



BULLETIN

CALIFORNIA SOCIETY OF PEDIATRIC DENTISTS

SPRING, 1994

VOL. XX, NO. 1

PRESIDENT'S MESSAGE

Annual Meeting Report

Dr. Suzanne Berger



The Nineteenth Annual Meeting of the California Society of Pediatric Dentists in Rancho Mirage was another highly successful meeting for our organization. What a pleasure it was to have been given the opportunity (and challenge) to plan this meeting! The attendance was the highest yet, the weather was cooperative, the programs went well, and "a good time was had by all." It was also wonderful to have so many graduate students present during the meeting, since they represent the future of pediatric dentistry.

The premier highlight of the meeting for the membership was, once again, the time set aside to renew acquaintance with our colleagues and their families. I believe every CSPD meeting planner gives him/herself the personal goal of creating an atmosphere conducive to this.

Notwithstanding the "resort effect" of a beautiful and relaxing location, the keynote speaker, Thomas G. Irons M.D., (pediatrician and humorist from South of the Mason-Dixon line) was selected with this goal in mind. It is not often that a speaker can impart his philosophy so well to the audience, under the cover of insightful information mixed with yarn-telling. His warmth and point of view centering around deep caring for his patients and their families, set a most congenial atmosphere for us.

Sunday's speakers, Elizabeth Barr, D.M.D., and Kathy Hunninen, Ph.D., shouldered the onerous task of reminding us that OSHA and the environmental regulatory agencies are alive, on the prowl, and have a point of view that is plainly unfriendly to dentists and not particularly concerned with the care given to our patients. In spite of all this, Drs. Barr and Hunninen gave us hope (and advice) about doing the right thing for our staffs, ourselves and our environments. More changes are in the works since regulatory agencies are currently investigating the following areas of concern to dental offices: (1) Nitrous oxide toxicity, and (2) Hazardous Waste handling of dental amalgam, X-ray film fixer, and glutaraldehyde. Also, have your dental office Fire and Emergency Plans been updated to include Response to Natural Disasters?

(Note: In response to several requests, copies of the overhead projection information from this lecture, as well as a handout for the "Children and Divorce" portion of Dr. Irons' lecture, will be available to meeting attendees. Contact the office of the Executive Director for your copies.)

Other highlights of the scientific portion of this meeting included several excellent table clinics and exhibits, and a new Notebook Project (Office Employee and Procedural Manuals) that

was well utilized by the attendees. Contact Dr. Lynn Wan for further information, and/or copies.

As usual, there was enthusiastic participation in the social functions; so much so, that only eleven (out of the fifty-five who signed up) diehard Fun-run/walkers were able to drag themselves to the start at 6:30 AM. There were less runners that Saturday morning than there were at the first annual meeting's Fun-run!

There was a good recovery rate by nightfall, however, as evidenced by the numbers of diners and dancers at that night's Banquet.

It was a pleasure to have AAPD President Ray Klein, D.D.S., attend the first part of our meeting and speak at the Friday luncheon. He was able to inform us that the efforts of the AAPD and the ADA have been successful in convincing the Clinton Administration that Dentistry needs to be treated differently from Medicine in the formulation of a National Health Care Plan.

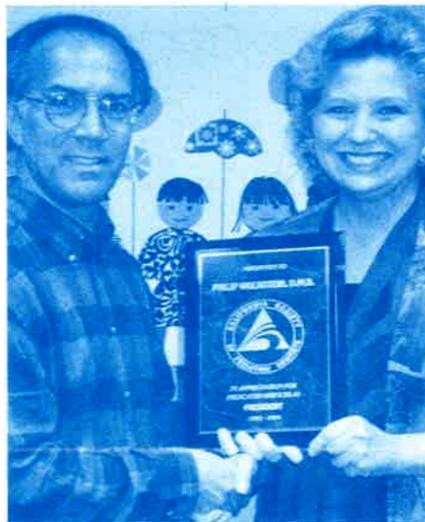
His report also referred to the ADA "Grassroots" program and strongly encouraged individual dentists to become proactive with legislative and other decision-making bodies regarding issues affecting Dentistry and Children's welfare. His point was that if we aren't available to help make the decisions, they will be made for us, and who is better qualified than we are to do this? He left us with the following quotation attributed to a Professor Alexander Tytler, writing about democracy in the ancient Athenian pattern.

"A Democracy cannot exist as a permanent form of government. It can only exist until the voters discover that they can vote themselves money from the Public Treasury. From that moment, the majority votes for candidates promising the most benefits from the public treasury. With the result that a democracy always collapses over loose fiscal policy, always followed by a dictatorship. The average age of the world's greatest civilizations has been 200 years. These nations have progressed through the following sequence: From bondage to spiritual faith... from spiritual faith to great courage... from courage to liberty... from liberty to abundance... from abundance to selfishness... from selfishness to complacency... from complacency to apathy... from apathy to dependence... from dependency back to bondage."

On behalf of all CSPD members, I would like to commend the past and present members of our Board of Directors and Academy representatives for answering the call, and making the commitment to service on our behalf.

In particular, I would like to express appreciation to Phil Wolkstein for his service this past year as CSPD President. I would also like to publicly apologize to him (see photo above), and the membership for neglecting to acknowledge his tenure properly at the installation banquet. This was the only thing in the entire meeting that I felt so comfortable about being able to do, that I didn't write myself a cue card about it to keep from forgetting. Luckily, Phil is a very nice person and true friend and has forgiven me.

Lastly, I thank all my "helpers" at the meeting for a job well done, and I thank each member for his/her support.



Belated presentation by Suzanne Berger to Philip Wolkstein of plaque in appreciation for dedicated services as President of CSPD, 1993-94.

AAPD CONTINUING EDUCATION

The American Academy of Pediatric Dentistry is announcing its fourth annual offering in practice administration. Contemporary Practice Management in Pediatric Dentistry IV will be held Friday, September 30 through Sunday, October 2, 1994, at the Stouffers Concourse (Washington D.C. area). AAPD member attendees are once again encouraged to bring their staffs!

All participants will initially attend a dental "team" presentation by Karen Moawad focusing on conflict resolution. Doctors and staffs will also learn together from pocket clinics, facilitated luncheon table discussions on various subjects, and from a Sunday morning session on Marketing moderated by Bill Phillips. Pediatric dentists will hear a main presentation by Darrell Cain, CPA, on personal/office financial planning. Other choices for attendees include presentations by Kent Oberman, Pitts Hinson, David Noffsinger, Jay Levitt, Linda Lott and Bergen James. Special for staff members will be opportunities to learn about communications, team building, marketing, and office systems from Karen Moawad, as well as from a talented group of presenters from Boston and Atlanta - Sheila Clancy, Linda Dravenstedt, Janice Polidoro and Margie Staton.

Look for the C.E. Course sign-up for you and your staff coming soon! Questions regarding this course may be directed to Warren Brandli.

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FIDC INDUCTEE



Roger T. Erickson, DDS, of Pebble Beach, California was inducted as a Fellow of the International College of Dentists at its 63rd Annual Convocation in San Francisco, California on November 5, 1993.

An honorary organization for the recognition of outstanding and meritorious service to the profession, the College presented Dr. Erickson a membership plaque and gold key symbolic of this Fellowship for conspicuous service rendered the art and science of Dentistry (FICD).

In an impressive cap and gown ceremony, over 250 dentists from the United States, of which 14 were from California, were initiated into the College at this year's ceremony before several hundred members and guests. The College, with representative chapters in more than 70 countries, has approximately 7,300 members worldwide, including 4,300 in the United States. The College conclave was held immediately preceding the 134th Annual Session of the American Dental Association in San Francisco.

In 1981, Dr. Erickson was inducted into the American College of Dentists (FACD). He has held all of the offices in the Monterey Bay Dental Society including President in 1968 and was a member of the Board of Trustees of the California Dental Association for 8 years. He is a graduate of the University of Southern California School of Dentistry and also holds a Doctor of Pharmacy from the University of Southern California School of Pharmacy.

CSPD 20TH ANNUAL MEETING AND SCIENTIFIC SESSION

OJAI VALLEY INN AND COUNTRY CLUB
OJAI, CALIFORNIA
APRIL 7, 8, 9, 1995

Dear CSPD Member:

The officers, board members, and I are pleased to announce the 20th annual CSPD meeting and Scientific Session for 1995. We invite you and your guests (families included) to the Ojai Valley Inn and Country Club in Ojai, California.

The facility is intimate and charming, surrounded by a beautiful country club which is the home of the PGA Senior Golf Tournament.

The main speaker for our annual meeting will be Richard Simonsen, speaking on "clinical pediatric dentistry." This meeting will emphasize clinical pediatric dentistry, including a panel of speakers on the topic of managed dental care.

The resort offers a superb "Kids Club" for members' children, and we will have an exciting program for spouses and guests, also.

I look forward to seeing everyone in Ojai!

Sincerely yours,
Jac W. Pedersen II, D.D.S.
President Elect

MEMBERSHIP STATUS

Active Members	326
Faculty	10
Associate Members	22
Life Members	25
Retired Members	6
Honorary Members	1
Students	27
	<hr/>
	417

CONTINUING EDUCATION

"Treatment Decisions in Dental Trauma"
October 13-16, 1994
Sheraton Grande at Torrey Pines
La Jolla, California
Call: 909-824-4685 for information.

EDITORIAL

A LITTLE OF YOUR TIME CAN GO A LONG WAY FOR PEDIATRIC DENTISTRY

CSPD is the largest and most influential pediatric dental component in the country. Through the efforts of our Public and Professional Relations Committee, our District VI Trustee, and any of a number of other of our component representatives who are working within the structure of organized dentistry, we have the ears of those in CDA, ADA, AAPD, the State Legislature, and who knows how many other organizations.

Yes, we each live within the confines of our "wet fingered" environments. What we each do, and the way we do it, when multiplied by the total number of our membership, influences the rest of the dental community. This places us, you and me, in a position of influence. It is a responsibility we can not, and should not ignore, as it affects not only the future of our livelihoods, but the future of child healthcare.

Today, it is important to pay attention to several of the issues that your CSPD representatives are presenting to us. The issues of *Managed Care*, *National Health Care*, and the *Tax Deductibility of Dental Health Benefits* are very significant.

Being aware is important. But expressing yourselves—through letters and articles in this publication carries a great deal of weight in our dental committee, and throughout the rest of the country.

—Stephen J. Howard
Editor, CSPD Bulletin

PUBLIC/PROFESSIONAL RELATIONS COMMITTEE ANNUAL REPORT

Our mission is to enhance the network of professional relations, and bring forth the projects that position CSPD in the public view. Highlights from this past year include:

1. CDA

Council on Community Health: continuing work on implementing the Baby Bottle Tooth Decay, and the Mouthguard projects. The Prevention of Abuse and Neglect through Dental Awareness (PANDA) project will now be integrated.

Judicial Council: interfaces on issues relating to specialists and behavior modification techniques.

Peer Review: as managed care programs grow, the risk of under diagnosis and minimal treatment threaten to violate standards of care. Children's programs are particularly at risk.

Legislation: AB 221 would have allowed independent hygiene into the schools—working with state legislators was done to prevent the application of this bill.

House of Delegates: projects and policies relating to the welfare of children continue to be proposed.

2. State Board

CSPD is monitoring activities germane to pediatric practices. Testimony on special permits, definition of a specialist, and sedation/anesthesia in dental offices were provided.

3. State Department of Health

CSPD has been positioned to offer testimony on the managed care program proposed by Denti-Cal.

4. Legislation

Grass roots efforts to interface with the Congress on Health Care Reform are ongoing. Don't be lulled by the motherhood approach of including a children's dental program in HCR. WRITE YOUR CONGRESSMAN. HAVE YOUR STAFF WRITE. HAVE YOUR PATIENTS WRITE. Keep the message simple—keep the tax deductibility of dental benefits (up to 4% of employers would drop dental coverage if the tax benefits were voided). If dentistry is included, petition for *comprehensive*, not basic coverage.

PUBLIC RELATIONS

CDA will continue to mainstream pediatric dental messages into CDA's marketing plan. A BBT video (co-sponsored by CSPD) has been distributed to all the CDA components. The Munchkin baby bottles with the soda ads imprinted on them took a hit from CDA/CSPD on CNN, the David Horowitz TV Consumer Show, and in the Wall Street Journal.

Health Care Reform and Managed Care will change the way we make our living. PPR proposes a three year, long term plan, to position CSPD members as experts to consult on limitations and shortcomings of any of the proposed programs.

—Stephen Blain

CSPD RESEARCH AWARD WINNERS

The Professional Activities Committee is pleased to announce the presentation of two research awards this year.

Doctors **Patrick K. Turley** and **Patricia Nartallo-Turley** were awarded \$1000 for a project entitled: "The effects of combined palatal expansion and protraction facemask on Class III malocclusion."

Doctor **Claudia Masouredis** was awarded \$500 for her study of "Risk Factors for Nursing Caries in a population of patients seeking dental treatment in a hospital-based dental clinic." Dr. Merle Morris will serve as the project advisor.

The quality of this year's submissions was excellent, and Chairman, Dr. Larry Luke encourages more of us to apply for next year's grants.

MINUTES BOARD OF DIRECTORS MEETING

April 7, 1994 - Rancho Mirage, CA

The 77th meeting of the Board of Directors of the California Society of Pediatric Dentists was called to order by President Philip Wolkstein at 9:15 A.M. A quorum was established with members present; Drs. Wolkstein, Blain, Pedersen, Stewart, Lisagor, Grossman, Howard, Chan, Blain, Reggiardo, Steigler, and Dixon. New Board members Drs. Wampler and McGavin were present as was Executive Director Barber and President of the AAPD Dr. H. Raymond Klein as a guest of the meeting.

A motion was made to approve the Minutes of the January 29, 1994 Board Meeting. With two corrections the Minutes were approved.

Officers Reports

President: Dr. Wolkstein. Dr. Wolkstein reported on the issue of liability insurance for the CSPD Board of Directors. A policy can not be obtained via AAPD through the Temple of Company due to lack of interest from a sufficient number of component chapters. A suggestion was made the AAPD should be asked to supply, at their expense, liability insurance for all components. Considerable discussion ensued with the base outcome that the Board members for CSPD felt the purchase of protective insurance at this time was imperative.

MOTION 4.7.94.01 (Chan/Berger) That Officer & Board liability insurance be engaged immediately up to a \$3000.00 premium. Passed.

Dr. Pedersen was directed to order a policy effective May 1, 1994. Subsequently, a second motion was made:

MOTION 4.7.94.02 (Reggiardo/Pedersen) to bring before the Board of the Academy a Motion that the Academy provide an "affordable" errors and omissions policy to component societies. The policy must be available to each component without requiring the participation of a minimum number of components. Passed.

Dr. Pedersen was directed to contact Dr. Lum, provide him with background information on this issue and request that Dr. Lum take this issue via a motion before the AAPD at the next Trustees meeting.

President-Elect: Dr. Berger. Dr. Berger presented a brief update on the status of the current annual meeting of the membership just getting underway. It was reported that 142 members are registered and that all systems are in place for a successful meeting.

Vice President: Dr. Pedersen. Dr. Pedersen reported that the arrangements for the 1995 annual meeting to be held at the Ojai Valley Inn are in place and the necessary contracts have been signed. The featured speaker, Dr. Simonsen, is under contract for a fee of \$4,000.00. After discussion on the urgency of needed information concerning the concepts underlying Managed Care Systems a motion was made as follows:

MOTION: 4.7.94.03 (Chan/Blain) A speaker or speaker panel on the subject of Managed Care of Health Care Reform be engaged for the Ojai meeting. Failed.

Treasurer: Dr. Lisagor presented the proposed budget for 1994-95 and led a review and discussion on the current budget and quarterly report. After discussion, Dr. Lisagor was directed to amend the budget to allow for \$3,000 line item for the CSPD Board liability insurance previously discussed. The finalized 1994-95 Budget will be presented at the next Board meeting in June for approval.

A need for dues increase was discussed as was the mechanism for instituting such an increase. There were no recommendations at this time.

Dr. Lisagor discussed plans for the upcoming meeting on Strategic Planning. The topics of "What, When & Where" were discussed with the outcome that the meeting is planned for a two day session in conjunction with the October Board meeting.

Executive Director: Dr. Barber presented a review of the status of those members now delinquent in payment of their dues for 1994. He suggested that he personally contact each member individually to encourage their continued membership to which the Board agreed.

One hundred (100) additional copies of the *Bulletin* will be printed and included in the mailing to each component chapter of AAPD throughout the U.S. starting with the June issue. (Inserted informational item; the additional costs of 100 *Bulletin* printing is \$80).

Dr. Barber presented a review of the correspondence from Dr. Bogert of AAPD regarding the Children's Dental Clinic touring in conjunction with the PGA schedule and the request that a member or members of CSPD might provide manpower for the clinic to be held in Napa in October. The Board of CSPD expressed no enthusiasm for the project however, directed Dr. Barber to notify Dr. Suite in Napa of the project and its date for his potential interest.

A letter was received from Dr. Groat which displayed the rejection of payment for orthodontic fee claims by an insurance company unless the payee is a recognized orthodontic specialist. Dr. Barber will advise Dr. Groat that the AAPD has an active committee on the matter and suggests he contact Dr. Bogert to inform him of the matter.

A discussion was held regarding the site of the next meeting of the Board with respect to the overall travel costs. Dr. Barber reported that travel to the San Francisco or Los Angeles areas are about equal "if" the Board members living North will drive to San Francisco.

Dr. Barber presented the status of the Sprint calling cards and suggested it was again time to deactivate the present cards and distribute new cards at the June meeting date. The current calling cards will be valid until the June meeting date.

Past President: Dr. Reggiardo will be presenting the revisions of the Constitution and Bylaws Committee passed at the January meeting of the Board at this current Annual Meeting for approval.

Standing Committees

Public and Professional Relations: Dr. Chan presented a review of the committee activities along with leading a discussion on the activities of the various CDA Councils. Specific programs relevant to CSPD were discussed. The CDA

Council continues to work on the mouthguard program producing a slide show and video media for school distribution. A table clinic is scheduled for the Anaheim meeting which will display the fabrication of protectors. With regard to BBT, Dr. Jared Fine is developing two training modules on BBT prevention. In addition, a videotape is being produced for which the draft script is being circulated for comment. CDA plans to use these training modules as a model for their own use in informing CDA dentists.

Dental Care: Dr. Blain reported that the Department of Health Services recently held hearing to discuss Dr. Quattlebaum's plan to award one Knox-Keene contract per geographic area even before the results of the Sacramento Pilot Program are known. CSPD member, Dr. Scott Jacks gave oral testimony at the hearing to emphasize the role of maintaining access to care and preservation of the role of the traditional provider. Dr. Jacks will continue to monitor this aspect of the state health reform effort. He introduced the issue of possible infringement to dental access to the attention of the National Center for Youth Law. President Wolkstein got assurances from Dr. Brian Quattlebaum that CSPD will have the opportunity to respond to the first draft of a proposal for CSPD input.

Dr. Blain reported that Dr. Mungo gave an oral testimony on behalf of CSPD before the State Board of Dental Examiners meeting held to determine the need for sedation and general anesthesia certification of dental offices. Dr. Mungo's testimony was influential in the Board's decision to drop the issue letting the current regulation stand. On the issue of state-wide fluoridation, Drs. Blain and Rothman attended a meeting sponsored by the Dental Health Foundation and with a wide array of representation and with the outcome that a task force was to be formed and that interim meetings would be necessary to organize the task force. Dr. Blain strongly suggested that CSPD maintain its representation on the effort.

Dr. Wolkstein spoke about the PANDA project (Prevention Abuse and Neglect through Dental Awareness) and suggested the CSPD endorse the project and serve in an advisory capacity.

MOTION 4.7.94.04 (Lisagor/Reggiardo) That CSPD give its endorsement to the PANDA Coalition, a program to promote awareness and education regarding child abuse and neglect in California. Passed.

Credentials & Membership: Dr. Barber presented the membership statistics for the quarter and mentioned that the current member total of 417 would likely decline somewhat as members fail to renew their membership or otherwise move and discontinue their affiliation with CSPD. However, the membership numbers, in general, continue to climb from one year statistic to another comparable statistic.

Peer Review: Dr. Taylor reported on the annual numbers of reviewed cases and provided a distribution of type of case.

Annual Meeting Site Selection: Dr. Stewart recommended the Carmel Valley Ranch Inn as the 1997 Annual Meeting Site. A motion followed:

MOTION 4.7.94.05 (Reggiardo/Lisagor) That CSPD accept the recommendation of the Site Selection Committee that the 1997 annual session be held at the Carmel Valley Ranch Inn at a date in March or early April to be later determined. Passed.

Ad Hoc Committee

Membership Services: Dr. Azama announced that an Auxiliary Education Seminar will be held in September in San Francisco and later in Los Angeles. The site, date and subject matter will be determined by Drs. Azama and Lisagor. It was suggested that Behavior Management is a likely topic for presentation.

Parent/Patient Information Materials: Dr. Steigler reviewed the current leaflets being distributed at this annual meeting and discussed the need for topic suggestions. The Board discussion centered around the use of these leaflets by the membership emphasizing that the leaflets were more for pre-operative informed consent than for general educational distribution. Dr. Steigler planned to poll the members present during the annual business meeting to discern member use.

New Business

Dr. Grossman suggested that it was important for Board members leaving the Board to continue to receive the Minutes of these meetings in the event the member rejoins the Board at a later date. President Wolkstein directed that Board Minutes will be sent to any person going off the Board and to any and all committee members at their request. This is in addition to the Minutes being published in the *Bulletin*.

—Ray Stewart, Secretary

LUNCH WITH RAY KLEIN



This year's keynote luncheon speaker at our Annual CSPD Scientific Meeting was Dr. Ray Klein, President of the American Academy of Pediatric Dentistry. The winds of change are in the air, and Ray provided us with the current thoughts as to how AAPD, CSPD, and you and I must deal with the future.

BOARD MEMBER PROFILE

Richard P. Mungo

Director, '95 South

Dr. Richard Mungo was born and raised in Cuyahoga Falls, Ohio. He attended the University of Akron in Akron, Ohio where he received his B.S. degree and went on to Case Western Reserve University School of Dentistry in Cleveland, Ohio where he received his D.D.S. in 1971. He then went into the United States navy where he did a rotating internship at Ferris Island, South Carolina with the Marine Corps, followed by a year and one half on the U.S.S. Grand Canyon, a ship out of Newport, Rhode Island and Guantanamo Bay, Cuba.

Dr. Mungo attended Boston University School of Graduate Dentistry where he received a Master's Degree in Pediatric Dentistry. Dr. Mungo then came to Southern California where he participated in a Craniofacial Fellowship in craniofacial anomalies and cleft palate rehabilitation at U.S.C. School of Dentistry/Rancho Los Amigos Hospital in Downey, California. He also attended the University of Southern California School of Medicine for one year to receive a Masters Degree in Medical Education and then went on to be the Head of the Division of Pediatric Dentistry at Children's Hospital of Los Angeles from 1977 to 1991.

Dr. Mungo is published in the areas of pediatric AIDS, hemophilia, cleft palate therapy, and laser surgery. He has developed protocols for medically compromised children. Dr. Mungo is a leading international authority on the use of the laser in soft tissue surgery and has lectured extensively throughout the world on this subject. He has served as consultant and lecturer to multiple technical corporations, as well as being the dental advisor for many national societies such as the Cornelia de Lange Foundation, The National Hemophiliac Society, and the National Down Syndrome Society, etc.

He has been a faculty member at U.S.C. in the Department of Pediatric Dentistry since 1978. He has also been a member of the U.C.L.A. faculty since 1979. He is also part of Hospital Dentistry. He has taught all aspects of hospital dentistry and pediatric dentistry to dental assistants, dental hygienists, dental students, general practice residents, and pediatric dental residents, plus a myriad of medical specialties and residents. Dr. Mungo continues on staff at Children's Hospital of Los Angeles, as well as Children's Hospital of Orange County. He also maintains a private practice in Huntington Beach, California.

He is a member of the American Dental Association, ASDC, AAPD, CSPD, the American Laser Institute, The American Society for Laser Medicine and Surgery, and the Orange County Dental Society. He is on the Boards of Directors of the CSPD and ASDC. He is a Fellow in the American College of Dentists and a Fellow in the Academy of Dentistry for the Handicapped.

Dr. Mungo lives in Newport Beach, California with his wife Kristin and three children, Cara, Nicolas, and Vincent. His interests include sailing, racquetball, photography, and his passion is wind surfing.

PEER REVIEW COMMITTEE REPORT

MARCH 18, 1994

Peer Review Activity

The Committee received two cases in the first quarter of 1994. The first case involved the appropriateness of placing a Nance holding arch for anterior space maintenance. This case was decided in favor of the patient, and a resolution letter to that effect was submitted to CDA. The second case concerned failure to diagnose a large carious lesion on a permanent second molar, resulting in the eventual need for root canal, post, and ceramic crown. The patient requested compensation for costs of treatment. Resolution in this case is pending.

Many CSPD members are either actively involved in capitation or PPO plans, or are considering joining one. Dentists participating in Cap or PPO plans who are party to an adverse Peer Review decision are subject to significant financial risks. Phil Wolkstein has asked our committee to provide the membership with an overview of how Peer Review will handle "Cap Plan" cases. (See "Cap Plans and Peer Review.")

April will mark the end of my three year tenure as Peer Review Chairman of CSPD. The Peer Review process does seem to work—both in helping to maintain our credibility with the public, and as a valuable risk management adjunct for our profession. I am grateful to have had the opportunity to serve CSPD in a useful capacity. I expect to serve as a member of the Peer Review Committee in '94-'95, and will be available to help orient the new chairman after his/her selection in April.

Acknowledgements

I would like to thank the panel members who participated in review cases this past quarter, including **Ray Wong, John Sullivan, Phil Wolkstein, Ken Whitcomb, and Gary Olen.**

—David Taylor, Chairman

Keep learning!
New ideas make work
interesting!

BOARD MEMBER PROFILE

Jac Woodrow Pedersen

President-Elect

Dr. Pedersen was born and raised in California, spending half of his childhood and adolescence in Northern California. He attended Menlo Boys School in Menlo Park, California, and graduated Magna Cum Laude in June of 1969. Subsequently, he attended the University of California at Santa Barbara and received a Bachelor of Arts Degree in Biology in June of 1973. He was awarded Dean's List Scholar for nine quarters while attending UCSB.

Subsequently, Dr. Pedersen attended the University of California of Los Angeles, School of Dentistry and graduated Omirron Kappa Upsilon in June of 1978. While attending UCLA, he did an internship at Martin Luther King Hospital as well as being involved in the Flying Samaritan project in Mexico. He received a public health scholarship while at UCLA, and then traveled briefly to Micronesia while involved with the U. S. Public Health Service. Dr. Pedersen attended Rancho Los Amigos Hospital and received a Certificate in Pediatric Dentistry, Cleft Palate-Cleft Lip, and Handicap Patient Care, in June of 1980.

Upon graduation of the Pediatric Dental Program at Rancho Los Amigos Hospital, Dr. Pedersen joined the staff at USC Dental School for the following three years, first in international dentistry, then in the department of pediatric dentistry. During that time he practiced with Dr. Robert Brown and Dr. Ron Strauss in Southern California.

Dr. Pedersen has held numerous elected positions, which include but are not limited to, the following positions: American Society of Dentistry for Children, Executive Board Member; California Society of Pediatric Dentists, Executive Board Member, Treasurer, Secretary, Vice President, President Elect, President; Central Coast Dental Society, Secretary/Treasurer, President Elect, President; San Luis Obispo General Hospital, Secretary, Vice President, President, and Chief of Staff.

Dr. Pedersen is involved with a dental outreach nonprofit organization which provides dental care to the people of the Pacific, and he is currently president of this organization, "Friends Across the Water."

In 1981, Dr. Pedersen moved with his wife, Mary, to San Luis Obispo. Mary is a Professor of Nutrition at California Polytechnic University in San Luis Obispo, where they currently reside with their four daughters, Grayce (7), Erica (5), Danielle (3), and Clare (1). Dr. Pedersen's extra curricular activities have included sailing a private yacht from San Luis Obispo across the Pacific Ocean to Australia, with stops in Samoa, Tonga, Fiji. In addition, he is an avid surfer and tennis player. Jac and Mary are currently in the process of building a home on their two and one half acre parcel in the Avila Valley area of San Luis Obispo County.



6:30 AM proved to be too early for most of those attending the Annual Meeting at the Mission Hills Resort, but you can't beat the smile on the faces of these happy runners.

DENTI-CAL UPDATE

CSPD submitted testimony in anticipation of the court's review of the Denti-Cal program. Since the original court ordered increase of the fee structure for the 56 designated procedures, the state DHS reports that the patient utilization rate for 1993 increased by only 4%, to 33%. However, the total amount of payments for 1993 increased by \$60 million.

As a result, the court ordered another increase in fees effective January 1, 1994. The increase is up to 80% of the average amount billed in 1993 for each of the 56 procedures.

Until the Denti-Cal situation is resolved, providers should continue to bill out at their UCRs. The Dental Care Committee will continue its efforts to include pulp treatment and space maintainers as designated procedures.

—Stephen Blain

DENTAL CARE COMMITTEE QUARTERLY REPORT

APRIL 7, 1994

Managed Care, State Denti-Cal Reform—In the continuing effort to cut costs and address the needs of the Denti-Cal recipients even before the results of the Sacramento Pilot Program are in, the Department of Health Services recently held hearings to discuss a proposed plan by Dr. Quattlebaum, the State's dental managed care coordinator, to award one Knox-Keene contract per geographic area. **Scott Jacks** spearheaded an effort to ensure the CSPD as well as the Los Angeles County dental society were represented in spite of the low profile given to the hearings. Scott's oral testimony centered around maintaining access to care and preserving the role of the traditional provider. After an excellent narrative, Dr. Jacks made the following recommendations:

1. Ensure the role of traditional providers.
2. Ensure access to care by having more than one Knox-

—Continued on page 6

DENTAL CARE COMMITTEE QUARTERLY REPORT

Continued from page 4

Keene contractor serve a larger urban area—create competition.

3. Limit the participation of contractors that have Staff model offices (so that they do not have monopolies).

4. Set a limit on administrative overhead - increase the portion of the premium dollar that the provider receives.

5. Increase Department of Health Services oversight - enabling patients and providers an opportunity to complain and be heard, thus preventing abuses.

6. Look to innovate programs such as capitating the pediatric dentist directly for children 6 years and under to help ensure that the young children with severe dental needs get the appropriate dental treatment that they greatly need and deserve.

Scott will be monitoring this component of the state health reform effort, and brought the issue of potential infringement to dental access to the attention of the National Center for Youth Law (NCYL). NCYL, if you recall, successfully litigated the Dental lawsuit on the basis of access to care. And lastly, President **Phil Wolkstein** got assurances from Quattlebaum that CSPD will have the opportunity to respond to the first draft of a proposal before anything is decided.

State Board of Dental Examiners Hearings—Dr. Richard Mungo, on behalf of CSPD presented oral testimony at a fact finding hearing on February 16, 1994, conducted by the California Board of Dental Examiners to determine the need for certification of dental offices administering sedation or general anesthesia. Dr. Mungo polled various members of CSPD and developed an excellent narrative with the subsequent recommendation to maintain the existing certification process with no changes. After all the testimonies, particularly from oral surgeons, the Board decided to drop the issue and the regulation stands as is. But as equally important, Dr. Mungo reports that the Board appreciated a fresh outlook on the questions at hand and "perhaps not fully aware of the fact that any changes in the existing dental act might truly impact upon the access to care that our very special patient population might encounter."

State wide Fluoridation—On February 25, 1994, **Drs. Steve Blain** and **Dave Rothman** were invited to represent their schools and CSPD at a day long retreat, sponsored by the Dental Health Foundation. The intent of the meeting was to discuss the potential roles of selected organizations as a task force. There were a wide array of representatives from organized dentistry, Center for Disease Control, Youth Law Center, Public Health Dentistry and the dental schools. After several presentations, the audience broke into small groups focusing on issues of need, target population, and organizational strategies.

The Task Force decided the interim meetings would be necessary to continue the dialogue and to organize the task force itself. "Careful planning" were the catch words for the day. I strongly recommend that CSPD maintain representation.

The chairman would like to especially thank Drs. Mungo and Jacks for taking time out of their busy schedules to represent CSPD in a very professional manner and often times at the last minute. As I step down as chair of the dental care committee, I would also like to thank my committee members as well as Paul and Phil and other Board members who have given me guidance and counsel during these past years.

—Stephen Blain, Chairman

GET YOUR EARS IN GEAR



Those of us who attended the Annual Scientific Session in Rancho Mirage this year were treated to Dr. Thomas G. Irons. "A Review of Advances in Pediatrics" on day one, and "How Children Cope with Divorce" on day two was not only educational, but extremely entertaining. Many of our non-dental spouses were found in the audience on both days.

Should you have the opportunity, catch this man's presentation. And, by the way, be prepared to listen quickly. I have never heard anyone speak so fast!!!

CAP PLANS AND PEER REVIEW

Many CSPD members are either already actively involved in capitation or PPO plans or are contemplating joining one. So it's not surprising that "Cap Plans" were a hot topic at the most recent Northern Peer Review workshop held at CDA. Dr. Steven Fong, the Peer Review Chairman for Southern Alameda County, wrote a timely and concise review of the workshop proceedings related to Cap Plans and Peer Review for his society newsletter. With Dr. Fong's permission, a condensed version of his report appears below.

Dental providers who participate in the expanding capitation or PPO market assume a number of risks in the treatment of patients in these plans. In addition to the more apparent exposure to financial stressors, complaint management, patient education and treatment allocation, dentists must concern themselves with hidden risk management and Peer Review considerations. It's perhaps in these areas that dentist awareness needs to be updated.

Capitation plans pose the danger of expressed or encouraged treatment philosophies which create a second standard of care. Indeed, the development of this second standard may occur in a dental practice via subtle and gradual infiltration. After all, Cap Plans are "low cost plans chosen by the patient." We must understand that all dentists are held to the same single standard of care irrespective of third party insurers. A "Cap Plan standard of care" or any demonstrable duality existing within an office can serve as an indictment in risk management cases. Cap plans and the management companies behind them are transparent before the law. It is the dentist who bears all the risks. These cases are now showing up in California Peer Review.

Peer Review has proven time and again to be a desirable mechanism welcomed by the public for the settlement of disputes. The Dental Profession embraces it as a valuable risk management adjunct. Untold numbers of cases have been spared the long legal processes because of peer review. Capitation cases that now appear in the Peer Review will be examined without change in procedure. Should the resolution be deemed in the dentist's favor, the patient would be asked to pay any and all outstanding co-payment balances.

However, new capitation plan guidelines apply for those cases wherein the resolution is pronounced in the patient's favor.

Refund

If the patient is still covered by the capitation or PPO plan, the resolution would state that "By copy of this resolution letter, (the Plan, etc.) is instructed to debit Dr. (XYZ's) account in order to re-establish the patient's eligibility to have the treatment redone by another participating dentist."

If the patient made a co-payment for any of the procedures deemed unacceptable, the dentist would be instructed to make a refund for that amount to the patient.

If the patient is no longer covered by the plan, any co-payment he made for work deemed unacceptable by Peer Review would still be returned to him. The patient would then have an option to have the retreatment provided by a dentist of his choice. (Retreatment is defined as redoing inadequate treatment with adequate but equal treatment). The patient would be instructed to submit an estimate based on the newly selected dentist's accepted fees for the treatment in question, to the local peer review committee for approval. The reviewed dentist would then be asked to pay for the retreatment in the amount which exceeded the already refunded co-payment. This amount may be substantial and represents a risk exposure borne totally by the plan dentist, as no financial allowances are made for such contingencies in cap plans.

The rationale for this is that the patient paid for, and was entitled to, the benefits at the time the treatment was initially performed. The fact that the treatment is unacceptable is not the patient's fault, and the patient should not be financially penalized in order to have the treatment redone. Fairness resides with the patient who received treatment below the standard of care.

Corrective Treatment

Corrective treatment applies in cases where damage to the patient has occurred from the delivery of inadequate treatment. If damage has been done, the dentist is duly responsible financially for additional treatment to correct the damage. The new dentist would submit a written estimate and the local committee would then approve whatever portion deemed necessary to correct any damage done in addition to retreatment. As such, corrective treatment for patients covered under capitation plans is handled just as it is for any other case, whether insurance is involved or not. Liability would be limited to just that which is necessary to properly correct the damage. "Cadillac dentistry" is not the idea, but rather, making the patient whole again.

To conclude from the above, peer review is conducted in the same manner whether or not cap plans are involved. The only difference lies in the greater financial risk exposure accepted by the dentist in cases of retreatment.

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<p>BULLETIN CALIFORNIA SOCIETY OF PEDIATRIC DENTISTS Published 4 times annually EDITOR Stephen J. Howard, D.D.S.</p>	<p>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 July 9, 1994. Items for publication must be double spaced, typewritten and of reproducible quality for Xerox or Fax.</p> <p>Products and informational content presented in the Bulletin by contributing authors are not necessarily supported by the Executive Board of CSPD.</p>
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