

Bulletin

Spring 2000

Vol. XXV No. 4

President's Message



Wayne Grossman

The time has flown by since the last quarterly bulletin. Y2K has come and gone with less disruption than we anticipated. The clock on the VCR is still happily flashing 12:00, the toaster still activates the smoke detector, and we were not attacked in our beds by the electrolux vacuum cleaner. Thanks to modern technology, or maybe in spite of it, we live a pretty cozy existence here in California. It is hard to imagine that in much of the

world the concept of regular dental care is non-existent, or that truly half of the world's population has never placed or received a telephone call. Nevertheless, I still get perturbed when my cell-phone loses its signal, or when I hear that physicians are still recommending first dental visits at age three.

Such was the case at recent meeting of the CHDP Dental Advisory Board, where I had the opportunity to view the current brochure that is being distributed to the physicians in the statewide network that provides health services to hundreds of thousands of California's low income children.

We have supplied the Program with the current periodicity schedule for dental care many times over the last several years that have seen a rise in Early Childhood Caries rates. However, they are still ignoring the promise of early intervention to prevent disease. It is more than frustrating to learn that pediatricians are still telling their parents that dental exams are not necessary before age three or four. This is after we have been promised for two years that the AAP guidelines would finally be revised to bring them into conformity with those of the ADA and the AAPD. It seems that a minority number of Board members are enough to block the adoption of such a practical measure.

Perhaps we are our own worse enemy when it comes to providing infant oral care. Nothing is worse that to have a physician make the appropriate referral to the pediatric dentist, only to have the patient unable to find a practitioner willing to provide the care. The credibility we lose has far reaching effects in our communities and beyond! I would urge each of our members to encourage these early visits, and offer care to the infants that are wisely sent our way.

There is some good news out there. Pennsylvania has managed to put together a broad spectrum of child advocacy groups that has forced the complete makeover of their version of the Denticare program. Access to care is enhanced by fee increases of up to 200%. With all the recent budget sur-

pluses, they decided that the problem was not one of lack of funds but one of lack of concern on the part of the legislature. President-elect Larry Luke is looking to spearhead efforts to accomplish the same revamp of the California program. A blue-ribbon committee is being formed in CSPD, and CDA President Kent Farnsworth has written to pledge support. I can not think of a better way to favorably impact the dental health of so many of our youngsters than to make this program workable with realistic reimbursement rates.

Other good news has to do with efforts to solve the workforce shortage in Pediatric Dentistry. We have seen first year residency positions nationwide increase from 180 to 197 in 1998-9 with other increases expected this school year. Our lobbying efforts in California have paid off with one new residency position authorized at USC and at UCSF, respectively. More federal money is in the pipeline to further encourage new and expanded programs. You will be hearing more regarding workforce issues in the year ahead since the shortage is likely to be with us for many years. By the way, please take time to complete and return the new Workforce Survey sent to you in our recent mailing. I hope everyone saw the recent CDA Journal highlighting pediatric dentistry edited by incoming Board member Richard Udin. Roger Sanger and Paul Reggiardo capably summarized our initial Workforce Conference in one of the featured articles.

As if all this good news wasn't enough, we have learned that our own beloved Past-President, State Board Liaison, District VI Representative to AAPD, raconteur and all-around good guy Paul Reggiardo has been nominated to serve as Secretary-Treasurer of the AAPD in the coming term. Paul has certainly been an inspiration to me as I have watched him perform over the many years on the Board. He never fails to grasp the most complex of controversies and is gentleman enough to discuss the issues sensitively and respectfully. He works tirelessly and unselfishly on behalf of his profession and the young patients that we are entrusted to serve. Paul, I salute you.

Well, gotta end this now...the smoke detector tells me that breakfast is ready and I can see by the clock that it's 12:00... 12:00... 12:00.

Wayne Grossman

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The Laguna Cliffs Marriott Resort site of the Annual Meeting.

Specialty Licensure

By Paul Reggiardo

The CSPD Board of Directors has considered the matter of specialty licensure for several years. During the past several months this issue has once again come to the forefront, and the members of CSPD should be informed about its ramifications. Be aware that specialty licensure may impose a separate qualifying examination, the components of which may be written, clinical, case presentation or a combination of these, administered by the State Board.

Alternatively, the Board may choose to recognize specialty board certification or specialty board eligibility as the criteria for granting of the specialty license. Any of these scenarios, each of which is employed in at least one of the 16 states with specialty licensure requirements, will leave a certain number of our colleagues either unable or unwilling to qualify for the specialty license, creating a two-tier specialty...those with the license and those without. This not only has grand implications for fractionalization within the specialty, but broad implications for practice relationships and in recruiting colleagues with specialty training for practice growth and transitions.

“
Unlike medicine, in which specialty board eligibility continues indefinitely and is synonymous with specialty training, one loses board eligibility for the dental specialties if certification is not achieved within a specified period of time.”

Unlike medicine, in which specialty board eligibility continues indefinitely and is synonymous with specialty training, one loses board eligibility for the dental specialties if certification is not achieved within a specified period of time. The California State Attorney General's Office has already informed the California Dental Board that there is no provision in California statute that will allow the recognition of "board-qualified" or "educationally-qualified" as a designation in the Dental Practice Act. The California Dental Board may only recognize board-certified or board-eligible classes of specialty practitioners. This evidently relates to the necessity of relying upon the recognized certifying body to define a class of practitioners, instead of relying upon the Department of Consumer Affairs to recognize a qualifying educational institution. While this might be changed, there is no assurance it could be effected, and even if it were, there can be no assurance it would be embraced by the State Board as the criteria for the specialty license. In fact, it is the very inability to control or predict the final specialty licensure outcome that poses the greatest peril to those who might be in favor of the concept and think they could have it "their way."

Once the march toward specialty licensure is started, like every other process placed in the hands of the Dental Board, the final product is unsure. The law or regulation you want may not be the one you get.

The medical model gives us no reason to favor specialty licensure. No physician, regardless of the degree of specialty training, desires or accepts a license restricting the medicine that may be practiced under the law. Specialty licensure sub-

Please see page 4

Trends in Postdoctoral Education

The Survey of Dental School Seniors conducted annually by the American Association of Dental Schools obtains information regarding plans to pursue accredited programs of postdoctoral dental education. These are the general practice residency (GPR) programs; the program of advanced education in general dentistry (AEGD), and the eight recognized specialties of dentistry. Twenty-nine percent of the seniors applied to GPR and AEGD programs in 1998 and almost 21% applied to specialty programs. Over these four years, the percent applying to specialty programs has fluctuated between 18% and 21%. The percentages between 1994 and 1998 are lower than the percentages of seniors applying to GPR/AEGD) and specialty programs between 1990 and 1993, when they fluctuated between 37% and 40% for the GPR and AEGD programs and 22% and 23% for the specialty programs.

The accompanying table displays the percent of applications to specialty programs, as derived from the AADS senior surveys from 1990 to 1998. Orthodontics continues to be the dental specialty program most pursued by immediate graduates with 34% of the 1998 applicants for specialty training indicating they had applied to one or more orthodontic programs. Pediatric dentistry applicants have leveled off at about 20% of the specialty applicants. Endodontics continues to have a slight trend up in applicants to 12%, while Periodontics continues a slight trend down to the 10% level. Prosthodontics has been at about 5% over the last several years. There has been a significant decline in the percent applying to oral and maxillo-facial surgery programs in 1998, falling from 27% to 16%.

It is apparent that almost half of the dental school seniors are considering postdoctoral dental education an essential component of their education prior to entry into practice. About 30% want to immediately pursue one of the dental specialty programs. About 30% want to pursue programs of postdoctoral general dentistry. Dental educators must begin to acknowledge and help resolve implications resulting from one-half of the seniors wanting more knowledge, skill, and clinical experience prior to entering practice.

Commitment must extend beyond creative programming
Please see page 4

Affiliated dental organizations should be aware that CSPD opposes the adoption of specialty licensure in California

Applications to Specialty Programs

	1990	1992	1993	1994	1995	1996	1997	1998
Ortho	28%	30%	27%	32%	30%	35%	33%	34%
OMS	23%	24%	19%	28%	24%	23%	27%	17%
Perio.	16%	13%	14%	13%	12%	11%	11%	10%
Ped. Dent	11%	13%	19%	16%	16%	16%	20%	20%
Endo.	11%	10%	12%	7%	11%	10%	11%	13%
Prosth.	8%	8%	11%	5%	6%	5%	6%	5%
Oral Path.6%	.8%	.7%	1. %	.2%	1%	.8%	.1%
Pub. Health ...	1.3%	1%	.5%	.6%	.6%	.7%	.6%	.8%

This table is derived from the AADS Senior Surveys.

Note: The percentages are based on the number of applications, not the number of applicants. One applicant may apply to various specialty programs.

Celebrating 25 Years of Service

The California Society of Pediatric Dentists

25 Years Young

ANNUAL MEETING SPEAKERS

Dr. Paul Rhodes speaking on "The Chart-less Practice-How Digital Information Management Can Better Serve You and Your Patients." This presentation will show how digital information management can reduce administrative costs, increase clinical efficiency, allow for quality assurance in diagnosis and clinical care, provide better patient and parent education and better risk management. Dr. Rhodes has performed numerous roles in dentistry including President of the California Society of Periodontists and founder of DecisionBase, Inc., a software developer of electronic dental patient records.



Dr. Paul Rhodes

Dr. Robert P. Scholz speaking on "Today's Technologies and a Glimpse into the Future." This presentation will survey the state of the art of the technologies available today that can improve the efficiency of your practice in a practical manner and the exciting future technologies that are just around the corner. Dr. Scholz spent twenty years on the faculty at UCSF. In 1986 he became part owner and a member of the Board of Directors of Ortho Computer Systems based in Ames, Iowa. He practices part-time in San Leandro.



Dr. Robert P. Scholz

Ms. Marsha Freeman speaking on "Team Systems That Work." This will be an encouraging workshop for the entire dental team that will result in a team agreement that supports your team-work ideals, teach you proven conflict resolution and problem-solving techniques, dramatically improve communication, and turn your gripe sessions into productivity staff meetings. Ms. Freeman has worked in the dental profession for 20 years and, for the past 12 years, as a dental consultant, speaker and SOP's specialist. She is the author of seven books.



Ms. Marsha Freeman

Ms. Risa Pollack-Simon, CMC speaking on "Ergonomics- Ergosize to Energize." This session will discuss how to prevent musculo-skeletal disorders, time and motion conservation, posture and positioning for balance and support and tools that enhance access, visibility, comfort and control. Ms. Pollack-Simon is a certified management consultant. She is the producer of the "Simon Says" video and audiotape library. She served as a consultant to the ADA Council on Dental Practice and as editor for the ADA publication, "Dental Teamwork."



Ms. Risa Pollack-Simon

SUNDAY PROGRAM

BREAKOUT SEMINARS

- Mr. Mike Null (Den Optix-Genex)
"The Filmless Dental Office"
- Dr. James Yee
"Using E-mail Effectively in the Dental Office"
- Mr Shaun Halladay (Datalicious Corporation)
"The Internet and Intranet Using FrontPage"
- Executrain
"MS Word - Beginner and Advanced Class"

A HISTORICAL PERSPECTIVE

by Executive Director - Dr. Mel Rowan

It was July of 1969 when Dr. Hugh Kopel proposed the first recorded interest in a California State pedodontic society in a letter to the California members of the American Academy of Pedodontics.

Pedodontists were beginning to realize that there was no voice within the State to meet and speak to pedodontic issues. This included dealing with third party insurance carriers and governmental agencies and programs including Denti-Cal. The need for a peer review mechanism was also becoming evident.

Five and a half years later the first organizational meeting was called to order in Northern California followed by Southern California a month later. After the first Board meeting at the home of first President Weyland Lum, the California Society of Pediatric Dentists was born. There were 180 charter members.

For the first fifteen years of its existence the Society was primarily a membership services organization serving to provide communication to the members through Annual Meeting continuing education and various projects designed to share information unique to the practice of pediatric dentistry. One of the first projects was the exchange of office forms and manuals which continues today with the sharing of information through electronics via CDs. Throughout its history CSPD has provided through CDA the highest level of peer review for the membership.

In the past decade the focus of CSPD has been altered greatly. While sanctioning to provide membership services CSPD has slowly become the voice of child advocacy within the State of California for the dental care of children. Because of the actions of its leadership, CSPD is now recognized and called upon by CDA, the State Board of Dental Examiners and other governmental agencies for its opinions and assistance.

CSPD members can be proud of the development of the organization in serving both the membership and the children of California during the first twenty-five years of its existence. This is obviously due to the outstanding leadership of the many dedicated volunteers who have guided its progress.

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 16, 2000. 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

MISSION OF THE BULLETIN

The Bulletin of the California Society of Pediatric Dentists shall be to examine and identify the issues that affect the specialty of Pediatric Dentistry and the oral health of teenagers and children. All of our readers should remain informed and participate in the formulation of public policy and personal leadership to advance the purposes of the Society. The Bulletin is not a political publication and does not knowingly promote the specific views at the expense of others. The views and opinions expressed in the Bulletin do not necessarily represent those of the California Society of Pediatric Dentists.

Sedation Alert

The CSPD Board of Directors has become alarmed over several recent cases of death and morbidity involving patients being cared for by pediatric dentists in California. All of the cases involved the use of chloral hydrate as one of the medications although not all details are yet known as the degree of importance that this had in causing the mishaps. As pediatric dentists utilizing conscious sedation, we are ultimately concerned with safe outcome of our procedures. It is crucial never to be lulled into a false sense of preparedness and safety due to a previous record of uneventful sedations.

Since cases such as these have many severe consequences, the Board recommends that all members review the following items immediately:

- * Adherence to AAPD guidelines for conscious sedation.
- * Office emergency protocol.
- * Periodicity of review of emergency medications and equipment.
- * Need for ANNUAL re-certification for CPR to staff.
- * Possible need for PALS (pediatric advanced life support) certification.

CAN YOU ANSWER "YES"

TO THE FOLLOWING QUESTIONS?

- * Does every staff member have an assigned role in the event of a cardiac or respiratory emergency?
- * Do we role-play and review these procedures during the year?
- * Do we calculate maximum local anesthetic dose (mg/kg) prior to beginning sedation?
- * Do we evaluate the child's airway prior to scheduling sedation?
- * Do we include pulse oximetry and precordial stethoscope for monitoring all conscious sedations?
- * Do we have positive pressure oxygen delivery systems with different size pediatric masks available?
- * Do we know the pediatric dosages for the medication in our emergency kits?

If you cannot answer "yes", either obtain necessary training or consider not using sedation until corrections are made.

Follow the AAPD guidelines for conscious sedation. These guidelines many times serve as the legal baseline for the evaluation of standards of care. The consequences of not being prepared for sedation emergencies can be personally devastating, not to mention the possible loss of license and criminal charges. Devote a staff meeting to review these important issues now - for the sake of the children!

Specialty Licensure... Continued from pg. 3

jects the dentist to additional layers of regulatory supervision and additional costs imposed by the State Dental Board. There are unknown consequences that will arise in the future from dental board re-licensure requirements (on the horizon) and specialty board re-certification (already a reality).

Other affiliated dental organizations should be aware that CSPD opposes the adoption of specialty licensure in California for the reasons discussed. If specialty licensure is adopted, I believe our strategy will be to attempt to avoid inclusion in the process by virtue of our status as primary care providers. As the only age-defined (instead of procedure-defined) specialty, we are recognized as primary care providers by our ADA definition of the specialty, by the U.S. Department of Health and Human Service in Federal programs involving educational training and delivery of care. We are also defined by our own state Medicaid dental program (Denti-Cal), in fact, place at risk our primary care provider status. I believe we can mount an excellent rationale and a vigorous defense to achieve exclusion from having to hold a specialty license in California.

Postdoctoral Education... Continued from pg. 3

and funding by which to increase the number of postdoctoral positions so as to meet the demand for such education. Three immediate educational issues arise. Pre and postdoctoral education must collaborate to assume an integrated continuum of curricular and educational experiences.

Second, dental schools must be ready to accept greater accountability for the competence of their graduates and their readiness for postdoctoral education and practice. If 50% of the seniors indicate that they want more before entering practice, what specifically is it they want and how is it to be provided? And if a senior is unable to meet selection criteria for postdoctoral dental education programs, how well qualified or ready is this person for entry into practice?

Thirdly, postdoctoral education is an elective. It is generally accepted that the programs select their residents and trainees from the "most qualified" of their applicants. A broader range of graduates must be accommodated. Postdoctoral programs must accept the challenge of working with the broader academic range of residents and trainees.

As almost 50% of seniors apply to postdoctoral programs and most consider the immediate pursuit of such education essential to their education prior to entering practice, dental educators have extensive challenges and opportunities before them as they review the place of postdoctoral dental education in the continuum of dental education.

Excerpted from an article that appeared in the Journal of the American College of Dentists, winter 1999 by Richard G. Weaver.

It is crucial never to be lulled into a false sense of preparedness and safety due to a previous record of uneventful sedations.

Professional Opportunities Registry

Name _____
Address _____
City _____ Zip _____
Telephone (____) _____

NOW IS THE TIME

Looking for an Associate or Partner? The Chair of this committee has listings for 15 pediatric Dentists who will finish their residency in the near future. Complete this form and return it to Douglas McGavin, DDS and their name and phone number will be returned.

Mail Confidential form to: Douglas J. McGavin, DDS

17300 Yorba Linda Blvd., Suite G / Yorba Linda, CA 92686

High Speed Access

IMPROVE YOUR BANDWIDTH

If you are a small office/home office (SOHO) business owner, you know how important Internet access is to the success and profitability of your practice. You need it to promote your business and manage your practice. You need it to be able to exchange information with speed and reliability when communicating with employees, vendors and the general public. But what kind of Internet access do you need?

Not long ago, few Internet access options existed for SOHO businesses. Individual dial-up accounts were readily available and affordable, but weren't very robust. On the other hand, industrial-strength, dedicated connections such as T1 lines were far too expensive. Now, if your SOHO business demands more bandwidth and faster access, ISDN is just what you need.

WHY ISDN?

ISDN stands for Integrated Services Digital Network-offers cost savings, increased quality, superior speed, and almost universal availability.

The "Integrated Services" of ISDN means that you can use a single phone line to deliver two connections simultaneously, voice and data. Order one ISDN connection and you can talk on the phone while you surf the Web, or receive faxes while you check your email. By attaching all of your office telecommunication devices to one high-speed line, you can save time and money.

ISDN's digital lines are more dependable than analog dial-up lines, and its digital transmissions are also of higher quality and clarity.

By utilizing the phone systems' digital network, ISDN allows you to connect to the Internet at speeds up to 128Kbps. With the faster connection, browsing and downloading ISDN offers, your employees will be more productive.

And, unlike other high-speed solutions, ISDN is ready now and available almost everywhere. ISDN has 98 percent coverage in the United States, so it's most likely an option in your area. Even if ISDN is not yet available in your area, you can arrange with your phone company to have the right equipment installed.

TWO TYPES OF ISDN

Two types of ISDN access is offered: Single-User and Network ISDN. Order single user if you have just one computer and need high-speed, high-quality Internet access (about \$30 dollars a month). An ISDN modem is necessary with a single-user account.

A Network ISDN access account serves two or more users simultaneously. It connects your entire network of computers (up to 253 of them) to the Internet at speeds up to 128Kbps.

As streaming video comes online, the need for increased bandwidth will become apparent. Multimedia content will require high bandwidth delivery so that all types of media can be received at high speed. Phone lines that are rated at a speed of 65K may not be delivering that nominal rate. Some users have reported that their 65K modems actually deliver speeds that are near 30 to 40K.

--Excerpted from "blink" - the Earthlink Magazine

News Briefs

NEW PEDIATRIC DENTIST PROGRAM

Saturday, April 1, 2000, 7:30 to 8:30 a.m.

For Current Residents and Pediatric Dentists who have completed their Graduate Program within the last 5 years.

In the fall of 1999 CSPD sponsored a practice management program in Los Angeles entitled "Practice Decisions For the New Pediatric Dentist" with speakers Roger G. Sanger, D.D.S., M.S.Ed., Randal K. Berning, J.D., L.L.M., and coordinated by CSPD board member John D. Delorme, D.D.S. The response to this program was overwhelming.

The CSPD Board has asked these three individuals to design a series of programs for new pediatric dentists. Topics that will be considered include; Career Opportunities and Decision Making, Practice Planning and Development, Securing an Associateship, Purchasing a Practice, Practice Accounting, Personal Financial Planning, and other topics in the practice management field. These one-day continuing education programs will be offered as a non-profit member benefit service through CSPD for current residents and new pediatric dentists who have completed their graduate program within the last 5 years.

Join Dr. Sanger and Dr. DeLorme at this initial planning meeting to be held at the Laguna Cliffs during the Annual Meeting.

THE CSPD ONLINE STORE

During the period of October 1, 1999 and December 29, 1999, the CSPD online Amazon.com store sold 28 books with a value of \$609.10. One customer bought 17 copies of LIFE: Our Century in Pictures. The Board thanks all those members and friends who support the online store.

INTERDISCIPLINARY CARE CONFERENCE:

5 DISCIPLINES, 1 FOCUS

Plan to attend the Interdisciplinary Care Conference - 2 days of continuing education sponsored by 5 dental organizations on February 9-10, 2001, in Dallas, Texas. One of the sponsoring bodies is the American Academy of Pediatric Dentists. The conference will focus on the team approach to patient care and will set a precedent for future cooperative learning opportunities.

Questions: Contact the American Association of Orthodontists at 800/424-2841.

ONLINE DISTANCE LEARNING

Online distance learning has already become a major development in education, allowing students to take everything from basic job training to graduate-level courses entirely over the Net. And it's a trend that's expected to continue. For example, a recent study by the National Center for Education Statistics (www.nces.ed.gov) concluded that 82 percent of post secondary educational institutions plan to increase their use of the Web and email for distance learning by 2001.

- Log on to the new UCLA Children's Dental Center web site at www.dent.ucla.edu/patients/cdc
- Keller, Collins, Hakopian & Leisure will present a complimentary financial planning seminar and dinner for CDA members and spouses on March 22, 2000 from 7:00 p.m. to 8:30 p.m. at the Airport Marriott, San Francisco. Call Kathy Divin at 800/952-4683 for further information.
- The USC Pediatric Dental Residents Class of 2000 have collectively pledged \$10,000 over a five year period to help remodel the clinic. The five members of the Class of 2000 are Drs. Trilla Cajulis, Eunice Im, Michele To, Karilyn House, and Matthew Miller.

The CSPD Workforce Survey is in the mail, please take time to complete and return this very important information.

Multimedia content will require high bandwidth delivery so that all types of media can be received at high speed.



Interdisciplinary Care Conference:
Five Disciplines, One Focus

Celebrating Twenty-Five Years of



Dedicated Oral Health Care for Children



Practice for Sale

• **PEDIATRIC PRACTICE - SAN FRANCISCO** - Pediatric dentist retiring after 35 years. Established, quality 3-chair practice based on excellence and affection. Sophisticated neighborhood with exceptional public transportation. Production over \$500,000 the past eight years. Potential for much growth. All private patients and insurance. No PPOs or HMOs.

Mature, dedicated staff - two front desk, 2 chairside. Seeking experienced practitioner prepared to assume ownership. Sale price is \$230,000. Owner willing to stay for short transition. Please fax a page describing your interest and yourself to 650-573-1217.

• **POSITION AVAILABLE** - Pediatric Dentist needed for a day or multiple days with the Silva clinic in Hayward. The clinic is a medical as well as a dental facility treating the whole patient with easy interdisciplinary consultation and referral. The patient base is the underserved from newborn to 19 years. Remuneration is very competitive.

For Information: Edward J. Hoffman, DDS (510) 581-8128 FAX: (510) 881-1641 Email: ejhsh@aol.com

The California Society of Pediatric Dentists Presents **SURF the NEW MILLENNIUM**

AND OUR 25TH ANNIVERSARY CELEBRATION

At the Laguna Cliffs Marriott Resort, Dana Point, California
March 30th - April 2nd, 2000

ABOUT THE LAGUNA CLIFFS RESORT

Location

Just an hour from LAX and a short distance from the John Wayne airport. Surrounded by 42 acres of lush landscaping, situated on a bluff overlooking both the 2,500 yacht slip Dana Point Harbor and 10 miles of white sandy beach.

Accommodations

340 ocean view guest rooms and suites and a 60-seat tiered Learning Center.

Recreation Facilities

Two-heated swimming pools with panoramic ocean views, full-service fitness center, three spas, sauna, steam room, lighted tennis courts with an on-staff tennis pro, on-staff masseuse, croquet, bicycle/jogging paths, shopping nearby golf, deep-sea fishing, sailing and parasailing.

Nearby Attractions

Located just minutes from Laguna Beach, San Clemente, Doheny Beach and Mission San Juna Capistrano. Easy access to Disneyland, Knotts Berry Farm, Dana Point Marina and specialty shops.

Restaurant and Lounge

Regatta Grill -featuring great food and marvelous views over the Pacific.

Commodore's - Live entertainment, dancing, fireside seating.

Commodore's Deck - Cocktails and a breath of crisp salt air with an ocean and harbor view.

Registration

Those who are interested in attending should contact Dr. Melvin Rowan, Executive Director, at P.O.Box 6396, San Pedro, CA 90734-6396 or phone/fax to (310) 548-0134.

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

American Dental Technologies
5555 Bear Lane,
Corpus Christi TX 78405
361/289-1145

Anesthesiology for Dentistry
Andrea Minasian, DDS
2471 Century Hill
Los Angeles, CA 90067
818-760-6954

Caesy Education Systems
200 SE Park Plaza Dr., Ste. 1001
Vancouver, WA 98684
360-892-1298

Centrix, Inc
770 River Road
Shelton, CT 06484
800-235-5862

Denovo
5130 Commerce Dr.
Baldwin Park, CA 91706
800-854-7949

Dental Communications Unlimited
P.O. Box 6405
Santa Maria, CA 93456
800-563-1454

Dentallusions
325 Park Avenue
St. Paul, MN 55115-1643
612-426-0059

Dentrix Dental Systems
3541 Old Conejo Road
Newbury Park, CA 91320
805-498-5245 510-651-
5435 No. Cal

ESPE America
1710 Romano Drive
Norristown, PA 19404
610-239-2391

E-Z Floss
P.O. Box 2292
Palm Springs, CA 92263
760-325-1888

GC America, Inc.
3737 West 127th St.
Alsip, IL 60803
708-597-0900

J. Rousek Toy Co.
P.O. Box 1759
Bishop, CA 93515
800-423-5198

Kathy Caputo, Management
Consultant
7 Merrimac
Irvine, CA 92620
714-544-2437

Laclede, Inc.
2030 E. University Drive
Rancho Dominguez, CA 90220
310-605-4280

MedPro Ltd.
2 Depot Plaza
Bedford Hills, NY 10507
800-822-8260

North Pacific Promotions
PO Box 3209
Kirkland, WA 98083
800-426-5913

NuSmile Primary Crowns
P.O. Box 4871
Houston, TX 77210-9649
800-346-5133

Oral - B Laboratories
600 Clipper Drive
Belmont, CA 94002-4119
415-598-5000

Plak Smacker, Inc.
4105 Indus Way
Riverside CA 92503-4848
800-245-1825

Procter & Gamble
12662 Sunrise Dr.
Bainbridge Island, WA 98110
800-553-5075

Safety Compliance Services
111 N. Jackson St., Ste. 200
Glendale, CA 91206
818-552-2114

Space Maintainers Laboratory
9129 Lurline Ave.
Chatsworth, CA 91311
800-423-3270

Sullivan-Schein Dental
135 Duryea Road
New York, NY 11747
800-372-4346

The SCPIE Companies
1888 Century Park East, Ste. 200
Los Angeles, CA 90067
310-551-5900

Ultradent Products Inc
10200 South Jordan, UT 84095
801-553-4266

3M Dental Products
2724 So. Peck Road
Monrovia, CA 91016-7118
818-574-4244

Peer Review

The Peer Review system is a wonderful benefit for all CDA members as well as their patients. All peer review claims brought against Pediatric Dentists are handled through CSPD and the reviews are done by three trained reviewers meeting to clinically examine and discuss the merits of the complaint. At this time, I am making a plea for volunteers that would be willing to aid in this review process. We need examiners in all geographical parts of the state so that we can keep travelling to a minimum and so that we are all sure to be judged by our peers. The time requirement would be very minimal since our specialty has the least number of reviews per year and each exam requires about two hours of commitment and is always accomplished after regular office hours.

There is a one time training process which will be organized by the local dental society or by special arrangement requiring about 3-4 hours. Please contact the Chair of Peer Review, Marty Steigler.

DISTRICT VI AAPD TRUSTEE REPORT

By Paul Reggiardo

Children's Oral Health issues are reaching a high level of interest with everyone, especially as they relate to access and disparity of services. In 1996 the Inspector General's report told the Department of Health and Human Services (DHSS) that there was a real problem with the disparity and care for disadvantaged kids. Access was the major problem. The DHHS responded by saying they would push it down to the health resource and services administration and on HICFA. These two agencies are concerned with funding and the delivery of services. HERSA responded by setting up the first ever conference on Medicaid dental care delivery held in Tahoe in 1997. That conference resulted in establishment of the oral health initiative. That initiative and the inspector general's report encouraged the issuance of a directive by the Surgeon General. The directive recognized the problem and said that oral health care was a major health issue in this country. The Surgeon General will decide which of four courses of action are required.

1) Issue a directive 2) issue a statement, 3) set up a workshop and 4) set up a conference. The statement was supposed to be completed in December 1999. It now looks as though it will be March or April 2000. The Surgeon General has issued a directive, a statement, a workshop and a conference on this subject twice in the last 10 years. This indicates a high a priority of interest concerning children's oral health. The conference to be held March 19, 2000 will have 75-100 people in attendance composed of 50% dentists and 50% non-dentists. They will come up with recommendations to Congress and various governmental agencies. The conference to be held on June 12-13, 2000 in Washington DC is open to everyone.

Nominating Committee Report

The Nominating Committee proposes the following candidates of Officers and Directors for 2000-2001 for election at the Annual Business Meeting.

Officers

President-Elect ... David Perry
Vice President Richard Mungo
Secretary Lonnie Lovingier
Treasurer Ann Azama

Board of Directors

2002N Francisco Ramos-Gomez
2002N David Rothman
2002S Lisa Brennan
2002S Richard Udin

Continuing Officers and Directors

2001 Editor - Roland Hansen
2001N Catherine Huene Christensen
2001N Peter Chiang
2001S Leslie Aspis
2001S John DeLorme

Non Elective Offices

President Larry Luke
Past President Wayne Grossman

Annual Meetings

2000

March 30-April 2 at Marriott's
Laguna Cliffs Resort,
Dana Point, CA

Program: Computers -
featuring Drs. Paul Rhodes,
Robert Schultz,
Pam Den Besten.
Celebrating our
25th Anniversary.

The program also includes
group seminars with:

Mr. Mike Null, "Filmless Dental Office."
Dr. James Yee, "E-mail for the Office"
Mr. Shaun Halladay, "Internet and Intranet"
Mark Brown, "MS Word" (Beginner & Advanced)



The Laguna Cliffs Marriott
Resort site of the Annual
Meeting.

2001

March 29 - April 1
Sacramento Hyatt Regency at Capital Park
Sacramento, CA

2002

Anaheim Disneyland

2003

April 3 - April 6
Empress Hotel Victoria,
British Columbia, Canada

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 30, 2000. Board meetings are open to the membership, and you are welcome to attend. Address your written intention to attend to President, Dr. Wayne Grossman.

*The Surgeon
General has issued a
directive, a
statement, a
workshop and a
conference on this
subject twice in the
last 10 years.*

BOARD BRIEFS

CALIFORNIA SOCIETY OF PEDIATRIC DENTISTS - MINUTES - BOARD OF DIRECTORS

Date: January 15, 2000 • Crown Plaza Los Angeles Airport

The 102nd meeting of the Board of Directors of the California Society of Pediatric Dentists was called to order by Dr. Wayne Grossman on Saturday, January 15, 2000 at 9:00a.m.

In attendance were: Drs. Duperon (Past President), Rowan (Exec. Director), Grossman (President), Luke (President-Elect), Perry (Vice President), Lovingjier (Secretary), Mungo (Treasurer), Hansen (Editor), Lisagor (AAPD Liaison), (Directors) Soderstrom, Huene-Christensen, Cortez, DeLorme, Aspis, Jacks, Ramos-Gomez, and Reggiardo.

OFFICER'S REPORTS

PRESIDENT - DR GROSSMAN

CDA HOUSE OF DELEGATES - Dr. Grossman reported on the most recent meeting of the CDA House in Sacramento. A resolution passed relating to the definition of specialties. The members of CSPD felt it was important to recognize that all specialties should have official definitions accepted by CDA.

ORAL CONSCIOUS SEDATION ALERT - Dr. Grossman reported that the alert went out the members at the end of 1999.

PRESIDENT-ELECT

DR. LUKE

GMC DENTAL EVALUATION - PANEL OF EXPERTS - DR. LUKE reported that the meeting was held on November 11, 1999 at the Sierra Health Foundation in Sacramento, California. This project will provide the first-ever-comprehensive evaluation of access, quality and utilization of GMC dental services. The goal is to identify areas for improvement in the delivery of dental services to Medi-Cal beneficiaries.

2000 - 2001 PROPOSED BOARD MEETING DATES - DR. LUKE reported that the proposed dates for the next CSPD board meetings are 1) Saturday, June 24, 2000 in San Francisco. 2) Saturday & Sunday, September 23-24, 2000 in Los Angeles. 3) Saturday, January 13, 2001 in Los Angeles and 4) Thursday, March 29, 2001 in Sacramento.

VICE PRESIDENT - DR. PERRY reviewed the Strategic Plan Worksheet. Dr. Perry reviewed CSPD's report card and gives us a B+ to a B-. He enumerated each goal as outlined in the Strategic Plan and highlighted the current status of each category. Dr. Lovingjier suggested that the Strategic Plan be posted in The Bulletin for the general membership. It would showcase what CSPD has accomplished for recent years.

TREASURER - DR. MUNGO reported that the organization is in excellent financial condition. We have received about 6% of budget income and dispersed about 42% of budget expenses. The major difference has to do with the establishment of the business money market fund. This fund yields about 4.2% interest and is liquid and the best we can do at this time. We arbitrarily like to keep about \$30,000.00 in the checking accounts at all times. This amount can carry the organization for about three months of operating expenses. All expenses are well within normal percentage ranges for the year.

EDITOR - DR. HANSEN reported that the American Association of Dental Editors has requested that all dental publications contain a mission statement. Dr. Hansen suggested the following Mission Statement.

MISSION STATEMENT OF THE BULLETIN

"The Bulletin of the California Society of Pediatric Dentists shall identify and examine the issues that affect the specialty of Pediatric Dentistry and the oral health of teenagers and children. All of our readers should remain informed and participate in the formulation of public policy and personal leadership to advance the purposes of the Society. The Bulletin is not a political publication and does not knowingly promote specific views at the expense of others. The views and opinions expressed in The Bulletin do not necessarily represent those of the California Society of Pediatric Dentists."

EXECUTIVE DIRECTOR - DR. ROWAN suggested the Policy & Procedure Manual be updated on specific times rather than leaving it up to the Executive Director at his discretion.

AAPD LIAISON - Dr. LISAGOR reported on the upcoming California reception at the AAPD meeting in Opryland to be held Friday night May 26, 2000 at 6:00 p.m. All paperwork has been sent in and we will ask Space Maintainers to help host. Jac Pederson will replace Dr. Lisagor for the next term.

STANDING COMMITTEE REPORTS

LIAISON CA CHAPTER AAP - DR. DUPERON reported that he circulated his report in the board packet. Dr. Ramos-Gomez asked a question for Dr. Cortez. He wanted to know the status of the endorsement of the AAP on regards of the first visit to the dental office. Dr. Duperon interjected that a year ago they were going to formally endorse it and as to his knowledge it has not happened. Dr. Ramos-Gomez wanted to know if we could move this process along. This is crucial, especially since the prop 10 money is being distributed. Dr. Duperon agreed and said he would bring it before the AAP liaison.

PUBLIC AND PROFESSIONAL RELATIONS SUBCOMMITTEE - DR. ASPIS passed out a copy of a sedation safety alert which was different than what was received in the mail. There is a different tenor to the letter and she tried to encourage members to be more reflective and follow the guidelines. To hopefully stimulate some thought not only in adhering to the AAPD guidelines, but also in training their staff.

PREPARE FOR SURGEON GENERAL'S REPORT

DR. GROSSMAN

Dr. Grossman mentioned that we needed to prepare a press release prior to the issuance of the Surgeon General's Report.

The number of first year positions for residents has gone up from 180 to 197.

The number of applicants has gone from 2,797 to 3,379 in one years.

DENTAL CARE SUBCOMMITTEE - DR. CORTEZ reported that in the board packet there is a bulletin from Blue Cross of California in regard to oral sedation.

The bulletin contains the credentialing requirements prior to the use of oral sedation.

CHDP STATE DENTAL SUBCOMMITTEE MINUTES - DR. GROSSMAN reported that CHDP is a great organization for sharing information. Dr. Grossman attends each of the quarterly meetings to represent CSPD>

PROP 10 ADVISORY COMMITTEE - DR. RAMOS-GOMEZ reported on the handout he distributed today. This is the Proposition 10 Revenues County Deposit report as of October 18, 1999. He reported that Los Angeles has allocated \$112,097,987.00 a year for oral child development funding grants. We need to have a strategic plan and come up with an oral health component. The Dental Health Foundation has distributed information about how and why oral health fits into Prop. 10 money.

LEGISLATIVE AND GOVERNMENTAL AFFAIRS - DR. PERRY reported on the issues that are on CDA's agenda. Last week there was a party member of the assembly that submitted a bill that would essentially overturn California fluoridation law. The bill contained a number of technical terms that would make it impossible for water systems to be fluoridated. This is a new area of attack for anti fluoridation forces.

EDITORIAL - DR. ASPIS reported on the CSPD website and went over the promotional brochure outline distributed at today's meeting. Her feeling is that if we are going to keep the website brochure in the offices, it might as well promote CSPD's specialty at the same time. The scope of practice, specialty training, topics of parent interest would be listed in the brochure. Dr. Aspis believes that incentives such as a coupon for a toy, a coloring page on the website and discounts for dental purchases might increase the use of the site.

SUB-COMMITTEE ON WORK FORCE ISSUES - DR. GROSSMAN reported that it appears that the numbers of first year positions for residents has gone up from 180 to 197. The number of applicants has gone from 2,797 to 3,379 in one year.

FINANCE COMMITTEE - DR. MUNGO reported that CSPD's financial status is excellent. The committee is still considering the methods by which we deposit into the Money Market account.

The president adjourned the meeting at 5:30pm

Respectfully submitted by
Lonnie Lovingier, DDS, Secretary

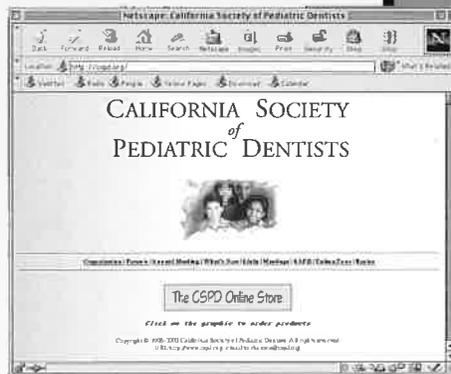
Web Notes

RECENT POSTING ON THE CSPD WEBSITE

WWW.CSPD.ORG

In What's New see the:

- Reprints from the Spring Bulletin
- President's Message Spring 2000
- Legislative News Spring 2000
- Board Briefs, Los Angeles
- Meeting January 25, 2000
- News Briefs - Spring 2000
- Annual Meeting Program in San Clemente



SITES OF INTEREST

CDA Classified Ads
www.cda.org/member/market/index.html

ADA CLASSIFIED ADS
www.ada.org/adapco/jada/classified/opsavail.html

Jobs for Dental Personnel in California
www.dentaljobs.net

Other dental positions
www.dentalink.net

Retirement and Financial Planning Site
www.retireweb.com

PERSONAL FINANCE
Kiplinger's www.kiplinger.com
Smart Money www.smartmoney.com
Money www.money.com

SPEED UP YOUR INTERNET ACCESS WITH DSL

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 - No extra phone lines - talk on phone and use the Internet at the same time.
- Try Earthlink Sprint DSL at www.earthlink.net/dsl

SPEED UP YOUR INTERNET ACCESS WITH ISDN

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- data transmission speeds up to 128K
- Support for multiple users on a local-area network (LAN).
- Connect remote offices and telecommuters to your network.
- Receive simultaneous voice and data transmissions on one phone line.

DOWNLOAD SITES OF INTEREST

ZDNet Downloads www.zdnet.com/swlib

CNET Shareware.com
www.shareware.com

CNET Downloads www.download.com

Yahoo Freeware Directory
www.dir.yahoo.com/Computers_and_Internet/Software/Freeware

Jumbo www.jumbo.com

The Iditarod 2000 March 4
www.iditarod.com

Classical Music on the Web
www.musicweb.uk.net

Encyclopedia Britannica
www.britannica.com Print version \$1,250.

Open eBook - The Open eBook Initiative
www.openbook.org

Find What's Playing at your Local Theatre
www.showtimes.hollywood.com

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www.youdecide.com



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 James Yee (Assoc. Ed.) Don Duperon (Calif. Pediatrician)

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 Douglas McGavin David Taylor

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 Don Duperon (UCLA) Keith Ryan (UOP)
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ANNUAL MEETING 2002 LONNIE LOVINGIER
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ANNUAL MEETING SITE SELECTION 2003 RANDALL WILEY

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