

# Bulletin

Fall 2003

www.CSPD.org

Vol. XXXI No. 3

## PRESIDENT'S MESSAGE

### *Strategic Planning*

## CSPD Confirms Its Direction for the Next Three Years

Every three years CSPD sets aside time to participate in a strategic planning session. During this time, the board first confirms its mission. What is our purpose? We methodically identify the strengths, weaknesses, opportunities and threats to our organization. Then we brainstorm a plan to avoid the threats and capitalize on our opportunities to accomplish our mission. The entire process establishes the direction for CSPD. It then becomes the role of the board members to stay on course. The strategic plan maintains consistency in accomplishing the decided mission of the organization, and prevents it from getting sidetracked by pet projects.



Dr. Lonnie Lovingier

Dr. Mel Rowan facilitated this year's strategic planning session. He began his year facilitating the strategic planning session for the AAPD. By the time our date came up, Dr. Rowan was on his fourth planning session. This is a tremendous amount of work. To facilitate the session well, requires knowledge of the organization, the people involved, current issues, experience in the field and enough previous information to prepare for and initiate pertinent discussion. It is important to encourage independent and creative thinking that is "out of the box", yet at the same time keep everyone focused on our objectives. This is a very difficult task and Dr. Rowan was superb. CSPD is thankful to have him as an executive director, member, and facilitator.

This year, CSPD reconfirmed our mission and that is to advocate optimal oral health and general welfare of infants, children, adolescents, and persons with special needs. We are to serve our members and represent the specialty of pediatric dentistry in California so that we can achieve excellence in practice, education and research.

The CSPD board identified three general goals, efficient top-quality governance, caries-free population of children in California, and valued membership services.

I would like to highlight two specific objectives that will be shaping our near-term future. We have suggested an expansion of membership categories to include affiliate and allied health categories. The second issue involves the creation of a Public Policy Ad-

vocate at the Board level.

The American Academy of Pediatric Dentistry has expanded its membership by accepting previous members of the American Society of Dentistry for Children into the Academy. CSPD believes that the creation of a new category of membership will benefit everyone and improve our organization. It has also been suggested that an affiliate member category be established. Applicants for this category of membership are dentists who are non-pediatric dentists residing in California whose interests are consistent with the mission of the Society. Privileges for this category of membership include participation in all of our events with the limitation that they may not use the Society name, membership status or logo, nor imply special expertise or training in pediatric dentistry. In addition, the board believes that the creation of a category for allied professionals will benefit the organization. Applicants for this category of membership includes all non-dentists residing in California whose interests are consistent with the mission of the Society. I believe that we will eventually see these members working side-by-side with our pediatric dental colleagues.

The second issue I would like to expand upon is the creation of a board position entitled Public Policy Advocate (PPA). CSPD has been functioning with a legislative and governmental affairs committee that basically provides information regarding action taken by California legislators, The Dental Board of California,

*Please see page 5*

## IN THIS ISSUE

President's Message .....	1
Denti-Cal Denied .....	2
Celebrating 50 Years of ASDC .....	3
2004 Annual Meeting Update .....	3
Auxiliary Continuing Education .....	3
CSPD Public Policy Advocate .....	4
Mandated Dental Exams .....	4
Update on LA POHAP .....	5
Call for Table Clinics .....	5
Wireless Networks .....	5
CSPD Foundation .....	6
CSPD Foundation	
President's Message .....	7
Donor Form .....	7
Denti-Cal News .....	8
News Briefs .....	8
Editorial: "Access to Care" .....	9
Distribution of Medicaid	
Dental Services .....	9
CSPDF Strategic Plan .....	10
Sponsors .....	10
Board Briefs .....	11
Web Notes .....	11
Committees & Officers .....	12

## Save-The-Date

CALIFORNIA SOCIETY OF PEDIATRIC DENTISTRY

Is pleased to announce our speaker and dates for the 2003  
Auxiliary CE Course

### "Overview of Oral Conscious Sedation"

Dr. Thomas Lenhart is a practicing dental anesthesiologist, and an entertaining speaker with a wealth of knowledge on drug pharmacology and emergency medical response

---

Northern California in San Fran Airport Area      Southern California at the Sheraton Cerritos  
Friday, November 14, 2003      Saturday, November 15, 2003

Mark your calendars now! Look for details and registration in September.

*Auxiliary Course Announcement...see page 3*

# Denti-Cal Denied

Excerpted from a Report by the Health Consumer Alliance with the Health Rights Hotline entitled: "Consumers' Experiences Accessing Dental Services in California's Medi-Cal Program."

## Executive Summary of Findings

### I. CONSUMERS WITH HEALTH COVERAGE THROUGH MEDI-CAL FACE BARRIERS TO ORAL HEALTH CARE

**Finding 1:** Denial of essential dental services is the problem most frequently reported to the Health Consumer Alliance (HCA) and the Health Rights Hotline (Hotline) by Medi-Cal beneficiaries who are trying to access dental care.

#### Recommendations

A. Improve oversight of the Denti-Cal Program by initiating a Quality Assurance and Quality Improvement plan for improving consistent coverage of services and performance review of all parties contracted with DHS to administer the program.

B. Establish a Denti-Cal stakeholders group to assist reform efforts; improve communication between the state, providers, and consumers; engage in policy formulation; and track the effect of programmatic changes. The group should include consumers and their representatives as well as a variety of health professionals, including dentists, hygienists, primary care physicians, and school nurses.

**Finding 2:** Oral health services for children are unduly burdensome to access under Denti-Cal because the Department of Health Services (DHS) has not implemented a process that guarantees access to EPSDT services.

#### Recommendations

C. The Denti-Cal Provider Manual should accurately and clearly state covered benefits for children. In addition, the manual should include a general statement that all medically necessary care for children is covered according to federal Medicaid and EPSDT law.

D. DHS must simplify the EPSDT Treatment Authorization Request (TAR) form and EPSDT TAR process. All TARs for children under age 21 should automatically be evaluated under the EPSDT standard. Routine care for children should be available without a TAR.

**Finding 3:** Partial dentures are covered for adults only in limited circumstances. Because full dentures are covered, adults with missing teeth may need to have remaining, healthy teeth pulled in order to receive a needed denture.

#### Recommendation

E. California should enact legislation that expands the availability of partial dentures for adults. Criteria should be developed to establish when partial dentures are medically necessary (e.g. proper nutrition).

### II. CONSUMERS FACE BARRIERS TO CARE AT THE DENTAL OFFICE

**Finding 4:** Denti-Cal beneficiaries who do not speak English experience significant difficulty communicating with their providers due to lack of language access at the dentist office and

within the dental HMOs.

#### Recommendations

F. DHS must ensure that all dental providers provide meaningful access to dental services, including providing oral interpretation services and written translated materials for their beneficiaries who speak limited English. DHS must develop a program to ensure that there is effective communication between the dental provider and the patient. This includes:

- \* Assessing the language needs of the Denti-Cal population;

- \* Developing a comprehensive written policy on language access which includes both oral interpretation services and translation of written materials, especially vital documents such as applications, informed consent forms, letters containing information regarding the eligibility or participation criteria, notices pertaining to reduction, denial or termination of services or benefits, or any other document pertaining to the legal rights of the patient;

- Training of dental providers and their staff; and

- Vigilant monitoring of the language assistance program.

G. DHS should develop a reimbursement procedure for Denti-Cal providers using federal matching funds for providing language services to its Denti-Cal beneficiaries.

**Finding 5:** Providers often are misinformed about which dental services are covered under Medi-Cal and therefore may not submit requests for treatment authorizations.

#### Recommendations

H. The Denti-Cal Provider Manual should accurately and clearly state which services are covered benefits. The manual should include a general statement that all services to correct or ameliorate a dental condition for children are covered as well as an accurate description of full coverage for adults under state and federal law.

I. DHS must improve provider education and provide clearer guidelines on what services are covered and how to submit TARs.

### III. EVEN AFTER DENTISTS REQUEST AUTHORIZATION FOR SERVICES, THE TAR PROCESS CREATES BARRIERS FOR CONSUMERS

**Finding 6:** TARs seem to be given inadequate consideration and are denied for illogical reasons. In addition, DHS does not abide by its own written standards for approving TARs that ensure access to essential dental care.

#### Recommendation

J. DHS must assure that TARs are given adequate consideration by providing more stringent oversight of the TAR review process. Such oversight should include:

- \* Identification of simple omissions or errors in TAR submissions and immediate follow-up with providers to expedite form completion;

- \* Review of all TARs by licensed dentists and orthodontists;

- \* Improved training of TAR reviewers (DHS should make training notes available to the public);

- \* Routine auditing of denied TARs to assure DHS standards are met;

- \* Tracking of TAR disposition including the number of denials and the reason for the denial; and

- \* Weekly referral of all dental and orthodontic denials including the consumer's contact information to consumer advocates to allow follow-up, advice, and assistance with an appeal when appropriate.

For more information on the Health Consumer Alliance, visit the web site at [www.healthconsumer.org](http://www.healthconsumer.org). The Health Rights Hotline web site is [www.hrh.org](http://www.hrh.org).

*Denti-Cal Oral health services for children are unduly burdensome.*

## California Society of Pediatric Dentistry BULLETIN

CSPD members are encouraged to contribute to the Bulletin. Articles, Letters to the Editor, or other items of interest are welcome. Items for publication may be submitted by e-mail ([rhansen@cspd.org](mailto:rhansen@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 Dentistry 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 Dentistry.

# Hotel Del Coronado, San Diego, 1953

This year marks the fiftieth anniversary of second annual meeting of the Southern California Unit of the American Society of Dentistry for Children. The meeting was held at the Hotel Del Coronado in San Diego. The accompanying photo taken on the entry steps of the hotel depicts a large number of practitioners who were interested in "Pedodontics." While many of the attendees were not limiting their practices, a large percentage had "declared" themselves to be "Pedodontists" and were limiting their practices to children's dentistry. At this time period there were a few graduate programs in "Pedo" but none were located in California.

Many of those in attendance are noted in the following list.

Drs. Al Anderson, Al Baum, Bernard Rabinowitch, Bill Vanderhof, Bob Andrews, Charles Mehlum, Elsie Schildwachter, Gerald Teudt, Harold Barnes, Harold Berg, Jack Longley, Mario Fusco, Maury Massler, featured speaker from the University of Illinois, Mode Perry, Richard Hallberg, Robert Hamilton, Robert Reed, Roland

Hansen, Roland Miller, Ronnie Jones, Ray Bourquin, Stewart Anderson, and Ted Wendorff.

Our congratulations to this California cadre of aspiring pediatric dentists who created the framework for organized dental practitioners who were dedicated to the treatment of the young dental patient. If you can identify



*ASDC meeting attendees c. 1953*

any other attendees in the photograph, please communicate with the Editor.

## Update on 2004 Annual Meeting

April 1-4, 2004, Hilton La Jolla Torrey Pines  
Santos Cortez, Vice-President, Meeting Chair

### Auxiliary Course

An auxiliary course on "California Law and OSHA" to comply with RDA license renewal will be presented on Friday, April 2nd, 2004 from 8:00 a.m.-11:30 a.m.

### Vendors/Exhibitors

I would like to encourage our membership to plan ahead to purchase supplies at the meeting. This makes it a financially rewarding event for the exhibitors who also help defray the cost of our meeting. It's a win/win situation. Just as importantly we maintain the friendships developed throughout the years.

### Hotel Amenities

The Hilton at Torrey Pines is perched atop Southern California's spectacular coastline and overlooks the legendary Torrey Pines Golf Course. This four-star, four-diamond hotel is located in the upscale resort town of La Jolla, San Diego's prestigious beach community. Our guests enjoy an exclusive resort setting, near San Diego's world famous attractions, including the Zoo and Sea World as well as museums, live theatre and the symphony

Take a dip in our sparkling swimming pool or explore the trails along the Torrey Pines State Reserve. We, also offer three lighted tennis courts, fitness center, whirlpool and putting green. The Spa at Torrey Pines, just steps away via a tranquil footbridge, offers guests a full range of spa services provided in the spirit of relaxation and rejuvenation.

All 394 guest rooms and suites feature furnished patios or balconies with views of the manicured gardens and the Torrey Pines Golf Course. Designed with your comfort in mind, accommodations include a sitting area, work desk, three telephones, bathrobes, coffee maker and a self-service mini bar. Our personalized services are complimentary to our guests and include delivery of the morning newspaper, shoeshine, light garment pressing, and town car service to shopping throughout La Jolla and Del Mar.

*All 394 guest rooms and suites feature furnished patios or balconies.*

## Overview of Oral Conscious Sedation

### Course Description

This course is designed for dental auxiliaries who desire a comprehensive and up-to-date review of oral conscious sedation for the pediatric dental patient. The course will focus on the important role of dental auxiliaries especially in the areas of patient evaluation, monitoring and sedation emergencies.



*Dr. Lindsey Robinson*

### Course Schedule

8:00am - 8:30am

8:30am - 8:45am

8:45am - 9:30am

9:30am - 10:30am

10:30am - 10:45am

10:45am - 12:00 noon

Registration

Welcome, Introduction, Announcements

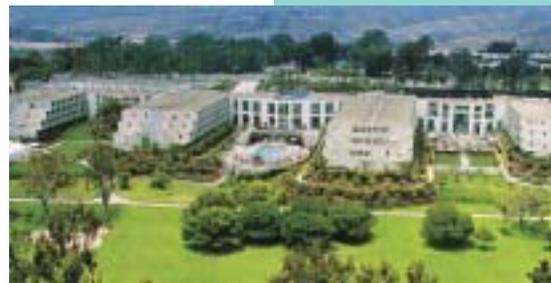
Definitions, Sedation Guidelines, and Legal Issues

Pediatric Physiology & Airway

BREAK

Patient Evaluation and the Obese Child

*Please see page 10*



*Hilton Torrey Pines - site of the 2004 Annual Meeting*

# CSPD Public Policy Advocate

## *A Proposal*

The CSPD Public Policy Advocate shall be nominated by the President and appointed by majority approval of the Board of Directors. The term of appointment shall be for one year and shall coincide with the terms of the elected officers. The Public Policy Advocate may be re-appointed for an unlimited number of one year terms at the discretion and approval of the Board of Directors. The President or President-Elect may utilize a search committee when appropriate to secure candidates and make recommendation to the Board of Directors for the appointment of the Public Policy Advocate.

The Public Policy Advocate shall serve without stipend, but will be reimbursed costs directly associated with travel and lodging when representing or attending meetings of the Society, and paid a per diem allowance of \$100 to offset personal expenses, including meals.

The Responsibilities of the Public Policy Advocate shall include, but not be limited to, the following

1. To serve as the Society's advocate for the oral health issues of infants, children, adolescents and patients with special health care and developmental needs primarily, but not exclusively, at the state level. The Advocate shall interact with the legislature and other elected bodies, regulatory agencies, licensing bureaus, professional health and child welfare organizations, foundations, institutions of dental education, publicly-funded safety net programs and the private sector benefits industry, as well as the public at all levels of policy making, in representing children's oral health issues.

2. To cultivate and maintain working relationships with key policy makers which allow access to the decision making process of government and society in matters of children's oral health.

3. To coordinate in so far as possible the advocacy efforts of the California Society of Pediatric Dentistry with those of the American Academy of Pediatric Dentistry and the California Dental Association.

4. To monitor on an ongoing basis issues which affect the oral health of children and to serve as an information resource to the Officers and Directors of the Society regarding these issues.

5. To provide, upon request, recommendation for CSPD policy or action in matters pertaining to oral health and public policy.

6. To work with the appropriate committees of the Society as directed by the Executive Committee or Board of Directors in advancing the CSPD legislative, advocacy and child welfare agenda.

7. To assist the Officers and Directors in setting advocacy goals for the Society and devising strategies to achieve these goals.

The Duties of the Public Policy Advocate shall include, but not be limited to, the following:

1. To attend the meetings of the Board of Directors of the California Society of Pediatric Dentistry and to provide at each meeting, or when otherwise requested, a written report of the activities of the Public Policy Advocate and issues affecting children's oral health.

2. To attend, at the direction of the Executive Committee or the Board of Directors, such meetings of other organizations and bodies as necessary to effectively advocate children's oral health issues. These may include meetings of the Dental Board of California, The DBC Committee on Dental Auxiliaries, the California Dental

Association House of Delegates, the CDA Interdisciplinary Affairs Council, and regularly scheduled or special meetings of other healthcare organizations, government bodies or regulatory agencies.

3. To monitor all bills under consideration by the state legislature which affect children's oral health and to make recommendations by written report at each meeting of the Board of Directors for CSPD position and possible course of action on each bill.

4. To prepare, at the direction of the Executive Committee or Board of Directors, written correspondence or other directives necessary to the public or private discourse in matters pertaining to children's oral health policy and to provide written or oral testimony before state legislative committees, governmental agencies, or regulatory bodies.

5. To submit, on a regular basis, articles for *The Bulletin* which inform and educate the membership on issues of public policy and oral health.

## Mandated Dental Examinations

### *An Update*

An issue of the *Bulletin* in 2002 presented an early draft in Q & A format on a resolution by CSPD to seek mandated dental examinations for children entering kindergarten through first grade.

I was asked by then President, David Perry to chair a special committee on Mandated Dental Examinations. Since that time we have been able, through the efforts of Paul Reggiardo, Ray Stewart, Jenny Stigers and many others to bring this issue before the American Academy. Subsequently, AAPD passed a policy statement affirming the early position of CSPD. At this time the CSPD Board of Directors has affirmed a position paper which parallels the position of AAPD. This working document will be presented at the California Dental Association Joint Policy Council meeting in October. The document will then be presented to the CDA House of Delegates in November. So, what is the outcome of all this invested energy on this issue?

We hope to encourage the state of California to adopt a statutory regulation that will mandate an early dental examination to rule out oral disease. Although it may be obvious to most oral health professionals that dental disease can be identified at an early date, the public may not be aware of this important fact.

A call to action is necessary. Let's begin to educate school administrators, school nurses and legislators by informing them about the negative aspects of poor oral health. Early examination is important to the overall health of our children.

As professionals we are aware that the public accepts the edict that immunizations and a physical exam are important prior to entering school. Let's now connect oral health to the rest of the body and create a higher level of overall health for our children.

Santos Cortez, DDS, Vice-President  
Chair, Special Committee on Mandated Dental Examinations

*Duties and responsibilities are defined for the Public Policy Advocate.*

# Update on LA POHAP

Los Angeles Pediatric Oral Health Access Program

The Los Angeles Oral Health Foundation (LAOHF), in partnership with the California Dental Association Foundation (CDAF), has received a grant from L.A. Care, support from the California Society of Pediatric Dentistry, and a corporate sponsorship from Space Maintainers Laboratory to present a comprehensive pediatric dentistry training program to 50 general practice dentists throughout Los Angeles County. This program is designed to increase access to dental care for the underserved by providing general dentists the skills and knowledge necessary to expand their practices to provide dental services to children under 5 years of age, including children with special needs (those with physical and developmental disabilities). At the completion of the no-cost training program, each participating dentist will have agreed to regularly treat infants and young children in their practice and to provide free dental care to 18 underserved children by December 31, 2004 who require urgent, extensive treatment, have no private/government benefits and are not able to pay for dental services.

The Program will consist of the following educational components:

- 21 hours of didactic lectures and presentations by 5 of the most prominent pediatric dentists in the USA, including Drs. Adair, Sheller, Waggoner, Donly, and Casamassimo. Subjects will include Prevention, Behavior Management, Interventions/Restorations, Diagnosis/Treatment Planning, Special Needs Patients, and Case Presentations. Courses will be presented on September 13<sup>th</sup>, 14<sup>th</sup>, and 20<sup>th</sup>, 2003 at the USC School of Dentistry.
- One day of hands-on, laboratory, "Bench" Training by Dr. Yaari of the USC, Dept. of Pediatric Dentistry will be presented on September 21<sup>st</sup>, 2003 at the USC School of Dentistry.
- One day of Mentoring in a Pediatric Dentist's private office in Los Angeles County will be scheduled during the month of October 2003.
- A 25-hour Oral Conscious Sedation (OCS) Course, approved by the Dental Board of California for an OCS permit, to be given by Dr. Tim Silegy on October 17<sup>th</sup>, 18<sup>th</sup>, and 19<sup>th</sup>, 2003.

The feedback received from the students has been very positive thus far.

The following Pediatric Dentists have participated as either Mentors or Case Presentation Facilitators.

## Mentor Name

Bernard Gross  
Darrin Hirt  
David Chin  
Dean Schweitzer  
Estela Sanchez  
Frank Enriquez  
Gerald Kirshbaum  
Grace Yeh  
John Guijon  
Judith Pabst  
Kathleen Siu  
Khanh Le  
Ned Momary  
Phillip Trask  
Richard Sharp  
Robert Stella  
Ruth Becker  
Santos Cortez  
Scott Fishman  
Scott Jacks  
Sonia Remolina

## Facilitators

Gardner Beale  
Frank Enriquez  
Ned Momary  
Robert Stella  
Khanh Le  
Mark Goldenberg  
Estela Sanchez  
Santos Cortez  
Scott Jacks

*Santos Cortez, DDS, Vice President*

# Call for Table Clinics

CSPD and District VI members, pre and postdoctoral students are invited to submit an application for a Table Clinic presentation to be given at our Annual Meeting in San Diego at the Hilton La Jolla Torrey Pines on April 1-4, 2004.

Please submit a title, a brief description, and your table setup requests to Dr. Jeffrey Wood, UOP Dental School, 2155 Webster Street, Room 522-I, San Francisco CA 94115 or email to [jwood@uop.edu](mailto:jwood@uop.edu)

Space is limited - An early application is requested and electronic submission is preferred. Clinician space will be limited to the first twenty that apply.

# Wireless Networks

Excerpted from Dental Abstracts

*The Official Publication of the Pierre Fauchard Academy, September/October 2003*

Why a Wireless Network? Currently available wireless networks use radio waves to achieve high-speed connectivity over long distances, even through walls and floors. These networks can be accessed through desktop computers and through personal digital assistants and laptop and tablet computers. The lack of cables allows networks to be installed and used even in small rooms with complex equipment. The hub of the network is typically a central access point, with a separate network receiver card for each device. This equipment can be added to a conventional wired network or used to create a completely wireless network.

## President's Message from page 1

and California Dental Association. The members of this committee and its subcommittees have done a fine job keeping the board aware of statewide legislative activities.

However, we have learned that we are not effective in providing valuable input into the decision-making process. And, as the experts of the field, we certainly are not been able to substantially contribute in this arena.

CSPD has positioned itself with CDA as the respected voice of children's oral health in the state of California. We should now advance our position from observers of public policy to creators of public policy. The board should not be spectators, reviewing bills effecting oral health of children, but take an active role in support or opposition to legislation. We should, where appropriate, be listed as supporting or opposing legislative action. On occasion, we should take the initiative in providing testimony before legislative committees considering proposed law.

The key ingredient to accomplish this goal is networking with the appropriate people. We need to create a close working relationship so that we know the right individuals to call upon. It is anticipated that when a working relationship has been established, we would be called upon for our expert opinion. The position basically becomes a non-paid CSPD child advocate lobbyist. Since we already have a good start on developing the duties and responsibilities of this position, I expect to see it functioning by the end of 2004.

*A "Wi-Fi" network, allows communication speeds of 11 to 22 megabits per second over distances of 300 feet.*

# 2002-2003 ANNUAL GIVING CAMPAIGN DONORS

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President's Message

CSPD Foundation Calls for Grant Proposals

A formal Request for Proposal will be sent this month to all pediatric dental program directors and chairpersons in California.

dents who have the potential and the interest to pursue careers in academe.

Some of the 2003 Foundation grants included funding for a research project that will identify those students with predictors for academic success...

The Foundation encourages creative, innovative approaches to facilitating mentor relationships and invites all faculty to apply.

FOUNDATION AWARDS RESEARCH GRANT

The Professional Activities Committee of CSPD has selected a project by UCLA postdoctoral residents Kirk Robertson, DMD, and Christian Lopez, DDS, entitled "The Use of Mineral Trioxide Aggregate for Vital Pulpotomies in Primary Molars".



Dr. Mark Lisagor, Foundation President

Foundation Launches 3rd Annual Giving Campaign

Building on a very successful first two years, the CSPD Foundation has launched the 3rd Annual Giving Campaign this month.

The emphasis on this year's campaign is to appeal to the other half of CSPD's membership to join their colleagues in supporting this very important effort.

This Foundation is uniquely focused on addressing the crisis in pediatric dental education in California.

The board hopes that many more CSPD members will show their commitment to the future of this specialty in California by sending in a check this year.

Annual Giving Campaign 2003-2004

All contributors receive the following benefits:

Recognition in the CSPD Foundation's Annual List of Contributors published in special inserts in the CSPD Bulletin and the Annual Meeting program; Badges showing membership level to be worn during the CSPD Annual Meeting

MEMBERSHIP OPPORTUNITIES

Presidents' Circle

Presidents' Circle donors receive the following additional benefits:

Special designation in Annual List of Contributors, in CSPD Bulletin, at Annual Meeting
Personal Annual Briefing by Foundation Trustees

- Gold \$1,000 or more
Platinum \$2,500 or more
Sustaining Life \$10,000 may be payable in up to 10 annual installments of \$1,000 each
Life \$10,000 may be payable in up to 5 annual installments of \$2,000 each
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Amount Enclosed: \$ Return to: CSPD Foundation, PO Box 4977, Palos Verdes, CA 90274

# Denti-Cal News

Denti-Cal now requires Documentation with Claims for Restorative Procedures per AB 1762

Assembly Bill 1762, which was chaptered on August 11, 2003, has necessitated this revised bulletin that replaces the previous bulletin (July 2003, Volume 19, Number 21).

AB 1762 amends Welfare and Institutions (W&I) Code 14132.88(f) to require pretreatment radiograph documentation for post treatment claims to establish the medical necessity for dental restorations (fillings and prefabricated crowns) and to reduce fraudulent claims for unnecessary restorative services. In order to avoid any undue barriers to accessing dental care, pretreatment radiographic documentation for post treatment claims will be required only when there are four or more dental fillings being completed in any 12-month period, per beneficiary, and claims for prefabricated crowns. Denti-Cal will review a subset of these claims using a computerized selection method.

For dates of service beginning October 1, 2003 the Department of Health Services will require the following.

Pretreatment radiographic documentation for post treatment claims to establish the medical necessity for all ADA-approved prefabricated crowns (including stainless steel crowns).

For procedure 670 (primary teeth), the radiograph must clearly demonstrate decay, fracture, or other damage involving three or more tooth surfaces; or two surfaces extending: extensively buccolingually or mesiodistally; or submitted in conjunction with pulpal therapy on the same tooth.

For procedure 671 (permanent teeth), the radiograph must clearly demonstrate traumatic or pathological destruction to the crown that is identical to the existing tooth type-specific criteria for laboratory-processed crowns; or that the stainless steel crown will restore an endodontically treated tooth.

Medi-Cal Dental claims for restorative procedures (600, 601, 602, 603, 611, 612, 613, 614, 645, and 646) require submission of radiographs that clearly demonstrate that destruction to the tooth (decay, fracture, missing restorations, et cetera) extends through the dentinoenamel junction (DEJ). This submission requirement also applies to the replacement of existing restorations. The placing of restorations solely to replace tooth structure that was lost by attrition, abrasion or erosion, or solely for cosmetic purposes will continue to not be a benefit.

If dental radiographs are contraindicated for a particular patient, or if the submitted radiographs do not accurately depict the decay/destruction observed clinically, then providers should submit intraoral photographs. The contraindication must be specifically documented. Intraoral photographs may be submitted with:

- Fiber Optic Transillumination
- DIAGNOdent Readings
- Caries Detection Dye
- Caries Risk Assessment
- Operating Room (O.R.) Report

Without photographic documentation augmented, if necessary, with the aforementioned clinical adjuncts used to diagnose caries, restorative services will be denied or modified when the submitted radiograph does not adequately show that the destruction penetrates the DEJ. The written statement "caries penetrates the DEJ" will no longer be considered adequate documentation for payment of a restoration. In addition, claims will be denied when necessary radiographs and/or photographs are not submitted. Should the claim be denied and/or exceptional circum-

# News Briefs

Dr. David Perry is the first dentist to be accepted into the Healthcare Leadership Program, which is populated almost entirely by physicians and administrators. Congratulations Dave

The Annual Meeting for 2005 will be held at the Monterey Plaza Hotel and Spa on April 7-10, 2005. The Monterey Bay Aquarium has been reserved for the Saturday night event.

See [www.mbayaq.org](http://www.mbayaq.org)

The CSPD Foundation Bylaws were amended and accepted by the Board of Directors at their September meeting. Drs. Sobel and Wood have been asked to create a speaker's list to serve undergraduate student group. The Foundation held a strategic planning session in June of 2003.

Dr. Tom Barber, Former Chair of Pediatric Dentistry at U.C.L.A., celebrated his 80th birthday on September 26th.

## New CSPD Members

Active Members: Drs. Michael D. Saxe, S. Roya Sadrian, Joyce C. Kim, Isabella Piedra, Allen J. Job and Miguel, A. Hipolito. Postdoctoral Student Members: Drs. Sharon Freudenberger, Diane Colter, Phoebe W.Y. Tsang, Risika R. Naran, Ann L. Tornabene, Christina Y. Chun, Andrea C. Pinnick, Brice H. Takata, Linh N. Tsai, Ryan C. Moffat, Janel S. Ancheta, Elena S. Rumack, Heather R. Lauer, Meagan M. Foster, Andrew T. Nguyen, Eunha Cho, John P. Waschak, and Peter R. Bond.

Reinstatement of Membership: Drs. Shiva Roghani, and Mohamad G. Abdul-Fielat,

Life Membership Applications

Life membership requests from Dr. Larry Luke and Dr. Raymond Braham.

stances exist, a Claim Inquiry Form (CIF) may be submitted for reconsideration.

Submitted radiographs and photographs must conform to the existing requirements and must be:

Properly dated with the mm/dd/yy and labeled legibly with the patient's name as well as the Provider's name and Medi-Cal provider number. In order to enhance Denti-Cal's ability to return misplaced radiographs, it is recommended that providers also place the beneficiary's Social Security number or Benefits Identification Card number on the radiographs.

Current: taken within the last 8 months for primary teeth and within the last 14 months for permanent teeth.

Of diagnostic quality.

Labeled "right" or "left."

Radiographs in multiples of four or more must be mounted.

It is important that Denti-Cal Dental Consultants be able to correctly identify the area/arch/quadrant/tooth number(s) depicted in submitted intraoral photographs. If radiographs and/or photographs are NOT to be returned, indicate "do not return" on the envelope.

Providers who are currently using the Electronic Data Interchange (EDI) are encouraged to continue to use the EDI for procedure codes impacted by this bulletin. The documentation requirements as stated above apply to electronic claims, but radiographs, photographs and other clinical documentation DO NOT need to be mailed to Denti-Cal at the time the electronic claim is transmitted. Denti-Cal will select certain electronic claims using a computer-

*Beginning on  
October 1 a number  
of important  
Denti-Cal revisions  
were instituted in  
conformity with  
AB 1762.*

# Access to Care

The trend is growing and omnipresent... Prop 10/LA Care dollars are funding oral health care for children. Over the recent past we have watched county agencies allocate many millions of dollars for the dental and medical care of children. Most recently the Bay Area counties have announced a \$59-million expansion of health insurance for children. The Healthy Kids Initiative, funded partially by Proposition 10 tobacco tax money will provide comprehensive care for the area's 31,000 uninsured children. As reported in the Los Angeles Times on January the 28th, a four-county program is "the latest initiative for independent county panels charged with distributing the \$600 million the state collects annually from the 50-cent-per pack tobacco tax..."

It should also be pointed out that last summer officials in Los Angeles announced two \$100-million grants that will promote universal health care for children to age 5.

County funding is also supported by additional grants from 60 private foundations, county health departments, and community organizations that will expand universal health coverage through age 18. Given the impetus of large sums of money that seeks to support the delivery of health care, it appears that organized dentistry may be stressed beyond their capacity to deliver care.

This observation is particularly true for our specialty that speaks for children. Pediatric dentistry may be an easy target for those who provide the dollars for care but lack a complete understanding of the intricacies that should be applied to the supply and demand continuum. Oral health care requires the support of dollars, but that is not the only requirement for success. Oral health providers in the dental profession must provide that care. It seems to this observer that pediatric dentists would be hard pressed to care for large numbers of new patients under this emerging financial protocol that emphasizes dollars in the access to care equation. Dollars alone may be insufficient to address the oral care needs of children.

Could our specialty come under direct and sustained fire when grant money becomes available and our profession is taxed beyond their limit in the provision of that care? Many observers would suggest that this question could be answered in the affirmative.

Our profession and particularly our specialty should be amendable to substantial discussion about this issue and plan a response in case we are unable to immediately respond to a large influx of new patients. The old "saw" that money can solve the access problem is now finding new recruits and pediatric dentistry may take considerable criticism when access is deemed to be insufficient. Some balance must be expressed by our specialty that points out the fallacy that an ability to pay equates with access to care. Access in this case means more than the notion that now that the patient has funds...treatment will follow.

It may very well be true that we are at a crossroad in our lengthy attempts to create access to care that is equitable to all concerned. It would seem impossible for our specialty to care for this segment of the population that achieves financial equity and subsequently seeks the care that they so desperately require.

The leadership of the dental community and our specialty specifically must be aware that we will be

under great pressure to perform over the next few years. If we cannot formulate a response that addresses this issue, we may be in for some trying times.

We have noted with some support that generalists will need to be ready, willing, and able to carry their share of the treatment burden. The interest of the generalist and their training must be an important aspect of our response. Now is the time for our specialty to address this issue. Our timing must be perfect if we are to manage the interest of a growing population that has the dollars and the desire for oral health care. The interest of granting agencies has never been greater and we must stand ready to deliver care. If we fail in this endeavor the credibility of our profession will be strained and we could lose much of our hard-earned position within the health community. -RWH

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## Distribution of Medicaid Dental Services in California

*Excerpted from a paper by the Center for California Health Workforce Studies at the UCSF Center for the Health Professions.*

In California, approximately 4.5 million Medicaid beneficiaries are eligible for dental services, yet fewer than half (44%) utilize these services on an annual basis. While several factors may contribute to this low use of dental services, a major deterrent is finding a dentist who will accept Medicaid. Using Medical Service Study Areas (MSSAs) as the definition of a community, this report provides a picture of private practice dentists participation in Medicaid across California. Of the 487 MSSAs in California, 108 have no active Medicaid dentists (MCDs). Half of the MSSAs in California have less than one MCD per 1,000 Medicaid beneficiaries.

While low supply of dentists serving the Medicaid population is ubiquitous to California, the problem is greater in rural communities. This report determined that low supplies of MCDs in rural communities are largely a factor of overall shortages in dental workforce supply. Policies that seek to expand dental services to Medicaid beneficiaries in rural communities must address the overall shortage of dental care providers in these areas.

In urban areas, dental workforce supply does not dictate Medicaid participation; in fact, participation appears to be inversely correlated with overall workforce supply. Across urban areas, however, primary care dentists actively seeing Medicaid beneficiaries are concentrated within those communities that are most in need of services. These patterns mimic physician participation in the Medicaid program increasing workforce supply and competition causes providers to specialize in either the private or public market. These findings suggest that in urban areas targeting those dentists most likely to serve this community might increase the number of dentists serving Medicaid beneficiaries. In doing so, it may be necessary to look beyond the private practice, and find solutions within the larger dental safety net.

There is no significant association between active MCDs and the presence of a dental clinic in a community. This implies that dental clinics are not consistently serving as a safety net in communities where there are no or low levels of private dentists serving the Medicaid population. However, the presence of medical clinics in these areas suggests that these clinics may provide a starting point for expanding the dental safety net in underserved Medicaid communities.

*In urban areas, dental workforce supply does not dictate Medicaid participation*

# STRATEGIC PLAN 2003-2006

Goal:

*Effective Resource Allocation*

OBJECTIVES:

- Fund education programs
- Fund research and scholarships
- Fund recognition programs
- Fund mentoring programs

Goal:

*Enhanced Resource Development*

OBJECTIVES:

- Establish appropriate guidelines for accepting funding.
- Broaden donations from CSPD membership
- Acquire outside donors
- Alternate sources of funding

Goal:

*Enhanced and Expanded Identity*

OBJECTIVES:

- Increased awareness through a public relations packet and annual report,

- Increased awareness within CSPD
- Increased awareness to other entities.

Goal:

*Efficient and Effective Governance*

- Effective financial management
- Enhanced board development
- Effective board meetings
- Enhanced committee function

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**Denti-Cal News** from page 8

ized selection method and then request that the radiographs, photographs or attachments to support those claims be mailed. Electronic claims that are not selected will continue through the adjudication process. Providers who want to be considered for EDI should contact the Denti-Cal EDI Support Group at (916) 853-7373.

In the near future, a provider will be able to elect to submit a Treatment Authorization Request with restorative services listed, and include radiographs, photographs and other documentation. A bulletin will be forthcoming regarding this process.

California Schools of Dentistry participating in the University Pilot Project will continue to perform claims adjudication for their students in accordance with these program criteria.

For additional information please phone Denti-Cal toll-free at (800) 423-0507.

Denti-Cal Bulletin Volume 19, Number 29

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**Sedation** from page 3

- |                     |  |
|---------------------|--|
| 12:00 noon - 1:00pm | LUNCH  |
| 1:00pm - 1:45pm     | Principals of Pharmacology & Routes of Drug Administration |
| 1:45pm - 2:45pm     | Sedation Pharmacology in Children                          |
| 2:45pm - 3:00pm     | Nitrous Oxide  |
| 3:00pm - 3:30pm     | Patient Monitoring   |
| 3:30pm - 4:30pm     | Sedation Emergencies                                       |

Dr. Thomas Lenhart is a board-certified dental anesthesiologist who received his training at Boston University and Loma Linda. Having ACLS and PALS certification, he maintains a private practice in anesthesia for dentistry in both the office and hospital setting. Dr. Lenhart is currently assistant clinical professor at the University of California, San Francisco, Dept. of Growth and Development where he is an instructor for the Oral Conscious Sedation course.

*The goals of the CSPD Foundation are identified.*

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# Board Briefs

## CALIFORNIA SOCIETY OF PEDIATRIC DENTISTRY

### MINUTES - BOARD OF DIRECTORS

Date: September 20, 2003

Time: 9:00 am to 5:00 pm

Location: San Francisco Airport Marriott Hotel

San Ramon Room

The 119th meeting of the Board of Directors of the California Society of Pediatric Dentistry was called to order by Dr. Lonnie Lovingier on Saturday, September 20, 2003 at 8:59am.

In attendance were: Doctors Lovingier, Cortez, Rowan, Hansen, Niethamer, Azama, Brennan, Brostoff, Udin, Robinson, Steigner, Stewart, Wood, Dorostkar, Rothman, Renzi and Lynne Marian (secretarial assistant). Dr. Steve Chan was present as an invited guest.

Treasurer Dr. Steigner

CSPD closed the first quarter with total assets of \$134,927.35. The organization is in good financial condition after the first quarter of the fiscal year. Reserves are well within the guidelines as described in the Policy and Procedures Manual, at \$85,310.00.

He stated that the treasurer had been charged with presenting a proposal for consideration of a change in the organization's dues increase policy to be presented at the next board meeting.

AAPD Liaison

Dr. Ray Stewart reported that the changes occurring in the Denti-Cal program go into effect on October 1, 2003. The proposed regulations were made primarily to deal with fraudulent billing occurring in the system. He stated that the Academy weighed in very heavily against the proposals. It is believed that the recommendations would cause dentists to practice below the standard of care. The changes involved documentation required for payment for restorative services. Originally when the proposals were made, board approved pediatric dentists were going to be exempt from the regulations. After protest from the generalists, that exemption was eliminated. The Academy wrote a letter to the DHS but the outcome was not as expected.

Dr. Stewart reported that the Academy will be initiating a giving campaign for the AAPD Foundation. They have set a goal to raising \$6,000,000.00. Currently approximately 35-40% of the Academy's membership is contributing to the Foundation. He stated that they would love to see each member donate \$ 1,000.00 per year over a five-year period. It was stated that the level of donation is not as important as giving, however the incentives and rewards are different based on the contribution level.

Child Advocacy - Dr. Rothman

Subcommittee on Public and Professional Relations - Dr. Jacks

Revised DentiCal Regulation

In his report, Dr. Jacks stated that during the last two months, he has had many discussions with CDA, including in person meetings with members of the Department of Health Services. The object of these discussions was to get the Department to modify their position on the new documentation requirements. Over the past month they have made modest concessions, but will still require pre-operative x-rays and/or intra-oral photographs on virtually all children, of all ages, when submitting for payment. In order to restore a tooth, x-rays and/or photographs must show that the decay penetrates the DEJ, even if there is occlusal decay. If decay is not clearly visible, then one may supplement the documentation with other diagnostic exam results. These new requirements and the reduction in fees will probably result in reduced par-

ticipation of dentists and reduced access to care. The department says that they now have the statutory authority to continue modifying the billing requirements as the year progresses. Dr. Jacks strongly recommended that CSPD take a strong position on the modified program and forward it to CDA and the Department of Health Services.

Legislative and Government Affairs

Liaison: Dental Health Foundation - Dr. Perry

First 5 Oral Health Education and Training Program (Initiative of Prop 10) - A 7 million dollar RFP to provide education and training in oral health for children 0-5years of age to general dentists and medical providers in the state of California has been distributed.

There will be a collaborative effort between the DHF and CDAF to respond to the RFP. There is a list of other respondents, which can be viewed at [www.cafc.ca.gov](http://www.cafc.ca.gov).

As part of the charge in the RFP a 10 member scientific oversight committee will be formed to develop curriculum. Dr. Perry is requesting that CSPD be poised to name a representative to this committee.

California Oral Health Needs Assessment - There will be funding of approximately \$100,000 through a SPRANS grant (federal government sponsored grant) to create a statewide surveillance or oral health needs assessment.

Credentials and Membership - Dr. Udin

The chair referred to his report at the last Board Meeting wherein the issue of dues structures for Affiliate and Allied Professional categories. The Board voted that the dues be set at fifty (50%) of Active member dues.

## Web Notes



By Steve Niethamer -  
Webmaster

### Links of Interest

HHS Information on HIPAA - pdf file

<http://www.sdds.org/HHSprivacysummary.pdf>

HIPAA Information from CDA

[http://www.cda.org/member/news/hipaa\\_info.htm](http://www.cda.org/member/news/hipaa_info.htm)

Buy tapes/CDs of the AAPD Annual Meeting in NYC

<http://www.softconference.com/230522>

### Amalgam Issues

<http://www.ada.org/prof/resources/topics/amalgam.asp>

DRAFT Recommended Infection Control Practices for Dentistry, 2003

<http://www.cdc.gov/OralHealth/infectioncontrol/guidelines/index.htm>

NGA Center for Best Practices

[http://www.nga.org/center/topics/1,1188,D\\_683,00.html](http://www.nga.org/center/topics/1,1188,D_683,00.html)

SHIP - Dental Care for Kids

<http://www.ncsl.org/programs/health/CHIPDENT.htm>

The Canadian Academy of Pediatric Dentistry (CAPD), 'live' since July 4 and created by CSPD member Steve Baylin.

<http://www.capd-acdp.org>

A good site to help in stock selection

<http://clearstation.etrade.com/>

September 2003 Web Stats for [www.cspd.org](http://www.cspd.org)

Successful Hits For Entire Site - 30,689

Average Hits Per Day - 1,022

Home Page Hits - 1,286

Page Views (Impressions) - 5,583

Average Per Day - 186

Document Views - 4,409

Visits 3.262

International Visits - 3.34%

Unique Visitors - 1,227

**Page Views:** A hit to any file that is classified as a page. Contrast with Hit, which counts files of every type.

**Visit:** Commonly called User Session. All activity for one user of a web site. By default a user session is

**Hits:** An action on a web site such as when a user views a page or downloads a file.

Terminated when a user is inactive for more than 30 minutes.





**CALIFORNIA SOCIETY OF PEDIATRIC DENTISTRY**

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