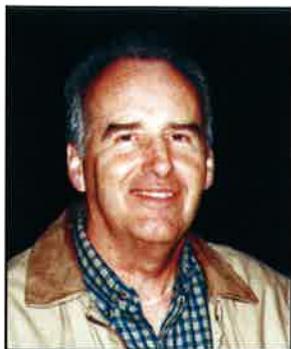


Bulletin

Summer 2000

Vol. XXVI No. 1

President's Message



Larry Luke

CSPD is 25 years old! For those of us who were founding members, didn't those years slip by fast? As my wife helped to create the "Past Presidents Book" with their pictures and reports, she kept commenting on how much more mature (ok, she said "older") the past presidents look today compared to their pictures in the newslet-

ters. She didn't mention which she preferred. As my picture from earlier days shows, (see page 8), there have been a few changes through the years with the hairline, wrinkles and glasses.

This year marks the third strategic planning retreat for the Board of Directors. These events have been essential to the past leaders in helping them to focus on our mission and how best to achieve it. About a year ago I sent out a survey to our members requesting feedback regarding issues raised at the previous planning retreat. Just over 50% of you responded (204 members). The information was very helpful to the Board during the past year and also helped us in planning the annual meeting.

The survey asked you to rate the importance of 12 issues facing CSPD on a scale of 1 - 10 with 10 being extremely important and 1 being not important. Three of the issues received a mean score higher than 8.5. These included "maintain the highest standard of dental care for the children of California" (9.4), "improve prevention of dental disease" (8.9) and "continue to be proactive in governmental affairs/legislative issues and with regulatory agencies" (8.8). Clearly, these are the issues that the Board and committees have channeled more energy into as we have matured as an organization.

A priority for this year will be to improve the dreadful state of DentiCal, Healthy Families and California Children Services programs offered by the state of California and the federal government. These programs provide reimbursements for the children with the greatest need for our services. The low level of reimbursement, claim form hassles and other problems discourage participation. There appears to be impetus for expanding coverage for Healthy Families to 250% of the poverty level. This means there will be more of our patients included without an increase in the funding to support them. CSPD has formed an Ad Hoc Committee on Ac-

cess to Care to provide leadership in improving these important programs. We will look for allies in CDA, AAP and other organizations so that we can have an impact on the legislature.

Four additional issues scored between 7.0 and 8.5. These included "promote infant oral health" (8.2), "provide fluoride education" (8.0) and "network with allied groups" (7.4). The Board agrees that each of these issues is important and is working to promote their success. Recently the American Academy of Pediatrics refused AAPD's request that they recognize 12 months as the appropriate age for referral to a dentist. The Board was not pleased by this but will continue to encourage the change in their guidelines. We are also looking to encourage physicians in family practice to recognize the need for an earlier referral.

The remaining five issues included "increase issues communications to members" (6.7), "increase the number of pediatric dentists in California" (6.7), "improve the function and structure of CSPD (6.5), "encourage office-based research (6.5) and educate general Dentists in pediatric dentistry" (6.1). CSPD has tried to provide for communications both to the members as well as from the members, principally through surveys and member alerts. Our Workforce Committee has met with the Deans of the dental schools to emphasize the importance of their support for pediatric dentistry in their predoctoral and residency programs and our Continuing Education Committee is planning programs to strengthen the general dentist's skills with children (with funding from foundation support). Finally, a new policy and procedure manual has clarified how we operate as an association.

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Board of Directors-Officers installed by Dr. Mark Lisagor:
l to r Drs. Lovingier, Hansen, Brennan, Ramos-Gomez, Aspis, Rothman, Udin, Azama, Mungo, Christensen, Perry.

Making the Internet Faster and More Accessible

Households typically connect to the Internet through a PC and a telephone line. This method of access means that most households without PCs (just under 60 percent of all U.S. households) do not have Internet access. It also means that most Internet connections from the home are slow. To illustrate the importance of speed, it takes 46 minutes to download a 3.5 minute video using a 28.8 kbps (thousand bits per second) modem, the modem most commonly used by households today.

Telephone companies, satellite companies, cable service providers and others are working to create faster Internet connections and expand the means by which users can access the Internet. New technologies such as ADSL (Asynchronous Digital Subscriber Line) enable copper telephone lines to send data at speeds up to 8 million bits per second (mbps). At this speed, that same 3.5 minute video takes 10 seconds to download.

PC manufacturers and software developers are also taking steps to make home computers cheaper and easier to use. Some PCs can now be purchased for less than \$1,000 apiece. New network computers are expected to be introduced at prices of a few hundred dollars apiece. At

the same time, new and enhanced software programs (for instance, better graphical user interfaces, search tools, and voice recognition technology) will make the PC and the Internet easier to use and thereby able to reach a broader community of consumers.

Soon, many Americans will be using their television to access the Internet. Present in nearly every household, TVs are easy to operate and require little or no maintenance. Digital broadcasting services (high-definition television, or HDTV) will be available in the top ten markets by November 1999, and broadcasters are expected to make the transition to digital broadcasting by 2006. With digital broadcasting, TV viewers will be able to interact with their television and surf the Web, pay bills, plan a weekend trip, or make dinner reservations. Already, satellite dishes and signals carried over cable television lines enable consumers to receive data from the Internet through their TVs and television programming through their personal computers. At speeds of 10 million bits per second, a household connected to the Internet via a cable modem can download a 35 minute video in 8 seconds. In most cases today, however, the outgoing communication (the speed at which the Internet receives the commands by the user) is still limited to the fastest modem speeds that copper telephone wires will support.

Two-way cable traffic would be much faster, but only 9 percent of the 103 million cable subscribers in the U.S. and Canada (9 million homes) live in zones

where two-way cable connectivity exists. And, only a small number of them - 111,000 - have actually subscribed to the service. By 2000, analysts estimate that two-way cable connectivity will be available to 34 million households, of which 1.6 million are expected to subscribe to the service. Cable operators are planning to make significant investments in the next few years to upgrade their systems to carry two-way Internet traffic.

The wait for broadband Internet access to households is measured in years, not decades. Within the next five to ten years, the vast majority of Americans should be able to interact with the Internet from their television sets, watch television on their PCs, and make telephone calls from both devices. These combined services will be brought to homes by satellite, wireless, microwave, television cable and telephone lines, all interconnected in one overall system.

People will also access the Internet away from their homes or offices. Cellular telephones and portable digital assistants (PDAs) have become very sophisticated devices capable of sending faxes, receiving e-mail and electronic pages, and now, accessing the Internet. Industry experts predict that users of cellular phones and digital personal communications devices will more than triple from 77 million to 251 million by 1999.

Technology already exists to enable many appliances and consumer electronics devices to transmit and receive data. The first products to link home appliances with PCs should become available this year. Entering a simple message into a computer on a desk will be able to turn off the television or pre-heat the oven for dinner. Automobiles with video monitors will receive data from overhead satellites to warn about traffic jams, give directions to the nearest gas station, and deliver the latest news and information.

The U.S. Government's FY 1999 budget calls for \$850 million to be invested in high-performance computing and communications. As part of this effort, the budget provides \$110 million for the Next Generation

Please see page 8

Time to Download a 3.5 minute Video Clip

<i>Speed</i>	<i>Transfer Time</i>
28.8 Kbps modem	46 minutes
128 Kbps ISDN	10 minutes
4 Mbps cable modem	20 seconds
8 Mbps ADSL	10 seconds
10 Mbps cable modem	8 seconds

Source: The Federal Communications Commission

The Next Generation Internet Initiative will create a research network that is 100 to 1,000 times faster than today's Internet, investing in R&D for new applications such as telemedicine and distance learning.

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 July 10, 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 mission of 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.

Managed Dental Care

Is There a Place for the Gatekeeper?
by Paul Reggiardo

Managed care in medicine attempts to achieve health care efficiencies and cost effectiveness by bringing groups of providers and institutions under the same financial roof, by emphasizing prevention, by selecting primary care over specialty care wherever possible, and by encouraging early diagnosis and treatment of health problems.

Significant and historical differences exist between medical and dental delivery systems and dentistry remains mostly a "cottage industry" (almost 70% of dentists are engaged in solo private practice), with few large provider groups approaching that of the medical model. Yet, medical managed care solutions have been increasingly applied to dentistry despite the fact that the dental profession has already achieved many of the goals of managed care in medicine.

Dentistry is prevention-oriented, stressing early diagnosis and treatment of oral disease. Regular professional visits and daily home care have long been hallmarks of dental practice. The ratio of general dental practitioners to dental specialists is opposite that of medicine. Cost inflation in dentistry has lagged significantly behind medical cost inflation and there are far less "hi-tech" advances driving up the cost of care.

The singular reason for applying managed care concepts to dentistry is not to enhance efficiency or effectiveness of delivery, but to simply to lower costs to employers, the purchasers of dental benefit programs. To accomplish this a variety of plans have been developed; all of which speak almost exclusively to fee discounting in one form or another (PPO or HMO) and which do little to alter practice patterns. Perhaps the most intrusive change in the dentist-patient relationship for children under managed dental care is the introduction of the dental gatekeeper.

The gatekeeper in medicine is the patient's advocate and coordinator of a care that oftentimes demands the skills of multiple specialty providers in many different settings. In medicine, where 80% of physicians are specialists, routing patient flow holds the promise of reducing inappropriate visits, diagnostic testing, and treatment procedures, as well as diminishing the potential for duplication of services. It is hard to envision this role in dentistry, where over 80% of practitioners are generalists and referral for specialty care is not common. In fact, most dental services are provided by the primary care dentist and this especially true in pediatric dentistry where the services of the oral surgeon, endodontist, and periodontist are decidedly rare.

Nonetheless, many managed dental care programs utilize the gatekeeper approach to control access to the pediatric dentist, even in instances where it would seem that recognizing the pediatric dentist as a primary care provider would achieve equal cost savings. This is true in both PPO and FMO-type systems.

In general, PPO-type plans are less restrictive and may not limit the pediatric dentist's participation as a primary care provider. Many of these plans pay from a fixed fee schedule and any provider willing to accept the fee paid by the plan as full payment for services may become the child's primary care

provider. However, not all PPO-type plans utilize a fixed fee schedule. Some contract to discount the dentist's usual, customary and reasonable (UCR) fee by an agreed-upon percentage. These plans fear they will be paying a discounted percentage of higher fee schedules. In spite of considerable evidence that pediatric dentists' fees are no higher than those charged by general dentists who treat children, there is a pervasive perception in the medical and dental benefits industry that the fees of all specialists surpass those of generalists. Hence, some dental PPO plans contract with the pediatric dentist only as a specialist and pediatric dental access is restricted to referral by the dentist assuming the role of the child's primary dental care provider.

Please see page 4

Web Without Wires

The Net is moving off your desk and into your hands

In the next few years, accessing the Net solely on your computer will be a thing of the past.

Already, stock quotes and sports scores are available on many cellular phones, and the list of features should continue to grow as wireless phones continue to gain in popularity. About a third of all Americans have cell phones today. And, according to International Telecommunications Union forecasts, in the next 10 years, there will be more mobile phones than fixed-line phones.

Personal digital assistants, or PDAs, such as handheld computers made by Palm and Handspring are also becoming more powerful and more popular. Apple and Palm are reportedly close to a deal to sell a Mac-ready, Applebranded PDA that would allow users to transfer data, files, and applications from one to the other. The soon-to-be-released Mac OS X in fact, allows a Palm handheld to appear as an external disk on the Mac desktop. This would make using a PDA for email and Web surfing more practical, because users would have the convenience of a wireless device with the tremendous added storage capacity of a traditional desk-top computer.

The wireless Web will also make inroads into your home. If you're still amazed by the automatic icemaker in your refrigerator door, get ready for refrigerators with built-in browsers that will keep track of your food and connect you to grocery shopping sites.

Last fall, Sharp introduced an Internet ready microwave oven. Users can download over 400 recipes from the Web into a connecting device the company dubs a "cooking data box." The device then transfers the data into the oven's memory for automatic preparation. At press time, there was no word of when the oven, currently available only in Japan, will be on sale in the U.S.

Starting with next years models, General Motors plans to roll out voice-activated Internet access for your car through an expanded version of its wireless OnStar navigation system. Instead of inane morning show banter on the way to work, you will be able to download your favorite songs via MP3 or listen to satellite and Net-delivered radio, advanced capabilities that are on the GM radar screen.

Starting with the next year models, General Motors plans to roll out voice-activated Internet access for your car through an expanded version of its wireless OnStar navigation system.

Dental plans utilize a gatekeeper for other reasons as well. Many induce dentists to accept a lower fee by promising to deliver an increased patient load to fill otherwise empty chair time. Separating-out pediatric patients would reduce the overall patient pool (sometimes rather small to start with) available to the contracting general dentist. Many managed care dental plans fear offending general practitioners (who, again, are 80% of dental providers) by "taking away" children from their offices. Some plans claim administrative difficulties or additional expenses in maintaining benefit records when family members are assigned to different providers, who are usually individual practitioners in small independent practices.

Capitation programs, especially, claim children cannot be segregated out to different providers, which would be necessary if pediatric dentists were allowed to enroll as primary care practitioners. Premiums and capitation rates in dental HMOs are based on family units, as in the medical model, but without the medical cost efficiency justification. Capitation programs also need to assure that sufficiently large numbers of patients are assigned to each practitioner, so that each dentist is protected from adverse utilization. Unlike medicine, where individual risk is unpredictable, dental needs are largely anticipatory. Dental HMOs limit adverse selection by assigning family units in identifiable purchaser groups rather than assigning individuals to different primary care resources.

Pediatric dentists also face another reality of scale. There are simply insufficient numbers of pediatric dentists (approximately 4,000 active practitioners) to warrant recognition as primary care providers under many managed dental care programs. It is far easier for many plans to employ a gatekeeper to restrict access to pediatric dental practitioners than to locate and contract with pediatric dentists as primary care providers. Yet, many general dentists elect to limit the amount of pediatric care they deliver, restrict their care of children to certain procedures, prefer to avoid issues of non-compliant behavior, and encourage the use of pediatric dentists for children's primary care.

The marketplace, as business has always understood, is consumer-driven. Parents have traditionally chosen their child's primary oral health care provider by deciding for themselves where their child is best received and best treated. The dental gatekeeper threatens to disrupt this relationship without discernable benefit to the patient or parent, and without discernable improvement to the oral health care delivery system. It is hard to define a role for the dental gatekeeper other than one that is self-serving to the benefits industry at the expense of the child.

This commentary is the personal opinion of the writer who is a CSPD member and AAPD District Trustee. Similar remarks by Dr. Reggiardo appeared in the Newsletter of the American Academy of Pediatrics in March.

It is hard to define a role for the dental gatekeeper other than one that is self-serving to the benefits industry at the expense of the child.

POSITION AVAILABLE FOR PEDIATRIC DENTIST

A full time director of dental services in a combination dental and medical facility is needed at the St. Rose Hospital in Hayward California. The goal of the clinic is to treat the whole patient with ready access to interdisciplinary consultation and referral. A strong emphasis is placed on prevention in conjunction with the prenatal and well-baby observations. The patient base is the underserved of Southern Alameda County from newborn to 19 years. Pediatric Dentists are also needed for single or multiple days employment. Remuneration is very competitive with the market place. Please contact Daniel J. Rowe, MD, FAAP Vice President, Medical Affairs, 27200 Calaroga Avenue, Hayward, CA 94545. (510) 264-4151.

DNS (DOMAIN NAME SYSTEM)

Every computer on the Net has a unique Internet Protocol (IP) number consisting of four sets of numbers separated by periods. When you type a domain name like www.cspd.org into you browser, the DNS finds the corresponding IP address.

The top-level Internet Domains with the highest number of hosts as of July 1999 are:

.com	(Commercial)	18,773,097
.net	(Networks)	12,432,542
.edu	(Education)	5,141,774
.jp	(Japan)	2,072,529
.uk	(United Kingdom)	1,599,497
.mil	(U.S. Military)	1,561,756
.us	(United States)	1,555,882
.de	(Germany)	1,426,928
.ca	(Canada)	1,294,447
.au	(Australia)	907,637

Source www.isc.org

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

News Briefs

AAPD and ASDC: Back to the Future editorial by Dr. Robert Boraz, AAPD President outlined the need for a consolidation of the two organizations in the latest issue of *Pediatric Dentistry Today*. He stated that "AAPD and ASDC are two strong organizations dedicated to the advancement of oral health for children. Individually, each has a profound and positive impact on our profession and the quality of life for children in this country and throughout the world. United, our future is brighter than ever." "Let us seize the moment. Carpe diem."

WATCH FOR THE FACULTY DEVELOPMENT COURSE

Purpose: To aid in developing pediatric dental faculties: improving faculty numbers, quality of teaching and student learning.

Goals: Act as a catalyst for those interested in establishing a university relationship. Offer insight and guidance in promoting sound teaching principles to new and potential faculty members. To assist in helping potential faculty members gain confidence, skill and comfort in their newly chosen avocation.

Course faculty: Department of Pediatric Dentistry teaching staff.

Course: Seminar series coupled with a mentorship program. To be given at various California dental schools.

Course: Personal benefits of being a member of the faculty. Philosophy of teaching-approaches to teaching-techniques that work. Understanding the goals of the curriculum. Grading and student evaluations. Learn forms, rules and regulations. Knowledge to provide confidence and enthusiasm to make your university relationship a rewarding one.

SURVEY RESULTS IN BRIEF

Gender	Male=196	Female=50
Hours per week practicing	30 to 35 hours=81	
Years in Practice	Most common=19 members with 20 years of practice.	
Do you plan to bring in an additional Pediatric Dentist?	Yes=122	No=60
If yes, when	Now = 50	5yrs = 53
	10yrs=17	10yrs=3
Do you plan to retire completely from active treatment of patients?	Immediately=6	
	Short-range (within 5 yrs)=41	
	Within 10 yrs.=43	
	Within next 15 yrs.=47	
	Long term (over 15 yrs)=76	
	Not ever to retire=18	
Is there a shortage of Pediatric Dentists in California?	Yes=149	No = 51
	No Opinion = 31	

THE CSPD ONLINE STORE

The CSPD Online Store continues to receive visitors who have placed orders on Amazon.com for books.

Orders placed by clicking the CSPD Online Store graphic will identify the order as a commissioned sale. Your interest in our online store is solicited.

Dr. Rowan reports that CSPD has placed 261 email addresses or 52% of our membership in our address files. Those who have not reported email addresses to the Executive Director are encouraged to do so.

The California Primary Care Consortium

CSPD is now a member of the CPCC. Their mission is to promote the quality of primary care services and to maintain their critical place in the health care continuum. The Consortium is the only fully interdisciplinary group representing all primary care stakeholders, including community representatives.

WELCOME NEW MEMBERS

Drs. Shaul Yehezkel, Hung D. Pham, Doris Lin, Oscar Rivera, Katalina Ramirez, Jeffrey Wood, Christine Rimi Kobayashi, Marielena Murillo, Ronald Straus.

Membership Status • March 20, 2000

Active Members	378
Faculty	16
Associate Members	27
Life Members	29
Retired Members	6
Honorary Members	1
Students	42
Total Roster	499

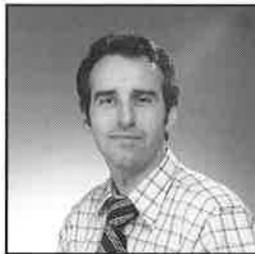
INTERDISCIPLINARY CARE CONFERENCE

FIVE DISCIPLINES, ONE 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.

Larry Luke Bio



Our newly installed President, Dr. Larry Luke is Clinical Professor of Pediatric Dentistry and Orthodontics at UCLA. Larry is a graduate of UCSF ('65) and received his graduate training in Pedo at Michigan ('69).

He is also Chair of the Section of Orthodontics at the University of California, Los Angeles. Larry was formerly Chair of the Section of Pediatric Dentistry at UCLA ('79 to '83).

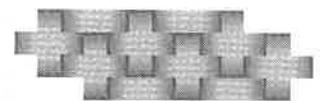
Our new President is also active in private practice in Simi Valley and Westwood. He has numerous publications to his credit including a book that he co-edited with our own Tom Barber on Pediatric Dentistry.

For many years, Larry has devoted substantial time and energy to CSPD. His many committee assignments include Credentials, Professional Activities, Liaison to AAPD, Membership, Finance, Constitution and Bylaws, Annual Meeting and serving a term as Treasurer, and Vice President, respectively.

Our annual meeting was an outstanding success, due in large part to his superlative planning and execution. The Past President's Book created by his wife Barbara, honoring the contribution of each of our presidents was well received. We are fortunate to have a Larry as our President for 1999-2000.

Dr. Boraz stated that "AAPD and ASDC are two strong organizations dedicated to the advancement of oral health for children. Individually, each has a profound and positive impact on our profession and the quality of life for children in this country and throughout the world."

California Primary Care Consortium

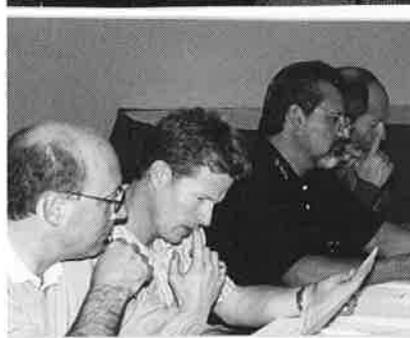
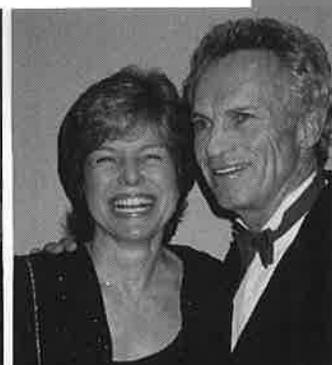


25th Annual Meeting



Annual Meeting Reflections

Reflections Dana Point, CA



The federal budget provides \$ 110 million for the Next Generation Internet Initiative, which will create a research network that is 100 to 1,000 times faster than today's Internet,

Faster Internet... Continued from pg. 2

Internet Initiative, which will create a research network that is 100 to 1,000 times faster than today's Internet, and invests in R&D for smarter, faster networks that support new applications, such as telemedicine, distance learning and real-time collaboration.

During the 19th and 20th centuries, governments played a key role in helping build or actively regulate much of the country's transportation, communication and energy infrastructure powering the Industrial Revolution. Although the Internet originated in the U.S. Defense Department research, private sector investments will largely drive its future expansion.

Telecommunications: Manufacturers and software companies have been developing new technologies to allow higher-bandwidth communications across the existing copper network infrastructure, including DSL technologies, compression and faster electronic switches. Communications carriers around the world are building out fiber optic networks; technological advancements including optical amplification and new photonic switches make these high-speed networks more powerful and more efficient.

Satellite: Satellite, telecommunications, electronics and aerospace companies plan to spend close to \$27 billion to build out a global broadband network in the sky between 1998-2002 to reach most of the two billion people that live in areas around the world where phone service is unavailable.

Cable: Thick cable wires pass more than 90 percent of U.S. households, piping in TV programming at speeds much faster than telephone copper carries voice traffic. Four years ago, many cable companies began to prepare the cable network for two-way Internet traffic, investing in fiber optic cable and set-top boxes to decipher voice, video and data sent in digital form.

Wireless: Over time, wireless networks will be integrated with the Internet. Investments in satellites and repeater stations are now being made at a rapid rate to accomplish this. Cellular telephones, pagers and hand-held computers will be able to transmit and receive voice, data and Internet traffic.

Electric utilities: A number of utility companies around the country are beginning to lay thousands of miles of new fiber cable for Internet access at speeds ten times faster than today's high-speed phone connections.

As the number of Internet users grows, accessing the Internet becomes faster and easier to do, and as the number of Internet-enabled devices multiplies, the IT industry's share of the economy can be expected to continue to expand rapidly.

From the Emerging Digital Economy
U.S. Department of Commerce
Washington, D.C. 20230
www.ecommerce.gov

Presidents Message... Continued from front cover

Notably, all of the issues in the survey scored somewhere between "important" and "extremely important." Respondents mentioned other issues in their comments including, "provide emphasis and assistance in training auxiliaries," "emphasize that Pediatric Dentists provide primary care," "provide networking in cases of illness or tragedy," "monitor advertising of general dentists as specialists," "media advertising of the additional training and qualifications of pediatric dentists," "parent education," and "volunteerism (let's give something back to pedo)." Some of these suggestions have been addressed by the Board or committees. If you have other issues that you would like to see addressed in our upcoming strategic planning session, please notify me at larryl@dent.ucla.edu and I will see that they are included in our agenda.

Thank you for your willingness to complete such a long survey. I will be including other results in future messages. I look forward with optimism toward making real progress during this year on some of these issues. If you'd like to help, let me know!

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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CORPUS CHRISTI, TX 78405

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DENOVO
5130 COMMERCE DRIVE
BALDWIN PARK, CA 91706

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HUNTINGTON BEACH, CA 92648

DENNIS NABER
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PALM SPRINGS, CA 92263

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HOUSTON, TX 77210-9649

STEVE GROSS
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9129 LURLINE AVE.
CHATSWORTH, CA 91311

KARIN GIERTZ
GC AMERICA, INC.
3737 WEST 127TH ST.
ALSIP, IL 60803

CAMILLE VARGAS
ULTRADENT PRODUCTS, INC.
505 WEST 10200 SOUTH
SOUTH JORDAN, UT 84095

AYLIN KUMMROW
TEL-A-PATIENT
151 KALMUS, SUITE K-1
COSTA MESA, CA 92626

JERRY ROUSEK
J. ROUSEK TOY CO.
P.O. Box 1759
BISHOP, CA 93515

MARSHA FREEMAN
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KEN ZUCKERMAN, MD
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747-52ND STREET
OAKLAND, CA 94609-1809

KATHY CAPUTO
KATHY CAPUTO, MANAGEMENT CONS.
7 MERRIMAC
IRVINE, CA 92620

JOHNSON & JOHNSON
199 Grandview Road
Skillman, NJ 08558
800-325-9821

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 Marty Steigner, the Chair of Peer Review.

Annual Meetings

2001

March 28 - April 1
Sacramento Hyatt Regency at Capital Park
Sacramento, CA

2002

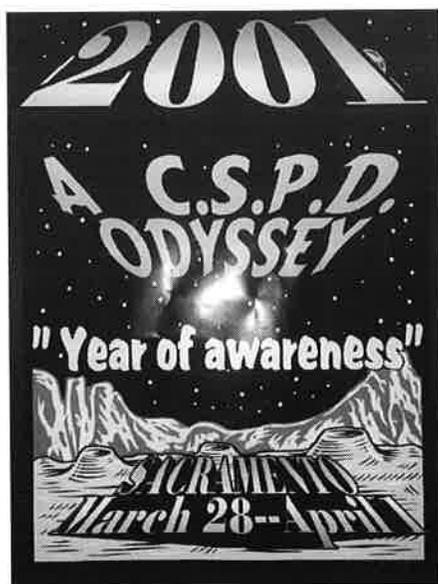
Anaheim Disneyland

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 June 24, 2000.

Board meetings are open to the membership, and you are welcome to attend. Address your written intention to attend to President, Dr. Larry Luke.



Oral Conscious Sedation Update

Assembly Member Keeley will be amending his AB 869 to provide an urgently needed extension of the effective date of the state's oral conscious sedation certification law, which was passed two years ago. The law created a process by which dentists who wish to administer, or order the administration of oral conscious sedation for minor patients would be required to become certified with the Dental Board. The December 31, 1999 effective date is now causing an unexpected problem for dentists since the regulations to implement the law are still under review by the Office of Administrative Law and final approval is not expected until at least March. Dental schools that are prepared to introduce courses on oral medications and sedation cannot move forward until the regulations have been finalized. That situation has placed hundreds of dentists in a very uncomfortable legal limbo, in which they are technically out of compliance with the law but are unable to obtain certificates because the Dental Board has no authority to issue them. AB 869 will remedy this situation by extending the effective date of the oral conscious sedation law until December 31, 2000.

Guidelines for the elective use of conscious sedation, deep sedation and general anesthesia in Pediatric dental patients is contained in the special issue of the Journal of the American Academy of Pediatric Dentistry Reference Manual 1990-00, Volume 21, Number 5. As outlined in the Guidelines, the following are all essential in order to minimize the risk for the patient:

- facilities and equipment
- selection of pharmacologic agents and dosages
- monitoring and documentation
- patient selection utilizing physical status and indication for anesthetic management
- preoperative evaluation
- appropriately trained support personnel
- and emergency medication, equipment and protocols

National college-going rates show 65 percent of recent high-school graduates enroll in college the next fall.

Tidal Wave II

Higher education faces flood of students

Tidal Wave II is the name given by former UC President Clark Kerr to the expected swell in enrollment facing the University of California system and institutions nationwide. The children of the Baby Boom generation are filling junior high and high school classrooms now, and higher education is faced with finding space and other resources. Population growth alone is expected by the year 2015 to account for more than four million additional college students than educated nationwide in 1995. California's public colleges and universities face unprecedented student growth in the next 10 years with enrollment swelling to an estimated 700,000 new students. National college-going rates show 65 percent of recent high-school graduates enroll in college the next fall.

Administrators note that "as long as college education remains an enormous value in the job market and a person's life, the demand for it is not going to decline."

To deal with the demand, colleges across the country are exploring in part such options as:

- the UC system is looking at added off-campus enrollment in distance learning and study-abroad, as well as accelerating the time to graduation..
- an on-line university operated by a consortium of states such as the Western Governors University.
- attendance at large lecture courses via the Internet.

Excerpted from an article that appeared in "New Dimensions" a newsletter for UC annuitants.

BOARD BRIEFS

CALIFORNIA SOCIETY OF PEDIATRIC DENTISTS - MINUTES - BOARD OF DIRECTORS

DATE: MARCH 30, 2000 • MARRIOTT LAGUNA CLIFFS RESORT, DANA POINT ANNUAL MEETING.

The 103rd meeting of the Board of Directors of the California Society of Pediatric Dentists was called to order by Dr. Wayne Grossman on Thursday, March 30, 2000.

In attendance were: Drs. Duperon (Past President), Rowan (Exec. Director), Grossman (President), Luke (President-Elect), Perry (Vice President), Lovingier (Secretary), Mungo (Treasurer), Hansen (Editor), Azama (Treasurer-Elect), Brennan, Udin, Rothman, Chang, Stewart (Directors) Soderstrom, Huene-Christensen, Cortez, DeLorme, Aspis, Ramos-Gomez, and Reggiardo, District VI Trustee. Guests: Jan Moffett.

Dr. Grossman introduced our guests, Jan Moffett who is CSPD's meeting planner, and Dr. Paul Casamassimo, the AAPD President-Elect who will be joining us later, as well as Dr. Ray Stewart, our incoming District VI Trustee of the AAPD.

Abelson facilitating the meeting. The dates will be September 24 and 25, 2000.

TREASURER - DR. MUNGO

Dr. Mungo reported that CSPD has received 94% of the budgeted income and has disbursed 59% of the budgeted expenses.

EXECUTIVE DIRECTOR - DR. ROWAN

The Policy and Procedures manual has been updated and distributed.

The next Board meeting will be held in San Francisco on June 24, 2000. He also reported that the Directory would be published in May for distribution in June. Dr. Barber will supervise the production.

EDITOR - DR. HANSEN

Dr. Hansen summarized his report as presented in the board packet and highlighted a few topics. Ben Franklin Press has ably produced the Bulletin after re-assuming the printing duties. He encouraged the Board and members to send Letters to the Editor concerning matters of corporate importance to the organization.

STANDING COMMITTEE REPORTS

NOMINATING - DR. GROSSMAN

Dr. Grossman reported that we will elect one member at the Annual Business Meeting to serve on the nominating committee for a three-year term. The new committee member will take that position for a three-year term and not assume any other elected roles on the Board during that period.

CHILD ADVOCACY - DR. SODERSTROM

Dr. Soderstrom reported that the CDA Board of Trustees considered an access action plan that would improve access to care. They came up with a 2-year plan in which they will invest \$212,500 dollars.

Dr. Stewart informed the Board that Delta gave CDA \$5,000 approximately two years ago and just recently transferred \$68,000 dollars to CDA. These monies along with \$3,500 that the Academy allotted to this program will provide a budget to train the general practitioner in dental care for children. Teran Gall and Liz Snow plan to have a curriculum planning session sometime in June.

Dr. Aspis reported on Healthy People 2010. This is a follow up of the Healthy People 2000. It was referred to the Child Advocacy Committee for our consideration.

Dr. Casamassimo reported that the Academy feels that the growing interest in pediatric oral health provides a two-year window of opportunity that could result in additional legislative action. Access and the issues surrounding a well funded, well run professionally acceptable and effective Medicaid system is of primary concern as well.

Dr. Grossman would like CSPD to prepare a response to the Surgeon General's Report prior to the release of their statement.

Action: Public & Professional Relations Committee will compose the response for possible use at the time of the release.

DENTAL CARE SUBCOMMITTEE - Dr. CORTEZ

Dr. Cortez reported Kaiser's compliance with AB 3200 and that Kaiser North and Kaiser South are functioning independently. They are negotiating on a case-by-case basis and are admitting patients to a local hospital and paying for the anesthesia services. They do not provide dental equipment in their facilities.

The Dental Board of California approved the oral conscious sedation regulations, but implementation was delayed until January 1, 2001.

CORRESPONDENCE

The California Association of Orthodontists (CAO) asked CSPD to appoint a member to attend their board meeting where the issue of specialty licensure was to be discussed. Dr. Reggiardo attended this meeting, which was held on February 4, 2000. Dr. Reggiardo reported that CAO was to evaluate specialty licensure and make a recommendation to the CDA House of Delegates. During the discussion he informed CAO that CSPD is not in favor of specialty licensure. CAO decided that they would drop specialty licensure completely from their agenda. There will be no proposal brought back to the HOD.

CDA believes that if they can get the specialties to agree on one course of action they will support a consensus report.

OFFICER'S REPORTS

PRESIDENT - DR. GROSSMAN

Dr. Grossman reviewed the status of sedation and patient safety. He also requested that we encourage the collection of email addresses at the meeting. Dr. Rothman suggested that CSPD enforce the issue of compliance with the AAPD guidelines. If this organization is going to get involved and support the members, we should expect compliance.

MOTION: 03.30.00.02: PERRY/RAMOS-GOMEZ: I move that CSPD form an Ad Hoc committee to study sedation and patient safety and report back to the next board meeting. PASSED

Action: Dr. Luke will formulate an ad hoc committee on patient safety. Dr.'s Aspis, Mungo, Cortez, Rothman, Christensen and Chang expressed interest in serving on this committee.

Dr. Grossman informed the Board that Dr. Martin Steigner was appointed as the Peer Review committee chair.

California Primary Care Consortium (CPCC) - Dr. Grossman reported that during the last Board meeting it was decided that CSPD would investigate membership in this advocacy group.

MOTION: 03.30.00.05: CORTEZ/MUNGO: I move that CSPD join the CPCC as an organizational member at the regular status.

PRESIDENT-ELECT - DR. LUKE

Our attendance for the meeting was reported at 140 dentists & students, 60 spouses and guests and 70 auxiliary staff.

VICE PRESIDENT - DR. PERRY

Dr. Perry welcomed the new members to the Board. He gave the Strategic Plan worksheet report highlighting the changes since the last Board meeting. Dr. Perry presented information regarding the 2000 strategic planning meeting. The meeting will be held at the Double Day Guest Suites in Santa Monica with Sig

Please see page 11

Board Briefs... Continued from pg. 10

Dr. Cortez discussed the revision of the guidelines for the hand over mouth exercise (HOME). Dr. Reggiardo reported that the Academy is currently revising the guidelines on behavior management.

LEGISLATIVE & GOVERNMENTAL AFFAIRS - DR. PERRY

Dr. Perry reported that CDA has been developing a position paper on custom fit mouthguards. The Community Health Committee will present a paper at the next CDA Trustee meeting. If approved, it will move on to the CDA House of Delegates for their consideration. He believes that CSPD should assist CDA in the development of this document.

MOTION: 03.30.00.06: PERRY/SODERSTROM: I move that the appropriate committee develop a position on mouthguards and present it to the next board meeting for approval. PASSED

Action: The Child Advocacy or the Dental Care committee will develop a position on mouthguards and present it at the next board meeting.

CALIFORNIA DENTAL BOARD - DR. REGGLARDO

Licensure by Credential and Specialty Licensure have been removed from the agenda at this time. He also clarified the Standards for the Announcement of Specialty Practice. This section states that unless you have board certification or current board eligibility, you cannot advertise that your practice is limited to a specialty.

Dr. Reggiardo reported that the Dental Board of California approved the oral conscious sedation regulations, but implementation was delayed until January 1, 2001. CSPD will be asked to examine the case submissions. A list of criteria will be provided by which the cases will be evaluated. Once the Board approves the criteria and mechanism, the examiners will conduct the review.

CONTINUING EDUCATION - DR. LOVINGIER

Dr. Mungo reported on the course on faculty development. The committee has a basic outline of content. They are considering the creation of a video of a course to be given in Northern and Southern California. Subsequently, the video would be distributed to each of the dental schools in the state.

FINANCE COMMITTEE - Dr. MUNGO

Dr. Mungo believes that the Treasurer's position would greatly be enhanced by the use of a bookkeeper.

MOTION: 03.30.00.07: MUNGO/SODERSTROM: I move that the board approve the hiring of a professional bookkeeper to assist the Treasurer in the preparation of all financial reports including: Asset Report, Reconciliation Summary, Income/Expense Report. PASSED

Respectfully Submitted,
Lonnie Lovingier,
Secretary

Web Notes

RECENT POSTING ON THE CSPD WEBSITE

WWW.CSPD.ORG

In What's New see:

Reprints from the Summer Bulletin
President's Message Summer 2000
Gatekeepers
Board Briefs, Annual Meeting at
Dana Point
News Briefs - Summer 2000
Tidal Wave II
Web Without Wires
Larry Luke Bio
Making the Internet Faster
Oral Conscious Sedation
Officers and Committees 2000-2001
Sponsors 2000-2001



DOWNLOAD SITES OF INTEREST

MP3 AND DIGITAL AUDIO

Real Player - www.real.com/player
Windows Media Player - www.microsoft.com/windows/mediaplayer
Or Macast - www.macast.com

POLITICS

George Bush www.georgebush.com
Al Gore www.algore2000.com
Voter Registration www.rockthevote.org

ATHLETES

Athletes Direct www.athletedirect.com

MORE

Find What's Playing at your Local Theatre at www.showtimes.hollywood.com
The Weather at www.weather.com
White House Electronic Publications at www.pub.whitehouse.gov
The Doonesbury Electronic Town Hall at www.doonesbury.com
Keep tabs on your elected officials at www.rollcall.com
Need a copy of a television or film script? See www.script-o-rama.com.
Health Central at www.healthcentral.com
Ask Dr. Weil. www.pathfinder.com/drweil
Need more help? See www.healthscout.com
Golf e-zine by Greg Norman see www.shark.com

CSPD SPECIAL GUESTS

Special guests Dr. Paul Casamassimo, President of the American Academy of Pediatric Dentistry and first President of CSPD, Dr. Weyland Lum are shown enjoying the welcoming party festivities.

Dr. Casamassimo delivered a luncheon talk that outlined the current and projected activities of our parent organization. Dr. Lum has supported the programs and projects of CSPD since its beginning 25 years ago. We owe much to our current and past leadership that has given vision and stability to the profession of dentistry and our specialty. We salute your dedication and perseverance in the delivery of superlative oral health for children.

AAPD President-Elect
Paul Casamassimo & Weyland Lum,
first President of CSPD.





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 Tom Barber

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 Mel Rowan, ex-officio.

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 Joe Renzi, 01
 Lori Good, 02
 Randall Wiley, 03

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 Nicholas Brajevich
 Cynthia Weideman
 Diane Szgorich
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 Catherine Christensen
 Weyland Lum

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Continuing Education Robert Fisher
 Hugh Kopel
 Jacob Lee
 Mike McCartney
 Gila Dorostkar

Finance Ann Azama
 Richard Mungo
 Larry Luke
 Mel Rowan, ex officio

Annual Meeting 2001 Sacramento Richard Mungo
 Annual Meeting 2002 Anaheim Lonnie Lovingier
 Annual Meeting 2003 Victoria Ann Azama
 Annual Meeting 2004 Site Selection Ann Azama & Cathy Christensen
 Mel Rowan

Ad Hoc Strategic Planning Coordinating Committee David Perry & Lonnie Lovingier

Ad Hoc Committee on Improving Access to Care David Perry
 Mark Lisagor
 Fred Coleman
 Ray Stewart
 Francisco Ramos-Gomez
 Andrew Soderstrom
 Richard Udin
 Julie Jenks
 Consultants: Reid Snow & Robert Isman

Ad Hoc Committee on Patient Safety David Rothman
 Santos Cortez
 Cathy Christensen
 Richard Mungo
 Leslie Aspis
 Peter Chiang

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