

MDA Bulletin

SUMMER 2023
Volume 43, Issue 2,
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MDA PRESIDENT
DR. SCOTT LECKIE



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Planned 2023-2024 Dates and Topics:

September 14th – September 17th Elkhorn Retreat (5 lectures)
October 20/21 – Endodontics Hands On limited to 12 seats
November 24/25 – Endodontics Hands On limited to 12 seats
January TBC – GPSC ZOOM Lecture Oral Pathology
February TBC – GPSC ZOOM Lecture Canada Dental Care Plan
March TBC – GPSC Lecture Dental Photography
May – Lecture Periodontics

Watch for GPSC Lecture Details in our MDA Weekly Updates and in the next MDA Bulletin.



MDA Bulletin



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Please email submissions to: the Manitoba Dental Association by email:

office@ManitobaDentist.ca

2023-24 Lecture Series:

WDS
Winnipeg Dental Society



Venue – Canadian Museum for Human Rights

- September 22nd, 2023 – Presenters Dr. Kevin Vint and Dr. Kurt Scherle
- October 27th, 2023 – Presenter Dr. Daniel Pompas
- November 17th, 2023 – Presenter Dr. Stéphane Reinhardt
- February 9th, 2024 – Presenter Dr. Miles Cone
- March 15th, 2024 – Presenter Dr. Jennifer Doobrow

Register at:
WinnipegDentalSociety.org

202 – 1735 Corydon Avenue,
Winnipeg, Manitoba R3N 0K4
Phone: (204) 988-5300
Fax: (204) 988-5310
www.ManitobaDentist.ca



PRESIDENT'S MESSAGE

As the temperature starts to rise and the days get longer, there is no place like Manitoba in the summer.

We are so pleased with the very successful MDA convention back in April! Thanks goes to Dr. Hala Salama and the rest of the convention committee for organizing a fantastic event. We saw a very rare occasion at our convention when the CDA Board of governors met here in Winnipeg and we wish to acknowledge Dr. Marc Mollot, who did an exemplary job of hosting the CDA board. During this year's CDA president's gala we had three Manitobans receiving awards. Drs Tom Breneman and Mike Sullivan received the CDA Award of Merit for their contributions to dentistry and Dr. Jerry Baluta received the Oral Health Promotion Award. Congratulations to all three.

In this bulletin, I'd like to highlight one of the underrated committees of the MDA: The Economics Committee lead by Dr. Jeff Hein which has many responsibilities including the maintenance and updating of the MDA annual approved fee guide. This Committee also has the economics' surveys for the MDA under their duties. I am disappointed to report that the last survey had a response rate of only 2%! This is very disappointing, as this survey plays an integral part in setting the annual approved fee guides. The information collected allows the Economics Committee to establish recommended fees which not only make it economically viable to own and operate a practice, but also make it affordable

for patients to receive dental treatment. Without proper metrics provided by the economic surveys it is difficult for the Economics Committee, and the MDA Board to substantiate our fee guides. It is also hard to defend our approved fee guides to the public, insurance companies, and more importantly, the Government of Manitoba. I would encourage every member to please fill out the next MDA economics survey when it comes out. Dr. Hein will discuss this further in his report found in this bulletin.


The CDA has been working hard to be the trusted voice of our profession to the federal government regarding both the Canadian Dental Benefit (CDB) and the Canadian Dental Care Plan (CDCP). The federal government has brought the CDA to the table to discuss how the next phase, the CDCP, will roll out. This summer Health Canada will hold meetings with every provincial and territorial dental association to ensure they are heard. This has come as a result of numerous meetings by the CDA with our federal government. As of May 10, 2023 287,700 Canadian children have benefited from the CDB. If you are not familiar with the CDB or the CDCP please feel free to contact the MDA office or visit our website: www.manitobadentist.ca. The MDA Staff are fantastic and always willing to help and support you in your practice. The CDA has also developed a new app for the Secure Send document transmission. It is a free app and I would encourage everyone to use it to ensure safe and secure transmission of our patients documents. Using Secure Send will ensure that you

are compliant as trustees of your patient's health records under the Personal Health Information Act of Manitoba. You can find it in the App Store.

In our own backyard, the MDA board fully supports the dental assistant health benefit insurance program. This program is offered by Manitoba Blue Cross, and it supports dental assistants and other dental staff employees. Want more information about how to start a dental assistant benefit program in your office? Please contact Shaun Goolcharan at 204-504-7518.

You will also find in this bulletin an Executive Summary of the employee engagement survey that dentists, dental assistants, dental hygienists, and office staff participated in. Thank you to the Manitoba Dental Assistants Association and Manitoba Dental Hygienists Association for promoting this survey to their membership. I think you will find the summary quite interesting.

This month we are sad to share the news of the passing of the executive assistant to the CEO & Registrar, Cheryl Duffy. Cheryl was a lovely lady and an integral part of the MDA family. Our thoughts and condolences go out to her family. She will be missed.

I would like to wish everyone a fantastic summer and if you're traveling, please be safe. 

Dr. Scott Leckie



MDAA PRESIDENT'S MESSAGE

What a glorious spring and start to summer! These Manitoba winters are far too long and tough. Some of us are lucky enough to escape for a short vacation, while others enjoy Manitoba's winter wonderlands and adventures.

This time of year is all about beaches, camping, cabins, and mosquitos! I hope you will enjoy basking in the sun with a cool beverage and sharing fun family times. A bonus for those involved: no committee meetings!

Within the last few months, there has been a couple of surveys:

- Employee Engagement survey with the Manitoba Dental Association
- Scaling Module survey through the Manitoba Dental Assistant Association

A big takeaway was that recognition and compensation are of concern. This is consistent with what we found in our MDAA Scaling Module survey and our previous wage surveys.

We found 51% of RDAs were interested in the Scaling Module, but 56% indicated they did not believe they would be compensated financially for the increase in the skillset. Dental assistants typically say they enjoy their jobs and working and supporting patients but find it is only sometimes a livable wage. Many leave the industry due to these challenges, especially with all the economic difficulties.

There has been a consistent decline in the number of registered dental assistants in the last 3- 4 years, and many have indicated these challenges are the reasons. Without benefits and pension options and lower than livable

wages, many are seeking non-dental jobs with all these benefits for similar or higher salaries.

With the MDAA engagement survey indicating that 46% of the dental industry comprises dental assistants, it is a time of concern more than ever. I have heard many dentists say they could only work with their assistants. We see many RDA positions that need to be filled and others that non-practising RDAs fill. It may be time for some bigger conversations to enter this equation.

Enjoy the beautiful summer season and try something new in Manitoba or Canada. Let's take advantage of what we have, even with the mosquitos!

Trina Bourgeois
President of the Manitoba Dental
Assistants Association



REGISTRAR'S MESSAGE

Exploring the Ethics of AI (Artificial Intelligence) in Dentistry

Artificial Intelligence (AI) is on the cusp of transforming various professions, and dentistry is no exception. AI can revolutionize oral health care by enabling dentists to make more accurate diagnoses, plan and execute complex treatments with greater precision, and optimize patient outcomes by better customizing treatment plans for individual patients. AI has made significant strides in the dental field in recent years and will accelerate tremendously as advancements develop. However, as with any emerging technology, AI in dentistry presents challenges that must be addressed to ensure its responsible implementation for the best interests of our patients, profession and the public we serve.

AI has the potential to revolutionize dentistry by providing dentists with new insights and tools to improve patient care. Its utilization may help dentists plan and execute treatments more effectively by providing more accurate and objective diagnoses. For instance, AI algorithms can analyze radiographs and other imaging data to help detect cavities, bone loss, and other anomalies. AI can also assist in patient risk assessments and create personalized treatment plans based on each patient's needs.

Another area where AI can significantly impact dentistry is patient engagement and education. Using AI-powered education tools, dentists can provide patients with personalized recommendations and coaching on maintaining their optimal oral health.

AI chatbots can provide patients with real-time feedback and advice on oral health and hygiene. These chatbots can also help patients schedule appointments and follow up with their treatments on a timely basis.

However, it must be kept in mind that the implementation of AI in dentistry also presents several ethical challenges. One significant ethical concern is the potential for AI to reinforce and perpetuate existing biases in healthcare. AI algorithms are only as objective as the data they are trained on, and if the data used to train AI is biased, the AI algorithm will also be limited. For instance, if an AI algorithm is trained on data that overrepresents specific demographics, it may be less effective at diagnosing and treating more prevalent conditions in other populations.


Data privacy is another significant ethical challenge associated with AI in dentistry. AI algorithms require enormous amounts of data to be effective, and this data often includes collecting sensitive information from the patients it is being asked to analyze. AI algorithms can be highly complex, and it can be difficult for dentists to fully understand how they work to ascertain their limitations. This lack of transparency can make it challenging for dentists to explain to their patients how AI is being used in their treatment and to ensure that the AI is making decisions that align with the professional's ethical standards that the patient trusts.

Dentists must ensure that AI is used in a way that complements their clinical judgment and does not

replace it. AI is a tool that can assist dentists in making more informed

decisions, but it should only replace human judgment partially. Dentists must be able to interpret and contextualize the insights provided by AI algorithms and make clinical decisions based on their professional judgment. If an unpredictable event in a treatment plan or procedure occurs, dentists must be accountable for the decisions made by their AI algorithms. They must be prepared to take responsibility for any adverse outcomes that result from their use.

It is also essential to keep in mind that AI tools for dentistry will also certainly expand into use by the public and corporate interests. Publicly accessible AI tools will raise the perception of knowledge to even higher levels. An AI system known as GPT-4 has already passed the Uniformed Bar Examination for would-be lawyers in jurisdictions in the United States. It will be interesting to see similar effects in other professions, such as Dentistry.

Change is on our horizon, and it is up to us as dedicated professionals to play an active role in managing that change. In the age of AI integration in dentistry, dentists must play a pivotal and ethical role in safeguarding patient well-being and upholding professional integrity in our pursuit of achieving optimal oral health for our patients. 

Respectfully,

Arun Misra LLB DMD



Did you know.....

The MDA runs a variety of events and committees where there are tremendous volunteer opportunities for members to take part.

Tooth Fairy Saturday was a great success in BIG part due to the TEAM of volunteers.

Oral Cancer Screening Event will be held Saturday, October 14th and we will be looking for another TEAM of volunteers.

To find out how you can get involved with any MDA-run event please email:
gguenther@manitobadentist.ca

Watch for volunteer opportunities in the MDA Weekly Updates.



YOUR MANITOBA DENTAL FOUNDATION

VISION STATEMENT

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

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For more information about your Manitoba Dental Foundation, please visit our website: (manitobadentalfoundation.ca). You may also make your pledge by scanning the QR code to the right.

Sincerely,

Pat Kmet, Chair of Fundraising
Manitoba Dental Foundation

Patrick Mao, President
Manitoba Dental Foundation

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CANADIAN DENTAL ASSOCIATION MESSAGE



For the first time since 2019, CDA held its Annual General Meeting (AGM) and related meetings and events in person. The meetings were held on April 21, 2023 in Winnipeg, Manitoba, in parallel to the Manitoba Dental Association Convention and AGM. It was a busy weekend but thanks to everyone for helping out and making the weekend a great success!

In addition to discussing business matters, the CDA AGM served as an opportunity to recognize CDA's outgoing President, Dr. Lynn Tomkins of Toronto, Ontario, and to welcome CDA's incoming President, Dr. Heather Carr of Halifax, Nova Scotia.

The following report highlights discussions and outcomes from these meetings and events.

CDA Board of Directors Annual Report by the President

Dr. Tomkins shared with the Assembly highlights from the past year including the appointment of Dr. Aaron Burry, as CDA's CEO. She highlighted CDA's extensive advocacy initiatives related to the launch of the Canada Dental Benefit (CDB), and CDA's many meetings and events with government officials. She noted CDA's advocacy goals for 2023 include ensuring that the expansion of the Canadian Dental Care Plan (CDCP) is well executed and thought through, that there are improvements to the oral health of Indigenous populations, that action is taken to address dental staff labour shortages and that there is data tracking for long-term oral health trends. She noted that dental human resources are a pressing concern for the profession and CDA continues to advocate with government to seek solutions to address labour shortages.

Dr. Tomkins referenced CDA's practice support services, (CDA ITRANS, CDA Secure Send, CDAnet and CDA Digital IDs), CDA's communications and research activities, CDA's work with the Mental Health Commission of Canada to provide oral health care professionals with assistance in this area and CDA's membership in the Canadian Centre for Diversity and Inclusion. She also noted the extensive work being undertaken to implement the recommendations from the governance review.

Election of the CDA Board of Directors for 2023-24

The following individuals were elected to the CDA Board of Directors for 2023-24:

Executive:

Dr. Heather Carr (Nova Scotia), nominated by the CDA Board of Directors (President)

Dr. Joel Antel, (Manitoba), nominated by the CDA Board of Directors (President-Elect)

Dr. Bruce Ward (British Columbia), nominated by the CDA Board of Directors (Vice-President)

Board:

Dr. Brian Baker, nominated by the College of Dental Surgeons of Saskatchewan

Dr. Mark Bochinski, nominated by the Alberta Dental Association/Alberta Dental Association and College

Dr. Dana Coles, nominated by the Dental Association of Prince Edward Island

Dr. Raymon Grewal, nominated by the British Columbia Dental Association

Dr. Lesli Hapak, nominated by the Ontario Dental Association

Dr. Stuart MacDonald, nominated by the Nova Scotia Dental Association

Dr. Marc Mollot, nominated by the Manitoba Dental Association

Dr. Jason Noel, nominated by the Newfoundland and Labrador Dental Association

Dr. Kirk Preston, nominated by the New Brunswick Dental Society

There is currently a vacancy on the CDA Board of Directors from the Northwest Territories and Nunavut Dental Association and Yukon Dental Association. Once a nomination is received, it will be confirmed by the CDA Board of Directors, as per the CDA Bylaws.

CDA Bylaw Amendment

The Assembly approved a bylaw amendment to remove the Commission on Dental Accreditation of Canada (CDAC) from CDA's General Bylaws.

It was noted that in 2016 the World Health Organization and the World Federation of Medical Educators established guidelines for the recognition of accreditors of health profession education programs, and foremost among these recommendations is the autonomy of the accreditation system.

CDAC had indicated to CDA that it wished to separate from CDA, was operating as a federal not-for-profit

corporation and that the appropriate legal agreements were now in place.

Approval of the Alberta Dental Association as a CDA Corporate Member

The Assembly confirmed the Alberta Dental Association (ADA) as a CDA Corporate Member. It was noted that the Alberta Dental Association and College (ADA&C) had completed a legal process to cease and divest its professional association functions and activities and to transfer this function to the Alberta Dental Association and had applied to the CDA to assign its Corporate Membership to the ADA. Concurrent with this, the ADA had made application to join CDA as a Corporate Member.

The Assembly welcomed the Alberta Dental Association as a CDA Corporate Member and thanked the ADA&C, now operating as the College of Dental Surgeons of Alberta, for its service and participation as a CDA Corporate Member.

Joint Strategic Planning Session with the CDA Board and the Corporate Members- April 20, 2023

Work continues to proceed on the development of CDA's five-year strategic plan with oversight by CDA's Strategic Planning Working Group. A joint session with the CDA Board and Corporate Members was held on April 20, 2023, with Sheffe Consulting facilitating the session. Attendees reflected on the takeaways from the 2023 CDA Environmental Scan and on CDA's current vision, mission and values. Further consultation sessions will be held in the coming year. A final strategic plan is expected in June 2024.

CDA President's Installation Dinner and Recognition of Award Recipients- April 21, 2023

CDA award recipients were recognized at the CDA President's Installation Dinner held on April 21, 2023. This event allowed the profession to recognize CDA's outgoing President, Dr. Lynn Tomkins, and incoming President, Dr. Heather Carr, along with 14 CDA award

recipients. The following individuals were recognized at the event:

CDA Medal of Honour – Dr. John O'Keefe (Ottawa, ON)

CDA Honoured Member Award – Mr. Claude Paul Boivin (Ottawa, ON), Dr. Richard Price (Halifax, NS)

Distinguished Service Award – Dr. William Hettenhausen (Thunder Bay, ON)

Award of Merit – Dr. Tom Breneman (Brandon, MB), Dr. Michael Sullivan (Portage La Prairie, MB), Dr. Mary Ann Wiseman (Fredericton, NB)

Mentorship Advancement Award – Dr. Eric Hatfield (posthumously), Dr. Stewart Gillies (St. John's, NL)

Special Friend of Canadian Dentistry Award – Dr. Leslie Winston (Mason, OH)

Oral Health Promotion Award – Dr. Jerry Baluta (Winnipeg, MB), Dr. Frances Power (Montreal, QC), Smiles 4 Canada (Winnipeg, MB), Direct Dental (Saskatoon, SK).

CDA/ADA/CDSA Joint Convention– Calgary, Alberta. Wellness Summit

The 2023 Alberta Wellness Summit, a CDA, Alberta Dental Association (ADA), and College of Dental Surgeons of Alberta (CDSA) Joint Convention, took place June 15-17 at the Calgary Telus Convention Centre. The 2023 Summit featured a world-class program of industry leaders dedicated to physical, mental and financial well-being, as well as clinical experts who will provide breakout sessions and inspiring keynotes. It is targeted to the entire dental community: dentists, dental hygienists, dental assistants, and team members.

CDA looks forward to holding a joint convention with the Pacific Dental Conference in March 2024, with the Newfoundland and Labrador Dental Association in August 2025 and with the Manitoba Dental Association in April 2026. Mark your calendars!

Government Relations


Federal Investments in Dental Care for Canadians

The Board received an update on the status of the Canadian Dental Care Plan (CDCP). It was reported that CDA's policy paper, published in February 2023, was well received and generated questions and dialogue with federal officials. It was noted that this is a rapidly moving issue, recently escalated by the federal government's 2023 budget announcement of an investment of \$13 billion over 5 years starting in 2023-24 and \$4.4 billion of ongoing permanent funding for the CDCP. By 2025, it is expected that the CDCP will be fully implemented to cover all uninsured Canadians with an annual family income under \$90,000.

CDA's focus has been to have a seat at the table with government as the implementation of the CDCP is being discussed and determined, and to be seen as a credible voice and provider of information as the federal government looks to legislate the plan.

It was reported that the work of the Technical Submission Working Group (TSWG) has increased exponentially as they model various scenarios and their impacts, send out teaser information based on their modelling, and work with the legal firm McCarthy Tétrault to create the technical submission. The TSWG is also working on a medium- and long-term integrated government relations/public relations campaign related to the plan.

Dental Human Resources

CDA continues to await news from the federal government on its CDA-Canadian Dental Assistants' Association funding proposal on Building the Professional Dental Assisting Workforce of the Future. This area has been identified as a pressing issue by the Board and Corporate Members and will be a focus of discussions at a Dental Leaders Forum meeting in the fall. 

DR. MURRAY WHITE
CHAIR, PEER REVIEW COMMITTEE



PEER REVIEW COMMITTEE

The Peer Review Committee is immensely important in the MDA's role as the regulator of dentists and dental assistants in Manitoba. The MDA has the obligation of dealing with complaints brought forward about its members in the manner outlined in "The Dental Association Act".

The MDA "Code of Ethics" provides guidance for members and is considered repeatedly by the Committee when adjudicating complaints.

This year ten dentists and no dental assistants were issued Formal Cautions. Undertakings were required of four dentists. These Undertakings required courses of education be taken and/or practice audits in some instances.

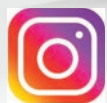
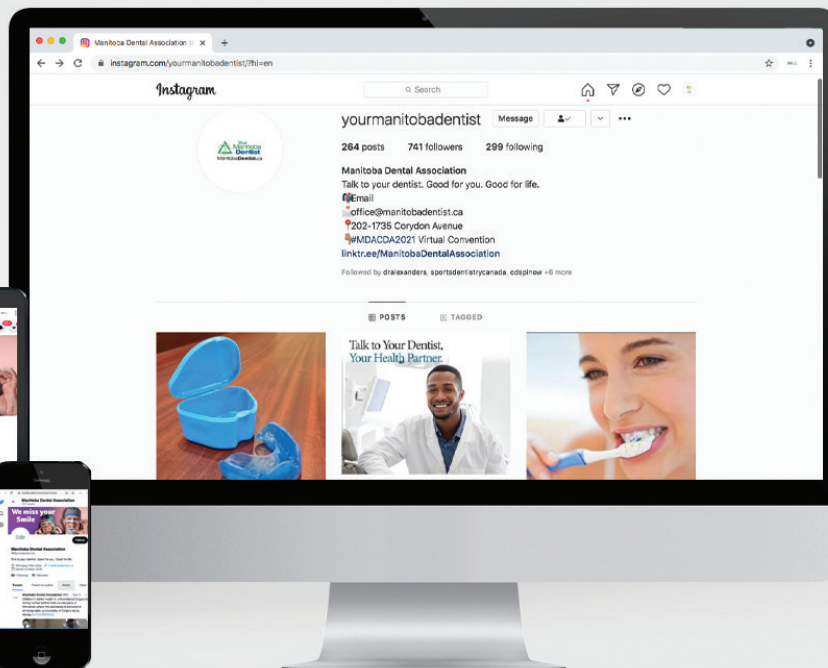
There were 17 new cases received in 2022. Most of these cases involved standard of care, record keeping and informed consent. One Appeal case was received. No Inquiry Panels were initiated or completed in 2022.

I would like to thank all the committee members for their hard work that helps MDA uphold the principles that afford use the status as a profession.

Regards,

Murray White

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Health Benefits

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.

With regard to Non-Insured Health Benefits, CDA has been on the leading edge of highlighting key issues and challenges facing the profession. Some of these activities include:

Non-Insured Health Benefits Program (NIHB)

CDA has worked with Health Canada to develop a simplified Provider Guide to assist dentists participating in the NIHB program. This guide continues to be updated on a regular basis. In recent years, Health Canada has shown a willingness to explore adjustments to existing policies. Most recently, the NIHB initiated a nationwide eight-year partial denture trial project, to assess the merits, feasibility and appropriateness of a streamlined predetermination submission process. This follows the endodontic trial project, which was a success and has resulted in that streamlined predetermination process becoming the permanent policy.

The First Nations Inuit Health Branch in conjunction with the Federal Government will be investing in preventative care in the coming years. This will likely result in a tripling of the budget for the Children's Oral Health Initiative (COHI) in the next two years.



Access to Care

CDA is active in making representation to government on a number of access to care issues such as oral health care for people with special health needs; indigenous children's oral health; seniors and refugees.



CONVERSATION ON CODES

This issue of Conversation on Codes will address an issue that has become increasingly critical to the MDA, and in particular to the MDA Economics Committee – dental survey participation.

‘Survey fatigue’ is real. We are all bombarded with requests to participate in surveys of all kinds. We may receive phone calls asking for participation in a survey that “will take no more than 5 minutes of your time...”. We receive countless emails in a given day, some of which ask us to give feedback, or partake in a questionnaire.

And some of those requests come from the MDA.

The MDA Economics Committee is keenly aware of the demands on your time. Be it in your personal life or your professional one – we all seem to be ever busier. When the MDA sends out a request for survey participation, the collective exclamation “Not again!” can be heard loud and clear. However the data received from those members that participate in surveys is fundamental to the ongoing operation of, in particular, the Economics Committee.

Over the past several years, the MDA has tried several ways of improving survey participation – unsuccessfully. The Economics Committee has tried offering financial incentives (a monetary prize) for survey completion. Our economic consultant, Greg Finlayson, and I have hosted two in-person forums to educate the membership on the crucial nature of survey participation and the thorough and secure fashion in which any submitted data is handled. We’ve extended multiple pleas to our membership asking for their cooperation and survey participation, and the surveys themselves have been simplified while still ensuring relevant data

is gathered. Unfortunately, none of these measures have improved participation.

I’ll use the Operating Cost Survey as an example. In recent years, the participation/ completion rate for this survey has been steadily dropping. The participation rate in 2019 (our most recent survey due to the pandemic interruption) was 2%. This is abysmal, and well below the completion rates for analogous surveys completed in all other Canadian provinces.

The completion rates for the most recent 6 Operating Cost Surveys are listed below; [Due to the unusual circumstances associated with COVID, routine surveys were not conducted. Because circumstances were changing so dramatically, data collected during the active phase of the pandemic was deemed to be un-useable for future planning purposes].

2014 – 52%
2015 – 47%
2016 – 48%
2017 – 27%
2018 – 21%
2019 – 2%

The participation rate for this survey has dropped to a level that makes it statistically irrelevant.

But why does this matter?

The data gained from this survey forms the basis of our evidence in the development of the MDA Suggested Fees Guides each year. It is critical to have objective overhead expense evidence in order to justify the fees we establish for dentistry in Manitoba. This is an issue of fairness both for dentists and patients alike. Besides providing Suggested Fee Guides that help ensure the continued

prosperity of our member dentists, the MDA Economics Committee also has a mandate to keep fees fair and reasonable for the public.

If our fee development process is not supported by reliable up-to-date data, dentistry may become the focus of attention by the government – a situation that may ultimately jeopardize the future of our very Suggested Fee Guides.

What stops dentists from participating? Well that’s the \$64,000.00 question (if you don’t understand the reference, please google ‘1950’s big money TV quiz shows’).

Is it fear of the unknown? (“What happens to my data?”) Many have expressed this concern. All submitted data is handled in the most secure fashion by Finlayson Consulting. No data is ever identifiable by individual dentist or even by practice. The data is not sold or shared in any way. The Economics Committee itself only ever sees an aggregate report with data averages showing trends in expenses (or revenues).

Is it apathy? (“Why should I waste my time on another survey?”) If you don’t participate in these surveys, then your practice-specific data isn’t included in the averages. This means you’re allowing your colleagues to determine the Suggested Fee Guide changes on your behalf. Neither desirable nor very accurate – especially if the same few dentists/ clinics participate consistently.

No reward for my time... The reward for participation is to receive, in the case of the Operating Cost survey, a very detailed analysis showing how your practice compares to other similar practices. Not unlike a practice management course, the feedback report provided to participating dentists gives a wealth of practice management

information. Specifically, dentists will learn how their expense patterns compare with other similar practices. They will learn how their expense: gross revenue ratio compares with other practices. And participants will learn how they measure-up on many other practice health indicators. This composite report helps dentists make practice policy &

management decisions or modifications to their respective practices – a highly valuable tool for practice owners/decision makers.

So when the next survey request comes from the MDA Economics Committee, I ask you to pause, don't automatically delete it, and take the time to complete the survey. You will

help preserve and support the development of our Suggested Fee Guides with relevant, current data. And you will have a voice in the changes made to next year's fees.

Cheers,
Jeff Hein, DMD
Chairperson – MDA Economics Committee

SAVE THE DATE

2023 Elkhorn Retreat & Western Manitoba Dental Society Retreat and Golf weekend



The GPSC is pleased to present an Elkhorn Resort CE Weekend and the opportunity to take part in the Annual WMDS Golf Tournament in support of the Manitoba Dental Foundation.

Date and Events for 2023:

Thursday, September 14th – GPSC evening arrival date and Welcome Fire

Friday, September 15th – All Day GPSC Lectures & Friday Dinner and Social evening for GPSC and WMDS Golfers

Saturday, September 16th – Golf Tournament & Spa Day for the non-golfers followed by a wrap up CE, Dinner and MDA Social evening.

Sunday, September 17th – Bike Tour morning and departure day.

Registration & Accommodations – watch for future updates that will include details for accommodations, CE lectures & GPSC events & Golf tournament registration.





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This centre allows you to join a range of high traffic, established businesses including a medical practice with 10 physicians, a pharmacy, physiotherapy and veterinary clinics, plus Canada's largest Orange Theory Fitness among others. This prime location provides premium access to the high income neighbourhood of East St. Paul with an average household income of \$228,000.*

**Based on Stats Canada 2020*



Benefit from exposure to 16,000 vehicles driving past this location every day!

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- Pritchard Farm Medical
- East St Paul Pharmacy
- Greg Michie Realty Group
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- East St Paul Veterinary Clinic
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THE IMPORTANCE OF SOCIAL MEDIA



JACKIE JOACHIM
COO, ROI CORPORATION



BY JACKIE JOACHIM

20 years ago, I thought practice owners investing in a website was silly. After all, don't most patients asked a friend or relative for a referral. Who would ever choose a practitioner just from a website? I could not even imagine other platforms such as LinkedIn, Instagram and Facebook could shape and influence us.

Today, if you don't have a website, you are seen as a dinosaur. Patients are interested in knowing more about you and your office. The pandemic taught us the importance of staying together. On a side note, my 92-year-old mother, who never used a computer in her life, grabbed onto a tablet and started surfing the net. She even has an Instagram account.

Your presence on social media is important. Google reviews are important. Social media by itself is not enough to drive growth but social platforms can help you connect with your patients, increase

awareness about your brand, and boost not only new patients but keep the ones you have informed, connected and loyal.

Think of social media as another way to communicate your authority. In general, people are increasingly savvy and more discerning about which businesses they support. Before deciding, they will do a quick search to browse your website and social media. When they do, what will they find? A generic site or something that is a rich source of information? It is very important to not only set up robust profiles but to also update your site frequently with relevant content. This goes a long way to building your brand's authority and making sure you make a positive first impression through social media, showing that your office is trustworthy, knowledgeable, and approachable.

Sometimes, a seemingly simple social media post, such as one promoting a

charity initiative or team members having some fun in the office, can receive several likes, comments, and shares. Remember, with social media you get to tell your own story. Having an online presence on any of the social media forums like Facebook or Instagram is a great way to interact with your audience and to really connect with them on a personal level. Through these platforms, you are given the opportunity to inspire through your success or past failures. Social media is a place where interacting with your audience gives you more exposure and helps you better understand your audience and as a result, your patients. Stories help show people how relatable and personal you are. Consistency is also key.

Social media opens the conversation for instant interaction, relationship building, and customer loyalty. It gives you the opportunity to demonstrate your expertise as a leader in your neighborhood or

community. Sharing information on various health issues helps people see your expertise and helps with the building of confidence and trust. Social media allows you to let your personality shine through everything you share. Your authenticity has an opportunity to be seen. And to make sure that your story is heard and spreads at a faster rate, you might want to work on your content so that it is appropriate enough to impress the audience.

On a final note, it is critical that you define what you want to get out of social media and to develop a social media strategy. Do you want new patients to discover your services? Do you hope to generate referrals from existing patients? By keeping your strategy specific, you can determine which social media channels are the best fit for you and your practice. From my experience, the number of doctors I have met via Instagram is incredible.

Please follow me @jackie_joachim_. I would absolutely love to connect!

Jackie Joachim has 30 years of experience in the industry as a former banker and now the Chief Operating Officer of ROI Corporation. Please contact her at Jackie. joachim@roicorp.com or 1-844-764-4145.

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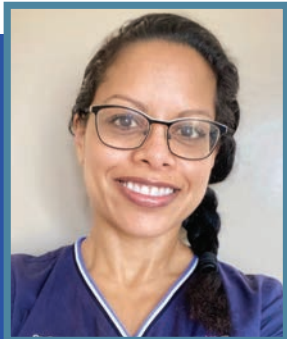
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Should Parents be in the Operatory?



Dr. Sanjukta Mohanta
is a general dentist in
Brampton, Ontario.

When Dr. Sanjukta Mohanta was a child, she recalls that it was uncommon for parents to accompany their children into the dental operatory. “Kids were independent and there was a belief that parents’ anxiety could be relayed to their children.”

Some dentists feel that having parents in the operatory can interfere with treatment by causing distraction or confusion over who should give instructions to young patients in the chair. “Parents intervening can sometimes make dental treatment go worse,” says Dr. Mohanta. “I’ve seen parents yell, scold or threaten their children when they were acting inappropriately in the dental operatory, which heightens stress for everyone.”

When Dr. Mohanta became a dentist, she would politely ask parents to leave the operatory during treatment. “But I noticed reluctance from some parents and occasionally children would get upset and ask for their parent to return.” She asked a colleague who was studying pediatric dentistry if she had any resources or best practices that she could share.

“I was surprised to learn that having parents present doesn’t seem to make a difference



A parent can help soothe a child and their presence contributes to a sense of trust and safety.

in children’s behaviour,” Dr. Mohanta says. “So then I thought, if it doesn’t make a difference, I’ll just ask my patients what they would prefer.” Now, Dr. Mohanta finds that having a parent in the operatory makes her time with pediatric patients more successful. “A parent can help soothe a child and their presence contributes to a sense of trust and safety,” she says.

She explains that there are a number of benefits to having parents in the operatory; they can provide encouragement and positive reinforcement to young patients. “I think children also have a sense that

nothing bad will happen to them if mom or dad is there,” Dr. Mohanta says. “And the parents can see what is happening instead of sitting in the waiting room feeling worried and maybe hearing sounds that suggest that their child is in distress. There is a sense of trust for both parent and child when they can be in the operatory together.”

Dr. Mohanta says that if a treatment isn’t successful and a young patient needs a referral, a parent who was in the operatory will know why and won’t blame the treating dentist.

In some smaller dental operatories, there is not a lot of physical space for parents to be present. But having a parent in the operatory is not an infection prevention and control concern at this point in time, according to Dr. Mohanta. “There is no longer a restriction on having chaperones in the operatory or in waiting rooms,” she says.

To make the presence of a parent in the operatory a success, Dr. Mohanta suggests having written guidelines for parents to read beforehand. “This sets clear expectations for the parents so they know how to be most helpful to their child and to the dental team,” she says. “I also encourage dentists to be confident because then parents will more naturally take a supportive role instead of trying to give directions to their child.”

Dr. Olga Rodrigues, a dentist in Goderich, Ontario, says that she prefers not to have parents in the operatory when treating older children. “I like to focus my attention on the child, instead of trying to have a three-way conversation,” she says. “But after hearing Dr. Mohanta’s advice, I drew up some guidelines for parents. It’s helpful for the parents, for me and the whole dental team to have a shared expectation of how a dental visit should proceed.” She says that, at times, older children are more forthcoming with her about their oral health issues when parents are not also in the room.

“My main goal is to successfully provide the care my patient needs,” says Dr. Rodrigues. “In some situations, that means having parents in the operatory while, in others, it means asking them politely to stay in the waiting room.”

Dr. Mohanta feels that parenting styles have changed since she was a child. In general, parents are more involved and less trusting of others with their children. “Also, as we practice patient-centered care, which works toward the best experience of dental care possible, children usually want their parents with them,” she says. “Allowing parents in the operatory aligns with the patient-centered values of giving patients choice and control over their own experience.” ♦

Guidelines for Parents in the Operatory



Please sit in the chair provided.

“I actually want them sitting down instead of standing,” says Dr. Mohanta. “People are more relaxed when they sit and they are less likely to get in our way. In our operatory, if they want to sit beside the child, they must sit on the left side.”



Please only use positive and appropriate language.

“I don’t want the parent to say triggering words like needle, shot or hurt,” says Dr. Mohanta. “I also don’t want the parent to start sharing their own previous dental experiences in front of a child.”



Please be calm and relaxed.

“Don’t get angry with the child, of course,” says Dr. Mohanta. “We don’t want a child to be more stressed because their parent is anxious, angry or upset. The dentist will be more stressed, too!”



Please let it be the dentist who gives directions.

“Sometimes I ask parents to be silent observers,” Dr. Mohanta says. “Or I explain that their role is to be supportive and soothing while I give the directions.”



Please don’t be offended if you’re asked to leave.

“It’s up to the dentist to determine who can be in the operatory and we might think it’s best for your child to complete treatment alone,” says Dr. Mohanta. “Parents can decide that they don’t want their child to be treated, which is their right.”



Watch Dr. Mohanta’s full conversation
on CDA Oasis: bit.ly/3LVZlxK



First Wave of 2023 Public Opinion Survey Data

CDA continues to work with Abacus Data to track public opinion and behavioural trends related to current issues in dentistry, most notably the Canada Dental Benefit (CDB). The first survey of 2023 aims to get a better sense of the public's reaction, participation, and issues regarding the interim CDB for children under 12.

This survey looks at the impact of the first phase of the federal government's approach to dental care, as well as the proposed federal dental care plan in general. It also explores other trends in employer-benefits plan coverage and comfort levels related to visiting the dental office. Wave 13 of this national survey was conducted in February/March 2023 and reported separately on Canadians who are parents of children under age 12 and who have household incomes of under \$90,000.

Increasing Awareness of the CDB

In the general population, support for the federal dental plan remains high (71%) and even higher among the target group for the dental plan (81%).

To the questions: "Had you heard anything in the news about this newly announced first phase for kids under 12 in families with income less than \$90,000?", 58% have or think they have, showing a 9% increase since October 2022. Most importantly, among those who would be eligible, 67% are aware of the program, also showing an increase in the same time frame. Among those aware, 68% would be much more or somewhat more likely to go to the dentist regularly, an increase of 5%.

Almost 70% of those eligible for the CDB say they are somewhat or much more likely to go to the dentist regularly because of the new benefit.

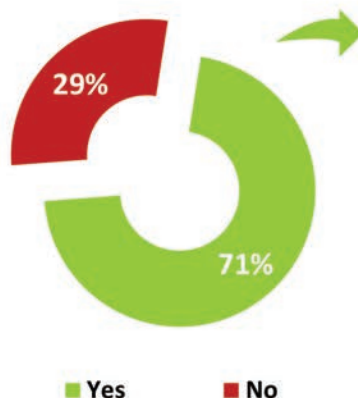
Parents Applying for and Receiving the CDB

As of March 2023, 17% of eligible families have applied to receive the CDB. Of those who hadn't applied, a little over half just haven't done so yet, but 41% did plan to apply. More than two-thirds (70%) had already received their dental benefit.

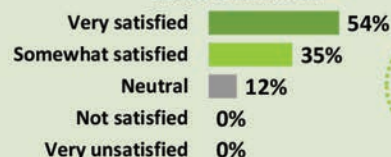
The process is rated well by most who have already applied for the CDB, and 84% were satisfied with the process. Speed of receiving dental services was also very well rated by families,

APPLYING TO RECEIVE CHILDREN'S DENTAL BENEFIT

RECEIVED DENTAL TREATMENT FOR CHILD(REN)?

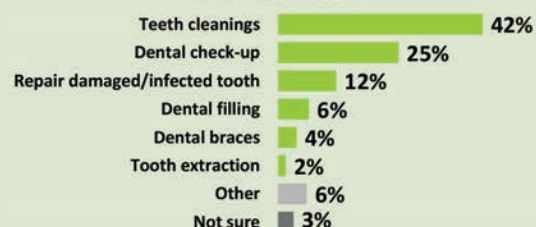


SATISFACTION WITH SPEED OF RECEIVING DENTAL SERVICES

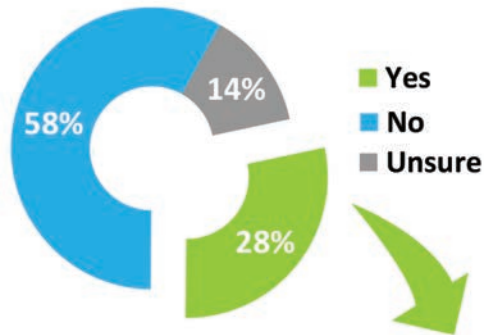


88%

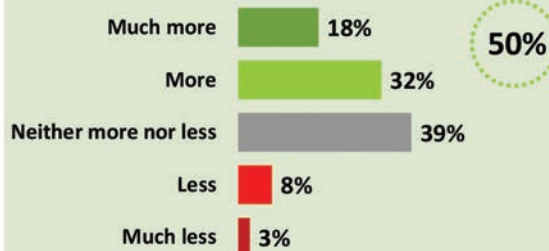
WHAT SERVICES?



DO YOU HAVE A HEALTH SPENDING ACCOUNT AS PART OF YOUR DENTAL BENEFITS?



HOW MUCH VALUE DOES A HEALTH SPENDING ACCOUNT DELIVER?



with a total satisfaction rate of 88%, including the majority being “very satisfied” (54%). “Cleanings” and “check ups” were the two main dental treatments used with the CDB.

“Of note, about one-third (30%) of Canadians do not have access to a Canada Revenue Agency (CRA) account, which is required to apply for the benefit,” says Costa Papadopoulos, CDA’s principal health policy advisor.

Avoiding Appointments due to Affordability Issues

To the question: “Has the type of dental treatment you are seeking out changed due to economic climate?,” almost 1 in 10 (9%) answered yes. Among the reasons highlighted, the price of dental care is mentioned by 60% when 44% had to cut their expenses to afford dental care and almost 20% lost their job or went through a cut in their work hours.

“Another key finding in this survey is that about one-third of parents of eligible children have delayed a dental appointment waiting for the implementation of the federal dental plan,” says Papadopoulos. “And over half (57%) of this group will wait until funds are actually deposited before going to see a dentist. Less than half (43%) would be willing to pay extra for any dental treatments not covered by the federal dental plan.”

COMFORT LEVEL VISITING DENTIST TODAY



The survey was conducted with 3,500 Canadians from February 10 to March 3, 2023. A random sample of panelists were invited to complete the survey from a set of partner panels based on the Lucid exchange platform. These partners are typically double opt-in survey panels, blended to manage out potential skews in the data from a single source.

Dental Benefits and Coverage from Employers

Many of those surveyed (62%) have some kind of dental insurance and this number is higher among parents of children under age 12 (71%). The vast majority (84%) co-pay less than 40% of the average dental fee for basic dental care they receive. "About 3 in 10 (28%) have a health spending account as part of their dental benefits and this is more likely among those working for larger companies," explains Papadopoulos. "And half of them (50%) say this account has more value than just regular dental benefits."

Most Canadians say their workplace dental benefit plans have stayed the same in the past few months or are expected to stay the same in the upcoming year. But 10% cited some loss of benefits or other signals from their employers about future changes to coverage related to the federal dental benefit.

Although 7% of working Canadians mention the possibility of a decrease or decline in dental benefits specifically related to the upcoming federal dental plan, two-thirds don't feel any difference in their coverage and say they would still be able to afford dental care if they lost coverage (66%). Among those who co-pay for their dental insurance, a large majority (88%) declare being currently able to afford dental care, at a similar level as what we saw in the fall.

Cost-of-Living Concerns

As inflation and the cost-of-living increases, some Canadians find themselves cutting back on healthy foods and activities.

About one-third have been going to the dentist less often than they normally do in the last few years, and 29% say they haven't been going at all. "Among this group, half say this is due to the current economic climate," says Papadopoulos.

Only a small segment (9%) reported that the type of dental treatment they are seeking out has changed due to the economic climate. But about one-third (31%) say they are currently restricting themselves to only dental treatments that are covered by dental benefits or their insurance coverage.

Comfort Level with Visiting a Dentist

After reaching an historical low point in November 2020, patients' comfort level visiting a dentist is getting back to pre-pandemic levels.

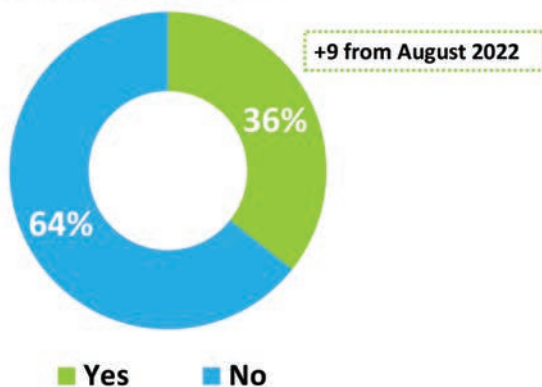
About half of parents in the eligibility group regularly visit the dentist with their children, and about two-thirds (61%) of all Canadians say they have a dentist that they visit on a regular basis. This compares to the one-quarter (26%) that do not have a dentist that they see regularly or have not been to in a while. ♦



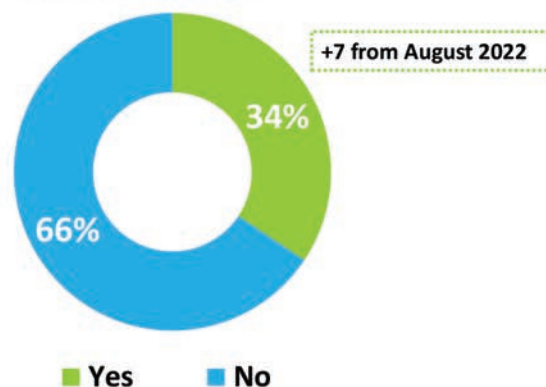
David Colletto, CEO of Abacus Data, discusses Wave 13 survey results on CDA Oasis: bit.ly/3BcWf28

DUE TO THE CURRENT ECONOMY WILL YOU BE...

...DELAYING FURTHER DENTAL TREATMENTS THIS YEAR



...DELAYING FURTHER DENTAL CHECK-UPS/ CLEANINGS THIS YEAR



The margin of error for a comparable probability-based random sample of the same size is +/- 1.63%, 19 times out of 20. The data were weighted according to census data to ensure that the sample matched Canada's population according to age, gender, educational attainment, and region. Totals may not add up to 100 due to rounding.

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DEBT: MINIMIZING STRESS AND MAXIMIZING BENEFITS



BY CDSPI

According to a recent study¹, personal finances are the greatest source of stress for 22% of Canadians. Could there be a relationship to the increase in lottery sales we've seen lately?²

Lottery wins aside, the odds to successfully managing debt, and your stress are better when you create a clear plan of action to pay it down and avoid feeling like you're carrying a massive weight on your shoulders. It also helps when you reframe how you perceive debt.

Some people want to pay off debt as soon as possible and are conflicted by the fact that investing for the future is also important. But which takes priority? Dentists don't usually have pension plans or other employee savings plans unless they start one themselves. Therefore, the responsibility falls on you personally—you'll need to save for your post-practice life on your own and the sooner you

start, the more you can save and earn on your investments—the benefits of compounding growth shouldn't be ignored!

There's a lot to consider:

1. Should paying down a student line of credit be my first priority?
2. Should saving for retirement be started now even though I have less income?
3. What about jumping on the property bandwagon with a home or my own practice?

If you're planning to buy a home or practice in the next few years paying down your debt will help free up your cash flow to carry a mortgage, start a family or buy a practice. However, you cannot put your life on hold for 10, 15 or 20 years while paying off your education.

It's important to understand how interest rates can impact the overall cost of borrowing and should be taken into consideration when prioritizing a payment plan. Lending rates vary, so you need to be strategic about which debt you pay off first and which you can leave until later.

A student loan might have an interest rate of prime minus a quarter and new debt might have higher rates. Debt to buy a practice might have interest that is tax deductible. It is recommended to consult a professional to assess your financial situation and your long term plans.

Types of Debt

Many people mistakenly think all debt is bad, but there are certain types of debt that can be advantageous when it comes to your credit. Debt that you're able to repay responsibly and has a financial reward can be considered "good debt," and a favorable

repayment history may be reflected in higher credit scores. Examples of good debt may include:

- **Student loans.** Taking on student loans or a line of credit to pay for your education and training is an investment in your higher lifetime earnings.

Effective April 1, 2023, the Government of Canada has permanently eliminated the accumulation of interest on all Canada Student Loans. If you have a Canada Student Loan you will still be responsible to pay any interest that may have accrued on your loan before April 1, 2023.*

- **Your mortgage.** You borrow money to pay for a home or a practice in the hope that by the time your mortgage is paid off, both will have increased in value and when retirement rolls around you will be debt free. Home equity loans and lines of credit—may also be considered a form of good debt and the interest payments on these are tax-deductible in certain situations.

It's no surprise that credit card debt is considered “bad” debt because of its high interest rates and low minimum payments, and the fact that it is not typically used to buy appreciating assets. Use your credit cards for the rewards and other benefits available—but pay the balance in full each month.

Your Credit Score

One of the biggest benefits of taking on debt is that it can help build your credit score. Your credit score is a measure of your creditworthiness, and it's a key factor that financial institutions consider when deciding to lend you money. By taking on debt and making regular payments on time, you can demonstrate to lenders that you are a responsible borrower, which can improve your credit score. Then, when it's time to buy a practice or a home, you qualify for the loan and get preferred interest rates.

Debt Stress

For some, debt is an emotional issue versus a financial tactic. However, it's no secret that everyone is feeling a higher level of financial and personal stress because of rising inflation and affordability challenges. Often, simply talking to someone and coming up with a plan to deal with it can be a real source of stress relief.

Talk to Someone You Trust

Should you use your money to invest, to pay down debt — or both? Your answer depends on individual factors, such as your goals, your debts, and your approach to money. Over time, as your needs, priorities, and life change—your strategy can adapt with you.

Talking to someone you trust can help you develop a plan to move forward without being bogged down with worry. The Investment Planning Advisors at CDSPI Advisory Services Inc. have collaborated with dentists like you for over 60 years and they understand the challenges and the stresses you're experiencing.

By managing your debt in a responsible manner, you can reap the benefits of debt without the negative effects of stress and anxiety.

If you have any questions about managing your debt, setting up a Financial Plan or investment strategy contact CDSPI at investment@cdspi.com or 1.800.561.9401 or book a meeting online.

1 Source: Leger/The Canadian Press survey September 9-11, 2022.

2 Source: Statista.com. Canadian lottery's provincial and territorial sales 2021 | Statista

*This program only includes the federal Canadian student loans. Provincial loans are not part of this program and remain subject to interest charges.

The information contained in this article is of a general nature only and should not be considered as personal investment or financial advice. For specific advice about your situation, please consult with your financial advisor.

OBITUARIES



DR. GEORGE WINSTON BACKMAN

April 6, 1941- April 6, 2023

If you're reading this, I passed away and I'm now worm food. That's ok. It's the circle of life, and worms play an important role too. I like to think I've lived my life exactly how

I wanted and on my own terms (other than the last few years with dementia - I wouldn't wish that on anyone). My priorities in life were my family and my dogs, although not always in that order as my dogs always listened to me. To Diane, you put up with me for almost 60 years and that wasn't always easy. I hope you can raise a glass and have a laugh and smile at the fun times over the years. To my surviving brothers, Charles Backman and Earl Backman (Candace) and my surviving sister, Dorothy Hunter, you have been there throughout, starting with life at the farm in Clarkleigh, Manitoba with mom and dad (Vera and Gudni, may they rest in peace). We had a great life with a lot of laughs, and I'm glad you were there. I'm sorry for the daily calls and incoherent conversations in the later stages of my dementia, but I always enjoyed our talks and your friendship, even if I couldn't express it. To my daughter-in-law, Patti (nee Bowles) and son-in-law Michael Fortier, you married into our family and have made it better. Your kindness and generosity of spirit was beyond what I could have hoped for.

To my son, Kristjan, and daughter, Paige, I tried my best. You both turned out pretty well and have wonderful families. I like to think I had something to do with it, but perhaps that's just an old man's wish. I'm extremely proud of both of you and have thoroughly enjoyed our lives together. From early morning swim practices, weeks at the lake waterskiing and

watching your children, my grandchildren, grow-up. I'm glad you both have a sense of humour as you needed it in the last few years dealing with my dementia and all that entailed.

To my grandchildren, Abigail, Kristjan, Timothy and Charlie, in order of birth but equal in love. I have loved our time together. I loved watching you play sports, going to your schools, walks with Artie, visits in Toronto, and watching you grow up. I'm sorry I won't see you finish high school or get to know you as adults, but I know enough to know you are each wonderfully unique, smart and kind people with great senses of humour. Wherever I end up, I look forward to watching you take on the world and make it a better place.

I loved being a Periodontist for almost 50 years and to my patients, I want to say thank you for allowing me to be part of your life even though coming to see a dentist may not have been your highlight. To my dental colleagues, you were my friends both in and out of the office and we shared a lot of good times and laughs. To those students I taught studying Periodontics at the University of Manitoba, I hope I didn't wreck you for the profession. It was always a pleasure seeing the next generation of talent and a privilege to try to impart what I learned in my decades of practice. I hope it helped in some small way as you forged your journey.

Jorie and Rebel, my two black labs, I'm joining you now if you'll have me. We can remember all of the years of sitting in boats, catching fish and ducks and curling up at the end of the day together.

Don't mourn for me. That would be nonsense. I lived my life exactly how I wanted surrounded by great family and friends. Lift a glass, tell a good story about our time together and smile.



CLIFF HRANKOWSKI

1948 - 2023

It is with great sadness that the family of Dr. Cliff Hrankowski, announce his passing on April 1, 2023, at Rockyview General

Hospital in Calgary, AB, age 74 years. He leaves to mourn his beloved wife of 50 years, Elaine (Webster) Hrankowski, son's Adam, Benjamin, daughter Ann Diamantopoulos (Harry), grandson's Nikolas and Yanni and family in Greece. Also, his brother Joe Hrankowski (Vicki) of Medicine Hat, numerous nieces, nephews, and cousins. His sister-in-law, Elizabeth Davison, and brother-in-law, Paul (Christa) Webster.

Cliff was born in Gimli, MB and lived in Winnipeg Beach until attending high school at St. Joseph's College in Otterburne, MB. Cliff attended the University of Winnipeg then the University of Manitoba in the Faculty of Dentistry.

In 1972, he married Elaine (Webster) and started his first dental practice in Hamiota, MB. In 1976 he moved to Medicine Hat, AB, where he practiced at the Crestwood Dental Clinic for 30 years. Cliff and Elaine retired in Calgary, AB in 2008.

Cliff enjoyed travelling the world and especially his time doing volunteer dentistry work in St. Lucia and Israel. Paris and Rome were favorite cities of his, with a special love for the Vatican. His wonderful laugh, dry sense of humour, love of gardening and the stories he enjoyed sharing will be dearly missed.

Prayer Service was held on Tuesday, April 11 at Eden Brook Funeral Home at 7:00 p.m., and funeral service to be held on Wednesday, April 12, at St. Michael's Catholic Community Church at 11:00 a.m.

Memorial donations may be made to the Alzheimer's Society of Canada or Doctors Without Borders.



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