



BULLETIN

CALIFORNIA SOCIETY OF PEDIATRIC DENTISTS

Winter, 1995

Vol. XXI, No. 4

PRESIDENT'S MESSAGE

Dr. Suzanne Berger

CSPD'S TWENTIETH ANNUAL MEETING is next month in Ojai, and what a beautiful location it will be for enjoying the Spring! After you turn off the 101 Freeway and take the lovely drive into the Ojai Valley (at reduced speed), I guarantee that the "cares of the world" will leap off your backs and your perspectives will be refreshed. I know. I was just there. A convertible would have made my day.



As it turned out, a conversation with Paul Reggiardo that evening made my day. He had just returned from an AAPD Ad Interim Meeting

with some interesting thoughts and strategies about my favorite subject, Managed Care. Think about this:

Using the Pediatricians as models, it may be difficult to establish Pediatric Dentists as Primary Care Providers in traditional Managed Care systems. Compared to Pediatricians, we are small in number, (27,000 of them, 4,000 of us). Pediatricians at 5,000 kids apiece are too numerous and too established to not be given Primary Care Provider status. Also MDs in General Practice are not equipped to deliver efficient, expert care to the pediatric patient population. If all Pediatricians were eliminated, there would not be an automatic sponge of GPs to absorb these kids. In dentistry, however, if one ignores the value of the special care we provide, General Dentists can and do provide much of the primary care for children. Certain entities may hold the belief that Pediatric Dentists may only be necessary for the

See PRES. MESSAGE, page 2

California Society of Pediatric Dentists 20th Annual Meeting & Scientific Session

Ojai Valley Inn and Country Club Ojai, California April 7 through 9, 1995

Dr. Richard J. Simonsen

Editor in Chief, Quintessence International
Adjunct Professor, School of Dentistry, University of Minnesota

"Clinical Extravangaza"

Latest developments in prevention, restoration and esthetic dentistry as they relate to pediatrics. Clinical techniques will be emphasized and demonstrated.

Dr. Scott Jacks

Past President L.A. Dental Society
CDA, Managed Care Consultant

"Managed Care In Pediatric Dentistry"

A block-buster program aimed at comprehending market forces and developing strategies to deal with managed care programs in pediatric dentistry.

Optional CE Program

American Dental Technologies
KCP 1000

American Dental Technologies is proud to offer an elective CE program featuring the air abrasive system for cavity preparation and the repair of fractured teeth. The next generation KCP 1000 will be introduced with its advanced technology. The program includes didactic and hands-on instruction. Pre-registration is mandatory and CE credits will be given to participants. All CSPD members are invited to register and attend. The course will be offered on Saturday from 1-2:30 p.m.

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numerically negligible compromised children.

Added to this is the administrative difficulty of having to provide two plans for each family that has children. It becomes inconvenient and administrative costs are doubled. (Aside: When employed by GPs, Pediatric Dentists do not pose an administrative hassle.) Unless forced to, as in the case of the Pediatrician, there is no reason for Managed Care Programs to want to include Pediatric Dentistry by itself as an option.

One must also remember that a good deal of Managed Care Dentistry is a sham. Only basic plans which do not provide "extras" allow profit to Dental Providers. Hence, the new dental skill of "up-selling" services which are not provided for by the plan. Because there is not much to "up-sell" in pediatric dental populations, the cost of providing pediatric services is generally a loss which is absorbed into the total plan. Pediatric services dissolve into low priority in these "no-frills" situations.

Now let's look at a premise for patients placed in such an office. Any dentistry at all is going to look very good to low income families. However, patients who are accustomed to choice will most likely not be happy with Managed Care for their children in the long run.

What are the alternatives for parents faced with this type of system and want a choice?

#1. POINT OF SERVICE (P.O.S.). IF THE PATIENT PREFERS A PROVIDER NOT ON THE PLAN, THE PLAN PAYS A PERCENTAGE TO OFFSET THE COST. KAISER PERMANENTE OFFERS THIS ALTERNATIVE NOW FOR GYNECOLOGICAL SERVICES. AFTER SURVEYING THEIR MEMBERS, THEY FOUND AN 80% RELATIVE CONTENTMENT WITH SERVICES, EXCEPT FOR GYNECOLOGICAL (~40%). WOMEN REALLY WANTED THEIR OWN DOCTORS. KAISER GAVE THEM THE CHOICE.

#2. DUAL CHOICE. SOME EMPLOYEES ARE OFFERED TWO DISTINCTLY DIFFERENT FORMS OF INSURANCE OPTIONS. AWARE OF THE NEED TO PROTECT CONSUMER RIGHTS, 18 STATES NOW REQUIRE THAT IF AN EMPLOYER OFFERS A MANAGED CARE PLAN, A TRADITIONAL INDEMNITY PLAN MUST ALSO BE OFFERED.

The major problem with Dual Choice is that it is generally only renewable annually. If the parent then decides to switch dentists, s/he has to wait for the renewal period and the child most likely will have to wait for treatment. This is where P.O.S. works especially well. It allows parents to continue to be the gatekeepers for their children and it allows the children to have access to optimal care. If families walk into an office and don't like it, if the carpet is dirty, if the office can't treat a child under the age of 3, if the parent isn't allowed back with a child, or whatever it is that happens to violate that parent's concept of good care for their child - these parents can then choose to take their children elsewhere and be secure that they have an insurance plan that will respect and reimburse them.

We operate in a consumer driven economy and the Academy think-tank reasons that the P.O.S. scenario is the logical next step for meeting parental desires and children's needs in the evolving Managed Care environment. It would therefore be apropos to direct our efforts toward helping to define and develop our market. After all, most people have only a vague idea of what constitutes a good Dental Care Plan and often don't know what to do when faced with a deficient program. Employers don't know how to evaluate plans; they only know how to evaluate the cost of the plans. Insurance companies design their product in response to perceived need. Clearly, there is considerable room here to inject our dental expertise. In doing so, both public and private interests will be well served.

Now, if anyone reading this thinks that these ideas are farfetched and that Pediatric Dentistry has not a snowball's chance in Hades of developing its own niche in the Managed Care Environment, you are invited to express your views in this publication. Even better, come express your views at our Annual Meeting. Part of the scientific session will address "Managed Care in Pediatric Dentistry." Our speaker will be CSPD member Scott Jacks, who will give us first hand information about working with current Managed Care Plans. I, for one, will be taking notes.

Membership News

Two of CSPD's Charter Members of 1975-76 have requested Life Membership which was approved by the Board of Directors at their January 28th Meeting. **Dr. Edward F. Peterson** of Visalia who attended UCSF graduating in 1953 and has been practicing Pedo ever since 1955. **Dr. Paul R. Barkin**, now of Gold River was a 1956 UCSF graduate who served for many years at Mather Air Force base, practiced several years in Carmichael and then later in Sacramento and participated in the teaching of pedo in the Growth and Development Department and program at Cal. Congratulations are in order for their many years of devotion to our specialty.

Membership dues notices were mailed November 1, 1994 and 79% of the membership has responded by February 1, 1995. Second notices are in the mail now and the members should be reminded that their membership automatically lapses after March 31, 1995 if their dues remain unpaid.



BULLETIN

California Society of
Pediatric Dentists

Published 4 times annually

EDITOR

Stephen J. Howard, DDS

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 February 10, 1995. Items for publication must be submitted in computer format on a 3.5" disk (preferable) or double spaced, typewritten and of reproducible quality for Xerox or Fax.

Product and informational content presented in the Bulletin by contributing authors are not necessarily supported by the Executive Board of CSPD.

AAPD Component Representative

Ad Interim Board Meeting, AAPD,
November 4-5, 1994

DEFINITION OF PEDIATRIC DENTISTRY: After much back and forth between the ADA and the AAPD, the Council on Dental Education approved a new definition of pediatric dentistry and sent it to the House of Delegates for informational purposes. Led by a delegation from Pennsylvania (led by the former president of AAO), the matter was raised by the House of Delegates and referred for comment by "interested parties." This process was led by a coalition of the AAO (mad because we did not support their name change), the AAOMS (mad because we supported the anesthesiologists), and the AGD (want to stay the only gate-keepers in dentistry). The AAPD feel that the process was a violation of the ADA's own rules and have decided to **fight**. They are meeting with the ADA (or our lawyers are) to discuss avenues for correcting what was considered to be an improper procedure. We will continue to use the **new** definition until the issue is resolved. There may be further action to force the AAO to cease and desist their harassment of our organization.

MANAGED CARE: Paul Reggiardo chairs the Dental Care Committee so you know it's active. There will be a session at the AAPD meeting in San Francisco devoted to Managed Care. There will be other avenues used to educate the membership. It is essential that we educate our patients and insurance companies that we are primary care providers. Caution should be exercised if any group of providers want to boycott an HMO or other plan as it would stimulate anti-trust action. Someone pointed out that some HMO's require a 35% discount and overhead is approaching 65%, so we may soon be donating our services. The ADA has a contract analysis service which is free if you start at the state level (CDA). You can also bypass the state level and pay a fee for it. All plans should be analyzed before you join them so your eyes are open to advantages and disadvantages.

ACCESS TO HOSPITAL CARE: The Dental Care Committee is working on finding a suitable "harmed" party (child denied care) that they can take to state insurance commissioners. There are difficulties because each state is different and some commissioner do not care. They will also approach the National Association of Insurance Commissioners. They may also try approaching Insurance Companies but this has been difficult. The best hope is to use the family to approach the legislators, courts and commissioners for redress of complaints.

MEDICAID: Most states were experiencing difficulty in obtaining reasonable benefits. Arizona is ahead of us in establishing an HMO concept and could offer data for how successful it is likely to be. AAPD may try to have a liaison person in each state relate to AAPD.

MANDATORY MEMBERSHIP: **Richard Sobel** moved that membership in the component be required if AAPD membership is required for component membership. The motion was defeated. The primary argument was that CSPD is one of the few states that requires AAPD membership and the rule would not be uniform.

LIABILITY INSURANCE FOR BOARD MEMBERS: The AAPD has an opportunity to obtain liability coverage if 25 components sign up at \$500 each. The coverage does

Professional Opportunities Registry

CSPD has formed a Professional Opportunities Registry to facilitate the meeting of graduating pediatric dental residents with established pediatric dentists concerning associateships, employee relationships, or other practice opportunities.

If you have an opportunity to offer and are interested in this service, please contact:

Douglas J. McGavin, D.D.S.
17300 Yorba Linda Blvd #G
Yorba Linda CA 92686
(714) 996-2200

Membership Status

January 28, 1995

Active Members	330
Faculty	10
Associate Members	23
Life Members	26
Retired Members	5
Honorary Members	1
Students	34
Dropped	0

Total Roster Complete **429**

not include Peer Review activities, if there are fewer than 25 interested and willing, they will see about a higher rate.

AMERICAN BOARD: The board exam will be changed to become two parts that can be taken in any order or together. The written will be given one a year (in Nov. 1995 in Indianapolis). The case review will be done by mail whenever the cases are ready. Fees will remain \$1200 and eligibility will be 6 years. The exam should involve much less hassle and should be easier for the members to complete.

INFANT DENTAL CARE: There seems to be significant resistance by members to see infants in their offices. The leaders of AAPD are embarrassed when they promote it to pediatricians and then no pediatric dentists in their area will see the infants. We need to educate members as to its value or stop promoting the concept.

SEDATION GUIDELINES: AAPD is working with AAP to try to resolve conflicts. They have agreed to include us in future revisions of the Guidelines. There is still a hang-up on the oxygen analyses. AAP is considering having an Oral Health Section that would provide a category for Pediatric Dentists to join AAP.

JOB BANK: AAPD has a "Professional Opportunity Exchange" otherwise known as the "Job Bank" that links young practitioners with pediatric dentists looking for associates. They are interested in working with components to establish the program in each state. The contact person is **Dr. Michael Ignelsi** at U.S.C.

Larry S. Luke
AAPD Component Representative

Public and Professional Relations Committee

1. CSPD/CDA Baby Bottle Tooth Decay Prevention Program:

A. CDA COUNCIL ON COMMUNITY HEALTH IS IN THE FIRST YEAR OF THEIR THREE YEAR BBTD PROGRAM. The official kick-off will occur during February, National Children's Dental Health Month.

According to CDA the first year of the council's program will include a brochure, local media kit, instructional materials and a statewide cup exchange program with interested components. CDA surveyed its 32 components and 17 responded favorably to the BBTD Tippy Cup Exchange/Awareness Program. The remaining components will have the option to participate in year two of the program. Each of the 17 local dental societies will receive the following materials at no cost:

- Tippy cup counter top displays for distribution to interested members.
- Sample tippy cups to accompany all counter top displays.
- BBTD brochures in English and Spanish for use with displays
- Supply of tippy cups for conduction of local exchange programs.

In January, CDA's Council on Community Health distributed counter top BBTD displays, brochures and sample tippy cups to all member pediatric dentists in California. **Andy Soderstrom**, CDA's Council on Community Health Chairman and CSPD member has been instrumental in developing and implementing this program.

B. REQUEST FOR FUNDS FOR THE DENTAL OFFICE VIDEO TRAINING MODULE THAT SIMULATES THE DENTAL PROFESSIONAL'S INTERACTION WITH PARENT AND CAREGIVER. Currently, funds are needed to complete the production of this video. While details of implementation are still under discussion, it is anticipated that the use of the video may take numerous forms, including component dental society dinner meeting presentations at regional or statewide meetings. In any case, Dr. Jared Fine, through the Alameda County Department of Public Health, is prepared to move quickly to produce the video to coincide with February/March distribution. CDA has already donated \$1,000 toward the production which leaves only \$1,000 more of the \$6,000 needed.

The proposed Dental Office Video Vignette is not the first of these training modules. The California Department of Health Services BBTD Prevention Program was undertaken as a collaborative effort of local, state and federal partners in the field of oral health promotion and protection. It was initiated by Alameda County, with support from the CA DHS, Children's Medical Services and a technical consultant, Bonnie Bruerd, contracted by the Dental Prevention Section of the CDC. The development of the module was accomplished in late 1993, piloting and implementa-

tion began in the Spring of 1994. At its inception, the project was intended to provide local communities with the foundation on which to build successful BBTD prevention campaigns. The Module was designed first to educate medical health care professionals and then para-professionals about how to both inform and counsel parents and other caregivers in the adoption of appropriate infant feeding practices that promote health and prevent BBTD.

The training module contains several components including 1) a trainer's guide that describes a step-by-step approach to conducting training workshops; 2) a participant's manual; 3) a twelve minute video that provides background information on the cause, prevention and treatment of BBTD; 4) a twelve minute video that demonstrates effective BBTD counseling skills [in a Pediatric Office and at a WIC parent nutrition education session] and 5) a counseling flip chart written in both English and Spanish. The flip chart is intended for use with low literacy clients, and as such contains photographs to convey the counseling message.

A pilot and four regional workshops throughout the state have been conducted for approximately 150 CHDP nurses, and others

who are now expected to provide training to pediatric medical practitioners (MD's and RN's) and other para-professionals such as Headstart, WIC and other outreach workers who come in contact with parents and who could deliver this education and counseling.

As the population of California begins to become more aware of the problem of BBTD through the release of The Dental Health Foundation's Oral Health Needs Assessment results, CDA's efforts, and those of the CHDP Program through Pediatric offices and other public programs, the public will naturally turn to their dentist or the dental components in their community for more information. This video and the accompanying module will help to prepare the dental community with a well informed, consistent message for

sistent message for

— RECOMMENDATION: The CSPD membership is encouraged to participate in the BBTD prevention program —

2. **CDA's MOUTH GUARD PROGRAM:** The Council on Community Health has developed a slide program and script for making presentations to coaches, parents and athletes on oral/facial injuries and protection. These materials will be distributed to component dental societies for local use in time for basketball season. CDA's Communication Committee has developed a brochure on mouth guards. The materials from this campaign have been made available to components and constituents for syndication.

3. **FLUORIDATION:** Statewide task force on Fluoridation met January 12, 1995 to discuss and plan a legislative strategy. Also, the Dental Health Foundation is working on a regional approach to fluoridating California's water supply.

David M. Perry
Chairman

Dental School News

University of California, San Francisco

The graduate pediatric dental program at UCSF is now a three year program. In addition to a certificate of pediatric dental specialty, a M.S. degree in oral biology is earned. The program director is **Dr. Dorothy Pang**, who is also in private practice.

After a long search, **Dr. Pamela K. Den Besten** will become permanent chair in the Division of Pediatric Dentistry in July, 1995. She has been chair of Pediatric Dentistry at the Eastman Dental Center in Rochester, New York, since 1992 and taught pediatric dentistry at Harvard University from 1986 to 1992.

The current third year students are **Dr. Claudia Masouredis**, a graduate of UCSF School of Dentistry and **Dr. Ye-Ming Wu**, a native of Taiwan who received his D.D.S. at the Kaoshung Medical College of Taiwan. They both will complete their training in 1995, and become the first graduates of this three year program.

Second year students are **Dr. Meggan O'Connor** and **Dr. David Sumikawa**. Dr. O'Connor, originally from New Jersey, earned her D.D.S. degree at Boston University. Dr. Sumikawa, a native of Hawaii, graduated from Northwestern University Dental School.

This year's freshmen are **Dr. Ramin Maher** and **Dr. LaJuan Hall**. Dr. Hall received her D.D.S. from UCSF in 1994 and is from the Los Angeles area. Dr. Maher graduated from the University of Oregon and completed a year in general residency at the Children's Hospital of Miami. He is originally from Iran.

Douglas J. McGavin
Graduate Student Liaison

CSPD/Big Brother-Sisters Joint Dental Program

WE ARE EXCITED TO ANNOUNCE THE FORMATION OF A LIAISON BETWEEN CSPD AND THE BIG BROTHERS/BIG SISTERS AGENCIES OF CALIFORNIA. The purpose of this association is to provide dental care for the children of their agencies who are financially unable to obtain care. The Greater Houston Dental Society has had great success with such a program, as has the Dental Society of Pulaski County in Arkansas.

Big Brothers/Big Sisters agencies are chartered non-profit organizations, some of which are associated with the United Way agency. This program consists of a supervised relationship between a volunteer and child whom is most probably from a single parent home.

The children, currently 4,000+ in California, are normal, energetic, inquisitive kids from ages 6-18, male and female and from all economic levels. They were referred to the agency by other agencies, schools or most commonly, word of mouth. Before admission to the program, a social worker is assigned to interview the child and parent(s) and to visit their home. Most agencies currently have waiting lists hoping for a volunteer role model.

The program is a one-on-one program with only occasional group activities such as a baseball game or trip to the zoo. During the early relationship between a volunteer and a child, frequent monitoring is done by the caseworker. As the relationship develops, less supervision is needed.



**BIG BROTHERS
OF GREATER
LOS ANGELES**

For the dental program, CSPD will ask for one of the volunteer dentists' in an agency area to act as a director.

This person will be the liaison between the area volunteers, Big Brothers/Big Sisters agencies and CSPD.

The local agencies will match a needy child to a volunteer dentist by zip codes. The volunteer dentist will receive the name of the child, his/her parent's name, address, phone

(if any) and the name of the assigned social worker. Their social worker (and/or the Big Brother/Big Sister) can help set up the

initial appointment and work out transportation and supervision of the child if needed. The child's parent will be asked for a written consent for treatment, which the dentist should supplement with his/her own consent form.

Participating dentists are asked to render only treatment that they would routinely perform on their regular patients. If specialty care is needed then a referral may be made.

In short, we are asking CSPD members to volunteer their services and adopt a child for dental care during the time the child is in the Big Brother/Big Sisters Program. If for any reason the dentist cannot work with the assigned child, the child will be reassigned.

The main goal of a Big Brother/Big Sister is to provide a role model and influence the child in a good direction. In some cases this role may be that of replacing a parent. A special relationship grows between the volunteer and the child. This same relationship and role model can be obtained by being a volunteer dentist.

As leaders in the community, you will not only receive the warm feelings from helping a needy child, but you will set just one more example for this child to emulate. We look forward to working with each of you in this program, and hope we can have a 100% participation from the CSPD membership.

Special thanks to **Dr. Edward Sharp**, who organized and presented this program to CSPD. Ed will be the Director of a pilot program for the Greater Los Angeles' area. For any questions, Dr. Sharp may be contacted at (818) 846-8564.

Board Member Profile



Larry S. Luke

Director South—'96

Larry was born and raised in the central valley of California in a family of teachers. His father taught at Bakersfield College and his mother and sisters taught at elementary schools. Early on he decided to do something different. After finishing dental training at UCSF in 1965, he associated in a pediatric dental practice with Paul Stewart in Bakersfield. Deciding that he loved kids, he went on to specialize at Michigan and start teaching at UCLA in 1969 (the genes won out). Eventually he became frustrated with doing all the dentistry for children except orthodontics, so he specialized again, first in England and later at UCLA. Presently he teaches at UCLA where he serves as the Director of Curriculum Development and practices in a general dental practice in Simi Valley doing both pedo and ortho.

Larry and Barbara have been married for 27 years and have three daughter. They live in Simi Valley. They are active in gardening , music and church and love to travel in their spare time. Besides serving on the Board (for his third term), Larry also chairs the Professional Activities Committee and serves as the liaison to AAPD for CSPD.

Peer Review Committee

January 17, 1995

The committee received two cases in the final quarter of 1994. One case involved the quality of restorative care. The dentist involved elected to refund the patient payment, and the parents subsequently withdrew their request for review. The second case also involved quality of restorative care, specifically the adequacy of several stainless steel crown restorations, which were dislodged shortly after placement. This case was resolved in favor of the patient, and a full refund was recommended (final resolution is still pending evaluation by CDA).

Additional Issues

In November, the Peer Review Committee (Phil Wolkstein, Doug McGavin, and myself) attended the CDA Peer Review workshop held in Los Angeles. This all day session was very helpful in reviewing Peer Review problems and procedures. A new updated Procedure Manual was provided all committee members, and new issues, particularly resolution of "managed care" cases, were discussed in detail.

At the intermission, our committee members discussed the issue of pediatric behavior management cases and Peer Review with CDA Staff. Normally PR only deals only with cases involving appropriateness of diagnosis or quality of care, where objective information is available upon which the committee can base a judg-

ment. Behavior management cases usually involve subjective opinions or a parent and dentist as to whether a particular behavioral intervention was appropriate and within standard of care, or involved excessive force or restraint. For these reasons, Peer Review does not currently decide behavior management cases. Local component Peer Review committees refer such cases directly to A) the local police, B) CDA Judicial Review, C) CDA Judicial Review, and then on to the State Board, or D) the local component counsels the dentist through the local ethics committee.

At the workshop and in subsequent communications, CDA Peer Review and Patient Care Committee staff indicated that they receive few behavior management cases, and that the foregoing procedures were handling these cases quite adequately. Our committee, however, feels that:

1. CSPD WOULD LIKE TO BE INFORMED OF ALL PEDIATRIC BEHAVIOR MANAGEMENT CASES, SO THAT WE CAN DETERMINE THE SCOPE OF THIS PROBLEM, AND

2. THAT OUR COMMITTEE SHOULD BE CONSULTED DIRECTLY WHEN THE APPROPRIATENESS OF BEHAVIOR MANAGEMENT INTERVENTIONS IS AT ISSUE. BY TRAINING AND EXPERIENCE OUR COMMITTEE IS THE MOST APPROPRIATE ORGANIZATION TO DETERMINE IF A GIVEN MANAGEMENT TECHNIQUE FALLS WITHIN THE GUIDELINES RECENTLY ESTABLISHED BY THE ACADEMY.

Phil Wolkstein has a special interest in this issue and plans to pursue it during his tenure as Peer Review Chairman.

Dave Taylor
Chairman

1995 AAPD ANNUAL SESSION
HYATT REGENCY, SAN FRANCISCO

Thursday, May 25th

CE Program: *Contemporary Treatment of Clefts and Craniofacial Anomalies*
Don Huebener, et. al.

Friday, May 26th

Breakfast Rounds I
Using Risk Identification and Credit Management to Build a Quality Health Care Practice – Paul Zuelke (All day)
Committee Meetings
Reference Committee Hearings
Alumni Receptions (**including CSPD**)

Saturday, May 27th

Diplomates Lecture and Workshops
Pediatric Oral Pathology, Catherine Flaitz (1/2 day)
String of Pearls (AM)
Committee Meetings
Reference Committee Hearings
Graduate Student Lunch & Learn
General Assembly
Staff Program, Skills Seminar (UOP) (two 1/2 day programs)
Theme Party: Academy of Sciences/Laserium

Sunday, May 28th

Breakfast Rounds II
Table Clinics (9:00-12:00 and 1:00-4:00)
Managed Care Program, Casamassimo, et. al. (1/2 day)
Child Advocacy Workshop
Workshop on Contemporary Issues
Pharmacology, Karen Baker (U of Iowa)
Staff Program, Skills Seminar (UOP) (two 1/2 day programs)
Academics Workshop (2:00-4:00 PM)
Postdoctoral Program Directors (4-6 PM)
President's Dinner Dance

Monday, May 29th

Breakfast Rounds III
Orthodontics, Ruel Bench (All Day)
Miniclinics I (AM)
Staff Program, Lecture (1/2 day programs)
Installation and Recognition Luncheon
Research Oral Presentations
Research Poster Presentations

Tuesday, May 30th

Communications, Robin Wright (1/2 day)
Miniclinics II (AM) *Themed Conscious Sedation*

CDA Interdisciplinary Affairs Committee Meeting

October 6, 1994

1. REQUEST CDA ADVOCACY REGARDING RDA CERTIFICATION TO APPLY SEALANTS

A. Would Have No Adverse Effect on the Public Welfare: It is already allowed if assistant is properly trained and certified. Therefore, would like it to become a function like coronal polishing, etc. Sealant application is not even part of the EF exam, and except for taking appliance impressions, pediatric assistants never use the other functions because they tend to make pediatrics a career.

B. Present System Limits Access to DA Career Advancement: Most DAs are women who, for a variety of reasons (marriage, children, socio-economic background, etc.) need a career where advancement is primarily through on the job learning. The cost in money, time and effort is a hardship for them, and almost always requires that they are supported and subsidized by their employer dentists.

C. Access to Care: Access is enhanced with the availability of more, and less costly providers of sealants.

2. ACCESS TO CARE FOR CHILDREN UNDER INSURANCE PROGRAMS

A. Managed Care Programs (with the exception of the recent Medi-Cal capitation program) Do Not Accept Pediatric Dentists as Primary Care Providers. We are in a unique position as both primary and specialty care providers and therefore must become involved with developing parameters which fairly and equitably identify and remove the patients with special needs from the normal risk pool.

B. Exclusion of Compromised Patients from Medi-Cal Benefits for Sedation/Anesthesia During Dental Treatment. CSPD gave this issue the highest priority at a recent strategic planning conference. No other issue, including the concerns surrounding managed care, received more attention and urgency. ***We are asking CDA to investigate and adopt this issue as a priority as well.***

1. Who needs it? The three Cs: Those who have the inability to *Comprehend, Cope or Cooperate.*
2. A discriminatory practice. The needs for sedation/anesthesia are the same for Medicine.
3. Negative sequela caused by lack of medical care coverage:
 - a) The consequences of dental neglect if treatment in a safe and well controlled environment is not available due to financial constraints.
 - b) Compromised treatment and potential damage to the child's developing psyche.

3. CDA TO CONTINUE TO PURSUE THE DEVELOPMENT OF PATHWAYS FOR HANDLING COMPLAINTS ABOUT BEHAVIOR MANAGEMENT TECHNIQUES. Matters which relate to the dental health and related welfare of children are the concerns of Pediatric Dentistry, too. The Society believes that it would be beneficial to both patients and member dentists to develop a specific mechanism for handling these problems. In addition, the Society believes that CSPD would make a valuable contribution in the development and operation of such a pathway.

Suzanne P. Berger
President

CSPD Annual Meeting Dates	1995	April 6-9	Ojai Valley Inn, Ojai
	1996	March 28-31	Ritz-Carlton, Pasadena
	1997	April 3-6	Carmel Valley Ranch Resort, Carmel Valley

CDA Liaison Report

January 1995

There are only a few action items germane to CSPD form CDA based on the Board of Trustee's report of December 1994. Some items merit discussion from the ADA House of Delegates.

1. THE JUDICIAL COUNCIL WILL OFFER INFORMED CONSENT FORMS ON PEDIATRIC DENTAL TREATMENT ONLY ON REQUEST TO THE LOCAL COMPONENTS. I have not reviewed the content of the document. The Judicial Council will however not send them to all the components. The inference is that this document may help local components locally adjudicate and perhaps locally educate members who run into questionable areas of behavior management.

Comment: This is a positive move in defusing ethical and potential criminal/litigious questions of excessive pediatric behavior modification techniques. CSPD might consider offering the names of CSPD members who serve on Peer Review to act as consultants to the Judicial Council. Since the Council declines to review on a State level, this list might be a resource guide for local dental societies to call on our guys to help to interpret. It's not enough to give the local societies a document and tell them, "You're on your own."

2. THE MOUTHGUARD AND BAY BOTTLE TOOTH DECAY ARE ONGOING AND EXPANDING WITHIN CDA. Dave Perry has shepherded much of the vision through CDA. What's important is not only the issues are being done—but more importantly—the concept of mainstreaming pediatric sensitive issues into the body of CDA politics.

3. THE AD HOC FLUORIDATION COMMITTEE OF CDA MET ON JANUARY 12. This committee will be a grass roots political venture for statewide fluoridation. The strategy is not to put this before the voters where antifuoridationists will make this a media circus but to attempt to pass this through the Assembly and the Senate. There were at least five to six pediatric dentists assigned from local dental society components to this statewide committee including CSPD President Suzanne Berger.

Comment: The pediatricians are a target group to recruit to this action. CSPD liaison to the California chapter of AAP should be contacted. The purpose is to have them lobby to the legislature in favor of the bill. In addition, the bill is time sensitive, that is, the goal is to pass it this year. The bill has to go through different committees of either House. It would be appropriate to use one of the articles scheduled for the *California Pediatrician* (summer or fall issue) on fluoridation as a "call to action."

4. ADA HOUSE OF DELEGATES. Issues that go through ADA will affect dentistry in general in this country. While these issues are not assigned to me as CDA liaison, I attended the ADA House and feel that it is entirely appropriate for CSPD to be informed and to act upon.

a. The over the counter mouthwash issue passed. It took two years to get it through.

b. The face shields on batting helmets issue passed. I gave testimony on both.

c. Definition of Pediatric Dentistry. This issue is not complex in definition but more in the politics of how they arrive at the definition. To reduce it down to the nitty gritty, it is an attempt to redefine (narrow) the scope of treatment of pediatric dentistry. What it may ultimately mean is these actions may limit what you may legitimately do in the office. It is enmeshed with parliamentary procedures and politics.

Bottom line: Do not dismiss what CSPD can do in this issue. Do not just rely on passing the buck to AAPD to do it for us. CSPD's opinions can make a difference. It is the rule not the exception that phenomena will be experienced in California before other parts of the country. Where the national can be slow to understand that therefore act – California is often a bell-wether state.

d. Definition of a Primary Care Provider. Similar turf battle – see my editorial in *CDA Update* "Beware the Grecks." The attempt was to narrowly limit the definition to only general dentists. The implications are in insurance programs where GP's become the sole gatekeepers to care for kids. The implications were stated very directly in Ray Stewart's editorial in *Pediatric Dentistry Today*.

BEST QUOTE: "Since I primarily treat primary teeth of patients who are in primary grades, I **must** be a **Primary** care provider."

Steven Chan, Chairman

Pediatric Dentistry Career Recruitment

As you know, AAPD developed a video and brochure regarding the specialty of pediatric dentistry. About 2 1/2 years ago, in response to CSPD's call to emphasize this and a review of the successful Connecticut Program (where over 8% of each class for 4-5 years applied for Pediatric Dentistry advanced education), the pedo faculty of UOP discussed this matter.

Steps were taken: Enhanced and stepped-up ASDC student chapter programs, discussion of the pediatric dentist as a specialist and practitioner at two lectures during 2nd and 3rd years, office and hospital visitation programs. Although we were not able to develop an elective with credit hours, participation has been excellent. There are now six students from UOP in training in Pediatric Dentistry from the last two year's classes. From the class of 1995, six others applied for positions for the next year's programs (from Boston to Southern California). In addition, three relatives of pediatric dentists enrolled in the 1st and 2nd year classes and therefore the potential for this is to continue.

We attempted to encourage the same from UCSF but were unsuccessful. Two UCSF students attended the UOP student chapter programs and office visits. One is now a Pediatric Dentistry graduate student.

Bottom line is that it takes individual practitioners as models for the faculty at dental schools; and early, positive and repeated contacts with the students to bring out their interests. Sounds like a typical advertising message—but, it works.

Richard S. Sobel
Chairman

MINUTES - BOARD OF DIRECTORS MEETING
January 28, 1995
Sheraton Los Angeles Airport Hotel

The 80th meeting of the Board of Directors of the California Society of Pediatric Dentists was called to order by the President, Dr. Suzanne Berger, on January 28, 1995, at 9:15 am.

A quorum was established. In attendance were: Drs. Berger, Wolkstein, Duperon, Lisagor, Perry, Grossman, Luke, McGavin, Pedersen and Barber, Jim Yee in place of Steve Howard.

There were no agenda modifications. It was moved and seconded to approve the minutes from the meeting of September 17, 1994. The minutes were approved by unanimous vote.

CORRESPONDENCE

Dr. Berger reviewed miscellaneous correspondence. Of special interest were:

- Ad Hoc Committee on position of Executive Director: Memo from Dr. Berger to committee with charges.
- Dental Care subcommittee on Managed Care: Memo from Dr. Berger to committee outlining
- Letter to CDA General Counsel with copy of Insurance policy for review and comment.
- Letter of commendation to Dr. David Taylor.
- Letter from Dr. Perry requesting financial support from CSPD for BBTD tape.
- Letter from B.C. Kingsberry at UOP soliciting CSPD sponsorship for a fund raising effort.

OFFICER'S REPORTS

PRESIDENT - DR. BERGER: Dr. Berger outlined issues from the Interdisciplinary Affairs Committee. Specific points included:

- CSPD's position on Dental Anesthesiology as a specialty and how it relates to access to dental care.
- CSPD invitation to the President-Elect of CDA to our annual meeting - CDA declined due to time pressures.
- CSPD's offer to interact on handling complaints on behavior management.

Dr. Berger reviewed the Strategic Planning document authored by Mel Rowan which was produced through the Strategic Planning session on September 17-18, 1994. Dr. Barber read a letter received from Dr. John Bogert congratulating CSPD on this fine effort.

The Objectives of the report were reviewed one by one and our status toward progress of each objective was assessed. A copy of the document will be mailed to the membership with the next Bulletin.

PRESIDENT-ELECT - DR. PEDERSEN: Dr. Pedersen briefly reported an overview of the results of the Survey of the Membership Participation in various groups and entities. Discussion ensued as to the disposition of this information. It was agreed that the names and information should be collated on a data base. The database should then be updated periodically for the purpose of monitoring legislation and lobbying:

VICE-PRESIDENT - DR. LISAGOR: Dr. Lisagor reported on the upcoming joint course with the Northern California Society of Oral and Maxillofacial Surgeons. Drs. Rothman, Stewart and Sanger will attend the meeting as panelists representing pediatric dentistry.

SECRETARY - DR. STEWART: Two requests for

Life Membership were reviewed on behalf of Dr. Edward Peterson and Dr. Paul Barkin and were affirmatively approved by the Board.

TREASURER - DR. GROSSMAN: Dr. Grossman presented the financial report. He raised the issue of the expenses required for Board minutes preparation. The Board agreed that these expenses should be budgeted under Secretary's expense in the future. It was agreed that we should continue the practice of purchasing minutes recording and preparation to enable the Secretary to function as a Board Member rather than a "note taker". Several other items of accounting procedures were discussed.

MOTION: 1.28.95.2 PEDERSON/DUPERON:

Moved that (up to) \$2000. (two thousand dollars) be allowed for the CSPD reception at the AAPD annual meeting at San Francisco as a one time expense for this specific AAPD meeting.

PASSED

EXECUTIVE DIRECTOR - DR. BARBER: Dr. Barber reported on several items: The contract with the Carmel Valley Ranch Resort has been finalized with a copy presented in the Board packet. Dues notices were mailed November 1, 1994 with a 77% response to date. Second Notices are due for mailing in February. Dr. Barber led a discussion on possible changes in the CSPD membership Directory which would facilitate distribution of a geographic directory of CSPD members for mailing to pediatricians and other referrals. Other alternatives were discussed including ways to have sponsors subsidize some of the costs of production and mailing. The Professional and Public Relations Committee is directed to explore the feasibility and costs of producing an abbreviated geographic directory for California Pediatricians.

STANDING COMMITTEE REPORTS

PUBLIC AND PROFESSIONAL RELATIONS - DR. PERRY: see full report elsewhere in bulletin

MOTION 01.28.95.03: LUKE/DUPERON:

Moved that CSPD authorize \$1000 for the production of a video for training dental professionals in BBTD, with the following stipulations:

- a) Dr. Perry review the script

CSPD Board Meetings

Officers and members of the Board of Directors for CSPD meet quarterly. The membership of CSPD is encouraged to provide input to it's leadership. Our next regularly scheduled meeting is **April 6, 1995.**

Board meetings are open to the membership, and you are welcome to attend. In the alternative, written communication should be received by Dr. Suzanne Berger no later than two weeks prior to the meeting.

**Membership Services
Auxiliary Continuing Education**

For the numbers crunches amongst us, the totals are in. Thanks to **Ann Azama**, the CSPD Auxiliary courses held this past October had their second successful year. Two hundred sixty attendees earned 7 CE units each.

The two auxiliary programs in 1994 netted CSPD \$4,552.00. The residual funds will be used for future member and auxiliary benefits.

Great job Ann. On behalf of the CSPD membership - Thanks!

- b) CSPD logo appear in the tape with acknowledgments.
 - c) CSPD receive 2 free copies of the tape.
- PASSED

- Dr. Perry asked for approval for expenditure of his committee's annual budget of \$2500 to undertake a BBTD Prevention Training Program. *****(minutes show no resolution)*****

A presentation was given by member, Dr. Edward Sharp, regarding the Big Brothers of greater Los Angeles. He made a proposal to the Board to have CSPD sponsor the program on a state-wide basis wherein the membership would be encouraged to participate by adopting a little brother or sister and providing dental care on a pro bono basis. A motion was made:

MOTION 01.28.95.01 LISAGOR/ :

Moved that CSPD sponsor a pilot program in the greater Los Angeles area to encourage its members to volunteer to provide dental care for needy children in the Big Brothers/Big Sisters program.

PASSED

Dr. Perry was directed to work with Dr. Sharp to develop a plan as to how to interface CSPD's members with the Big Brother organization. An announcement will be made in the Bulletin and possibly a table clinic will be presented at the annual meeting to introduce the program to our members.

Liaison AAP: Dr. Duperon reported on the efforts of the AAP Executive Committee to have a resolution on anesthesiology and hospital benefits included in all Medicaid Insurance programs which will be voted upon in February by the California AAP membership.

See BOARD MINUTES, next page

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AAPD Liaison, see full report elsewhere in bulletin

Editorial: Dr. Howard's report was reviewed and a discussion ensued about the relative merits of the new vs. the old format and layout.

• Dr. Duperon reported that an article on "In Office IV Sedation" is in progress. The most recent issue contained an article by Dr. Luke.

Constitution & Bylaws. Dr. Wolkstein, upon the suggestion of the Strategic Planning session attendees, presented two Constitution & Bylaw changes for vote and presentation to the membership for vote at the April annual meeting.

Dental Care. No report from Dr. Mungo. Dr. Grossman reported that the state is appealing the recent court decision to rescind the Managed Care program. Hearings are scheduled in late January.

Credentials and Membership. Dr. Barber relayed information on membership and the fluctuations in member numbers which follows a predictable yearly change.

Graduate Student Liaison: Dr. Mc Gavin presented a format for developing an improved liaison with graduate students and the formation of a Professional Opportunities Registry. Dr. Pedersen suggested that occasional confidentiality will be requested by practitioners. In addition, he made recommendations for item inclusions on the forms.

Professional Activities. Dr. Luke requested that time be allotted at the annual meeting for the presentation of research results by research grant recipients. Dr. Pedersen made the point that the chair of the program has the prerogative for program development and that he prefers the papers be given in table clinic format.

Annual Meeting Site Selection (1998). Dr. Duperon presented a review of southern locations he has visited and expressed concern that the meeting will be back-to-back again with the AAPD meeting to be held in San Diego in May that same year. A suggestion was made that he might consider an out-state location as perhaps a better "draw".

Annual Meeting Committee:

• 1997 Meeting: A discussion developed regarding the contract for the 1997 meeting suggesting that, as written, the Board is liable for some contractual items and that perhaps an overriding insurance policy for protection might be considered. Dr. Grossman will relate his concerns to Dr. Barber who, in turn, will again discuss the concerns with the Carmel Valley Ranch Resort.

• 1996 Meeting: No report

• 1995 Meeting: Dr. Pedersen requested input regarding charging a reduced sponsor fee for non-attendee sponsors. The discussion suggested that such a policy might offend the attending sponsors. No policy was developed.

Membership Services. Dr. Azama's report reflects a very successful series of Auxiliary courses were presented in October 1984. She requests that the Board make recommendations for the following year.

There being no Continuing or New Business the Board adjourned at 4:30 PM.

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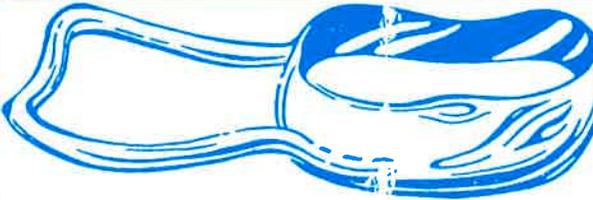
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