

“Ritz-style” Educational Program Returns to Monterey

What do the Ritz-Carlton and orthodontics have in common?



Robin William

Service excellence, of course.

This is the foundation of CAO’s upcoming education program “Legendary Service at the Ritz-Carlton,” to

be held during the annual meeting in October. This program will be presented by renowned speaker Robin William, western regional director of quality for the Ritz-Carlton Company and a member of the Ritz-Carlton quality team. This is an encore performance by Ms. William – she presented a similar program to CAO members in 2002 that turned out to be hugely popular.

In this joint program for doctors and staff, CAO members will learn how to translate Ritz-Carlton’s standards of excellence to their orthodontic practice. Ms. William will draw from her 15 years of experience providing innovative quality improvement programs for hospitality and healthcare industries. She will provide concrete recommendations on how orthodontists and their staff can strengthen their business, improve quality and boost productivity. Attendees will walk away from the presentation with the tools necessary to get everyone in their office committed to meeting – and even exceeding – patient expectations. Ritz style.

“Legendary Service at the Ritz-Carlton” will be held at the Monterey Conference Center on Saturday,

October 13 from 1pm to 5pm, just prior to PCSO’s annual session. Detailed information and registration forms will be available to CAO members by mail and online beginning May 31. Fees are \$95 for CAO members and \$125 for non-members.

PCSO’s Annual Session will follow CAO’s educational session. The session will kick-off with the ever-popular Welcome Party at the Monterey Bay Aquarium. As in past years, the aquarium will be ours exclusively for the night. Enjoy innovative exhibits, amazing sea life and networking with colleagues at the number one aquarium in the United States, according to the Zagat Family Travel Guide.

The meeting continues with a top-notch educational session and additional social activities designed exclusively for PCSO attendees. Registration materials will be available online and by mail after May 31. Hotel reservations may also be made at that time for one of the three hotels where PCSO has negotiated special rates for annual session attendees, the Monterey Marriott, the Hotel Pacific and the Portola Plaza Hotel (formerly the Doubletree Hotel).



Scenic Monterey is the site for PCSO’s Annual Session to be held from October 13 to 16.

For more information, visit www.caortho.org. ❖

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President's Message

The Purple Pill, the Butterfly and Evidenced-Based Treatment

By Richard Savage, DDS

Something big is happening in the marketing of medicine and dentistry.



Richard Savage, DDS

Big pharma and other product vendors are marketing directly to the public. This is significant because it attempts to bypass the physician and dentist, convinc-

ing the public to ask for products and services by name rather than seek the advice of the doctor.

A Purple Pill and a Butterfly

Not long ago, a massive advertising campaign told consumers to ask their doctors for the "purple pill" without even really stating what it did ... just ask for it. No name, just a purple pill, and that pill became the largest selling drug of all time and forever changed the way

products and services are being branded and marketed to the public. More recently, the sleep medicine Lunesta has been marketed with a butterfly logo that attracts more attention than the name. So people are asking for the butterfly instead of a specific product name, making Lunesta one of the largest selling sleep medicines.

In orthodontics and dentistry a similar change in product and service marketing is taking place. Invisalign now markets directly to the public by telling our patients to ask for it by name with an expectation the product will serve their individual needs for straight teeth. This type of marketing helps create a public that demands specific services, believes they know what is best for them and decreases the ability of the doctor to provide alternative treatment options. Patients now ask their dentist for Lumineers and often won't accept any other brand of treatment. Additionally each of these products not only markets to the public but also sends patients to the company website that provides a doctor locator to direct them to doctors who will deliver the services. This not only bypasses the doctor, but also bypasses our professional associations and our efforts to provide member locator services and direction. These are major paradigm shifts in the way we will interact with patients now and in the future.

Still Evidence Based?

One may wonder how evidence-based concepts integrate with these marketing approaches. Often the public and the clinician are moved into treatments that may or may not have good clinical or other evidence to support it. When products gain a large market share and widespread use, side effects not recognized in original research may surface. In some cases, the products are not any better than less expensive and

generic options. In the case of the purple pill and how it distorts the market place, Dr. James Richter, a Boston gastroenterologist says, "This is a locomotive that's barreling down the tracks, and you either get out of the way, get on board or get squished."

So, in some ways, evidence-based research takes a backseat to marketing and public response. Products with questionable research cited as evidence have been approved for sale to the public and there is little compelling evidence to justify the promotion of the products as being the best for the public's needs.

Striking a Balance

So how does one balance the perceived need for evidence and the need to advance new products and services that may not follow traditional and accepted clinical and therapeutic approaches? Do we demand evidence first or do we allow some products to market that have some clinical support and success but may lack a depth of studies advocated by those in support of evidence-based approaches? In the light of retrospection, did our past teachers and mentors really have evidence to support their teachings and their concepts or did they observe what worked and did not work and through careful observation arrive at treatments and concepts that gained acceptance of both the public and our profession? Did Cecil Steiner have a large study for his cephalometric rules and ideas, did Edward Angle have a large population to determine what is a proper occlusion and did Charles Tweed have sufficient data to create and teach his theories of treatment? Could orthodontics have advanced without these pioneers and their approaches to what was needed at the time? Possibly not, and yet we continue to worry more about evidence than we do about what gets the job done.

President Richard Savage, DDS
Editor James Loos, DDS, MS
Executive Director Phillip Rollins, CAE
Associate Executive Director . . . Jeffrey Milde, CAE

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MEMBER
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Spotlight on Dr. Tony Marino

Giving Back to the Community

Dr. Tony Marino, an orthodontist practicing in Fairfield and Vacaville, has successfully created a program to provide orthodontic care to underserved children while at the same time offering college scholarships to former patients. This program, called the "Straight to Success Tony Award Scholarship," is an example of how orthodontists can really give back to their community.



Tony Marino, DDS

Since launching the program in 2002, orthodontist Dr. Tony Marino has awarded more than \$20,000 to local college-bound high school seniors by using state funds received from providing orthodontic care to the underserved cleft lip and palate children in the area.

Funding for these underserved patients is provided by California Children's Services (CCS) or Denti-Cal. In Dr. Marino's program, the CCS and Denti-Cal payments for patients are placed in the "Straight to Success Tony Award Scholarship" bank account. Then, when those patients are ready to head for college, they can apply for a scholarship. Here's how his program works.

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First, a Beautiful Smile

Dr. Marino handles up to 12 cleft lip and palate patients per year. His goal is to help provide these "special" patients with that beautiful self-confident smile that will make a profound difference in their lives. These "special" children are brought into the office and integrated with everyone else. As with all the patients, celebrations are in order when their braces come off – each patient even receives a "You Got Your Braces Off Lei."

Then, a Good Education

Later, when these patients are ready for college, they are eligible to apply for the "Straight to Success Tony Award Scholarship" program. Applications are due from January to March. After considering certain academic and community service criteria, Dr. Marino picks the best candidates. The state funds from CCS or Denti-Cal that were put in the scholarship account are then awarded to the recipients during the seniors' high school awards ceremonies. Dr. Marino typically gives a very brief presentation, calls the recipients to the podium and places a "Graduation Lei" on them. News press releases usually occur and everyone enjoys this memorable event.

A Win-Win Situation

Dr. Marino encourages you to start a similar program and join him in this worthwhile effort. Everyone wants a great smile and everyone wants to be successful. Giving back to a community is truly a win-win situation for any orthodontist. For more information about this program, you can contact Dr. Marino at www.magicbracesdr@yahoo.com.

Dr. Marino has practiced orthodontics in Fairfield and Vacaville for 21 years. He graduated from Ohio State University Dental School in 1981, and OSU's ortho residency program in 1985. He is a first-generation Italian whose parents came to America for a better life. ❖

MEETINGS CALENDAR

NORTHERN CALIFORNIA

CAO/PCSO Regional Meeting
Friday, November 30, 2007
San Ramon Marriott Hotel

CAO Staff Education
Carol Eaton, Alena Pacheco
Smart Marketing...Creating a System That Works!

PCSO Doctor Education
Program TBA

SOUTHERN CALIFORNIA

CAO/PCSO Regional Meeting
Friday, November 16, 2007
Costa Mesa Hilton Hotel

CAO Staff Education
Alena Pacheco
Smart Marketing...Creating a System That Works!

PCSO Doctor Education
Program TBA

PCSO ANNUAL SESSION
October 13-16, 2007
Monterey Conference Center
Monterey, California

AAO ANNUAL SESSION
May 18-22, 2007
Seattle, Washington

To register for upcoming meetings, go to www.caortho.org

Kits Help Parents and Orthodontists

CAO's "Bite Down Early" kit helps the public and referring dentists understand the advantages of orthodontic detection and treatment. It is an easy, painless way of showing patients and parents that it is time for an orthodontic exam.

You can order the kits online by visiting www.caortho.org or by telephone at 415-441-2416. "Bite Down Early" kits are \$100 for each 100, plus sales tax where applicable and shipping charges, which start at \$10 per 100. Minimum orders are 100 booklets. Please order increments of 50. There is a 5 percent discount for orders of 500 or more and a 10 percent discount for orders of 1,000 or more.

Editorial

There IS Someone Out There Reading This...

By James Loos, DDS, MS

Editor

Last month's editorial on technology changes sparked the biggest response from the readership that I have had. Mostly the responses were from seasoned orthodontists who said, "I felt myself getting grayer and grayer as I read the article," or



James Loos, DDS, MS

"Digital models will never work for me. I need them in my hands." Obviously, there are pros and cons for all methods, and choices will have to be made.

Dr. Robert Scholz, who is the AJO/DO Techno Bytes editor, sent me his response to my editorial. Paraphrasing his e-mail he says, "After visiting over 40 orthodontic programs, I am seeing the opposite end of the totem pole from James Mah's and Dr. Loos' message." Here is what Dr. Scholz had to say:

Technolocity and the Paradigm Shift...

Technolocity, the rapid advancement of new technologies being applied to orthodontics, appears to be creating a major paradigm shift in the way we practice. Your office would be well advised to become informed about these new advances in order to keep up with the times.

Cone-beam radiology, the use of TAD's (temporary anchorage devices or minipins) and customized appliances are the three new technologies creating this paradigm shift. The office that employs these techniques will be able to state:

"We can better diagnose and treatment plan using 3D imaging techniques and we no longer take standard orthodontic records as the cone-beam data provides us with all

we need for diagnosing and treatment planning. We no longer take impressions as the information we got from plaster study models resides in the cone-beam data and it also is the starting point for Invisalign, SureSmile, Insignia, OrthoCad indirect bonding and LingualCare appliances.

"We are placing minipins ourselves in our office without the use of anesthesia with great success. We no longer use headgears, Herbst appliances and have largely discontinued the use of most non-compliance systems. Our need for adjunctive surgical treatment has been reduced as well.

"We are using the (name) customized system to design and construct appliances designed specifically for a given patient. After creating a virtual target setup of the desired result, the technology builds/places the brackets in the correct location and/or the robot bends the wires with extreme accuracy. There is data now available that demonstrates these systems can reduce treatment time by as much as 40 percent."

Just think of the scenario of a new graduate from the University of Up-on-Technology opening a new practice down the street from you and, in a politically correct method, informing the local referral base that he/she is using all these new technologies. I think you would need to make some changes!

Much of the above is currently "vaporware," hardware and software that has been promised but not yet delivered. However, I am amazed at the speed at which these techniques are evolving and are soon to become real. The Seattle AAO meeting promises to be a gold mine of new information on the above!

Robert P. Scholz, DDS
Editor, Techno Bytes, AJO/DO
rpscholz@aol.com

Access to Care

One theme of this month's newsletter and "Ask the Expert" column is California state-sponsored orthodontic programs for patients who are unable to afford orthodontic care and have no orthodontic dental plan or insurance benefits. These programs are intended to help provide treatment for children who are medically or dentally handicapped due to their orthodontic condition.

To determine who has the degree of severity which qualifies them as handicapped, a point system was established. To qualify for treatment a patient must score 26 points, including such measurements as overjet, overbite, crowding, ectopic teeth, crossbite and deviation from an archform of two adjacent teeth (labial lingual spread). There are a few automatic qualifiers such as cleft palate and severe overjet. Additional qualification may be through EPSDT (see complete article on page 6) which basically is written proof of medical or dental necessity.

Admittedly, I did not participate in these programs until about four years ago. Now I treat these patients, almost exclusively, three days per month. Yes, they have difficult orthodontic issues. Some have other challenging problems, but the rewards are definitely there. For all of the reasons that we can think of for having straight teeth, these children are prime candidates. Whether your motivation might be humanitarian, religious, charitable or just to make a positive difference in some young lives, treating these patients is a great way to do it.

As an additional incentive, you will get paid for your services. Denti-Cal, Healthy Families and CCS all pay differently, but there is a financial reward. These programs need orthodontists, so please become familiar with them and participate if you can. And, be sure to read the article on page 3 to learn about Dr. Tony Marino's unique method of participation. ❖

Highlights of Programs and Activities

Inside CAO

By **Jeff Milde, CAE**

Associate Executive Director

and **Stephen Moss**

CAO Staff

ROA Update

At the time this article was drafted there is little new information to report regarding ROA. According to Dr. Michael Payne, former CAO Board member, they may seek legislation to extend the implementation of ROA regulation once again, this time to January 2010. The CAO has assisted in drafting the regulatory language for ROAs, and it is now the responsibility of COMDA and the Dental Board to carry this work to fruition. In order to have the greatest influence on the outcome of these new regulations, CAO has called for practicing orthodontists and their staff to testify in upcoming COMDA and Dental Board meetings.



Jeffrey Milde, CAE

Locum Tenens

CAO maintains a list of members who are available to act as locum tenens (fill-in) orthodontists for members needing temporary assistance in their practice. CAO is looking to recruit more orthodontists willing to serve in this capacity. CAO members can request a listing of available locum tenens orthodontists. This list includes doctors names, contact information, and educational background as reported to us by the orthodontists. For more information on this program, or to add yourself to the CAO list of locum tenens, please contact the CAO office.

PCSO Survey

Recently PCSO conducted a survey of its members. A short summary of that survey can be found in the Spring PCSO *Bulletin*.

All Quiet on the Insurance Front

The following is a report from Dr. Chin, Insurance Committee Chair.

Not much to report in the insurance arena. As you may recall, CAO has been actively involved in efforts to change Delta's policy of applying oral surgery procedures against orthodontics benefits. There has been no change in this issue since our last report, but we will keep you posted if there are any new developments.

On another topic, CAO was recently contacted by a member stating that he was informed by someone at Delta Dental that it does not cover Invisalign. I contacted Delta and it turns out that they do pay the total insurance coverage amount, but there is no CDT code number for Invisalign. Payment is the same as conventional orthodontics. They recommend simply stating that Invisalign is being used and it should trigger the correct insurance payment. There is no fee filing for Invisalign.

New CDT Codes Available

ADA has released and is now selling the new CDT codes, which include 22 new procedure codes and 33 revisions. Of particular interest are three new codes that address temporary anchorage and one that pertains to rebonding, recementing or repairing fixed retainers. The temporary anchorage codes are categorized as surgical, so they will not be applied against the orthodontic code, as are some other surgical procedures. Call the ADA (800-947-4746) or order at www.adacatalog.org.

And of further interest to orthodontists, there is a new CDT code for 2007 which covers the rebonding of fixed retainers by an orthodontist other than the initial treating orthodontist. ❖

NPI Deadline Coming

As of May 23, 2007, all health care providers who transmit health data through a HIPAA electronic transaction must use a National Provider Identifier.

If you have not yet obtained your NPI, you can still apply (See box below). Providers regulated by HIPAA can receive their NPI number at no cost through the HHS website, and the number will usually be e-mailed within 24 hours.

Members who plan to use only paper claims should check with patient health plans to make sure they won't be required to obtain the NPI.

The national provider identifier standard rule is part of the Health Insurance Portability and Accountability Act, known as HIPAA, and seeks to simplify health care administration by replacing myriad provider ID numbers with a single provider ID number that will be used by all payers. For other information on applying for an NPI, contact the National Plan and Provider Enumeration System by calling 800-465-3203, or via e-mail at customerservice@npienumerator.com. ❖

How to Apply For an NPI

Application for the NPI is free and can be submitted as follows:

- Apply online by visiting www.nppes.cms.hhs.gov.
- Request a paper application by calling Fox Systems, Inc., which is contracted to serve as the NPI enumerator, at 800-465-3203.

EPSDT: A Primer from CDA

California Orthodontist *asked CDA personnel to provide some tips on Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Supplemental Services and what orthodontists need to know to get coverage for California Children's Services (CCS), Denti-Cal and Healthy Families patients.*

Q. What is EPSDT and how does it affect orthodontists?

A. Early and periodic screening, diagnosis and treatment (EPSDT) are services required under federal law to be provided to any Medicaid beneficiary under age 21. For the Denti-Cal program, this means that medically necessary dental services must be provided for any Denti-Cal beneficiary under age 21.

Whenever a Denti-Cal provider completes an oral examination on a child, an EPSDT screening service (a diagnostic service) has occurred. Any subsequent dental treatment resulting from that examination is considered an EPSDT dental service. If the dental procedure is within the Denti-Cal scope of benefits and the child meets the criteria for the treatment, the procedure will be approved as a regular EPSDT service. This is what usually happens when you provide orthodontic treatment – nothing extraordinary is required.

Q. What if the orthodontic case does not meet Denti-Cal's criteria?

A. Sometimes Denti-Cal children may require dental services that are not part of the scope of benefits in the Denti-Cal program. In California, if the dental service is indeed medically necessary, the treatment is an "EPSDT Supplemental Service," or "EPSDT-SS" and Denti-Cal must consider the request for treatment.

For example, a patient has a score of 20 points on the HLD index for orthodontia and does not appear to qualify for orthodontia under the Denti-Cal program. However, because an evaluation by a speech pathologist

indicates his speech is affected by his malocclusion, orthodontia is medically necessary for him. His orthodontia may be authorized under an EPSDT-SS.

Q. How do you secure this treatment for a patient?

A. All EPSDT Supplemental Services require preauthorization. On the Treatment Authorization Request (TAR) form, in box 34, you must print "EPSDT Supplemental Services Request." If the requested dental treatment is not a covered benefit (listed in the Manual of Criteria), use procedure code 999 and fully describe the service (include the appropriate CDT code also).

Next, attach to the TAR all the documents that describe the requested service and the need for that service, such as: diagnosis of the dental condition, relevant health issues/medical conditions, prognosis without the requested treatment and clinical rationale for why a covered benefit, or lower-cost treatment, will not suffice.

Documentation can be narrative, radiographic, photographic or any documentation that is relevant. In the example above, a letter from the speech therapist would be relevant.

Q. Why does Denti-Cal pay for CCS services?

A. The Denti-Cal program is the reimbursement administrator for all orthodontic care provided in California's government benefit programs, including CCS. The program a child is enrolled in is predominately determined by income level. The lowest income levels will be eligible for Denti-Cal. Children not eligible for Denti-Cal may be eligible for Healthy Families. CCS eligibility extends to children in families with an annual income of \$40,000. Eligibility is highest in CCS because this program treats children with physical limitations and chronic health issues, such as congenital heart disease, cancers, endocrine and blood disorders. Only malocclusion that

is medically handicapping is considered a severe enough oral health condition to be a covered service in CCS.

Q. What if a patient becomes ineligible during treatment?

A. When a change in family circumstances makes your patient ineligible for Denti-Cal or Healthy Families, the child is still very likely to be eligible for the treatment through the CCS program. If your patient loses eligibility in mid treatment, follow these steps:

1. If full-scope Medi-Cal eligibility is lost, refer the family to a CCS program within the child's county of residence. That local number can be accessed at www.dhs.ca.gov/pcfh/cms/ccs/directory.htm

2. Submit a Service Authorization Request (SAR) to CCS. The SAR form may be requested from the county CCS program or downloaded off the CCS website at www.dhs.ca.gov/ccs. Click on Forms and Publications on the left column; then click on DHS 4516 (CCS Dental and Orthodontic Client Service Authorization Request).

3. The SAR should include all remaining orthodontic procedures, including retention.

4. Submit the SAR to the county CCS program. The child's CCS program eligibility (residential and financial) will need to be determined prior to continuation of treatment. This is largely an administrative process that allows CCS to recognize the child in their system and, as most will still be eligible for CCS benefits, should allow the majority of your patients to continue treatment once completed.

5. If the child is found to be eligible for the CCS program, the SAR is entered into the Denti-Cal system.

6. The orthodontic treatment has already been authorized by Denti-Cal,

EPSDT*Continued from previous page*

therefore no further action is required. Simply continue treatment and submit the existing Notice of Authorization (NOA) as services are rendered.

7. If the child is found to need an extension or surgery, new SARs (and TARs) will be required by the appropriate provider.

8. If the child becomes eligible for Denti-Cal again, the system will recognize the change. No further TARs need be sent to Denti-Cal for completion of the orthodontic services (unless there are special circumstances requiring an extension or surgery). ❖

To Learn More About EPSDT-SS

- For more information on EPSDT and EPSDT-SS, review the Denti-Cal Providers Manual, Section 4, page 45 and watch for future Denti-Cal bulletins on this subject.
- For information about the Denti-Cal program, visit www.denti-cal.ca.gov or call Denti-Cal at (800) 423-0507.
- For more information about the Healthy Families program, visit www.healthyfamilies.ca.gov/hfhome.asp or call (800) 880-5305.
- For more information about CCS, visit www.dhs.ca.gov/pcfh/cms/ccs/ or call (858) 613-9446.

ASK THE EXPERT

Publicly-Funded Orthodontic Benefits Programs

For this issue, Editor Jim Loos asked Dr. Bryan Quattlebaum for an



Bryan Quattlebaum, DDS

overview of the state's three main public dental benefit programs: Denti-Cal, California Children's Services (CCS), and Healthy Families. Dr.

Quattlebaum is a

dental program consultant for the California Department of Health Service, Medi-Cal Dental Services branch. He has worked in the Medi-Cal dental program arena since 1990.

Denti-Cal Orthodontic Services

Delta Dental of California administers the Denti-Cal Program, under contract with the California Department of Health Services. Denti-Cal children (a child is defined as being less than 21 years of age) may qualify for orthodontic services – orthodontic care is not a benefit for adults.

Denti-Cal uses an array of clinical qualifiers:

- 1) a numeric scoring of the malocclusion with the HLD Index;
- 2) automatic entitlement to orthodontic care via specific "automatic qualifying conditions" (including cleft palate, severe craniofacial trauma and other anomalies); and
- 3) consideration of any other clinical condition that warrants orthodontic treatment via the Early and Periodic Screening, Diagnosis and Treatment Supplemental Services (EPSDT-SS) process.

Denti-Cal offers special orthodontic provider seminars several times each year in various locations throughout

California. These seminars are intended for both orthodontists and their office personnel. Dental Board-approved CE units are awarded at no cost to the attendees. For more information about participating in Denti-Cal, contact the Denti-Cal Provider Services area at (800) 423-0507.

CCS Dental Program

CCS is a statewide program that treats children with certain physical limitations and chronic health conditions or diseases.

On July 1, 2004, CCS formally adopted all of the clinical criteria from the orthodontic services portion of the Denti-Cal Provider Manual. In fact, Delta Dental now processes all treatment authorization requests (TARs) for orthodontic services on CCS clients.

While nearly all CCS clients will be assessed for orthodontic services using the same criteria and qualifiers as Denti-Cal, some exceptions do exist. CAO members seeking more information about the CCS orthodontic program should contact Gayle Duke, RDH, MS, CCS Dental Hygienist Consultant at (858) 613-9446.

Healthy Families Dental Program

Healthy Families is a special program for working families with low incomes and no employer-paid dental benefits. Orthodontic services are provided to enrolled children under the age of 19 through the CCS dental program when the child's condition meets the CCS program criteria. Since the Healthy Family orthodontic benefits are administered by the CCS dental program, interested CAO members should first contact the Healthy Families program at (800) 880-5305 with general questions, and then contact Gayle Duke of the CCS dental program for more detailed benefit coverage questions. ❖

CDA House of Delegates Highlights

By Greg Johnson, DDS

The annual CDA House of Delegates was held in Los Angeles this year with 207 delegates in attendance, making it the second largest deliberative body in organized dentistry.



Greg Johnson, DDS

The following issues that were addressed during this year's meeting are of special interest to orthodontists.

News From the National Front

ADA President Dr. Kathleen Roth reported on their efforts in several arenas, including the following:

Access to Care: Efforts to improve access to care include a new dental personnel category intended to facilitate getting underserved patients into the dental offices, increased activities to improve elderly oral health care, and efforts to increase exposure and funding for the Give Kids a Smile program.

Dental Education: Efforts to resolve the issue of faculty recruitment and retention are being undertaken with the understanding that the greatest challenge is competition with the private sector opportunities.

Science: ADA is releasing new guidelines on radiography, fluoride and infant formula (reconstituted powder method). Regarding infant formula, use only bottled distilled water to reconstitute due to the potential of too much flouride from other sources.

Legislative Success

Executive Director Peter DuBois reported that this was the biggest legislative agenda year ever for CDA. Every piece of CDA-sponsored legislation was successfully passed in this legislative cycle. (The one piece of legislation that

was targeted for defeat by CDA was successfully defeated by veto of the governor.)

Resolutions Considered and Passed

Resolution 11: CDA Allied Dental Health Professional (ADHP) Membership Category

This resolution created a new membership category allowing dental laboratory technicians, dental hygienists, dental assistants and dental administrative staff to join the CDA as full members. This resolution mandates guest privileges for the ADHP membership category for attendance to the Board of Trustees, the HOD and several other CDA committees.

This was a major political move by the CDA executive committee and staff to establish their relevance in representing all of dentistry in Sacramento. The prevailing opinion to this resolution was that it was better to invite the opposing views to the table than to only address them adversarially in the legislative arena. The issue was hotly debated, ultimately passing the issue by just a three-vote margin (out of 204 votes cast).

The kicker is that the category carries a \$125 a year membership dues cost per ADHP member. Where in the past staff (hygiene, lab tech, assistant) could have joined the CDA as a sponsored member for free, it will now cost each person (or the employer dentist) \$125 per year. However, staff may continue to attend the scientific sessions as a guest (\$20 fee per person). No one really knows if this move will produce the anticipated positive effects on the perceived value of our reputation before the legislature.

Resolution 13: Component Revenue Sharing Model of On-Line Learning

The CDA is moving into a wider presence of on-line education. To offset

the potential loss in income for local component societies, the CDA will "kick back" 10 percent of the revenues to the components. This revenue sharing applies only to the first two pilot courses on infection control and the California Dental Practice Act (both required for license renewal). A re-evaluation will be made as to further kick backs on additional courses as the on-line program evolves.

Resolution 12: Brand Identity for CDA, CDA Foundation, TDIC and TDIC Insurance Solutions

CDA spent \$316,000 developing their new look. You will soon see this revamped logo and brand identification as CDA gets out the word they are up-to-date and "hip" (or as the new branding slogan states, "Moving Forward. Together").

Resolution 41: Rescind Resolution 31CA-2004-H (Approval of CDA Dental Hygiene Program)

CDA decided to stop their pursuit to develop a proprietary dental hygiene training program. The need for more hygienists is still there, but the costs to implement such a program outweighed the perceived value.

New Officers Installed

Dr. Ron Mead (former IAC member) was installed as the new CDA president. Also installed, as the new ADA 13th District Trustee from CDA, was oral surgeon (and recent past CDA President) Dr. Russ Webb. Also of note is the appointment of Dr. Santos Cortez (pediatric dentist) as new chair of the CDA Council on Government Affairs.

Noted in appreciation for her effort, time and energy in the "trenches" of CDA was our own Dr. Kathleen Nuckles finishing her commitment as CDA Trustee. Thank you, Kathy, for all you have done for dentistry and our association! ♦

From Sacramento

Legislative Report to the Membership

By **Ken Fischer, DDS**
Legislative Committee Chair

Last year was an active year for the CAO Legislative Committee, and 2007 appears to be just as important. Although the committee's efforts to clarify the Dental Board of California's infection control regulations regarding the



Ken Fischer, DDS

sterilization of semi-critical instruments suffered a disappointing set-back, there are a number of other issues important to the CAO membership that continue to be keen issues of importance to the committee.

ROA Training Continues to be Contested

Last September, Governor Schwarzenegger signed into law the legislation providing for the Registered Orthodontic Assistant (ROA) licensure category which is scheduled to become effective January 1, 2008. Since he had some problem with the educational requirements in this legislation, he left the details to be worked out between the CAO, CDA, California Department of Consumer Affairs (DCA), and the Dental Assistants Alliance (DAA). The DAA is strongly pushing to have all training done within the formal classroom setting, while CAO and CDA will not be satisfied with an educational requirement that does not include significant time allocated to on-the-job training (OJT). The DAA argues that the public will not be adequately protected unless the ROA is completely trained in the classroom by a certified instructor. History has proven that dental assistants

properly trained while at work in the practice are competent and professional dental care personnel. Since 2000, 44 percent of all those taking the RDA exam have OJT. CDA has sponsored legislation, SB 1541, that will ensure that dentists can continue to provide a work experience pathway for their employees who wish to become a licensed ROA. The CAO Legislative Committee will follow the progress of this bill very closely.

CAO and CDA Partnership Thriving

The relationship between the CAO and the CDA continues to grow stronger as each party realizes the advantages of joint efforts in the legislative arena. Cathy Mudge, Gayle Mathe, Michelle Rivas, Bill Lewis and their staff are CDA's "on-the-hill gang." They provide CAO a direct connection to the "heartbeat" of the legislative body in Sacramento. We thank them all for their tireless energy, cooperation and assistance.

As always, CAO will continue to fight on behalf of orthodontic interests and invites any member to become an active participant by joining the committee. ❖

President's Message

Continued from page 2

In orthodontics there is a new orthodontic "system" being marketed directly to the public. The Damon System is gaining the ever-increasing support of many orthodontists and the system is launching an intensive public marketing program to get patients to ask for the Damon System by name. If you don't believe such a program will work, consider the success of Invisalign and the Purple Pill. Is this an evidenced-based system and is the Damon system a truly new approach to orthodontics? Does the Damon system use new data, apply new technology and give the orthodontist new appliances that can achieve results that were not possible with legacy approaches and appliances? These are good questions and it is important to have an open dialogue about this system within our profession. I am concerned, however, that rigid evidence-based goals may prevent open discussion and exchange of information in the area of Damon's teachings and expertise. The AAO meeting in Seattle will not have Dr. Damon or those using the Damon system giving Damon System lectures and there will be little, if any, discussion about the Damon System and the CT studies that Damon and others cite to back up their claims. Is this good for the profession or does it suppress innovation and new concepts? We don't want, as in the case of the Purple Pill, to be run over by a "locomotive that's barreling down the tracks" due to lack of knowledge and rapid changes caused by new technology and new ideas.

I believe all orthodontists must pay attention to the new marketing of orthodontics and to the new concepts that surface, with or without evidence, and make personal decisions about the future of our profession to the best of our ability. One must certainly use evidence when available, but one must not fail to look at new technology, ideas and treatment protocols simply because they vary from our traditional concepts of reality. We are in a changing world and it can't be ignored. ❖

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Residents Corner ▲ ▲ ▲ ▲ ▲

California Orthodontist *checked in with representatives from California's five residency programs to find out what their 2007 graduates have planned for the future.*

USC

By Jordan Miller, DMD

Dr. Amy Gimlen will associate with a practice in Southern California where she lives with her husband, Scott, and their dog, Ruby. Amy's husband is looking forward to her making money. Their goals are to save up for a home and to pay off their student loans.

Dr. Elizabeth Gohl will be fulfilling her Navy obligation for three years at a hospital in Portsmouth, Virginia, while her husband is deployed in the Navy. Eventually, she and her family will return to the Southern California area and look for a practice to join.

Dr. Sage Humphries was born and raised in Laguna Beach. Upon graduation, Sage plans to return to Orange County and enter private practice. He will marry Alene Le, a fellow orthodontist, this summer.

Dr. Jordan Millar is excited to return home to Vancouver, Canada. She will be working as an associate in a practice in Maple Ridge and in North Vancouver, with her own orthodontist. She looks forward to the future with her boyfriend, but will miss California.

Dr. Jason Pambrun is looking forward to returning to the central coast,



USC's graduating class gathers with Dr. Tanaka at the Spring Southern California Angle meeting.

From left, Sage Humphries, Jordan Millar, Amy Gimlen, Elizabeth Gohl, Sophia Xiang and Jason Pambrun.

where he was raised. He hopes to join a practice as an associate or partner, or perhaps purchase a practice. Jason's wife, Stefanie, and their two-year-old triplets are all excited about the future.

Dr. Sophia Xiang, a native of Cerritos and graduate of Cal Tech and UCLA, is planning to stay in the area. She hopes to find a position in Los Angeles.

UCSF

By Greg Miller, DMD

Graduation is a bittersweet time, as our class has become lifelong friends. June 22 will mark the first day of the orthodontic diaspora, and the question looms: What are we going to do? The answer is far from simple.

Dr. Natalie Miller grew up in Carlsbad and is currently looking for an employment or buy-in opportunity in the area. She probably won't be looking for long, as I am certain that whoever is lucky enough to give her a chance will not let her look any further.

Due to my desire to remain close to family (my wife's family, but as they say, "happy wife, happy life"), I will also be heading south, and am currently searching for opportunities to buy a practice and/or associate in North San Diego or Orange Counties.

Dr. Monica Chmiel makes an excellent segue for this article, as she has not yet decided on where she will plant her roots. Always flexible, Monica will either move to "So Cal" or will remain in the Bay Area.

Dr. Margarita Lachica has decided not to return to the cold weather of her native Chicago and is currently negotiating a part-time associateship in the Bay Area. She further hopes to find more work, and claims to be willing to drive up to 45 minutes to find it!

Finally, Dr. Phoebe Good will also start her career out west, either along the Peninsula or in the South Bay. She also hopes to work with one of the Bay Area's Cleft Palate Craniofacial Centers.



UCSF residents gather, clockwise from the bottom left:

Margarita Lachica, Phoebe Good, Natalie Miller, Greg Miller and Monica Chmiel.

UOP

By Jeff Kwong, DMD

As the class of 2007 prepares for its long-awaited graduation in September, there is still much to accomplish in our remaining time here at UOP. In addition to studying for the ABO exam and finishing up cases, we are all searching for practice opportunities.

Dr. Ann Colter Cheron would love to return to the southeast where she grew up. Dr. Lana Dalbah is going to take some time off to spend with her new baby. Afterwards she would like to settle in either Texas or Dubai.

Dr. Basma Fallah is looking around the southwest area for job opportunities. Dr. Thao Nguyen will be starting a practice around the bright lights of Las Vegas. Dr. Vinh Nguyen will be joining a great practice in the South Bay.

Dr. Midori Obara is getting married right after graduation and moving to Taiwan with her husband. Dr. Tripti Pawar is currently looking for opportunities in the Pacific Northwest. I will be taking a honeymoon with my wife, and then look to join a practice in either the South or East Bay.

Finally, we would like to thank the faculty and staff for their timeless preparation and devotion. They have given us every opportunity to succeed as we head out into the "real world."

Continued on next page

Residents Corner

Continued from previous page

UCLA

By Enoch Kim, DMD

In just a few months the UCLA Ortho class of 2007 will complete three years of specialty training and will be ready to begin practicing orthodontics. The five members of the senior class are sad that they will be leaving UCLA but at the same time they are all excited to embark onto a new chapter in their professional lives.

Dr. Nicole Hong is currently in search of an associate position in the Agoura Hills area, where her husband is practicing general dentistry. Dr. Hong hopes that she will be able to take a well-deserved vacation with her husband immediately after graduation.

Also with travel plans in mind, Dr. James Huang is planning on traveling to either Asia or Europe to celebrate graduation. After that, he is planning on working and living in a major metropolitan area.

After graduation, Dr. Haofu Lee is planning on finding an associate position in Southern California and teaching part-time at UCLA. But before all of that, Dr. Lee will be taking a couple months off to care for her baby due in May. After her baby is born, Dr. Lee will become a mother of three children, a pair of twins and a beautiful newborn son.

Originally from Northern California, Dr. Hyun Park plans on returning home to look for an associate position.

Finally, our beloved chief resident, Dr. Sheldon Salins, is looking for an

associate position that will transition into a partnership or sole ownership opportunity.

Loma Linda

By Shannon Hilgers, DMD

Dr. Norman Carter is from Loma Linda, California. He completed his dental school education at Loma Linda University. He is looking forward to practicing in Southern California.

Dr. Stacie Fenderson is from Meadow Vista, California. She got her undergraduate degree from Pacific Union College and then received her doctorate of dental surgery from Loma Linda University. She is looking forward to practicing in the Sacramento area.

Dr. Brett Garrett is from Northern California. He received his DMD from Nova Southeastern University. He is looking for practice opportunities in California and Colorado.

Dr. Shannon Hilgers is from Laguna Beach, California. She completed her undergraduate studies at Santa Clara University and received her DMD from Tufts University. She is looking forward to practicing in Southern California.

Dr. Howard Lee is from Chicago, Illinois. He did his undergraduate work at Northwestern University and attended dental school at Southern Illinois University. He is looking forward to practicing in California.

Dr. Marcus Paulson is from southern California. He received his doctorate of dental surgery from Loma Linda University. Marcus is looking forward to practicing in Southern California. ♦

How Long To Keep Patient Records?

Members, particularly those who are retiring, frequently ask how long they should keep patient records. There is no statute which establishes how long records should be kept. Aside from business or tax considerations, there are two concerns when deciding how long to maintain patient records after active treatment has ceased.

First, to the extent that there is any real likelihood that the records might be needed for future care, it would be prudent to retain them. This consideration does not extend to the use of records for identification, or on account of circumstances which cannot reasonably be anticipated.

The other reason to retain patient records is to have them available to defend a malpractice claim which could be brought in years to come. Such claims would ordinarily arise relatively soon after treatment. For adults, the general outside limit is three years after the date of injury. A claim made on a minor's behalf generally must be commenced within three years of the alleged wrongful act, but actions by a minor under the full age of six years must be commenced within three years or prior to the minor's eighth birthday, whichever affords the longer period. An earlier rule, which allowed suits when the minor reached majority, no longer applies. The only exceptions are cases of fraud, intentional concealment or the presence of a foreign body which has no therapeutic or diagnostic effect in the body of the patient.

Given the relatively short "statute of limitations" for malpractice claims, other considerations may control the length of the time the records are kept. In any event, a retiring orthodontist who transfers his or her patient records to another orthodontist should ensure that patient record retention is specifically addressed in the agreement with the orthodontist who assumes responsibility for the records.

Information provided by Phillip Goldberg, Legal Counsel, Hassard Bonnington, LLP.



The UCLA class of 2007, from left:

Hyun Park, James Huang, Haofu Lee, Nicole Hong and Sheldon Salins.

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