

Bulletin

Spring 1999

Vol. XXIII No. 4

PRESIDENT'S MESSAGE



Don Duperon

With Spring and the annual meeting of our Society looming large on the calendar, I am looking forward to seeing each of you aboard our floating hotel. If you have not registered for the meeting and/or reserved a cabin, there may still be time to act. Call Wayne Grossman or Patterson Travel and

see if there is still room to accommodate you at our annual meeting.

This November, Mel Rowan, Wayne Grossman, Ray Stewart and myself attended the House of Delegates meeting and the Interdisciplinary Affairs Committee of the CDA in La Jolla. Both meetings were very productive and useful for our Society. The IAC discussed SB 727 (excused absence from school) and noted that some schools were still not interpreting the act correctly. A letter from John Gilroy of the Superintendent of Public Education's office was circulated to you shortly after this meeting to help deal with this problem.

The Committee discussed the possibility of floor representation on the House of Delegates. Creation of a voting membership would require a bylaws change and the IAC will follow up to see if such a possibility exists. The group also discussed licensure by credential and the benefits and drawbacks of the proposed change in licensure. The California Society of Orthodontists brought up the problem of specialty care by General Dentists as related to advertising and telephone book listing under specialties. The CSO is supporting legislation to control such misleading advertising.

The House of Delegates meeting was interesting and educational. Among resolutions passed were the support of the age one dental visit for infants and licensure by credential. It has become obvious that the CDA House of Delegates is an important avenue for legislative action by our Soci-

ety. It is imperative that our membership become active in their local societies and aspire to higher office in the House. The defense of the age one dental visit on the House floor by pediatric dentist delegates was admirable and they won the day. If more Pediatric Dentists were delegates we could more forcibly argue resolutions that impact our Society. Please give your time to become active in your local society.

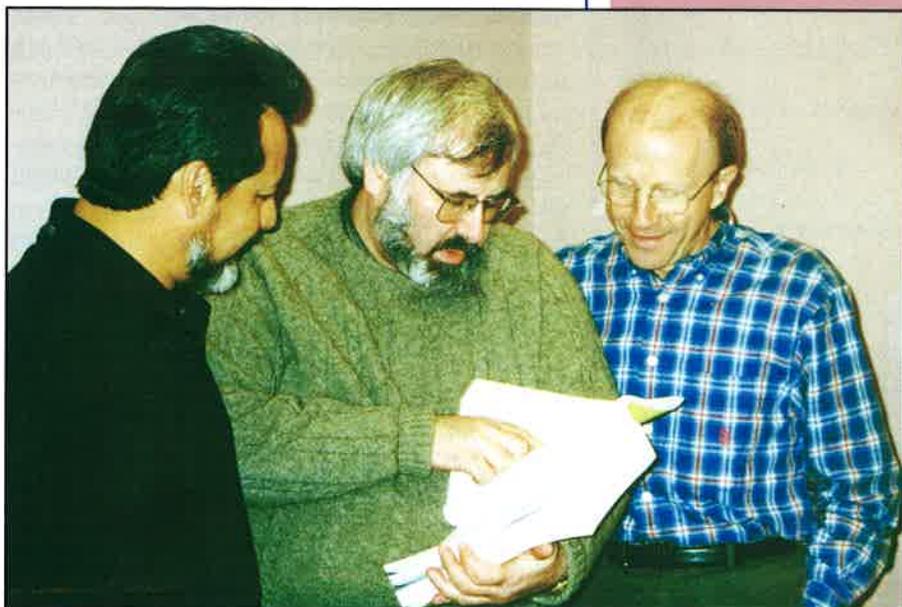
At this time, the American Academy of Pediatric Dentistry Foundation is appealing for your support of their efforts. They create research opportunities, promote the development of health care policy and fund educational programs that benefit both the profession and the children we serve. Please be generous in your support of the foundation. If you would like more information, log onto the AAPD website at <http://aapd.org> or call (800) 544-2174 and speak with Elizabeth Slack.

I'll see you all in March at our annual meeting,

Don Duperon
President

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Drs. Santos Cortez, Wayne Grossman, Paul Reggiardo

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 Bajamar Country Club. Sunday will combine continuing education and the annual business session along with an evening installation reception and fine dining featuring Dr. Ted Croll speaking on Pediatric Dentistry: A Renaissance. Clinical pediatric dentistry has changed remarkably in the last decade. The rapid pace of advancing technology in dentistry for children shows no signs of diminishing. This program is designed to share the latest concepts of clinical care for youngsters as the 21st Century approaches. Case history presentation supported with extensive photographic documentation will review such topics as resin-modified glass-ionomer cements, compomers, enamel microabrasion, carbamide peroxide bleaching, formocresol-less pulpotomy, and full bonded resin composite crowns among other topics.

Dr. Croll practices in Doylestown, Pennsylvania and is Clinical Professor at the University of Pennsylvania School of Dental Medicine and at the University of Texas Health Science Center at Houston (Dental Branch) and holds a faculty position at the University of Iowa .

BIG TURNOUT OF GRADUATE STUDENTS... WELCOME

The response of residents to the Annual Meeting has been outstanding. To date 30 of 34 California residents have reservations to attend this first ever cruise meeting. This is your opportunity to meet the next generation of practitioners who will serve the oral needs of our patient population. Along with the students, we will enjoy a large turnout of faculty and program directors from the five dental schools in California



Drs. Mark Lisagor, Ray Stewart, Francisco Ramos-Gomez, Frank Enriquez, & Scott Jacks.

The rapid pace of advancing technology in dentistry for children shows no signs of diminishing. This program is designed to share the latest concepts of clinical care for youngsters as the 21st Century approaches.

SPECIAL PRE-MEETING EVENTS AT THE QUEEN MARY

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. The Hotel Queen Mary's original first-class staterooms are the largest ever built aboard a luxury liner. If you have not made reservations for the pre-meeting to be held aboard the Queen Mary, please do so at an early date.

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 Queen Mary, dinner on Queen, Accommodations on Queen Mary 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 Bajamar 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 April 5, 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

Member Publication

American Association of Dental Editors

RURAL HEALTH REFORM MODELS

THE NATIONAL RURAL HEALTH ASSOCIATION

The challenge for rural communities during this reform period is often simplistically described as "getting ready for managed care." What is actually underway are the most profound changes in the health care system in modern times, affecting all providers and both the way services are delivered and the way financing is handled. The implications for rural communities are also profound. As particular populations are mandated to be cared for in "managed care" delivery systems, the clock rapidly begins to tick for providers, including rural providers, to make strategic decisions that have long-term implications about how they relate to other providers in their communities, who they work or partner with outside of their communities, and how and how much they will be reimbursed. There are also significant implications for local access to care and for the quality of services to rural residents if rural health services and rural health financing are compromised.

REFORM TRENDS CONSOLIDATION

Health care's transition from predominantly an industry characterized by small provider and institutional units to large consolidated systems is one of the most important trends, especially for rural communities. In the frenzy of market forces, huge, largely urban-based delivery systems are securing their population and referral bases through purchases, alliances and various affiliations with both similar and other provider types—hospitals, physicians, etc.

Both for-profit and not-for-profit systems are finding control and ownership of rural hospitals and many primary care providers to be attractive, to both secure referrals and to offset unfavorable primary care to specialty physician ratios in their current systems. Purchases by these consolidated systems can provide various ben-

efits to fragile or struggling rural boards, managers and providers, but there are also negative consequences: loss of ownership, loss of control over some clinical decision-making, imposed patient referral patterns, and mandated referrals out of the community for some services and procedures. The latter occurs as competition increases, premiums decrease, and health maintenance organizations (HMOs) claim they cannot afford to duplicate services in rural communities that are already being provided centrally, i.e., in their urban centers. Some rural hospital trustees may be faced with making decisions to sell or offer hands-off long-term leases because they believe there are no other good options in this complex and demanding environment. Physicians and other providers may be faced with similar situations. Aggressive acquisition strategies by urban-based or massive regional or national systems are creating extremely uneven power configurations between large and small, urban and rural. The nature of the acquisition activities by these systems may overwhelm rural providers and rural owners.

What is still too early to predict is the willingness of large systems to continue to own and operate rural institutions and services when they are no longer financially attractive. Then how will communities be able to respond to sustain core services that are threatened with closure or extinction? Consolidation, then, has secondary implications for rural providers and communities that go well beyond the size and resource issues alone. These implications may include the loss of local ownership, removal of communities from positions of influence or recovery of failing institutions, interference in clinical management, mandatory referrals out of communities for services with secondary erosion of the scope of local services.

SHRINKING HEALTH CARE DOLLARS.

Two simultaneous trends are confronting rural providers. First, the overall decreases in expenditures for health services affects all providers. The downward trend in premium payments by purchasers is most notable in areas where market forces have created substantial competition. But, secondly, the percentages of the already shrinking premiums being recovered by rural providers are tending to decrease. This also is most evident in advanced managed care markets.

As the payments mechanism shifts from fee-for-service to prepayment/capitation for a larger percentage of the rural population, these dual forces are having greater impact, especially in rural communities where the providers are weakly positioned to negotiate with their contracted HMOs for better payment rates or for more of the premium. It is becoming increasingly clear that the medium- and long-term impact of these financial forces, absent regulatory action such as access standards, threatens to shrink the range of health services in many communities well beyond what is both appropriate and sustainable under different scenarios of community advocacy and control of health dollars.

Please see page 9

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CALIFORNIA SOCIETY OF PEDIATRIC DENTISTS ANNUAL MEETINGS

1999

March 26-29

Royal Carribean 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 March 25th, 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.

HEALTHY PEOPLE 2010 TASK FORCE

Testimony provided to Federal Government - Health goals for next decade

On behalf of the Board of Directors and the CSPD membership, President Elect Wayne Grossman was asked to attend the recent Regional Meeting of the Healthy People 2010 task force. This meeting, held in Sacramento, was the fifth of five such meetings held around the nation to help obtain comment on the draft form of the document that will set the health care objectives of the United States for the next ten years. This meeting allowed an opportunity for concerned individuals and organizations to provide feedback to the Department of Health and Human Services in regard to the all encompassing document that will be used to set policy and funding for health related services in the coming decade. Based upon the input and testimony received at these five meetings and received over the internet to their website, a revision will be drafted by special workgroups. The revision will ultimately end up as the final document that will be presented in the year 2000. The conference allowed breakout groups and panels to discuss various aspects of the document. CSPD joined California Dental Association, the American Dental Association, and the American Academy of Pediatric Dentistry and other interested groups who felt it was important for dentistry to have a strong presence at these conferences as well as input on the completed guidelines.

In addition to participation in the breakout sessions, a written response to the proposed objectives in the Oral Health section was presented. The response was based upon feedback from several CSPD members who also reviewed the draft. David Perry and Francisco Ramos-Gomez were also able to attend portions of the Sacramento conference. Some attendees also took part in a preliminary conference that focused on workforce and infrastructure issues in health care.

A copy of CSPD's response to the Department of Health and Human Services is available upon request. The entire document can be reviewed on the HP2010 Website.

Healthy People Web Site <http://web.health.gov/healthypeople/>

HEALTHY FAMILIES YEAR 2000 OBJECTIVES

- Reduce dental caries.
- Reduce untreated dental caries.
- Reduce permanent tooth loss.
- Reduce complete tooth loss.
- Reduce gingivitis.
- Reduce periodontal diseases.
- Reduce oral cancer deaths.
- Increase use of protective sealants.
- Increase people served by community water systems providing optimal levels of fluoride.
- Increase use of topical and systemic (dietary) fluorides.
- Prevent baby bottle tooth decay.
- Increase oral health care for children entering school.
- Extend oral health services in long-term care institutions.
- Increase the proportion of people using the oral health care system.
- Increase State recording and referrals for infants with cleft lip and/or palate.
- Increase regional use of head and face protection in sports and recreation.
- Reduce smokeless tobacco use by males aged 12-24

PREVENTION AND HEALTH PROMOTION

4770 Buford Highway, NE • Mailstop K13
Atlanta, GA 30341
(770)488-5080 • (770)488-5969 FAX

CSPD joined California Dental Association, the American Dental Association, and the American Academy of Pediatric Dentistry and other interested groups who felt it was important for dentistry to have a strong presence at these conferences as well as input on the completed guidelines.

SOFTBOTS HELP STUDENTS LEARN IN CYBERSPACE

The Information Sciences Institute (ISI) at the USC School of Engineering has developed advanced "softbots" to facilitate human learning - robots consisting solely of software and employing the latest in artificial intelligence technology. Adele (Agent for Distance Education Learning Environments) is a two dimensional, animated persona implemented as a Java-based applet for medical students taking on-line courses. (An applet is a software program that is downloaded automatically from the World Wide Web and run on the student's computer.) Wearing a white coat, carrying a clipboard and with a stethoscope draped around her neck, Adele monitors students as they examine a virtual patient on their computer.

Adele can be programmed to teach a variety of subjects. While her first assignment has been to instruct medical students and physicians, the director of ISI, Lewis Johnson has already begun adapting Adele for dentistry course work. Adele runs on a consumer-level personal computer. Much of the data needed for a particular course (such as a library of x-ray images) can be loaded onto students' computers before-hand to minimize what must be sent from the Web server during class. Johnson believes that software agents like Adele will enrich distance learning, making it both more interactive and engaging.

Excerpted from an article that appeared in the USC Chronicle, December 7, 1998

A PROFILE OF THE DIRECTORS NORTH & SOUTH TERMS EXPIRING 2000

THOMAS BUCH

Tom Buch completed his DDS and the Pediatric graduate program at USC. After working at the Watts Clinic in Los Angeles and as an associate dentist in Fremont, he established his practice in Daly City (near San Francisco) in 1975.

As a Northern California Director since 1995, he is serving his second term on the CSPD Board. He chairs the Membership Services Committee which recently developed the school excuse form and just completed the Office Forms CD ROM project. Buch, who is a native of California, resides in Menlo Park, CA. He is a gourmet cook; an avid international traveler, and a salt water reef tank hobbyist.



JOHN DeLORME

John went to St. Mary's College in Moraga, California and played four years of division one soccer and graduated in 1990 with a B. S. in biology. After college, he moved to San Francisco to attend the University of the Pacific School of Dentistry where he received his DDS degree in 1993. He completed his residency at Children's Hospital in Boston and the Harvard School of Dental Medicine graduating July 1, 1995. John is currently a partner with Dr. Lonnie Lovingier serving Mission Viejo and environs. He teaches periodically at the UOP school of Dentistry in the Department of Pediatric Dentistry. In 1993 he was awarded the Charles G. Lee Award for Management and General Dentistry for Children from the University of the Pacific School of Dentistry and an Undergraduate Merit Award from the American Society of Dentistry for Children. He is a member of the American Dental Association, the California Dental Association, the American Society of Dentistry for Children



DR. FRANK ENRIQUEZ

Frank graduated from the University of Southern California School of Dentistry in 1973 and received his certificate in Pediatric Dentistry from USC in 1975. He has been in private practice in Torrance, California for the past fourteen years. Prior to that time he was practicing in West Los Angeles and Downey, California. He has taught at the USC Dental School for the past 23 years, first in pediatric dentistry with graduate students at Rancho Los Amigos Hospital and presently with the senior dental hygiene students for their class in pediatric dentistry. He has lectured periodically to the UCLA Post Doctoral students on practice management and utilization of a dental hygienist in a pediatric practice. He is past president of the Southern California Chapter of ASDC and past Chief of Dental Service at Saint John's Hospital in Santa Monica. He has been active in the Pediatric Dental Association of USC, serving as President in 1996-1997. Frank enjoys clinical practice in Torrance with a staff that is very special to him. When he has time off from the practice, Frank and his wife, Gina, enjoy spending time together with their four young adult children.



RANDALL WILEY

Randall Wiley received his D.D.S. from Creighton University in 1969. After spending two years in the U.S. Army directing a pediatric dental clinic, he completed a two year residency at Children's Hospital of Northern California which he completed in 1973. Since 1973 he has maintained a private practice in Concord and Danville with Leonard Schmitt, D.D.S.

Randall has had a long standing interest in T.M.D. & Orofacial pain in children and adolescents. For eight years he taught with Bill Danzig D.D.S. in the Orofacial Pain clinic at UCSF and has done many various presentations.

Randall has many interests outside of dentistry including ballet, biking, cooking, jazz and sailing.



WHAT'S IN A NAME?

AN EDITORIAL

"A ROSE BY ANY OTHER NAME WOULD SMELL AS SWEET" ...SHAKESPEARE

Dental lexicon has evolved over many decades and produced an exacting description of the terms that we commonly use to describe the many subtleties of our profession. Our patients are often referred to us for specialized care because we are well trained in dental care for children. Specialty status is revered and held in high esteem by many practitioners who are well aware of the many benefits that we provide. We are considered to be experts in dental (tooth) care and sometimes noted to have other skills related to prevention, growth and development, and soft tissue management. Unhappily, our profession is often equated with the care of hard structures to the exclusion of other treatment modalities.

The public is conditioned by the media and too often by the profession to regard dentistry as a predominately tooth related science with considerable emphasis given to cosmetics. It could be suggested that our name does not depict the precise nature of our work. Are we caretakers of the dentition only or are we practitioners who

deliver oral health care? We most certainly care for the hard tissue, but we are also caretakers of the supporting structures. Adoption of a mindset that encourages a defined explanation of our services seems immediately acceptable. The public perception of dental services must include the concept of total oral health care with an emphasis directed toward preventive services. In actual fact we are the caretakers of all oral tissues and the adoption of the title "Oral Health Care Providers" is more in keeping with our stated objectives.

We have expertise in a broad range of information that is related to the supporting structures and the physiology of the oral cavity. Let's decide to promote the concept that dentistry is more than dental and adopt an expanded standard of care that encompasses the entire oral milieu. As we enter the next millennium a new trend seems to be apparent dictated by the realities of dental treatment protocols. We are Pediatric Dentists who stand behind the dictum that dentistry is synonymous with oral health care...instituted at one year of age.

We have expertise in a broad range of information that is related to the supporting structures and the physiology of the oral cavity. Let's decide to promote the concept that dentistry is more than dental and adopt an expanded standard of care that encompasses the entire oral milieu.

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

Bay Area Anesthesia
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San Francisco, CA 94107

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Baldwin Park, CA 91706

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Dentrix Dental Systems
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Nu-Smile Primary Crowns
Ms. Diane Johnson
P.O. Box 4871
Houston, TX 77210-9649

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La Jolla, CA 92037

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Riverside, CA 925503-4848

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Sandy, UT 84092

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Chatsworth, CA 91311
(800) 423-3270

Tel-A-Patient
Henry Allain
1255 E. Baker, Ste. 140
Costa Mesa, CA 92626

Ultradent Products, Inc.
Stephanie Davenport
5505 West 10200 South
South Jordan, UT 84095

REFLECTIONS

ON THE AMERICAN ACADEMY OF PEDIATRICS TOWERS PERRIN REPORT

The AAP Development of Total Health Care Cost - 0 to 21 years - National Average

Analysis by Dr. Burton Edelstein.

The message for policy makers and dentists is that "for children, dental care constitutes a very significant portion of child health expenditures". More specifically, the AAP/Milbank study confirmed earlier data from the National Medical Expenditure Survey (NMES) and others that "pediatric oral health accounts for at least a fifth of total child health expenditures".

This is explained by the facts that:

1. Dental disease remains the single most common chronic disease of childhood

2. All children require ongoing dental care at reasonably high frequency (twice annually) while children are healthy most of the time and therefore don't require ongoing medical costs beyond recommended preventive services.

3. Dental care is a reasonably expensive, recurrent service.

The real cost of dental care for families does not show up in health finance studies because much of it is paid out-of-pocket. The HCFA website shows that gov-

ernment pays only 4.5% of the American dental bill as compared to 46.4% of total health care spending, while private funds pay the balance. In dentistry, private funds are half out-of-pocket and half insured (for physician services they are 83% insured and just 17% out-of-pocket). Since most health finance people focus on government and insurance payments and pay little attention to out-of-pocket expenses, the true high cost of dental care gets overlooked.

The AAP/Milbank findings are right in line with a number of additional analyses and sources including:

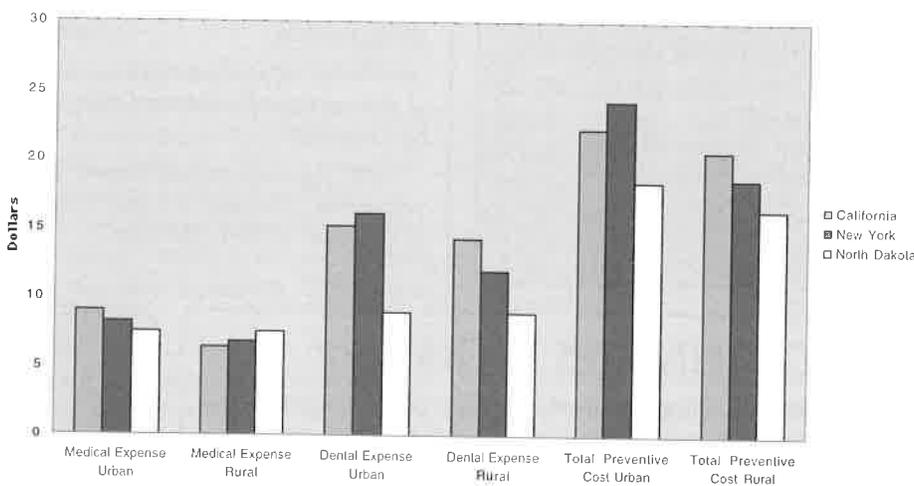
1. A separate actuarial study just completed by PriceWaterhouse/Coopers for the Reforming States Group.

2. The NMES data cited above.

3. A study by the Washington D.C. based National Academy of Social Insurance entitled Financing and Delivery of Health Care for Children.

4. Information published by Packard Foundation in its "Future of Children" publication and posted on the web in the KidsCampaigns site at www.kidscampaigns.org.

American Academy of Pediatrics - Summary of 1998
Total Projected Preventive Costs - State Averages
Population: 0 to 21 years
California - New York - North Dakota



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

Since most health finance people focus on government and insurance payments and pay little attention to out-of-pocket expenses, the true high cost of dental care gets overlooked.

HOUSE OF DELEGATES OF CDA AND INTERDISCIPLINARY AFFAIRS MEET

Drs. Grossman, Rowan and Duperon attended the House of Delegates meeting of the CDA from November 19 - 22 held at the Hyatt Regency Hotel in La Jolla. All of the specialty organizations were present except representative from Periodontics and Endodontics. The CSPD delegation represented our Society at the Interdisciplinary Affairs Committee (IAC) meetings held on Thursday evening and on Saturday morning before the local caucus meetings. Some discussion was also given to resolutions coming before the House of Delegates. The IAC dinner meeting hosted the President, President-elect and the Speaker of the House and each spoke about our role in the CDA and what we could do to enhance the functioning of the IAC and CDA..

AGENDA ITEMS INCLUDED:

Pediatric Dentists and Orthodontists seemed to be faced with administrative misinterpretation of SB 727. Dr. Greg Johnson, representing the California Society of Orthodontists, received a letter from the Department of Education outlining the proper interpretation of the act that still

allows partial day absences for medical or dental treatment. CSPD will circulate a copy of the letter to present to school boards and other interested groups that provide the correct interpretation. The letter could be used as an enclosure to the CSPD excuse form sent with the bulletin.

The committee decided to attempt the placement of a resolution before the floor of the House to allow each specialty to be represented in the House of Delegates fulfilling our desire to have a voice in their deliberations. Since this would require a bylaw change, it may require some time to accomplish. Our initial step might be to create a voice on the floor without a vote, and move toward voting membership in a future date. It was agreed that each specialty would bring the subject before their respective boards for discussion.

Licensure by credential was introduced and those in attendance were surprised that there was such a shortage of Pediatric Dentists. In general the IAC supported the concept of credential licensure but seemed concerned that specialists might be given a license to practice general dentistry in the state.

This brought up the concept of Specialty Licensure, which was discussed at both the dinner and breakfast meeting of the group. No consensus was reached, but it seemed that the majority of the group favored Specialty Licensure.

The CSPD agreed to sponsor the breakfast meeting at the 1999 House of Delegates meeting in Sacramento. This may also require that the CSPD president serve as the chair and organizer for that meeting as well as the Spring meeting.

The breakfast meeting discussed the development of an amendment to the resolution regarding Licensure by Credential.

IAC approved an amendment that would limit the practice of specialists licensed under this mechanism to only practice their specialty.

The committee decided to attempt the placement of a resolution before the floor of the House to allow each specialty to be represented in the House of Delegates fulfilling our desire to have a voice in their deliberations.

OFFICE FORMS NOW AVAILABLE ON CD ROM

CSPD has developed a CD ROM which contains 522 office forms, charts, brochures, stationery, educational materials and more contributed by 41 members of our organization. The CD ROM is compatible with PC or MAC platforms. This project is the culmination of an ambitious project to share forms with our colleagues. We wish to thank those who shared their materials with us!

You may obtain the CD ROM free of charge, by telephone, fax, or e-mail from:

Dr. Mel Rowan, Executive Director
California Society of Pediatric Dentists:
P.O. Box 6396 • San Pedro, CA 90734-6396
Phone or FAX: (310) 548-0134
e-mail: melrowan@aol.com

PROFESSIONAL OPPORTUNITIES REGISTRY

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

NEW MEMBERS

Dr. David Perry, Chair of Credentials and Membership recognized the following new members at the last Board of Directors meeting held in Los Angeles: Dr. Tracy Hagen (Malibu), Dr. Andrew Zee (Redwood City), Dr. Trina Melancon (Santa Ana) and Dr. Steven Frimkess (Medford, OR).

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. You must submit a standard format research proposal, 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. The

deadline for next year is March 15th 1999 with acceptance notification by May 1st.

RESEARCH AWARD TO JENNIFER RYAN

The Chair of the CSPD Research Committee, Randall Wiley has announced that Jennifer Ryan, a second year resident at UCSF, has won our research award for the upcoming year. She graduated from UOP in 1997, and after her residency she will practice with her mother, Linda Rafferty, a pediatric dentist in Sacramento. Her research mentor is Dr. Margaret Walsh, whose research concerns smokeless tobacco prevention and cessation with particular attention to tobacco use among baseball players. The research project is a national, random survey of 1500 pediatric dentists in the U.S. She is asking practitioners about in-office programs related to tobacco use, including prevention and cessation.

For further information email jenryan@itsa.ucsf.edu



Jennifer Ryan shown with her father John and mother Linda Rafferty who is a pediatric dentist in Sacramento.

MEMBERSHIP REPORT

Active Members	370
Faculty	16
Associate Members	28
Life Members	29
Retired Members	9
Honorary Members	1
Students	36
TOTAL MEMBERSHIP	489

Rural Health Reform Models... Continued from pg. 3

The Relationship Between the Rural Delivery System and Rural Economic Vitality.

Health care accounts for about 14 percent of the nation's economic activity. There are strong advantages to maintaining and expanding the rural health care industry relative to other more common rural economic development strategies:

- 1 the foundation is already in place for this industry;
- 2 jobs in health care are relatively high-paying;
- 3 health care has low environmental risks;
- 4 health care continues to be a growth industry;
- 5 access to appropriate services is provided; and
- 6 exporting services from rural providers to urban centers may disrupt continuity of care, lifestyles and the flow of dollars, weakening the rural economic infrastructure..

Most rural residents and community and business leaders are becoming more aware of the importance of the health care system to the economic vitality of their communities. Rural health development experience has often shown, however, that in many communities residents look to the providers to show the way to ensure that what they want is accomplished in terms of scope of services, quality and affordability. The emotional appeal to "shop at home" doesn't work unless the services provided locally are acceptable or even better than those out of town. In this changing environment, local health care providers are faced with focusing on health care as a local economic generator versus focusing on the delivery of quality health care services in their communities.

WHAT SHOULD BE THE NATIONAL COURSE OF ACTION?

Effective community and provider-based initiatives have repeatedly been shown to be the strongest determi-

nants of how well rural communities sustain and strengthen their health care systems. In this current complex environment, however, we need to encourage and support rural providers and other rural leaders to undertake aggressive advocacy on their own behalf. It has become clear, in the consolidating health care environment, that rural providers and communities have to assertively and effectively participate in all aspects of health care, including both the delivery and financing systems, working toward the preservation of local systems. In regions where reform is more advanced, changes in the delivery system have demonstrated success with this type of participation.

While this vision for rural reform defines core principles and elements that should best correlate with meeting the needs of community residents and sustaining the broadest possible range of health services, it also provides for a variety of community-based organizational models, reflecting the diversity of local and provider histories and cultures across America's rural landscape.

By articulating this vision for rural reform models, a framework is set for action for community, state and national programs that strengthens community health systems in a changing environment.

Excerpted from The National Rural Health Association's Vision for Health Reform Models for America's Rural Communities.

OSHA INSPECTIONS

TIPS FOR HANDLING UNANNOUNCED INSPECTIONS

- 1 Unannounced visits are occurring.
- 2 Disgruntled employees often trigger an inspection.
- 3 Some complaints may be handled via correspondence.
- 4 If key personnel are absent it may be possible to reschedule an inspection.
- 5 You may request a warrant for an inspection using prudent judgement.
- 6 Employer should designate an informed employee to accompany an inspector.
- 7 Employees should be trained to courteous, discreet, truthful but do not offer information not requested.
- 8 Employer should establish good rapport at the outset of the visit.
- 9 Fines levels are at the discretion of the inspector.
- 10 Do not admit guilt out of ignorance.

For inquiries, any further questions or assistance, call Safety Compliance Services or Michael Tabib at 800-900-0877



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