

The CALIFORNIA ACADEMY of GENERAL DENTISTRY

GP NEWS

The Magazine for the General Practitioner

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June, 2010

James H. Thompson of San Diego Named "Dentist of the Year"

Dr. James H. "Jay" Thompson was selected as the California AGD "Dentist of the Year" by his peers in the Academy. This award is given in recognition of significant contributions to our profession within California and for the willingness to share knowledge and expertise with one's colleagues through support of continuing education.

Dr. Thompson was born in San Diego California on October 31, 1958. Labor was induced after he was three weeks late. Further details are readily available by contacting his mother. He is the third child of six sons by Dr. William C. Thompson and Jean K. Thompson. Further details are readily available by contacting his mother.



DR. JAY THOMPSON
San Diego

Jay attended the University of California San Diego and the University of San Diego prior to receiving a Doctor of Medical Dentistry Degree from Washington University School of Dentistry in St. Louis, Missouri. While attending Wash U, Jay joined the Delta Sigma Delta Dental Fraternity (*as did most of the Class of 1986*) where he served as Tiler (Sgt. at Arms). He also served with his classmate, Dr. Larry Pawl, as co-editor of the yearbook.

In 1984 Jay married the love of his life, Martha Carracino. She had just graduated from the University of California, San Francisco with a Bachelor's Degree in Dental Hygiene. They celebrated their twenty-fifth wedding anniversary this year. They have three children: Ross, 21; Philip, 19; and Natalie, 15. Ross will be graduating college this year with a business degree from DeVry University. He also owns a business named Kingdom-Con. This company puts on a three-day convention for gamers who have tournaments for such games as WarMachine, WarHammer and Rock Band. This year, the convention will be at the Town and Country Hotel in San Diego. Philip is currently at California State University, Long Beach where he is studying Chemical Engineering and Surfing. Natalie attends Patrick Henry High School. She is a member of the Patrick Henry High School Marching Band, and is active in the German Club. Last summer, she was involved in a German exchange program and had the opportunity to travel to Germany with students from Patrick Henry.

Upon Graduating in 1986, Jay and Martha joined his father's dental practice in San Diego. Jay and Bill practiced together for ten years. Martha continues to work as the hygienist at their office. During this time, Jay joined the San Diego County Peer Review Committee in 1990 and served until 2002, after which he served one term on the CDA Peer Review Committee.

Jay joined the Academy of General Dentistry in 1987. In 1994, he joined the Board of the San Diego Academy of General Dentistry. In 1999, he became President of the San Diego Academy and also served as the President-elect of the California AGD. During this year, he was responsible for the CAGD Annual Meeting. The meeting was scheduled for Sacramento as a "Kick-off" event to help form a new component in California. Several dentists in the Sacramento area stepped forward: Dr. Wai Chan, Dr. Guy Acheson, Dr. Ladi Sorunke, Dr. Jim McNerney and Dr. Jeff Nelson. The Sierra-Sacramento AGD was formed. This component has provided outstanding leadership, not only to the Sierra-Sacramento area, but to CAGD as well as the committees of the AGD.

In 2000, the CAGD Board was charged with finding a replacement for Dr. Deon Carrico, our Executive Director. Deon stepped into the position of Executive Director of the CAGD in 1985 under very difficult conditions. His leadership and guidance over fifteen years not only helped the CAGD weather severe financial difficulties, but during his tenure became one of the strongest constituents in the Academy. Finding a new Executive Director was one of the bigger challenges that year. A search committee was formed and Lynn Peterson, Deon's daughter was selected. She has

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*** Instructors: Dennis Smiler, DDS, MSD; Muna Soltan, DDS; August de Oliveira, DDS; Brian Banton, MDT; Robert Garfield, DDS**

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Calabasas Location: 134 Fwy., 5 Fwy. or 405 Fwy. to the 101 Fwy. West ("north"). Proceed west past Woodland Hills. Exit on Las Virgenes Road in Calabasas. Proceed south to Agoura Road. Right on Agoura Road one mile to 27030 Malibu Hills Road (park at Implant Direct, LLC).

Encino Location: 134 Fwy., 5 Fwy. or 405 Fwy. to the 101 West ("north"). Proceed toward Encino. Exit on Hayvenhurst Avenue. Proceed south to Ventura Boulevard. Right on Ventura Boulevard to Petit. Right on Petit and into the parking lot for 16661 Ventura Boulevard.

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East West Suites Motel , 15485 Ventura Boulevard, Sherman Oaks 91403	818-981-0500	\$80
Tokyo Princess Inn Motel , 17448 Ventura Blvd., Encino, CA 91316	818-788-3820	\$85

All of these hotel/motels are within one mile of the Encino location. The Calabasas location is about seven miles west ("north") on the 101 Fwy. ("north" refers to the fact that the 101 North is actually going west in the region where we will be located.)



The
G.P. NEWS
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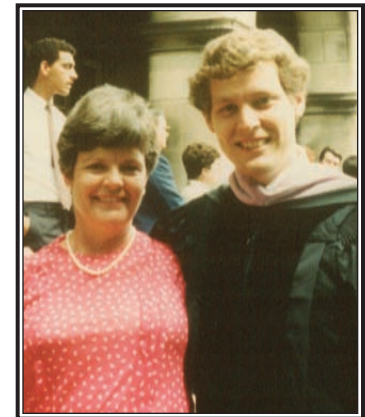
JAY (continued from page 1)



Jay, as a senior in dental school, working on the school yearbook



With his dentist father, Dr. Bill Thompson



Mother, Jean, ready to off-load Jay, again...!

proved to be an outstanding Executive Director and now has served the CAGD for nine years. Since taking the position with us, Lynn has achieved status as a Certified Association Executive.

After serving as President of the CAGD, and several years as delegate to the AGD House of Delegates, Jay remained on the Board of the San Diego Academy. He worked with many other SDAGD members to provide CE to the San Diego component. In 2004, Jay was elected to serve the CAGD as their Regional Director. During the next five years, he was responsible for the California delegation to the AGD House of Delegates. During this time, California was able to greatly influence the policies of the AGD. In 2009, Jay was elected to serve the AGD as Trustee from California.

From 1992 until 2008, Dr. Thompson provided dental care to the mentally and physically handicapped at his office and at Grossmont Hospital. These patients were unable to find a dentist to provide for their dental needs. The State of California ultimately made it too difficult to continue providing care for this deserving population.

In addition to this, Jay became an Associate Clinical Instructor at the UCSD School of Medicine in 2004. This appointment was made so that he would be able to work for the UCSD Free Dental Clinic. These clinics serve the indigent population in San Diego by providing free dental care. The clinics are run by undergraduates and recent graduates at the University of California, San Diego, and San Diego State University. These students, in addition to
(continued on page 20...see JAY)



Let's see if I remember how to do this...



Grossmont Hospital: Ready, set, go...!



Jay, Martha, Trish, and Marlina at the front desk



4

THE THOMPSON FAMILY: Ross, Phillip, Jay, Martha and Natalie





DR. WILLIAM LANGSTAFF
Villa Park

California AGD PRESIDENT'S MESSAGE

Our Future Looks Bright

Membership is the foundation of the AGD. This organization over the years has elevated the profession of dentistry far beyond what the original founding fathers had ever imagined.

We have a new challenge. Now is the time that we need our membership to step up by increasing numbers to protect our wonderful profession.

Most of us have been the "Primary Care Providers" for our patients over the years. We take care of people to help them be assured of health and longevity. This is who we are and what we have done for our communities.

We need to increase membership in California to continue to protect our level of excellence. The CAGD is on the march to engage general dentists throughout the state.

This year, the CAGD has produced a new, engaging web site: cagd.com Please go to the web site and check it out. It is one of the most flexible and engaging professional web sites in the country. Communication is the key to success and connection. Our CAGD web site has made connection very easy to attain.

The CAGD has engaged all five dental schools to be involved by creating their own student AGD organizations. Each school in California has such an AGD organization and students are engaged in creating knowledge for their future.

The CAGD has become more aware of California state Dental Board activity. The "Watchdog" CAGD committee attends each board meeting to voice our concerns and positions. The state Dental Board has noticed our presence and appreciates our involvement.

The future looks bright for the academy. I ask you to continue to encourage your colleagues to join our cause.

Your president,

William N. Langstaff, DDS FAGD, DICOI



*"The CAGD
is on the
march to
engage
general
dentists
throughout
the state."*





DR. JAMES THOMPSON
San Diego

California AGD TRUSTEE'S MESSAGE

Access To Care

Jay Thompson, DMD, FAGD, Trustee, Region 13, California

One of the most controversial issues in dentistry today is "Access To Care." There are many who are in governmental policy making positions and those who want to influence them who feel that there is not enough access to dental health care in the United States today. Because of this

they are considering the need to create a new dental care position called an "Independent Mid-Level Dental Health Care Provider."

The position of the Academy of General Dentistry on this issue is that it is the role of the General Dentist; or when appropriate in case of children the Pedodontist; head the dental team to provide comprehensive dental care to the public. The AGD recognizes that there are challenges to access and utilization of dental care and in 2008 prepared its "White Paper on Increasing Access and to Utilization of Oral Health Care Services." In this document, the AGD lists twenty-one strategies to increase access and utilization to dental care. *This document is available to you on the AGD website at: www.agd.org/files/newsletter/7025accessto-carewhitepaper7-31-08.pdf*

My own experience in helping to provide dental care to those who have had trouble accessing treatment includes providing care to the mentally and physically handicapped in San Diego by accepting Denti-Cal and treating the patients in my office as well as a local Hospital when their needs required it. I began doing this in 1992, but was forced to stop in 2008 when the State's Budget crisis resulted in the reduction of benefits.

I believe that my efforts to serve the needy population are not exceptional. Indeed, prior to my decision to cease accepting Denti-Cal, I began working with the UCSD Free Dental Clinic, which is run by under-graduates and recent graduates of UCSD who are seeking to become dentists. The students run the clinic; raise funds to maintain it; schedule patients and act as dental assistants during procedures. These services are offered free of charge to all patients. The dental care is provided by MANY general dentists and dental specialists. Many of these dentists have affiliations with other dental charities and like many of you seek to provide excellent care to all they serve. I have found that our profession is constantly seeking ways to serve others well beyond what they are able to do in their offices.

It is my opinion that the current model as outlined in the AGD White Paper is the best model for the delivery of treatment. To develop an independent "Mid-Level" provider would be a disservice to the public, insomuch as the delivery of comprehensive treatment is an extremely complex task. As dentists, we are required to examine our patients, take appropriate radiographs and models, sequence treatment, make appropriate referrals, monitor the patient's progress through treatment and provide maintenance once the active phase of treatment is completed. This type of support of patient health is beyond the ability of anyone who has not completed dental school.

6 Some of the powers granted to independent mid-level providers in *proposed recommendations* include the

ability to place simple restorations, perform simple extractions, clean teeth, or make appropriate referrals. *Even the ability to perform these "simple" procedures is extremely complex; to evaluate a medical history and avoid allergies, and be prepared to treat an allergic reaction; to take appropriate action when a "simple restoration or extraction" becomes "complex" and to make proper diagnosis to even begin treatment, I strongly believe, requires a dental degree.*

Each state has established their requirements to have the privilege to be granted a dental license. It seems a strange thing to me that they are now considering to ignore what they established as "Minimal Competence" and allow minimally trained individuals to essentially perform the same functions on the slim hope that they will be able to provide these services for less money. I know what my office overhead is, and have no idea how these essentially lower compensated procedures will cover the cost of service. In my opinion, it is much more likely that these independent mid-level providers will work in the employ of private dental clinics in urban centers, which will not help reach the underserved.

Currently, the AGD is working very hard to contact and provide testimony to prevent the establishment of mid-level providers. On March 4, 2010, Dr. David Halpern, President of the AGD, testified before the IOM (Institute of Medicine) Oral Health Access To Services Committee and stated *"...I thank this Committee for the opportunity to present before it, and will now briefly provide direction on two of the four tasks before you as set forth in your Statement of Task."*

Task #1—Assess the Current Oral Health Care System

1. Today, the Health Resources and Services Administration (HRSA) defines a Health Professional Shortage Area (HPSA) in dentistry, generally, as an area with more than 5,000 patients per dentist. Moreover, studies have shown that dental practices fully-staffed with auxiliaries may increase capacity 1.5 fold. However, actual dentist to patient ratios vary by state, region and locality from less than 1,000 patients per dentist to over 3,000 patients per dentist. The fact remains that dental homes staffed with dentists and auxiliaries have significant capacity to see numerous additional patients; the real challenge is not one of capacity of the dental office, but of creating access to the dentist and increasing utilization by the patient.

2. Moreover, according to Dr. Eric Solomon's report entitled Dental Workforce (released just last year), only 10% of dentists employed a hygienist in 1955, while 74% of dentists employed a hygienist in 2000. According to the report, "This increase in the use of dental hygienists follows the shift toward more preventive services, a higher percentage of the population receiving routine dental care, and a general decline in the caries rate."

3. We must be mindful of the fact that some areas have a shortage of hygienists in dental practices. A 2005 study by the UCLA Center for Health Policy Research found that 52% of dentists reported having a need for additional hygienists in their practice, and 47% of these dentists reported challenges in filling those positions.

(continued, page 7...TRUSTEE)





THE AGD, THE CAGD AND THE SCAGD LOSE A GREAT ICON

Dr. William “Bill” Frank



William S. “Bill” Frank, DDS, MAGD, age 89, passed away March 13th. Bill was our great driving spirit of the AGD, the ACD, and the ICD membership whose tireless enthusiasm touched us all in so many ways. Bill was an exemplary and iconic humanitarian, philanthropist, educator, dentist and athlete. His dedication, involvement and passion to love and serve his fellow man was well recognized by his myriad friends and patients in the many dental and community organizations he served.

Bill’s service and love for organized dentistry and the Alpha Omega International Dental Fraternity began in his first year of dental school at USC. Through the next sixty-four years, Bill was a clinical professor at USC and served as president of the USC Dental Alumni Association, the Century Club, the SCAGD, the ADI, the Pierre Fauchard Academy and OKU. He was a member of the Examining Committee of the Dental Board of California.

The Academy of General Dentistry had a special place in Bill’s heart as many of the readers of this tribute can attest. Bill’s AGD motto was, *“always carry an AGD application in your coat pocket.”*

Bill, along with his dear love of sixty-six years, Ruth, was active in the Dick Salter Chapter of the City of Hope, a founder of the Hebrew University in Jerusalem and recipient of its prestigious Torch of Learning and Miamonides awards. He was active in his community and served as president and District Governor of Rotary. Bill graciously participated as a national and international coordinator of Rotary International’s “Polio Plus” campaign to eradicate polio in children worldwide.

Raised in Silver City, New Mexico, Bill attended UCLA where he met his dear Ruth. He lettered in varsity baseball, and upon graduation served in the Pacific as a celestial navigator in the U.S. Naval Air Corps during World War II. After the war, Bill attended the USC School of Dentistry on the G.I. Bill.

TRUSTEE *(continued from page 6)*

4. Further, hygienists have attained the unique and special educational training in the field of prevention, hygiene, and periodontal treatment modalities, which are much needed within the dental practice; actions that result in the removal of hygienists from the current workforce model can have a hugely detrimental impact on the leaps and bounds we have made in making prevention the cornerstone of dentistry.

5. Of course, we understand your concerns about cost when considering capacity. Dr. Solomon’s report states that dental expenditures have increased from \$10.86 per capita in 1960 to \$305.20 per capita in 2006, noting an increase in cost of 7.4% per year. However, only one-third of the population visited a dentist annually in 1960 while two-thirds of the population visited a dentist in 2006. Therefore, the increase in cost must be halved to reflect accuracy and is, therefore, not significantly greater than cost increases in the general marketplace.

6. Moreover, the assumption that the creation of new providers of care will reduce cost of dental care by doing procedures at a reduced fee is presently unproven and we believe a premise that is flawed.

Task #4—Strategic Plan for Improving the Oral Health of Women and Children

1. Now, addressing Task #4, the caring for the oral health of women and children in underserved areas, we must be absolutely mindful that there is a reason the Commission

on Dental Accreditation (CODA) has established minimal educational standards for a DDS or DMD. This is the minimum education needed for competence in performing unsupervised dentistry.

2. When considering these vulnerable populations, including women and children, *we should not then consider even lesser than the minimal education for those who provide the primary oral health care.* If anything, vulnerable populations and those with other systemic considerations, such as pregnancy, deserve care by dentists who have greater education. Dental schools are already struggling to fit the volume of courses that meet minimal competency requirements into their four-year programs. General Practice Residency (GPR) and Advanced Education in General Dentistry (AEGD) programs enhance dentists’ skill sets and proficiency to better enable and empower dentists to assist the most vulnerable populations and therefore, these programs must be considered as key components of the solution to access to care for women and children...”

His full testimony can be seen at: www.agd.org/IssueAdvocacy/AdvocacyNews/NationalLegislative/Default.asp?PubID1&IssID=1117&ArtID=7229#body

The Academy’s position in opposition to independent mid-level providers is very well known. I would ask you and your friends who are not yet members of the AGD to add your voices to ours to help State Dental Boards to support the recommendations in the AGD White Paper.





ONE PERSON'S DRIVE TO MAKE A DIFFERENCE

Barriers To Access

Wai Chan, DDS, MAGD, Sacramento

The issue of Access To Care has been repeatedly discussed at health care policy meetings and conferences. During those discussions, it becomes evident that it is not just Access To Care but also the Barriers To Access. Healthcare professionals who are in the trenches will agree that addressing the barriers will help to improve access.

In a medically and dentally underserved area, common barriers are: ignorance of the need and importance of good health, finances, lack of transportation, languages, difficulty navigating the health-care system, single parent with young children or elder care responsibility, citizenship status, and work schedules of the parents or caregivers.

Having a school-based health center helps in breaking down some of the barriers. There are numerous studies recommending school-based healthcare for the students. The most recent one is a brief released in December of 2009 by WestEd and Philip R. Lee Institute for Health Policy Studies, UCSF titled "The Critical Connection between Student Health and Academic Achievement." It stated that children with poor oral health and poor general health are 2.5 times more likely to report poorer school performance than those of good health. It also stated that in California, the need for oral health is the most prevalent unmet healthcare need among children and adolescents. Tooth decay is the most common chronic childhood disease. It is a preventable chronic disease. Tooth decay affects nearly six in ten children in United States. One of the recommendations is "establishing a school-based health center."

The UCLA Health Policy Research Brief of November, 2009 entitled "Unaffordable Dental Care Is Linked To Frequent School Absence," stated that 73% of students who missed more than two days of school because of dental problem said they could not afford dental care. It suggested school-based dental care as one solution.

On December 1, 2009, at the Assembly Select Committee briefing, the California Education Supports Project has a presentation by WestEd entitled "Linking Health and Education for Student Success." It stated that the health of California students has a direct impact on student dropout rates, attendance, learning engagement, academic performance and school district revenues.

In 2001, Ms. Pauline Tracey, a family nurse practitioner, became the school nurse in one of Sacramento's high schools, Hiram Johnson, located in a medically and dentally underserved area. When she came on board, she only had a small cubicle with limited resources. She saw the needs of the students and the community. Being a person with a big heart and a visionary, she dreamed of having a school-based health center to address the needs of the students. Nurse Tracey also has seen her share of students with toothaches that caused them to miss classes. She understands that having good oral health is critical to the overall health and well-being of an individual. Her ideal health center includes an in-school dental clinic.

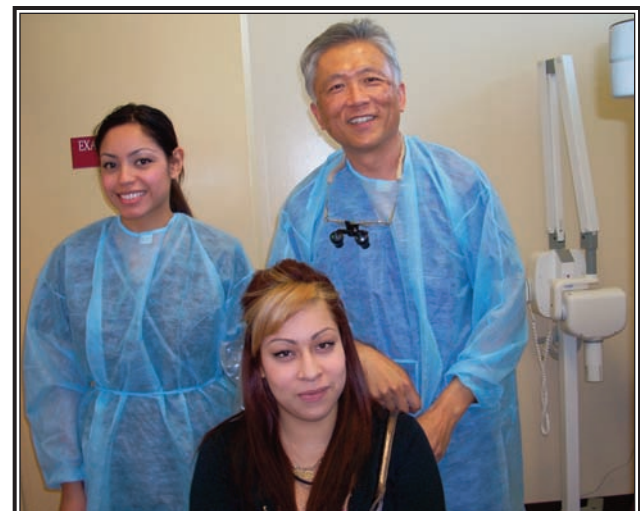
Ms. Tracey started working on her dream. There were hurdles and road blocks she had to cross. From 2001 to 2009, Nurse Tracey encountered several disappointments in her plight to open the health center at Hiram Johnson. These experiences only made her stronger and more determined to fulfill her dreams. Her understanding of the community, its needs and the needs of the students kept her going and kept her thinking about what her next move should be to bring about success. She approached Dr. Ikeda, Director of "Health for All." This agency has several non-profit health centers throughout South Sacramento. Dr. Ikeda agreed to support Nurse Tracey in opening the health centers to help meet the needs of her (continued on the next page...NURSE)



Dr. Wai Chan at the school-based health center



Dr. Rick Chang and Assistant, Arlene Mitre



Arlene, Dr. Chan and a happy patient





NURSE (continued from the adjacent page)

students. On December 9, 2009, the Hiram Johnson School Based Health Center opened its doors to students. According to Nurse Tracey:

"I wanted students to have a place where they could get appropriate care, and feel comfortable doing so. I noted that access to care was a big problem for our students. Many had no transportation, no insurance and were very frustrated with the system and the paperwork they needed to complete. Attendance was poor, because of medical illness especially poor dental care. One student had twenty- three cavities and had difficulty eating because of abscesses. Students were coming to school with injuries two and three days old because they did not want to go to the emergency rooms to wait five or six hours just to be seen. Students felt embarrassed to go into a health center and ask for assistance. They stayed home, using home remedies which sometimes do not work. As a result, illnesses got worse. I saw that a SBHC could possibly deter a student from dropping out of school, because they could get health care, and dental care while at school. Many students did not have a health care provider, and have not seen a doctor for years. Students need a place where they can come and talk and ask questions knowing it's confidential. Remember, these students are our future. Among them are potentially great leaders and philosophers, to whom we will one day might look to for guidance. Let us, therefore, provide the sustenance that will motivate and give them the strength they need to move forward in making our future great."



Hiram Johnson students showing their support for Nurse Tracey

school-based health care center also strengthens the connection between the school and the parents/care-givers and the community.

We should not underestimate our influence. Nurse Tracey, with her determination and persistence, has seen her dream come true. It may be a small step in addressing the barriers, and it may be a long journey; but it demonstrates to us that one determined person can make a difference.

Wai M. Chan, DDS, MAGD, is the founding dentist of the dental clinic at Hiram Johnson School-based Health Center. He is also the volunteer director of the clinic. If you are interested in volunteering one morning a month at the center, please contact Wai at wmchandds@frontiernet.net



Nurse's Aid, Monique Diaz, with Family Nurse Practitioner, Pauline Tracey

Hiram Johnson High School now has the first Northern California school-based health center with an in-school dental clinic staffed by volunteer dentists. It is a win-win situation for the school districts and the students they serve. The school will not lose funding because of students missing school. For students, they cannot focus if they are sick and or in pain. If we can keep them in school and keep them healthy, provide the care and guidance, and be their role models, we can help to make them productive citizens and future leaders. The students have their health care needs taken care of in school. When they stay healthy and are willing to learn, they can learn. The parents or caregivers do not have to take time off from work to bring their children to medical or dental offices, nor do they have to deal with lack of transportation. A



Nurse Tracey is loved and respected by the students at Hiram Johnson School Health Center

Don't miss this meeting!



July 8-11

Visit the AGD website to download the registration brochure and form.





THIRTY-FIRST ANNUAL *SKI and LEARN SEMINAR by the SCAGD*

Snowmass / Aspen, Colorado

FEBRUARY 12-19, 2011

Our Thirty-first Annual Ski and Learn Seminar will be held in Snowmass/Aspen, Colorado from February 12-19, 2011. Our program will begin with a Sunday Night Wine and Cheese Party. There will be a mid-week Nastar Race. The final event will be our Friday Night Awards Banquet.

We will be staying at the Top of the Village Condominiums, a ski-in, ski-out location. Our accommodations will be largely two- and three-bedroom units. The units will have daily maid service, VCRs, DVDs, washers and dryers in each unit, outdoor pools, whirlpools, sauna, steam room, fitness center and daily coffee service, free shuttle service . . . *to name only a few of the amenities.*

The trip will include round-trip air and bus transportation, seven nights lodging and lift tickets for five out of the six days. The cost for the package will be \$1560, the same as last year,

We will have four outstanding scientific sessions, our morning coffee and video. The seminar will afford sixteen hours of continuing education state and AGD credit in Category One. Seminar fees are: Dentists @ \$245; Auxiliaries @ \$110. *The CE programs are as follows:*

- * **Joseph Cain**, DDS, Professor Emeritus, Removable Prosthodontics, University of Oklahoma, College of Dentistry
TOPIC: *Overcoming Mistakes with Dental Implants*
- * **Bruce Houser**, DDS, MS, Board Certified Periodontist, Scottsdale, Arizona
TOPIC: *Improved Function and Esthetics with Pre-Prosthetic Periodontal Surgery*
- * **Bradley J. Sandvik**, DMD, FAGD, General Dentistry, Phoenix, Arizona
TOPIC: *Beyond Single Tooth Implant Restorative Techniques and Treatment Planning for the Edentulous Arch*
- * **Brant Bradford**, DDS, Col., U.S. Army, Chief of Prosthodontics, Ft. Irwin National Training Center, California
TOPIC: *Cosmetic Approach To Prosthetic Rehabilitation*

Our last ski seminar held at Snowmass/Aspen, Colorado in February, was a great success and enjoyed by all. Reservations are coming in now for the upcoming trip to Snowmass/Aspen, Colorado. Our participants voted to return to Snowmass/Aspen.

Ski.com, once again, will be handling our travel arrangements. They can be reached at **800-525-2052, Ext. 3045**. Ask for Martha Perez. For reservations, send a deposit of \$500 to Ski.com at 2349 Honolulu Avenue, Montrose, California 91020. Mark it to the attention of Martha Perez. The cost will be approximately the same as our 2010 trip.

Tuition fees are to be sent to Ski.com (*formally Sportours*) or contact Dr. Robert Garfield, Executive Director, SCAGD at 2720 Aqua Verde Circle, Los Angeles, California 90077 or call 310-471-4916.

Bob Barrett, DDS, MAGD, *Ski Seminar Chairman, Torrance*



Our four clinicians at Snowmass: Brant, Phil, Bruce and Jeff



Dave, Patti and Lana at our Welcome Party



A group of happy skiers taking in some calories...!

10



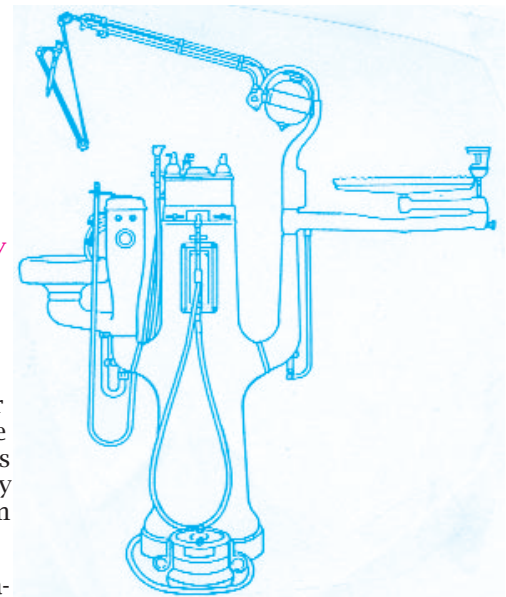
Here's what it's all about . . . fun on the slopes!





THOUGHTS FROM AROUND OUR STATE ABOUT THE *Practice of Dentistry*

Editor's Note: Several members have shared thoughts about the practice of dentistry in today's world. One is a relatively new practitioner; others are quite seasoned; one is from a retired dentist. The messages below are the thoughts and opinions expressed by them. All are members of the California Academy of General Dentistry.



Dr. B. G. writes:

The dental education industry (*dental schools*), the dental profession (*dentists*) and the insurance companies are all competing with one another in order to make their profits greater. All are in a free market competition, despite the facade that we are together. The schools produce more dentists to make money; the profession accepts more members to make money for organizations; and the insurance companies try to contractually reduce payouts, so they can make more money. The only problem here is that the patient pool that can afford dentistry is not growing.

To summarize my comments regarding the difficult dental marketplace: This situation is sickening to any caring, conscientious dentist. We have seen it coming for a long time. We have seen second opinion patients who told us that another dentist recently told them that they needed four full crowns when all those teeth needed were small occlusal restorations. Ad nauseum. The result of overproduction of dentists by dental schools can be the unnecessary overtreatment of patients. But the schools are private enterprises, and this is a free market, and the schools make money from making dentists.

Dr. G. A. writes:

I have had the same opinion that the profession is entering a period of oversaturation. Using the battle cry of "increase access to care" the federal government, the states, and the dental schools have increased the production of dentists well
(continued on page 18... THOUGHTS)

SKI & LEARN *(continued from previous page)*



Our entire group of attendees after the race and picnic



Georgi, Joe, Jadranka and others enjoying the banquet



Dave and Linda in the chow line at the picnic



Chairman Bob with Race Chairman Don



Don presenting race medals to two "fast women," Linda and Susan



Two more happy skiers



Annual Meeting 2010 * COSTA MESA, CALIFORNIA

Your California AGD held its Annual Meeting at the Westin South Coast Plaza Hotel in January. The primary thrust was a two-day seminar on Implant Placement and Restoration with leading clinician, Dr. Jon Julian, who showed attendees how to incorporate implants into their practices. The weekend got underway with a meeting of the CAGD Board of Directors on Friday. Saturday's CE meeting was followed by an evening "gala" party with dinner and dancing following. Entertainment by "Open Wide" (all-dentist band and vocalist).



Your 2010 California AGD Board of Directors at work at the Friday evening Board meeting prior to the CE Saturday session.



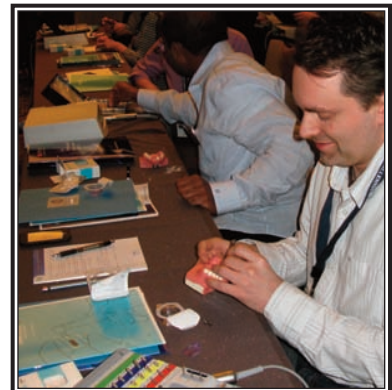
Dr. Steve Lockwood, Dr. Michael Lew, Dr. Harriet Seldin, Dr. Fares Elias (National AGD President Elect), and Dr. Guy Acheson at the Friday meeting.



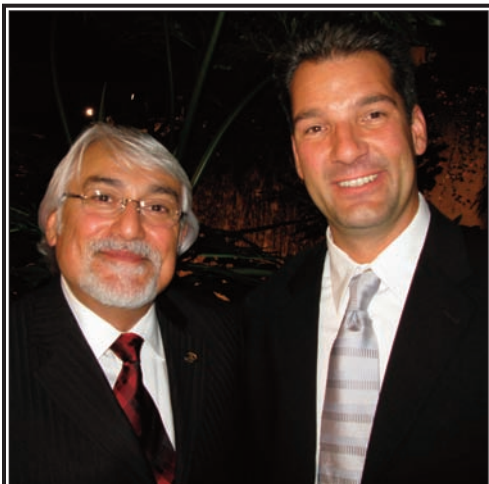
Dr. Wm. Langstaff (left) being presented a special e-mail proficiency award by Dr. Mike Bromberg



NEW CAGD OFFICERS FOR 2010 (left to right)
Dr. S. Penumetcha (Secretary), Dr. G. Acheson (Treasurer),
Dr. S. Costigan (Vice President), Dr. S. Lockwood (President Elect),
Dr. W. Langstaff (President), Dr. R. Ringrose (Im. Past President)



Hands-on at our Implant Placement and Restoration Workshop during the 2010 Annual Meeting (close to capacity with dentists)



Dr. Fares Elias (National AGD President Elect) with Annual Meeting Chairman, Dr. Darryl Tkachyk

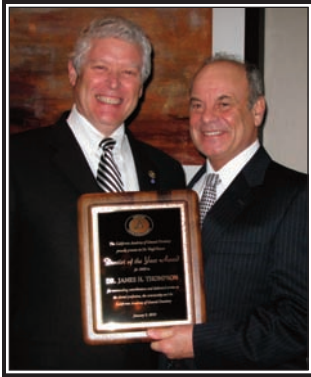


CAGD 2010 President, Dr. Bill Langstaff and his wife, Toby



Dr. John DiPonziano, Christie Ringrose and CDA President, Dr. Rich Ringrose

(continued on the next page)



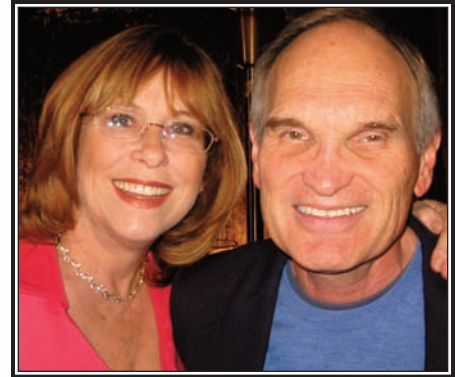
Dentist of the Year awarded to Dr. Jay Thompson



Dr. Guy Acheson and Dr. Rich Ringrose



Benjamin and Gwen Seaton (friends of the Tkachyks)



Dr. Roger Garrett and wife, Rachel, at the "gala"



Dr. Elias being presented a S.D. Chargers cap



Dr. Bruce Schutte and Dr. Mike Bromberg



Dr. Rich Ringrose presents gavel to Dr. Wm. Langstaff



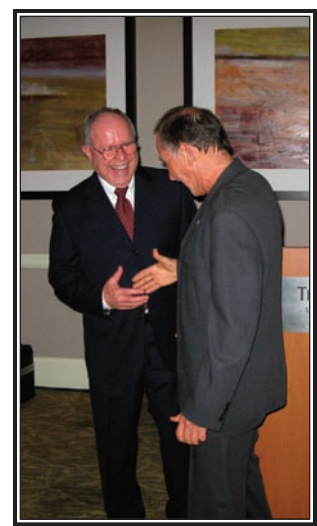
A lesson on how it should be done...! Dr. Jay and Martha Thompson



Dr. Jim Mebust and wife, Merrie show us how to do it...!



Dr. Steve Skurow says: "Marlene always agrees with me" "I just turn away when he starts bloviating."



Dr. John Bettinger (l) with Dr. Mike Bromberg (r)



Past CAGD President, Dr. Heidi Hausauer, with Dr. Mike Bromberg



Dr. Joel Simon Miller receiving the Lifelong Service Award from Dr. Rich Ringrose



Forever youthful Past CAGD President, Rich Sipes and Dr. Bromberg



Dr. Dan Bornstein with Dr. Bromberg (both are Past Presidents)



ANNUAL MEETING/"CE"/"GALA" *(continued from previous page)*



Dr. Ray Choi, Ben and Dr. Sun Costigan, Dr. Jim Spalenka and guests *(to his right)*, Dr. ?, and Julie Lockwood



Music for the evening was an all-dentist band called "Open Wide"



Dr. L. Ward *(front center)*, Dr./Mrs. G. Manusov, *(left)*, Dr./Mrs. B. Garfield, Dr./Mrs. B. Frank, Dr./Mrs. B. Barrett *(back, l to r)*



Dr. Jay Thompson, Dr. Darryl Tkachyk and Dr. Duc Pham listen to clinician



Dr. Bill Langstaff, Dr. Gene Manusov, Dr. Mel Kahn, Dr. Bruce Schutte and Dr. Bill Frank



Wm. Langstaffs, Arnold Mahlers, Steve Skurows, Julie Garrett and Lynn Cotton



Dr. and Mrs. Benjamin Seaton, Dr. Darryl Tkachyk, Dr. David Fossett, Dr. Doug Fossett, Rachel and Dr. Roger Garrett



Dr. David Fossett at work at the implant hands-on clinic



Continuing education course and "Gala" attendees



Dr. H. Hausauer, Dr. R. Sipes, Dr. Bob Hubbert & Sharon, Dr. Dan Bornstein, Dr. George Davis & Linda Davis



Vic Diamond, John DiPonziano, Dave French, Bruce Schutte, Mel Kahn, M. Majeed, Fares Elias, Brombergs, Mrs. Diamond



The Dr. Guy Acheson Family
Dr. Guy, Joyce *(wife)*, Lauren and Megan



Last, but not least, our check-in staff with Barbara Ozaeta *(left)* Lynn Peterson, CAE, Executive Director *(right)*