership and support within the AAPD is essential to our respective survival. It is our very future that is on the line, and more importantly the quality of care received by those we serve!

Our Committees are active, with more going on than ever before. Some of the specific projects include: Investigation of TDIC's method of determining liability premiums for pediatric dentists; an increase in CSPD sponsored research; utilization of AAPD and ADA video tapes (Public Service Announcements) for CSPD marketing; status of fluoridation in California; and continuation of the finest specialty peer review system in the state of California.

We have established a line of communication with the four California chapters of the American Academy of Pediatrics (AAP) and their single governing board. In addition to our

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TDIC HAS NEW CLASSIFICATIONS

The Dentists Insurance Company (TDIC) has reclassified their professional liability insurance categories. The former Class I has been changed to Class 11. Pediatric dentists who were Class I have been reclassified as Class 10, with the premium approximately 20% lower than the new Class 11 premium. Class 11 includes general dentists and orthodontists who use the following anesthetic techniques: Local anesthetic, oral sedation and nitrous oxide analgesia or those using no anesthetic. Pediatric dentists classified as Class 10 are those who limit their anesthetic techniques to the same ones noted for Class 11. Due to the fewer number of claims over the last five years for those pediatric dentists formerly in the Class I category, TDIC has made the new category 10. It has been shown that premium rates can now be based on specialty as well as anesthetic modalities.

Pediatric dentists planning to switch to TDIC might note that there is a "nose coverage" available, to cover claims that could possibly arise from the time period prior to joining the TDIC. Compared to Class 11 the Class 10 premium for the "nose coverage" will be lower, as well as with the "tail coverage".

Those insured by TDIC can get a 5% reduction in their premium for two years by attending a claims prevention program and passing the examination. The program is offered throughout the State, demonstrating TDIC going directly to the insured to help reduce claims. For more information about this program, either phone TDIC at (800) 622-0633 or (916) 443-0471, or contact your local Dental Society.

BULLETIN

CALIFORNIA SOCIETY
OF PEDIATRIC DENTISTS

Published semi-annually, with
Winter and Summer issues.

EDITOR
Robert L. Dorfman, D.D.S., M.S.

CONTRIBUTIONS

CSPD Members are encouraged
to contribute to the **Bulletin**.
Articles, letters to the editor, or
other items of interest are
welcome.

EDITORIAL

CSPD Members Urged to Support Dental Legislation

In this **Bulletin**, major findings from an evaluation of the California Children's Dental Disease Prevention Program (the "SB 111" program) are presented. They indicate that this program is having a significant impact on the oral health of California children, as well as on taxpayers for the costs of their children's dental care and for publicly-funded dental care programs.

It is important to note that the legislation that created this program will "sunset" on December 31, 1986, i.e., the

program will end, unless new legislation to extend the program is enacted this year. The bill that would do that is also (not coincidentally) referred to as SB 111. This bill has passed the Senate and is awaiting a hearing in the Assembly. It probably faces its most formidable opposition in the Governor's office.

SB 111 has been good for the children of California, for taxpayers, and for dentistry. It has helped form the beginning of a new generation that understands the value of oral health. It would be tragic if this program were to be lost just as this message is beginning to be heard.

I urge you to let your state representatives and the Governor know that you support SB 111 and wish to see it maintained and expanded so that more California children can enjoy a future of good oral health.

Bob Dorfman, D.D.S.

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PRESIDENT'S MESSAGE

continued from page 1

planned exchange of membership directories and other information, we hope to develop a strong bond of mutual support to address the many California health care delivery problems we share, and to enhance the care we respectively render to such a deserving population of patients — the children and adolescents of our state!

We will begin a comprehensive membership recruitment and retention drive, with emphasis on both CSPD and AAPD membership. Pediatric dentists in California and throughout our country must unite to protect the public health from threats such as the "unsupervised practice of dental hygienists". If you have not done so, please read Dr. J. David Gaynor's article in the **CDA Journal**, April 1986 issue, entitled, "Whose Profession Is This?".

As you can see, CSPD is working hard, and I believe we are moving in the right direction. I haven't mentioned any names of colleagues within this review of activity, but there are many "involved" pediatric dentists in these efforts. Not one has refused any request to serve! I am certainly proud to be a pediatric dentist, and to be surrounded and supported by the best in the world.

Warren E. Brandli, D.D.S., M.S.
PRESIDENT

Editor's Note: Requests for a copy of Dr. Gaynor's article can be sent to the **Bulletin** editor along with a self-addressed, stamped envelope.

Office Overhead Expense Article Correction

In the January, 1986 issue of the **Bulletin** there appeared the article, "Overhead Expense as Related to the Practice of Pediatric Dentistry" by Drs. Robert Friedman and Warren Brandli.

Please note the following correction. In the table, Practice "C" should have read: "One pediatric dentist and one associate (non-corporation)" rather than "one pediatric dentist (non-corporation)".

Members wishing to have a corrected copy of the original article can send a self-addressed, stamped envelope to the editor.

The California Children's Dental Disease Prevention Program

Introduction

The California Children's Dental Disease Prevention Program, also known as the DDPP or the SB 111 program, was created through passage of SB 111 (Carpenter) in 1979. This legislation established a school-based dental disease prevention program for children in grade K-6. The bill appropriates approximately \$1.5 million per year for local assistance funds to counties, which were originally reimbursed at \$3.00 per participating child. In 1981 the reimbursement rate was raised to \$4.50 per child, where it has since remained. SB 111 took effect on January 1, 1980 and is scheduled to end on December 31, 1986 unless new legislation is enacted to extend the program.

SB 111 pays for county-level staff to provide preventive and educational services aimed at the prevention of dental disease, primarily caries and periodontal disease. Funds are directed by the Legislature to the State Department of Health Services, whose Office of Dental Health (ODH) is responsible for administering the program. ODH contracts with local agencies through the local (county) health officer to operate the program at the county level. Most contracts are with county health departments; a few are with local school districts.

ODH provides training, on-site consultation and technical assistance on how to conduct the program, and establishes guidelines with which local programs must comply in order to be eligible to receive continued funding. ODH staff also monitor local programs for compliance with state guidelines, and conduct a formal evaluation of the local programs once a year.

The essential components of the SB 111 program include teacher in-service training, instructional and reinforcement classroom visits several times a year by trained dental health educators, daily plaque control procedures of brushing and flossing, and weekly fluoride mouthrinsing. Dental screening exams, although not a required program component, are provided by many programs through the voluntary efforts of local dentists. The California Dental Association estimates that over 414,000 children were screened in 1985.

Results

The legislation that created SB 111 called for an evaluation of the program

by the Legislative Analyst's Office. To provide the necessary data for that analysis, the Department of Health Services contracted with the UCSF School of Dentistry to conduct an evaluation of the SB 111 Program. The results of that evaluation were published in 1985¹, and the Legislative Analyst's report was issued in April 1986².

The evaluation was conducted in two sites: the naturally fluoridated communities of Victorville and Barstow in San Bernardino County, and non-fluoridated sites in Monterey County. The major findings of the evaluation included:

1. The majority of children in grades K-6 had no decay (over 60% were caries-free).
2. A relatively small proportion of the children had most of the decay: 25% of the children had 80% of the decay.
3. Approximately 90% of the decay occurred in pit and fissure surfaces.
4. Half of the decay in primary teeth had already occurred by the time children were in kindergarten.
5. Non-white children had substantially more decay and treatment needs than white children.
6. Children in the fluoridated site had less decay than those in the non-fluoridated site.
7. Significant reductions in gingivitis occurred in all grade levels.
8. The cost of restoring the children's teeth declined.

Implications

Although not all grade levels experienced statistically significant reductions in decay, the trend was clearly in that direction. The Office of Dental Health estimates that the SB 111 program saved Californians \$1.9 million annually in dental treatment costs. If all children in grades K-6 were participating, \$22.5 million would be saved each year.

Several findings from the evaluation suggest the need for program modifications. The fact that relatively few children have most of the decay indicates a need to target the program to those at highest risk. Generally speaking, this represents the lower socioeconomic status children. The fact that most decay was in pits and fissures points out the need to incorporate sealants into the program. The fact that much of the decay in primary teeth has already occurred by the time children first start participating in the program suggests the need for preventive programs to start at the preschool level. Attempts are underway to incorporate all of these changes in a new version of SB 111 currently being considered by the Legislature.

Many dentists have contributed to the

success of SB 111 and have seen its positive effects first-hand in their practices. Many also believe the program has stimulated interest in dental health and has brought new patients into their practices. Their continued support will assure many California children of lives substantially free of the oral health problems that plagued previous generations.

References

1. Silverstein, SJ, Pollick, HF, and Fine, JL. Evaluation of the State of California Children's Dental Disease Prevention Program, Center for Dental Services Research, UCSF School of Dentistry, San Francisco, 1985.
2. Legislative Analyst, State of California. An Evaluation of the School-Based Dental Disease Prevention Program, Sacramento, 1986.

*Robert Isman, D.D.S., MPH
Chief, Office of Dental Health
Calif. Dept. of Health Services*

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Treasurer's Report

As our 1985-86 fiscal year came to a close, the monies that remained in our treasury allowed our organization to continue to be financially sound. Our projected budget for this past year was about \$22,000. So far, figures indicate that we spent \$20,600, and, with our cost conscious leadership, we may be able to operate within the same range for 1986-87. On April 30, 1986 our treasury was as follows:

| | |
|--------------------|-------------|
| Cert. of Deposit | \$10,402.73 |
| Money Mkt. Acct. | \$17,420.43 |
| Ann. Meeting Acct. | \$ 4,119.33 |
| Total | \$31,942.49 |

Gerry Kirshbaum, D.D.S.

Treasurer

Letters to the Editor...

At the 1986 CSPD annual meeting, it was suggested that members write letters to the editor on "WHAT IS THE ROLE OF CSPD IN RECERTIFYING PEDIATRIC DENTISTRY?" The four letters received follow:

RECERTIFICATION AND CSPD

In the coming years we will hear more about recertification or, better defined, the continued recognition of pediatric dentistry as a specialty.

FACT - The ADA Council on Education was directed by the House of Delegates to review each recognized specialty and determine whether it continues to meet established requirements for specialty recognition.

FACT - The Council will present its recommendation to the ADA House of Delegates for acceptance or rejection.

FACT - Pediatric dentistry, by random draw, will be the last to be considered. The application is due in 1989.

FACT - The application for continued recognition must be submitted by the sponsoring organization. The American Academy of Pediatric Dentistry is the ADA recognized sponsoring body for our specialty.

FACT - The application is divided into two parts.

Part A. Sponsoring Organization. To quote the requirements "In order for an area to be recognized as a specialty, it must be represented by a sponsoring organization whose membership is reflective of the special area of dental practice and recognized by the profession at large for its contribution to the art and science of the discipline." This must include the total numbers of members in the sponsoring organization.

Part B. Criteria for Recognition. Must demonstrate the specialty is a distinct and well-defined field, not coincident with other recognized specialties, has a public need and demand for services which cannot be met by general practitioners, and a formal advanced education program. This is a condensed summary of an expansive application.

FACT - The AAPD now has a committee to plan and implement the application.

It is clear that CSPD as an organization will have little to do with the recertification process. But the individual members of CSPD can have a big voice in achieving a successful outcome by being members of the Academy. Let the Academy application to the ADA on our behalf reflect the support and membership of all pediatric

dentists in their national organization.

Mel Rowan, D.D.S.

PEDIATRIC DENTISTRY: WILL IT SURVIVE?

What if our specialty is no longer recognized by organized dentistry? This is a genuine possibility, as the ADA prepares to critically reassess Pediatric Dentistry for specialty status. I am told there is considerable support to remove us from the list of recognized specialties.

We have a job — to build a national consensus about the importance of the children's specialist. We must begin with ourselves.

Our strongest voice is the American Academy of Pediatric Dentistry. Yet, at our CSPD conference in San Diego, a two thirds majority was not obtained to require AAPD membership for our new CSPD members. It caused me to think.

If each of us is not a member of our national body, then what strength can we have? If we do not have consensus among ourselves, how will the ADA conclude we are a coordinated, viable, necessary, and dynamic specialty?

CSPD lives on principles. We have neglected, but should now emphasize, the principle of our national unity. Old and new members should be strongly encouraged to join with the American Academy of Pediatric Dentistry. As unique and valuable as our CSPD is to us, it now CANNOT survive without the national body.

We all dislike the growing burden of dues and insurance bills coming at us these days! But the months ahead determine survival itself — for ourselves and children's dentistry.

If not to continue our tremendous advances in dental health care for the children of the world, then out of pure economic self-interest, I hope each of us will join the Academy.

*Len Traubman, D.D.S.
San Francisco*

HOW CAN CSPD GET INVOLVED IN RECERTIFICATION?

In keeping with the position I took at our annual business meeting at the Del Coronado, I will continue to believe in and support the concept that our interests in this state are best served by allowing all pediatric dentists, regardless of membership in the American Academy of Pediatric Dentists, to become members of CSPD. This is not to say that we should not become members of the AAPD, but I believe that everyone should have the right to choose to belong.

I further believe that our involvement with the recertification process is best

served by becoming as strong a state unit as possible, but letting those whose decision it is to recertify our specialty know that we do take direction and ideas from the AAPD, but that we are under no obligation to follow them. We are the primary spokesmen for California pediatric dentists.

Recertification of our specialty is only as strong as its individual units. Let's continue to remain in a strong position.

*Sincerely,
John N. Groper, D.D.S.
Vice-president, CSPD*

THERE IS STRENGTH IN NUMBERS

The A.D.A. has scheduled the review of the specialty of Pediatric Dentistry in 1989. At that time we will have to justify the continuance of our specialty to our profession. As President-elect of C.S.P.D. and as a concerned member of our specialty, I would like to urge our members to make their concerns and desires known to our Executive Board.

The American Academy of Pediatric Dentists has already begun gathering material to support our remaining one of the specialties recognized by the A.D.A. Since there is strength in numbers, I would urge any of our group who are not already members of the Academy to join as soon as possible. Although I realize that a considerable financial outlay involved, the recent graduates have the greatest stake in assuring the existence of the specialty. It is not important that they join and become involved in the Academy so that we can present a "united front" to the A.D.A.

The founding fathers of our specialty spent untold hours striving to have "Children's Dentistry" recognized by our profession, and I would hate to see it all go down the drain because the A.D.A. did not feel that should continue to exist.

Enclosed is a card that came in an issue of **Dentistry Today** that is to be sent back if you wish to continue receiving the publication. As you can see, there is a box to check indicating what specialty you practice. I was most dismayed to find that, although several other specialties were listed, Pediatric Dentistry was not included. Perhaps this is one indication of how we are regarded by our colleagues. We had better wake up before it's too late!

United we stand, divided we fall!

*Sincerely,
Donald J. Dal Porto, D.D.S.
President-elect, C.S.P.D.*

EDITOR'S NOTE: In the space provided for comments on the card supplied by **Dentistry Today**, the editor has requested that Pediatric Dentistry be included on the list of specialties.

Immediate Past President's Perspective

Unity: Is It Necessary?

Reflecting on the great annual meeting put on by Warren and Madeleine Brandli at the Del Coronado, I sensed a renewed warmth of friendship and unity of purpose. That mixture of emotion (the friendship) and logic (unity of purpose) is the basic fiber of CSPD. Because of the geographic range CSPD members cover in this great state, it is difficult to carry at high levels, this unity of purpose, as well as all the friendships.

This "basic fiber" I refer to has to come from the membership at large and its energy NEEDS to be directed to the leaders you all have chosen. With the Board of Directors representing Northern and Southern regions plus the officers, it is not difficult to make contact by the membership to your leadership. It is my personal impression that all the members of the new Board are very much open to any ideas that any member may want to share.

CSPD has come a long way in the past ten years, having greater strength now than ever before. It is my suggestion that I ask each member of CSPD to look very carefully at his/her specialized profession in which we all work to see what you can envision for the next ten years. I personally foresee even more forces attempting to alter our profession, some from within dentistry and some outside of dentistry. To that end, we all must understand first our role as pediatric dentists and how we, as members of CSPD, want our profession to grow in this state. Then and only then, can we be in a strong position to deal with all those "other forces". The only way I can see clarifying our role is through CSPD in a strong and organized manner. I believe we have seen the role of Pediatric Dentistry mature in this state through the efforts of CSPD, in the past ten years.

However, time continues to help all of use change, from our daily presentation to our patients, to treatment planning, to modalities of treatment, to really, what Pediatric Dentistry is all about in the present time. It most certainly is not the same as it was ten years ago.

Pediatric Dentistry, as a part of organized dentistry, is just beginning to become involved in major change, and as you know, change can work for us or against us. It is my hope that with very little compromise, change can work for our membership as a whole and also for

us as individuals.

If you believe that in the next ten years, little change will affect you, then I ask, just within dentistry, how successful do you think the other specialties and groups trying to restrict us in treatment of our patients will be? How are we as Pediatric Dentists confronting just this issue? Should we be concerned? It is time for all of us to step out of our offices and look at ourselves and see what can happen to our profession. Only we can help ourselves. No one is going to do it for us.

Strength is in good leadership, and CSPD has that! Strength is also in numbers, and we do need that. Even if we had every Pediatric Dentist in the state as a member in CSPD, the numbers would still be small. I think our role as a "Component" with AAPD helps us to gain both numbers and additional leadership.

Perhaps it is time again to look at strengthening CSPD in a long overall view. Making bylaw changes to accomplish that unity in strength, will, I feel, be necessary for our specialty to continue to prosper, both nationally and within this state. Becoming stronger in our role with the American Academy of Pediatric Dentistry, and the Academy's role with CSPD can be helpful to both organizations, in leadership, numbers, political pressures, and perhaps financial, to name but a few "plusses". Such a move would also allow CSPD a more direct input to the way we want the direction of Pediatric Dentistry to go in the future, from education to the wet fingered clinician. On a more local perspective to help strengthen CSPD, consideration of discontinuing the North-South requirement for the officers should be addressed, keeping the Directors on a geographical basis. The purpose is simple. Not always can the best (most qualified) person on the required North-South rotation serve CSPD. By using the best talent available all the time seems to me a step in a positive direction.

In the overall LONG TERM view, it is not the cost of doing the business of strengthening ourselves, but the cost if we do NOT strengthen ourselves. CSPD is strong, but we must look to the future to protect that strength without the loss of our integrity. If it means changing our bylaws to meet our goals, then let us do with clear vision and purpose. If it means being creative in some other way, so be it. A way to unify Pediatric Dentistry must be prepared now, so we can have a vital role in directing our own destiny.

The membership must be kept well informed and must take an active role deciding the path of CSPD.

Keith Ryan, D.D.S.

American Academy of Pediatric Dentistry News

The AAPD 39th Annual Session was held in Colorado Springs. One-third of the membership attended which must be considered successful for a national organization.

There are now twenty-five component groups that are recognized by the Academy. A priority of the component organizations groups is to facilitate information sharing of activities and programs that could benefit all of our members.

Two years ago some of the component representatives began to talk about regional representation on the Board of Directors of the Academy. As a result a plan was introduced to the membership to present a leadership reorganization that would provide for the establishment of six trustee districts each of which would elect one member to the Board. After many refinements the proposal by the component representatives was received with enthusiasm. The change would allow the components and members of AAPD to provide the best qualified candidates from a district to the nominating committee and a mail ballot to all AAPD members in a district if needed to elect the trustee. Your support of this new structure for geographic representation of the Board at the 1987 Annual Meeting in New Orleans is important to provide California with a constant voice in AAPD leadership.

After a presentation by the Edelman Agency the membership at the business meeting voted unanimously to continue the \$125 per member assessment for the second year of this three year program. The agency, as only part of the program, has developed excellent patient brochures on Sealants, Dental X-rays, and a Guide to Baby's Healthy Teeth which will soon be available to members in quantity. Also presented was a TV Public Service production to promote pediatric dentistry.

The assembly defeated a By-Law amendment to delete the requirement for ADA membership for AAPD applicants. Also defeated was a proposal to eliminate the requirement that an applicant attend an annual meeting no later than the third annual session following notification of eligibility for membership.

*Mel Rowan, D.D.S.
Component Representative*



SHIRLEE ADAMS



PATRICIA NOORIGIAN

CSPD Welcomes Our New Executive Secretaries

As you all know, American Business Image is now the executive secretarial service for C.S.P.D. American Business Image was formed in April, 1985 by Patricia A. Noorigian and Shirlee Y. Adams to enhance the secretarial services available to the professional client whose needs do not warrant the cost of a full time, in-house Executive Secretary.

The two partners, Shirlee Adams and Pat Noorigian, are both professionals in the secretarial field and are able to offer their clients the versatility and professionalism that are only gained through years of experience. Shirlee's background is strong in every aspect of the administrative area while Pat's past experience in the medical field and vast knowledge of medical terminology have given American Business Image the distinction of their specialty, medical transcriptions.

American Business Image offers the "old-fashioned" approach of doing business — dedication, service and commitment. They pride themselves on professionalism, quality, dependability, integrity, accuracy and fast turnaround. They guarantee you will be pleased with the results.

For their client's convenience, they offer twenty-four hour telephone dictation from any pushbutton telephone. They are using IBM word processing equipment and the hardcopy, of course, is performed on a letter quality printer.

American Business Image is presently in the process of expanding their services to include the executive suite concept and are moving to larger facilities this July.

EDITOR'S NOTE: CSPD is very pleased to have Shirlee and Pat with us, they have been doing an outstanding job for our organization.

MEMBERSHIP CERTIFICATES...

Have you received your CSPD Certificate of Membership? If not, please let CSPD's Executive Secretary, Shirlee Adams, know so we can get one in the mail to you. The number to call is (714) 963-3388.

TO OUR SPONSORS

CSPD would like to thank all the sponsors who attended our eleventh annual meeting. We appreciate their interest and support and will always welcome their participation which we're sure is mutually beneficial. You will notice ads from each sponsor throughout this **Bulletin** as reminders of their support.

USC Considers Master's Degree Program

The Department of Pediatric Dentistry at USC is seriously considering the possibility of changing the current graduate program into a Master's Degree — Certificate program of 27-30 months length with special emphasis on craniofacial biology.

The additional time in the program would be to satisfy the thesis requirement of the graduate school. The purpose of this potential change would be to improve the quality of the educational program and applicant pool through greater emphasis on didactics involved in craniofacial biology and pediatric dentistry.

A student would need to have specific minimum requirements, with a G.P.A. of 3.0 and a graduate student entrance examination score of at least 1200 in order to be admitted to the Craniofacial Graduate Program which would lead to the Master's degree.

The clinical experience aspect of the pediatric dental certificate would involve training at the new USC Pediatric Dental Clinic, Children's Hospital at Los Angeles, and Rancho Los Amigos Hospital. The program would be funded through the Craniofacial Biology Graduate Program, Children's Hospital and Rancho Los Amigos. If approved and funded, the program would start in the 1987-1988 calendar year, with a maximum of two United States students. Other students in the Master's Degree-Certificate program would be foreign and would have to totally fund themselves.



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Public Relations — Quality Time For New Patients

Of the many public relations ideas, the ones that have been among the most effective in my office is the practice of spending adequate and quality time with parents and patients at the initial visit and the use of listening skills.

I believe that the first visit is the most important in that this is the time when the most lasting impression is made in terms of how the patient/parent views and evaluates the dental office. This is the opportunity to establish the best rapport to cement a sound professional relationship and to gain the patient/parent's confidence. We all agree that when there is a good working professional relationship, there is less stress, greater acceptance of treatment plans and fees, and satisfied patients and parents and a happier staff. Even though the initial visit is critical, many pediatric dentists may feel that five to fifteen minutes is an adequate amount of time to spend with a new patient. Depending on the personality of the dentist and the office, this may or may not be sufficient time to establish good rapport.

Because many dentists are geared towards high efficiency and production, I believe we often times do not give an opportunity to patients and parents to verbalize, communicate or take part in their own dental health. If we allow this to happen, then there may not be as strong of a professional relationship as one may desire.

In view of all this, new patients are scheduled for one hour at my office. This allows time to enter the patient into the practice, assign a patient number, assemble the chart, and to greet and meet the patient and parent. A staff member will go through the "Tell, Show and Do" routine with the patient, and depending on the age of the patient, with the parent. After the clinical examination and the determination for the need for xrays, a short consultation is held with the parent to determine their dental I.Q.. With that information, oral hygiene and prevention program is structured and presented followed by a professional dental prophylaxis. Fluoride treatment may or may not be given depending on the ability of the patient to cooperate or tolerate the procedure. A member of the staff does the oral hygiene instructions and presents basic prevention ideas. A dental prophylaxis with any necessary scaling and coronal polishing is completed, and I dismiss the patient. The parent remains for the final

prevention consultation, treatment plan presentation, and the most important aspect, answer any questions that they may have. This is when listening skills come into play. The parent is encouraged to communicate how he or she felt about the visit, treatment, treatment plan, recommendations, and feedback and paraphrasing is used to indicate to the parent that he or she is understood. The use of good eye contact is helpful in determining feedback. The positive feedback I get from parents is when they say, "I've never had a Doctor spend so much time with me. Thank you very much!"

Compare to most other pediatric dental practices, an inordinate amount of time is spent on a new patient visit in my practice. Nevertheless, I believe that this time spent with listening skills with parents has in return provided me with a busy and successful practice for the past 18 years. The rapport with my patients and parents is excellent and it has created a better quality of patients and it is an excellent source of referrals. Besides, I enjoy this pleasant part of the practice. Try it you might like it!



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Promotional Ideas

Dr. Mike McCartney has written a pamphlet entitled "Practice Building Promotional Ideas". If you are interested in receiving a copy of this helpful booklet, please notify Shirlee Adams at American Business Image. The telephone number is (714) 963-3388.

News from the Dental Schools

In this issue of the **Bulletin**, we are pleased to congratulate and acknowledge the twelve graduating Pediatric Dentists from the California programs.

UCSF has two graduating Pediatric Dentists:

Guel-Mel Chiang, of Taipei Taiwan, ROC, graduated from Taipei Medical College in 1982 with a B.D.S. degree. After two years of private practice in general dentistry, Dr. Chiang started specialty training at UCSF. She will be returning to private practice in Taiwan as a Pediatric Dentistry specialist, and is planning to apply for a teaching position at one of the dental schools.

Vivian Lopez is a 1980 graduate of UCSF School of Dentistry and has worked as a general dentist in the Bay Area until returning to UCSF for a Pediatric Dental residency. She currently lives in Berkeley with her husband, Al, who is a physician at the UCSF Cancer Research Institute. After June graduation, Dr. Lopez will be joining the pediatric dentistry practices of Drs. Duane Spencer and Don Laston in Berkeley. She also hopes to pursue interests in travel, photography, pottery, Japanese cooking and achieving fluency in Spanish.

There are four residents graduating from UCLA:

Ann T. Azama was born in Aiea, Hawaii. She attended the University of Washington receiving her B.A. in Zoology in 1980 and D.D.S. in 1984. Dr. Azama is currently the Chief Resident of the UCLA Pediatric Dentistry Program and scheduled to complete in June, 1986. She will also receive her Master's in Oral Biology at that time.

After ten years Dr. Azama plans to relax and take a vacation to Europe this summer. When she returns, she will be an associate at the Olive Dental Center in Huntington Beach. Eventually she would like to own her own practice or partnership.

Mary Larissa Krywulak was born in Rossburn, Manitoba, Canada. She received her D.M.D. degree from the University of Manitoba in 1982 and completed a General Practice Residency Program in 1983. Dr. Krywulak taught Oral Diagnosis at the University of Alberta for a year before coming to UCLA in 1984 to the Pediatric Dentistry Postdoctoral Program. She will be completing this

continued on page 11





Panel Discussion Report

Captializing on the knowledge experience, creativity and management skills of six of our members, a very successful and informative panel discussion was presented at our annual meeting at the Hotel del Coronado in April concerning successful orthodontic relationships in pediatric dental practices. The two-hour presentation featured a frank and illuminating sharing of information by Howard Dixon, Mark Lisagor, Dick Mandelaris, Mike McCartney, Chuck Spitz and Bob Weis. Practice arrangements, delivery systems, physical office requirements, professional relationships, business arrangements, patient care and expense factors, pitfalls and liabilities, orthodontic recruitment and many other subjects were covered in detail and perspective previously not available by course, journal article or text.

Because of the unusual nature of the material presented and the interest of many of those present in obtaining a review of the seminar information, a copy of the tape of the panel discussion, as well as a copy of the printed outline, is now available to CSPD members. These items could be used as a syllabus in constructing a written orthodontic associate agreement. Any CSPD member wanting a copy can send a request along with \$10 to the executive secretary. CSPD has plans to make copies available to all AAPD members as well.

Paul Reggiardo, D.D.S.

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California Society of Pediatric Dentists 12th Annual Conference

April 2-5, 1987 — Claremont Hotel, Oakland, CA

Plan now to join us for the 12th Annual C.S.P.D. Conference at the beautiful Claremont Hotel, high in the Oakland-Berkeley Hills, with a magnificent view of the San Francisco Bay and skyline.

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Built at the turn of the century, the Claremont is the "Grand Dame" of Northern California hotels. Recently redecorated, the Claremont has a large collection of contemporary art and sculpture that is displayed throughout the hotel and grounds.

Although the program is not yet firmed up as of this writing, I can promise you an outstanding program at a fabulous hotel.

*Don Dal Porto, D.D.S.
1987 Annual Conference Chairman*

Spouse/Guest Program

"You're Not My Type" A Search for Self

In the two years which followed the 1984 meeting at La Quinta, I have had the opportunity to do what I might never have the chance to do again, that being to develop a plan for sharing with a very special group of people some of the ideas and perspectives which I have found to be personally enlightening and rewarding in my own life.

Without hesitation I state my belief that as a group, pediatric dentists and their families number among the most warm and caring professionals in society. Whether it is their intimate daily contact with the spontaneity and openness of their patients, or simply the nature of the type of professional who would make a life's work of the treatment of children is not important to discern. Of the greatest significance to me in planning this meeting with Warren was the powerful and positive influence of those relationships.

The Spouse/Guest Program therefore evolved as a result of a personal commitment to the goal of self-understanding as a first step toward developing and nurturing interpersonal relationships. Dr. Victoria Dendinger, the speaker for both the Friday and Saturday sessions, led the group through an explanation of the background of the development of the Keirse-Bates personality inventory, describing the humorous, often hilarious sides of human personalities and temperments. She spoke in gentle but pointed caricature of individual preferences for energy sources (extroversion and introversion); for various world views (practically and

reality-oriented versus the theoretical and possibility-oriented); for personal decision-making (objective, based on principles as compared to subjective, based on personal impact); and a drive toward fluidity and open-endedness in contrast to closure and the settling of things.

If you don't know your P's and J's (or your E's, I's, N's, F's, T's or S's), I encourage you to persue the copy of "Please Understand Me" which was included in the registration material given to each C.S.P.D. member/family in San Diego. It will be a delightful and entertaining experience!

During the second session on Saturday, we were guided through a peaceful meditative experience and explored various communication tools and techniques. The response to this Spouse/Guest program was enthusiastically positive, as evidenced in a post-Conference survey taken by Dr. Michael McCartney. The participants shared many new-found insights and solutions to old problems, reflecting a deepened understanding of themselves and of those around them. Each of us is unique and has special talents and interests that serve to enrich all of the C.S.P.D. members and their families. As Dr. Dendinger reminded us, we grow and mature, individually and as a group as do trees, developing new branches not at the expense of the old, but rather in response to new stimuli. Each is admirable for its own unique beauty and for the contribution it makes to the beauty of the tree as a whole.

To each of you who joined Dr. Dendinger and myself in San Diego, I extend my appreciation for the gift of your sharing. To everyone in C.S.P.D., Warren and I look forward to seeing you at the Claremont in 1987!

Madeleine Brandli

continued from page 7

program along with the Master's in Oral Biology in June 1986.

Dr. Krywulak is licensed to practice in California and is looking for an associateship and/or a teaching position.

Ann Montagne was born in Bucarest, Romania. She moved to Paris, France and entered engineering school. After two years, she felt that the engineering was the wrong vocation for her and she turned to the medical field. Anne first worked as a medical and dental assistant. She then attended Dental School Paris VII graduating with a D.D.S. degree in 1983. After graduating she worked as an instructor for blind and handicapped children in her school and in the dental office of the Institute for the Blind and Handicapped Children. Dr. Montagne is currently enrolled in the UCLA Pediatric Dentistry Postdoctoral Program and the Master's in Oral Biology Program and is anticipating completion of both programs in June, 1986.

Upon completion of her program, Dr. Montagne will go to New York with her husband, who will be enrolled in the prosthodontics program at New York University. They will then return to Paris to private practice together.

Conrad J. Sack was born in Camden, New Jersey. He participated in the Army Dental Corps for three years and then attended Dental School at Boston University. Dr. Sack received the ASDC Award during his senior year. In 1983, Dr. Sack enrolled in the newly established Combined Orthodontics-Pediatric Dentistry Postdoctoral Program and is due to complete the program with a certificate in Orthodontics and Pediatric Dentistry and a Master's of Oral Biology in June, 1986.

Dr. Sack's hobbies include sailing, racketball, tennis and bicycling.

Dr. Sack's future plans include an associateship-partnership with Dr. Robert Smith (Pediatric Dentist) in Reseda and Beverly Hills.

Steven Aylard graduated in 1984 from the USC School of Dentistry and directly entered the USC post-doctoral pediatric dentistry program. Future plans include a lot of soccer in addition to the practice of Pediatric Dentistry. He presently has no post-graduate commitments and would be interested in hearing about practice opportunities.

Barry MacDonald graduated from the USC School of Dentistry in 1980. He subsequently served as a Dental Officer in the United States Air Force until returning to USC in 1984 for additional training in Pediatric

Graduate Students and Table Clinics at San Diego

One aspect of our annual meeting in San Diego that added to my pleasure was the attendance of the graduate students. Graduate students from all three programs in California attended and participated at our meeting. Sixteen graduate students attended the meeting, which is more graduate students than we've had at any past annual meeting. Hopefully this group will carry our feelings for each other back to their programs and create an interest in CSPD that will form a tradition of participation in CSPD at the dental school.

The following graduate students either joined CSPD this year or attended the meeting (or both!):

UCLA: Wanda Claro, Paul Styrt, Anne Montagne, Ann Azama, Stella Koletic, Paul Seo.

USC: Jari Faison, Brad Tucker, Osamu Tokiwa, Victor Alvarez, Mitchell Poiset, Wesley Morikawa, Steven Aylard, Solomon Mussali, Barry MacDonald, Edvardo Ovaído, Jorge Godoz.

Dentistry. After June graduation he will continue his military service in the Okinawa area for a few years.

Wesley Morikawa graduated the first time from USC in 1977 with a B.A. He graduated from USC again in 1981 with his D.D.S. He is currently completing USC's (again) pediatric dental residency program. He prefers to remain in the Los Angeles area after graduation and would appreciate hearing about practice opportunities.

Saloman Mussali graduated in 1982 from the Unites School of Dentistry in Mexico City. After USC he will return to Mexico City to join a Pediatric Dental group practice and to teach at Intercontinental University.

Eduardo Ovadla graduated in 1983 from the Unites School of Dentistry in Mexico City. He plans to return to Mexico City after graduation from the USC Pediatric Dentistry Program to join his brother, Victor, in pediatric dental practice.

Mitchell Poiset received his D.D.S. degree from UCLA in 1984 before entering the USC Pediatric Dentistry program. His post-graduate plans include part-time associateship in San Diego in Dave Powell's pediatric dental practice and part-time practice in the Los Angeles area.

Suzanne Berger, D.D.S.

UCSF: Vivian Lopez, Geui-Mei Chang

I certainly enjoyed meeting the students and look forward to their future participation in CSPD. I hope other members had a chance to say hello.

A very special thanks to three doctors from the graduate programs who provided informative, well presented table clinics:

Mitchel Poiset, USC: "Monitoring the Pediatric Dental Patient."

Vivian Lopez, UCSF: "Malignant Hyperthermia: What the Pediatric Dentist Should Know."

Geui-Mei Chiang, UCSF: "Dental and Anesthetic Management of Epidermolysis Bullosa: A Case Report."

To graduate students — thanks for joining us in San Diego and I hope to see you at the Claremont Hotel in 1987.

I also want to thank two members for their work and effort in presenting table clinics in San Diego:

Dr. Thomas K. Barber: "Computerized Cephalometrics for your Office."

Dr. David H. Markle: "Pulse Oximeter: Conscious Sedation Protocols and Monitoring."

I urge more members to present table clinics next year. I learn a great deal from the clinics and many of us have techniques and innovations that beg to be shared. Put your ideas together for our 1987 meeting at the Claremont. Thanks again Tom and Dave.

Marty Steigner, D.D.S.

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George Riviere, D.D.S., Ph.D.
Chairman,
Professional Activities Comm.
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Pediatrician Project

A project conceived by the C.S.P.D. Board to create a stronger relationship with California pediatricians has been approved by the Board of the California Chapter of the American Academy of Pediatrics (AAP). The goals of this project with California pediatricians initially include: better identification of our respective members; a greater awareness by pediatricians of pediatric dentistry; and, the establishment of a system of providing dental continuing education to pediatricians. The scope of the project is ambitious and includes:

1. The mailing of a packet to all A.A.P. member pediatricians in California (over 2800). The packet will include:
 - a) A cover letter of introduction from C.S.P.D.
 - b) An updated C.S.P.D. directory
 - c) The A.A.P.D. brochure, "What is a Pediatric Dentist?"
2. C.S.P.D. members will receive a directory of the A.A.P. pediatricians in their area. Currently the San Diego area does not have a pediatrician directory. The goal would be to utilize each others members.
3. The California Chapter of A.A.P. has a journal which is printed every 4 to 6 months: the **California Pediatrician**. Our **Bulletin** has a similar publishing frequency. Our respective Boards have approved in concept the idea of an exchange of articles for our

journals. The exact format is still not set. Our respective editorial staffs are currently discussing how to best implement this exchange. Dr. Dorfman will have some information in the future on this exchange.

The potential benefit to C.S.P.D. members from this project is significant. I hope that the potential benefit to A.A.P. member pediatricians would be equally significant. We can help create that mutual gain by utilizing A.A.P. member pediatricians when we refer our patients for pediatric care. If you have a good working relationship with a non A.A.P. member pediatrician, put in a "plug" for A.A.P.

If you have suggestions for future projects that C.S.P.D. can initiate with the California Chapter of A.A.P. please write me a note. The Board of Directors of C.S.P.D. is anxious to complete all the details of this project, then use that success as a springboard for a second project. We'll keep you informed of our progress.

Michael J. McCartney, D.D.S.

Ad-Hoc Denti-Cal Committee

At the Board of Directors meeting of CSPD in Coronado, the President formed an Ad Hoc committee to deal with the problems of Denti-Cal. Specifically, the low fees and the on-going hassle with CDS for reimbursement. The committee is composed of CSPD members Roger Erickson, John Groper, and Wayne Grossman.

The committee needs to know what problems you, the membership, has had with your dealings with CDS-Denti-Cal. We would also like to know if anyone of you knows anyone in the CDS hierarchy or legislature who has an ear to the Denti-Cal problem? If possible send to one of us examples of actual Denti-Cal insurance forms showing the problems CDS puts us through to collect our monies.

We need your input in order to present a united front for Pediatric Dentistry in this State.

On Wednesday, June 18th, the committee members met with a state legislator and a person in charge of this State's Denti-Cal program. At the time of this writing results of the meeting were not available.

If you have further questions or information that would be helpful, please direct communications to your Ad Hoc Committee.

Roger Erickson, D.D.S.
John Groper, D.D.S.
Wayne Grossman, D.D.S.

Welcome New Members

| | |
|----------------------|--|
| Richard J. Liebig | 4690 Genesee, San Diego, CA 92117 |
| Mark H. Goldenberg | 435 N. Roxbury Dr., Beverly Hills, CA 90210 |
| Dennis P. Nutter | 2560 N. Texas #H, Fairfield, CA 94533 |
| Stephen T. Finger | 10551 Fontenelle Way, Los Angeles, CA 90077 |
| Arnold Friedman | 2715 Santa Ana St., South Gate, CA 90280 |
| Charles L. Gray | 4942 S. "C" Street, Oxnard, CA 93033 |
| Guy C. Lichty, III | 353 H Street #B, Chula Vista, CA 92010 |
| Noushin Morshed | 1244 Seventh Street, Santa Monica, CA 90401 |
| Andrew P. Soderstrom | 1236 Floyd Ave. #B, Modesto, CA 95350 |
| Francis W. Summers | 1808 Verdugo Blvd. #312, Glendale, CA 91208 |
| Richard D. Udin | 640 E. Alvin Dr. #C, Salinas, CA 93902 |
| Bruce B. Baker | 15835 Pamerado Rd. #101, Poway, CA 92064 |
| Huey-Ju Grace Yeh | 328 N. Garfield #B, Monterey Park, CA 91754 |
| Earl Goldstein | 12504 W. Washington Blvd., Los Angeles, CA 90066 |
| Elverne Tonn | 333 Hickey Blvd. #102, Daly City, CA 94015 |
| Maureen Short | 23341 E. Golden Springs Dr., Diamond Bar, CA 91765 |
| Jari E. Faison | 3621 Century Blvd., Lynwood, CA |

UPDATE ON AD HOC COMMITTEE ON MISSING AND ABUSED CHILDREN

Most of the activities of the Ad Hoc Committee on Missing and Abused Children has been to keep close tabs on what has been happening on the national level. At our AAPD annual meeting in May the following topics were scheduled to be reviewed.

I. Research Protocol for Appropriate Dental Identification Techniques

Preliminary design of the research was to be a cooperative effort between Dr. James Cattone of the American Academy of Forensic Odontology and Dr. Frank Catalonotto, Chairperson, Research Committee of the American Academy of Pediatric Dentistry. This program momentarily is in flux because the ADA has terminated its participation with the microdisc due to possible licensing and patent infringements. In addition, two or three companies that were manufacturing a disc have now dropped out of the market. The research, sponsored by the ADA would have been initiated at five dental schools and included Indiana, Michigan, Northwestern, University of Texas at San Antonio, and University of Southern California.

My recommendations at this time is to meet with the American Academy of Forensic Odontology and try to find a mutual position amongst our two organizations. It is my understanding that the AAFO was terribly disappointed in the ADA decision since the AAFO has been the primary advisor to the program from its inception.

II. American Academy of Pediatric Dentistry liaison with the American Academy of Pediatrics

As directed by the Board of Directors of the American Academy of Pediatric Dentistry, we have established communication with the American Academy of Pediatrics. Dr. Arthur Nowak, more than a year and a half ago, made a presentation before their committee on Early Childhood, Adoptions, and Dependency. Subsequently, the AAP reactivated an Ad Hoc Committee on Child Abuse under the guidance of Dr. Gerald E. Porter of Marshfield, Wisconsin. I have recently received a copy of their position paper, Dental Aspects of Child Abuse, and consider it highly appropriate to be distributed to their membership, as well as ours. Meanwhile, Dr. Gary Badger, our committee member, has been

invited to speak at the Pediatric Otolaryngology Section meeting of the American Academy of Pediatrics convention on November 2, 1986 in Washington D.C.

III. Special Edition: Child Abuse & Neglect, Journal of the American Academy of Pediatric Dentistry

A special issue was published in May 1986. It is the committee's hope that we will oversee distribution of this important issue and identify affiliated lay and professional groups due to receive it.

IV. Liaison with the National Center For Missing and Exploited Children

The committee will move this year to have a permanent liaison with the National Center in Washington D.C. Jay Howell, Director of the Center, has been contacted, and further communication is planned regarding placement of one of our members on their Board of Directors. In addition, full evaluation of all resource information available at the Center will be undertaken by our committee.

John Ferguson, Managing Editor of the Journal of Pediatric Dentistry, has shown interest in printing photographs of missing children in the journal. I probably would prefer a regular section of the journal designated to disseminate important information regarding the topic, Missing and Abused Children.

V. AAPD Speakers Program on the topic, Missing and Abused Children

An American Academy of Pediatric Dentistry sponsored speaker's program could be designed to encourage lecture requests from any or all of the following:

1. Graduate Program in Pediatric Dentistry
2. Local, regional, and national meetings of the American Academy of Pediatrics
3. Active membership of components, AAPD
4. PTA groups
5. Social Service Groups
6. Law enforcement agencies.

The Kevin Collins Foundation in San Francisco has requested our support on a number of pending issues in the California legislature and these requests are being presently evaluated.

I might add that at this time I have had no new members added to my CSPD committee, which makes it difficult to do all that we could with stronger participation. I would encourage all who might show interest in these issues to call or write me at:

Cedars-Sinai Medical Towers
8635 W. 3rd St., Suite #255W
Los Angeles, CA 90048
Tel: (213) 659-8863

Denis M. Weintraub, D.D.S.

DENTI-CAL MISSED APPOINTMENT CHARGES

The following letter that was sent on March 28, 1986 to CSPD member Barry Reder of Oceanside should be of interest to many CSPD members. It was from Sacramento, specifically the State of California — Health and Welfare Agency, Department of Health Services.

RE: Billing Medi-Cal Patients for Missed Appointments.

Dear Dr. Reder:

This is in response to your recent telephone inquiries to this Department, wherein you asked whether it was permissible for a Medi-Cal provider to bill a Medi-Cal patient for missed appointment charge.

A missed appointment is not a "covered service" under the Medi-Cal program, and not payable by it. Therefore, charging a Medi-Cal patient, a fee for a missed appointment would not be a violation of Welfare and Institutions Code § 14019.4, which under most circumstances, prohibits a provider from billing a Medi-Cal patient for "covered services" when the provider has received proof of eligibility.

Of course, it must be stressed that providers should treat Medi-Cal patients no differently than other patients with respect to such charges, and that providers should clearly explain in advance that there will be a charge for missed appointments. Obviously, without knowledge and consent to such a charge, there would be no debt owed.

I hope that this information satisfactorily answers all of your concerns. However, if you have further questions, please contact Janet Toney of my staff at (916) 445-1995.

Very truly yours,
*D. Jerome Hansen, Chief
Benefits Branch*

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Conscious Sedation Update

It has now been two years since C.S.P.D. established the Ad Hoc Committee on Conscious Sedation. I would like to bring you up to date on what is happening in the area of pediatric sedation. Your responses to the sedation surveys have given us a good idea of how patient management (in terms of sedation) is handled by California pediatric dentists.

The Committee is presently working in the following areas:

1. Assisting the C.S.P.D. membership learn about the pending parenteral sedation legislation, the definitions sedation/anesthesia, and also the potential liability insurance changes.
2. Providing input to the State Board when they begin drawing up the parenteral sedation regulations.
3. Studying the area of hospital dentistry (what obstacles block pediatric dentists from using the hospital?).

State Regulations

The bill that will create a permit process for the use of **parenteral** sedation has passed the Assembly in the California legislature. It appears that passage of the Bill will occur this year. The specific regulations that will implement this Bill will then be drawn up by the State Board. We want to follow their development carefully so that these important regulations will recognize the uniqueness of pediatric sedation. C.S.P.D. members using a parenteral sedation technique will want to know what they need to do to continue using that technique. You should also check to be sure that you have the proper liability insurance protection (classification and limits). You will want to learn what the requirements will be for obtaining and maintaining a parenteral sedation permit. Those using a non-parenteral technique will **not** need a permit.

From a legal/professional perspective, we need to be aware that the "standard of care" for sedation utilization is becoming more specifically defined. Those using parenteral sedation should read the definition of conscious sedation contained in the proposed legislation. You should also read the whole Bill (it's short!). You should also read the AAPD's Guidelines on the Use of Conscious Sedation, the report of the NIH Consensus Development Conference on the Use of Sedation/anesthesia in the Dental Office, and the ADA's Guidelines on Teaching Sedation /Anesthesia in Predoctoral, Post-Doctoral, and Continuing Education

Programs.

Those of you using a non-parenteral sedation technique (especially oral medications alone or in combination) should also read the above documents. You will find them informative. Also, the liability insurance companies may use those documents as a basis for changing the way they classify dentists who use sedation/anesthesia. Presently, the insurance companies classify sedation/anesthesia techniques primarily according to the route of administration. The above documents may influence the insurance companies to establish classifications according to the level of sedation utilized by the dentist. Dentists using conscious sedation would pay a smaller premium than those using deep sedation. The above documents all contain definitions of conscious sedation, deep sedation, and general anesthesia. We should be very familiar with those definitions. CSPD will gladly provide you with a list of the above documents and how you can obtain copies of them. Send your request to my office. Also, send along any questions or comments you may have pertaining to conscious sedation utilization.

The committee would also like to assess the membership's desire to learn more about pediatric sedation. We need to hear from you on this. After the sedation legislation is passed, the dental schools should begin offering more C.E. courses in **parenteral** sedation. That should be a good place to update your skills. The basic didactic material (pharmacology, physical evaluation, monitoring, equipment) will be appropriate for anyone using sedation of any kind. However, pediatric dentists use sedation techniques that may not be covered in the dental school courses. If we as a specialty are presently using and plan to continue to use pharmacologic methods in patient management, these methods should be used as well as possible. Many of our own members are very knowledgeable and experienced in pediatric sedation (possibly more so than the dental school educators). It may be time to tap this resource of accumulated clinical experience.

Hospital Dentistry

At our annual meeting in San Diego, we surveyed the conferees about their utilization of hospital dentistry. We were interested in finding out how often they used the hospital/surgicenter and also if they were encountering obstacles to using it more. Possible obstacles could be: HMO's that won't cover hospital dentistry for well children, medical insurance companies who refuse to pay hospital/anesthesia costs for dental cases, expense to parents or negative

parental attitudes regarding general anesthesia.

We want to know if this is a significant issue to CSPD members.

We received thirty-five completed questionnaires. The most commonly reported obstacle to hospital utilization was the medical third party carriers. Many members reported that they would utilize the hospital more if the obstacles were removed. The committee will continue to study this issue and we are now seeking more data from you. We would like to send you our hospital dentistry questionnaire so we can obtain that input. We would also like to serve as a clearing-house for ways to overcome an obstacle that is still blocking many of us. If so, we would like to share that information with the membership. Again, please send us your questions and comments about this issue. I will send you a questionnaire if you will send me a note requesting one.

I would like to thank Dave Taylor and Ken Greenstadt for their help and creative input.

Geoffrey Groat, D.D.S.

TRAVEL TO HAWAII

Any members contemplating trips to the Islands and needing information on *Local Dental Meetings* to attend, please feel free to call or write me. I'll try to help find meetings to attend. I can perhaps set you up with speaking engagements.

Mike Delaney

Paul Reggiardo Receives Peer Review Award

It was announced at the most recent CDA House of Delegates Meeting that Dr. Paul Reggiardo has been named the recipient of the Peer Review Recognition Award. There are thirty-two components in California and Dr. Reggiardo is one of only four dentists in the entire state to receive this honor for his excellence in peer review activities.

Paul Reggiardo is the Chairman of CSPD's Peer Review Committee, and has been recognized for his thorough understanding of the peer review system and his outstanding manner in which he has handled the cases brought before him. Paul and his committee members truly deserve a special thank you for their dedication and for the hours of deliberation and investigation spent in reaching often times agonizing decisions. Undoubtedly, the Peer Review Committee serves one of the most important functions of our organization, especially in the litigious climate of practice we find ourselves.

Congratulations Paul!

PEER REVIEW COMMITTEE REPORT

1985 was a light year for peer review activity as far as pediatric dentists in California were concerned, C.S.P.D. receiving only seven cases from C.D.A. for review. Since 1981, when we were granted the right to review all cases involving pediatric dentists throughout the state, we have received between 10 and 13 cases in each of the previous four years. Of the 1985 cases, three resolutions favored the dentist; three resolutions favored the patient; one case was returned to the component as inappropriate for specialty review. Four cases involved quality of care and two cases involved appropriateness/utilization of treatment. Four cases involved restorative dental care while two cases involved orthodontic services.

C.S.P.D. members serving on peer review examining panels in 1985 included Mel Rowan, Kent Payne, Richard Sobel, Len Traubman, Ed Matsuishi, Mike McCartney, and Lonnie Lovingier.

Members are reminded that peer review is a service to the public and to the profession that may be initiated by **either** the patient or the dentist to resolve a dispute. Recently one of our members was contacted by an attorney threatening legal action unless the dentist reached a "settlement" with a patient in an amount in the neighborhood of \$1,000. Our member called his professional liability carrier, who advised paying this "ransom" rather than risking the possibility of even a frivolous suit, regardless of the lack of any real liability on the dentist's part or any injury or loss to the patient. Of course, the carrier would reimburse the dentist any cost of this "settlement". Instead the dentist initiated a request for peer review and, when faced with having to submit the facts of the case to an impartial review, the patient dropped the matter.

Members of C.S.P.D.'s Peer Review Committee for 1986-87 appear in this issue of the **Bulletin**. Any members having any questions regarding peer review activity are encouraged to contact any committee member at anytime.

Paul Reggiardo, D.D.S.
Chairman, Peer Review Committee

Members Activities

Congratulations to David Good for his recent election as Secretary/Treasurer of the American Academy of Pediatric Dentistry.

We also congratulate the new executive board of the Southern California American Society of Dentistry for Children.

President: Craig Coy

President Elect: Sonja Eden

Vice President: David Okawachi

Secretary/Treasurer: Philip Trask

Past President: Santos Cortez

In addition, Gerry Kirshbaum has been appointed as ASDC Western National Area Representative, and John Groper is serving on the National ASDC Council.

Warren Brandli has been appointed to a three year term by Governor Deukmejian as the Pediatric Dentist Representative on the State level of the Maternal, Child and Adolescent Health Advisory Board. His term began in December, 1985.

Denis Weintraub and Richard Sobel have publications in the May, 1986 journal of the AAPD, *Pediatric Dentistry*, which is devoted to child abuse and neglect.

Irving Rubel has published an article in the May-June 1986 ASDC *Journal of Dentistry for Children* entitled, "Atypical root resorption of maxillary primary central incisors due to digit sucking: a report of 82 cases."

Ned Momary recently established a pediatric dental graduate research scholarship at USC. The fund is in memory of Tom and Fadwa Momary, loving parents of Ned Momary, who helped their son through his educational years.

Members are encouraged to submit items of interest for the Winter 1987 Members' Activities column to the editor.

"Growing Up With My Teeth"

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For Information
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Ken Whitcomb, D.D.S.

USC Pediatric Dental Clinic Dedication

On Monday, May 19, 1986, the USC School of Dentistry held a dedication of the new Pediatric Dental Clinic. The new facility was funded by many sources that deserve recognition. The Benefactors are Dart and Kraft Company and Kenneth T. and Eileen L. Norris Foundation. The Patrons are Monus Albert, Atlantic Richfield Foundation, the Butler/Tarrson Dental Research Foundation, the Class of 1959, and in memory of Mary and Moses Farajain. Sponsors are the Dental Foundation of California, and Floyd Eddy Hogeboom. Contributions were also from alumni and students in Pediatric Dentistry. Special memorial recognition was given to the Craig Jolley family and friends through the dedication of the graduate student conference room. There was also a special memorial to Beatrice Goldstein, mother of Dr. Charles Goldstein. Recognition was given to Dr. Lewis Daniels through the dedication of one of the sedation rooms by the friends and family of Dr. Daniels.

Classified Advertisements

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.**

Board Eligible **Pediatric Dentist needed for part-time associateship.** Please call for interview. Hacienda Heights, Calif. (818) 961-0654.

Hawaii — **Opportunity to buy one or both pediatric dental offices** on Kona Coast of the Big Island. Both are modern offices with completely separate patient clientel. Offices are fifty (50) miles apart. Association with intent to purchase is welcome. Excellent opportunity to live on beautiful, quiet, peaceful neighbor island. Please contact Michael Delaney, D.D.S., M.S.; Box 1507; Kamuela, Hawaii 96743. (808) 885-6011.

West Los Angeles group **seeking board qualified pediatric dentist** to work in prevention oriented practice. Please contact Henri Bagdadi, Administrator, at (213) 479-3961.

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