

CAO Surveys Members' Communications Needs

by **Michael Russell, MS**

CAO Associate Executive Director

We have two ears and one mouth so that we can listen twice as much as we speak.

—Epictetus

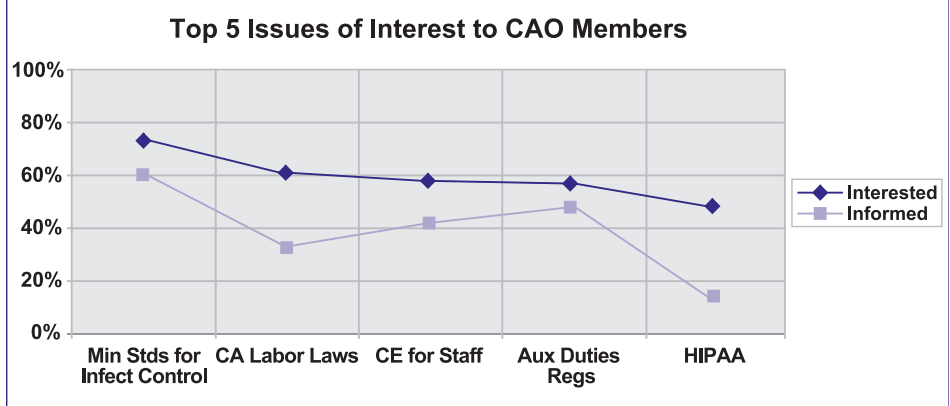
CAO continues to listen to its members with both ears.

In a recent communications audit, CAO members were surveyed about the topics of greatest interest to them and asked how informed they felt on a range of issues. Developed by an outside consultant, the audit also assessed specific ways for CAO to improve its communications and better exemplify one of the core values of its strategic plan: maintaining effective communications with members.

New Publication Dates

So that *California Orthodontist* can provide news and information in a more timely manner, CAO has changed its publication schedule. Look for issues in March, June and October in 2003.

Elizabeth Allan, an accredited business communicator, was hired to work with CAO staff on designing the audit. She collected and analyzed the content of past communications, including the *California Orthodontist* newsletter, the CAO website and the CAO president's column in the *PCSO Bulletin*. She also examined how often CAO initiates communications with its members (that



Source: California Association of Orthodontists, 2002 Communications Audit

is, a "push" communication, such as the newsletter) and how often the organization tells members to go somewhere for information (that is, a "pull" communication, such as the website).

"It is very important that the communications types and their frequency be balanced so that members receive valuable information from CAO at least once a month," Ms. Allen stated.

Last September, a questionnaire was sent to a random sample of 750 CAO members. They reported greatest interest in five areas: current minimum

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standards for infection control, California labor laws, CAO continuing education meetings for staff, auxiliary duties regulations and Health Insurance Portability and Accountability Act (HIPAA). The issue of least interest was Denti-Cal.

CAO also wanted to know how valuable its communications were to members compared to sources of information from other orthodontic organizations. Communications produced by the Pacific Coast Society of Orthodontists (PCSO) and the American Association of Orthodontists (AAO) were perceived as being more valuable, though CAO followed closely behind them. The audit makes it clear that CAO should continue to fill a niche by providing information on California-specific issues that are important to its members.

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President's Message

Making Progress on Our Goals



Terrie Yoshikane, DDS

In late January, CAO held its first board meeting of the year. With the help of the board members, committee chairs and countless other volunteers,

we're making progress on our many projects. Here are some highlights.

Developing Volunteers

A new Volunteer Committee — comprising Rich Savage, Ron Jawor and me — worked with staff and presented a plan to increase and enhance the volunteer base of CAO. The plan has three main components: recruitment, retention (training and management) and

recognition. Our intent is to have an optimal number of volunteers who enjoy a high level of satisfaction by contributing to CAO's continued success. To encourage and support effective volunteering, CAO plans to:

- Post volunteer job vacancies in the CAO newsletter and on the website.
- Make job descriptions for volunteer positions available on the website.
- Hold training and orientation sessions for committee chairs.
- Request that each volunteer committee submit an annual report to

the board that includes statements about the return of investment, the benefit to members and the relationship of the project or program to CAO's strategic plan.

- Recognize volunteers' gifts of time and intellectual capital.

Our intent is to have an optimal number of volunteers who enjoy a high level of satisfaction by contributing to CAO's continued success.

interests in a greater variety of topics. CAO will make an effort to address these interests.

Presenting a Revised Informed-Consent Booklet

A review committee composed of Joe Gray, Gilbert Snow and Michelle Agazzi made recommendations on ways to improve CAO's popular informed-consent booklet, *You and Your Orthodontist*. The new version will be available in the next few months, after review by legal counsel. Watch this newsletter and the website for the official announcement.

Tracking Proposition 65

The suit revolving around Proposition 65 and dentistry has finally been settled out of court. See how this settlement impacts orthodontics on page 5 of this issue, in Mike Russell's "Legislative and Regulatory Update."

Developing Technology

Headed by Richard Savage, CAO's Technology Committee will consider working with AAO in a pilot program to develop a new website template. This is a great opportunity for CAO to work with the national orthodontic organization, pooling

the resources of both groups. Yossi Bar-Zion, Ken Fischer and others will participate in a CAO focus group to evaluate content, navigation and site design.

And speaking of technology, the board authorized the use of electronic surveys in the upcoming year. This is a cost-effective way to receive statistically

Communicating with Members

A communications audit was conducted recently to determine how to better serve our members with CAO's newsletter and website. (See story on page 1.) The results revealed that members are more interested in information about orthodontic topics and less interested in organizational news. It's no surprise that members who have been in practice more than twelve years prefer information delivered through printed media, while newer practitioners prefer electronic sources. Newer practitioners also expressed

The new version [of You and Your Orthodontist] will be available in the next few months.

President Terrie Yoshikane
Editor Robert Keim
Executive Director Phillip Rollins
Associate Executive Director Michael Russell

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MEMBER
PUBLICATION
AMERICAN
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DENTAL EDITORS

CAO Responds to Delta Dental Changes

Since August 2002, CAO has received numerous complaints from members about Delta Dental Plan of California's conversion of its time-based orthodontic codes to the ADA CDT-3 coding system, which Delta was required to do for compliance with the Health Insurance Portability and Accountability Act. Specifically, members are upset because several commonly used procedure codes, such as code 08830, now have no fee equivalent.

Prior to August 2002, CAO offered its assistance several times to Delta Dental to help ensure that the conversion process would be as smooth as possible. All offers of assistance were rebuffed. Instead, Delta Dental repeatedly assured CAO that the conversion process would be "cost-neutral" and that there would be no adverse effects felt by our members. This clearly is not the case given the large volume of negative feedback.

CAO's Delta Dental Committee convened by conference call in early December to discuss possible actions. The committee — whose members include Tom Thompson, Fresno, Chair; Bill Barton, San Diego; Chuck Wear, Santa Rosa; and Earl Johnson, Mill Valley — reflected on its charge to educate members about Delta Dental and to communicate to Delta Dental problems that CAO members experience. After discussing the pros and cons of possible actions and strategies, the committee has taken two significant steps.

What is Delta's Methodology?

A key objective was to clarify Delta's methodology for processing claims and for filing and rejecting fees. The committee crafted a series of questions for Delta and shared them with the California Dental Association (CDA). CDA has been helpful in providing some of the answers, but

unfortunately, many of the questions can be answered only by Delta Dental itself. Here's what CAO has learned thus far about Delta's definitions, which may not be generally or accurately understood by CAO members.

- *Usual fee:* A fee that a specific dentist usually charges and receives for a given service.
- *Customary fee:* A fee is customary if it is within the range of the usual fees charged and received by dentists of similar training for the same service within a geographic area.
- *Reasonable fee:* A fee is reasonable if it is usual and customary. Additionally, it is the specific, higher fee Delta Dental accepts when the higher fee is justifiable because of special circumstances.
- *80th percentile of fees* (on which Delta Dental bases its payments): This is *not* the average fee charged within a geographic area. Delta stacks submitted fees from lowest to highest, accepting fees not exceeding the 80th percentile. *Percentile* should not be confused with *percentage*. Percentage denotes a ratio; percentile simply means that the value chosen divides a range of data and that a certain percentage falls below it. Percentile has a closer relationship to median than to mean.
- *Geographic area:* Delta Dental computes the 80th percentile of fees within the geographic boundaries of each of the 27 areas in California served by the American Dental Association's local dental societies.

Registering Members' Complaints

Tom Thompson, CAO's Delta Dental Committee chair, sent a letter

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MEETINGS CALENDAR

CAO STAFF EDUCATION

Northern California

Monday, June 2, 2003

Crowne Plaza Hotel, Foster City

Joint Doctor/Staff Program

Rosemary Bray: *Working Together as a Fun, Cohesive Team*

December 2003

Date and location to be determined

Southern California

Friday, June 6, 2003

LAX Hilton Hotel

Dr. Patrick Turley

Program TBA

December 2003

Date and location to be determined



PCSO MEETINGS

Central Region

Monday, June 2, 2003

Crowne Plaza Hotel, Foster City

Joint Doctor/Staff Program

Rosemary Bray: *Working Together as a Fun, Cohesive Team*

December 2003

Date and location to be determined

Southern Region

Friday, June 6, 2003

LAX Hilton Hotel

Dr. John Kalange: *Prescription-Based Indirect Bonding*

Dr. Sean Carlson

Program TBA

December 2003

Date and location to be determined

Editorial

Communication and Community

by Robert Keim, DDS



Robert Keim, DDS

Robert Hutchins (1899–1977) was quite a guy. A noted educator, writer and philosopher, Hutchins served in the ambulance corps in both the Italian and American armies in World War I. He graduated from Yale Law School at the age of 25, and just two years later, he was named dean of that venerable institution. This was only the beginning. Three years after that, at the ripe old age of 30, he was named president of the University of Chicago. Some guys just don't know when to quit. He served as the president of the University of Chicago from 1929 through 1945 — quite an accomplishment for a profession that is infamous for short career spans. He then stayed on for another six years as chancellor. His Chicago Plan introduced educational reforms that rippled throughout higher education and the professions, including dentistry and orthodontics. His insistence on “measuring achievement by comprehensive exam rather than by classroom time served” resulted in a massive revision of educational outcomes assessment and directly affected the evolution of the board exams, which we have all endured as our traumatic birth into our profession. It was Hutchins who coined the term *community of scholars*.

Of all his abilities and accomplishments, Hutchins regarded his ability to

communicate as among his greatest gifts. While Ronald Reagan is generally thought of as The Great Communicator, Hutchins earned the title 50 years before him. Hutchins saw communication as absolutely imperative to the ongoing success of any type of relationship or organization. Part and parcel to his view of communication was his ideal of a world community. In fact, the words *community* and *communication* come from the same Latin root *communis*: “shared by all or many.” His view of a global community was founded on his ideals of communication. On that subject, he once said: “A world community can exist only with world communication, which means something more than extensive short-wave facilities scattered around the globe. It means common understanding, a common tradition, common ideas and common ideals.”

Everything Hutchins says about a world community holds true for a professional community as well — for example, the community of orthodontists. Although each of us, as practicing orthodontists, have somewhat different views on treatment philosophies, practice management ideals and politics in general, it can honestly be said that we do indeed have a great deal of common understanding, common ideas and common ideals. We all have a common understanding of what is a

“good” occlusion and what is not. We all have common ideas about what it takes to go from a bad occlusion to a good one. We all share common ideals about the provision of quality care for our patients. When it comes to communication, generally our first thoughts are our day-to-day doctor-patient communications. The need for very clear and very frequent communication in this arena is well understood by all of us.

Much the same could be said of our communications with our staff members, without whom our professional lives would much less tolerable. If we were to poll a group of orthodontists on their pet peeves in private practice, I'm willing to bet that dealing with

staff issues would rate right up at the top. How many of our staff problems could be resolved or, better yet, prevented by good, open and thorough interactive communication?

While we take the necessity of doctor-patient and doctor-staff communications almost for granted, we sometimes have a tendency to overlook another, equally necessary area of communication: communication within and between the members of our own specialty — the communication necessary to nourish our professional community.

As orthodontists, we are very much a community. I would suggest that we are really a subset of Hutchins' community of scholars. The American Association of Orthodontists would be our greater community — our country, if you will. The Pacific Coast Society of Orthodontists is our regional community — analogous to our state. The California Association of Orthodontists is our hometown. This is our home base — our neighborhood. Good communications within the neighborhood is more than just a passing nicety. It is what allows us to define, develop and promote our “common

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We sometimes ... overlook ... communication within and between the members of our own specialty — the communication necessary to nourish our professional community.

Communication ... [is] absolutely imperative to the ongoing success of any type of relationship or organization.

From Sacramento

Legislative and Regulatory Update

by **Michael Russell, MS**

CAO Associate Executive Director

Proposition 65

The very, very long wait for a resolution to the Proposition 65 lawsuit against dentists is over. As You Sow, the consumer group that initiated the suit, and the California Dental Society (CDA) submitted their settlement for court approval; it was approved on January 8.



Michael Russell

The good news is that orthodontic materials are not named in the Proposition 65 warning to patients that must be posted in dental offices with more than nine employees. The notice reads as follows:

NOTICE TO PATIENTS

Proposition 65 WARNING: Dental Amalgam, used in many dental fillings, causes exposure to mercury, a chemical known to the State of California to cause birth defects or other reproductive harm. Root canal treatment and restorations, including fillings, crowns, and bridges, use chemicals known to the State of California to cause cancer.

The U.S. Food and Drug Administration has studied the situation and approved all dental restorative materials for use.

Consult your dentist to determine which materials are appropriate for your treatment.

CDA has responsibility for sending a complete information package to all California-licensed dentists within 90 days of the settlement date. The packet will include a cover letter, the settlement summary, a notice for nonmembers who wish to participate in the settlement and a sample sign. The sign's size, type and format are specified in the settlement. Dentists who are using an interim notice may continue to do so until they receive the new information.

The not-such-good news? Orthodontic offices that employ more than nine people must post the new public notice, even though orthodontic materials are not mentioned in the sign's text.

Listed in the settlement agreement, such orthodontic chemicals as nickel and chromium may be removed within 180 days of the consent judgement if new scientific data warrants a qualification for exemption. This data must demonstrate that use of these chemicals poses "no significant risk," as defined within the Proposition 65 statute. If an exemption is warranted, orthodontists (with more than nine employees) will no longer be required to post the Proposition 65 notice. CAO will work closely with CDA over the next 180 days to make every effort to qualify the materials for exemption. CDA has said that it will hire a specialist to assist with these efforts.

CDA's "Proposition 65 FAQ" is a helpful tool in answering both doctor

and patient questions related to the settlement. It is posted on the CAO website at www.caortho.org.

Overall, we are headed in the right direction, thanks to hard work by CDA and by CAO officers and staff.

Licensure by Credential

Application forms for out-of-state dentists seeking to practice in California are now available from the Dental Board. The board acknowledged it would give some preferential consideration to those interested in practicing in California's underserved areas.

The LBC application package can be requested by fax. The fax should be sent to the Dental Board at 916-263-2140 and must include the requestor's name and mailing address.

Minimum Standards for Infection Control

Recommendations from the Dental Board's 2000 ad hoc Committee on Infection Control regarding minimum standards for infection control were thrown out because the time limit for the Dental Board to act on them had expired. A new, smaller ad hoc committee was appointed in 2002. Unfortunately, no orthodontists were invited to participate as voting members. Nevertheless, Dental Board member Donna Drury-Klein said that CAO member Dr. Ken Fischer will be consulted as an ex officio member. The new ad hoc committee met late last year; however, no recommendations came out of that meeting.

New Executive Director for the Dental Board

As of February 18, the Dental Board of California has a new executive director. She is Cynthia Gatlin, who most recently served as chief of the Consumer Information Center for the California Department of Consumer Affairs.

California Orthodontist hopes to provide an in-depth interview with this new officer in its next issue. ❖

Contact Us!

The line to CAO is always open. To volunteer, to offer comment, to raise an issue or to ask a question, contact Mike Russell at 415-441-4697 or mike@prollins-associates.com.



Member Opinion

Can We Afford to Belong to Delta Dental?

by Robert Andresen, DDS

Dr. Robert Andresen is a member of CAO and has been in private practice in Davis, CA, since 1974.

Most of us are aware of Delta Dental's new CDT-3 fee schedule, which is based on the complexity of orthodontic treatment and is not directly related to the time a patient is in treatment. Are you aware that, in the process of its conversion, Delta dropped procedure code 08830, generally used to bill the higher fees associated with complex and orthognathic cases? Delta Dental made no accommodation for this fee in its conversion because "the new code D8090 (comprehensive orthodontic treatment of the adult dentition) satisfies most dentists."

I don't feel satisfied.

Have you ever tried to raise your fees and had them rejected? I submit new fees every year, and my listed fees have not been adjusted since 1993!

Have you ever tried to talk with a Delta representative? I've continually had to wait on the phone for service and then been told the aggregate of my fees are "too high." What is "too high" based on? I suspect that it is determined by Delta's ability to market its insurance program with tight cost controls. It also allows Delta to shed a negative light on more efficient systems like direct reimbursement.

I feel that the time is approaching when I cannot afford to be a member of Delta Dental, and I am reevaluating my relationship with insurance companies. ❖

Editorial

Continued from page 4

understanding, common tradition, common ideas and common ideals." It is what makes us tick; it is our *raison d'être*.

While I have always been impressed with the professionalism and efficiency of Phil and Jane Rollins, Mike Russell and the rest of the crew at Phillip Rollins & Associates — who are the staff of CAO and PCSO — the fact that they orchestrated a professional communications audit of our organization really emphasizes that professionalism and efficiency. It makes it very clear that CAO is not only listening to the wants and needs of our organization, but that the association genuinely cares about what its members have to say. It seems to me that CAO is clearly advancing our *raison*

CAO ... genuinely cares about what its members have to say.

d'être. Our executive director's staff are far too modest to toot their own horns on this issue, so I certainly will. They did a great job! Mike Russell, our associate executive director, reports on the outcomes of this audit in a succinct piece elsewhere in this newsletter. Please read it over and you will get a scientifically valid idea of what our common concerns really are. Note that the audit shows that

the CAO is not only listening actively to its members, seeking out what they have to say, it is also acting on what it hears. To use Hutchins words, "It is

addressing our common understandings, common ideas and common ideals." Please take a look at Mike's report and let us know what you think. To Mike, Phil and crew concerning the communications audit — thanks from all of us. ❖

Communications Survey

Continued from page 1

A Generation Gap?

The majority of respondents said they would prefer receiving communications in print rather than electronically. But when the results were analyzed according to respondents' number of years in practice, it was clear that those preferring print media were those who had been in practice longer. Newer practitioners preferred electronic communications. They also wanted more information about all topics surveyed, responding that they were interested in, but felt relatively uninformed about, almost all the issues identified in the survey. By contrast, members in practice 20 to 30 years reported feeling relatively well-informed and were not interested in as many issues as those in practice 12 or fewer years.

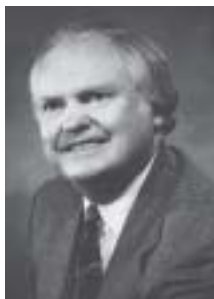
In an effort to address issues that appeal to members who are new to the practice and that may not have been covered in the past, CAO is considering adding a new feature, a "New Member Corner," to both the newsletter and the website. If there is a topic of particular interest you think may appeal to newer practitioners, please contact Associate Executive Director Mike Russell. He maintains a database of the number and types of questions about which members contact CAO. These queries will help determine the types of information reported to CAO members. Members can reach Mike at 415-441-4697 or mike@prollins-associates.com. ❖

As an incentive to encourage members to respond to the communications audit survey, CAO offered a \$200 lunch voucher to one lucky participant and his or her staff. Dr. David Adams of San Diego was selected by random drawing. Congratulations to Dr. Adams and his staff. And thanks to all 286 respondents who participated in the assessment.

Delta Dental Update CDT-4 Codes in Place

by **Tom Thompson, DDS**
Delta Dental Committee Chair

Just as Delta Dental Plan of California (DDPC) completed its conversion to the CDT-3 code configuration, the ADA replaced the CDT-3 version



Tom Thompson, DDS

with CDT-4. The good news is that there are no changes in orthodontic codes in CDT-4. The new CDT-4 code standard took effect January 1 of this year.

Delta recently mailed a CDT-4 update to all participating dentists to ensure that each participant has an up-to-date copy of his or her fees in the CDT-4 format.

Concerns Linger from Delta's CDT-3 Conversion

There remains confusion and concern over DDPC's conversion to the CDT-3 orthodontic procedure codes. (See story on page 3.) DDPC did not make any provision for the usual and customary fees charged in the most severe cases, those formerly billed under code 08830 (full treatment, 30 months). Usual and customary fees under the current (CDT-3/CDT-4) comprehensive treatment categories — D8070, D8080 and D8090 — are based on the fees Delta previously allowed for full treatment up to 24 months. Delta maintains that the discrepancy will be rectified when orthodontists adjust or refile their fees with Delta — which can be done every 12 months.

CAO continues to track members' problems and concerns with the Delta conversion. Contact Mike Russell at the headquarters office at 415-441-4697 or by email at Mike@prollins-associates.com. ❖

Filing Recommendations

- Indicate the proper CDT-4 code number when filing a Delta claim.
- Use code D8999 for cases in which your treatment fees exceed your "usual and customary" fees for procedure codes D8070, D8080 or D8090. Delta will accept code D8999 when a higher fee would be reasonable for a specific, unusual case. Delta also says that until the anniversary of the CDT-3 changes (September 2003), it will evaluate specific or unusual cases in light of the orthodontist's fee for the now-discontinued code 08830.
- Use code D8999 for Invisalign cases since fees for Invisalign are usually higher than fixed-appliance fees and because Delta considers Invisalign a cosmetic appliance.

President's Message

Continued from page 2

significant results of members' opinions about specific issues, as well as to assess their needs and desires.

Supporting Orthodontic Research

Consistent with the core purposes of AAO, CAO also exists "to advance the science of orthodontics, encourage and support orthodontic research, maintain the highest standards of excellence in orthodontic education and practice, make significant contributions to the health of the public," and, last but not least, "serve its members." Without research, our ability to continue successful practices with the highest standards will not be possible. Recognizing this, CAO has made a pledge of \$20,000 to the AAO Foundation, to be paid over the next five years. (A \$5000 contribution was made several years ago.) We are proud to be able to make this contribution and to participate in such an important program.

Evaluating Our Management Team

In December, CAO's board conducted the first formal review of our management company, Phillip Rollins & Associates (PRA). Executive Director Phillip Rollins, Associate Executive Director Mike Russell and other staff received high marks. The board's compiled evaluation scores reflected a very high degree of satisfaction with PRA's performance, with an overall superior rating. Phil Rollins and his staff put their hearts into serving the best interests of our organization. We are fortunate to work with such dedicated, caring and professional individuals.

Join Us!

Come join the team! We will work hard this year on these and other areas. Please feel free to contact me, other CAO officers and directors or our staff at CAO's headquarters in San Francisco. And don't forget to visit our website (www.caortho.org) for the latest information. ❖

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

CAO Responds

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to Delta Dental on January 21, 2003, explaining the displeasure of CAO members because the code conversion was not cost-neutral. Furthermore, Dr. Thompson said that a meeting between CAO and Delta Dental is imperative to resolve the code conversion issues as identified and experienced by CAO members.

Support the Cause

CAO continues to encourage as many of its members as possible to contact its headquarters with concerns regarding the code conversion. Associate Executive Director Mike Russell is keeping a record of all complaints.

CAO will continue to keep members abreast of any new developments. Mike is always available by phone at 415-441-4697 or by email at mike@prollins-associates.com. ❖

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