

Bulletin

Winter 1998

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PRESIDENT'S MESSAGE



Don Duperon

I hope all of you have had a great summer. At UCLA the fall has started off busy and with the Bruins on a great win streak things are looking great.

The Annual meeting plans are set for 1999. Don't miss a great program as well as fun, games, entertainment and great food aboard the Viking Serenade. Sign up soon so you will not be disappointed. Prime cabins are still available for this super meeting.

Your society has been very busy over the summer and early fall. As you know, in 1994, one of the prime goals set at the planning session of the Society was to have medical insurance expanded to cover hospital and anesthesiology costs involved in the dental treatment of children in a hospital or surgical center. The American Academy of Pediatrics supported a similar resolution at their annual meeting to bolster our position. In 1997, the society succeeded in placing a resolution before the CDA to propose and actively support a bill mandating that all plans provide this coverage. I am pleased to report that the Governor signed this bill into law this fall. The legislation will take effect in the year 2000. There were many individuals who worked very hard to have this legislation passed. Dave Perry, Jac Pederson and Ray Stewart were instrumental in promoting the concept and the legislation. Richard Mungo found the ideal patient and parents to testify to the house committee to ensure their support. In the background and sometimes at the forefront was Paul Reggiardo with his untiring efforts in our drive to have this legislation

passed. To all involved, our society, and the children of California owes you a sincere vote of thanks.

At this same session of the legislature, two other bills were passed with the support of the Society. AB2006, the oral sedation bill, requires certification of a dental practitioner to administer oral sedatives to children under 13 years of age, and a bill allowing medical anesthesiologists to administer anesthesia in dental offices after meeting the Dental Act guidelines for general anesthesia. Both these bills should make services safer and more available to our patients at a reasonable cost.

On the Federal scene, it appears that funds will be available to start several additional programs to graduate pediatric dentists. Paul Reggiardo informs me that up to 15 additional trainees could be funded in the future. Our thanks to our Academy and to the efforts of Burt Edelstein, Jim Crall and Heber Simmons who championed this bill.

Soon, our nominating committee and our president-elect will be looking for members to serve on the board and on committees of the Society. If you have an interest in serving your Society, please let me or the Executive Director know as soon as possible. We need you to keep our board and committees strong.

I hope all of you have a great holiday season. I look forward to seeing and visiting with all of you on our spring cruise.

Don Duperon

President

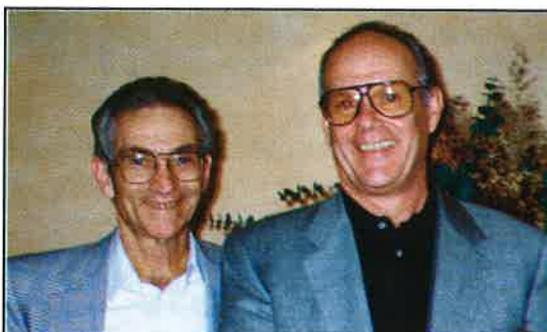
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CSPD REPS ATTEND CDA HOUSE OF DELEGATES

Representation of CSPD at the recently held CDA House of Delegates included several members of our society whose participation in the legislative arena and in California dental politics has provided new impetus to our legislative effort. Details in an accompanying article on page 9.

Those in attendance included:
 California Dental Association Treasurer - Dr. Steve Chan
 Trustee - Dr. David Perry
 Delegates - Drs. Ray Stewart, Andy Soderstrom, Scott Jacks, Joe Renzi and Joe Sciarra
 CSPD Officers - Drs. Mel Rowan, Don Duperon and Wayne Grossman



Dr. Mel Rowan, Executive Director & Dr. David Perry, CDA Trustee

1999 ANNUAL MEETING AT SEA!

THE ANNUAL MEETING 1999 ABOARD THE VIKING SERENADE

The California Society of Pediatric Dentists will be holding the next annual session aboard a Royal Caribbean Cruise Liner sailing the Baja California coast. Our four-day, three-night cruise departs from San Pedro harbor which is just thirty minutes south of Los Angeles International Airport. A specially arranged early boarding on Friday, March 26, will allow lecture and exhibitor time before the ship departs. Saturday allows us a chance to disembark in Ensenada for sightseeing, shopping, tours, or participation in golf or tennis tournaments at the highly rated, ocean side Bajar Country Club. Sunday will combine continuing education and the annual business session along with an evening installation reception and fine dining.



Dr. Wayne Grossman,
Chair of Annual Meeting

A Royal Caribbean cruise is a treat for the entire family. The Kids-Tweens-Teens Program offers young people ages 3 to 17 a variety of onboard activities all their own as well as a special children's menu. Extensive children's facilities include a teen disco and a playroom for children.

SPECIAL WELCOME TO GRADUATE STUDENTS

The future of Pediatric Dentistry in California depends to a large degree upon the next generations of our colleagues. To this end, CSPD is extending a special welcome to all California pediatric dental residents and is helping, along with alumni and corporate sponsors, to ensure their attendance on the cruise. We are expecting a very large turnout of the residents who will be giving table clinics and poster presentations as well as getting to know their practicing colleagues and comparing notes with their fellows in other programs. Along with the students, we are expecting a large turnout of faculty and program directors from the five dental schools in California.

CHILDREN & EXTENDED FAMILY MEMBERS

A Royal Caribbean cruise is a treat for the entire family. The Kids-Tweens-Teens Program offers young people ages 3 to 17 a variety of onboard activities all their own as well as a special children's menu. Extensive children's facilities include a teen disco and a playroom for children. From morning to night, children are entertained and pampered. A specially trained staff supervises the youngsters and leads a variety of activities from masquerade parades and talent shows to Shipshape tournaments, scavenger hunts, ice cream parties, video games and more. All of these programs are included in the cruise fee. For younger children, baby sitting is available in groups, as well as in-cabin (on a limited basis) for a small fee. This may be the perfect opportunity to bring along parents or other family members. While the meeting is proceeding there is a myriad of activities to keep everyone busy or they might just want to relax in a deck chair enjoying the sun and great sea air.

PRE-MEETING EVENTS AT THE QUEEN MARY

In order to make it easier for meeting attendees to board the Viking Serenade early on Friday the 26th, arrangements have been made for our members to stay nearby the night before. Staterooms will be available on the Queen Mary at specially reduced rates. To further enhance your maritime experience, special optional

activities have been organized on the Queen Mary.

An evening of elegant dining will follow in one of the ship's fine restaurants or dining areas. Arrangements are being completed for a special tour of the new Long Beach Aquarium of the Pacific earlier in the day for those not attending the Board of Directors meeting. The Hotel Queen Mary's original first-class staterooms are the largest ever built aboard a luxury liner. An evening aboard allows guests to experience what it may have been like to "make a crossing" in the 1930's

SCHEDULE OF EVENTS

Thursday, March 25, 1999

Board Meeting-Queen Mary, Long Beach

Optional Pre-meeting events: Guest tour of new Long Beach Aquarium of the Pacific, luncheon, VIP tour of the Queen Mary, dinner on the Queen, and accommodations on the Queen Mary are available

Friday, March 26, 1999

Check in at Hospitality Desk at San Pedro Pier for Early Boarding (11:00 A.M.) Featured Speaker; Exhibitors; Welcome Reception

Saturday, March 27, 1999

Golf and Tennis Tournament and Pool Activities at Bajar Resort, Ensenada; Optional Tours; Shopping and Sightseeing in Ensenada Exhibitors, Table Clinicians, Captain's Reception

Sunday, March 28, 1999

Past Presidents Breakfast; Business Meeting; Featured Speaker; Exhibitors

Panel Discussion, Sedation Regulation Update; Awards and Installation Reception

Monday, March 29, 1999

Board Meeting; Disembarkation by 11:00 AM

CALIFORNIA SOCIETY OF PEDIATRIC DENTISTS

Bulletin

CSPD members are encouraged to contribute to the Bulletin. Articles, Letters to the Editor, or other items of interest are welcome. The next deadline for submission is January 16, 1999. Items for publication may be submitted by e-mail (editor@cspd.org), in computer format on a 3.5" disk or typewritten in double space format.

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

Published 4 times annually

Editor
Roland Hansen, DDS, MS

FLUORIDATION REVISTED

A RECENT REVIEW

The effectiveness of water fluoridation has been documented in literature for more than 50 years. In a recent review of these published data, the results of 113 studies in 23 countries were compiled and analyzed. This information summary provided data for 66 studies in primary teeth and for 86 studies in permanent teeth. Fifty-nine out of the 113 studies analyzed took place in the United States. Taken together, the modal caries reductions observed for primary teeth was 40-49% (24 out of 66 studies) and 50-59% for permanent teeth (33 out of 86 studies). When data for different age groups is isolated, efficacy is greatest for the primary dentition, with a range of 30-60 percent less caries in fluoridated communities. In the mixed dentition (ages 8 to 12), the efficacy is more variable, about 20-40 percent less caries. In adolescents (ages 14-17), it is about 15-35 percent less caries. Current data on caries prevalence for adults and seniors is limited and includes several populations living in communities with higher than optimal fluoride levels. For these adults and seniors, a range of 15-35 percent less caries would also apply. Based on this accumulation of scientific evidence, studies on the effectiveness of water fluoridation consistently show that children, adolescents, adults and seniors show a consistently and substantially lower caries prevalence in fluoridated communities. However, because of the high geographic mobility of our society and the widespread use of fluoride dentifrices, supplements and other topical agents, such comparisons are becoming more difficult to conduct.

Many well-documented studies have compared the decay rates of children before and after fluoridation in the same community, as well as with cohorts in natu-

rally fluoridated and/or nonfluoridated communities. The earlier studies were conducted at a time when other sources of fluoride, such as toothpastes, mouthrinses and professionally applied fluoride gels were not available. The results from these studies were dramatic. Over the years, as other sources of fluoride became more readily available, the caries reductions observed via these comparative evaluations, although still significant, tapered off. However, more recent data continue to demonstrate that caries prevalence is higher for individuals who reside in non fluoridated communities compared to those of individuals living in fluoridated communities. The following summary provides an interpretation for some of the historical studies that have been conducted on the effectiveness of water fluoridation.

A 15-year landmark study in Grand Rapids, Michigan found that children who consumed fluoridated water from birth had 50-63% less tooth decay than children who had been examined during the original baseline survey. Ten years after fluoridation, 6-to-9-year-olds in Newburgh, New York were experiencing 58% less tooth decay than their counterparts in Kingston, New York, which was fluoride deficient. After 15 years, 13-to-14-year-olds in Newburgh (fluoridated) had 70% less decay than the children in Kingston.

COST EFFECTIVENESS

The annual cost of community water fluoridation averages about 51 cents per person in the United States, depending mostly on the size of a community, labor costs, and type of chemicals and equipment utilized. With the escalating cost for health care, fluoridation remains a preventive measure that benefits all members of the community at minimal cost. The cost to purchase fluoride chemicals has remained fairly constant over the years in contrast to the continued rising cost of dental care. In 1981, the fee for restoring one permanent tooth with a two surface amalgam filling was about \$20.00. By 1990, that fee had more than doubled to an average of \$42.00; the approximate cost of providing fluoridation to an individual for a lifetime. School-based dental disease prevention activities such as fluoride mouthrinse or tablet programs, applied topical fluorides, dental health education, brushing, and flossing have not been found to be as cost-effective in preventing tooth decay as community water fluoridation. Fluoridation remains the most cost-effective and practical form of preventing caries in the United States and other countries with established municipal water systems. The age of the population at the time water fluoridation is introduced will influence the overall economic benefits. The need for restorative dental care is lower in fluoridated communities. Therefore, an individual residing in a fluoridated community will have fewer restorative dental expenditures during a lifetime. The intangible benefits are impossible to measure economically and are often taken for granted. Fluoridation has been estimated to have a cost-benefit ratio of about 1:80; that is every dollar invested in fluoridation saves approximately eighty dollars (\$80) in dental expenditures.

SOURCE: ADA Fluoridation Pamphlet

When data for different age groups is isolated, efficacy is greatest for the primary dentition, with a range of 30-60 percent less caries in fluoridated communities. In the mixed dentition (ages 8 to 12), the efficacy is more variable, about 20-40 percent less caries. In adolescents (ages 14-17), it is about 15-35 percent less caries.

CALIFORNIA SOCIETY OF PEDIATRIC DENTISTS ANNUAL MEETINGS

1999

March 26-29

Royal Carribbean Lines / USA & Mexico
Aboard the Viking Serenade

2000

March 29-April 2 / Laguna Cliffs, CA

2001

Grand Hyatt / Sacramento, CA

Officers and members of the Board of Directors for CSPD meet quarterly. The membership of CSPD is encouraged to provide input to the leadership. Our next regularly scheduled meeting will be held in Los Angeles on January 9th, 1999. Board meetings are open to the membership, and you are welcome to attend. In the alternative, written communication should be addressed to the President, Dr. Don Duperon.

THE COST OF DELIVERING ORAL HEALTH CARE



By Paul Reggiardo, DDS
District VI Trustee
American Academy of Pediatric Dentistry

Let's start out with information you already know and that policy makers in Washington and Sacramento are now coming to realize and acknowledge. Oral disease is the single largest unmet health need affecting California's poor and disadvantaged children. More children in California suffer daily from the ravages of untreated oral disease than from any other single medical condition. It is not asthma, not tuberculosis and not AIDS that exceeds the need for oral care. The Dental Health Foundation calls it "A Neglected Epidemic" and cites recent findings that more than 50% of all school-age children in California have untreated tooth decay.

There are days of absence from the classroom, of spontaneous and unremitting pain, days of interference with adequate nutrition and days filled with poor self-image and embarrassment. And, most importantly, days that portend a future of impaired oral health.

SO, WHY ISN'T ORAL DISEASE GETTING TREATED?

The Medi-Cal program and the new Children's Health Insurance Program (CHIP) addresses these needs and while those agencies are striving to provide an adequate service, the oral health care of many of our children continues to be an unmet challenge. Is the current level of spending adequate to meet the needs of California's children? Or must we commit the resources that are necessary to provide adequate care?

Traditionally, government programs spend only 1% - 3% or less of the total healthcare budget on dental services. But, children's dental services, if appropriately funded, account for fully 20% of the pediatric healthcare dollar. When orthodontic services are included, oral health care in the private sector consumes 26% - 28% children's healthcare spending.

A recent study, commissioned by the American Academy of Pediatrics (AAP) and conducted by the firm Towers Perrin, demonstrates clearly that the cost of providing a comprehensive health care package, costs about

\$1200 per child per year and that dental care accounts for a full 20% of the bill. The AAP study also shows that for preventive services, dental care accounts for over 60% of the \$240 average annual cost. These figures are consistent with earlier federal data and in conformity with an upcoming actuarial study funded by the Millbank Foundation.

The AAP study reports on the amount of money a state would need to pay an insurer to purchase the services outlined in the 1998 AAP policy statement entitled, "Scope of Health Care Benefits for Newborns, Infants, Children, Adolescents and Young Adults Through Age 21 Years," including dental services as outlined by a comparable AAPD policy statement. The cost estimates identify the categories of health expenditures as follows:

Inpatient Facility Costs	11.7%
Outpatient Facility Costs	10.6%
Physician Services	46.3%
Subtotal Medical Costs	68.6%
Dental Services	21.0%
Pharmacy	8.3%
Lenses / Frames	2.0%
Hearing Aids	0.1%
TOTAL	100.0%

These studies give credence to the notion that adequate dental services for California's children will cost more than two cents of the healthcare dollar. Details of the study are available on the AAP and the AAPD websites: www.aap.org and www.aapd.org.

WELCOME NEW MEMBERS

Dr. Jacob Lee (San Francisco), Dr. Alison Jackson (Los Angeles), Dr. Wesley Okumura (Loma Linda), Dr. Paul Gerber (Loma Linda), Dr. Frank Hodges (Santa Rosa), Dr. Brian Saunders (Irvine), Dr. Safoura Massoumi (Chula Vista), Dr. Michelle To (Los Angeles), Dr. Trilla Cajulis (Los Angeles), Dr. Karilyn House (Fountain Valley), Dr. Eunice Im (Glendale), Dr. Mary Ritter (Los Angeles), Dr. Clara Lee (Los Angeles), Dr. Arnold Nakazato (San Francisco), Dr. Laleh Vakili (San Francisco), Dr. Melba Mayes (Chino Hills), Dr. Matthew Miller (Los Angeles), Dr. Nazanine Barcohana, (Beverly Hills) and Dr. Tom Keller (Chicago, IL).

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OPPORTUNITIES AVAILABLE

**ORANGE COUNTY
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**GLENDALE
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A PROFILE OF THE DIRECTORS NORTH & SOUTH TERMS EXPIRING 2000

DR. FRANCISCO J. RAMOS-GOMEZ - DIRECTOR NORTH '00

Francisco J. Ramos-Gomez is currently Assistant Professor in the Department of Growth and Development, Division of Pediatrics, at the School of Dentistry of the University of California, San Francisco and Director of the Predoctoral Program at UCSF. He has also served since 1993 as the Director of Pediatric Services in the Family Dental Center at San Francisco General Hospital.

Dr. Ramos received his B.S. degree in Health Sciences from the Colegio Columbia in Mexico City in 1975, and his D.D.S. from the Universidad Tecnologica, Mexico City, in 1980. He was awarded his M.Sc. in Pediatric Dentistry from the Tufts University School of Dentistry in 1988 and his M.P.H. from the Harvard University School of Public Health, Department of Policy & Management in 1990. He received certification in Dental Epidemiology and Dental Public Health from the University of California, San Francisco, in 1992.

In the course of his career, he has served as an assistant professor (Pediatric Dentistry—Universidad Autonoma de Mexico 1984; University of California, San Francisco 1992-present), a clinical instructor (Tufts University 1985-1988), and an educational planner (Harvard School of Public Health 1988-1989). In addition, he has provided professional consultation to the Harvard Institute for International Development (1989-1991) and to the White House Committee on Health Care Reform (1994). He has been awarded a Kellogg Fellowship (Harvard, 1989), a NIH Minority Supplement Research Award (1994), the American Academy of Pediatric Dentistry's Educational Foundation Award (best research, 1995) and awarded the 1996, University of California Distinguished Wellness lecture series from the California Wellness Foundation. In 1997 he was awarded with an R0-3 from the National Institute of Dental Research.



Dr. Francisco J. Ramos-Gomez

DR. SANTOS CORTEZ - DIRECTOR SOUTH '00

Santos graduated from the University of Southern California School of Dentistry in 1976 and received his certificate in Pediatric Dentistry in 1978. He is a Clinical Assistant Professor in the Department of Pediatric Dentistry at USC and conducts a private practice in Downey and in Long Beach, California. He is a past president of the Southern California Chapter of ASDC and of the Latin American Dental Association, Southern California Chapter.

His hospital affiliation is with the Memorial Miller Children's Hospital where he has served on the Board of Trustees. He has given presentation on various Pediatric Dental topics to professional groups, service organizations and teaching institutions. Santos is married and has adult children, enjoys skiing, mountain biking and playing the saxophone.



Dr. Santos Cortez

DR. SCOTT JACKS - DIRECTOR SOUTH '00

Scott Jacks received his D.D.S. degree from the University of the Pacific Dental School in 1974, and completed his Post-Doctoral program in Pediatric Dentistry at UCLA in 1976. He has been very involved in organized dentistry, having served as President of the Los Angeles Dental Society, and playing active roles in the California Dental Association and his state Pediatric Society. He is a Fellow the Pierre Fauchard Academy and the American College of Dentists. In addition, he served as an examiner for the California State Board of Dental Examiners for eight years. He has also served as an advisory member or board member for numerous civic organizations, including local Head Start programs, and currently serves as Vice President of his children's school board.

Over the past six years, Scott has lectured periodically to the UCLA Post Doctoral students on practice management and managed care. He practices in a multi-specialty group practice in South Gate, California.



Dr. Scott Jacks

DR. ANDREW P. SODERSTROM - DIRECTOR NORTH '00

Andrew Soderstrom is a graduate of the University of the Pacific in 1983 and was awarded his certificate in Pediatric Dentistry from the University of California in 1985. He is a third generation dentist who follows his grandfather (UCSF 1924), father (UCSF 1954) in dental practice. Andrew's mother graduated from UCSF in Dental Hygiene in 1953. His brother and his sister are also dental practitioners. He and his wife Donna have two children, Matt and Jill who are teenagers. For many years he has held numerous positions in the Stanislaus Dental Society, the California Dental Association and active staff affiliation with Memorial and Doctor's Hospital in Modesto.

He has been a member of the Modesto Rotary Club since 1986 and enjoys golfing and gardening. He is a Fellow in the American College of Dentists and the Pierre Fauchard Academy.

THE YEAR 2000 PROBLEM ...OR Y2K

The year 2000 problem started decades ago when early computers had very limited memory and storage space. Programmers saved space where they could by storing the absolute minimum amount of data necessary for business functions. One place they saved space was the date, in which years were represented by their last two digits. So, 1946 was represented and stored as 46, 1967 was stored as 67, and so forth.

Reducing years to two digits works well as long as the century does not change. As the next century approaches, however, computers that still maintain years as two digits may not recognize that the year 2000 is greater than the previous year. Although a computer may recognize that 99 is greater than 98 (as in 1999 and 1998), it may not recognize that 00 is as in 2000 and 1999) and may consider it 1900.

This worldwide problem not only affects mainframe computers and their programs, but also personal computers and every piece of hardware that contains a microchip, including: manufacturing control systems, telecommunications, money transfer and other financial systems, gas, water, and electrical utilities, stock markets, transportation, national defense, home computers, security systems, and appliances.

SELF ASSESSMENT AND CHECKLISTS A FIVE STEP PROCESS

- 1) **AWARENESS** - educating and involving all levels of your practice.
- 2) **INVENTORY** - creating your checklist toward year 2000 readiness.
- 3) **ASSESSMENT** - examining how severe and widespread the problem is in your business.
- 4) **CORRECTION AND TESTING** - implementing the readiness strategy.
- 5) **IMPLEMENTATION** - moving your repaired or replaced system into your production environment.

See the Small Business Association Website at:

<http://www.sba.gov/y2k/indexcheck.html>

COMPLIANT PROGRAMS

Intuit Quicken for Windows versions 5 and 6 (except online banking), Quicken 98 for Windows and Quicken Financial Planner version 1-3 are compliant.

ADDITIONAL INFORMATION:

PC Magazine Website: <http://www.pcmag.com>

Intuit: <http://www.intuit.com>

CALIFORNIA SOCIETY OF PEDIATRIC DENTISTS

Sponsors

The support our sponsors contributes to the success of the annual meeting and helps to underwrite the projects of our society throughout the year. Please let our sponsor know we appreciate their continued support

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DENTAL LASER

Premier Laser Systems of Irvine, California, as reported in the Los Angeles Times, has endured a highly damaging dispute with a major distributor, the resignation of its auditor, and the restating of nearly two years of financial results. Trading in its stock has been suspended since May. Under recent management changes and the appointment of a new auditor, Haskell & White, the company is seeking to reverse a \$6 million loss for the fiscal year ended March 31, 1997. The firm also is hoping that the FDA will soon give the OK for its hard-tissue laser to be used on children—a move it believes will help sell dentists on the product. Recently, the firm has announced that it has finalized a letter of intent with Henry Schein for Schein's marketing and distribution of Premier's dental laser line, involving four models, the Centauri Er:YAG, the Arago, the MOD, and the Aurora.

LOS ANGELES TO FLUORIDATE

The Grand Rapids fluoridation study that began 52 years ago has finally found favor with the Los Angeles City Council after many years of torrid debate with anti fluoridationists. Late in September Councilman Ruth Galanter presided over a painless end to the legendary controversy stating that the city of Los Angeles would fluoridate its water by end of year. Although Gov. Pete Wilson signed a law three years ago requiring water districts serving 10,000 or more people to fluoridate tap water if funding allows, only about 17% of Californians now consume fluoridated water, compared with 62% nationally.

HMO SURGERY POLICIES

AB 2003 SIGNED ON SEPTEMBER 24TH

Gov. Wilson has signed a bill that will require health plans to cover general anesthesia for dental work for patients under 7 years old, those who are developmen-

tally disabled and those for whom anesthesia is medically necessary. See accompanying article.

HEALTHY FAMILIES PROGRAM (HFP)

A provider of low cost health, dental and vision coverage to children age 1 to 19 in low wage families. Families pay a premium of \$4-\$9 dollars per child per month with a maximum of \$27 per family. Twenty-six health plans, four dental plans and one vision plan participate in the HFP. To enroll a family call toll free 1-888-747-1222 or contact MRMIB at (916) 324-4695 or Fax (916) 324-4878.

HEALTHY FAMILIES PROGRAM SUBSCRIBERS ENROLLED BY COUNTY

The Managed Risk Medical Insurance Board released figures on its Web Site regarding the numbers enrolled by county. Los Angeles county led all others with 4,115 (25.8%), followed by San Francisco with 1,656 (10.4%). Several other counties reported very small numbers on enrollees including Alpine (0), Del Norte (4), Inyo (5), Mono (3), and Sierra (4), as of September 19, 1998. Point your browser at (www.mrmib.ca.gov).

Y2K - THE YEAR 2000

Your ATM not dispensing cash? VCR's not recording the 6 o'clock news. Massive power failures. What do all of these things have in common? They have been discussed as possible results of the 2000 problem, also known as the "millennium bug" or "Y2K." While there is much debate among those working on Y2K issues over whether any of previously mentioned events will occur, one thing is certain: The year 2000 problem is real and getting closer every day. For more information on Y2K log on to the web at www.usc.edu/isd/projects/y2k. Questions? Email to year2000@usc.edu.

Please see page 8

*Councilman
Ruth Galanter
presided over a
painless end to the
legendary
controversy stating
that the city of Los
Angeles would
fluoridate its water
by end of year.*

CALL FOR TABLE CLINICIANS

AT 1999 ANNUAL MEETING

Table clinicians are being sought to participate in the program at the 1999 Annual Scientific Meeting of CSPD. This meeting will take place on board the Viking Serenade cruise liner of the Royal Caribbean Lines March 26-29. Unlike most previous meetings, it will not be necessary to be an insomniac or a very early riser to participate in the program. Table clinics are scheduled on Saturday afternoon following shore excursions and tournaments in Ensenada, Baja California.

This year, clinics are especially being sought on clinical topics however research, practice management, and community service topics are most welcome. If you would like to participate, please contact one of the table clinic coordinators, Richard Udin or Randall Wiley, and let them know of your topic. Richard can be reached at (213) 740-2679 or e-mail him at rdudin@hsc.usc.edu. Randall can be reached at (925) 685-0513 or e-mail him at rwylee@aol.com

EXCUSED SCHOOL ATTENDANCE FORM

There is an ongoing effort to clarify school attendance legislation (SB 727) that was designed to reduce the level of unexcused truancy. Some school districts throughout the State have been informing parents that they should not allow their children to miss class because the school would lose state funding. The education code still allows students to be absent PART OF THE DAY (for excused absences) allowing the school to receive their normal state funding. The school excuse form was developed as a cooperative project with the CAO. You may copy the form (with logos) for use in your office. If you require another copy, please contact the editor.

SCHOOL EXCUSE FOR DENTAL APPOINTMENT

This is to acknowledge that _____
had an appointment necessary for dental services on _____
from _____ PM to _____ PM.

If you would like to verify this appointment, please call our office at _____

Respectfully yours,

DENTIST'S SIGNATURE

PARENT'S SIGNATURE

Recent state law (SB 727) has created some confusion regarding excused absences. The California State Education Code (Article 2, Section 46010(b)3) designates medical, dental and vision appointments as excused absences. Students missing only part of the school day are to be counted as in attendance.

PHYSICIAN PRACTICE MANAGEMENT FIRMS

Wall Street's romance with physician-management companies has ended in a messy breakup, according to an article published in the Wall Street Journal in late July. There were only a handful of publicly traded physician-management companies when investment bankers fell in love with the sector a few years ago. They were touted as the next step in the nation's march toward managed care. The management companies were supposed to acquire physician practices, mend their wasteful ways, and help them negotiate better rates with HMOs. Investors showered them with money, which many used to finance wild acquisition sprees.

But the sector's last thread of credibility snapped in late July when its oldest and most-respected player, PhyCor Inc., cut its 1998 earnings targets for the second time this year. The news triggered fears that even PhyCor might be vulnerable to the financial shocks that have rattled giant MedPartners Inc. and in July landed a company, FPA Medical Management Inc., in bankruptcy court.

Many investors reacted to the Phycor news by dumping shares of physician practice management companies, or PPMs, which were already in the dog house. While the stock market has boomed, the aggregate value of the 10 largest PPM companies has tumbled 68%, to \$3.7 billion from \$11.6 billion at the end of last August according to the Physician Practice Management Report, a New Rochelle, N.Y. newsletter. The two dozen other publicly traded PPMs haven't fared much better.

FALLING SHORT OF PROMISE

Critics say PPMs haven't lived up to their promise, and may even raise costs by adding a layer of bureaucracy between HMOs and patients. Although they have attracted about 1% of the nation's 600,000 doctors, PPMs have yet to prove that they reduce medical-practice expenses or enhance patient care.

Physician-practice management companies are struggling in part because they tend to demoralize the doctors they recruit into their networks, industry experts say. Many solo practitioners and small-group physicians are frugal and hard-working before they sell their practices to a PPM. After a sale, typically yielding as much as \$300,000 for primary-care practices and \$500,000 for specialists, there's a tendency for doctors to leave work early for a round of golf, one analyst declares.

Such big payments generally aren't available to younger doctors who enter a group after a PPM deal has already been struck. Their incomes are often reduced by the 15% to 30% cut taken off the top by the management firm. As a result, more doctors are trying to unravel deals made with PPMs, says Darrell Schryver, a consultant with the Medical Group Management Association in Denver. "Just this week I've gotten two calls from two physicians, one who had been with a PPM for three years and one for seven months. Both of them asked, 'do you do divorces?'" Mr. Schryver said.

FOCUS ON ACQUISITIONS

Many PPMs focused their energies on acquisitions rather than on improving physicians' efficiency or clinical performance. Relatively little of their capital has been

invested in information systems, medical equipment, or expansion of medical services in ways that might boost a group's internal growth. PPMs got 70% of their revenue growth from acquisitions until the recent market fallout, analysts say. MedPartners, started from scratch about five years ago, did one huge acquisition after another to become the nation's largest PPM. Its stock was trading at \$22.38 in January, before a proposed merger between PhyCor and MedPartners fell apart and MedPartners disclosed a large fourth-quarter charge against earnings and an expected first-quarter loss.

Since FPA's financial troubles emerged in full force last June, doctors in California, Arizona and Texas have complained about what they say is the company's modus operandi: Fire doctors, slash their fees and stint on patient care in order to raise money to make more acquisitions. Many doctors paint the entire PPM industry with the same brush. Until recently, investors discounted physician complaints against PPMs because of doctors' wider resistance to controls imposed upon them by managed care. Now, some of the most vocal PPM nay sayers are health-care experts who support managed care's objectives, but doubt that giant physician networks can reduce expenses through economies of scale.

"To make a profit, PPMs have to pay doctors a below-market compensation, which isn't a very durable business proposition unless they enhance operating performance. No one has been able to do that," says Michael Thomas, a principal at BDC Advisors LLC, a health care consulting firm in San Francisco. To be sure, not everyone has thrown in the towel. Doctors will continue to organize into larger groups to avoid the hassles of office administration and managed care contracting analysts say. Many investors are still bullish on single-specialty companies because they seem to be committed to improving operations, rather than merely growing through acquisitions.

Excerpted from an article that appeared in the Wall Street Journal on July 31, 1998.

News Briefs... Continued from pg. 7

MRMIB

The Managed Risk Medical Insurance Board (MRMIB) Chairman Cliff Allenby and State Health Director Kim Belshe issued a 45-day mandate on Oct. 6 to streamline the application for Healthy Families, the state's low-cost health insurance program for uninsured children. While the state has made important gains since the Healthy Families Program went into law one year ago, low enrollment figures have been reported even though the state has trained 10,000 application assistants. In order to facilitate more enrollees, the 28 page application is being streamlined and a new shortened application will be available after the first of the year. MRMIB has also sent a letter to the U.S. Immigration and Naturalization Service seeking swift clarification of the "public charge" issue. In addition, the state is offering a larger cash incentive to community organizations that successfully enroll eligible children.

Critics say PPMs haven't lived up to their promise, and may even raise costs by adding a layer of bureaucracy between HMOs and patients. Although they have attracted about 1% of the nation's 600,000 doctors, PPMs have yet to prove that they reduce medical-practice expenses or enhance patient care.

LEGISLATIVE NEWS

S. 1754 PASSES

Just prior to adjournment both the House and the Senate passed S. 1754 (Title VII reauthorization). Many members of CSPD wrote their legislators in support of this bill that specifically identifies pediatric dentists as a primary care providers and allows us, for the first time, to compete with general practice residencies for pediatric dental training funding. These funds are provided for program start-ups that may create 10 to 15 additional pediatric dentistry training positions. According to Burt Edelstein, policy planners are optimistic that the appropriations bill that will fund S 1754 will allocate even more money than last year, which would mean more training positions than the 12-15 originally envisioned. There is an outside chance that provision will be made by the Health Resources Service Administration (HRSA) to incorporate this new authority to fund pediatric dental training in the current fiscal year than began October 1. This legislative effort succeeded largely through the efforts of AAPD members Burt Edelstein, Jim Crall and Heber Simmons.

AB2006 SIGNED

AB2006, the bill co-sponsored by CDA and the BDE, and supported by CSPD, which grants the Board of Dental Examiners statutory authority to regulate oral sedation of children up to age 12 was signed into law by Governor Wilson on September 15. Once regulations are drawn-up by the BDE, and the law implemented, a dentist in California will be prohibited from administering, or supervising the administration of, oral conscious sedation on a patient under 13 years of age unless the dentist holds a valid general anesthesia permit, a parenteral conscious sedation permit or obtains a certification in oral conscious sedation. The bill establishes that certification in oral conscious sedation will be granted by fulfillment of educational objective (satisfactory completion of an accredited program in Pediatric Dentistry will meet this requirement) and not by BDE examination. In addition to establishing educational standards, the law allows the BDE to impose requirements for the administration of oral conscious sedation including the presence of the certificated-dentist throughout the procedure and to impose regulations relating to monitoring, physical facilities and equipment, physical evaluation and patient history, and recertification. There will be provision for "grandfathering" those currently employing oral conscious sedation that meets all provisions of the law that will not require a formal educational entry route.

LEGISLATIVE COUNSEL'S DIGEST

AB 2006, Keeley. Dentistry: oral conscious sedation. Existing law regulating dentistry prohibits any dentist from administering or supervising the administration of conscious sedation on an outpatient basis for dental patients unless they hold a valid general anesthesia permit or a permit issued by the Board of Dental Examiners authorizing the dentist to administer conscious sedation, or a permit. This bill would prohibit any dentist from administering or supervising the administration of oral conscious sedation on a patient under 13 years of age unless the dentist holds a valid general anesthesia permit, a permit issued by the Board of Dental Examiners authorizing the dentist to administer conscious sedation, or obtains a certification in oral conscious sedation. This bill would also establish educational requirements, qualifications, and a fee for this certification. The bill would impose requirements for the administration of oral conscious sedation requiring the presence of the dentist and the use of drugs and techniques with a wide margin of safety, as specified.

Many members of CSPD wrote their legislators in support of this bill that specifically identifies pediatric dentists as a primary care providers and allows us, for the first time, to compete with general practice residencies.

CSPD RESEARCH AWARDS

CSPD will support original research by active, retired, or student members in good standing. Interested applicants, which include individual members, clinical teams, schools, program chairmen, and study clubs, must submit a standard format research proposal, and an estimated budget and grant request (in an amount not to exceed \$1000 for students and \$2,500 for active and retired members). The appropriate forms may be obtained from Dr. Randall Wiley, 300 El Cerro Blvd., Danville, CA 94596 or e-mail to Rwylee@aol.com

It is the intent of the Professional Activities Committee to make the application procedure as easy as possible. There is one \$500 student award left for this year with a deadline for application of December 31st, 1998. The deadline for next year is March 15th, 1999 with acceptance notification by May 1st.



Dr. Randall Wiley

PROFESSIONAL OPPORTUNITIES REGISTRY

CSPD's Professional Opportunities Registry facilitates the meeting of graduating pediatric dental residents with established pediatric dentists concerning associatships, 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 the contact.

Name _____

Address _____

City _____ Zip _____

Telephone (_____) _____

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

Date Available: _____

Mail Confidential form to: Douglas J. McGavin, DDS
17300 Yorba Linda Blvd., Suite G / Yorba Linda, CA 92686

BOARD BRIEFS

OCTOBER 10, 1998, MARRIOTT – SAN FRANCISCO AIRPORT

The 96th meeting of the Board of Directors of the California Society of Pediatric Dentists was called to order by Dr. Don Duperon on Saturday, October 10, 1998 at 9:12 a.m.

A quorum was established. In attendance were Drs. Duperon (President), Rowan (Exec. Director), Grossman (Pres. Elect), Luke (Vice President), Perry (Secretary), Mungo (Treasurer), Reggiardo (District AAPD Trustee), Buch, Cortez, DeLorme, Enriquez, Hansen, Jacks, Lum, Ramos-Gomez, Soderstrom, Stewart, Wiley and Wolkstein. Absent was Dr. Mark Lisagor.

Minutes were approved for the June 27, 1998 Board Meeting.

CORRESPONDENCE

Dr. Duperon reported on the following:

- 1) Written letter to Gov. Wilson urging support of AB2003.
- 2) Written letter to Dr. Greg Johnson regarding specialty listings in the yellow pages.
- 3) Written letter to Congressman James Rogan urging support of S. 1754, Health Professions Education Partnership Act of 1998.
- 4) Dr. Soderstrom is a candidate to be the dental representative on MR. MIB.
- 5) Dr. Rowan received a letter from the University of Illinois, Chicago regarding creating the Tom Barber Institute of Pediatric Dentistry. Dr. Duperon would like CSPD support for this.

OFFICER'S REPORTS

VICE PRESIDENT - DR. LUKE reviewed the Strategic Plan Update and the CSPD Membership Survey.

TREASURER – DR. MUNGO submitted the Cash Flow Report, Category Detail Report, Reconciliation Summary, 1st Quarter Income/Expenses Activity 1998-99 Report and the Transaction Report.

EDITOR – DR. HANSEN requested that material for the winter Bulletin be submitted promptly to the editor.

EXECUTIVE DIRECTOR – DR. ROWAN reported that the e-mail sent to the Executive Committee regarding the printing of the By-

laws received no reply.

Dr. Rowan reported that the CDA House of Delegates Meeting is November 20-22, 1998. Specialty caucus meetings will be on Thursday night, November 19th and Saturday morning, November 21st.

The following CSPD members will be attending the CDA House of Delegates in November:

Treasurer CDA – Dr. Chan

Delegates – Dr. Stewart, Dr. Soderstrom, Dr. Jacks, Dr. Renzi and Dr. Sciarra

Trustee – Dr. Perry

CSPD Officers – Dr. Rowan, Dr. Duperon and Dr. Grossman

SECRETARY – DR. PERRY reported on the upcoming November CDA House of Delegates CDA Budget, Infant Oral Health Care Resolution and Council on Insurance proposed abeyance.

DISTRICT VI AAPD TRUSTEE REPORT – DR. REGGIARDO reviewed the AAPD Board of Trustees meeting October 2-4th in Chicago. The Board approved nominations to the newly established AAPD Nominating Committee which will nominate Officer Candidates, Trustee at Large and Board Officers. Dr. Duperon will confirm the District VI nominations.

STANDING COMMITTEE REPORTS

NOMINATING – DR. DUPERON would like names of any new committee or Board members.

CHILD ADVOCACY – DR. STEWART reviewed that there will be a meeting October 21, 1998 in San Francisco for the State Medic-Aid.

Dr. Ramos-Gomez reviewed the program schedule for the American Association of Public Health and the Hispanic Dental Association meetings in San Francisco.

LEGISLATIVE AND GOVERNMENTAL AFFAIRS – DR. SODERSTROM thanked members who sent letters to Gov. Wilson urging support for AB2003, AB2006 and AB745.

STATE BORARD OF DENTAL EXAMINIERS – DR. REGGIARDO reported on CBS 60 Minutes will air a segment about deaths in general and oral surgery practices in January 1999.

EDITORIAL – DR. HANSEN submitted a report. Dr. Duperon congratulated Dr. Hansen on the CSPD web site and reported 175 hits per day.

CREDENTIALS AND MEMBERSHIP – DR. PERRY reported that to date, there are 490 current members with an 11% increase from last year.

ANNUAL MEETING SITE SELECTION (2001) – DR. MUNGO reviewed the speakers for the Sacramento Annual Meeting.

1998 MEETING REPORT (LAS VEGAS) – DR. DUPERON reported that the total net income was \$19,850.94.

1999 MEETING (CRUISE) – DR. GROSSMAN reviewed that the 1999 Scientific Meeting of CSPD will take place on board the Viking Serenade cruise liner March 26-29, 1999. The vessel will depart and return to Los Angeles harbor in San Pedro. Dr. Grossman reported on the current total of attendees and sponsors. It is important that members sign up as soon as possible or risk not being able to attend. Dr. Grossman encourages colleagues to attend and to have some fun in the Mexican sun.

2000 MEETING (DANA POINT) – DRS. LUKE and PERRY reviewed the program schedule and speakers.

2002 MEETING – DR. MUNGO suggested to the Board the site selection of Disneyland, Anaheim, CA. The Board showed favorable support for the Anaheim site and will revisit at the next Board meeting.

2003 MEETING – DR. WILEY suggested to the Board Oregon or Canada as possible site selections.

MEMBERSHIP SERVICES COMMITTEE – DR. BUCH reported that the office forms will be on CD-ROM soon. Dr.

Please see page 11



Larry Luke, Wayne Grossman and Don Duperon

Buch is waiting for a cover letter from John Gilroy on school forms.

CONTINUING EDUCATION – DR. LUM reported on the topics and speakers of the CSPD courses in November and December. Dr. Lum recommends to enlarge the CE Committee for help with ideas on topics and speakers. Dr. Lum would like 3 Northern and 3 Southern members to help host these meetings. Dr. Lum reported that the AAPD Conscious Sedation course that is usually held in Kentucky will be held in San Francisco next year.

CONTINUING BUSINESS

Dr. Stewart received a \$5,000 check from the Delta Dental Plan of California to have CSPD develop a pediatric continuing education program for general dentists.

NEW BUSINESS

- 1) Dr. Perry reported on Healthy People 2010.
- 2) Dr. Perry spoke of support of Lou Turchi for president-elect of ADA.

The President adjourned the Board meeting at 4:00 p.m.

MOTIONS

MOTION: 10.10.98.01: STEWART/LUKE: I move that the Executive Director of CSPD delay the publication and mailing of the current copy of the Constitution and Bylaws indefinitely.

Financial Impact: saves \$600 PASSED

MOTION: 10.10.98.02: STEWART/SODERSTROM: I move that CSPD sponsor an informal gathering for all Pediatric Dentists attending the CDA House of Delegates meeting in November in San Diego.

Financial Impact: \$250 PASSED

MOTION: 10.10.98.03: PERRY/GROSSMAN: I move that CSPD offer to host a specialty caucus breakfast at the CDA House of Delegates 1999.

Financial Impact: \$400 PASSED

MOTION: 10.10.98.04: STEWART/MUNGO: I move that CSPD forward to CDA a resolution in support of fluoridation of public water supplies in the State of California. PASSED

MOTION: 10.10.98.05: SODERSTRON/STEWART: I move that CSPD send a letter thanking CDA's Government Relations Office for their effort and assistance in regards to the passage of AB2003, AB2006 and AB745.

Financial Impact: minimal PASSED

MOTION: 10.10.98.06: SODERSTROM/MUNGO: I move that CSPD recognize and thank Assembly members Keeley, Strom-Martin and Pacheco for sponsoring AB2003 and identify a CSPD member in each district to present the specific recognition. (Drs. Soderstrom and Perry to present specific details for ex comm approval.)

Financial Impact: up to \$1000 PASSED

MOTION: 10.10.98.07: PERRY/STEWART: I move that CSPD provide comment on Healthy People 2010.

Budget Source: Child Advocate Committee PASSED

MOTION: 10.10.98.08: PERRY/JACKS: I move that CSPD contribute \$500 to the Lou Turchi campaign for ADA president-elect.

Financial Impact: \$500 PASSED

WEBSITE UPDATE

COOKIES

Are you burdened with Cookie requests? You can keep those pesky requests away. If you use Netscape Navigator, go to Edit Preferences, under the Edit menu and choose Advanced, then "Turn all cookies off." In Microsoft Internet Explorer, choose Internet Options under your View menu, click the "Advanced" tab, scroll down to the Cookies subsection and choose "Disable all cookie use." However, some sites won't let you in if your browser rejects cookies, and some others may harass you with dialogue boxes urging you to accept one. Cookies allow a diagnostic snapshot of your recent online travels; what websites you visited; what pages you viewed and for how long; what you bought, downloaded or printed.

BULLETIN ARTICLES on the CSPD website.

The bulletin cannot always carry articles in their entirety, therefore the webmaster often posts full text documents on our website. Members will be able to find many of the full text articles in the bulletin as well as other articles not carried in the bulletin. Photographs of interest to our members can be sent to the webmaster for inclusion on the website. Suggestions that would improve our website are solicited from our members and others with an interest in oral health for children.

THE YEAR 2000 OR THE Y2K PROBLEM.

- <http://www.sba.gov/y2k/indexcheck.html> Small Business Administration Y2K.
- http://headlines.yahoo.com/Full_Coverage/Tech/Year_2000_Problem/Yahoo_Y2K

DENTAL WEBSITES OF INTEREST

- <http://www.scdcs.org> San Diego County Dental Society
- <http://www.cda.org> The California Dental Association
- <http://www.tdcis.com> The Dentists Insurance Company
- <http://www.comda.ca.gov> The Committee on Dental Auxiliaries
- <http://HealthyFamilies.ca.gov> Healthy Families Website
- <http://www.aap.org> American Academy of Pediatrics
- <http://www.mrmib.ca.gov> Managed Risk Medical Insurance Board
- <http://www.ncemch.org> National Center for Education in Maternal and Child Health
- <http://www.noah.cuny.edu/dental/dentistry.html> Noah, Adult and Pediatric Dentistry
- <http://www.sci.lib.uci.edu/HSC/Dental.html#DD2> Martindales

RECENT POSTING

- <http://www.cspd.org/whatsnew> AB 2006 Chaptered Bill Text

OPTICAL ASSISTANCE

- <http://www.zeiss.com> Zeiss Optical
- <http://www.globalsurgical.com> <http://www.seilerinst.com>

AIR ABRASION

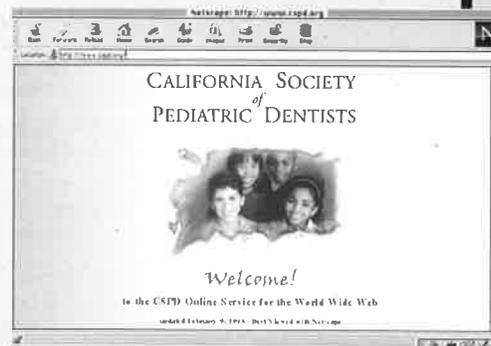
- <http://www.americandentaltech.com>

ORTHODONTICS

- Angle Orthodontics: <http://www.128.95.5.53/angle-orthodontist.htm>
- Virtual Journal of Clinical Orthodontics: <http://www.vico.it/>
- Orthodontic CYBER Journal: <http://www.OC-J.com>
- ESCO Home Page: <http://www-hsc.usc.edu/~jzernik/eclub.htm>
- AJO/DO Home page: <http://www.l.mosby.com/Mosby/Periodicals/Dental/AJODO.od.html>
- NIDR website revised...point your browser at: <http://www.nidr.nih.gov>
- Dental, Oral & Craniofacial Diseases/Disorders in What's New: <http://www.nidr.nih.gov/cranio/index.html>

HOMEPAGE OPTION

When you log on to the internet you may not see the home page of C.S.P.D. Your browser has the option to define the homepage address when you log on. Please make C.S.P.D. your homepage. That simply means that when you log on to the internet our page is loaded. If members are logging on to any other site first, we loose a hit up front. You may change the log on address by accessing General Preferences under Options in Netscape Navigator. Type in <http://www.cspd.org/> as the home page location. This change could substantially increase the hits per month and favorably influence potential advertisers.



THE FUTURE -THE NANO CD What is it?

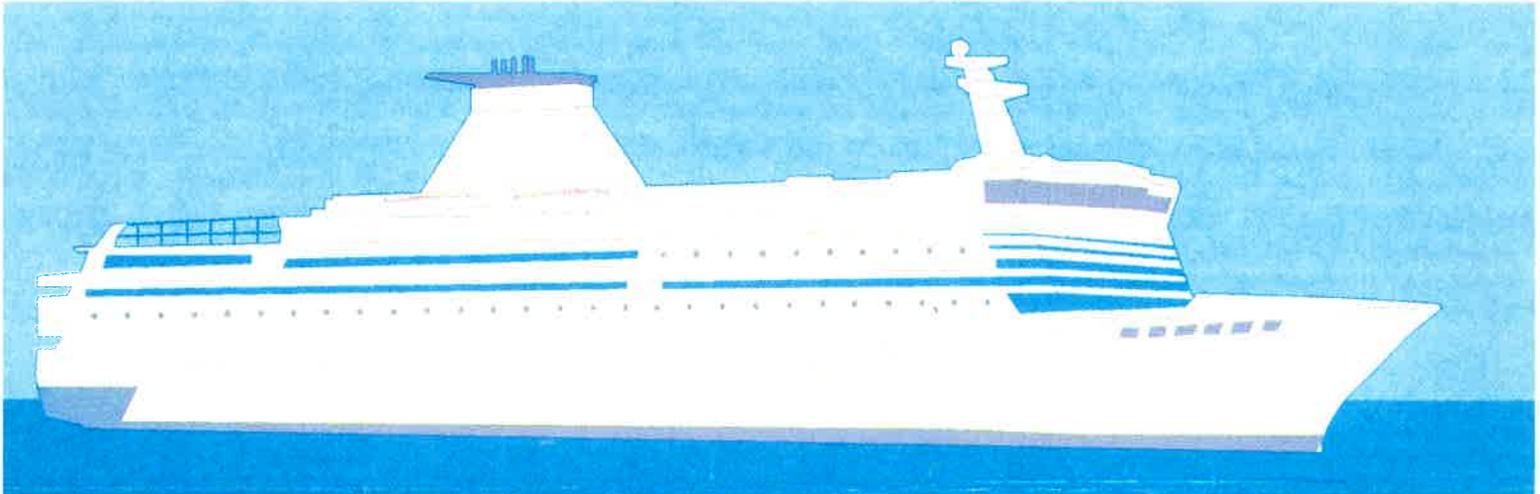
- 1/1,000th the size of a CD • 800x the capacity of a CD (470 Gigabytes)
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Catherine Huene	Mel Rowan (ex off.)	ANNUAL MEETING (1999)	WAYNE GROSSMAN	PROFESSIONAL ACTIVITIES:	RANDALL WILEY
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Mark Lisagor	Ann Azama '00	Mel Rowan (ex officio)	ANNUAL MEETING (2000)	Richard Udin, USC	Andy Soderstrom (Leg.)
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Steve Blain		ANNUAL MEETING 2001	DAVID PERRY	Larry Luke	Mel Rowan (ex off)
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Mark Lissagor, Prof. Org. Outreach Coordinator/AAP Liaison		ANNUAL MEETING SITE 2002	RICHARD MUNGO	Wayne Grossman	John De Lorme
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