

CAO Installs New Officers



AAO President-Elect Jim Gjerset congratulates Harold Bergh, President, Terrie Yoshikane, President-Elect, and Mike Ricupito, Secretary-Treasurer.

Newly-elected officers Harold Bergh, President, Terrie Yoshikane, President-Elect, and Mike Ricupito, Secretary-Treasurer were installed during CAO's Annual Business meeting on

Red Cross Contribution

The Red Cross recently received a check for over \$76,000 from the AAO, representing donations collected from orthodontists around the country following the attacks on September 11. CAO's Board of Directors made a \$10,000 contribution from CAO as part of that gift.

Then-President Norm Jacobson proposed to the Board during their September meeting that CAO make a sizable contribution to the American Red Cross Disaster Relief Fund. After much discussion over the appropriate amount, it was agreed to send \$10,000 from CAO's reserve account.

October 1. Members elected officers by mail ballot in September. AAO President-Elect Jim Gjerset swore them into office in Honolulu.

Officers' Profiles

Dr. Bergh of Ridgecrest has been involved in CAO and PCSO activities throughout his career, serving as regional editor to the PCSO Bulletin for 24 years and as editor of *California Orthodontist* from 1993 to 2000. In addition, he has taken a part in grassroots legislative efforts in most of organized dentistry, including the AAO, ADA, CDA, and CAO. As president, he hopes to produce an environment that encourages more members to share their expertise, knowledge, and time as CAO volunteers. "Enhancing volunteerism would sustain the momentum that has characterized the organization in recent years. That would be a most worthwhile accomplishment for my term," he states.

Dr. Yoshikane is involved in CAO as a volunteer leader because she believes "we

can each contribute a little back to our profession." She also enjoys and learns from the people she works with in CAO activities. Dr. Yoshikane's priority is to improve orthodontic staff educational experiences and enhance their knowledge and appreciation of their profession. A 1986 graduate from UCLA's residency training program, she practices with pediatric dentist Dr. Pat Davis in Encinitas.

Dr. Ricupito is a familiar figure in organized dentistry. He currently serves as trustee to the CDA and is a former president of the Southern Alameda County Dental Society. "I've always wanted to be involved," he says. "I'm drawn to the idea of being part of the decision-making process — I like to help create solutions, rather than having the solutions decided by others." Ricupito completed his residency at UCLA in 1987 and practices in Fremont.

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President's Message



Harold C. Bergh, DDS
Ridgecrest

How many years have you been hearing that the only cer-

tainty is change? Let me tell you, the California Association of Orthodontists is awash in the sea of change!

What forces of change are reshaping CAO? Five key trends seem to stand out to me as I begin my year as President.

1. The nature of change itself.
2. An increased demand from the members for CAO to "Do Something."
3. Volunteers who are looking for minimum time involvement, maximum influence, and major benefit from their organization.
4. Technology and the need to harness of all of its promise, possibilities, expectations, and realities.

President Harold Bergh
Editor Robert Keim
Executive Director Phillip Rollins

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MEMBER
PUBLICATION
AMERICAN
ASSOCIATION OF
DENTAL EDITORS

Awash in the Sea of Change

5. Diversity — an enormous degree of generational, gender, racial, ethnic, and multi-cultural diversity within the profession — diversity greater than ever before.

The Nature of Change

In the "good old days" prior to the late 1970s, change was continuous, linear, predictable, and somewhat manageable. Today, change is rapid, complex, and much less predictable. So many things are happening at once that life appears to be chaos in action.

Change is something we can't change. Instead, we must learn to thrive on it.

"Do Something"

"What have you done for me lately?" seems to be the mantra of some members. For an organization like CAO, simple activity is not enough. Programs, projects, services, campaigns cannot merely be conducted — they really have to work. Not only that, but what is done must be done in the context of a broader and broader, more diverse consensus. In other words, a whole bunch of different elements have to mesh to keep the organization moving forward.

Volunteerism

More and more people have less and less time to devote to an organization like CAO. Given the current state of affairs in members' personal and professional lives, I am not surprised. But at the same time, CAO is challenged to do more and more. For that reason, CAO continues to put out the call for volunteers who can help maintain the complex forward momentum

of a successful professional organization. Could it be that one of the reasons some feel that they don't have time to volunteer is because of their success? Could it be one of the reasons for their success may be CAO? Is it now time to make time for CAO?

Technology

Technology itself has created a paradox for the leadership of CAO. While members expect technology to make their involvement more productive, the investment of time and money to support technology such as our website needs to grow at a comparable rate.

Otherwise the advances collapse into irrelevance or become busy work.

Diversity

To my eye, diversity is reshaping CAO just as it is reshaping all aspects of the American culture. When I graduated from dental school in 1961, there were no women in my class of 109 graduates. There were 8 Japanese Americans, 2 Hispanics Americans, and the rest were European Americans. In 1973, when I completed my orthodontic residency program, it was not much different. In this year's graduating class of 130 dental students from USC, for example, about 30% were women. A wide variety of racial and ethnic groups were represented in the class. Similarly, CAO is a much more diverse organization, too. The reality of all this created multiformity in CAO.

Sailing Forward

In Lewis Carroll's *Alice in Wonderland*, Alice meets the Cheshire

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Q&A

On CAO Work with CCS

By **Michael Russell, MS**
Assistant Executive Director

CAO Assistant Executive Director, Mike Russell, recently sat down with Norm Jacobson, chairman of CAO's CCS Committee, to learn more about CAO's "Make a Difference" campaign. Dr. Jacobson has been very active in CAO since 1993, serving on the peer review, advocacy, executive compensation, and nominating committees. As the 2000–2001 CAO President, he initiated the "Make a Difference" campaign.

MR: Dr. Jacobson, can you illuminate for members what CAO's CCS

project is all about? First, what's the impetus behind the project? What sparked its beginning?



Norm Jacobson, DDS

NJ: Actually, Don Poulton began my CCS quest by asking

the CAO board for help because he was having difficulty in finding orthodontists to treat patients in the craniofacial clinic. I didn't realize everyone wasn't treating CCS patients since I had so many in my practice. Upon investigation, I discovered I was the major provider in my county; and I felt we should all be taking part in the care of these children. Further delving into the system in many counties throughout the state showed a similar pattern of non-participation. This sparked the idea of a program to increase participation by CAO members with a goal of having

each orthodontist treat two CCS patients a year.

MR: Why do you think some members are not participating in the CCS program?

NJ: There are many factors. The present administration of CCS is different in every county, so orthodontists have experiences ranging from good to bad. The paperwork and billing can be oppressive; the fee schedule is very low; some orthodontists are unaware of the program; and some of the rules can be very difficult to work with. I guess you'd call these hassle factors.

MR: What are some of the sources for this frustration that providers experience? "Hassle factors," as you call them.

NJ: There seems to be no universal standard for administering the CCS system. It differs greatly from one county to the next. The billing on the HCFA form is complicated, and dealing with a CCS patient who is covered by Denti-Cal can be even worse in some counties. Many orthodontists are under the false impression that if they treat CCS patients they are then obligated to treat Denti-Cal patients. That is not the case. One bright note has been the increase in the fee schedule of approximately 14%, which mitigates some of the aggravation. But more positive improvements are needed in obtaining treatment extensions on very complex malocclusions, in arranging general dental care for the patients, in eliminating inconsistencies among counties, in eliminating the requirement of seeing patients once a month in order to bill, and in dealing with the problem of what to do when a patient loses eligibility.

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MEETINGS CALENDAR

CAO STAFF EDUCATION

Southern California

Friday, March 1

Los Angeles Airport Hilton
Paula Allen Noble

Herbst Appliance

Dr. Derrick Tagawa

People Management

Friday, May 31

Hilton Costa Mesa
Jackie Dorst

Sterilization Update

Northern California

Monday, February 25

South SF Conference Center
Paula Allen Noble

Herbst Appliance

Dr. Derrick Tagawa

People Management

Monday, June 3

South SF Conference Center
Dr. Laurance Jerrold

Risk Management

Dr. Gerald Nelson

Mixed Dentition

PCSO MEETINGS

Central Region

Monday, February 25

South SF Conference Center
Dr. Martin Chin

Distraction Osteogenesis

Monday, June 3

South SF Conference Center
Dr. Ward Smalley (*Topic TBA*)

Southern Region

Friday, March 1

Los Angeles Airport Hilton
Dr. Sunil Kapila

Complex Cases

Friday, May 31

Hilton Costa Mesa
Speaker TBA

Annual Session

October 5–8

Monterey Conference Center,
Monterey, CA

Editorial

Job Satisfaction — With an Academic Twist

By Robert Keim, DDS

*CAO editor
Dr. Robert Keim
is also Director of
Advanced Specialty
Education, School
of Dentistry,
University of
Southern
California.*



Robert Keim, DDS

I once saw the results of a survey that ranked various occupations on the basis of job satisfaction. It was not surprising to learn that the occupation with the highest rating was college professor. Having been hopelessly addicted to the life of the academic since my first exposure to it back in the early seventies, I could easily see how this particular career choice resulted in such a tremendous ranking. Most of us professor-types, in spite of the fact that we routinely put in about 60 to 80 hours on the job per week, feel like we are doing something we genuinely enjoy. Heck, most of us feel that what we do for a living beats the heck out of work.

The occupation that ranked a close second, again not surprisingly, was orthodontist. Most of us are very pleased with what we do. We take people who are dissatisfied with their appearance and, over the course of 2 or 3 years, make them better looking. That's tough to beat. Many of our patients come to us at what might be the most fascinating time of life — that period when they are changing

from gawky adolescents to attractive young adults. When I take final records on a girl whom I have watched develop from a spraggle-toothed early teen into a distractingly beautiful young lady and realize that I played a big part in the development of her beauty, it's hard to imagine a greater sense of personal job satisfaction.

It would then seem to make sense that the best job in the world is to be a professor of orthodontics. Obviously, given my career choice, I would have to agree. This really combines the best of both worlds. Where else can you combine the tremendous personal satisfaction that comes with the practice of clinical orthodontics with the intellectual challenges of academe? In reality, there are only a little over 100 of us in the U.S. and Canada who have made full-time academic orthodontics our primary career choice. This is far too few to effectively staff the 50+ orthodontic graduate programs currently operating. While the resulting faculty shortage places a relatively high level of stress on full-time academics, it raises a tremendous opportunity for full-time practitioners to contribute a resource to our

specialty that is even more precious than money — and that is their time.

Most orthodontic training programs around the country, including those in California, benefit tremendously from a small cadre of devoted, volunteer, part-time faculty. Indeed, the true strength of our educational programs comes from the outstanding clinical and teaching skills of our "part-timers." While we "full-timers" may wield a wicked statistical computer package or an intimidating research operation, if the truth be told, many times we sit back in awe of the clinical skills of our volunteers. Each of the five ortho programs around the state has its own set of "part-timers" in whom they are very justifiably proud. This cadre of volunteer faculty members makes up a veritable roster of Who's Who among the best orthodontists in the state.

At present, graduate programs across the country are experiencing an acute faculty shortage. It is very true that more full-time professors of ortho-

dontics are needed. While I would strongly encourage any orthodontist who is contemplating a full-time academic career to pursue that

goal, I realize that the perks of practice are far too sweet for the halls of ivy to compete with effectively. The "small cadre of devoted, volunteer, part-time faculty" I mentioned above is doing a phenomenal job of shouldering the burden of orthodontic graduate education. They do need help, though.

The pleasures of job satisfaction associated with being a college professor hold true as much for part-time volunteer faculty as they do for full-time career academics. The current faculty shortage in orthodontic programs offers a true opportunity for anyone contemplating a way to give back to their profession. Giving several

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*The best job in the world
is to be a professor
of orthodontics.*

CHECK IT OUT
CAO's website:
www.caortho.org

Board Honors Robert French

CAO's 2001 Distinguished Service Award was presented to Robert French, of Laguna Beach, in Honolulu during the Annual Business Meeting. Dr. French, who has served CAO in multiple capacities for over 20 years, was honored for his outstanding record of volunteerism. He was CAO's president from 1992 to 1994 but has particularly distinguished himself as orthodontic's representative to the State Board of Dental Examiners. He has represented CAO in that capacity since completing his term as president.



Then-President Norm Jacobson presents Bob French (right) with CAO's 2001 Distinguished Service Award.

The Distinguished Service Award is now 8 years old. It was established in 1993 by the Board to recognize either a member or other individual who has made a significant contribution to orthodontics in California. Others honored include:

- Thomas Thompson (2000),
- Charles Wear (1999),
- Eugene West (posthumously in 1998),
- Donald Poulton (1997),
- John Rathbone (1996),
- Harry Hatasaka (1995),
- Richard Simms (1994), and
- William Parker (1993).

Honolulu Highlights

CAO hosted its 2001 Annual Business Meeting in conjunction with the PCSO Annual Session in Honolulu. Following the installation of officers (see story on page 1), Joan Garbo offered her often humorous perceptions of doctor-staff relationships and their profound effect on a successful practice.

CAO will offer a half-day educational session for doctors and staff in Monterey on Saturday, October 5, 2002, just prior to the PCSO Annual Session. Details will follow later this year.



CAO leaders — past, present, and future — take a moment for posterity. From left to right, back row Bob French, Ken Kai, Terrie Yoshikane, Norm Nagel, Phil Rollins (Executive Director), Kathy Nuckles, Tom Thompson, Steve West, Mike Russell (Assistant Executive Director) and Greg Johnson. Seated are Harold Bergh and Norm Jacobson.



Joan Garbo makes an enthusiastic point during her presentation, "You Are Your Staff."



Presidents of the hour — the short and the tall of it. Norm Jacobson (left) hands CAO reins to Harold Bergh.

Q & A on CAO Work

Continued from page 3

MR: How do you know other providers experience similar problems or hassles as you? Do you know these hassles are prevalent among orthodontists participating in CCS?

NJ: We requested information from CAO members through a postcard inquiry and followed up with a more formal survey. We also surveyed the county CCS offices. Personal contact has been extremely important, and many orthodontists have related their CCS problems to me when I see them at meetings, etc.

MR: In addition to anecdotal information and from postcards responses

from members, you've done a couple of surveys. Could you tell me more about the CCS survey you did in partnership with Dr. Maridee Gregory, Chief of the Children's Services Medical Branch?

NJ: We've had two meetings with Dr. Gregory in addition to extensive correspondence. The CCS county survey, which had a 100% response, gave us some incredible information. It's shocking to know that 50% of the 58 counties in California have zero or one provider. Of the 1041 active CAO members, 18% are actively treating CCS patients. We also obtained individual county input on what would help each county office function better. CAO intends to collaborate further with Dr. Gregory and the state system to improve things both for our members and for the deserving patients.

MR: It sounds like you have some good data to guide your CCS advocacy efforts. How do you envision CAO making progress with CCS reform?

NJ: Unfortunately, it is much slower than I anticipated. Dealing with a statewide system has been an education in patience. But I'm convinced we can make a large improvement. I'm pleased to chair a very dedicated CAO CCS Committee consisting of Don Poulton, Greg Nalchajian, Rick Levin, Ralph Callender Sr., Ken Kai, and Henk Blom. We are trying to improve the system and "make a difference" not only for our members but more importantly to "make a difference" for CCS-eligible children by giving more of them the opportunity for treatment. We are working with CCS on a general assistance guide to make navigating the CCS system a little easier for orthodontists and their financial staff. We are also hoping that we will eventually be

able to make the general CCS guide applicable to each county. Or better yet, to make county processes more uniform. One step at a time.

MR: It sounds like CAO is working hard to make strides with the CCS program, so it's a better system to work with.

If members are interested in helping, please contact Mike Russell at 415-441-4697.

Changes in Ortho Staff Education Management

Beginning this month, CAO will now host orthodontic staff education programs in Southern California. For the past 30 years, staff education in the southern half of the state has been conducted by the Orthodontic Assistant's Association (AOO), led by Mrs. Margie Dungan.

CAO began offering occasional staff education programs in Northern California about five years ago in response to members who indicated that staff education should be a top priority for the organization. Efforts have grown so that in 2002 CAO will offer a total of 6 programs — 3 in the North and 3 in the South — in conjunction with PCSO's regional meetings. (See sidebar on page 3 for listings.)

Following discussions over the past few years, CAO and OAA agreed that OAA would step back from the organizational responsibilities and allow CAO to manage the LA meetings. Mrs. Dungan has agreed to assist CAO in on site management over a transitional period.

This new setup will result in the end of the OAA as it is presently known. CAO will contact the 300 OAA members directly regarding their organization.

CCS Billing Tip

From Norm Jacobson

Life became more complicated when the HCFA-1500 form was mandated for billing CCS patients. Providers had to type precisely between the lines on the red HCFA form.

Life has now become easier.

Software is available for filling out the HCFA-1500 billing form for CCS. Called "Just Claims" from MediSoft, Inc., it can be purchased from Medical Arts Press for \$79. The Medical Arts Press catalog describes the program on page 17. It's also available on their website (www.medicalartspress.com) or by phone (800-328-2179). The program keeps a database of your CCS patients so you don't have to continually enter the information. Just enter the numbers, and "poof!" you print right on the form. My financial person says it saves her time billing CCS and removes one hassle factor from participation in the CCS program.

P.S. No proprietary interest on my part, just to keep the record straight.

Board of Directors Meets in Monterey

CAO's Board of Directors met in Monterey on December 7 and 8. The following items highlight their decisions.

- Elected a new director. Dr. Anthony Cucalon, III of San Francisco serves as a new director. Welcome aboard, Dr. Cucalon!
- Approved additional technology services. CAO's Technology Committee will explore a number of new technological services to better serve members — group email messages to members for faster communication, a "research family" system to survey member needs, digitally recorded speaker presentations at CAO-sponsored meetings, plus distance learning instruction for CE credit.
- Increased speaker honorariums. Because the Continuing Education Committee is experiencing increasing difficulty in finding quality speakers, they requested a nominal increase in honorariums so that CAO can continue to offer high quality programs. Registration fees will remain the same.
- Increased the unit price of *You and Your Orthodontist* by 10%. The cost for CAO members is \$100 per 100 and \$110 for nonmembers.
- Maintained the current dues structure. The Board did not support a motion to increase dues.
- Approved the management contract with Phillip Rollins and Associates for 2002. Phillip Rollins has served as Executive Director since 1985.
- Approved a 2002 budget of \$488,000 in revenues, expenses of \$464,500, and a surplus of \$23,500.

CDA Recognizes CAO Peer Review

Clelan "Butch" Ehrler was recently recognized by the California Dental Association (CDA) as the outstanding peer review volunteer of the year. He serves as chair of CDA's Orthodontic Peer Review Committee.

The honor is particularly gratifying because of CAO's commitment to improve the orthodontics peer review process. Just two years ago, CDA criticized orthodontics for "not providing adequate support" in some peer review cases. They gave CAO a list of five areas for improvement.

Ehrler assisted CDA and its component dental societies in recruiting members for their component orthodontic peer review committees. In addition, as chairman of the Tri-County Dental Society Orthodontic Peer Review Committee, he was recognized for the efficient and timely manner in which peer review cases were processed in those counties.

Efforts of CAO also modified CDA's peer review system statewide. Surveying all 32 county orthodontic peer review chairs in 1999, CAO began a dialogue with CDA to address not only their concerns but those of CAO members as well. Results of that dialogue included an agreement that speciality peer review is best conducted at the component dental society level, a new policy adopted by the CDA's Council on Peer Review just last year. In addition, CDA has scheduled a number of training sessions for orthodontists who volunteer at the local levels.

Orthodontists Exempt from Dental Materials Fact Sheet Regulations

According to CDA, California orthodontists are free of at least one new state law. Senate Bill 134, which takes effect January 1, 2002, requires dentists to provide a new "dental materials fact sheet" to all new patients and patients of record prior to performing restorative work. They must also obtain the patient's signed acknowledgement of receipt.

After much controversy, the fact sheet was recently approved by the Dental Board. Since orthodontists do not perform restorative work, CDA has confirmed that orthodontists are exempt from this new regulation. CDA mailed detailed information to all its members in early January.

From Sacramento

Legislative Update

By Phillip Rollins, CAE
Executive Director

Politics are moving fast and furiously in California, particularly as I write this update on December 3. Visit CAO's website (www.caortho.org) for the absolute latest. CDA's site (www.cda.org) also has current information.

First, the new CAO Legislative Committee, chaired by Bill Emmerson, is scheduled to hold its first meeting in mid-January. By forming this committee, CAO will now pull together all its various efforts in the legislative and regulatory areas, an important step for us organizationally. Here's what we know today.

Dental Board

The current Dental Board held its last meeting on Nov. 30 in Sacramento. In the fall of 2001, the Legislature approved a bill that put the current dental board members and executive director out of business as of December 31, 2001. Simultaneously, the Governor was given the authority to appoint an entirely new Board. We are assuming that the number of dentists, RDA's, and public members does not change and that dentists will maintain the majority. We do not know who, if any, of the current Board members will be re-appointed. There should be a relatively new cast of characters in the new year, a group we'll make the point of getting to know.

Prop 65

CDA continues its negotiations with attorneys who have filed actions against about 80 dentists (all with greater than nine employees) for failing to post the health warning signs required by Prop 65. California's Attorney General has been involved in this litigation issue for

months; and, although a settlement is close, one has not been finalized. CAO continues to recommend that members with more than nine employees post the warning sign until the settlement is announced. Even with the settlement, it's likely the posting will be required for larger offices.

Sterilization Regulations

CAO was instrumental in getting the Dental Board to appoint a committee of specialists to review current sterilization regulations. This committee recommended that many of the instruments used in orthodontic offices be removed from the "bagging" regulations. The recommendations were presented to the Dental Board on November 30; but on advice of the Board attorney, the issue was tabled. We doubt the matter will be addressed before the Board's next meeting in January or February. And, with a new Dental Board, we don't know how the recommendations will be received.

Auxiliary Duties Regulations

For almost two years, representatives of several arms of dentistry met under the auspices of the Committee on Dental Auxiliaries to study current duties, as specified in the Dental Practice Act. At their last meeting in August, the committee discarded most of the work on individual regulations in favor of forming a dental auxiliary board that would be independent of the Dental Board. The dentists were outnumbered on this matter, and the recommendation is presently before the COMDA Board for consideration. CAO is strongly opposed to the committee's recommendation and will be present to argue against it.

Licensure by Credential and Specialty Licensure

As was announced earlier this year, CDA gave strong support to a legislative effort that allows dentists trained in other states to practice in California. The bill was passed and the Governor has signed it. The information below is taken directly from the September CDA Update:

CDA President Jack Broussard Jr., DDS, said that licensure by credential means a dentist can practice in a state without taking the licensing exam in that state. However, states require that certain guidelines be met. For instance, the dentist must possess a license in another state, must not have any existing or previous adverse actions in any other state, and cannot have failed the clinical examination in the past three years in the state to which he or she is applying.

The benefits of licensure by credential could be significant as it allows CDA to address issues such as an increasingly mobile society and the supply of dentists in California. California dental school deans have also added an amendment that should increase the ability to recruit dental school faculty members.

CDA is beginning to study the matter of specialty licensure as a way to make sure non-trained dentists do not move to the state and practice a specialty. CAO has advised CDA of our formal opposition to any testing requirements for a specialty license.

Delta Dental Update

Unfortunately, More Delays

By **Tom Thompson, DDS**

Delta Dental Committee Chair

CAO has learned that the House and Senate have both approved bills that delay until October 2003 the deadline for insurance companies to convert to a consistent reporting and payment system. This gives Delta Dental Plan of California (DDPC) another year to comply with the Health Insurance Portability and Accountability Act (HIPAA) and use the ADA-CDT3 coding system. This delay is sure to frustrate many orthodontists.

The delay pertains to the transactions and code set regulations under HIPAA. Health plans and health care providers still must submit their compliance plans to HHS by October 2002. But providers may not see changes until the new date: October, 2003.

Members can obtain answers to frequently asked questions on HIPAA transaction compliance at aspe.hhs.gov/admnsimp/bannertx.htm. (As of this writing, the webpage had not been updated since the delay was announced.)

Meanwhile, Progress at Delta

Currently, DDPC is converting its double computer system into a single system set up. They report that 52% of their employer groups have been through this conversion process. When all groups are up and running on the newer, more efficient single computer system, then Delta will tackle the HIPAA compliance project.

Legal Resolution

DDPC and ADA have resolved the legal issues that developed over copyrights to previous ADA coding systems. This

resolution brings DDPC back into the fold with ADA and means they will jointly structure a new, updated, CDT4 coding system.



Tom Thompson, DDS

Meanwhile Maintain, Maintain

In the meantime, participating CAO members should refile or update fees as needed. Participating dentists have that opportunity every 12 months.

Sea of Change

Continued from page 2

Cat at a fork in the road. She asks the cat, "Would you tell me, please, which way I ought to walk from here?" "That depends a good deal on where you want to get to," said the cat. "I don't much care where," said Alice, "as long as I get somewhere." "Then it doesn't matter which path you take," said the cat.

The leadership of the California Association of Orthodontists will not allow CAO to go down "just any path" to "somewhere." We shall respond to our members' requests to "Do Something." And, be assured, it will be Something with a purpose that will harness the winds of change to the best advantage to our members.

Let's make 2002 the best year yet for our patients, our specialty of orthodontics, and for the members of the California Association of Orthodontists. Together this is something we can accomplish.

Sekiguchi Announces ADA Candidacy

Dr. Eugene Sekiguchi, a general dentist who practices in Monterey Park, has announced his candidacy for ADA President-Elect. In addition to his practice, he is Associate Dean for Professional and Legislative Affairs at the University of Southern California (USC) as well as part-time clinical professor of Restorative Dentistry there.



Eugene Sekiguchi, DDS

Extensive experience in California's organized dentistry makes him uniquely qualified for the position. He has served CDA alone as Trustee, President, and Acting Executive Director in addition to multiple responsibilities at both the local and national levels.

Sekiguchi asks the dental community of California for help in this campaign. "I need volunteers who can spare some time," says Sekiguchi. CAO's Board of Directors approved a contribution of \$1,000 as support. Anyone interested in assisting his campaign can contact Dr. Sekiguchi Monday through Thursday at 213-821-5526. His email address is sekiguch@hsc.usc.edu.

Job Satisfaction

Continued from page 4

days a month as a volunteer faculty member is a tremendous contribution to the profession. It allows young students to gain from your own experience and knowledge of the "real world." I mentioned that it's hard to imagine a greater sense of job satisfaction than that achieved when we debond a beautiful case, knowing that we contributed to the development of someone's facial beauty. Perhaps the only thing that gives me more satisfaction is contributing to the professional development of gifted young residents, knowing that all of the patients they eventually treat will, in a very real way, be influenced by my efforts. The opportunity to make this contribution is readily available. If you are even remotely interested in teaching, either full or part time, please contact the Program Director at the orthodontic program of your choice.

CAO OFFICERS AND DIRECTORS

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