



BULLETIN

CALIFORNIA SOCIETY OF PEDIATRIC DENTISTS

Winter, 1996

Vol. XXI, No. 4

PRESIDENT'S MESSAGE

Dr. Jac Pedersen

As president of CSPD, let me forward greetings to you from the officers, executive director, and board of directors of your organization. Quietly, and not so quietly, we have all been diligently at work, but let me remind each of our members that, in my opinion, the current board members and officers are a superb, well-qualified



group of individuals who represent pediatric dentistry incredibly well.

The "hot topics" concerning CSPD for the third quarter are many. Let me briefly describe them.

First, the CSPD board has undertaken the task to insure that sedation benefits are not denied by insurance carriers simply due to the fact that dental procedures are performed. CSPD's sedation benefit mandate has developed greatly over the last four months, and includes the following action:

1. As president of CSPD I have had numerous communications with CDA and their legislative officer regarding this matter. In addition, Tom Barber and I traveled to Sacramento to meet with the legislative officer personally, as well as other members of the dental community, and we have

See PRES. MESSAGE, page 2

The California Society of Pediatric Dentists
PRESENTS

PUTTIN' ON THE RITZ!

THE 21ST ANNUAL MEETING
& SCIENTIFIC SESSION
MARCH 28-31, 1996
THE RITZ-CARLTON HUNTINGTON HOTEL
PASADENA, CA



- JIMMY PINKHAM, DDS, MS
"WHEN DENTISTS AND CHILDREN MEET"
- PATRICK TURLEY, DDS, MS
"EARLY TREATMENT OF CLASS III MALOCCLUSIONS"
- TERRI LISAGOR, MS, RD
"THE ART AND SCIENCE OF
VEGETARIAN COOKING"
- MANAGED CARE:
A CSPD MEMBERS' FORUM



WE'RE LOOKING FORWARD TO SEEING ALL OUR OLD AND NEW FRIENDS! PLAN TO THOROUGHLY ENJOY YOURSELVES. REMEMBER, COME EARLY AND SAVOR THE BEAUTY AND ELEGANCE OF THE RITZ-CARLTON, HUNTINGTON GARDENS AND OLD PASADENA.

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developed a protocol in order to get insurance companies in agreement to provide or "not deny" sedation benefits. In conjunction with the leaders of oral surgery, as well as our chairman of public relations (Dave Perry), I will be meeting with the seven largest insurance companies of California to present our position and our mandate.

2. If these negotiations prove unsuccessful, I will approach the insurance commissioner of the State of California in conjunction with CDA and the leaders of oral surgery concerning sedation benefits.

3. If the two former programs are unsuccessful, I am prepared to meet with State Senator Jack O'Connell, in order to write such legislation following the Minnesota law.

Let me take this opportunity to thank Paul Reggiardo for his presentation at the January 20 board meeting concerning AAPD's sedation benefit plan. As always, Paul was intelligent, insightful, and well organized.

The next "hot topic" for CSPD was the formation of the executive director search committee. As you know, Dr. Barber is retiring from his position as our executive director in order to concentrate on his rediscovered game of golf, as well as all the other activities one gets to pursue when one is relieved from the oppression of "having to go to work." The search committee has been hard at work interviewing and evaluating candidates, and their report will be officially presented at the Pasadena annual meeting.

The membership should note that the annual meeting in Pasadena will include a recognition ceremony for Dr. Barber on Saturday night during the banquet. Additional information will be provided with your meeting registration package.

Another "hot topic" for CSPD's third quarter was the convening of CSPD's nominating committee for the officers and executive board members for 1996. The committee members reviewed numerous candidates and selected a slate which will be presented at the annual meeting in Pasadena.

Also, in the third quarter, CSPD's board of directors addressed the conflict or discrepancy of Delta Dental fees between pediatric dentists and other dentists. Lonnie Lovingier was directed to review and correspond with Delta regarding CSPD's concerns, and I refer you to the letter which is printed in this **very Bulletin** for your education and information.

Furthermore, CSPD's board has undertaken the task of policy development for CSPD members and others who choose to run for elected position. Richard Sobel, Paul Reggiardo, and Warren Brandli have been instrumental in the genesis of this policy, and the final draft will be available soon.

In conclusion, I hope all of our readers enjoy this edition of our bulletin. The articles presented are great and the networking is informative and enlightening.

I look forward to seeing each of you personally at our annual meeting in Pasadena. Mark Lisagor has a fantastic meeting planned, and you will not want to miss such an occasion. For myself, I would not miss it for "all the surf on a perfect day at Rincon."

Respectfully,

Jac W. Pedersen II, D.D.S.
President
California Society of Pediatric Dentists



**BIG BROTHERS
OF GREATER
LOS ANGELES**

Update

Big Brother/Sister Dental Program Greater Los Angeles Area

Last year (20) California Society of Pediatric Dentists volunteered to work with the Big Brother/Big Sister programs in Southern California. I want to sincerely thank the following for their generosity:

- | | | |
|-----------------------|-------------------------|------------------------|
| Dr. Bob Berson | Dr. Frank Enriquez | Dr. Ron French |
| Dr. Bob Friedman | Dr. Jonathan Gidan | Dr. David L. Good |
| Dr. John N. Groper | Dr. Gerald M. Kirshbaum | Dr. David Markle |
| Dr. Doug McGavin | Dr. J. N. Momary | Dr. Kent Payne |
| Dr. Conrad J. Sack | Dr. Dean Schweitzer | Dr. Edward C. Sharp |
| Dr. Robert R. Smith | Dr. Ken Szymenski | Dr. Stephen D. Willens |
| Dr. J. Joseph Wolpert | Dr. James Yee | |

So far, this program has served 24 Little Brothers who would have otherwise gone without dental care because of the lack of dental insurance or financial need on the part of the parent.

Starting in early 1996 we are expanding the program to include Big Sisters, Jewish Big Brothers and Catholic Big Brothers. Obviously we will need more volunteer dentists, so if you know of someone who hasn't volunteered, urge him or her to get involved. And, of course, if you could take on another needy youngster, that too would be greatly appreciated.

Our dream is to expand this program to include all Big Brother/Big Sister programs in California. As this grows, please be proud of your initial involvement making it possible to get an excellent start which will eventually result in more services to more deserving children throughout California.

Again, I'd like to thank the members above for their participation in 1995. Please let me know if you are willing to continue your involvement in 1996. Together you and other California Society of Pediatric Dentists can make an impact on the boys and girls who need our help in growing up in today's complicated world. Contact Dr. Edward C. Sharp (818) 846-8564.

If any member wishes to start the program in their area, we have a complete packet with the forms and letters to easily get you started.

BULLETIN

California Society of Pediatric Dentists
Published 4 times annually

EDITOR
James M. Yee, DDS

ASSOCIATE EDITOR
Suzanne Berger, 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 April 10, 1996. 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.

Dental Care Committee Report

Committee members include: Richard Mungo, DDS, Chairman; Lonnie Lovingier, DDS, Co-Chairman; Scott Jacks, DDS; James Musser, DDS

The 1995-96 charge to the Dental Care Committee:

Define CSPD's role in establishing and governing the quality of care for pediatric dental patients within Managed Care Systems. The committee is to assist in formulating guidelines for treatment under a Managed Care system.

Develop and implement guidelines for appropriate insurance benefit coverage for deep sedation. The committee is to work with the legislative bodies, involving the state insurance commission.

Ongoing activities of the committee have continued with enthusiasm and productivity.

California Children Services-Pediatric Dental Paneling Process

A policy is being developed regarding the paneling of pediatric dentists who would be available to treat qualified children under the CCS program. As it stands currently, a pediatric dentist is paneled per case, versus all pediatric dentists being paneled throughout a county or region, as is done with oral surgeons and orthodontists. The CCS Board felt that it would be advantageous to panel all pediatric dentists so that treatment and information could be disseminated much more quickly and in a more efficient manner. Soon it became apparent to the CCS Board that the limited number of pediatric dentists accepting MediCal/CCS patients might, in actuality, hinder their initial quest of improving patient access to care. The state is now suggesting that a survey be produced to enumerate exactly how many pediatric dentists will accept MediCal/CCS referrals. They will, eventually, re-evaluate their current policies regarding paneling of pediatric dentists. We will keep our colleagues up to date on any further developments.

Health Assessment Guidelines from MediCal Doctors

In late 1995, CSPD Dental Care Committee was asked to participate in assisting

the Department of Medical Services of the State of California to develop guidelines easily followed by physicians when performing annual oral assessments on MediCal patients. A brochure has been produced with special segments devoted specifically to baby bottle tooth decay, caries prevention and early detection, as well as the incorporation of the University of Washington's "Lift a Lip Program." This program targets pregnant women and mothers of newborn babies and will teach them to do their own self-assessment of their baby's current dental status for early detection of dental caries. Another program in which the Dental Care Committee assisted was the WIC (Women, Infants and Children Services) Food Supplement Program, assisting mothers and toddlers in weaning the children off the baby bottle. This brochure will also have a specific section related to baby bottle caries and will be translated into seven different languages.

Managed Care

Dr. Scott Jacks reports that all Managed Care activities have, essentially, come to rest at the state level. Due to the difficulties experienced in Washington, D.C. related to the recent government closures, activities in re-vamping the established guidelines and mandates have come a halt.

If the block grant situation changes, all states would have to re-write their programs and submit for the various grants. All existing federal mandates would be, essentially, eliminated and guidelines would have to re-established. Therefore, all agencies are waiting to see what the Federal Government, and the Congress, decides to do. Continued monitoring of the situation will take place. CSPD has provided guidelines to the California Department of Health Services to assist in setting guidelines for pediatric dental health care within the Managed Care System. Health Maintenance organizations will rely on these guidelines for their negotiations with state agencies. CSPD will actively continue to participate in this developing process so that all concerns held by our colleagues are addressed at this high state level.

Revised Fluoride Regimen

A "provider letter" has gone out to CHDP Medical Providers, giving them the latest information on all changes in the recommended fluoride dosages for children. Current AAPD and AAP guidelines have been presented to the California Children's Medical Services Division which will incorporate them into a letter provided to all physicians, informing them of fluoride changes.

Delta Program Fee Approval System

Approval of fees from the Delta Program have, apparently, shown various discrepancies that were difficult to understand on a superficial basis. Therefore, the Dental Care Committee was asked by President, Dr. Jac Pedersen, to investigate the workings of the Delta Program regarding how they arrive at the decisions in approving submitted pediatric dental fees. Dr. Lonnie Lovingier of the Dental Care Committee was asked to draft a letter to the Delta Dental Plan of California, asking for further clarification on their methods of determining the customary level of fees for pediatric dentists. Mr. Michael McGinley, Vice President of Public and Professional Relations, returned a very informative letter to Dr. Lovingier. *Please see Delta on page 6 - Ed.*

Respectfully submitted,

Richard P. Mungo
Chairman

THANKS

Special Thanks to **Ann Azama, Richard Sobel and David Rothman** for their successful offering of the third annual continuing education courses especially for pediatric dental auxiliaries. All attendees at the two lectures had praise for the presentations and the good food. Thanks again!

District VI AAPD Trustee Report, January 1996

The American Academy of Pediatric Dentistry Board of Trustees met in January for its winter meeting and strategic planning session. In attendance at the planning session were all committee chairs, headquarters office staff, and incoming Board members in addition to those present for the actual Board Meeting.

Sedation guidelines

The proliferation of sedation guidelines from multiple sources and the problems which they propose for our population of patients was discussed. Many are not pediatrically oriented, others are not appropriate for dental office settings. We have to be most concerned with proposals for model regulation which may stimulate State Boards or legislatures to enact rules limiting or prohibiting the current modalities used by pediatric dentists.

The consensus was to review and update our AAPD guidelines so as to most accurately fit the needs and safety of our patients. In addition, a clarified chart (template) with the definitions of the levels of sedation and their characteristics (as regards patient functional level, sedation goal, responsiveness, personnel, monitoring equipment and information) was presented. This will be presented at the Annual Meeting for review by the membership.

General anesthesia/Medical Benefits Coverage

A proposed stepwise plan has been initiated to require insurance benefits to be paid for medically adjunct care (especially hospitalization and general anesthesia) when dental treatment is to be performed on a very young or medically/developmentally compromised patient. The results of the membership survey regarding this area were reviewed. The fact sheets and protocol for legislative plans to enact a law to prohibit these exclusions was approved and is being forwarded to all components and interested parties. These plans are based on the success achieved in Minnesota by developing coalitions to support these legislative requirements.

Public and Professional Relations

Visual Reference Cards - These cards, developed for use by pediatricians, general dentists and other health care professionals were funded and are in the final stages of preparation. These should allow our members to promote an increased awareness in their communities and will act as an avenue for communication with these personnel.

Growth Ruler/Poster - This project has been approved and is in the final stages of development with funding being sought. This would incorporate our periodicity schedule with that of major pediatric medical events and would be appropriate for our offices as well as those of pediatricians. It will emphasize the need for early and regular dental intervention for all children.

Bright Smiles - This project has been funded and produced by Proctor and Gamble and presents slides and narrative presentation material for many facets of pediatric dentistry. It is currently available through each component and is excellent for preparation for a talk at a variety of levels (i. e. - parent groups, dental auxiliaries, pediatricians).

Primary Care

Monograph: This publication emphasizing the many benefits and the cost/value of pediatric dentists as primary care providers is being completed and will soon be distributed to Academy members, managed care organizations and health and government agencies. In addition, its publication in a major managed care journal is now being sought.

Brochure: This will describe the many advantages of using a pediatric dentist for oral healthcare for children. It will discuss how many managed care plan will impact on this relationship. It is designed for distribution to our patients and health care professions.

Child Advocate

Jim Crall, the Academy's new, child advocate, discussed goals and structure of that program. The AAPD statement on children's dental health was reviewed and legislative/governmental advocacy plans were formulated for this coming year.

Editor - AAPD Journal

The search committee presented their desires and requirements for this position and the responsibilities were more clearly delineated for the potential candidates. Any member interested in this important position should contact the academy office for an application.

Planning Session

The session commenced with a presentation describing the managerial and Board responsibilities for our type of organization. The importance of clarity of our mission and core values, were discussed in parallel with the need to control the business aspect to best serve the member. We reviewed the changing societal and governmental environment, requiring the need for flexibility in our structure and responsibilities. With the recent past exposures to Health Care Reform and the definition of pediatric dentistry as example we were all aware of our need for and adaptive focus.

We reviewed our strategic directions as an organization whose vision is optimal oral health care for every child and whose responsibilities are to provide support for the members of our specialty. Therefore our primary commitments are:

- a) as advocate for the improved oral health of children
- b) to assist members in adapting to change
- c) to provide membership services, and
- d) to continue to enhance the image of our specialty

The steps needed to insure these activities in the coming year were delineated and the need for Board and committee flexibility was discussed. Some restructuring and/or additional use of ad-hoc or single-item focus committees will be used.

It was again a great pleasure to serve at this informative and productive meeting. If you desire further information regarding any items please call me at (510) 757-4220 or E-mail at SOBELRL@AOL.COM. You may also contact the Academy Headquarters Office at (800) 544-2174.

Richard S. Sobel
Trustee, District VI

CSPD Annual Meetings

1996
March 28-31
Ritz-Carlton
Pasadena

April 3-6
Marriot Hotel
Monterey

Ad Hoc Committee on Legislation



Clarification on SB 334 and the CDA Code of Ethics

SB 334 (Chapter 64) was recently signed by the Governor. It amends Section 51520 of the Education Code which prohibits the solicitation of children on any public school grounds by the use of dental screening programs. Violations are under jurisdiction of and reportable to the State Board of Dental Examiners.

The 1195 amended CDA Code of Ethics, Section 1, Service to the Public. Advisory opinion (2) reads:

Solicitation of children on any private or public school grounds by the use of dental health programs (e.g. dental screening, mouthguards, sealants, etc.) for the purpose of generating referrals or for the financial benefit of dentists participating in such programs is deemed not to elevate the esteem of the dental profession. For the purposes of this advisory opinion, solicitation includes but is not limited to, dissemination of business cards or any other material intended to promote the dentist's practice.

The Statute and Code address the complaints whereby a practitioner participates in a public service program such as screening and uses the opportunity to solicit referrals (specifically children) to the practice or for some proprietary interest of that dentist. Using a public service activity such as the screening, sealant, mouthguard as a pretext to market the practice is considered unethical according to the Code.

Questions on the State Law or Code of Ethics:

How does this apply to nursery schools?

SB 334 applies to public schools. The Code applies to both private and public schools. Nursery schools come under the umbrella of private schools.

What about when you are invited to give the presentation?

It does not matter how you get there, it's the activity of solicitation that would be called into play. The dental health presentation is not called into question. It's only when materials are distributed with the dentist's name to children under the guise of a diagnostic activity for the purpose of solicitation that the question is called.

What about dental assistants and dental hygienists?

Any agent of the practice who perform solicitation comes under the scrutiny of the Code. While the assistants and hygienists are not bound by the Code, the CDA member is held to the Code. The Statute prohibits any affiliate of the licensed dentist performing the same.

The event is remote from my practice. Can I pass out educational materials that have my name on them?

The Statute and Code are clear. Solicitation of children on school grounds is prohibited. There is no provision for the distance between the school and the practice.

Steven Chan
Chairman, Ad Hoc Committee on Legislation



To the CSPD Membership:

I am writing to inform you of the plight of one of our former students, Dr. Steve S. Whitcomb and to ask for your help. As many of you are already aware, Steve has had a tumor that has been, for the most part, inoperative. Surgery has been able to alleviate his immediate problems from time to time, however, in order to remove the tumor and give him a shot at a full life without discomfort, he will require a significant and difficult surgery, only offered at one University. The operation will cost around \$100,000.00, and as you know, Steve does not have any insurance because of his past medical problems.

I would like to think that our Pediatric Dental community would pull together and help our own in his time of need.

If you would like to help, please send a significant donation to :

The Steve S. Whitcomb Fund
St. Lutheran Church
5150 Wilson Street
La Mesa CA 91941
Telephone: (619) 463-6633

The church has promised to match all our contributions, dollar for dollar, so lets all pitch in and get him on the road to recovery as quickly as possible.

Thanks for your consideration of this request.

Don Duperon
Chair, Pediatric Dentistry
UCLA School of Dentistry

CSPD Research Awards

CSPD will support original research by active, retired, or student members in good standing. Interested applicants, which include clinical teams, schools, program chairmen, study clubs, as well as individuals, must submit a standard format research proposal, and an estimated budget and grant request (in an amount not to exceed \$1000). The appropriate forms may be obtained from Dr. Richard Udin at the address below.

It is the intent of the Professional Activities Committee to make the application procedure as easy as possible. The next deadline is April 1, 1996 with acceptance notification by May 1st.

Richard Udin, D.D.S.
Dept. of Pediatric Dentistry
USC School of Dentistry
University Park MC 0641
Los Angeles, CA 90089-0641

Response Letter from Delta Dental

January 16, 1996

Lonnie R. Lovingier, DDS
Dental Care Committee
California Society of Pediatric Dentists
26203 La Paz, Suite 216
Mission Viejo, CA 92691

Dear Dr. Lovingier:

I am pleased to reply to the Society's questions about Delta's method of determining the customary level of fees for pediatric dentists. To help your evaluation of my responses, I address the fee system step by step.

Delta defines "customary" as the fee, computed on a composite basis, that will satisfy eight out of ten dentists in the same specialty and region; i.e., the 80th percentile. The 80th percentile for pediatric dentists is created from fees submitted on fee listing forms by the approximately 390 participating pediatric dentists throughout California. No fees from general dentists or other specialists are used. To identify the 80th percentile fee for an individual procedure, Delta reviews the highest fee filed for that procedure by each pediatric dentist, and sets the 80th percentile at the fee that would have satisfied 80 percent of those who filed a fee. For example, if 390 pediatric dentists had submitted fees for a given procedure, the 80th percentile fee would be the dollar amount that would pay at least 312 of them. Customary fees are recalculated twice each year.

When evaluating whether a fee schedule falls within the customary range, we evaluate the entire fee schedule rather than individual fees. This is done by multiplying the fee for each procedure by its weight factor to arrive at a composite fee. A weight factor is the relationship, expressed as a decimal, of the procedure's frequency to the frequency of all procedures submitted on claims by dentists in the specialty. No data from general dentists or other specialists are used in determining weight factors for pediatric dentists. An example may help at this point: if all of pediatric dentistry consisted of three procedures, and procedure A was submitted 10,000 times, procedure B 6,000 times and procedure C 4,000 times, the weight factors would be as follows: $A=0.5$ (because procedure A represents 50 percent of all procedures reported); $B=0.3$; $C=0.2$. The same weight factors are used for every pediatric dentist, without regard to where he or she practices or to the mix of procedures submitted by their individual practice. After all the multiplications are

performed, the sums are added together to produce the dentist's composite fee.

The dentist's composite fee is then adjusted by applying a "customary area factor." This is to account for geographical differences in fee levels, with customary areas usually being the same as the area of the component dental society. For example, the statewide composite fee is adjusted upward for a pediatric dentist who practices in an area where fees are generally higher than the statewide average. Finally, the dentist's adjusted composite fee is compared to the statewide composite fee for pediatric dentists for the same procedures. If the dentist's composite fee is at or below the adjusted statewide composite fee, the fee schedule it accepted.

Delta's evaluation of fee schedules from general dentists differs in only one respect. An 80th percentile is calculated for each customary area, and so there is no need to adjust statewide customary fees to local prevailing fees. This is possible because each customary area contains hundreds of general dentists, permitting us to calculate statistically valid percentiles.

The intent of Delta's fee system is to evaluate fees as they exist in the marketplace. Delta records fees requested by pediatric dentists on fee listings and procedures they report on claims, basing our decision on what fees schedules can be honored solely on the basis of these data: Since no data from general dentists are used, Delta is not in a position to say whether one group's fees are higher than the other's. Many of the procedures most frequently submitted by pediatric dentists are relatively infrequent in general practice. A comparison of the two groups would require that the same weight factors be used in the evaluation. Such weight factors cannot exist since, by definition, they represent the frequency with which each group performs each procedure.

You also asked how frequently participating dentists can submit changes, even minor ones, to their fees. The answer is no more often than every 12 months.

This subject is admittedly complex, and difficult to convey in a letter. I would be happy to speak to the Society at any time. If you would like, we could also use the opportunity for you to meet Dr. Steve Bull, vice president of professional services, who took Dr. John Field's place last year following John's retirement.

Sincerely,

(signed)
Michael McGinley
Vice President
Public and Professional Relations

To CSPD Members,

We have had a number of requests to investigate the fee determination system by Delta Dental. It appears a large number of members have had their fees denied while the same fee for their general dentist colleague was accepted.

At left we are reprinting a letter from the vice president of Delta Dental explaining how our fees are determined. We would like to pursue this further. Please help us determine some facts to support our investigation. Please fax or mail the following short questionnaire to the address shown.

Thank you,

Lonnie Lovingier
Dental Care Committee member



Fax Response Sheet
To: CSPD
(805) 473-2093

Or Mail To:
CSPD Survey
26302 La Paz Rd, #216
Mission Viejo CA 92691



Date: _____
From: _____

Questionnaire:

Have you submitted your fees in the past 12 months? yes or no

Were they accepted on the first submission? yes or no
of times submitted? _____

Have you submitted your fees in the past 24 months? yes or no

Were they accepted on the first submission? yes or no
of times submitted? _____

Have you submitted your fees in the past 36 months? yes or no

Were they accepted on the first submission? yes or no
of times submitted? _____

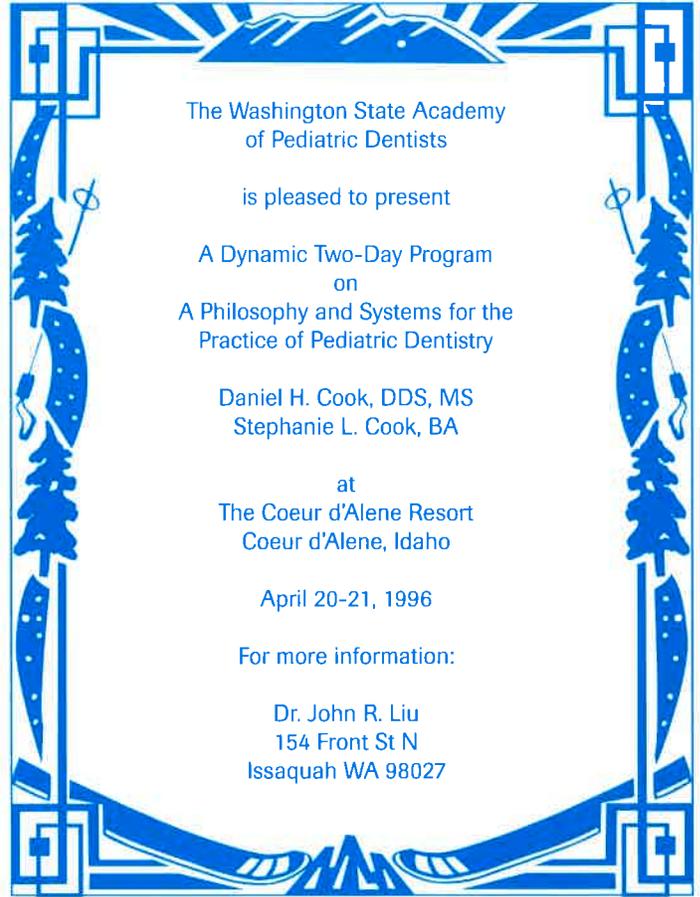
Comments: _____

Our Children's Teeth Beyond Brushing and Braces. California Department of Health Services, Maternal and Child Branch, September 1995

The long awaited California Oral Health Needs Assessment 1993-94 was finally published. Contact your local branch for copies of this monograph.

CSPD's Professional Opportunities Registry facilitates 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 complete the form below. Be assured your inquiry will be kept confidential. You will be given the names to contact of all graduating pediatric dental residents that are listed and match your opportunity. You will then make contact.



Professional Opportunities Registry

First Name _____ Last Name _____

Address _____

City _____ State _____ ZIP _____

Telephone (_____) _____

Opportunity Offered: (Associate, Partnership, Employment or Sale)

Would you consider associateship of Grad students prior to the completion of the program—Evenings or Saturdays?

Date Available: _____

Mail form to:

Douglas J. McGavin, DDS
17300 Yorba Linda Blvd., Suite G
Yorba Linda, CA 92686

To CSPD Members,

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Lonnie Lovingier
Dental Care Committee member



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of times submitted? _____

Have you submitted your fees in the past 36 months? yes or no

Were they accepted on the first submission? yes or no
of times submitted? _____

Comments: _____

Board Briefs

The 84th meeting of the executive and board of the C.S.P.D. took place on January 20, 1996 at the Holiday Inn, Crowne Plaza in Los Angeles.

Dr. Paul Reggiardo made an invited presentation to the board on the survey of C.S.P.D. members regarding the problem of access to hospital care. He received a 57% return rate on his questionnaire. 83% of the respondents did general anesthesia cases in their practices, 92% of which were performed in a hospital. The mean number of cases per practitioner was 49 per year.

On the topic of managed care, Dr. Reggiardo indicated that only a small number of our members participated significantly in these plans.

Dr. Stewart indicated that the meeting in Monterey in 1997 will feature Dr. Hal Slavkin, the head of the National Institute of Dental Research. The meeting, scheduled for the Marriot Hotel in downtown Monterey will feature a Dinner and dance at the Monterey aquarium.

The sedation guidelines, recently announced by the American Society of Anesthesiology, were discussed in detail. Both the AAPD, the CSPD, and many pediatric sub-specialties feel that the guidelines are overly limiting and will work to reduce their impact.

The annual courses offered to auxiliaries in the fall was well received, however the committee felt that future meetings should be either in Los Angeles or Orange county in the South, or in the Bay area in the North, as the attendance at the San Diego meeting was somewhat disappointing and only a large turnout of Orange county assistants kept it from running in the red.

A new patient information booklet prepared by the membership Services committee will be circulated to all CSPD members and will be available to our members both on disk and in camera ready format for a small fee to cover the cost of duplication and handling and mailing.

The search committee, established to find a replacement for our Executive Director, brought their recommendations to the Executive. The report was received and discussions are currently ongoing.

The meeting was adjourned at 5:05 P.M.

Donald F. Duperon
Secretary

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 **March 28, 1996**.

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

MOTIONS

MOTION: 01.20.96.01: LOVINGIER/MUNGO: I move that CSPD accept the applications of Drs. Brostoff, Keery, Nakai, Ryan and Fisher for their permanent, temporary, or retired membership status relative to their eligibility and request. **PASSED**

MOTION: 01.20.96.02: BERGER/LOVINGIER: I move that this material be accepted as presented and distributed to the membership. In addition, this material shall be offered to the membership in the form of IBM PC or Macintosh computer disks and camera ready copy for a handling fee to be determined. **PASSED**

Board Member Profile



Tom Buch
Director - North 1996

Tom Buch returned to USC for his pediatric specialty training after practicing at the Watts Health Clinic in Los Angeles from 1970 to 1973. Upon completion in 1975, Tom opened his practice in Daly City, CA. In addition to his responsibilities on the Board, he continues to serve on the local Healthcare Advisory Committee of Headstart. Prior to joining the Board in 1995, Tom, as Cal-D-Pac's liaison, promoted the successful election of a local congresswoman who is supportive of our healthcare concerns. Tom's son David recently graduated from UCSD and will be attending medical school in the fall of 1996. His son Bob, a junior at UCLA, is preparing for law school. Tom and his fiancée, Stephanie Buchholz, both natives of California, enjoy sharing their interests in traveling, hiking, fishing, cooking, bicycling, reading and music.

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