

Orthodontist Runs for Assembly

Bill Emmerson, DDS, MS, orthodontist and CAO member who practices in Hemet, has tossed his hat into California's political ring, running for the Republican slot for the State Assembly from the 63rd district. If selected from the five Republicans in the primary race March 2, he is running to represent portions of both San Bernardino and Riverside counties. *California Orthodontist* spoke with Dr. Emmerson recently about his campaign and its importance to both orthodontics and general dentistry.



Bill Emmerson, DDS, MS

CAO: Tell us why you decided to run for state Assembly.

Emmerson: Over the years, I've seen a lack of legislative concern for business issues. Small businesses are really a priority of mine. On a regular basis, regulations have added new requirements without much regard for the impact those regulations might have on the businesses they affect.

Dentistry is no exception. Both the water line and amalgam separator issues brought home to me the fact that legislators don't understand the impact of what they do, especially to small businesses. That's my main reason for running. I look at dentistry as a typical small business, and I think all small businesses have similar issues.

CAO: Have you had any legislative experience?

Emmerson: You might call me "a political junkie." I've had the bug a long time. I graduated from college

with a degree in history and political science; and, as a graduate student in public administration, I did an internship for Congressman Jerry Pettis when I attended American University in Washington, D.C. Before dental school, in the late '60s and early 70's, I worked for Craig Biddle who was the Republican

leader in the Assembly and who then went on to the Senate.

CAO: Haven't you spent a number of years working with the California Dental Association (CDA) as well?

Emmerson: I have. I served six years on CDA's Council on Legislation, three of those as chairman. In addition, I was chair of CalDPac for four years, a member of the AAO's Political Action Committee until 2001, chair of CAO's Legislative Committee and served as a delegate to the ADA for two years. I've never strayed too far from this political interest of mine.

CAO: How is your campaign going so far?

Emmerson: Very well! Fund raising has been the biggest portion of my effort thus far. I'm pleased that as of June 30, our first financial reporting date, I raised

Combine Laughter and Learning at Annual Luncheon

He promises he'll leave you laughing. He promises you'll be inspired. He promises that "blowing it" can be half the fun. CAO's Annual Meeting Luncheon speaker is consultant and humorist David Gouthro, who is not only president of the Vancouver-based firm, The Consulting Edge, Movers and Shakers, Inc., but also founder of the Vancouver Noseflute Ensemble.



David Gouthro

If you have not already registered for the luncheon on Monday, October 13, at the Fairmont Waterfront Hotel in Vancouver, B.C., you can still do so. Purchase tickets in Vancouver by Sunday morning to be included in the event. The cost is \$35. CAO hosts its annual meeting in conjunction with the PCSO Annual Session. ❖

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President's Message

Education in Our Daily Lives

By Terrie Yoshikane, DDS



Terrie Yoshikane, DDS

In the past two years, much has happened in the world to cause us to re-evaluate our priorities and our sense of purpose. So many forces are impacting us both personally

and professionally that we find change is the one constant. And thus, the need for learning permeates every part of our lives. We must continually learn so that we can adapt and thrive in this changing world around us.

Education Comes in Many Forms

We have been given such a gift to be able to practice orthodontics. What will keep us practicing our profession as we do now — or even better in the years to come? Education is the key. We must

continue to expand our knowledge and abilities, combine intellectual development with character development. We must have a passion to be the very best that we can be. We can foster an atmosphere of encouragement to help our team be the best and most educated in town so that we can give them responsibility and trust them to succeed.

Education is a never-ending process; learning new skills is vital to our personal and professional growth. Communication and time management skills are fundamental to everyday life.

Interpersonal skills, leadership skills, service knowledge, customer knowledge as well as clinical and technical ability allow us to perform outstanding clinical orthodontics and to find personal fulfillment in our chosen profession as well.

We need to understand that relationships are the source of true enjoyment in orthodontics — relationships with our team, our patients and our colleagues — and that we can learn from each other, no matter what our level of experience may be.

We must support our schools, researchers and educators so that we will have the knowledge and technology for our profession to thrive in the future. And we must support our organization, the California Association of Orthodontists, so that it can continue to be a strong and vital entity that continues to work on our behalf.

Learning as a Volunteer

If there is one thing that is essential to the success of the CAO, it is our volunteers. The men and women on the

Board of Directors are an accomplished group of individuals who are deeply committed to championing CAO causes. Their diverse experiences and strengths bring a wide range of perspectives that are essential to our mission. They are visionary and continue to steer the path of the CAO with great care and thoughtfulness, following the strategic plan and always keeping the best interest of our members, our patients and our profession at heart.

Volunteers on committees work tirelessly to ensure that no issue is left unattended. Volunteers provide our office staff with exceptional educational experiences; they monitor legislative and dental auxiliary issues and affect changes; they keep the website

and newsletter informative and current; they maintain and keep alive CAO's strategic plan; and they represent our members well on insurance issues.

Each volunteer gives his or her valuable time, talents and resources to achieve a common goal. I could not have done my job as president without each one's support and hard work, and I am grateful to all of them. I will always feel that I have learned and gained more than I have given while working with these dedicated people.

Also, all of our accomplishments could not have happened without an important partner. Phil Rollins and his associates are more than just hired staff. Phil is someone who is passionate about orthodontics and loves the profession as much as we do. His commitment and guidance, along with the hard work of his staff, enable us to make our dreams reality. We are deeply indebted to him.

*You will find volunteering
one of the best
educational experiences
you will ever have . . .*

President Terrie Yoshikane
Editor Robert Keim
Executive Director Phillip Rollins
Associate Executive Director Mike Huckins

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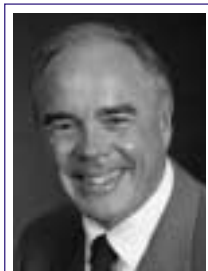
MEMBER
PUBLICATION
AMERICAN
ASSOCIATION OF
DENTAL EDITORS

Greg Johnson Honored by Board

By Harold Bergh, DDS

Chairman, CAO Nominating Committee

A Distinguished Service Award often goes to someone who is "famous," someone everybody knows about. But there are also the unheralded who do not receive notoriety and acclaim because they toil in the areas no one knows much about and — to



Greg Johnson, DDS

be quite frank — do not much care about.

People who fit into this profile are the ones who work behind the scenes, who serve on committees and boards. They are the backbone of professional organizations like CAO. One of these "orthodontic soldiers" is the recipient of the CAO Distinguished Service Award for 2003. He is Gregory P. Johnson, DDS, of Irvine.

Greg has served on the CAO Board of Directors and was President in 1998. He has been involved with committees over the years, too numerous to list.

In addition to his long history of service to CAO, Greg is involved with other aspects of organized dentistry and orthodontics. He presently serves as a PCSO director and is a PCSO delegate to the AAO House of Delegates. In addition, Greg is a long-time member of the CDA Peer Review Board for Orthodontics, has served as a CDA delegate for many years, and is CAO's orthodontic liaison to CDA's Interdisciplinary Affairs Committee.

Greg is being recognized by CAO for his reliability and dependability, his ethical standards, his willingness to serve and share his wisdom. His dedication to the profession is extraordinary. Greg personifies the word "volunteer."

It was an easy call for the Nominating Committee to select Dr. Greg Johnson as this year's CAO Distinguished Service Award recipient. ❖

President's Message

Continued from page 2

An Educational Challenge

I'd like to challenge you to get involved with your organization, to take the opportunity to meet new people, learn new skills, be in a position to impact your future, give back to the profession that has given so much to you — to make a difference. You will find volunteering one of the best educational experiences you will ever have and one of the most personally fulfilling and meaningful things you will ever do. I thank you for the privilege of serving — and learning! — in a number of ways over the years as a volunteer and as your president. ❖

Now Register On Line!

Orthodontic staff who wish to attend CAO's staff education regional meetings can now register online at the CAO website, www.caortho.org. Be sure to do so at least seven days prior to the meeting date.

Doctors who attend regional meetings sponsored by the PCSO may also register online. Do so at the PCSO website, www.pcsortho.org.

MEETINGS CALENDAR

NORTHERN CALIFORNIA

CAO Staff Education

Friday, December 12, 2003

Sacramento DoubleTree Hotel*
Dr. Patrick Turley, CPR for Teeth

Friday, February 20, 2004

Foster City Crowne Plaza Hotel
Program to be announced

PCSO Doctor Education

Friday, December 12, 2003

Sacramento DoubleTree Hotel*
Dr. Michael Swartz,

Titanium Archwires plus

What's New in Ortho Bonding?

and *Dr. Greg Huang,*

Practicing Evidence-based Orthodontics

Friday, February 20, 2004

Foster City Crowne Plaza Hotel
Program to be announced

SOUTHERN CALIFORNIA

CAO Staff Education

Friday, November 21, 2003

Costa Mesa Hilton Hotel
*Rosemary Bray, Teamwork —
For Harmony, for Efficiency, for Fun*

Friday, February 27, 2004

DoubleTree Hotel, Mission Valley*
Program to be announced

PCSO Doctor Education

Friday, November 21, 2003

Costa Mesa Hilton Hotel
Dr. Jay Bowman,
Class II Combination Therapy

Friday, February 27, 2004

DoubleTree Hotel, Mission Valley*
Program to be announced

CAO ANNUAL MEETING

Monday, October 13, 2003

Vancouver, B.C., Canada

*CAO and PCSO host these meetings in new locations. See regional meeting mailings for details.

Editorial

Corporate Intrusion on Professional Education?

by Robert Keim, DDS

News release: Two new orthodontic specialty-training programs will graduate an additional 30 orthodontists per year by 2007.



Robert Keim, DDS

Two news releases in January, one from the University of Colorado Health Sciences Center (UCHSC) School of Dentistry and the other from the Denver Post —

Knight Ridder/Tribune Business News via COMTEX, announced plans to open a new “school for orthodontics” at UCHSC’s Fitzsimons campus in Aurora, Colorado. It will be called the Lazzarra Center for Oral-Facial Health, named after Gasper Lazzarra, DDS, the founder and managing partner of the Orthodontic Education Company (OEC) of Jacksonville, Florida. OEC made the new orthodontic training program possible through a \$3 million donation and partnership with UCHSC. The proposed agreement includes a commitment by OEC for an additional \$92.7 million over 30 years. Accepting 16 students per year for two years of specialty-training, the program will admit students beginning in 2004.

A similar program at Jacksonville University (JU) will admit 14 students per year. Of these, twelve will receive full scholarships from OEC that will cover all tuition, books and fees in addition to a living stipend. The two non-scholarship students will pay \$40,000 annual tuition plus other expenses. Each of the scholarship students will have a post-graduation

commitment to practice at sites throughout the United States. Dr. Joseph Pelle, Orthodontics Program Executive Director at JU, states that these commitments to practice will probably be with a type of managed-service company.

The Corporate Rub?

The question arises that since Dr. Lazzarra also founded both Orthodontic Centers of America (OCA) and OEC, will the practice assignments for the scholarship students be with OCA or OCA-affiliated practices? Both Dr. Pelle and Mr. Mark Fraga, Vice President of Operations of OEC, deny any affiliation between OEC and OCA; and Dr. Pelle states that the practice assignments for the scholarship students will not necessarily be in OCA-affiliated practices.

Accreditation Process

The Jacksonville school will admit its first class this fall. The Florida program applied for full accreditation to the American Dental Association’s Commission on Dental Accreditation on November 1, 2002. On January 31 of this year, just three months later, the Commission on Dental Accreditation granted the accreditation status of Preliminary Provisional Approval (PPA) to the advanced specialty education program. A more advanced approval, Initial Accreditation status, was granted by the Commission on August 1.

AAO Gets Involved

As a result of this action, the American Association of Orthodontists (AAO) submitted formal complaints to

both the Commission and the U.S. Department of Education (USDOE) on April 7. The Commission receives its charter to accredit dental education programs, including advanced dental education, dental assisting, dental hygiene and dental laboratory technology from the USDOE.

AAO has taken two significant and unprecedented actions to address concerns about the new orthodontic programs. In a landmark move, they have retained expert accreditation counsel in Washington, D.C., to file a complaint against the CDA with the USDOE. They are also utilizing this expert counsel to file a complaint against the CDA, per its own internal procedures. In both cases, the AAO alleges that the Commission did not

follow its own policies and procedures when it granted Preliminary Provisional Approval status to the JU program.

In addition, AAO has joined with the

Florida Association of Orthodontists in retaining Florida counsel to ensure that all aspects of any proposed orthodontic program at JU fully complies with applicable Florida laws. AAO has also requested that the ADA Board of Trustees express its concerns about the JU program to the CDA.

Faculty Opposition in Colorado

The faculty of the University of Colorado has also expressed concerns about businesses such as OEC funding academic dentistry programs at both the UCHSC and in the dental profession. “As faculty, it is really important to keep our eye on this arrangement,” Professor Mike Glodé of medical oncology said at a recent faculty assembly meeting. “Relationships between business and education are tricky. Business always wants to get more involved, and this could become a ‘camel’s nose’ issue.”

AAO has taken two significant and unprecedented actions to address concerns about the new programs.

Highlights of Programs and Activities

Inside CAO

We offer this new column as an efficient way to up-date members on the activities of the California Association of Orthodontists. We hope you see it as a record of your dues dollars well spent.

—Editors

Annual Business Meeting in Vancouver

CAO holds its annual business meeting and luncheon during PCSO's annual session on Monday, October 13, in the Malaspina Ballroom at the Fairmont Waterfront Hotel in Vancouver. President-Elect Mike Ricupito will take the reins from retiring president Terrie Yoshikane. And humorist/consultant David Gouthro will give attendees something to think about while they chuckle as he discusses "Building the Courage to Change." (See story on page 1). Tickets are available on site for \$35. All CAO members and guests are welcome.

Member Input on New Educational Programs

CAO members — 175 strong — completed a questionnaire via email late this spring, giving the organization the green light to proceed with some new educational offerings and a yellow light on others.

It is likely that "hands-on" workshops for staff will be offered next fall in Palm Springs, probably the day before PCSO hosts its annual session there September 18-21, 2004. Top topics identified by respondents for clinical staff were digital photography, treatment coordinating skills, placement of auxiliary appliances, and wire bending. For non-clinical staff, telephone skills, inventory management, and training in Microsoft Word were key priorities.

Just 51 percent of the survey respondents indicated an interest in participating in a "life balance retreat," proposed as a team-building opportunity for both doctors and staff to balance both professional and personal life demands. Comments generally favored offering other types of educational programs.

Face to Face with Delta Dental

Following several months of requests for a meeting with senior members of Delta Dental's management team to air orthodontists' concerns about Delta's new billing system, CAO Delta Dental Committee Chair Tom Thompson and Executive Director Phillip Rollins met in June with Dr. Marilyn Belek, Senior Vice President, and Michael McGinley, Vice President of Professional Relations. Tom Thompson gives details of the meeting's results in his Delta Dental Update column on page 11.

Budget Woes Put CCS on Back Burner

CAO has made little recent progress with Dr. Maridee Gregory and the California Children's Services program. As with many activities in Sacramento this spring and summer, coping with the budget deficit took top priority. But CAO has their ear, a first step in making changes. In March, Dr. Gregory promised to consider key requests to make participation more palatable for orthodontists. Modifying monthly visit requirements, a general assistance guide to help providers through the maze of CCS processes, information about claims experiences, a list of current orthodontist providers, and simplified claims processing are all still on CAO's wish list.

Volunteers to be Recognized in Vancouver

CAO will host its first annual Volunteer Recognition Party in Vancouver. Offering hors d'oeuvres and beverages, President Terrie Yoshikane will host this event as the first, formal way of acknowledging that CAO could not offer the variety of programs and services to members without those who volunteer. From staff education sessions to representation in Sacramento and with Delta Dental to this newsletter and the website, CAO runs on

A "Great White" Riddle

New AED for CAO

CAO has a new Associate Executive Director. Mike Huckins joined the staff in late July.

By way of an introduction, Mike has asked us to pass on the following riddle to members.

"Would a great white shark, upon applying 14,000 pounds of pressure when biting the bottom of Mike's ocean kayak, require orthodontic care?"

Besides writing riddles and dragging listing kayaks ashore, Mike has nine years of association experience working with the California Respite Services Association (eight years as a Board officer there as well), 19 years of experience in various director positions with several non-profit agencies, and a bachelor of fine arts degree in playwriting.

To find out more about the real-life shark attack drama and/or to answer the riddle, contact Mike at 415-441-4967 or email mike@prollins-associates.com. ❖



Mike Huckins

the energy, time, and ideas of members who give generously to "take care of their profession." Each and every one deserves hearty thanks!

Interested in volunteering? CAO needs members who are willing to introduce CAO speakers at regional meetings or who can write for the newsletter or website. And there's more! Contact CAO's new Associate Executive Director, Mike Huckins at mike@prollins-associates.com or at 415-441-4967. ❖

Guest Editorial

A Foundation for Our Future: The AAOF

by Harry Dougherty Jr., DDS



Harry Dougherty Jr., DDS

Dr. Dougherty represents PCSO on the American Association of Orthodontists Foundation (AAOF) Board of Directors and currently serves PCSO as Chair

of the ad hoc Committee to Increase AAOF Visibility.

Today we live in a constantly changing society. Our understanding of the world around us and within us grows greater every day. Our challenge is to take the new insights in biology and the health sciences, including dentistry, and blend these insights with analysis, materials, techniques and understanding to provide our patients with consistent, thoughtful and predictable treatment results.

Dynamic Changes Today

At no time in our past have we been able to collect so much data and reduce it to measurable components. Dewel, Broadbent, Steiner and Holdaway struggled to determine the clinically significant landmarks and the useful relationships between them in the infancy of cephalometrics. In much the same way — we with our more exacting instruments, computer-aided cephalometrics and much broader databases — continually evolve our definition of “normal” as a guide in treatment. As we continue in this second century of orthodontics, we re-define the envelope within which we set our treatment goals. On the horizon, three-dimensional imaging is dawning. The Newton and other volumetric cephalometric imaging technologies are opening new ways to evaluate our

patients and their treatments. Surely what we see in this new revolution in cephalometrics will continue to push us to re-evaluate our current treatment methodologies, goals and outcomes.

As more of our goals are re-defined, so will our paths to these goals. Current understanding of bone physiology at the cellular level is changing and expanding on a daily basis. Drugs and therapies that affect basic cellular machinery will have a profound impact on our specialty. Spin-off technology in metallurgy and developments in adhesives by other disciplines have revolutionized the way we make appliances and fasten them in place. Even what we think of as an orthodontic appliance — or, more correctly, a dentofacial orthopedic — is constantly evolving.

The Role of Research

This ongoing revolution generates great confusion. And it is the clinical practitioner who sits in the eye of this challenging storm. What wires does he/she use? What force levels will those wires deliver? Could the patient be taking some common drug that will affect bone turnover and tooth movement or root resorption? What is the treatment envelope for this particular patient; what norm should be used in evaluation? What is the long-term effect of functional appliance therapy? It is slow and methodical research that has provided the answers to these sorts of questions in the past. Today the need for ongoing, objective research will continue to grow to address the new avenues opened by our new technologies.

Research provides the scientific basis and direction for our treatment philosophies and methodologies. It is fascinating to think that, in a quick hundred years, our profession has leaped from an empirical and anecdotal art form supported by conjecture to one

supported by fundamental understanding based in research and reevaluation.

Financial Support for All from AAOF

Financial support for research as well as financial support for the educators and resident orthodontists who make up the next generation of our profession is fundamentally important to us as practitioners and to orthodontics as a specialty. The AAO Foundation is the instrument through which we ensure support for our educational institutions, not only in California but also across our nation. It provides key and growing support to our institutions, educators and residents. Within California, the list of awards to individuals and institutions is both on-going and growing. Since 1994, AAOF has presented our state with 14 fellowship awards, 29 research grants, four grants for treatment outcome studies, and six grants to support training centers. In addition, AAOF presents an annual gift to each second-year resident for student research and/or a gift to each of the graduate orthodontic residency programs.

Clearly California orthodontics has benefited from the support that the Foundation has made to our California institutions. In turn, the institutions are strengthened by this support which, in today's environment, is crucial for their growth and survival. As practitioners, we benefit having these research powerhouses close at hand for the inspiration, direction and fundamental answers to the clinical challenges as the environment in which we practice changes.

Endowment Campaign

AAOF receives its funding through its Endowment Campaign, **A CASE FOR THE FUTURE**. To date, the AAOF has realized \$21.9 million in pledges, of

California Dental Board Report

Making Progress

by **Earl Johnson, DDS**

California Dental Board Liaison

Dr. Earl Johnson replaces Dr. Robert French as CAO's informal liaison to the California Dental Board. He attends meetings at various locations across the state to monitor Board activities and to provide testimony on issues of importance to orthodontics. Dr. Johnson promises to provide the California Orthodontist information "when it's important enough." Here is his first report from the July meeting. He urges members to remember that these regulation changes are not yet legal and binding. They are close to final but have not received final approval as of this writing.



Earl Johnson, DDS

Board Membership

The California Dental Board still does not have a full compliment of members. Four slots are waiting to be filled by governor's appointment.

Minimum Standards for Infection Control

Regulations involving the Minimum Standards for Infection Control have been clarified and modified.

- All hand pieces, high and low speed, and any reusable air/water syringe tips and ultrasonic scaler tips must be heat sterilized between patients.
- Semi-critical instruments (surgical and other instruments that are not used to penetrate soft tissue or bone but contact oral tissue) or containers of semi-critical instruments (cassettes) sterilized by heat or vapor method must be

stored in a manner to prevent cross-contamination. Note: They do not need to be wrapped or bagged if cross-contamination can be controlled without the bags or wraps.

- All critical instruments (surgical and other instruments used to penetrate soft tissue or bone) still need to be bagged or wrapped before sterilization.

Dental Assisting Regulations

Regulations defining and changing the allowed duties of the dental assistant (unregistered) are in the final phases. Final approval, subject to clarification of some language, is forthcoming.

In orthodontic offices, dental assistants will soon have these new duties under direct supervision:

- Examine orthodontic appliances
- Operate intra-oral photography
- Take intra-oral measurements for orthodontic procedures
- Seat adjusted retainers or headgears

Under indirect supervision, dental assistants in orthodontic offices will soon have these new duties:

- Take impressions for diagnostic and opposing models, bleaching trays and sports guards
- Apply non-aerosol and non-caustic topical agents
- Place elastic orthodontic separators and remove all types of orthodontic separators
- Remove arch wires and ligature ties
- Cure restorative or orthodontic materials with a light-curing device

Regulations for the Registered Dental Assistant

Regulations involving the allowed duties of the registered dental assistant

(RDA) are also in the final throes of being modified. New changes will permit an RDA in an orthodontic office to do the following

- Size, fit, adjust, intra-orally fabricate, temporarily cement and remove temporary crowns
- Take face bow transfers and bite registrations
- Take impressions for space maintaining appliances, orthodontic appliances and occlusal guards

In addition, after completion of board-approved courses, an RDA may

- Perform coronal polishing
- Remove excess cement from coronal surfaces of teeth under orthodontic treatment by means of an ultrasonic scaler
- Apply pit and fissure sealants

Dental Materials Fact Sheet

The existing "Dental Materials Fact Sheet" that had been produced by the previous Dental Board was sent to committee for a rewrite. After much controversy and discussion, a revised "Fact Sheet" was tentatively approved, pending language modification to make sure it is not above an 8th grade reading level. All references to "braces" have been removed from this fact sheet.

Continuing Education Modifications

The board approved creating two classifications of continuing education. This will allow up to 20 percent of the required 50 hours (10 hours maximum) of continuing education hours to be accepted for subjects that are not directly related to patient care such as practice administration, psychology, cash management, etc. More particulars are forthcoming. ❖

The Delta Dilemma

by Steven E. Leininger, CPA

Steve Leininger is a partner with the CPA firm of Thomas, Doll & Company in Walnut Creek, CA. In the ongoing conversation about Delta Dental fee schedules, he shares this perspective on Delta patients and practice finance. Each member is urged to make his or her decisions about rising costs and declining reimbursement. CAO does not recommend or support any position nor advocate or advise any particular approach.



Steven E. Leininger, CPA

Paul Zuelke's Guest Opinion in the November, 2002, issue of this publication describes some interesting financial challenges facing today's orthodontist. Our firm's annual survey of Northern California orthodontists substantiates his position; we find a growing discrepancy between non-Delta and Delta fee increases. Our survey shows a first trend: that orthodontic fees are not increasing as much as either the CPI increase or staff salaries. The second trend is that Delta Dental fees have not kept pace with costs, even more dramatically than non-Delta fees.

How are orthodontists reacting? Here are a few of the typical responses that we see. We offer this summary to help individual orthodontists wrestle with this Delta dilemma.

Stop taking Delta patients. This is a bold move but not for the faint of heart. Is it simply inevitable? When "times were good," this option wasn't a problem. New patients were flocking in and the increases in revenues were substantial due to lack of the "Delta drag." Now that the economy is a bit tight, some practices notice a decline in new patients and more patients "shopping." They also notice a drop in referrals from pediatric dentists who typically treat 40-45 percent Delta patients due to cost-conscious parents.

Stop taking new Delta patients, but continue with siblings of existing patients — in essence, weaning your practice over time. This option provides results more slowly than the first option. But there is the temptation that you will "chicken out" and make exceptions to the general rule. Plus, it confuses the staff which, in turn, may lead to patient confusion. It does allow you to turn the spigot off and on depending on other economic or competitive situations. Be cautioned, however; you may run into contractual issues with Delta using this approach.

Continue accepting Delta but raise non-Delta fees. This is probably the standard approach that most practices are taking — for now. Most doctors do not have the moral dilemma that Zuelke suggests with dual fee schedules. The typical reasoning goes something like this: "Allowing one group of patients to take advantage of me doesn't mean I have to let them all do it!" However, this option will be less and less acceptable as time goes on and as the gap between Delta and other fees continues to widen.

Use creative ways to reward patients who have better paying fee schedules. This option may be confusing for your office and your patients and has the potential for creating angry patients as they figure out your approach. The theory here follows the airline approach. Pay more to get first class; everyone still arrives at the same destination at the same time (straight teeth), but first class gets there in style (better appointment times and other goodies). The problem is that coach-class patients don't understand that the "deal" they are getting comes at a cost in other areas.

Hire a junior associate to handle the treatment at a lower cost is also a popular option. Economic reality suggests this may be reasonable; but the *real* reality is that implementation is difficult — even if handled with great care.

Be Careful Before Doing Nothing

While the medical insurance analogy has its limitations, some lessons can be learned from it. Medical doctors were first sold on the idea that, since their fixed costs were covered by traditional patients, adding new managed care patients with fees that at least exceeded the variable costs would add profit to the bottom line. "What you lose on fees you make up for in volume" was the theory, in simplified form. The problem with this theory, however, was that the "traditional" patients all converted to managed care plans since there was no distinction in quality or service. Now look at the mess medicine is in.

One dental insurance representative I talked with had this comeback when confronted with declining fee increases. "Modern orthodontics has made such sweeping technological advances that the costs to treat a patient have declined. This is reflected in fewer appointments per patient and quicker completions." Huh? True, technologies have improved — but only at increased costs, not decreased costs. The number of times you see a patient is only one aspect of cost. Continuing capital investment is required at a pace that far outstrips even the increase in staff costs.

Your Future?

Will you let the profits of the insurance companies (or their stock portfolio losses) dictate your financial success? From our perspective, the market will segment at a pace unlike we have ever seen. Practices will cater to a more focused patient base. We will see the patient more confused as the market fragments. Improved quality comes with a vision and a cost. In the past, improved quality meant being rewarded with improved profits. Now, we fear, improved profit may come only with declining quality and less patient care.

How will you and your profession react? How long can you tolerate fee increases that don't meet your expense increases? You may be able to put off your decision for another year or two, but putting it off will not make the dilemma go away. ❖

From Sacramento

Legislative and Regulatory Update

by **Phillip Rollins, CAE**
Executive Director

The state's budget woes have consumed the majority of our legislators' time since spring. Given the enormous complications of the budget, there are parts that still need to be studied. However, we have learned that Denti-Cal fees have been reduced 5 percent. So far (as of this writing) there has been no adjustment in CCS fees. Word is that there may be a move in late summer/early fall to restore Denti-Cal fees to their previous levels.

Prop 65

CAO has joined CDA to request changes in Proposition 65 that would remove from the law any reference to nickel and chromium. Such action would eliminate the need for posting the now-required hazardous materials sign (only in offices with 10 or more employees). We are optimistic that the California Attorney General will agree with our position and release our members from this wasteful and inappropriate law.

Restructuring of Duties and Educational Requirements for Dental Assistants

CDA is sponsoring legislation known as "Career Pathways" that would restructure the duties and educational requirements for dental auxiliary. The proposal would expand the scope of practice for all dental auxiliary categories, create more flexibility for technological advancements, appropriately streamline education requirements and create more innovative opportunities for them through on-the-job training.

In addition, two auxiliary specialty certificates are being considered. Currently, four categories are proposed: RDA, dental assistant, surgical specialty assistant and **orthodontic specialty assistant**. Specialty auxiliary would be trained and tested in procedures specific to a particular specialty without the burden of proving competence in general dental areas, as is required now. CDA's Career Pathways proposal is currently before the Joint Legislative Sunset Review Committee. The Dental Board is also considering similar proposals.

CAO has had a hand in the development of CDA's proposal, and we continue to monitor and support the issue.

A Flood of Out-of-State Licensure Requests

Since late last year when the bill permitting out-of-state dentists to apply for licensure in California was made law, out-of-state dentists have flooded the Dental Board with requests for licenses to practice in California. As of this May, 2,000 out-of-state dentists had requested applications; of those, 287 have been approved. The Dental Board has yet to report on the location of these practices, an important requirement in the legislation.

"Political" Interaction on CDA's Interdisciplinary Committee

Dr. Greg Johnson, Irvine, represents CAO on CDA's Interdisciplinary Affairs Committee (IAC), a committee made up of dental specialty organizations. Several activities may be of interest to CAO members, including:

- Pediatric dentistry is asking CDA to adopt a policy that requires all school children to receive a dental exam before being allowed to enter public school. The request may come up at CDA's 2003 House of Delegates in November.
- Most dental specialties are challenged to schedule peer review re-calibration training sessions. Although our last one was cancelled, orthodontics will plan to hold sessions in 2004.
- With oral surgeons holding three out of the current ten positions on the Dental Board, the Assembly is considering legislation that would limit to three the number of specialist members on the Board. Of course, general dentistry needs to be well represented; and other specialties (such as orthodontics) would like a voice on the Board as well. It's worth noting again that Governor Davis has not yet appointed the final two Board members.

CAO Legislative Committee

Our committee minding these and other issues, chaired by Dr. Gary Baughman, Stockton, will meet at CDA headquarters in Sacramento on December 5. Results of this meeting will be reported in our next newsletter.



Calling Volunteers

Volunteer for CAO committees on the website.

Go to www.caortho.org.

1. click on the "Info" tab,
2. click on "Reports" and
3. fill out a volunteer form.

Easy as 1, 2, 3!

Emmerson Runs for Assembly

Continued from page 1

\$316,000, nearly double the other top contenders. That seems to bode well for my support and my campaign. If we win the primary, it is pretty generally assumed that we'll win the election.

I must add that I am touched and honored by the orthodontic community's generosity. It's a wonderful feeling knowing you have the support of your professional peers.

CAO: If you're elected, will you continue your orthodontic practice?

Emmerson: Yes, I will continue my practice but not as much as in the past. I share space with other orthodontists, and we will work out a joint practice together.

CAO: How about issues specific to dentistry? What are your positions there?

Emmerson: I don't see any major, new issues in the immediate future. Scope of practice changes and changes to auxiliary responsibilities have been around for a while and will continue to be debated by the legislature over the next few years. Both Medi-Cal and Denti-Cal fees are out of balance by 20 years and are due an overall increase. But that's unlikely to happen given our current budget crisis.

I see access to care, especially for the underserved, to be further damaged by the budget crunch. I think this will continue to be a big issue for California over the next few years.

CAO: What are the issues for your broader constituency in the 63rd district?

Emmerson: There are four key issues for Southern Californians: the economy, transportation, water, and health and safety. My goal is to be appointed to one of the Assembly committees on Health, Transportation or Water and attempt to address some of these major areas.

CAO: If you serve in the legislature, how would you like to be remembered?

Emmerson: I have seen what Sam Aanestad has been able to accomplish,

and I would like to be able to make a similar contribution to government efficiency and to our profession.

Having members in both the Assembly and Senate who are dentists is an exciting prospect and should be useful.

In broader terms, I would like to offer pragmatic solutions to California government. I believe there's a way to reduce the cost of government and, at the same time, improve government services and the business climate. Improving the economy will lead to improvements in access to care as well. That would make it worthwhile for me. ❖

Guest Editorial

Continued from page 6

which \$14.5 million has already been received. From 1994 to 2003, the AAOF funded just under \$3.8 million in awards.

There are three distinct parts to this fund-raising campaign: Case Partnership, Regents and Planned Giving.

Case Partnership. About 29 percent of all AAO members have pledged **A CASE FOR THE FUTURE**, i.e., the amount of a full treatment case, usually redeemed over three to five years.

Regents. AAOF Regents are those individuals who pledge a minimum of \$25,000 over as much as 10 years, i.e., the equivalent of a case every two years. While representing only eight percent of all pledges, the 315 AAOF Regents account for more than one-third of all dollars pledged.

Planned Giving. AAO members are asked to consider the AAOF in their estate plans. Those individuals who inform the Foundation that they have made this commitment are considered members of the AAOF Keystone Society. Those from California include Antonio Cucalon, Jr., Joseph Hyman, Robert Keim, George Payne, Donald Poulton, Michael Ricupito and Robert Scholz.

More Information

For more information on any activities of the AAOF, please call me at 818-986-6223 or Mr. Robert Hazel, AAOF Executive Vice President, at 800-424-2841, ext. 246. ❖

Re-enrollment Requirements for Denti-Cal

By Mike Huckins

Associate Executive Director

At the Board of Directors' request, CAO looked into Denti-Cal's re-enrollment process, which is a request from Denti-Cal for updated information from participating providers, including orthodontists. This re-enrollment process is directed by the authority of Welfare and Institution Code 14043-14043.75 with reference to "enrollment for a provider to continue providing [Denti-Cal services.]"

Specifically, the Department of Health Services (DHS) will request that each provider supply updated information such as phone number, address, business license, articles of incorporation, tax identification number(s) and a copy of a facility agreement where care is provided.

Dr. Mort Rosenberg of DHS, which oversees this re-enrollment process, stated that the current California deficit will significantly slow down the general re-enrollment implementation. Once general re-enrollment starts in earnest, only a small percentage of Denti-Cal providers will be asked to re-enroll each year.

Dr. Mortimer also clarified that current re-enrollment efforts are limited to Denti-Cal providers who have changed their incorporation status, added participating providers, and/or changed or added to facilities where care is provided. For those orthodontists who are reluctant to share the financial aspect of lease agreements, Dr. Mortimer stated that it would probably be acceptable to provide a copy that has the financial information blackened out.

Although it may be quite some time before Denti-Cal requests such information from providers, CAO advises that continued reimbursement will depend on a timely response. ❖

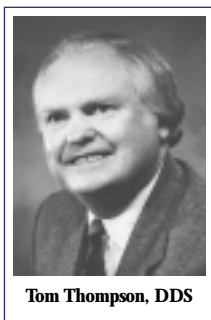
Delta Dental Update

A Positive Session with Delta

by **Tom Thompson, DDS**

Delta Dental Committee Chair

CAO's Executive Director, Phil Rollins, and I met with Delta Dental Plan of California's Senior Vice President, Dr. Marilyn Belek, and Vice President of



Tom Thompson, DDS

Professional Relations, Michael McGinley on June 16 in their San Francisco office. It was an unhurried and, I feel, positive dialogue. It was also the culmination of several requests for such a session to explain increasing frustrations with Delta felt by CAO members.

Our conversation covered the following members' concerns.

The Fee Filing Process

CAO members have bitterly complained about Delta's complicated process in filing for fees. In response, Delta told us they plan to replace the present composite customary fee system with a simpler process that will be less frustrating and that should be in place at the end of this year or the beginning of next year. While this is certainly not solely the result of orthodontic input, we are pleased that a less complicated system is part of Delta's future. Delta providers will receive complete details about it at least 45 days before it goes into effect.

Elimination of the 30-Month Code

When Delta converted to the CDT-3 and CDT-4 codes, 08830, representing the 30-month treatment option and fee, was eliminated. The new CDT-4 codes

for comprehensive treatment of adolescent or adult dentition, D8080 and D8090, allow only the acceptable fee for 08824. This change was certainly not "cost neutral" for orthodontists, as promised by Delta before the conversion took place.

Delta's response was that the 24-month code represents the usual code used by member orthodontists for comprehensive treatment of adolescent and adult dentition. For treatments that are more difficult than the customary or usual, orthodontists can request an increased reasonable fee using CDT-4 code D8999. No models or records need to be submitted with the request, just submit a written explanation, advised Delta.

In addition, Delta reminded us that member orthodontists have the option to file new fees every 12 months. By filing regularly, members should be able to compensate and adjust for the eliminated 30-month fee. And, by filing regularly, Delta may be forced by the numbers to raise its fees overall.

Inclusion of Oral Surgery Benefits

CAO members have pointed out that oral surgery procedures should not come out of the orthodontic benefit package. Delta agreed to research the frequency of that event; and, if common enough to warrant consideration, request a change from Delta's Board of Directors.

Methodology Establishing the 80th Percentile

Delta's McGinley explained that percentile is based upon "a stack of filed fees. If 100 fees are in a stack, then we count from the lowest up toward the highest and stop at 80. That's the 80th percentile fee." He further noted that percentile should not be confused with

percentage. In addition, he explained that member orthodontist percentile fees are taken from a statewide survey and then adjusted by region. Delta uses 27 regional variables, roughly parallel to county dental society configurations.

All in all, the meeting was conducted on a friendly note and was positive. We have had an open dialogue, an accomplishment to be sure. As Chairman of CAO's Dental Dental Committee, I am pleased that Delta will simplify the current filing fee process and create a system that better meets the needs of our members.

CAO will continue to track members' concerns with Delta. Contact our new Associate Executive Director, Mike Huckins, at the CAO office at 415-441-4967 or by email at mike@prollins-associates.com. You can also contact me at 559-448-9870 or email me at thcortho@hotmail.com. ❖

October is National Orthodontics Month

Celebrate October as Orthodontics Month in your office. Remember to order copies of "You and Your Orthodontist" which include an informed consent form and try "Bite Down Early" brochures to provide information to parents of younger children.

Members can now order copies of both brochures electronically from the CAO website at www.caortho.org. Click on "Products" and follow the "How to Order" instructions. Or order by telephone 415-441-2416. Or by fax 415-441-5683.

Editorial

Continued from page 4

UCHSC microbiology Professor Lew Pizer cautioned that the dental funding agreement should not be allowed to set a precedent for other schools. "What if Kaiser came to us with a sizeable donation and wanted us to train medical residents for them?" he asked. He raises a poignant question that has not been adequately answered.

The Bottom Line

The viability and overall impact of these two new orthodontic training programs on the orthodontic profession — both in California and nationally — remain to be seen. The situation warrants our close scrutiny. We must insist on upholding the highest standards of orthodontic professional education and accreditation. ❖

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