MDA Bulletin

SPRING 2024
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Manitoba Dental Association

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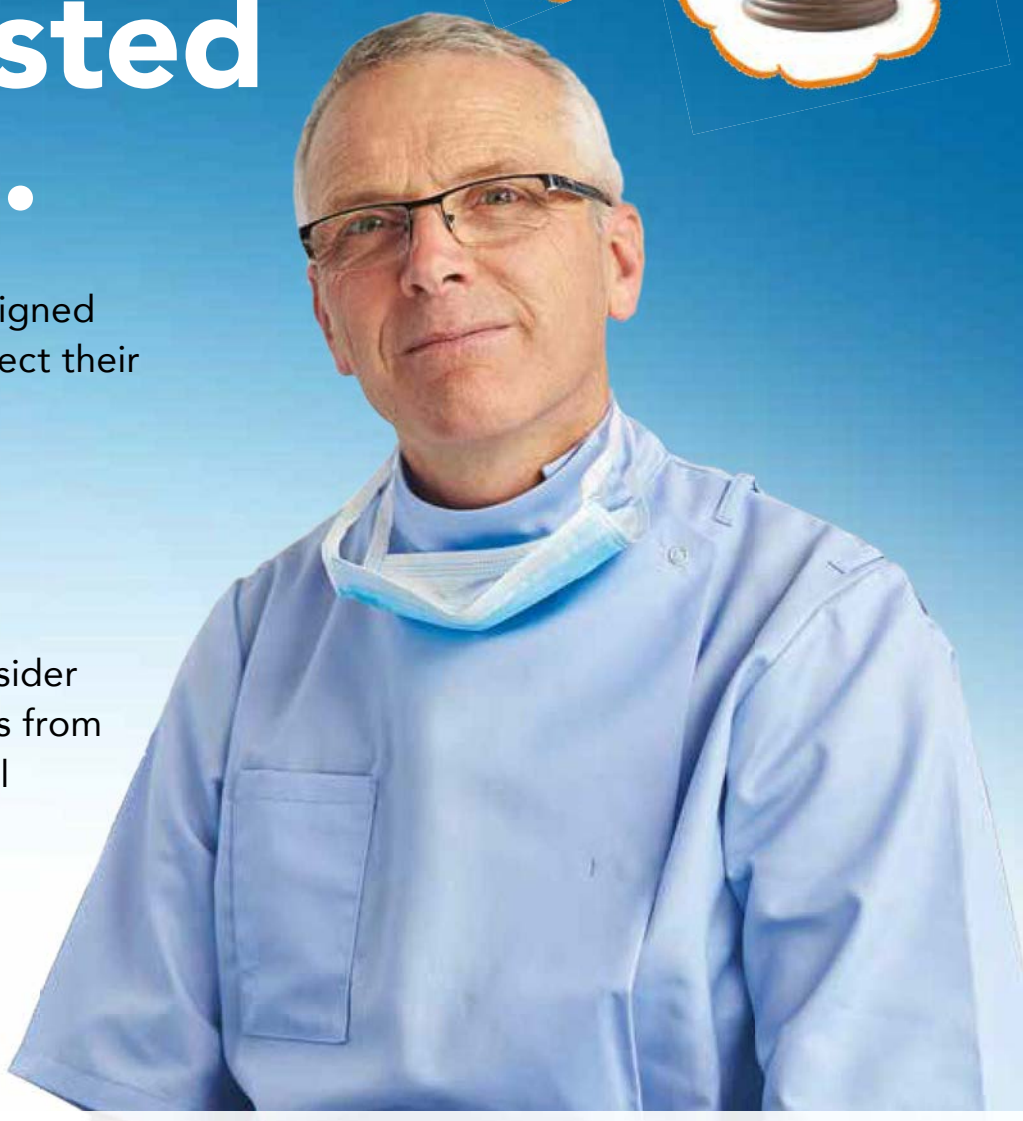

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- **October 25th 2024**
- **November 22nd 2024**
- **February 28th 2025**
- **March 29th 2025**

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Manitoba Dental Association

MDA Bulletin

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DR. DARON BAXTER, D.M.D.
PRESIDENT, MDA

PRESIDENT'S MESSAGE

Before I address the elephant in the proverbial 'room' that is dentistry in Canada in 2024, I want to take the opportunity to highlight the daily groundwork of the Manitoba Dental Association (MDA). We have a passionate and dedicated staff who enable our deep and enthusiastic volunteer base. Both are here at your behest to achieve the regulation of dentistry and registered dental assistants in Manitoba, as well as to support the profession in our daily provision of dentistry to all Manitobans.

What we have in Manitoba is special. The dental community that exists here is applauded by our provincial and territorial counterparts as involved and engaged, not a given in our busy world. As a group of professionals, we work together to support each other as evidenced by major events like the pandemic and by the more humble management of day to day practice. To be fair, this is not the first time I've heard this – years ago even when I entered this profession, I heard that mantra. Certainly, culture changes over time but, I am proud to say what I have seen is it enrich and strengthen over the years in Manitoba.

So, I want to take this opportunity to address our membership to thank our staff who work tirelessly on the behalf of our profession, to our volunteers who make magic with the limited time they have to commit from their daily lives and of course, to the greater membership who afford us the respect and room to do this work and are there to consult with and provide feedback. This engagement with the association is not taken lightly by the Board of Directors.

With that, I will shift to what is on everyone's lips at this stage… "CDCP, CDCP, CDCP." English was my primary language, but my colleagues may contest that these days I speak 'CDCP'.

I hope many of you had opportunity to tune in to our MDA Townhall information sessions as they were a chance to present what we know, currently, and to answer some common questions many of you have. If you haven't had time, there is a YouTube link available so feel free to make some popcorn and sit down for what ultimately is a very important discussion and information session. I encourage you all to take the time to listen.

There is also a toolkit of resources available on the MDA website for our members to use to inform themselves, their dental teams and to help answer questions from your patients on the CDCP. Please check back regularly as these resources will be updated as new information is made available.

Communication from the federal government has been late and limited. By now many of you are making an effort to understand what has been designed by the government for what will be known as the Canadian Dental Care Plan. You've seen that the design is very similar to the Non-Insured Health Benefit but with some specific changes and some specific realities that are unique and crucial to understand for the future of dentistry in Canada. The MDA along with the CDA and the PTDAs have advocated for specific tenets of a successful and sustainable plan for Canadians.

These would include:

i) Patient choice of provider

ii) Efficient administration for providers

iii) Fair remuneration for dentists and oral healthcare practitioners

iv) Mitigation of the de-insurance risk for insured Canadians

Here I will describe in detail the short- and long-term impacts of patient choice of provider.

The CDCP will require dentists to register with the program. This differs from existing federal programs and third-party insurance programs in Canada. Administration of the program will be done through Sun Life Canada. Participating dentists will not have direct communication with Health Canada on the workings of the CDCP.

Currently, with no requirement for registration, a patient may present to any office and select any practitioner and utilize their benefit or insurance plan during their treatment. Some offices submit claims on behalf of patients, and some provide patients the necessary information to submit their own claims. The CDCP will not allow patients to seek reimbursement and only registered dentists will be able to work with CDCP patients seeking to utilize their benefits. The government has mentioned limited emergency exceptions but has not provided dentists with those details to date.

This system creates two groups – 'in-network' dentists and those 'out'. Part of the Strategic Plan of the MDA is the theme 'Access to care'. To limit the choice of oral healthcare provider directly reduces access to care. Manitobans and Canadians should be confident that their choice in oral healthcare provider isn't dictated to them through insurance or government. Eliminating the provider registration for the CDCP would solve this issue.

The patient-provider relationship goes beyond transaction or commodity and depends on trust, communication, and mutual respect. Patients' autonomy to choose professionals based on their individual needs, preferences and values is something dentistry has done better than the stressed general practitioner healthcare system. I have often touted to patients 'find someone you work well with' and that freedom of choice is not protected or respected in the design of the CDCP.

The short-term impact of CDCP registration interferes with existing developed relationships patients have with providers

and limits choice for eligible Canadians. But what could be the long-term impact of CDCP registration for a program that aims to provide coverage to roughly 9 million Canadians?

In the past, private insurance has attempted to create 'in-network' dental plans. Proposed plans required dentists to enroll, agree to terms and conditions and would create provider lists patients would be limited to access. The profession has pushed back against this design because of the impact on access to care, fair remuneration to providers, onerous terms and conditions and what some might argue 'a race to the bottom' in terms of quality of care.

The model exists in private insurance in the US and in an eerily similar public benefit plan in the UK. In the hands of private insurance, providers are held to contractual terms of service agreements and reduced reimbursement rates requiring negotiations and attorneys to navigate the details. Companies in Canada would easily translate the same model here, and how could the profession argue after accepting a preferred provider plan for 1/3 of Canadians? Across the pond, after years of underfunding the public plan, the list of 'in-network' providers is shrinking and the waiting list of eligible patients lengthens leading to an access to care crisis for affected patients in that country. Eliminating the provider registration of the CDCP would protect against this future for oral healthcare in Canada.

Above I've described one concerning impact of the current design of the Canadian Dental Care Plan. I believe the impact on access to care, both in short and long term, is significant and once altered may not be recovered. The solution is clear, but we need the strength of community – our membership and the public – to send our message to the federal government. I believe our expertise and warning can be heard but there is a short window to amplify that voice. It lies in our joint effort to demand consideration before the start of treatment by waiting to see results before signing up to participate in the program.

If done well, the CDCP can be an important opportunity to improve access to care. In its current form, it threatens that access to all Canadians, uninsured and insured.

Please help us send the message loud and clear, that Manitoba dentists care for their patients above politics. Unity is our strength.

I can be reached at my personal and confidential email: president@manitobadentist.ca

Thank you.

HEATHER BROWNLEE, RDA
PRESIDENT, MDAA

MDAA PRESIDENT'S MESSAGE

Greeting Manitoba RDA's

I hope all of you are enjoying this beautiful winter that we are having. I am sure if you enjoy the snow and cold you haven't enjoyed it as much but sorry, I will take plus 3 over minus 53 any day.

MDAA has been busy planning our Annual General Meeting and the Continuing Education Seminars that go along with it for March 16, 2024. Dr. Julie Pfeffer will speak on Medical Emergencies in the Dental office for RDA'S and Dr. Hoda Hosseini will speak on the Crucial Role of RDA'S in Training Patients on Oral Hygiene Instructions. Two very interesting topic we hope RDA's will all have a keen interest in.

Dental Assisting Recognition Week is March 3rd to the 9th, 2024. The theme this year will be DENTAL ASSISTANTS: An Integral part of the Oral Health Team. MDAA is hoping to participate in some activities that will highlight the week for RDA'S. We hope that all dental offices will also recognizes their RDA'S for the integral part they play in the oral health team.

At this time we would like to announce that Kyle Mason our ED has handed in his resignation to pursue other career options.

We are pleased to announce that we have hired a new Executive Director Ms. Tess Peter. She comes to us with vast knowledge of Not for Profit Organizations. We are happy to welcome Tess to our association and look forward to pursuing new challenges and ideas under her direction. If you have any questions concerning Dental Assisting or ideas of what you would like the MDAA to do for you as a member please reach out to her at the MDAA office or email Monday thru Thursday 8:30 to 4:00.

Please take some time to visit our website we are working on posting all the many Commmittes MDAA Board are on and how they are working with the MDA on your behalf. We hope to have it all posted by the end of March.

In closing I again would remind all of you that the MDAA is here to advocate for RDA'S. Please feel free to reach out to any of your board members, myself or Tess.

See you all on the 16th of March.

Happy DARW.
Respectfully submitted
Heather Brownlee RDA
President MDAA
mdaa@mdaa.ca

DR. ARUN MISRA, LLB, D.M.D
REGISTRAR, MDA

REGISTRAR'S MESSAGE

Revisiting the Significance of Titles in Dentistry and Dental Assisting

In the realm of healthcare, particularly within the regulated fields of dentistry and dental assisting, adherence to specific rules and guidelines regarding titles and designations is paramount. These titles not only signify one's qualifications and expertise but also delineate the scope of their practice. It is imperative that these titles are used correctly to provide the public with transparent and accurate information about their oral healthcare providers. Beyond being a matter of professional courtesy, the proper use of titles is described in legal and ethical obligations.

The restricted uses of titles for these professions stem from provincial legislation (Dental Association Act and the Regulated Health Professions Act) and the bylaws of the Manitoba Dental Association (Bylaw for Registration and Licensure of Dentists, Bylaw of Code of Ethics and the Bylaw for the Registration and Certification of Registered Dental Assistants. Members of the public who falsely assume one of the dental titles are guilty of an offence under provincial law while registrants of the MDA would additionally also be subject to disciplinary action within our peer review system.

For dentists registered with the MDA, permissible titles include dentist, surgeon, or doctor, along with their variations or equivalents in other languages, provided they are used in conjunction with the practice of dentistry. Additionally, dentists may also use the title "Licentiate of Dental Medicine." It is important to note that the Regulated Health Professional Act will require that any use of the title "doctor" or "surgeon" (and their variations, abbreviations, etc.) be used only in conjunction with the word "dentist" or "dental" or the words "of dentistry" or "of dental surgery."

Specialists can also use titles the titles Endodontist, Oral Radiologist/Oral and Maxillofacial Radiologist, Oral Surgeon/ Oral and Maxillofacial surgeon, Oral Pathologist, Orthodontist, Pediatric Dentist/Pedodontist, Periodontist/ Periodontal Surgeon, Prosthodontist, or Public Health Dentist. Dentists who are registered in the Academic Class but who do not possess an NDEB or NDSE certificate must use the titles of "academic with an interest in general practice dentistry" or "academic with an interest in [name of speciality]."

Dentists who do not hold a specialty license may limit their practice to a branch of dentistry, but they must clearly indicate they are general practitioners. Dentists are also permitted to list the services they provide; however, caution must be exercised not to create potential confusion for members of the public. The Code of Ethics requires that all announcements of services by a general practitioner must also include a clear statement that the services are being provided by a general dentist. Particular consideration must be taken when general practitioners and specialists operate in the same office, as there is already a high risk of misunderstandings in these types of arrangements.

Misleading representations, such as describing oneself as a specialist without proper accreditation, are strictly prohibited. Terms like "cosmetic dentist," "implant specialist," or "holistic dentist" are not recognized by the Manitoba Dental Association unless they correspond to accredited specialties and should not be used. Advertisements implying non-academic fellowships as indicators of expertise may also be deemed misleading.

Both provincial legislation and the bylaws of the Manitoba Dental Association prescribe the use of the titles "registered dental assistant," "dental assistant," or any variation, abbreviation or equivalent in another language. Only an individual registered in the Registered Dental Assistant class can use the titles Registered Dental Assistant, RDA or Dental Assistant. The use of the term Phase 2 Dental Assistant is outdated. Using titles such as Phase 1 Dental Assistant, office trained dental assistant or dental assistant in connection with individuals not registered with the MDA could be an offense under provincial law and/or subject to discipline by the MDA. Dental assistants registered on various rosters may identify that; however, they should not use terms such as Orthodontic Assistant, Phase 3 Dental Assistant, etc. Using the term specialist assistant or any words that are used to imply such would also not be proper.

In conclusion, it is important to remember that the public has a right to know who is providing their dental services and what qualifications they have. Transparency regarding qualifications and practice is fundamental to maintaining trust within the dental profession. Dentists and dental assistants must adhere to ethical and legal standards, refraining from any misleading claims or misrepresentations. By upholding these principles, they safeguard the integrity of their profession and foster a relationship of trust with patients and peers alike.

Respectfully,

Dr. Arun Misra
Registrar, MDA

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DEAN'S MESSAGE

DR. ANASTASIA KELEKIS-CHOLAKIS,
DEAN, COLLEGE OF DENTISTRY,
RADY FACULTY OF HEALTH SCIENCES,
UNIVERSITY OF MANITOBA

Dear Colleagues,

Fall term seems to have passed in a blur of activity at the Dr. Gerald Niznick College of Dentistry. We received some wonderful news that I am happy to share with you!

The Dr. Gerald Niznick College of Dentistry was ranked in the top 5 dental schools in Canada and first within faculties and schools within the University of Manitoba, by the ShanghaiRanking's Global Ranking in 2023. This is due to the amazing impact our researchers are making world-wide!

In addition, we received a provincial announcement of funding for the Rady Faculty of Health Sciences to support the construction of a new five-story building in an asphalt parking lot adjacent to the Dr. Gerald Niznick College of Dentistry.

This building is planned to house a childcare facility, new lecture theatres for students in the undergraduate medical program, office spaces for Ongomiizwin Health Services, and two floors devoted to establishing new undergraduate and graduate dental clinical facilities.

New dental clinics will be housed on the 3rd and 4th floors of this new building with a footprint of approximately 15,000 square feet/floor. One floor will be occupied by our undergraduate clinic, the largest dental facility in Manitoba, and the other floor will house all our graduate clinics (OMFS, Ortho, Perio and Pros) in conjunction with Oral Radiology, Oral Pathology, TMD and Sleep Medicine clinics.

We have been immersed in the design and planning of this facility and are excited to be part of this monumental project for our school.

The creation of this extraordinary facility will not be possible without our alumni support and its completion will be a testament to the strength and commitment of our incredible donor community. This $30 million project comes with a fundraising goal of $16.3 million which will go towards ensuring the infrastructure is state-of-the-art.

Dr. Gerald and Reesa Niznick launched our fundraising efforts in the fall with a very generous donation that will be celebrated at the ground-breaking ceremony in September 2024. Other donors have also generously stepped in, and I am very pleased to report that we are getting closer to our goal every day! Thank you, to all of you who have enthusiastically engaged in our fundraising campaign! Members of our fundraising committee and I will be reaching out to you this spring as there is still an opportunity for you to make a difference!

Your support will ensure that our students receive enhanced training, in a superb, modern facility, focused on the provision of patient-centered oral healthcare and the use of new and emerging technologies. It will assist us in maintaining the reputation of our school as one that provides excellence in clinical education!

Please make your donation today to help lay the foundation for future generations of dental hygienists, dentists, and dental specialists who will find inspiration and knowledge within the walls of this cutting-edge facility.

Once again, thank you for your consideration in being part of the driving force behind this transformative endeavor. I look forward to the day when we can come together and celebrate the campaign's success!

For more information on special naming opportunities or to learn more, please contact Brooke Karlaftis at brooke.karlaftis@umanitoba.ca.

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DR. JEFF HEIN
CHAIR, ECONOMICS COMMITTEE

CANADIAN DENTAL CARE PLAN

By now most Manitoba dentists are aware of the Canadian Dental Care Plan (CDCP). Many of you will be aware that this plan, designed by the Federal Government, is not the plan that the CDA nor the Provincial and Territorial Dental Associations (PDTAs) have advocated for. As the March 11th enrollment date for dentists has just passed (and as the May 1st launch date approaches), some of you have been contacted directly by Sunlife Canada to gauge your interest in subscribing to the CDCP as a provider. Dentists have long advocated for programs aimed at improving the oral health of Canadians and, with that, we are eager to help out. Late in the development process of the CDCP, there was some consultation by Health Canada with organized dentistry. Despite repeated advocacy efforts by the MDA, the CDA and all the PTDAs together, the government has changed very little from their original plan design. Due to a very aggressive launch timeline, it was easiest for government to largely mimic an 'NIHB-like' plan.

At this point, the Federal Government does not have the ability to mandate your participation in this plan; therefore, the program will be voluntary. Unfortunately, the government has thus far decided to use an 'enrolment' system which will restrict patients seeking CDCP-funded care to participating dentists only. This is deeply concerning.

Dentists must enroll with Sunlife as a CDCP provider in order to be reimbursed for eligible CDCP services performed on CDCP-eligible recipient patients. Coverage for patients is a tiered system based on an individual's adjusted annual household net income (see below);

• Below $70,000/year: eligible for 100% of the CDCP fee,

• Between $70,000 and $79,999/year: eligible for 60% of the CDCP fee (40% copay),

• Between $80,000 and $89,999/year: eligible for 40 % of the CDCP fee (60% copay).

In the 2024 CDCP fee grid, a portion of which has just recently been released, reimbursement rates for Manitoba dentists are deeply discounted from your customary fees. And reimbursement rates offered by the Government of Canada sit well below the suggested fees in all provinces. At a time in Canada when many dental offices operate at 70% overhead rates (and higher), it would be economically unsustainable to enroll in the CDCP plan as a dental provider, and NOT balance bill the patient up to your customary fees – especially considering the volume of patients (some 43%+ of all Manitobans, and 9 million Canadians overall) that will be eligible for this plan. For our most vulnerable patients, this means the dentistry will not be 'free', and dental office staff have been left the task of educating their patients to this unpleasant reality.

Canada-wide, one of the greatest economic risks of this plan is de-insurance. Because the Canadian Government is set to offer 'dental insurance' to qualifying Canadians, employer sponsored dental plans are already suffering significant attrition. The CDCP is having the unintended (but very predictable) effect of causing some

currently-insured Canadians to lose their dental coverage. Not all Canadians who currently have dental coverage – and lose it – will qualify for CDCP benefits based on the income requirements. The result? Reduced access to care for some of the 2/3 of Canadians who currently have dental coverage. Further – the economic impact of an even larger potential pool of CDCP-eligible patients (as Canadians lose coverage) will stretch the sustainability of this already-underfunded plan.

Essentially there are 3 possible options for dentists' participation in the CDCP:

• Do not participate in the program.

• Accept plan shortcomings, participate in the program, but balance bill everyone up to your full, customary fee.

• Accept plan shortcomings, participate in the program, and accept the CDCP fee guide at a deep fee reduction.

Canadian dentists, in partnership with the Federal Government, want to see improved access to dental care for vulnerable Canadians. Manitoba dentists currently provide millions of dollars of pro-bono and fee reduced care for the underserved. We do so quietly and voluntarily, taking pride in fulfilling what we see as our social contract. As it is currently designed the CDCP, unfortunately, doesn't meet the needs of Canadians nor Canadian dentists. The potential downsides of this plan are serious and may detrimentally affect the provision of dentistry in Canada as we know it.

Practice owners:

You will understand that this program could cause a potential drop in revenue that is much too large to absorb without balance billing all CDCP patients. And the potential long-term impact on the provision of dental care in Manitoba (and hence the sustainability & value of your own practice) is a serious concern. The CDCP will encompass far too large a number of Manitobans for dentists to simply absorb philanthropically.

Associate dentists:

Non practice owners may think that this could be an opportunity to grow their practises and therefore accept the lower remuneration offered under the CDCP. If

an associate builds a practise of patients who yield little, no, or negative profit for a practise owner, the associate's contracted remuneration rate may have to be re-negotiated downward.

The economic realities of the CDCP - in its current version - will affect all dentists.

For those of you who struggle to balance accepting/absorbing the financial impact of providing CDCP care against your inherent desire to treat those most in need, consider this. The British National Health Service (NHS) program has been described as 'in crisis' as a result of this sort of fee capitation model. At this time in Great Britain, there are not enough providers willing to deliver the care required and the result is a severe limitation restricting public access to care. This is a real-life example of how a government program can have negative effects on oral health and access to care. (This is the very opposite effect our government states as their reason for creating the CDCP in the first place!)

For the purpose of this report, I have focused only on the potential economic impacts of participating in the CDCP. There are other very legitimate, very serious concerns with other aspects of this plan. Please make sure you fully understand, and are comfortable with, all aspects of the CDCP. Read all of the fine print and be patient – the MDA and others continue to advocate, on your behalf, for change. There is no rush to jump in ⚠

DR. MARC MOLLOT, D.M.D
CDA BOARD REPRESENTATIVE

CANADIAN DENTAL ASSOCIATION MESSAGE

A warm greeting to you all after another beautiful Manitoba winter and another big 'thank-you' to all members for your continued commitment to providing much needed access to care for Manitobans across our vast province.

Are there any good news stories out there?

Globally, the news these days does not seem to be wonderful. We are witnessing a world with multiple wars, tumultuous political discussions both domestically and abroad, economic uncertainty, and more rapid and noticeable environmental change.

The talk in Dentistry these days too has its own darker side. Concern related to the Canadian Dental Care Program (CDCP) is currently occupying a large slice of the bandwidth of the Canadian dental landscape. Even within the hallways of organised dentistry, most issues being discussed right now are circling back and tying into the CDCP. There is a general concern in our dental community related to both the immediate and long-term effects of the program.

For the past several decades, the oral health care sector has been described by some as 'steady-as-she-goes'. Government has now inserted itself more substantially into that landscape. The concern that the CDCP may destabilize our dental ecosystem is real and concerning. This concern could see affects both on the delivery of care model and oral health outcomes of Canadians.

Everyone needs a little good news from time to time.

One palpable effect of this stress on our community is that is causes us to unite - to come together - to coalesce. I witnessed this firsthand during my time as president of the MDA during the pandemic when dentists rallied together to find a way to push through and provide access to care delivering safe and effective treatment in a stressful environment. In our province, Government quickly realized that dentists were equipped with the knowledge and communication roadmaps to navigate the pandemic independently. Establishing ourselves as trusted leaders, our community came together and demonstrated strength at a time that found many feeling tremendous anxiety. Patients heard our message and quickly resumed accessing oral health care.

In a very similar fashion, I have witnessed over the past year or so the Canadian Dental Association (CDA) and the Provincial and Territorial Associations (PTDAs) come together. They have worked in tandem to collectively advocate for what is best for the oral health of Canadians, and dental health care delivery. At the federal level we have advocated tirelessly for changes and improvements to the proposed plan. The CDA staff have been operating in a full court press workplace for a few years now. At the same time, PTDAs have adopted an all-hands on deck style to manage the many collateral issues and communications related to the program and its imminent launch. This evolving workplan has allowed us to come together as one strong voice. The CDA/PTDA relationship is strong. Interprovincial lines of communication are also open and strong. This will serve our profession well in a post CDCP launch world.

So what now with the CDCP?

It is established that The Federal Government will launch their new federal program, the CDCP. To support their launch, the federal government has come to us, the private sector, and asked us to register to be providers of the services required for them to administer the program, with the help of Sun Life. They need the private sector to do so because there is simply not a roster of facilities and human resources that would be necessary to provide those services in the public sphere. At this time, whether we take part in the plan will be our choice.

CDA has long advocated for targeted investments to improve oral health care in Canada. Two thirds of Canadians receive care through employer-sponsored plans or self-funding. Unfortunately, the other one third need access to care, particularly vulnerable populations. These include some persons with disabilities, seniors, and low-income Canadians. Dentists in MB have seen first-hand that there is a great need with that group. Over the decades Manitoba dentists have provided millions of dollars of pro-bono and fee reduced care for the underserved. We have done so as a part of fulfilling our social contract. Regrettably, the CDCP was not designed to target only that demographic. Instead, government was looking for a program to try to impress upon a much larger slice of the electorate.

The federal government's funding commitment through the CDCP has the potential to help narrow the gaps if done properly. At this time, a few important but simple changes could make this plan work for the dental profession and most importantly, our patients.

The CDA laid our recommendations out in our policy paper in February 2023, Bridging the Financial Gap in Dental Care, which has served as a policy roadmap. Unfortunately, some of these

recommendations were not followed in the current version of the CDCP, such as: ensuring that administrative procedures do not impact or delay the provision of care to patients; and ensuring the cost of treatment provided to patients is fully covered. There is important information on CDCP coverage details that is still missing. Many details need to be finalized before the federal program's planned launch in May.

Important documents for review can be found on 2 websites:

• The Government of Canada

• Sun Life

Documents that you should review in detail include:

• CDCP Dental Benefits Guide

• CDCP Dental Benefit Grids

• Claims processing and payment agreement

• Claims Submission Information

The MDA, under the strong leadership of our President Dr. Daron Baxter, has done an excellent job of communicating the details of the plan in its current state. I encourage you all to view the most recent town hall recording circulated recently. It is a must listen. More resources will be coming out in the coming weeks from the CDA and MDA for you and your patients.

We have established that we are stronger together than individually. Let the stress and unknowns of the CDCP allow us to coalesce around this issue and support one another, acting as one group. The program as proposed has some fundamental flaws that are concerning. Over the next few years, the CDA will continue to advocate for plan improvements and hopefully find ourselves on a more sustainable path forward to the benefit of all Canadians.

To some extent, this is territory that we are not unfamiliar with. For many years we have been spending time communicating with our patients about oral health and the importance of oral hygiene, regular visits, and the oral systemic connection. Often this involves discussions about optimal care going beyond that which is covered by a basic insurance plan. We will have to continue to be strong on this message as it relates to navigating CDCP.

We encourage all dentists to take the time to carefully consider how participating in the CDCP will affect their patients and practice not just this year, but into the future. There is no rush to register early.

Marc Mollot
Respectfully submitted on March 18, 2024.
CDA Board Representative from Manitoba

Manitoba **Dental** Association

APRIL 18-20

GLOBAL GRINS 2024

141st ANNUAL CONFERENCE

We look forward to seeing you!
Don't forget….the trade show and multiple lecture spaces will be located in the **Newer SOUTH SIDE** of the RBC Convention Centre.

Thursday 7 PM – MDA Annual Meeting located in the RBC Convention Centre Millennium Room.
NEW – Friday & Saturday Maxillo Beer Gardens – Hall D next door to the Trade Show
Friday 7:30 AM – 5 PM and Saturday 7:30 AM – 2 PM Sold Out Trade Show
Friday & Saturday Join us for breakfast 7:30 am in the Trade Show
Friday 8:45 AM Keynote Address – Kevin Chief
Friday Trade Show Wine & Social Event 4 PM – 8 PM
Saturday 6 PM - Presidents Gala

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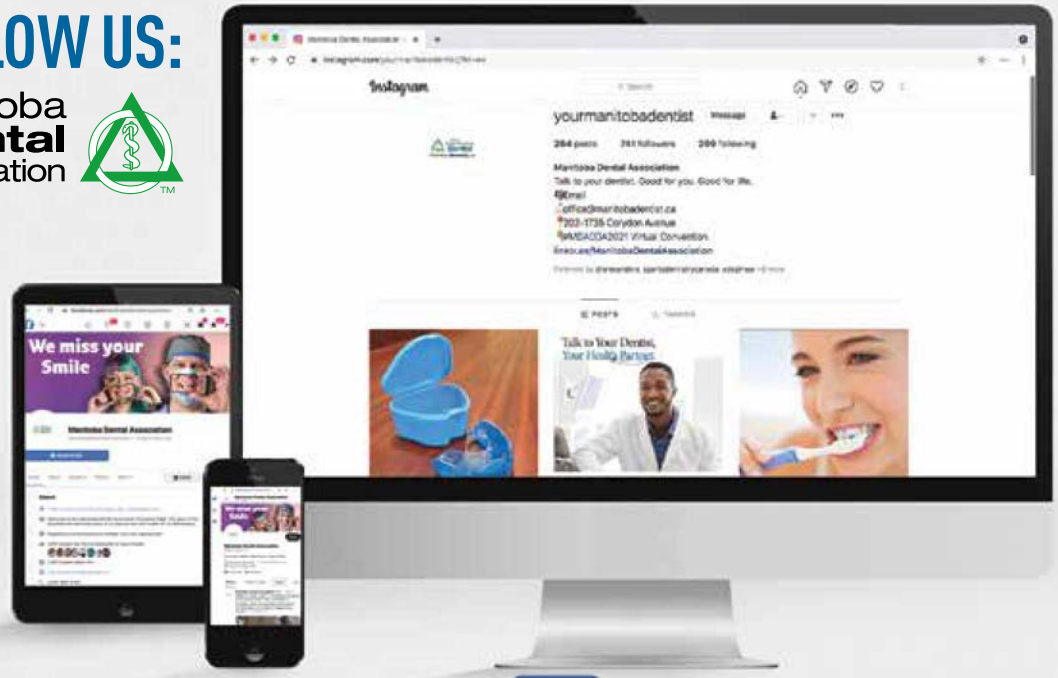

Clinical Communication

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40+ Years
of Smiles

Crosstown Dental Laboratory

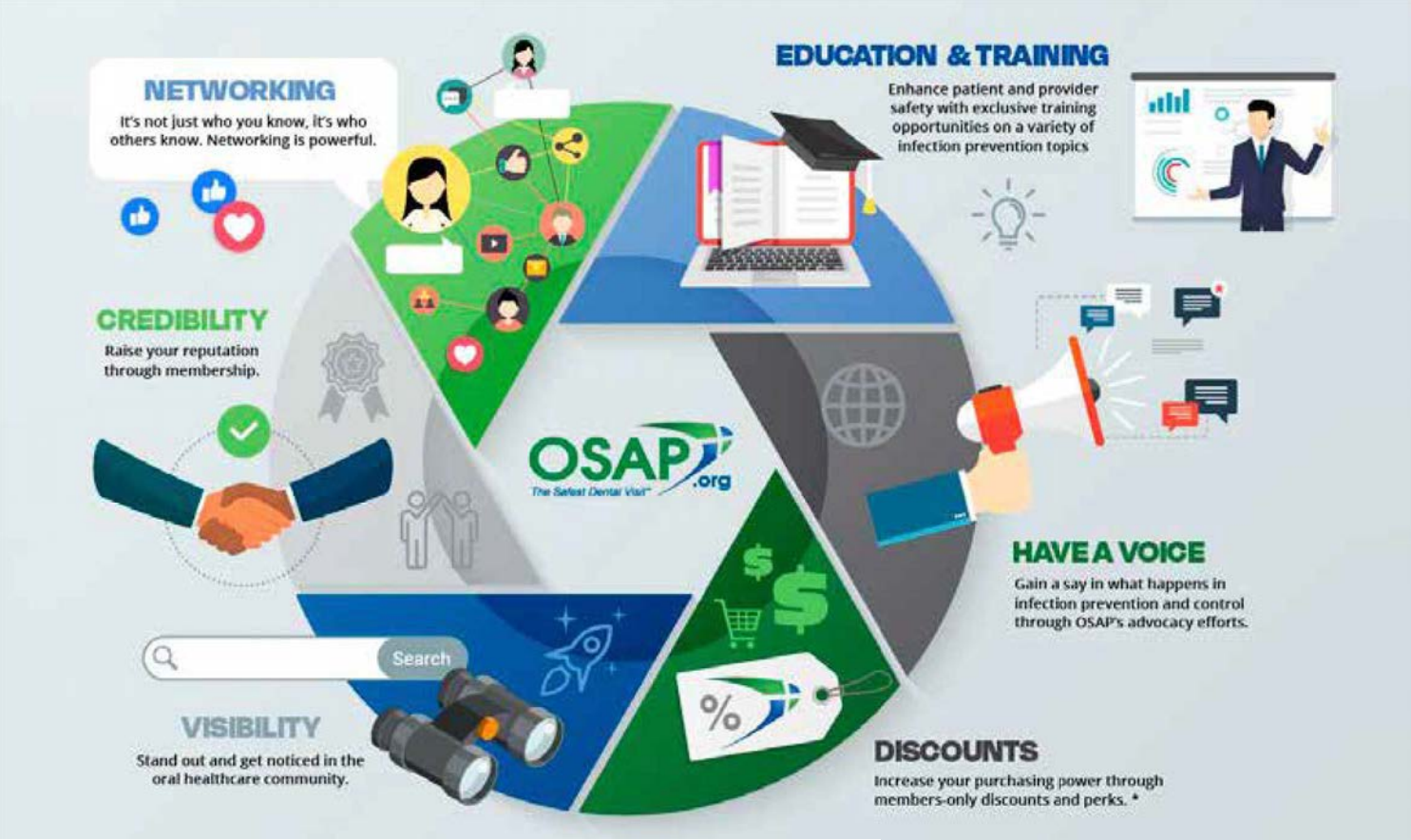
Manitoba Dental Association | OSAP.org The Safest Dental Visit™

The Manitoba Dental Association, in partnership with the Organization for Safety, Asepsis and Prevention (OSAP), offers its members access to OSAP membership at a discounted rate starting January 2024:

- Individual annual membership: **$32.50 + GST**
- Office annual membership (up to 10 staff*): **$275.00 + GST**

* For more than 10 staff, please contact the MDA. Send an email to **lberg@manitobadentist.ca** to discuss a package that can work for you.

OSAP Member Benefits



InfoBites - Each Monday, receive an email highlighting late-breaking infection prevention and safety news

Infection Control in Practice (ICIP) - Six times per year, receive an educational publication featuring real-life scenarios with checklists. ICIP is worth up to 6 CE credits per person annually

The Safest Dental Visit™ Toolkit - Utilize carefully assembled resources to help ensure the safe and infection-free delivery of oral healthcare to all

Toolkits & Topics - Access an expanding list of toolkits & topics available 24/7 addressing relevant infection prevention and safety issues

Ask OSAP - Submit infection control questions and receive a written response within 3-5 business days

Webinars - Participate in live and on-demand webinars on relevant and emerging issues and earn CE credits.

Education & Training - Receive discounts for Boot Camp, Annual Conference, workbooks, online courses, and products. Access past Annual Conference PowerPoint presentations

Online Community - Share problems & perspectives through OSAP's members-only online community and forum

Member Certificate - Download a printable certificate verifying your OSAP membership to display in your office

Member Directory - Search for OSAP Members located near you or who share similar interests

Recognition - Earn infection control awards and serve on OSAP committees

Practice Support

Canadian Dental Association benefits for Manitoba Dentists

The Canadian Dental Association (CDA) helps dentists in Manitoba in four principal areas: *Practice Support, Advocacy, Non-Insured Health Benefits and Access to Care* and *Knowledge.* Over the years, CDA has been extremely effective in all four domains.

On the Practice Support front, CDA has developed several tools to support dentists and facilitate the workflow in their offices. These resources include:

CDAnet and ITRANS

Services similar to CDAnet/ITRANS in the US cost about $2,000 (USD) per year, per dentist.

CDAnet continues to be an enduring success of CDA and its Corporate Members for over 25 years now. More recently, the ITRANS Claims Service has led the way and set the standard for the secure transmission of dental benefit claims on the Internet. CDA is currently finalizing negotiations with insurance claims processors for a long-term continuation of the CDAnet service, ensuring that dentists will benefit from real-time claims processing, at no additional cost, for years to come. The ITRANS Claims Service is undergoing a significant update which will be launched later in 2018 as “ITRANS 2.0.” This updated version will enhance the ITRANS services and provide opportunities for the automation of some routine insurance-related tasks.

CDA Secure Send

Canadian services similar to CDA Secure Send costs about $500 per year, per dentist.

CDA Secure Send is a new member service providing an easy, simple-to-use system that allows dentists to exchange patient documents and referrals in a secure fashion. CDA Secure Send meets the legal obligation to safeguard the confidentiality of patient data when sending patient information (such as X-rays) electronically. Connected to CDA’s directory of dentists, senders can search for dentists by name, specialty, or location. It’s as simple and as quick as sending an email.

Canadian Life and Health Insurance Association

CDA established a standard claim form with the Canadian Life and Health Insurance Association (CLHIA) and continues to work with CLHIA in determining the minimum acceptable information material that can be requested on all aspects of claims verification. CDA continues to represent dentists’ interest when insurance companies introduce new services that impact the dental office workflow.

Manitoba Dental Association

CANADIAN DENTAL CARE

Manitoba Dentists have spoken about their opinion on the Canadian Dental Care Plan (CDCP). Forty-four percent of licensed Members responded to the survey from February 26th to March 1st, 2024.

What does your participation in the survey mean?

1. Opinion surveys provide a way to gauge your sentiment regarding the issue at hand. The data is powerful evidence to reinforce the need for policy changes or improvements to the CDCP.
2. The specific feedback and insights provide a better understanding of Members perspectives. Such information is useful as we move forward on advocacy efforts to improve the CDCP.
3. The data collected highlight gaps and areas for improvements that you as Members feel are in the current CDCP program.
4. By leveraging the power of surveys results, MDA Members can amplify their voice, drive change, and ultimately improve the CDCP for all eligible Manitobans.

Below are some highlights of the survey results:

Which, if any, of the following have you done to learn about the CDCP?	
Attended/watched recording of Town Hall/Information webinar from my Dental Association	91.79%
Attended/watched an Information session hosted by Health Canada	26.14%
Reviewed the 2023 CDCP Benefit Grid released for illustrative purposes	58.05%
Reviewed the Claims Processing and Payment Agreement that will be required to sign to be able to treat patients under the Plan	24.01%

To participate as a provider in the CDCP, you will need to agree to the CDCP Claims Processing and Payment Terms. Based on what you know so far, how likely or unlikely would you be to participate as a provider in the CDCP?	
Very Likely	1.27%
Likely	1.59%
Neither Likely nor Unlikely	7.96%
Unlikely	20.70%
Very Unlikely	68.47%

What is the main reason why you say you will not participate?	
Administrative burden – preauthorization requirements for some procedures	15.13%
CDCP Benefit Grid not same as provincial fee guide	52.63%
Not in line with my practice/patient base	2.63%
Not clear how this will work with the provincial low-income dental programs	1.97%
Not sure - Don't have enough information	4.61%
Enrollment into agreement	17.76%

PLAN PULSE SURVEY

What are the other reasons why you say you will not participate in the CDCP?	
Administrative burden – preauthorization requirements for some procedures	69.31%
CDCP Benefit Grid not same as provincial fee guide	39.27%
Not in line with my practice/patient base	19.47%
Not clear how this will work with the provincial low-income dental programs	42.57%
Do not have capacity to take more patients (staff shortage)	17.49%
Not sure - Don't have enough information	17.49%
Enrollment into agreement	49.50%
None of the above	1.98%

The CDCP Benefit Grid is different from the current Suggested Fees Guide and the Plan allows the provider to balance bill the patient. How likely or unlikely is it that you will balance bill the patient?	
Very Likely	66.67%
Neither Likely nor Unlikely	11.11%
Unlikely	11.11%
Very Unlikely	11.11%

If you needed to decide right now, which statement best captures your intent?	
I choose NOT to participate in the CDCP.	83.01%
I choose to participate in CDCP and balance bill patients my usual and customary fees.	15.06%
I choose to participate in CDCP and will not balance bill patients beyond the rates established in the CDCP Fee Grids.	1.92%

CYBER HYGIENE: PROTECTING DENTAL PRACTICES IN THE DIGITAL AGE

BY CDSPI

In a busy dental practice, where the whirl of drills, the hum of suction, and the murmur of voices fill the air, an unexpected concern has emerged: cyber hygiene. While it may seem odd to link dental care to the care of digital assets, in today's world, it's a vital connection to make. Just as you emphasize the importance of brushing, flossing, and regular check-ups to maintain oral health, so too must you prioritize the fundamentals of cyber hygiene to safeguard your digital operations.

In essence, cyber hygiene is about cultivating a structured and intelligent environment that mitigates the risks of external threats without requiring constant IT intervention. It's akin to preventive care in dentistry – taking proactive measures to ward off potential issues before they escalate into serious problems. By adhering to cyber hygiene best practices, dental practices can not only protect sensitive patient data but also ensure smooth operations without the constant fear of cyber attacks looming overhead.

Cyber hygiene is foundational to both cybersecurity and cyber resilience. While cybersecurity guards against threats, cyber resilience improves an organization's ability to recover and resume normal operations after a security breach. Cyber resilience strategies involve cybersecurity, incident response, business continuity and disaster recovery.

So, what are these best practices that dental practices should be adopting?

1. Implementing Automated Backup Systems

First and foremost, dental practices must prioritize the implementation of robust automated backup systems. No longer is manual backup sufficient in the age of sophisticated cyber threats. By leveraging automated backup solutions such as reputable cloud services, practices can ensure that vital information remains protected even in the event of a breach or system failure. This not only safeguards patient records and sensitive data but also frees up valuable time for dental staff to focus on patient care.

2. Embracing Risk Management

In the ever-evolving landscape of cyber threats, risk management is paramount. Dental practices must anticipate potential vulnerabilities and have strategies in place to mitigate them effectively. From identifying potential points of entry for cyber attackers to developing response plans in the event of a breach, proactive risk management can significantly bolster the resilience of a practice's digital infrastructure.

3. Controlling Access

Access control is another crucial aspect of cyber hygiene. Dental practices must invest in tools and services that automate authentication processes and monitor access to sensitive information. By enforcing strict access controls, practices can minimize the risk of unauthorized access and swiftly identify any anomalies or suspicious activity within their systems.

The granting of administrative privileges should be approached with caution and diligence. Practices must implement processes to assess the necessity of such privileges, determine their validity period, and enforce multiple authentication factors for added security. Moreover, it's essential to have mechanisms in place to revoke privileges promptly when no longer needed, ensuring that access remains tightly controlled at all times. One common example is when temporary reception staff are brought into the practice. Allowing them limited access is necessary so they can perform their role, but imposing limits to what they can access and revoking that privilege when they leave is critical for maintaining the integrity of the practice's digital security.

By carefully managing administrative privileges, dental practices can minimize the risk of unauthorized access and potential breaches of sensitive information. This approach not only

protects patient confidentiality but also preserves the trust and reputation of the practice. In an era where data breaches and cyber threats loom large, proactive measures such as these are essential for safeguarding the digital assets of dental practices and ensuring the continued delivery of quality care to patients.

4. Provide Employee Training

Individuals play a crucial role in maintaining the security of the practice's digital assets. Encourage employees to create strong, complex passwords and consider utilizing password management tools to securely store and manage credentials. Simplistic or recycled passwords are practically an open invitation to malicious hackers. Create a company password policy to protect enterprise security by establishing rules, requirements, and expectations around user credentials.

Emphasize the importance of regularly updating passwords and avoiding the reuse of passwords across multiple accounts to minimize the risk of credential compromise.

5. Use Multi-Factor Authentication

Multi-factor Authentication (MFA) has become an industry standard in cyber hygiene and is required to qualify for cyber insurance. MFA requires two or more authentication factors, such as a password and a one-time code sent to the user's mobile device or email address. Rather than just asking for a username and password, MFA requires one or more additional verification factors, which decreases the likelihood of a successful cyber attack.

6. Security Software/Updates

Having the latest security software, web browser and operating system are the best defenses against viruses, malware and other online threats. As companies increasingly digitize their businesses and automate their operations, unpatched or end-of-life software present significant cybersecurity threats. A recent survey revealed that 60% of breach victims said their breach's cause was an unpatched known vulnerability. Once considered optional, software patching has become vital due to the increasing frequency and costs of cyber incidents that result from these exposures. The good news is that once vulnerabilities are known, patches are routinely made available quickly.

7. Email Security

Educate employees about the dangers of phishing attacks and the importance of exercising caution when opening emails from unfamiliar or suspicious sources.

Warn against downloading software or files from untrusted sources, as these can often harbor malware or other malicious threats.

Remember that good cyber hygiene isn't a set-it-and-forget-it proposition. Rather, it encompasses an array of habits, practices, and initiatives on the part of organizations and their users, with the goal of achieving and maintaining the healthiest possible security posture.

The Bottom Line

Despite all of these preventative measures you take, a determined cyber criminal, may one day access your systems. That is why it is crucial that you have cyber insurance in place. Cyber attacks and breaches are increasing, becoming more costly and damaging. CDSPI is in the business of protecting dentists and their practices and have addressed this need by introducing CDSPI Cyber Insurance. Cyber insurance can help your business financially recover if devices or documents are lost or stolen, or if computer networks are breached, leading to information being stolen or ransomed, business operations interrupted, or computer systems corrupted. Visit cdspi.com/insurance/cyber to learn more.

While insurance can defray many of the costs of a security breach, only tight security and good cyber protection practices can protect your practice from attack. In essence, cyber hygiene is the cornerstone of digital security for dental practices in today's interconnected world. Just as proper oral hygiene is essential for maintaining a healthy smile, so too is diligent cyber hygiene crucial for safeguarding sensitive patient data and preserving the integrity of dental operations. By implementing robust security measures, prioritizing risk management, and promoting cyber awareness among staff, and protecting yourself with cyber insurance, dental practices can ensure that their digital infrastructure remains resilient in the face of evolving cyber threats. After all, in the world of dentistry, prevention is always better than cure – and the same holds true for cyber hygiene.

The information provided in this article is for general informational purposes only and is not intended to replace or serve as substitute for any professional advice. You should consult with a professional advisor for advice concerning matters specific to your situation before making any decisions.

The CDSPI Cyber Insurance program is exclusively distributed by BFL CANADA Risk and Insurance Services Inc. and underwritten by Beazley Canada Limited. The CDSPI Cyber Insurance Program is not available to residents of Quebec.

Smiles and Sight 2024 Mission in the Philippines

MB Dentists & Friends provide free dental services to impoverished villagers in the Philippines

Nine volunteer dentists from Winnipeg, Brandon, Edmonton and Victoria, together with one dental hygienist, one dental assistant and several support members donated their time, knowledge and skills during the **Smiles and Sight (S & S) 2024 Mission in the Philippines**, February 19 to March 2.

In collaboration with Kindness in Action (KIA) dental outreach program, S & S aimed to educate patients and provide free dental services to villagers in underprivileged areas in the Philippines during the two-week mission. The first mission site was in a village in the middle of Quezon City slums and the second site was in a community in Pagbilao, Quezon Province. Both villages were established by the charity organization Answering the Cry of the Poor (ANCOP).

S & S, an initiative steered by Dr. Tricia Magsino Barnabé, began to take shape when she resolved that a portion of the proceeds from her MDA-supported musical revue *New Beginnings in a New World* would subsidise some of the costs of running the mission in the Philippines. She procured the assistance of Dr. Tom Colina, who had led successful dental missions in the Philippines in 2007 and 2014, to mobilize the dental team. From there, Dr. Ronald Mervin Sison, a licenced optometrist in the Philippines, offered to assemble a group of optometrists from surrounding areas of the sites to include vision and optical care during the mission.

Who were the members on the dental team?
Dr. Vinita Bajaj, Dr. Tricia Magsino Barnabé (S & S Mission leader), Dr. Pragti Bimra, Dr. Tom Colina (dental division leader), Dr. Amber DSouza, Dr. Katie Davidson, Dr. Melanie Dulguime, Dr. Billy Kettner, Dr. Mark Nepon, RDH Ursula Rosati, RDA Amanda Waller, Alana Colina, Carol Colina, Sharon Colina, Paula Hofer, Nita McCrimmon, Jacquelynn Newton, Maria Pagdato and Rio Pagdato

How many dental patients were seen and what dental services were provided?
From the mission sites and surrounding villages, there were 632 patients treatment planned during the 6.5 clinic work days. From these patients, 825 extractions were performed and 320 restorations (total of 550 tooth surfaces). There were 246 patients provided with hygiene treatment, which included dental cleanings, oral hygiene presentations, instructions and fluoride application.

What challenges did the dental team face on this mission?
The logistics of transportation, safe housing, food planning and shipping KIA's equipment and supplies from Canada to the Philippines took time to coordinate. Dental providers needed approval from the Philippine government to perform dental treatment to locals in their country. Preparing the temporary clinics in the mission sites with numerous equipment & supplies, and sanitizing and sterilizing was time consuming. Team members who were not trained in the dental field were given a crash course in dental assisting & management. Dental and hygiene treatment providers worked in extremely hot and humid environments while in standing position, as patients sat on chairs or laid flat on tables.

What comments did some of the volunteers have regarding this dental mission?
Dr. Kettner, who practiced in Winnipeg all of his career, now living in Victoria said, "The hours and work were long and hard, but the gratefulness and appreciation made it all a priceless experience. The group pitched in, jumped in whenever somebody needed support! **We will all be bound forever having shared this very rewarding mission**."

Dr. DSouza from Brandon shared, "It is said that, if you are more fortunate than others, build a longer table, not a taller fence. My goal when I signed up for this mission was to go out and do whatever I could to help. I knew there was a great dental need in the community and I wanted to help. I wanted to be part of something that was bigger than myself. There were some long and tiring working days but it seemed like **even though my body was tired, my heart was full**. The smiles and joy shared by the people we helped was so rewarding. I went on the mission to give but it is I who gained way more than I thought I would and for that I am Thankful and Grateful."

RDH Ursula Rosati said, "My favorite part about the dental mission was seeing how appreciative the patients were. They all had such a happy demeanor and positive mindset despite the challenges they face day to day. And the kids could melt your heart! Working in 30°C!! **It wasn't easy but so worth it**."

The S & S Philippines Mission 2024, in cooperation with the Manitoba Dental Association, Vickar Automotive Group, Integral Dental Group and A Million Dreams, would like to thank Couples for Christ; generous donors, patrons and volunteers from the S & S Fundraising Philippine Fiesta; and media sponsors, The Filipino Journal, Pilipino Express, 92.7FM CKJS Radio, Barangay Canada and Bond Printing. Dental labs and supply companies that supported and donated supplies for the mission include: Bethel Dental Studio, Kieu Dental Lab, Orotech Orthodontic Lab, Dental Arts Dynasty, HANSAMED, Oral Science and Henry Schein. Eyeglasses and prescription placements were donated by Perez Optical. Reading glasses, medications and local anaesthetics were provided by the Doña Marta T. Hernandez Foundation in the Philippines.

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Manitoba Dental Association

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September 25-28th, 2024

Saskatoon, Saskatchewan

The Saskatoon 2024 Organizing Committee invites you to our Annual Meeting.

We have now added Golf in addition to our usual lineup of CE, Curling, and Fun!!

For More Information Visit Our Website

WCDS Meeting

Register as a team or an individual in any of the following categories:

Curling
Curling & Golf
Golf
Social Member

ClearCare Periodontal & Implant Centre

Perio-Prostho Corner
Did You Know...

Dr. Charlene Solomon
Prosthodontist BChD, MScDent, MChD, FRCD (CA)

That more than 30% of implant crowns develop proximal contact loss (PCL) and can occur as early as months after implant crown placement?

Establishing interproximal contacts is one primary objective in daily operative, conventional fixed and implant restorative dental treatment. An ideal PC maintain tooth position and arch stability, support periodontal health by preventing food impaction and facilitating hygienic cleaning.

Proximal contact geometry

Our training taught us ideal locations in both horizontal and vertical direction. Broad and definitive proximal contact for the final implant crowns allows for improved force distribution, can reduce embrasure spaces and reduce the risk of food impaction.

Prevalence

Systematic reviews report that PCL can occur within 3 months of seating an implant prosthesis. The PCL is progressive over functional time and can start as a loss of intensity to complete PCL. Its prevalence has a broad range from 30% to more than 60%. Mesial PCL is two times more common than distal PCL.

Influencing factors

The etiology and influencing variables for PCL is multi-factorial. The continuous and progressive physiological mesial drifting of natural teeth is a likely explanation. Drifting can be exacerbated with high occlusal forces, tooth wear-related dentoalveolar compensation, loss of opposing or adjacent teeth, teeth inclination and occlusal curvature, and interstitial wear between the proximal surfaces. Factors suggested to contribute to distal PCL is occlusion, tooth flaring, craniofacial, and jaw growth.
A 2020 study revealed 6 factors associated with the mesial PCL, including: patient age, implant functional years, frequent use of interdental brushes, splinting or single implant, plunger cusp, and food impaction. Splinted implant crowns show higher mesial PCL than single implant crowns. Mesial PCL is more prevalent in prosthesis older than 5 years and patients older than 50 years.
The early onset of PCL is thought to be related to residual stresses generated by seating of a screw retained implant crown. Unbalanced proximal contact strength may increase adjacent tooth movement with subsequent occlusal interference that may in part contribute to early PCL. Screw-retained implant crowns have a higher prevalence of PCL than cement-retained implant crowns.
The presence of a resin restoration adjacent to the implant crown contact reveals a higher incidence of PCL. The occlusal forces transmitted through proximal contacts can create friction and cause proximal wear on the resin surface.
A compromise in arch integrity with spacing on contralateral side of adjacent tooth shows an increased prevalence of PCL. This implies that a stable dental to resist mesial drift of teeth can be another influencing factor.

Implications

The reported implications of PCL are food impaction, consequences on biological variables (bleeding on probing), mucosal and periodontal health, papillary fill, marginal bone loss, plaque index and caries and patient dissatisfaction.
Significant risk of peri-implant mucositis and peri-implantitis associated with interproximal open contact has been reported. Of note, the PCL itself is not the risk factor, but the food impaction that occurs as a result of PCL is. Studies too report double the caries incidence for PCL on teeth adjacent to an implant prosthesis. The presence of PCL could also be a sign of an unstable occlusion.

Monitoring and Management

A progressive increase of PCL may eventually mandate interventions such as a resin addition or restoration of adjacent teeth, repairing the prosthesis or even replacement of the implant crown. Implant crown retrievability becomes an advantageous design. Interestingly, a 2022 study showed that recurrence of PCL is common and even accelerated after each repair. Nevertheless, a PCL with food impaction should be addressed. The type of repair from either crown or adjacent tooth modification showed no significant differences on recurrence rates.

In Summary

The development of PCL is a natural and long-term change observed in implant prostheses. It occurs at different rates and magnitudes through the years of function. Treatment interventions have major financial implications and become an inconvenience for patients and clinicians. As clinicians, we should inform our patients about its likelihood, and it should form part of our treatment consent. Arch integrity is important for implant therapy. The necessity of maintaining a high level of cleanliness around the implant prosthesis is key. Restored implants should be followed up routinely, and supportive periodontal therapy (SPT) be provided regularly.

For more information about this topic and related courses, please visit the website or scan the QR code using your phone's camera.

SO, YOU WANT TO OWN COMMERCIAL REAL ESTATE?

For over a decade, the Canadian real estate market has experienced growth that far surpassed any rational expectations.

In 2023, the reset of interest rates slightly cooled the market's fervor, yet the core momentum remained unabated.

Currently, the prospect of rising interest rates looms, driven by increases in the Government of Canada's five-year bond yields—a precursor to changes in the bank's prime lending rate. This development casts doubt on the possibility of interest rate relief in the spring or summer of 2024. I could be wrong.

This context underscores the substantial costs of owning and operating commercial real estate for business owners.

While the residential market garners extensive coverage in media, this discussion will focus on the less-discussed commercial occupancy costs.

I recently spoke with a Vancouver dentist who highlighted a modern, high-tech development in an upscale neighborhood. The going rate for a vacant commercial condominium there is $2,400 per square foot. Consequently, acquiring a 1,000-square-foot space demands an investment of $2.4 million, excluding closing costs.

This price tag does not cover the additional expenses for leasehold improvements, which could ascend to another $500,000.

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Moreover, equipping the practice with necessary technology and equipment may require a further $500,000.

Hence, the total initial investment for launching a fully operational new practice in a 1,000-square-foot commercial condo in this elite Vancouver area could reach approximately $3.5 million. This figure represents the debt burden from day one.

A metaphorical $3.5 million ribbon-cutting ceremony, indeed.

The journey to debt freedom begins thereafter, patient by patient, potentially spanning decades for the ambitious doctor. To some, this scenario may resemble a perpetual commitment to a financial institution.

- Amortized over 20 years
- At the current prime interest rate of 7.2%
- Monthly payment: $27,557
- Total payment over 20 years: $6.6 million
- Interest cost alone: $3.1 million!

The financial strain on a young doctor would be immense, with the pressure to generate income being nearly insurmountable.

Including wages, supplies, lab fees, and other operational expenses, the breakeven point for such a practice is a minimum of $60,000 per month.

And this calculation hasn't yet accounted for personal living expenses.

Therefore, anticipate an additional $250,000 in line of credit usage within the first year, with potentially more in the second year.

In summary, within the initial years, this scenario could see the doctor facing $4 million in debt.

By the third year, with some fortune, they might manage to draw a salary between $50,000 and $80,000, yet still grapple with a $4 million debt and over $25,000 in monthly interest payments.

This is the harsh reality of real estate ownership for a new, state-of-the-art practice occupying 1,000 square feet in downtown Vancouver.

For illustration, consider doubling the space to 2,000 square feet and recalculating the figures—truly startling!

Navigating this level of debt while adhering to ethical standards in practice is a formidable challenge for any doctor.

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Written by:

Jackie Joachim
Chief Operating Officer

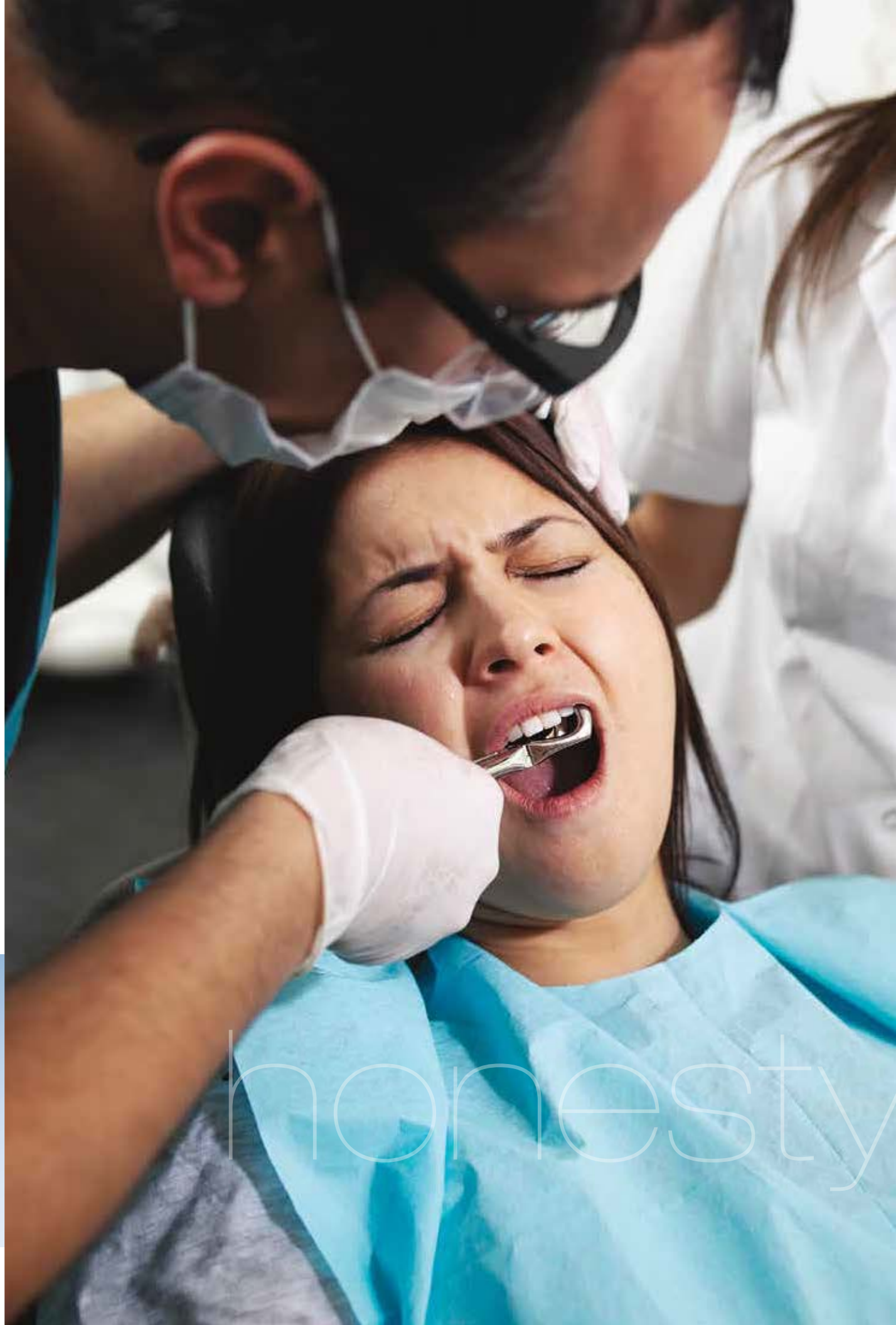
dealing with difficult patients

Learn to see each problem as an opportunity for improvement. Here are some steps in dealing with difficult patients:

1. Avoid downplaying the seriousness of the patient's complaint. Let the patient tell you their side of the story without interruption. Sometimes all they need is to be heard.
2. Express empathy. Let the patients know that you understand the problem and are concerned about their feelings.
3. Patients need to hear that you are on their side and are willing to do whatever it takes to solve their problem.
4. Do not go on the defensive. You are certain to lose the patient if you become confrontational.
5. Take control of the situation. Once you have heard the patient's side of the story, take the appropriate action to resolve the problem.
6. Ask the patient what they want. You may be surprised to find that the patient's solution to the problem is both fair and simple.
7. Once you have established a written plan of action, explain to your patient how the plan will solve the problem.
8. Ensure that the plan has been carried out and the results are acceptable to your patient — follow-up to ensure your patient is happy with the way you have handled the problem.

By following these simple steps, your most difficult patient can become your most valuable patient.

Experience shows that a dissatisfied patient will share their story with more people than will a satisfied patient.


honesty

adopting a **team** approach

It's not enough to improve your own communication skills — you must engage your staff as well. Remember that your team members are representatives of your practice — they are the ones your patients turn to for information regarding appointments, referrals, billing and lab tests.

Great teams are created. A true team works well together and does not come apart at the seams when the workday becomes challenging. You should look at your staff and evaluate each individual's commitment to effective communication with patients and other members of the team.

Hold effective staff meetings:

Every practice needs to create opportunities for team members to work together and exchange ideas. To successfully determine where your team stands, schedule a meeting where staff can respond thoughtfully to a number of questions. The answers will be the first step toward collaboration and improved communication within the office and with patients.

- Do you think the team communicates clearly? Consistently? Often enough?
- In what areas can the team improve communication?
- Are there practice/patient communication processes that could be improved?
- What would be the single most important step we as a team could take to improve communication with patients?

These questions should be openly discussed as a team. If any questions elicit uncomfortable silences, then set aside time to meet with staff members individually. After this meeting, let team members know how their responses will be used to benefit everyone in the practice.

How your team reacts to these queries will give you a feel for the practice's challenges and strengths. The team's answers will provide insight about what is working in your practice and what is not. In areas where there are clearly deficiencies, team education will be required.

Set goals: Use the information you gathered to set goals for improvement. Share these goals with the team. They will appreciate that you listened to their feedback and, as a result, will be more accepting of the positive changes you wish to make.

Implement systems: Goals without a plan to accomplish them are just ideas. It's time to take the goals that have been set and create effective ways to accomplish them. With step-by-step systems in place, including ones for patient communication, your practice will easily build a strong team. From scheduling to infection control protocols, it is important for the team to know exactly what to do, what to say and how to say it.

Train the team: Training and cross-training are important ingredients for ensuring all members of your team are communicating effectively. Training also establishes a level of accountability for communication when combined with job descriptions for each team position. To ensure that your team members fully understand their roles, time must be set aside away from patients, and maybe even outside the office, so that the proper focus can be achieved. The instruction of team members is not something that can be effectively accomplished in the time we may have between patient appointments. Monthly meetings are also an opportunity for hands-on-training, when your staff can work with scripts and role-playing to help reinforce consistent communications approaches.

Advocacy

Canadian Dental Association benefits for Manitoba Dentists

The Canadian Dental Association (CDA) helps dentists in Manitoba in four principal areas: *Practice Support, Advocacy, Non-Insured Health Benefits and Access to Care* and *Knowledge.* Over the years, CDA has been extremely effective in all four domains.

On the Advocacy front, CDA has worked closely with the MDA on several key public policy issues including federal tax proposals that had potentially crippling ramifications for the profession. Dentistry has been especially active and successful on the following issues:

Taxation of Health and Dental Benefits

Given the impact that taxing people's health and dental benefits would have on Canadians and the delivery of health services, CDA has coordinated a national grass-roots advocacy campaign, in collaboration with the MDA and the other provincial dental associations, and organized strategic alliances with various stakeholder groups to persuade the federal government to not impose taxes on these benefits. The advocacy campaign was successful, and the Prime Minister of Canada rose in the House of Commons in 2017 to indicate that there would be no taxation of health and dental benefits.

Tax Planning Using Private Corporations

Given the major impact that the federal government's tax proposals on Canadian-controlled private corporations (CCPC) would have on Canadian dentists, CDA, in collaboration with provincial dental associations, took an active role in designing and implementing an advocacy strategy to oppose such tax measures. CDA played a support role in the organization of a national alliance of stakeholders who were united against these CCPC proposals. This coordinated advocacy campaign was successful as the federal government withdrew its plans related to capital gains and modified its proposals on passive investments and further clarified its policy on income sprinkling. In its 2018 Budget, the federal government made further modifications to its proposed tax measures that went a long way in addressing many of dentistry's concerns.

Media Relations

As part of its advocacy efforts, CDA handles several urgent and ongoing media inquiries on topics such as access to dental care, flossing, fluoridation, sugar reduction and teeth grinding. CDA also facilitates media training to provincial dental association presidents and staff.

CANADIAN DENTAL ASSOCIATION

Manitoba Dental Association

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MANITOBA DENTAL FOUNDATION

YOUR MANITOBA DENTAL FOUNDATION

VISION STATEMENT

The Manitoba Dental Foundation serves as the unified centre of professional philanthropy for the dentists of Manitoba.

During these increasingly difficult times the cost of shelter, food and basic necessities continues to spiral unabatedly. When disposable income is limited, personal care items including preventive oral health items, are unaffordable. The Dr. Tom Dobbs Oral Health Kit (OHK) program of your Manitoba Dental Foundation (MDF) has provided OHKs to organization that support the underserved, homeless and vulnerable in Winnipeg and Manitoba since 2021. In 2023, your MDF provided 240 dozen children and 300 dozen adult OHKs.
This year we are partnered with Harvest Manitoba, Harvest Winnipeg and the Manitoba Association of Women's Shelters (MAWS). Harvest Manitoba and Harvest Winnipeg will include OHKs to those with food insecurity in rural Manitoba and Winnipeg. MAWS will distribute OHKs to the thirteen Women's Shelters in Winnipeg and Manitoba. School and community organizations throughout Manitoba will receive OHKs for the individuals and families they support. The plan is to distribute over 550 dozen OHKs within the next few weeks. Crest/Oral B continues to generously provide these OHKs to our MDF at the institutional price.

The cost for this year's OHK initiative is $10,000. Would you please consider contributing to your MDF in support of the Dr. Tom Dobbs OHK initiative? You may make your pledge by scanning the QR code to the right. You will receive a tax deductible receipt for your donation. To those of you who are monthly and annual donors, please know the significant impact of your contributions. Your continued support funds MDF grants to charitable organizations that support the underserved, homeless and vulnerable to improve their oral health.
Please visit our website: (www.manitobadentalfoundation.ca) for more information about your MDF.

Sincerely,

Pat Kmet, Chair of Fundraising
Manitoba Dental Foundation

Patrick Mao, President
Manitoba Dental Foundation

OBITUARIES

Dr. Ian Robert Hamilton, PhD

It is with heavy hearts that we announce the passing of Ian Robert Hamilton, peacefully in his sleep at the Lions Manor Personal Care Home.

Ian will be sadly missed and lovingly remembered by his children, Ann (Chris), David and Stephen (Barbara), stepdaughters Kathy Elminshawi, Sally (Bruce) Lein and Penny (Bob) Gilbertson, grandchildren Josh, Jamie Zachary, Lucas, Robyn, Sarah, Amy (Joe), Erik (Katy), Ali, Beth (Alistair), Kate and many other relatives and friends. Ian was predeceased by his loving wife Geraldine Hamilton.

Ian was born in Fort Frances and spent his early life in various parts of Ontario where his father David worked for the Ontario Provincial Police. He started his post-secondary education by attending the Niagara Gardening School. Ian was the first in his family to attend university and went on to earn bachelor's and master's degrees at the University of Guelph, a Ph.D. at the University of Wisconsin, and attended the Oxford University for post doctorate work.

Ian met his first wife Susan (nee Bartle) while studying at the University of Guelph and they married in 1959. The couple settled in Winnipeg and expanded their family with children Anne, David, and Stephen. The family's love of the outdoors was enjoyed for many happy summers after the purchase of "The Island" on Shoal Lake.

Ian worked at the University of Manitoba and helped to establish the Department of Oral Biology in the Faculty of Dentistry. He went on to have a long and productive career as a professor and researcher, served as the department's head for many years, as well as treasurer of the IADR (International Association of Dental Research). Ian was celebrated as an academic and received distinguished degrees from the University of Manitoba (Emeritus), Laval University (Honorary) and the Lund University (Honorary).

Ian met his second wife, Gerry Windeatt, through mutual friends, and they were married in 1977. Ian and Gerry had a well-matched partnership, which included a shared love of nature, gardening, music, good food, travel and literature. The couple took every opportunity to travel, often in the company of Gerry's sister Penny and brother-in-law Sam. There were trips to Europe, China, United Kingdom, South America and the United States.

Ian had a brilliant mind and was always interested in new ideas, current events and most notably the people in his life. He would often recognize the parts of people they didn't see themselves and sought to support others in their growth. Ian was a man of many talents and could always be counted on to do an exemplary job in any endeavour he took on. This was evident in his role of family historian/photographer; as a designer and builder of "The Island" cottage and other projects; assistant to his family's various reno projects; as researcher and teacher; the creator of memorable travel experiences and master chef of everything that emerged from his BBQ. He was a man who not only enjoyed the rich experiences that life offered, but also the simpler ones like a well-made potato salad, a half-moon hotdog, opera on CBC or a dip in the lake.

The family would like to thank the staff at the Lions Manor Personal Care Home for their exceptional care of Ian over the years. A special not of gratitude and thanks goes to Erin Savage, of Xtra Mile Home Care, who provided such loving, dedicated support and friendship to Ian and his family over the last six years.

A memorial service with a reception to follow to celebrate Ian's life will be held on January 7, 2024 at 2:00 pm at Chapel Lawn Funeral Home & Cemetery, 4000 Portage Avenue, Winnipeg, Manitoba.

In lieu of flowers, the family kindly requests that donations be made to the Winnipeg Symphony Orchestra in honour of Ian Hamilton.

William Joseph Dawson

April 21, 1950 - February 29, 2024

We are heartbroken to announce the sudden passing of William (Bill) Dawson, 73, on February 29, 2024, in Winnipeg after a brief battle with cancer. Bill passed away as he had wished, peacefully at home in the arms of his soulmate Brigitte and surrounded by family.

Bill is lovingly remembered and deeply missed by his three families and many friends who had the great fortune of having had Bill in their lives. Bill leaves behind his fiancé Brigitte and her five children, Sascha, Tanja, Katja, Larissa, and Nicolas; his sister Nancy and his three brothers Pat (Cora), Don (Katerina), and Randy; his late wife's family, as well as his numerous nieces and nephews. Bill was predeceased by his son Peter, his late wife Judy, and his parents Madeline and Earl Dawson.

Bill was born on April 21, 1950 in Estevan, SK, and grew up in Rivers, MB, where he attended Rivers Elementary and Rivers Collegiate Institute. Bill studied dentistry at the University of Manitoba and joined the Canadian Armed Forces attaining the rank of Captain. After completing his service, he established a successful dental practice in Winnipeg. Bill was not just a dentist to his patients, but a compassionate listener and a friend, always putting their comfort and well-being first.

In 1974, Bill married Judy Page and later welcomed their son Peter into their lives through adoption in 1986. They relocated to a farm in Teulon and established their own dental practice. Tragically, Peter lost his life when he was just eight years old. Despite this devastating loss, Bill remained a pillar of strength for his family, demonstrating resilience and unwavering love in the face of unimaginable sorrow. To honor Peter's memory, a ski run called 'Peter's Run' was affectionately dedicated to him at Lake Louise Ski Resort, a place Bill cherished for skiing in remembrance of his son. Sadly, Judy passed away in 2008 after a difficult battle with cancer.

Bill had a zest for life and an adventurous spirit. His first car was a brand new Fiat 124 Spider, which he enjoyed driving briskly with the top down, and which accompanied him his entire life. He found peace on the water and in the air and spent countless hours sailing his sailboat "Sunshine" and flying his Chinook airplane. His other passions included alpine and cross-country skiing, a pursuit that brought him exhilaration and camaraderie with his family and friends. Bill was also enthusiastic about golf, enjoying many weekends on the course with friends and family and relishing the challenge that came with each round, creating cherished memories that will be treasured forever.

For the last 15 years, Bill shared all these passions with his best friend and soulmate Brigitte, whom he met at a friend's Christmas party. Brigitte's family warmly welcomed Bill with open arms, embracing him like one of their own and appreciating the happiness and support he added to their lives. Five years ago, Bill and Brigitte set out on an adventure of a lifetime when they purchased their sailboat "Summertime"; their home away from home. They enjoyed spending their winters sailing and exploring the turquoise waters of the Bahamas, creating beautiful memories that would last a lifetime.

Bill will always be remembered for his kindness, helpfulness, and genuine interest in people's lives, and the way he always put others first. His warmth, generosity, and loving nature will be deeply missed by his families, friends, and all who had the privilege of crossing paths with him. Though he may no longer be with us in person, his spirit will continue to live on in the countless memories shared and the lives he touched.

As Bill was a modest man who did not seek the spotlight, it was his wish to be cremated and not have a funeral or celebration of life. Instead, a 'Happy Hour', as he so often enjoyed in the summers on Lake Winnipeg and in the winters in the Bahamas, will be held in his honor this summer at the Gimli Yacht Club. Details to be announced.

Sail on, Bill. You hold a special place in all our hearts, and we will miss you every day.

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