



BULLETIN

CALIFORNIA SOCIETY OF PEDIATRIC DENTISTS

WINTER, 1992

Vol. XVII, No. 4



PRESIDENT'S MESSAGE

CSPD is again in the middle of a very active year. Our society is well recognized in the state government and the dental community as the experts in knowledge about, and taking care of the oral needs of children. At this time of the year, Children's Dental Health Month, we have a chance to voice our positions in a positive and influential manner. Whether as an Academy spokesperson appearing on television and radio, or a pediatric dentist speaking to a group of pre- or school-aged children, concerned groups of adults or the patients and parents in our offices, this is our chance to emphasize the affirmative issues regarding caring for children. Early intervention, preventive education, competent care; we all know the issues and fortunately we are accustomed to communicating to youngsters and adults.

Unfortunately, with government agencies all is not so positive. California, through the Child Health and Disability Programs (CHPD), has attempted to stimulate an increase of access for under-privileged children by conducting workshops and simplifying our participation in CHPD, the 200% plan and MediCal programs. A few counties have created innovative and aggressive programs with the Tobacco Tax money available for health care. But while this has occurred, reversals have surfaced. In many areas money is being directed to other programs;

the amount available during this coming year has decreased as California faces a state fiscal/budgeting crisis during this continuing recession and has recently appealed the ruling on the DentiCal Class Action suit.

Regarding the latter issue; CSPD played a role by providing data and expert testimony to substantiate the lack of available dentists and lack of financial support to accomplish the needed care for patients eligible for DentiCal. After over four years of judicial processes, and little or no state administrative or legislative remedies, a compromise was not reachable and the federal magistrate ruled that the state must provide a substantial increase in compensation for care and must document that this care is being provided. Although the state publicized their agreement to abide by these rulings, within one month the State Department of Health Services filed an appeal of this regulation. The children needing this care and the dentists providing these services are in an unchanged status while State health care agencies and their directors are strongly encouraging increased participation by dentists. How can we trust these misleading and unfulfilled statements? How can we rationally encourage our members to increase their level of participation in programs that are unimproved and not consistent with the demands of our practices? How can we realistically provide the needed care for these children?

On a positive note, many Board and Committee members are participating in projects for the benefits of our patients or our offices.

1. A brochure describing CSPD should be ready for this spring's CDA meeting. It will join our Academy's display to highlight our role representing the pediatric dentist and encourage expanded membership.

2. Office information sheets will have their initial unveiling at our April CSPD meeting. These will be the beginning of a series of brief forms to deliver practical, basic information about common clinical procedures to our patients' parents.

3. With the Craniofacial Coalition's encouragement, Senator Johnston has introduced a bill requiring insurance compensation for non-M.D. services for pa-

tients with facial clefts. (ie: audiological, speech, genetic, and orthodontic, restorative, surgical, and prosthetic dental services.)

4. A TV dental health message for children, in Spanish, is in the planning stages, with professional support to help ensure its completion.

5. Various members have been active in Healthy Mothers/Healthy Babies, CHDP, Kids Care Fair and a number of AAPD committees.

6. Our research funds are now supporting two projects, and additional requests have been received.

7. We are strongly supporting a movement to require mandatory dental exams for all children in California prior to entry into school.

Our interaction with AAPD has increased dramatically in the past few years. The Academy represents us as pediatric dentists on a national level and it is the organization which has fought continuously to preserve and expand our specialty. It has served to define the ethical standards of our care and provide a source for the most valuable educational materials for our specialty (through CE courses, the annual meeting and its journal). Our members should maintain their active participation in the Academy for their own improvement and to enhance the position of CSPD. A proposal has been made that all future CSPD officers hold active Academy membership. We feel that this is a necessity and deserves our strong support.

The CSPD Annual Meeting is soon approaching. Paul Reggiardo has planned a superb educational and social program in a delightful setting. Dr. Dennis McTigue, our principle speaker, is well versed in the areas of trauma and pediatric standards of care; and our panel discussing O.S.H.A. Regulatory Rulings, chaired by Dr. Warren Brandli, is addressing the most timely pressing issues in our practices. I look forward to seeing all of you at Rancho Bernardo.

Thanks for making this a great year for CSPD and for the children for whom we provide care.

Richard S. Sobel

Results of Survey on Chloral Hydrate Use in Pediatric Dental Offices in California

Ray Stewart

The following are the results of a survey circulated to the membership of C.S.P.D. regarding the use of chloral hydrate in pediatric dental offices and how the recently publicized controversy concerning possible carcinogenic and genotoxic effects of chloral hydrate caused changes in the use of the drug or the consent procedures preceding its administration.

Total Responses: 142

- Twenty-five (25) 17% respondents who used chloral hydrate routinely in their practices prior to the controversy have discontinued use of the drug.
- Sixty-one (61) 43% respondents are continuing to use chloral hydrate with no modification in their protocol, of these thirty (30) 21% respondents using chloral hydrate routinely prior to the controversy are still using the drug routinely with no modification in protocol and with no alteration in their consent procedures, and thirty-one (31) 22% respondents who used chloral hydrate occasionally (less than one time per week) are continuing to use the drug with no modification in protocol or consent procedure.
- Fifty-one (51) 36% respondents did not use chloral hydrate in their practices even prior to the controversy.
- Five (5) 4% respondents (3 using chloral hydrate routinely; 2 using it occasionally), report continued use of the drug, however have modified their consent procedure to include information on possible carcinogenic and genotoxic effects.

Editor's note: Chloral hydrate has been used for sedation and hypnosis since 1869. No epidemiological studies or case reports relating to induction of cancer in humans have been identified in the literature. There is a consensus in the scientific community that sufficient data exists providing unequivocal evidence of the genotoxicity of chloral hydrate in experimental situations. Chloral hydrate has induced aneuploidy in eukariotic microbial organisms, mammalian cells in culture and mammalian germ cells in vivo.

The Environmental Protection Agency concluded a 2 year study in October 1991 in which daily ingestion of chloral hydrate and chloral acetaldehyde (chlorination byproducts) produced hepatic tumors in male B6 C3F mice over 104 weeks. (This strain of mice was specifically bred for its susceptibility to formation of hepatic tumors. Interestingly, tumors have not been demonstrated to occur in FEMALE B6 C3F mice.)

The daily ingested dose for each animal was 106 mg/kg/day for chloral hydrate and 17mg/kg/day for chloral acetaldehyde. The EPA maintains that the results of this study cannot be extrapolated to condemn chloral hydrate as a biohazard.

The California State FDA has written the Commissioner of the U.S. FDA asking him to review this data and a 1989 data summary of chloral hydrate risk potential written by the Health Hazard Division of the California Department of Health Services. If the Commissioner is not impressed with the data, or chooses to take no action, the State FDA has the authority to pursue the case independently. Purportedly, the intent of the State's pursuit of this issue is not to remove this drug from the market, but to establish it as a potential carcinogenic and teratogenic risk. The circulation of a warning may be mandated, possibly in the form of a package insert. There are medications currently utilized in pediatrics that carry a similar warning, such as phenobarbital and metronidazole.

Meanwhile, although there is no evidence to date that chloral hydrate represents a hazard in humans, several pharmacy committees have recommended that, for the time being, it is advisable to curtail the use of chloral hydrate for chronic sedations. There are no recommendations to limit its use in occasional situations.

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BOARD BRIEFS

The sixty-eighth meeting of the Board of Directors of the California Society of Pediatric Dentists was held at the Los Angeles Airport Hyatt Hotel on January 25, 1992. Present at the meeting were: Drs. Sobel, Berger, Howard, Duperon, Reggiardo, McCartney, Chan, Grahowsky, Berson, Markie, Pederson, Stewart, Walker, Barber, Blain, and Grossman.

As in the past, the Board dealt with a very heavy agenda in the time allotted. Of note is the CSPD involvement in Child Advocacy issue. Eighty-five percent of our membership has paid their dues, and our membership has increased by six to a total of 390. Our treasurer reports that we continue with a stable balance sheet with adequate operating funds. The nominating committee has met and a slate of candidates will be forwarded to the members of CSPD. The Peer Review Committee reviewed 10 cases in 1991. The shopping bag/prescription bag promotions of Pediatric Dentistry are very close to becoming reality--kudos to Drs. Walker and Markle. The DentiCal issue is still unsettled and the picture is quite muddled—Drs. Blain and Grossman will keep us informed of the latest changes.

Board Motions are as follows:

1-25-92.1 McCartney/Grabowsky—that William Seims be granted Life Membership. PASSED.

1-25-92.2 Duperon/Wolkstein—that Lester Grenz be granted Life Membership. PASSED.

1-25-92.3 Grossman/Duperon—that CSPD support legislation to enact mandatory dental examinations for school entry. PASSED.

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RISK MANAGEMENT

The following is a case presentation provided for us by the Dental Risk Management Foundation, based in Evanston, Illinois. DRMF is a non-profit educational organization dedicated to educating dental professionals on risk management.

The Foundation has graciously agreed to provide us with a new case study for each issue of the newsletter.

For further information, the Foundation can be contacted at:

ALTIS/DRMF
Shand, Morrhan & Co.
1007 Church St.
Evanston, Illinois 60201
1-800-344-9470

Poor Communication Quickly Leads to Lawsuit

A twelve year old girl was referred by her pediatric dentist to a local orthodontist for an orthodontic consultation. The orthodontist confirmed the pediatric dentist's diagnosis of lower arch crowding and class II malocclusion. The patient was missing her upper second permanent bicuspid and had a lower arch-length discrepancy of six millimeters. To alleviate the crowding, and to create symmetry, the deciduous lower first molars and, later, the permanent lower bicuspid were extracted. As part of the treatment plan, the upper bicuspid was also extracted, and the teeth were banded.

The treatment proceeded without incident, and the spaces were closed according to the treatment plan. However, the treatment took longer than originally anticipated and the patient, now sixteen, became increasingly impatient. Although the bands were scheduled to be removed in just four months, the patient sought the opinion of another orthodontist.

Without first discussing the case with either the pediatric dentist or the treating orthodontist, and before viewing head films, seeing models or reviewing the patient's dental records, the new orthodontist told the parents that the orthodontic treatment was "all wrong". He stated that a reverse headgear should have been used, that none of the teeth should have been extracted, and that, as a result of the treatment, the patient's facial profile had become "concave". To correct these problems, he recommended that the bands be removed and that treatment be started all over again. Needless to say, the parents were now quite upset. What had started out as a concern over how long the treatment was taking, now sounded like a case of malpractice.

The parents contacted the pediatric dentist and angrily told him what they had been told by the second orthodontist. Why, they wondered, had they even been referred to the first orthodontist? Surely, the pediatric dentist must have known that he was not competent! The parents were talking "lawsuit" now. The pediatric dentist, not

wanting to become involved, told them that he really had nothing to do with the treatment plan selected, and that this was between the parents and the orthodontists. The bands were removed by the second orthodontist, and the lawsuit was filed shortly thereafter.

Although he was not named as a defendant, the pediatric dentist was nevertheless involved in the lawsuit. He was called upon before trial to give sworn testimony regarding his findings and the reasons for his initial referral, and was called as a witness at the trial many months later.

At trial the evidence showed that the orthodontist had obtained a proper informed consent, and had proceeded with appropriate treatment in the case. The plaintiff's attorney was not able to prove that the treatment fell below the standard of care, or that alternative treatment would have resulted in a different facial profile or dental outcome. The jury returned a defense verdict and the first orthodontist was vindicated.

Could this lawsuit have been avoided? In retrospect, it is clear that better communication might have prevented this situation from ever growing into a lawsuit.

First, the treating orthodontist might have been more alert to the mounting anxiety of his teenage patient when the treatment extended longer than planned. Any practitioner who is involved in orthodontic treatment has faced this situation. When treatment is first initiated, it is imperative that both the patient, and the parents, understand that individual response to treatment varies, and that the time frames given at the beginning of treatment are only approximate. When treatment does take longer than anticipated, the patient and parents should be reassured and informed of the projected period as treatment proceeds.

Second, the comments made by the subsequent orthodontist were clearly inflammatory. If a dentist suspects that a patient has not received good care, he should always discuss the case with the prior treating dentist first. Often there are factors present which may not be initially apparent. While the subsequent treader should not conceal negligent care, he should try to avoid criticizing the prior care. Any statements about previous care should involve objective observations of the patient's current dental status, not subjective evaluations.

Third, when the referring pediatric dentist learned that a second opinion had been sought, he was in an ideal position to be the "voice of reason". The parents were clearly upset and confused, not knowing where to turn or whom to trust. By taking the time to let them voice their concerns to him, and to discuss the situation calmly, the parents and the patient might have been reassured that things were indeed going to be fine, with just four months to go. Instead, they turned to an attorney with their questions, and of course the answer was a malpractice lawsuit.

Although the defendant orthodontist "won" the case, everyone really lost when the case went to trial. Clearly, the patient and her parents lost. She endured many more

months of treatment, with the added financial burden which accompanied the new treatment plan. All parties, including those who were involved only as witnesses, lost a great deal of time and suffered the emotional stress that accompanies all litigation. And the professional community suffered. The relationship between the pediatric dentist and the two orthodontists was strained not only during the trial, but also far into the future.

Making the effort to improve communication with your patients and their parents, and taking the time to fully address their concerns, can make a big difference in similar situations.

This case history was written for Dental Risk Management Foundation by Michael A. Vasquez, J.D., a practicing dental malpractice defense attorney with the San Francisco law firm of Long and Levit.

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REGISTRATION STILL OPEN FOR ANNUAL MEETING

Registration materials for CSPD's Annual meeting at the Rancho Bernardo Inn near San Diego/La Jolla should be returned by March 15.

If you have not yet registered and wish assistance, call Executive Director Dr. Thomas Barber at (310) 541-4777 right away. He has prepared "emergency" registration packets for procrastinators and can even accept registration information by phone!

In addition, meeting chairman Dr. Paul Reggiardo is ready to assist with last-minute hotel registration, travel information, or questions about the San Diego/La Jolla/Rancho Bernardo area. Call his office "hot line" at (714) 848-0234.

CHILD ADVOCACY LEGISLATION

This report comes from the Dental Care Committee of San Luis Obispo County via the American Academy of Pediatric Dentistry and the American Academy of Pediatrics.

The American Academy of Pediatrics, the American Academy of Pediatric Dentistry, the National PTA, the Child Welfare League of California, and other children's advocacy groups are rallying support for the first health care reform bill introduced in the United States Congress that specifically and comprehensively targets the needs of children and pregnant women.

Modeled after the American Academy of Pediatrics "Child First" access plan, the children and pregnant women's health insurance act of 1991 (HR3393) would guarantee access to comprehensive health care for all children through the age of 21 as well as pregnant women. Eligible participants would receive private health insurance coverage through their employer or through a state administered fund.

The Children and Pregnant Women's Health Insurance Act of 1991 was introduced in the U.S. House of Representatives on September 24, 1992. Highlights include:

Requirement of uniform health benefits regardless of family income.

Full coverage preventive care, including dental care.

Replacement of the children's and pregnant women's portion of the Medicaid program with private insurance.

Individuals, the private sector, and state and federal governments would share in funding the system. Employers would have the option of providing insurance packages with specific benefits for dependents and pregnant employees or contribute to a public fund which would purchase private insurance for eligible participants not covered through the work place.

The current health insurance crisis is hitting children hardest, according to the American Academy of Pediatrics. Of the more than 34,000,000 Americans without health insurance, more than 12,000,000 are under age 18. One in six American children lacks health insurance and millions are inadequately insured. One of every four pregnant women is not insured for maternity care and an equal percentage do not receive any prenatal care during the first trimester of their pregnancy.

The bill's lead sponsor, Representative Robert Matsui (Democrat, California), calls his plan a realistic way to begin the process of reforming the health care system. The bill was introduced with 19 members of Congress signed as co-sponsors and endorsements from groups including both the American Academy of Pediatric Dentistry and the American Academy of Pediatrics.

Dental society members are specifically urged to solicit support for this legislation from their congressman. A quick note to any of our local congressmen would surely suffice for this worthwhile bill.

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CHDP DENTAL ACCESS WORKSHOPS

The Child Health and Disability Prevention Program (CHDP) has contracted with The Dental Health Foundation, a California private, non-profit foundation dedicated to improving the oral health of Californians, to conduct a series of free, one-day workshops throughout the State to help increase access to dental care for CHDP children. CHDP is a federal and state mandated preventive health care program for Medi-Cal and low income infants, children and young adults. Through periodic screening examinations, potentially disability conditions can be identified in the early stages, thus minimizing cost to the family and severity to the child. A dental assessment by a medical provider is included in the comprehensive examination. CHDP requires all Medi-Cal eligible children three years of age and over to receive an annual dental examination and necessary treatment. Unfortunately, many children go without dental care, primarily because of the low number of dentists willing to accept Medi-Cal patients. Furthermore, dental caries is the most frequently cited reason for referral during health assessments. These workshops will address these concerns and more. They will bring together

representatives from various agencies and organizations who have an interest in increasing children's access to dental care. Through the collaboration of CHDP, dental professionals, pediatricians, and representatives from Head Start, Migrant Education, PTA, community dental clinics, school nurses, child advocacy groups and others, these workshops will help to establish local networks that will maximize the use of available dental care resources for CHDP children.

The proposed objectives of the workshops are:

- To provide an overview of CHDP and to understand roles and responsibilities of programs intended to increase access to dental services;
- To identify existing preventive and treatment resources for dental services;
- To provide an update on the Dental component of the Medi-Cal program;
- To establish a core group for coalition building;
- To produce an action plan with future follow-ups.

The tentative dates and locations of the workshops are as follows:

Chico, Friday, January 17, 1992
Sacramento, Wednesday, January 29, 1992
Oakland, Friday, February 14, 1992
San Diego, Friday, March 13, 1992
Oxnard, Thursday, March 26, 1992
Ontario, Friday, March 27, 1992
Merced, Friday, April 10, 1992
Redding, Thursday, April 30, 1992
Eureka, Friday, May 1, 1992

Your attendance at these workshops is strongly encouraged, as it will help to make positive changes in the oral health of California's children. Continuing education units will be awarded.

For more information, contact Joanne Wellman, RDH, MPH, Project Coordinator, at (916) 327-8903.

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SCIENTIFIC SESSION TOPICS SET

Dr. Dennis McTigue, Chairman of Pediatric Dentistry at Ohio State University, will deliver two outstanding scientific presentations at the Rancho Bernardo Meeting in April. Friday's session will center on a comprehensive overview of the scientific foundations underlying the diagnosis and treatment of crown fractures, root fractures and luxation injuries in the primary and young permanent dentitions. Clinical and histological reaction of the teeth to trauma will be discussed and treatment options for each type of injury will be presented, with prognostic expectations for each approach. The wide diversity of treatment options utilized by practitioners of pediatric dentistry will be explored, as well as the reasons for such variety of treatment.

An interactive discussion of the origins, applications, and implications of the current AAPD Guidelines for Behavior Management of the Pediatric Dental Patient will highlight Saturday's session. The AAPD Guidelines will be reviewed in detail, with recommendations for clinical practice that stay both within the law and commonly accepted community standards and expectations. The guidelines will also be discussed as a metaphor for other AAPD Guidelines currently adopted or under consideration.

CLINICIAN'S CORNER "JAWS"

Teeth of steel, glinting in the morning sun. A smile of steel! But woe, our hero is only two years old. Then, over the horizon, come the superheros rushing to the rescue. Microfills. Macrofills. Hybrids. Beauty, color and stability all in one. What more could be have asked for? Well, little Billy grinds his teeth. Betsy seems to fall a lot (and always on her front teeth). Jimmy doesn't have much tooth left to attach to. . . What's a Pediatric Dentist to do?

A solution seems to be at hand. The "Whiter Biter Crown" is an anterior Unitek SSC with thermal plastic bonded to the facing. The crown is purported to be crimpable, trimmable and mesio-distally compressible. Can you believe this? Let's not forget to mention that the thermal plastic coating is said to be modifiable with Bis GMA resin stains.

I have not as yet had the opportunity to use these crowns. They are available for purchase from Whiter Biter Crowns in Visalia, California; 1-800-231-9665. The clever inventor is CSPD's own Dr. George Wilson of Porterville.

Their cost is \$32/unit (2 crowns of 1 size). This is easily competitive with other "White Crowns" which run from \$12 to \$25 per crown. The crowns are designated rights and lefts, centrals-laterals-cuspids, in Unitek's 6 sizes.

I'd like to hear from anyone using these or any other similar crowns. As an aside, I have used Parkell's "Paint On" for crowns and clasping — I sent it back.

As of this writing, Whiter Biter Crowns is scheduled to have a table clinic at the Rancho Bernardo meeting.

Steven J. Howard

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AAPD NOVEMBER 1991 AD INTERIM MEETING COMBINED REPORT - AAPD LIAISON/TRUSTEE DISTRICT VI

Richard S. Sobel

Weyland Lum

An extremely busy agenda was addressed by the AAPD Board of Trustees at the Ad Interim meeting in Seattle, Nov. 22, 23 & 24. The meeting was led by Jerome Miller, AAPD president. The following is a summary of the activities and items discussed:

1. A strategic planning session was held.

The success in reducing caries throughout the United States has given some of the public a skewed perspective of the great number of children still requiring care and the roles and services of pediatric dentists.

Jasper Lewis presented an excellent historical review of the Academy concentrating on the recent awareness and public relations programs and emphasizing our current child advocate roles and educational programs for our membership.

Frank Parrington discussed the need, and programs planned, to attract students to our specialty. Students do not have a clear perception of what a pediatric dentist does, nor are they aware of the continued growth in children's needs and, considering the implied different needs of most women pedodontists, we must adjust our thinking about practices, meetings and expectations regarding membership.

Mary Hayes discussed the results of the survey of women in pediatric dentistry. Currently 50% of our specialty trainees are women and considering the different parameters of the practice of the majority of women we must adjust our practices, meetings and expectations regarding numbers. The survey results will be published in *Pediatric Dentistry*.

Marty Davis discussed the ASDC/AAPD interrelationship. The two organizations will work together in three areas: a) as child advocates, by supporting an individual to direct and coordinate our activities in Washington and at governmental meetings and organizations, b) recruiting students to our specialty (especially utilizing ASDC student chapters), and c) public awareness programs.

2. The Mead-Johnson Monograph entitled "Pediatric Dental Care for the 90's" was introduced. This will be distributed to all pediatricians, as well as our members.

In addition, a magazine supplement is being prepared for national exposure during the spring of 1992.

Unfortunately Smith-Kline Beecham has withdrawn support for the "Updates in Pediatric Dentistry" series.

Continued on Page 6

3. The American Academy of Pediatrics "Sedation Guidelines" are far more restrictive than AAPD's. These are anesthesia driven and designed for hospital situations. With their implementation at least one year away, AAPD will review our response when these guidelines are actually published.
There is currently an active review of our Policy and Procedure Statements, as many of these are about 10 years old and in need of updating. This is especially true for the Radiology Guidelines where the AAPD is currently developing a handbook for pediatric dentistry, analogous to the Harriet Lane *Pediatric Handbook*.
4. Annual Meeting—Seattle, May 1992
Pre-registration will be encouraged this year by a substantial discount for advanced registration payment.
A continuing education course addressing Oral Surgery, by Jeffrey Dembo, will precede the meeting on Thursday, May 23rd.
Social events will include a salmon bake, awards luncheon, optional trips and the dinner dance. Please see the separate mailing for details.
Advanced Education Program Directors will now meet annually at the AAPD May meeting.
Future AAPD meetings are being scheduled by closely addressing geographical distribution (i.e., Kansas City, Orlando, San Francisco and Chicago).
5. A number of new continuing education courses have been approved. Of these, an additional Practice Management Program will be offered in the autumn of 1992 and a new Pediatric Dental Review course is planned for early 1993. Interactive, computer-driven courses are being developed for office use. These will probably include still and active video images and will have a variety of uses for in-office review or certification.
6. The Journal will increase the number of short scientific communications and will incorporate practice management articles on a regular basis.
7. A reorganization of our Canadian group will place members in more geographically appropriate Trustee districts. In addition, in order to encourage Canadian members to belong to both Academies, a portion of the dues from these members will be rebated to their society so that dual membership will not be so costly.
8. Our financial structure shows that almost 50% of AAPD income is from non-dues sources. Although this has risen rapidly during the 1980's, it is expected to remain at this level in the coming years.
9. New Public Awareness projects are in the planning stages. Our media tours have been very successful and financial support for them is still available.
10. The external review of the American Board of Pediatric Dentistry was discussed. The findings and Board responses will be available in May. The Board announced a complete restructuring of the certification process with the intent of attracting far more members and facilitating completion of the series. Significant changes have occurred. Details will be announced in the Academy Newsletter.
11. Our interactions with the American Academy of Pediatrics have been substantial this year. We now have a liaison in each state for closer interaction and greater recognition. They have reviewed our Behavior Management Guidelines, especially regarding HOM, and are drafting a letter of support to be published for both organizations. Unfortunately, they will not revise their periodicity schedule regarding the AAPD recommendations for a first dental visit at age one year. One aspect of the issue is the lack of "proof" of a long-range better medical outcome in a cost-effective manner. This probably reflects the financial concerns of pediatricians; their group has not acknowledged that pediatricians either do not take the time or are poor presenters of oral prevention information.
Activities continue with their Committee on Child Abuse and Neglect. In addition, their Preventive Medicine group will address dental health issues in the coming year.
12. The meeting of the Component Representatives was held the evening of November 22nd (resulting in almost 12 hours of sessions that day.)
The focus of discussion was the report of the Medicaid Subcommittee. A summary of the recent "reform" activities in a number of states, as well as the continued frustrations with these programs, was discussed. The federal requirement of access to care for children in these programs allowed us to focus on an advocate role both in California and with the American Academy of Pediatrics. These positions will benefit children as well as our members.
As is customary, the representatives reviewed the current and anticipated programs of the components. An excellent exchange of information followed.

GRANT AVAILABLE

The professional activities committee, California Society of Pediatric Dentists, announces a call for proposals for grants in aid of up to \$1,000.00 to support research projects. For details, please contact David Rothman, Chairman, Professional Activities, UOP, School of Dentistry, 2155 Webster Street, San Francisco, CA 94115, (415) 929-6558.

BULLETIN

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OF PEDIATRIC DENTISTS
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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. The next deadline for submission is January 25, 1992. Items for publication must be double-spaced, typewritten and of reproducible quality for Xerox or Fax.

PEER REVIEW COMMITTEE REPORT

Ten cases were referred to CSPD Specialty Review in 1991. Six cases have been resolved; three cases have been reviewed by the CSPD Peer Review Committee and resolution letters submitted; and one case is currently under review by CSPD.

Of the 1991 cases, six cases were resolved in favor of the dentist and one case was resolved in favor of the patient. In two cases, the dentist resolved differences with the patient prior to peer review. There were no appeals of any decisions rendered by the committee.

Two cases involved informed consent prior to extraction of teeth and one case informed consent prior to restorative care; three cases involved appropriate diagnosis prior to restorative care; two cases involved appropriate diagnosis and quality of care associated with placement of removable "partial dentures"; and one case involved quality of orthodontic care.

The Committee wishes to acknowledge and thank those CSPD members who served on review committees and examining panels in 1991: Ken Greenstadt, Mike McCartney, Paul Reggiardo and Phil Trask.

I would again like to express my gratitude to Paul Reggiardo for his continued help in orientating me to my new responsibilities as Peer Review Committee Chairman. His support and guidance have been invaluable.

David Taylor

PUBLIC & PROFESSIONAL RELATIONS

The past quarter has been relatively quiet for this committee. We have continued our efforts in maintaining liaison with the California component of AAP to promote a closer relationship between our two groups.

Our representatives have also attended meetings or conferences for California State Migrant Education and California State Headstart Programs to provide input and guidance on dental health issues for these organizations.

Two suggestions have been forwarded recently which I feel are worthy of the Boards, consideration for this committee to pursue in the next 12 to 24 months.

1. Planning and implementation of a joint scientific/health issues conference or meeting with California AAP. This would require the appointment of a sub-committee to interact with AAP representatives to discuss (A) a program, (B) possible speakers, (C) location, and (D) dates for such a meeting.

2. Planning and production of CSPD sponsored (perhaps AAP co-sponsored) Dental Health messages to be produced by Spanish T.V. network owned by Danny Villeneuve. He has expressed a desire to do a project wherein they will produce the P.S.A.'s or other educational formats at no charge.

Ray Stewart

SOMETHING SPECIAL

TICKETS STILL AVAILABLE FOR SOUTHWESTERN STEAKFRY AND WILD ANIMAL PARK

Members attending the Annual Meeting at Rancho Bernardo are reminded that optional events this year require special ticket purchase.

On Friday evening, the area surrounding the Santiago Pool will be turned into a private party for CSPD members and their guests. Following a no-host cocktail reception, the Inn will stage its renown Outdoor Southwestern Steakfry, featuring charcoal broiled New York Steaks. Santa Fe Barbecued Chicken and Texas Chili. Western wear is encouraged for this special event and children's tickets are available for the little hombres.

On Saturday afternoon, two special tours are available at nearby Wild Animal Park, the environmental preserve of the San Diego Zoo. A two-and-one-half hour behind-the-scenes guided tour of the park, including a close-up meeting with one of the exotic animals and its trainer has been arranged. The tour will include a guided ride aboard the five mile Wagasa Bush Line Monorail and admission to the animal shows and exhibits. In addition, a photo Caravan tour in an open truck with a Wild Animal Park guide, an experience only available through special event booking, has been confirmed. Both tours are limited attendance and tickets must be purchased in advance.

If you have registered for the meeting, but not these optional events, and wish to purchase tickets, contact Executive Director Dr. Thomas Barber at (310) 541-6772.

CSPD RECEPTION AT ACADEMY MEETING

For everyone attending the Academy Meeting in Seattle this spring, don't forget to reserve time to attend the Sunday Evening CSPD Cocktail Reception. When? Cocktail hour, of course: 6-ish. Exact time and location to be announced later (when we know the Academy's program schedule). Mike McCartney is in charge of arrangements.

PROFESSIONAL ACTIVITIES COMMITTEE ANNUAL REPORT

It gives me great pleasure to report that the Professional Activities Committee has received five completed applications for research grants, in addition to receiving twelve inquiries. The committee will review all applications and present winners to the Board by the middle of February. We will continue as stated in our bylaws to award these grants during the CSPD Annual Meeting.

David L. Rothman

SAFARI FUN RUN

The Fun Run/Fun Walk, this year preceding the Table Clinic Session, Continental Breakfast and Blockbuster Regulatory Compliance Panel at the Rancho Bernardo Annual Meeting, promises to be an outstanding event for fleet feet as well as tired toes. Dr. Steven Howard, coordinator of the Sunday morning adventure, has planned a unique safari on the Rancho Bernardo grounds with wild animals, prizes along the route, and a good deal of fun for everyone who relishes a little early morning fresh air.

Howard cautions that keen eyesight may be more important than spectacular speed in this year's pavement pounder and he is expecting a large turnout of thrill seekers Sunday morning.

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