BULLETIN

CALIFORNIA SOCIETY OF PEDIATRIC DENTISTS

Winter, 1989 Vol. XV, No. 1

PRESIDENT'S MESSAGE

Perhaps it is significant that my last official written communication should come at this time of the year, the Christmas and New Year holidays. At this ending of the year and the beginning of a New Year, we would do well to pause, to reflect, to count our blessings that we are fortunate enough to be part of a profession that will continue to be at the forefront for years to come.

As I look back on my last six months as president, and as we approach the midpoint of our 1988-1989 year, it is well to take inventory of what has been accomplished to date, and what we hope to do by the time of the annual meeting in Monterey, California, April 6-9, 1989.

On the positive side, we continue to add new members to our rolls. Our membership is now at an all time high of 348 members. And by now, the California pediatricians will have received our updated directory and dental neglect information. Because of the commonalty we share with the pediatrician community in regards to the child patient, we must continue to keep the avenues of communication open. What better way to do it than to let them know who we are.

On the negative side, and of particular concern to me, is the lack of pediatric dentists who treat Denti-Cal patients on a regular basis. On numerous occasions, I have received communication from our California pediatricians saying, "thank you for your CSPD directory, but who can I send my Denti-Cal patients to?" Our dental care committee, under the Chairmanship of Philip Wolkstein, is looking into this problem. He would like to hear from you if you have any suggestions or recommendations.

A special thanks has to go to Wayne Grossman, D.D.S. Wayne represents our organization on the Healthy Mother/Healthy Baby Coalition. Wayne and his group have created a brochure on Baby Bottle Tooth Decay (BBTD) that will soon be distributed by mail to the general dentists in California encouraging them to tell their patients to take their children to the dentist by 12 months of age.

Thanks to the special efforts of Gerald Kirshbaum, D.D.S. and William Snaer, D.D.S., a special report entitled, *How Delta Dental Establishes Acceptable Pediatric Dental Fees*, appears in this newsletter.

Assumption of the presidency brought me face-to-face with additional responsibilities. One of these responsibilities was to attend the component organization committee meeting at the American Academy of Pediatric Dentistry's ad interim meeting in Orlando, Florida. The purpose of the component organization committee meeting was to exchange information and knowledge. I must admit that CSPD was the leading component there. What we are doing in California and our ideas are "light years" ahead of any other organization that was represented at the meeting.

Even though these last six months have been quiet in terms of controversial topics, issues have arisen, and the Board of Directors has been a responsive voice to the needs of CSPD. Committee Chairmen have fulfilled their obligations by planning and pursuing numerous activities at the suggestion of the Board of Directors. I believe that CSPD is on a sound organizational basis and continues to progress towards an effective organization in promoting dental health care for children.

As in any successful organization, it is the cooperative efforts of dedicated officers and committee members that get the job done. I am grateful, and I am sure you are, for the hard work that our elected and appointed people have done for CSPD during this past six months. As the great Casey Stengel, who when congratulated for winning a world series, replied, "I couldn't have done it without the players."

I wish all of you a very happy New Year, and look forward to seeing you in Monterey.

Sincerely,

John Groper

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Letters to CSPD

Dear CSPD,

I recently received a newsletter from the pediatrician in charge of the Craniofacial Anomaly Team at UCLA. It points out a continuing problem that distresses me personally and perhaps other members of CSPD as well. There are many children seen by our team who are finding it increasingly difficult to get dental care. For good reasons, more and more pediatric dentists are rejecting CCS payments as too inadequate.

Perhaps CSPD could become involved as the L.A. Pediatric Society did in encouraging a panel of providers who could devote a small proportion of their practice to provide CCS care. It is unfair for one provider in an area to have to provide all the care as sometimes happens. If most of us could accept a few, it would not be overly burdensome to an individual.

Perhaps CSPD could also be more involved in appealing to the state legislature to correct the funding levels for these children. Families with children with craniofacial anomalies have severe pressures on their time, finances and emotions and the state is making their problems worse.

Sincerely,

Larry S. Luke, D.D.S.
UCLA School of Dentistry

Dear CSPD,

As most of you know, our Dentical program is a joke that provides little in relief for patients and even less for remuneration to the few dentists willing to provide some of the necessary care. Apparently several attempts have been made to revamp the system, but were vetoed by the Governor. He feels the system is "working." We can all get a laugh from that.

I would like to propose what I think could be a viable plan to put the Dentical budget towards patient treatment instead of dividing it between patient care and a bunch of desktop "dentists?" who spend most of their time denying treatment and/or payment. This is probably why the Governor doesn't want to change anything, because part of the bureaucracy would have to be eliminated.

I suggest a system similar to food stamps. Instead of stamps, Dentical patients would be allotted so many "dental dollars" they could use at whatever dentists office they choose. The dentist providing treatment would send the "dental dollars" for reimbursement by the State. Personally I would even be willing to receive 95 cents on the dollar to cover handling costs and would be way ahead of what we receive now (about ⅓ of our usual and customary fees). They would pay for treatment at the same fee schedules everyone else does. Over the years the unused funds could be used for special circumstances or needs.

I believe that this type of system would also give Dentical patients some incentive to take care of their teeth because they would know that if they used up their allotments, then they would be responsible to use their real dollars. They also may choose to provide some of their own funds to pay for treatment above their allotment.

This is only an idea at this time. If you feel it could work, let me know. If you have a better idea, let me know. We need to do something, because it appears the politicians never will.

Why should we as taxpayers and providers continue to allow these funds to go partially toward an inefficient 3rd party system when the funds could go almost totally toward patient care?

Sincerely,

Wesley B. Wieman, D.D.S.

In Memorium

"Excellence does not mean very good, it means preeminence among the best."
— Ben Franklin

In the past year CSPD has been diminished by the deaths of two members. James B. McInaney died February 11, 1988 of colon cancer at age 57. Eric Bystrom died May 24, 1988 of malignant melanoma at age 43.

As pediatric dentists, it may not seem remarkable that both Jim and Eric were notably lauded by their respective communities for their commitment to children, to dentistry and to humanity. These are not commonplace goals, nor were these commonplace men.

We are such a small and intimate organization that the passing of these men has affected a significant number of our members. Since a new year is genererally a time for contemplation, as 1989 begins we cannot help but reflect on these men's lives.

BULLETIN

CALIFORNIA SOCIETY
OF PEDIATRIC DENTISTS

Published semi-annually, with Winter and Summer issues.

EDITOR
Suzanne P. Berger, D.D.S.

CONTRIBUTIONS

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

Iowa City Behavior Management Conference

CSPD member Ken Greenstadt was appointed by president John Groper to be the CSPD representative to the Iowa City conference (September 30-October 2) on "Behavior Management for the Pediatric Dental Patient." Other CSPD members present were Steve Blain and David Rothman representing their respective institutions.

The conference focused on three areas of concern regarding behavior management in pediatric dentistry; legal and attitudinal impact, third party impact and educational issues.

A written report of these proceedings will be available before the Orlando AAPD meeting, and there will be a half-day session at the Orlando meeting to present the conference conclusions to all Academy members.

One of the resource individuals at the conference was Marye C. Feldman, B.A., the ADA Secretary for the Council on Dental Care Programs. The council is ***very*** *interested in hearing from member dentists regarding any third party conflicts. (e.g. claim denied after review by a general dentist unknowledgeable of pediatric diagnosis and treatment; denial of authorization for hospital dental treatment for an otherwise healhy child, etc.) Please contact Marye or her assistant Betty Hainsfurther at the ADA 1-800-621-8099 X2756 if you have information to contribute.*

Board of Directors Meeting September 10, 1988

9.10.88.1 REGGIARDO/McCARTNEY The signature of the President, Vice-President or Treasurer of the Society shall be required to withdraw monies from the Society's operating funds. PASSED

9.10.88.2 REGGIARDO/McCARTNEY The authority of the Treasurer to make decisions regarding Society funds shall be limited to decisions whose consequences shall not exceed his term of office. Commitment of Society funds beyond the Treasurer's term of office shall require approval of a majority of the Executive Committee. PASSED

9.10.88.3 REGGIARDO/DAL PORTO Moved that any withdrawal of monies from the Society's reserve funds shall require the approval of a majority of the Executive Committee. PASSED

9.10.88.4 DAL PORTO/REGGIARDO Moved that the proposed Bylaws change regarding the Annual Meeting Site Selection Committee be accepted. (This proposed change will be mailed to the membership 30 days prior to the annual meeting.) PASSED

9.10.88.5 REGGIARDO/McCARTNEY Moved that CSPD present a suitable and consistent award of recognition at the time an individual completes service on the board. PASSED

9.10.88.6 REGGIARDO/SOBEL By nomination of the Board, a member or nonmember who has given extraordinary time or effort *on behalf of CSPD* may be recognized by the granting of an award or recognition. PASSED

9.10.88.8 GROPER/TAYLOR Moved that CSPD promote pediatric study club continuing education by sponsoring education credit for participating members of CSPD who are members of pediatric study clubs. DEFEATED

6.11.88.1 SOBEL/McCARTNEY Moved to set policy regarding acceptance of display ads for bulletin. DEFEATED

1.21.89.1 McCARTNEY/CANTOR The following members to become life members of CSPD: Dr. Jerome Adler; Dr. Thomas Barber; Dr. Mel Freeman; Dr. Ernest Horany; Dr. Irving Rubel; Dr. Richard Adams; Dr. Robert Andrews; Dr. Eva Sulon; Dr. Francis Summers. PASSED

1.21.89.2 PEDERSEN/FAIA Moved that CSPD bid to act as the host component for the 1994 AAPD meeting in San Francisco. PASSED

1.21.89.3 McCARTNEY/REGGIARDO The President may select a designated representative to attend AAPD and ad-interim meetings. PASSED

9.10.88.7 McCARTNEY/REGGIARDO CSPD fund purchase of 25 annual recognition awards for members who are leaving the Board, or for other dentists or non-dentists who have made a significant contribution to CSPD. PASSED

1.21.89.4 McCARTNEY/FAIA CSPD to accept new logo as recommended by the Logo Committee. PASSED

1.21.89.5 SOBEL/CANTOR CSPD support the proposed language of 1086(d)(11) regarding coronal polishing being performed by registered dental assistants as part of an oral prophylaxis for children. PASSED

Computers in the Office

The Hacker

As many of you now realize, computers are a necessity for tracking your recalls, collections, bad debts, payroll, etc. I thought that this article would focus on the newer printers available today.

In the early days of personal computing, the 9 pin dot matrix printer that could print at 80 CPS (characters per second) was quite impressive. Today we have a myriad of printers available that perform functions that are impressive as well as complex.

Dot Printers:

These printers are now available in 24 pin models that print near to letter quality and are compatible with most systems. Speeds are up to 240CPS at draft mode. As far as versatility, these in fact, are the most versatile for someone wanting to invest the least and still get good quality for letters, statements, reports, and graphs.

Ink Jet Printers:

These printers shoot out droplets of ink onto the paper to give the quality of Laser Printers at less than half the cost. Hewlett Packard is the leader in this field with the Desk Jet (monocolor) and Print Jet (colors) printers. These printers can print about 2 pages per minute in a non-graphic mode and are IBM compatible. An interface is available from Grappler to work with MACINTOSHES. A driver for this printer to keep in the System folder (MACs) is available (see your dealer or favorite MAC user magazine).

Plotters:

These are used for architectural drawings but have been packaged with some software/hadware for dental offices to plot out treatment plans in living color.

Laser Printers:

These printers are the best print quality for "printer-like" appearance to your correspondence. Tractor forms or cards are not usable here. Statements or anything on single sheet 9 x 11 or 11 x 14 is printable. You will love the quality, but the price may be a bit much unless you are going to make up your own forms and become a print shop.

If you want laser quality but can't afford one, I'd suggest the HP Desk Jet at $699 or less with a trade-in. Before you buy. . . be sure that your software will drive this printer. Note to DBC users: there is not interface available at this time.

Please contact me through CSPD for any computer related information you may wish me to pursue. In coming issues I will go into detail on programs and enhancements available on some of the more popular software used by our members.

Please send any questions, comments or items of interest regarding computers to Barry Cantor, AKA The Hacker, c/o CSPD Editor. Thanks.

Healthy Mothers/ Healthy Babies Coalition Report

by Wayne Grossman

Is Baby Bottle Tooth Decay (BBTD) still a frequent occurrence in your area? If so, you may be pleased to know that CSPD is an active participant in a statewide coalition which has targeted BBTD as its prime concern. The Oral Health Action Committee of the Healthy Mothers/Healthy Babies Coalition (HM/HBC) was formed in March of 1987 here in California under the direction of Dr. Robert Isman, a public health dentist who is currently the Chief Dental Officer for the State Department of Health Services. CSPD was one of several organizations represented at the meeting.

The parent organization, the Healthy Mothers/Healthy Babies Coalition, is an informal association of over 85 national professional, voluntary, and governmental organizations with a common interest in maternal and infant health concerns. Members of the coalition include the AAPD, ADA, ASDC, and the American Academy of Pediatrics. Goals of the coalition are to promote public awareness and education in prevention health habits for pregnant women, to develop networks for sharing such health information, and to distribute appropriate public health information that is available or that is developed. The Oral Health Sub-Committee is one of the eight national subgroups established to carry out the goals of HM/HBC.

The Oral Health Action Committee is the California equivalent of this naticnal subgroup. It meets monthly in Sacramento. The committee has adopted as its first priority that of the national group which is Baby Bottle Tooth Decay (BBTD). One of the activities of the national group has been to commission a "state of knowledge" paper by Dr. Louis Ripa on BBTD. The group in Sacramento, for its part, has surveyed and evaluated available brochures and materials on BBTD from all over the country. Because all brochures examined had some deficiencies, especially as they relate to early treatment recommendations, it was decided to develop a new brochure. What was needed was a brochure that better targeted the socio-economic groups with the highest rates of BBTD. A lengthy process ensued in which the brochure was developed and a grant was obtained so that a professional firm could be hired for the translation and layout. This brochure will be available at a nominal charge once enough funds are obtained for printing costs. Funds are being solicited from manufacturers and organizations in order to make these new brochures available soon in English, Spanish, Chinese, Vietnamese, Cambodian, Laotian, and Thai.

Another product of CSPD's involvement in this organization is that Robert Isman has written the article on BBTD used by CSPD in the "California Pediatrician" as part of our ongoing Pediatrician Liaison Project. Members of the CSPD reviewed and helped to edit this successful communication.

Another project that closely unites the CSPD with the HM/HBC also involves concern about bottle caries. In an effort to alert general dentists to the continued presence of BBTD, a letter will be sent on CSPD letterhead to all California GP's. This will be accompanied by a resource list and also encourages dentists to have parents seek early treatment and exams for their young ones. The CSPD has already pledged $2,000 to help defray the mailing and printing costs and Space Maintainers Labs has donated expensive mailing lists. Again, additional funds are being sought to bring this project to final fruition.

Also nearing completion by the Oral Health Action Committee is a slide/tape presentation on BBTD that will be geared to parent groups, health professionals, and child care personnel. This presentation will be scripted and made available to our members who can utilize the materials for groups in their areas. CSPD reps. have been carefully reviewing the slides and text so that the information provided is consistent with current doctrines accepted by our membership.

How can individual CSPD members get more involved? Utilize resource materials as developed in concert with HM/HBC such as the brochure on BBTD. Volunteer to give slide/script presentations to groups in your area. Help to make print and film materials on BBTD available to target populations where you practice.

Professional Liability Risk Identification In Pediatric Dentistry

By Mel Rowan

(Editor's note: This article will be published in the February ***AAPD Newsletter.*** *It is also being published in this edition of the* ***BULLETIN*** *as an item of particular interest for all CSPD members.)*

As lawsuits against dentists for professional liability claims continue to increase, the profession has become more aware in general of protecting itself. Pediatric dentists make up less than 2% of the profession, and as unique specialists, provide a wide range of "general" services to an age population requiring are in a number of treatment environment settings. Due to the relatively small number of pediatric dentists insured by any one of a number of different carriers throughout different regions in the United States, and due to a total lack of accurate and specific claims incident statistics available on pediatric dentists, it has been difficult for the American Academy of Pediatric Dentistry, as well as for Component Organizations, to gather useful information specific to the specialty.

The Dentists Insurance Company (TDIC) was formed in 1980 to offer professional liability insurance coverage for members of the California Dental Association. An AAPD member, and past president, Dr. David Gaynor, was instrumental in the formation of TDIC, and presently an AAPD member, Dr. Melvin Rowan, serves on the TDIC Board of Directors as Vice President and Chairman of the Claims Management Committte. *(Drs. Gaynor and Rowan are also CSPD members. — ED)*

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There has been an average of approximately 266 pediatric dentists per year insured with TDIC over the eight year period of time in all risk categories. The underwriting categories or class definitions differ in anesthetic modalities. Statistics support a higher risk exposure for I.V. or I.M. sedation or general anesthetic procedures. TDIC has kept data on pediatric dentists as well as on all insured dentists for a number of purposes including risk identification and risk management.

The following information is shared with the AAPD *(and CSPD — ED)* by TDIC as a membership service and in order that pediatric dentists can become more aware of liability prevention. Some general comments on interpretation of this information include:

1. Assume an average of 266 pediatric dentists per year insured over an eight year period of time with TDIC (California only).

2. The total of 163 "claims" include all claims against pediatric dentists, both settled claims as well as pending claims.

3. The "average settlement" includes indemnity and defense costs on settled claims, averaged with reserves for indemnity and defense costs anticipated on pending claims.

4. Not reflected in this information are incidences occurring within the past eight years that will result in claims filed in future years. TDIC, until 1984, wrote an occurrence policy. Since that time coverage has been provided on a claims made experience. TDIC must still reserve monies for claims incurred but not yet reported.

5. The lack of informed consent is listed as a "claim category". The information is misleading as it should be understood that the lack of informed consent is often a companion allegation in such cases as "assault and battery" or "paresthesia".

6. Not included in this information are claims against pediatric dentists in the area of "general liability". It should be noted however that water damage claims (damage to other's property resulting from an insured's water leak) are frequent claims.

Claim Category	*Number of Claims*	*Avg. Settlement*
1. Bad Result (general)	75†	$ 5,275
2. Swallowed Object	24	73
3. Assault and Battery	17	11,325
4. Failure to Diagnose	15	14,944
5. Anesthetic Misadventure	9	19,891
6. Wrongful Extraction	6	4,873
7. Post Operative Infection	3	14,077
8. Paresthesia	3	4,930
9. Drug Reaction	3	117
10. Inappropriate Procedure	1	25,000 **
11. Equipment Failure	1	109
12. Lack of Informed Consent	1	0 *
13. Abandonment	1	0 *
14. Fractures	1	0 *
15. Other	3	124
16. Fee Dispute	0	0 *
17. Personal Property Loss/Damage	0	0 *
Total Claims	163	
Average Claim Settlement		$ 6,780

*Indicates single settlement in favor of the dentist.
**Indicates an estimated settlement on an open claim.
†27 of these claims are related to orthodontic treatment.
19 of these claims are related to operative dentistry treatment.
8 of these claims are related to endodontic treatment.

Pediatric dentists insured by TDIC would have approximately an 8% chance of a professional laibility claim filed against them per year of being insured. This compares to approximately a 10% chance per year for all other dentists combined insured by TDIC. The lower incidence of claim numbers combined with the average settlement for pediatric dentists in each respective claim category along with other TDIC accumulated information have created a "track record" regarding rating classification . Through the experience of TDIC with our specialty in California over the last eight years, pediatric dentists enjoy being in the lowest rating classification at all levels of liability insurance limits with TDIC.

The AAPD central office through direct communication with insurance companies, and the Dental Care Committee under Dr. Lewis Kay's Chairmanship through information obtained from liability insurance carriers representing pediatric dentist have concluded that pediatric dentists probably should be in a lower risk rating classification than most other dentists.

Component Organizations *(such as CSPD — ED)* and individuals with the AAPD who may have information to share regarding this subject are encouraged to contact our Central Office on Dr. Lewis Kay. In addition to statistical information presented here, anonymous reporting of case scenarios involving settled claims against pediatric dentists would be of tremendous value to share with other AAPD members through the *Newsletter,* or other ways of information sharing.

The filing of criminal charges or a civil lawsuit against a pediatric dentist can have a significant negative affect in the involved individual's professional life. Risk identification and risk management are especially important in pediatric dentistry due to our small numbers and wide range of treatment procedures employed and practice environments. Information accumulated relative to this subject must be recognized as being extremely important, as well as the sharing of this information with other pediatric dentists.

Note: A mini clinic entitled "An Analysis of Professional Liability Claims in Pediatric Dentistry" will be presented by Dr. Mel Rowan in conjunction with the 1989 AAPD annual session in Orlando, Florida.

Call For Table Clinics

Table Clinics needed for the Monterey Meeting in April. If you would like to present a clinic just notify:

Dr. Weyland Lum
384 11th Avenue
San Francisco, CA 94118
(415) 668-0660

TO OUR SPONSORS

CSPD would like to thank all the sponsors who attended our thirteenth 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.

How Delta Dental Establishes Acceptable Pediatric Dental Fees

It is better to know nothing than to know what ain't so. — Josh Billings

Most pediatric dentists know how Delta Dental determines the 90th percentile for pediatric dental fee schedules. However, there is some evidence that we all *know* it a little differently. John Groper suggested that this information which bears so directly on the profitability of our practices should not be a matter of speculation, and asked us to research the matter. Delta's Michael McGinley was very generous with his time and explained the mechanism patiently and thoroughly. This is what we learned.

WEIGHTING: Since each doctor's fees are no longer evaluated for individual services, but rather as a *composite,* the importance of the fee for each service must be *weighted* to establish its importance in the composite. It would obviously be unwise to assign the same importance to the pulp testing fee as to the prophylaxis fee. **Delta determines the *weight* of each service by calculating the frequency at which it is performed.** This value is determined only by the number of procedures, not by dollar value, and only data from pediatric dentists in California, members and non-members of Delta, are included in the calculations. The weighting is determined for the specialty as a whole. It is not computed for individual practitioners or for zip code or dental society areas.

CUSTOMARY FEES: The maximum customary *composite* fee for the pediatric dental specialty is determined by first establishing the *customary* fee for each service. By Delta definition, the maximum *customary* fee is at the 90th percentile of all California pediatric dentists' *filing* fee listings. **It is very important to realize that the fees used to make these computations are the highest fees *filed* by each doctor for each service *whether or not that fee was accepted as part of a composite fee qualifying within the 90th percentile.*** These individual 90th percentile fees are then multiplied by the *weighting percentage* described above and the results are totalled. This total is the specialty's *composite index.* The individual doctor's fees are subjected to the same procedure. If the doctor's composite index is equal to or less than the specialty composite index, the fee listing is accepted. One other computation helps —

AREA FACTOR: Delta realizes that there are variations in fees by region. For this reason, the customary fee computations for *generalists* are computed for 29 areas which generally correspond to CDA component society boundaries. Since there are not enough specialists in some areas to use regional averages of their fees, Delta uses a modified approach for all specialists. First, Delta ranks customary fees for *all* dentists in the 29 areas. The areas are then ranked by their variation from average, and each area is given a percentage adjustment factor. The specialty composite index described above is multiplied by the *area factor* before the individual doctor's composite index is compared. This adjustment factor may raise or lower the specialty composite index, but usually, since there are relatively few pediatric dentists in sparsely populated areas which tend to have lower fee schedules, application of this factor *raises* the specialty composite index making it easier for the individual dentist to qualify his/her fee listing.

HOW TO STAY A DELTA MEMBER AND KEEP CONTROL OF YOUR FEES:

1. Remember that the goal of your fee listing is *not* to get it approved for the first time. Your goal is to present what you think is a fair and workable fee schedule for your practice. Delta has actually built its system on the assumption that you will file your fees in this frame of mind, and computes its customary fees on the basis of highest *filed* fees, not *accepted* fees.

2. If your fees do not qualify, consider applying for a Superiority Review before you reduce your filed fees. Successful completion of a Superiority Review will allow acceptance of your usual fees even though they would otherwise be rejected. Read the guidelines and think about whether your office would qualify.

3. Remember that Delta membership rules do not prohibit having two fee schedules as long as Delta patients are not charged more than other patients.

GERRY KIRSHBAUM
BILL SNAER
Co-Chairpersons
Adhoc Committee
Pediatric Dental Fees

CSPD Annual Meeting Survey

By Richard Sobel

The membership has shown interest — over 160 of you have responded to our request for information regarding the sites of our future annual meetings. Many members took the time to include helpful, as well as humorous, comments. This type of response is extremely useful in our planning process and demonstrates clearly to the Board of Directors the members' desire to have input in CSPD activities.

The results of the survey clearly indicate that the majority of the members who attend our meetings regularly are willing and look forward to having the annual meetings in a variety of locations, outside of California. Also, over half of those members who attend less frequently would consider, in a positive manner, these out-of-state venues.

Of course, there were negative considerations which were pointed out. These included increased costs (especially for students and new practitioners), no truly local members nor the ability to drive a moderate distance, time away from the office and the possibility of poor attendance, thereby adversely affecting our meeting and our budget for planning.

An interesting distribution resulted — many southern Californians preferred Mexico while northern Californians preferred Hawaii. Many members also suggested other locations and the alternating of our sites between southern California, northern California and an out-of-state location.

Again, thanks for your wonderful, helpful responses. Your input will aid in our decisions and we will keep you posted on future meeting sites so that you may plan your yearly schedules to include this time to attend our excellent programs and meet with our colleagues.

Classified Advertisements

PRACTICE FOR SALE:
IRVINE: 13½ year full-time quality oriented pediatric dental practice in one of the fastest growing planned family communities in the U.S.! It's all here! Warren Brandli and Mike McCartney have decided to focus their 100% efforts on the TUSTIN practice following a successful transfer of the IRVINE PEDIATRIC DENTAL PRACTICE to a qualified buyer. Interested principals only. (714) 559-0674.

PRACTICE FOR SALE:
Tired of smog and freeway parking lots?
Come to the beautiful Napa Valley and enjoy the slower, less stressful life. Near all culture of San Francisco, plus recreation of the Coast and Sierras. Owner retiring from established, low-key practice. For more information write John W. Frame, D.D.S., 1064 Bell Lane, Napa, CA 94558. Call (707) 255-1950 evenings.

PRACTICE OPPORTUNITY:
WANTED. . . . . Associate leading to partnership in busy and rapidly growing pediatric dental practice located in Steinbeck country on central California coast.
Movitated persons should contact Ray Stewart or Roger Sanger at (408) 424-0641.

HANDPIECES FOR SALE:
Eight (8) Midwest Quiet Air Mini handpieces for small burrs.
Contact Dr. Roger G. Sanger, (408) 424-0641.

Don't Worry! Be Happy!

Come to the
CALIFORNIA SOCIETY OF
PEDIATRIC DENTISTS
FOURTEENTH ANNUAL MEETING
at the
MONTEREY PLAZA HOTEL
MONTEREY, CALIFORNIA
APRIL 6-9, 1989

DON'T WORRY!

JAMES JACKSON, D.D.S. Diplomate of the American Board of Pediatric Dentistry and Certified Financial Planner has put together an entertaining and informative presentation for Pediatric Dentists and their spouses. He'll discuss, among other topics, *Building up to Financial Security* and *Current Trends in Practice Valuation.*

STEPHEN GOEPFERD, D.D.S. Diplomate of the American Board of Pediatric Dentistry and *the* authority on *Early Infant Dental Care* and its integration into your practice will present.

BE HAPPY!

Come make new friendships and renew old ones!

The President's Banquet will be held at the *Monterey Bay Aquarium,* a short walk from the hotel. The Aquarium has been reserved for our exclusive use of the evening.

Those of you who have visited the Aquarium will appreciate the uncrowded stroll through the exhibits. Those of you visiting for the first time will truly enjoy this magnificent facility.

GOLF — TENNIS
FUN RUN — FUNNER WALK

Mark Your Calendar — Plan To Attend

Detailed Registration Packets will be sent out in early 1989.

CSPD Acquires New Logo!

You're looking at it. After 13 years, CSPD has modified our graphic image.

Our previous logo focused on a state map in Spanish heritage, and neglected all other entities which have influenced our development. Since we are now much more than what could be accurately displayed by that logo, we felt the need for a more generalized image which could be tied to a national symbol for pediatric dentistry. The incorporation of the academy's symbol into our logo was the logical choice.

It is hoped that this image will gradually become associated with all pediatric dentistry, as families begin to see it more frequently in advertisements, in national magazines and in office literature, forms and stationery.

Submitted by Richard Sobel

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.**

Officers and Members of the Board of Directors — 1988-1989

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