

MDA Bulletin

Summer 2026 Volume 46, Issue 2

Building a Healthier Future Through Leadership & Community

Upcoming Events

— Tooth Fairy Saturday

June 13, 2026

Helping kids smile brighter across Manitoba

— Oral Cancer Screening

October 24, 2026

In partnership with Never Alone Cancer Foundation

Dr. Rodrigo Cunha

MDA President



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Manitoba Dental Association

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ON THE COVER:
Dr. Rodrigo Sanches Cunha,
President of the Manitoba Dental Association



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Oct. 23 | Dr. David Clark
Nov. 27 | Dr. Evan Shaw
Feb. 5 | Dr. Aisling Whitaker
Mar. 12 | To Be Confirmed

Register at: WinnipegDentalSociety.org



President's Message

Dr. Rodrigo Cunha
President, MDA

Dear Colleagues,
It is hard to believe that the first trimester of my term as your President has already passed. It has been an immensely rewarding experience, with something new to learn every day. I want to begin by thanking each of you for the warm welcome, encouragement, and support you have shown me as I have stepped into this role. It has meant a great deal.

What I most want to highlight in this message, however, is the phenomenal turnout at our Annual Convention this past April. We were delighted to set a new attendance record, and the energy in the room was truly something to celebrate. An enormous thank you to our Convention Committee — Dr. Cottick, Dr. Salama, and Dr. Kindrat — for the countless hours they invested in making this event such a success, and to every member who volunteered their time to help bring it all together. I would also like to extend my sincere congratulations to Dr. Leckie on receiving the President's Award, which is exceptionally well-deserved.

Please mark your calendars: we will hold the 2027 Annual Convention on April 23 and 24, 2027. We look forward to seeing you there! Why not break another attendance record?

Following the MDA Convention, I along with MDA CEO, Rafi Mohammed, attended the Canadian Dental Association Annual Business Meeting and the Canadian Dental Leaders Forum.

At the Leaders Forum we had a presentation from the Task Force on the Future of the Profession. Some highlights of their report included:

- The future of dentistry in Canada will require stronger collaboration, mentorship, and support for dentists throughout their careers.
- Access to care and workforce shortages are becoming major national priorities that will directly impact Manitoba dentists
- Public trust and confidence in dentistry are becoming central strategic priorities for the profession

Another interesting part of the CDA meetings was attending

“The future of dentistry in Canada will require stronger collaboration, mentorship, and support for dentists throughout their careers.”

the National Council of the Dental Profession. The Council is composed of representatives from leaders of national dental organization (both regulatory and professional associations).

Highlights of the meeting included:

- National Collaboration Will Shape the Future of Dentistry in Canada
- Workforce Challenges Are a Major National Priority
- The Profession Is Moving Toward Greater Consensus-Building and Shared

National Strategy

Also of importance at the meeting was the efforts of the CDA on the advocacy front. This included collaboration with the Provincial and Territorial Dental Associations on the Canadian Dental Care Plan, Non- Insured Health Benefits, intrusion of insurance companies on the practice of dentistry, and human resources issues. We're also staying actively involved with the Province of Manitoba regarding their recent decision to move Employment and Income patients over to the Canadian Dental Care Plan. While this change might seem positive at first glance, we're concerned about what it could mean for these patients' oral health down the road. The reality is that many of these patients won't be able to afford the balance billing portion when they visit their dentists for treatment.

We've already reached out to the Minister of Family Services with a formal letter requesting a meeting to discuss these concerns. I'll make sure to update everyone as this conversation moves forward and we learn more about the situation.

Finally, I want to congratulate the Class of 2026 on their graduation and on their outstanding performance on the National Dental Board Examination. The future of our profession is in excellent hands.

Wishing you all a wonderful summer ahead — please take the time to enjoy it, and to spend it with the family and friends who matter most.

Respectfully,

Dr. Rodrigo Sanches Cunha
President, Manitoba Dental Association



MDAA President's Message

Navroop Randhawa
President, MDAA

My name is Navroop Randhawa, and I am pleased and honoured to serve as President of the Manitoba Dental Assistants Association. I would like to begin by sincerely thanking Heather Brownlee for her leadership, dedication, and guidance over the past several years. Her commitment to the profession and to the MDAA has helped build a solid foundation for the future.

As a practicing dental assistant, I have always cherished every aspect of dental assisting, especially orthodontics. My journey in dentistry began in 2006 when I entered dental school in India. After graduating as a dentist in 2012, I immigrated to Canada in 2014 with a dream of continuing to work in the dental profession. I deeply appreciated every opportunity that came my way and proudly graduated from CDI College as a dental assistant in 2016.

Personally, and professionally, I strive to be hardworking, positive, approachable, and a good listener. I look forward to leading the MDAA during my term as President and continuing to support and advocate for Registered Dental Assistants across Manitoba.

Over the last few months, the MDAA has remained active and engaged within our profession and community. We hosted a successful Spring Continuing Education event featuring two excellent speakers and valuable learning opportunities for our members.

We also hosted the MDAA Lounge at the 2026 MDA Convention, which had a fantastic turnout and offered a wonderful opportunity to connect with RDAs from across the province.

In conjunction with the convention, we held our second hybrid Annual General Meeting, allowing members both in-person and virtual opportunities to take part and stay involved with the association. We are also pleased to welcome Uliana Kapy as a new member of our Board of Directors.

"I look forward to leading the MDAA during my term as President and continuing to support and advocate for Registered Dental Assistants across Manitoba."

In addition, the Board is currently working on an exciting initiative that would see Registered Dental Assistants providing brushing and flossing support for residents in personal care homes

throughout Manitoba. We are hopeful this program will further highlight the vital role RDAs play in promoting oral health and improving quality of life within our communities.

Thank you to all our members for your continued support, dedication, and passion for the profession. I look forward to connecting with many of you throughout the coming year and working together to continue strengthening and growing our association.

Respectfully,

Navroop Randhawa, RDA
President,
Manitoba Dental Assistants Association



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Registrars Message

Dr. Arun Misra
Registrar, MDA



Record keeping remains a significant issue identified during peer review investigations. In many cases, the concern is not solely the treatment provided, but whether the record adequately documents the care, discussions, clinical findings, treatment recommendations, informed consent process, and follow up provided to the patient.

The patient chart should provide a clear and accurate representation of the care rendered. Another practitioner reviewing the chart should be able to understand the patient's presenting condition, examination findings, diagnosis, treatment options discussed, treatment provided, and the clinical rationale for decisions made throughout the course of care. Regulatory bodies across Canada continue to emphasize that the patient record is an essential component of patient care and professional accountability.

A common issue identified during investigations is the absence of documentation relating to discussions with patients. This may include treatment options, risks, benefits, recommendations, referrals, informed consent, informed refusal, post operative instructions, or follow up recommendations.

Practitioners may recall these discussions having occurred, however if they are not documented in the chart, it may be difficult to establish this later.

Good record keeping also supports continuity of care, communication with other health care providers, management of patient concerns, insurance audits, and regulatory review processes.

“Regulatory bodies across Canada continue to emphasize that the patient record is an essential component of patient care and professional accountability.”

Records should be contemporaneous, accurate, legible, and sufficiently detailed to support the clinical judgment exercised by the practitioner. The level of detail required will vary depending on the complexity of the patient's condition and treatment provided.

Common deficiencies identified during reviews include incomplete medical history updates, limited periodontal charting, insufficient documentation of diagnoses and treatment planning, lack of notation regarding informed consent discussions, failure to document referrals or recommendations, and inadequate progress notes regarding treatment rendered and follow up care.

Members should periodically review their record keeping practices to ensure records continue to meet the standards of the profession and accurately reflect the care provided to patients.

Respectfully,

Dr. Arun Misra
Registrar,
Manitoba Dental Association



College Corner

Dr. Anastasia Kelekis-Cholakis

**Dean, College of Dentistry, Rady Faculty of Health Sciences,
University of Manitoba**

Canadian Faculties of Dentistry are essential public institutions that support oral health care delivery, workforce training, research, and community service. Yet despite increasing population growth and rising oral healthcare needs, investment in dental education has declined. The challenges currently facing Canadian dental schools are symptomatic of a broader political and economic framework: decades of austerity. Provincial and federal operating grants to universities have stagnated or declined in real terms for years, even as institutions faced inflationary pressures, rising infrastructure costs, and growing demands for healthcare workforce training.

Within this framework, post-secondary education has increasingly been treated not as a public good, requiring sustained investment, but as a budget line item subject to fiscal restraint. Faculties of Dentistry have become especially vulnerable within this environment because of their uniquely resource-intensive educational and clinical infrastructure requirements.

The effects of constrained public investment are evident in Canada's growing reliance on alternative licensure pathways. In lieu of meaningfully expanding domestic seat allotment and educational infrastructure in the last 10 years, Canada has increasingly relied on internationally trained dentists entering practice through the National Dental Examining Board Equivalency Process.

Over the past five years, the National Dental Examining Board of Canada has granted licensure to between 460-500 internationally trained dentists per year through its 'Equivalency Process'. Comparatively, Canada's Faculties of Dentistry have graduated approximately 386 regular-stream learners per year. While equivalency-based licensure may alleviate immediate workforce shortages, it cannot replicate the broader institutional functions performed by a university-based dental education.

It is important to note that the number of provincially funded seats in Canadian dental schools has not grown appreciatively in the last 10 years. In our province, the Dr. Gerald Niznick College of Dentistry, the only dental hygiene and dental school in Manitoba, is constrained in its capacity to expand seat allotment, educational infrastructure and clinical training environments, because of an austerity approach.

The cost to maintain infrastructure such as clinical simulation laboratories, patient care clinics, sterilization facilities, clinical equipment requires sustained capital investment that cannot easily be absorbed through ordinary operating efficiencies nor annual inflationary tuition increases. Nonetheless, the onus of these capital investments and financial responsibilities have increasingly been shifted to universities and students.

The underfunding of dental education is especially contradictory because our dental college performs critical public functions that extend far beyond professional credentialing. University dental clinics are among the province's largest providers of low-cost oral healthcare and frequently serve patients who are marginalized by income, geography, or access. Dental schools are therefore expected to train oral healthcare providers, deliver subsidized patient care, conduct research, and support innovation under increasingly constrained financial conditions.

A sustainable future for dental hygiene and dental education in Manitoba requires more than protracted battles for funding adjustments. It requires a broader re-evaluation of higher education as public infrastructure essential to healthcare delivery, scientific innovation, and social development. Without meaningful provincial and federal reinvestment, Manitoba and other provinces risk not only limiting educational access and workforce development but weakening the institutional foundations that sustain oral healthcare and research in our province and in Canada.

Respectfully,

Dr. Anastasia Kelekis-Cholakis
Dean, College of Dentistry,
Rady Faculty of Health Sciences,
University of Manitoba

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Closing the Gaps in Oral Health Care Across Manitoba

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Supporting cancer patients facing the battle of their lives
with urgent, essential dental care

The Challenge

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Why Oral Health Equity Matters

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- Prevents infections that can interrupt cancer treatment
- Preserves the ability to eat, speak, and heal properly
- Restores dignity, confidence, and quality of life

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- Dentures and urgent dental interventions
- Specialized care for head and neck cancer patients

Impact at a Glance

Comprehensive Care

Supporting patients before, during, and after cancer treatment

Specialized Support

Focused care for complex head and neck cases

Life-Changing Relief

Reducing pain, infection, and long-term complications

Your Support Makes It Possible

- Cancer patients receive urgent, essential dental treatment
- Pain and infection are addressed before they become life-threatening
- Recovery is supported with safety and dignity
- Financial stress is reduced during an already overwhelming time

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Canadian Dental Association Report

Dr. Daron Baxter
CDA Board Representative

Happy spring, everyone! Whether the weather - be it ice, snow, dust, rain, or the odd flicker of sunshine - Manitoba spring keeps us on our toes. As I compose my first CDA message for the MDA, it's during one of those rarer moments of clear skies, so I'm picturing you all reading this perched somewhere sunny, with a cool beverage in hand. They say visualization is key to manifesting what you want, and Manitobans aren't asking for a lot - warm weather and above all, no more snow!

Manitoba Representation

The fact that I am here writing to you is because I have recently had the privilege of being appointed the newest Manitoba representative to the Canadian Dental Association Board of Directors. I feel honoured and excited to contribute my time and efforts to this national voice of dentistry as it works to support dentists, the profession, and promote oral healthcare in Canada. What this really means is that our previous representative, Dr. Marc Mollot, was recently appointed to the CDA Executive as Vice President and will continue his work for the association at a new leadership level. To those of us familiar with the sheer output and energy Dr. Mollot puts into organized dentistry, we are well aware what a great job he will do. For those of us interested, I'd still like to highlight three things that make Marc excel:

1. He comes prepared, understanding the detailed nuances of any given subject while considering its context from a 39,000ft view. 2. He works well with people; appreciating their unique skillsets and championing input from all contributors while encouraging individuals to see their value and take on new roles. 3. He can explain anything to anyone by highlighting three key points... Congratulations, Marc. I'm excited to work with you on the CDA Board!

CDA/MDA Joint Convention 2026

The Prairie Lights Dental Convention, held in Winnipeg, April 16-18, was this year's opportunity for the CDA to jointly host with the Manitoba Dental Association. Beyond sharing Manitoba spring weather with national attendees, the convention provided the space to strengthen professional networks, share knowledge, and celebrate excellence in dentistry. Our oral health professionals community once again reinforced the 'Friendly Manitoba' slogan, welcoming participants from across the country to attend CE presented by a slate of Canadian-based educators and presenters, keynote addresses on reconciliation and mental health from Nigaan Sinclair and Steven Page, interspersed with a myriad of social events to meet friends and stay warm. Provincial and Territorial Dental Association (PTDA) presidents and representatives attended to meet and discuss key issues shaping the future of dentistry in Canada. Over the weekend, the International College of Dentists

and the Pierre Fauchard Academy held gatherings to induct new fellows and celebrate award recipients. This year honoured numerous Manitobans:

- Ms. Linda Berg was appointed an honorary member of PFA and was awarded an honorary fellowship to ICD for her contributions to the profession
- Dr. Trenna Reeve - Certificate of Merit - PFA
- Dr. Aaron Kim - Humanitarian Award - ICD
- Dr. Heinz Scherle - Distinguished Service Award - ICD
- Over 15 newly inducted fellows from Manitoba - ICD

Special congratulations to Donna Bierko of the CDA for her appointment as honorary member of PFA, as well. The 2026 CDA/ Dentsply Sirona Student Clinician Research Program was held at the convention in Winnipeg, inviting an undergraduate from each of Canada's accredited dental schools to present original research. I had the privilege of participating on the judging panel this year with fellow Manitoban Dr. Richard Santos and fellow CDA Board rep Dr. Lesli Hapak. The scope of topics was compelling as students presented their study's objectives, methods, and implications for the profession. In addition, participating dental students were invited to attend the annual PFA luncheon, where each received a \$1,000 scholarship.

The process fosters collaboration, curiosity, and excellence while advancing evidence-based dentistry. Congratulations to this year's participants!

Highlights of the CDA AGM - April 2026

The Canadian Dental Association Annual General Meeting (AGM) and related meetings were held in person from April 21 to 25 in Toronto, Ontario. These meetings serve to discuss association business matters, hold discussion forums with stakeholder groups, and celebrate the achievements of the profession. This year, we recognized the contributions of CDA's outgoing president, Dr. Bruce Ward from North Vancouver, BC and welcomed CDA's incoming President, Dr. Kirk Preston from Fredericton, NB.

CDA Board of Directors Annual Report by the President

Dr. Bruce Ward shared an update on the work of the CDA and shared highlights of the progress made over the past year. He described 2025-2026 as a period of sustained activity and focus for both the CDA and its corporate members; a period of working together to advance priorities that matter to the profession and to the patients served. This perspective aligns with the core strategic priorities of the CDA to be a Trusted Voice, enhance Member Support, and advance a Strong Profession. Over the past year, the CDA, working closely with PTDA's, maintained strong, ongoing engagement with federal decision-makers to advance improvements to the CDCP,

with a focus on long-term sustainability, reducing administrative burden, and ensuring the program works for both patients and providers. This collective effort led to meaningful progress, including simpler terms and conditions for dentists, removal of the requirement to register, improved patient privacy protections, and, more recently, improved preauthorization timelines and an increase to dental lab fee caps—all helping move the CDCP toward a more practical and sustainable model.

In the lead-up to the 2025 federal election, the CDA launched an advocacy strategy to engage decision-makers and political parties on maintaining federal oral health investments, reinforcing oral health as a key national issue. Recommendations were submitted ahead of the 2025 federal budget, advocating for the protection of employer-sponsored benefits, improvements in access to care, workforce supports, and measures to strengthen the system's long-term sustainability.

These efforts were complemented by strategic meetings with Members of Parliament and senior officials during the CDA's Days on the Hill. In addition, CDA developed toolkits provided to dentists to help voice concerns to their MPs over specific issues, including proposed changes to the Capital Gains Tax - a policy position that was reversed in 2025. Sustained advocacy helped secure the expansion of loan forgiveness eligibility for dentists and dental hygienists working in rural areas

- formally implemented by the federal government in December 2025. The CDA continues to advocate for federal solutions to support the oral health workforce, including dental assistant-eligibility for the Post-Graduation Work Permit and workforce data improvements.

The CDA raised awareness of the profession's role in public health through initiatives like World Antimicrobial Awareness Week. The initiative promotes responsible antibiotic use and dentists were provided with evidence-based resources to help combat antimicrobial resistance. In 2026, the CDA joined a broad coalition of national health organizations to see regulations restricting flavoured e-cigarettes finalized by the federal government. The joint submission highlighted the role of flavours attracting youth to vaping and the risks of nicotine addiction. Evidence of the associated health harms - respiratory illness, increased cardiovascular risk, oral health impacts including periodontal disease and tooth decay - was included.

Continued on next page



Honourary Recognition

Ms. Linda Berg was appointed an Honourary Member of PFA and awarded an Honourary Fellowship to ICD. Pictured with Dr. Julio Rodriguez, ICD Global President; Dr. Lisa Bentley, ICD President; and Dr. Nancy Auyeung, ICD Manitoba Regent.

In February 2026, the CDA supported ongoing efforts to make the National School Food Program permanent by submitting a written brief advocating for full implementation of the program, strongly emphasizing the link between nutrition, oral health, and academic success and highlighting the importance of sustained federal leadership and accountability

in achieving long-term health benefits for children across Canada.

The CDA Seal Program aims to support evidence-based oral health care by independently verifying manufacturers' oral health claims. Products passing the rigorous review can display the CDA seal with validated benefit statements, giving dentists and Canadian consumers confidence that these products are scientifically proven to deliver results. In 2025-2026, 8 new products were approved with validated claims. Additionally, a new Dentist Education and Engagement Package was launched in April 2026 to strengthen awareness and trust in the program. It includes practical tools like guides, posters, and patient-facing materials to support conversations in dental offices.

Throughout the year, CDA's Practice Support Services (PSS) continued to provide essential tools to help dental offices run efficiently, securely, and with a strong focus on patient care. Digital platforms—CDAnet, ITRANS, Digital ID, and Secure Send—support everything from e-claims and referrals to the secure exchange of patient information. CDAnet and ITRANS remain the backbone of digital dentistry in Canada, enabling real-time claims processing so patients can receive reimbursements faster and practices can reduce administrative burden.

In 2025 alone, more than 52 million claims were processed through CDAnet—a strong reflection of its reliability and widespread use. Continued modernizing of these systems introduced ITRANS 2.0, which offers faster performance, easier setup, and enhanced privacy protections, including automated Digital ID renewals. CDA continued to play an important technical role in supporting claims processing of the

CDCP, working closely with partners to ensure claims processing is smooth, consistent, and aligned with existing systems.

The PSS website serves as a centralized, self-service hub where dentists can manage subscriptions, access tools, and maintain their digital services securely, while the PSS Help Desk is a critical support system, which can provide expert assistance to dental offices across the country to help ensure uninterrupted access to services. CDA Secure Send also continued to grow as a trusted tool for protecting patient privacy, with over 398,000 secure messages sent in 2025 and strong adoption across the profession. Beyond services, the CDA also maintains the largest national repository of de-identified clinical dental data, supporting research, policy, and evidence-based decision-making. Through initiatives like the Systemized Nomenclature of Medicine (SNOMED) and the Uniform System of Coding & Lists of Services (USC&LS), the CDA continues to strengthen data standards, interoperability, and consistency across Canada's oral health system.

In 2025, the CDA launched a new International Strategy to guide how the association engages globally through 2030. It ensures Canada's voice remains strong and relevant as global oral health policy and the dental workforce continue to evolve. Focus is on high-impact forums and partnerships—while being more strategic about where and how to engage. A key priority is making sure insights from global work translate into real value for corporate members here in Canada. The CDA continues to play a leadership role in ISO/TC 106, helping shape international standards in dentistry. CDA has hosted the secretariat for over 20 years, strengthening Canada's influence on global dental practices and technologies. In 2025, the CDA contributed to the development and advancement of numerous standards—from materials to digital systems and AI in dentistry. This work helps ensure safety, quality, and consistency in dental care—both in Canada and internationally.



**CDA Award of Merit
Awarded to Dr. James Bonar
Pictured with Dr. Bruce Ward, CDA President**

A milestone this year was the development of CDA's first Reconciliation Action Plan (RAP). This provides a long-term roadmap for embedding reconciliation across the association and the broader profession. The plan includes both internal actions and external efforts to advance Indigenous oral health outcomes. The plan is now moving into implementation, with clear accountability and integration into teams. In 2025, both CDA staff and Board members participated in Indigenous cultural awareness training sessions that helped deepen their understanding of reconciliation, the impacts of colonization, and the importance of culturally appropriate care. It also created space to reflect on how CDA can advance reconciliation in meaningful, practical ways. This work is ongoing, and the CDA remains committed to building a more inclusive profession, strengthening relationships with Indigenous communities, and advancing equity in oral health across Canada.

New Appointments 2026 AGM

Three new board members were appointed when the 2026-2027 CDA Board of Directors was elected at the 2026 AGM in Toronto. Dr. David Lim, from the British Columbia Dental Association, Dr. Todd Graham, from the College of Dental Surgeons of Saskatchewan, and Dr. Daron Baxter, from the Manitoba Dental Association, join the CDA Board in 2026. The Board selected Dr. Marc Mollot, MB, as CDA Vice-President 2026-2027 and Dr. Jason Noel, Nfld, as CDA President-Elect 2026-2027.

Dr. Kirk Preston, NB, was appointed to the position of CDA President 2026-2027 by the Board. A new appointment was that of the future CDA AGM chair. Dr. Gary MacDonald, outgoing chairperson, directed the candidate presentations and election of the 2026-2028 AGM Chair. He announced the successful candidacy of past CDA president, Dr. Sandy Mutchmor, MB. Congratulations to all new appointees.

Awards and Celebrations

In addition to recognizing CDA's 106th President, Dr. Bruce Ward and installing CDA's 107th President, Dr. Kirk Preston, CDA also recognized its 2025-26 Award recipients. The following individuals were honoured at the CDA Awards Luncheon and the President's Dinner. Congratulations to this special group, including some well-deserving Manitoba colleagues!

CDA Medal of Honour

- Dr. Jack Gerrow, Kanata, ON

CDA Distinguished Service Award

- Dr. Daniel Albert, Bedford, NS
- Dr. Paul Major, Edmonton, AB
- Dr. Deborah Saunders, Sudbury, ON

CDA Award of Merit

- Dr. Brian Baker, Regina, SK
- Dr. James Bonar, Brandon, MB
- Dr. Dana Coles, Cornwall, PEI
- Dr. Clifford Pau, Richmond, BC
- Dr. Patrick Redmond, Gander, Nfld
- Dr. Norman Vankoughnett, Saskatoon, SK

CDA Mentorship Advancement Award

- Dr. Kelly Regula, Winnipeg, MB
- Dr. Lori Simoens, Winnipeg, MB

Oral Health Promotion Award

- Mr. Sam Watts, Welcome Hall Mission, Montreal, QC

CDA Meetings/Joint Conventions

2027 Joint Convention with the Ontario Dental Association Annual Spring Meeting, May 10-15, 2027 • Toronto, ON.

CDA will be celebrating its 125th anniversary.

2028 Joint Convention with the Dental Association of Prince Edward Island, August 9-12, 2028 • Charlottetown, PEI

That concludes my first report. As much as is included here, there is so much more to discuss. If you have any questions related to the CDA, or just want to chat, please feel free to reach out to me anytime.

Respectfully,

Dr. Daron Baxter
dbaxter@cda-adc.ca



Mentorship Advancement Award
Presented to Dr. Kelly Regula and Dr. Lori Simoens
Pictured with Dr. Bruce Ward, CDA President



Economics Message

The Critical Role of Balance Billing in Manitoba's Dental Practice Landscape

By Greg Finlayson, PhD
Consultant, MDA

The expansion of government-funded dental programs in Manitoba is fundamentally reshaping how dental practices operate financially. As the Canada Dental Care Plan (CDCP) continues to grow alongside the established Non-Insured Health Benefits (NIHB) program, balance billing has emerged as a crucial factor for ensuring dental practices remain viable while preserving patient access to care.

Manitoba's recent policy announcements will accelerate this transformation. Beginning April 1, 2026, Employment and Income Assistance (EIA) recipients must apply for CDCP coverage before accessing provincial dental benefits. This change could bring approximately 56,300 additional Manitobans into the CDCP system, adding to the 176,418 residents already enrolled in the federal program.

Manitoba also serves roughly 165,000 individuals through the NIHB program.

Combined, these numbers indicate that a significant portion of Manitoba's population will receive dental coverage through government-subsidized programs rather than traditional private insurance.

Economic Structure of Government-Subsidized Dental Programs

The CDCP and NIHB programs operate as subsidized dental coverage programs.

These programs do not reimburse dentists at the full Manitoba Dental Association current fee guide rates. Current data suggests that reimbursement under these programs averages approximately 80% of the Manitoba Dental Association's approved fee guide. Meanwhile, dental practices in Manitoba typically operate with an expense-to-revenue ratio of around 70%. This means that for every dollar a dental practice collects, approximately 70 cents cover operational expenses including:

- Employee salaries and benefits
- Dental materials and laboratory fees
- Facility rent, utilities and practice insurance
- Sterilization and infection control
- Technology infrastructure
- Equipment maintenance and replacement
- Regulatory compliance requirements

Many of these operational costs are rising faster than Manitoba's general inflation rate. Wages, dental supplies, rent, and technology services continue to increase substantially, creating additional financial pressure on practice operations.

The Significance of Balance Billing

Balance billing represents the difference between what a dental program reimburses and a dentist's standard fee. Without balance billing, dentists must absorb the financial gap between subsidized reimbursement rates and the actual cost

of providing care. Although a 20% reduction in reimbursement might seem manageable initially, the financial impact on dental practices is considerably more substantial.

In the Winter Bulletin 2026, guest editor, Dr. Jerrold Diamond, revealed that a 20% fee reduction requires significantly increased patient volume just to maintain financial stability. He references the following:

- A 20% reduction in fees requires approximately 25% more patients to maintain equivalent gross revenue
- When variable operating costs are factored in, practices may need 30–40% more patients to maintain the same net income
- Research indicates that dental demand is relatively price inelastic, meaning lower fees do not automatically generate sufficient additional patient volume to offset revenue losses

In practical application, this means many dental practices cannot sustainably provide substantial amounts of care at significantly reduced reimbursement rates without compromising their long-term financial stability.

Safeguarding Access to Dental Care

Balance billing extends beyond protecting dental practice revenue—it fundamentally protects Manitobans' access to dental care.



Private dental practices form the backbone of oral healthcare delivery throughout Manitoba. They employ thousands of Manitobans and provide services in urban, rural, northern, and underserved areas. If reimbursement levels fail to reflect actual care delivery costs, some practices may limit their participation in subsidized programs or reduce services in certain regions.

This concern becomes more pressing as federal program enrollment expands rapidly across the province. The Manitoba Dental Association has indicated that nearly 30% of Manitobans could eventually qualify for CDCP coverage. With EIA recipients being added and continued NIHB participation, the percentage of patients receiving care through subsidized programs may increase further.

Without balance billing:

- Dental practices may experience mounting financial pressure
- Investments in new technology and innovation may be postponed
- Staff recruitment and retention challenges may intensify
- Rural and underserved communities could see reduced access to care
- Fewer dentists may be willing or able to participate in subsidized programs long-term

These outcomes could ultimately undermine the access-to-care goals these federal and provincial programs were created to accomplish.

Balance Billing Enables Long-Term Sustainability

Programs like the CDCP and NIHB serve an important purpose: improving oral healthcare access for Canadians who might otherwise find care unaffordable. However, for these programs to achieve their intended goals over the long term, they must operate within a framework that ensures the continued viability of the dental practices delivering the care.

Balance billing provides this essential framework by bridging the gap between costs and reimbursements, maintain dental offices participation, and supporting geographic equity.

Finally, the Manitoba Dental Association recognizes the importance of affordable dental care for all Manitobans. They remain committed to working collaboratively with government partners to find solutions that:

- Maximize access to quality dental care
- Ensure sustainability for dental practices
- Support the long-term oral health of Manitobans

Balance billing represents one tool in achieving these shared objectives. By preserving the financial viability of dental practices while maintaining program accessibility, it helps create a dental care system that can serve Manitobans effectively both today and in the years ahead.

Respectfully,

Greg Finlayson, PhD
Finlayson & Associates Consulting, Inc.
Consultant, Manitoba Dental Association

Planning Your Next Chapter: Insurance Considerations for Retirement and Semi-Retirement

After years of building a successful practice, retirement is rarely a single decision — it's a transition. For many dentists, the path forward includes scaling back clinical days, stepping away from ownership, or redefining their role within the profession. This next chapter can be deeply rewarding, but it also brings important considerations about professional responsibility and insurance coverage. Understanding how your protection should evolve as your practice changes is a key part of planning with confidence.

Semi-Retirement Has No Single Definition

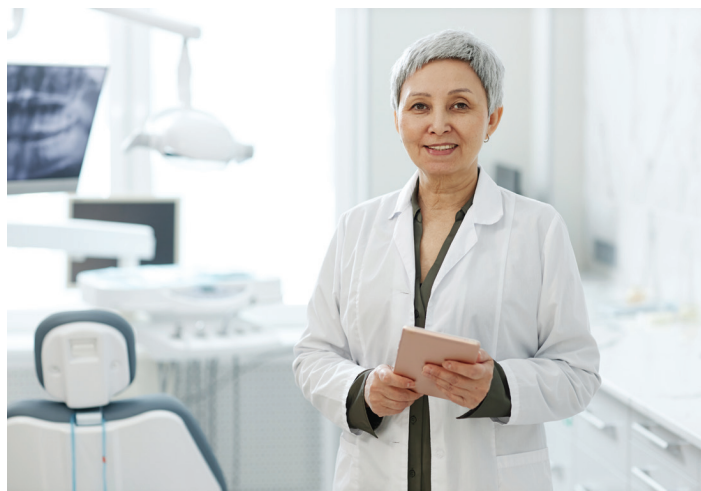
Semi-retirement looks different for every dentist. For some, it means working two days a week instead of five or six. For others, it involves selling their practice but continuing to treat patients part-time as an associate or stepping away from the chair while remaining involved in mentorship, teaching, or administration.

Because dentistry is provincially regulated, professional obligations during semi-retirement can vary depending on jurisdiction, scope of practice, and role within a practice. Requirements related to licensure, reporting, and professional responsibility may continue to apply even when clinical hours are reduced. As a result, insurance arrangements that made sense during full-time practice may not always align with how work is structured during this transition.

Fewer Hours Can Make Continuity of Care More Complex

Reducing clinical hours can be a positive step — but it can also change how care is delivered and followed up. When you're in the office less often, there may be more handoffs between providers, less availability for follow-up appointments, and a greater reliance on documentation and team communication to ensure nothing is missed.

Even when treatment is appropriate, a single patient interaction can still lead to a complaint or claim — sometimes months or even years after care was provided. As schedules shift, maintaining continuity of care and clear communication becomes even more important, and professional responsibilities continue to apply regardless of how many days you practise.



Malpractice Insurance Considerations

Malpractice claims don't always surface immediately. Concerns related to treatment, informed consent, or documentation may arise long after care has been delivered. This is particularly relevant for dentists who are scaling back or preparing to step away from practice altogether.

CDSPI's Malpractice Insurance is provided on a claims-made basis which means the policy responds to incidents that occur and are reported while the coverage is active. Because dental claims may be reported years after treatment, it's important to understand how coverage continues as you reduce your hours, or transition out of active practice.

Dentists who have CDSPI Malpractice Insurance and continue to work - even on a reduced schedule - remain protected under **practicing status** coverage. Once clinical activity fully ceases and your license to practice has been surrendered, eligible dentists may transition to **non-practicing status coverage**, which maintains protection for prior professional services and is provided at no cost. **You must notify CDSPI when you stop practicing so the appropriate status can be applied.**

This built-in protection helps ensure continuity of coverage for prior clinical work - a key consideration as you plan a reduction in clinical activity or retirement. Understanding when to maintain practicing status, when to transition to

non-practicing status, and notifying CDSPI when clinical activity ceases are important steps in helping to ensure your coverage aligns with your professional activities.

Why Reviewing Coverage Matters During This Transition

As dentists transition into semi-retirement, it's not just malpractice coverage that may need review. Other elements of a comprehensive protection strategy, including disability coverage and practice protection, can also be affected when clinical activity, ownership, or practice structure changes.

Disability Coverage

A disability event isn't tied to how often you practice; it's tied to your ability to work at all. Income protection through disability insurance remains important even if clinical hours are reduced or you transition into a part-time role. CDSPI's DisabilityGuard™ Insurance is designed to replace lost income if illness or injury prevents you from practising in your "own occupation," not just while you're working full-time.

This means that even in semi-retirement, maintaining appropriate disability coverage can help protect your lifestyle, financial commitments, and long-term goals. If a disability occurs, coverage is designed to replace income if you become unable to work due to illness or injury. If your hours or income are reduced, the insurer should be notified so they can adjust benefit amounts or premiums to ensure coverage continues to match your work activity.

Practice Protection

Practice-related property and business interruption coverage can play an important role when you reduce your clinical hours. Policies like CDSPI's TripleGuard™ Insurance are structured to protect key assets — such as equipment, contents, and lost income due to interruption or damage — regardless of weekly hours worked. **However, changes in your role (for example, moving from practice owner to associate, or working in multiple locations) can affect what aspects of TripleGuard Insurance apply and who needs their own coverage.**

Notifying your insurer when reducing work hours or changing your role helps ensure your coverage remains accurate and aligned with your current practice structure. Reviewing your coverage helps prevent gaps or misunderstandings in the event of a claim and ensures that protection continues to match your professional activities and income sources.

Plan Your Transition with Confidence

Semi-retirement offers the opportunity to reshape your career and your income on your own terms. As clinical hours change, so does the structure of your earnings, your risk exposure, and your long-term financial plan. Coordinating your insurance coverage with a thoughtful investment strategy can help ensure that reduced practice income is replaced by reliable retirement income designed to support your lifestyle.

If you're considering scaling back, speaking with an Insurance Advisor at CDSPI Advisory Services Inc. is an important first step. They can review your malpractice status, disability coverage, and practice protection to ensure everything aligns with your evolving role. At the same time, connecting with an Investment Advisor at CDSPI Advisory Services Inc. can help you map out how and when to draw income from your portfolio, manage tax considerations, and structure your assets to support both semi-retirement and full retirement.

Taking a coordinated approach that addresses both insurance protection and income planning helps ensure that this transition is smooth, intentional, and financially sound.

CDSPI Malpractice Insurance and CDSPI TripleGuard™ Insurance are underwritten by Zurich Insurance Company Ltd (Canadian Branch). CDSPI Malpractice Insurance is offered in all provinces and territories except Alberta, Ontario and Quebec. A full description of coverage and eligibility, including exclusions, restrictions and limitations can be found in the Policy Terms and Conditions governing each plan.

DisabilityGuard Insurance is underwritten by The Manufacturers Life Insurance Company (Manulife), PO Box 670, Stn Waterloo, Waterloo, ON N2J 4B8. A full description of coverage and eligibility, including exclusions, restrictions and limitations can be found in the policy Certificate Booklet.

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





Wellness Corner

Resilience in Dentistry: Expanding Your Capacity to Carry Daily Stress

By Dr. Kristin Yont

Dentistry has always required precision, stamina, and emotional presence yet the pressures facing clinicians today have undeniably intensified. Rising operational costs, emotional fatigue and staffing shortages continue to strain practices, but an additional challenge has emerged: a noticeable shift in patient attitudes. Many clinicians are reporting increased cynicism, impatience, and emotional volatility from patients who are themselves navigating a more stressed, polarized world. These stressors don't occur in isolation; they accumulate throughout the day and across the years, gradually eroding our internal reserves.

Stress itself is a normal biological response. Chronic, unrelenting stress, however, is not. When the HPA axis, sympathetic nervous system, and immune system remain activated day after day, the body produces inflammatory by products that behave much like periodontal pathogens, slowly eroding our internal structures. This ongoing "allostatic load" contributes to cellular oxidative stress, accelerating aging and inflammation, and increasing vulnerability to conditions such as cardiovascular disease, diabetes, obesity, cancer, anxiety, depression, and dementia.

The brain pays an especially steep price. Research shows that approximately eight weeks of sustained

stress can begin to shrink or impair key regulatory regions including the hippocampus, anterior cingulate cortex, and medial prefrontal cortex which are all essential for emotional regulation, memory, and executive function.

But here's the hopeful truth:
Our neurology is plastic. Our biology is elastic. And resilience can be trained.

Most of us never received formal education in stress reduction or resilience during dental school. Yet the science is clear: chronic stress creates maladaptive changes in the brain and body that, over time, diminish our capacity to cope. For more than four decades, the Benson Henry Institute (BHI) at Massachusetts General Hospital have studied how to reverse these effects through evidence based mind-body practices. Today, as I speak across North America, I'm seeing a powerful shift as dental conferences are finally adding wellness pillars to their programs. It's overdue, and it reflects the urgent needs of our profession.

We're not only managing the stressors inherent to dentistry; we're also living in a world shaped by technostress (the constant urgency of our devices), rising political tensions, climate anxiety, and a 24/7 news cycle. With our cell phones acting as "weapons of mass distraction," true downtime has become rare, making intentional resilience training more essential than ever.

Evidence based stress management is no longer a luxury; it is a professional competency that improves quality of life and clinical longevity.

The American Psychological Association defines resilience as the dynamic process of adapting well in the face of adversity, trauma, threats, or significant stress. It is not a personality trait it is a skillset supported by physical, psychological, social, and cultural resources. So how do we strengthen it?

According to Greg Fricchione director at Benson Henry Institute for Mind Body Medicine, resilience is supported by six key psychosocial factors:

1. Active Coping

This includes problem solving, acceptance, and emotional regulation. Active coping reduces fear based responses and helps clinicians navigate challenges with clarity rather than reactivity.

2. Regular Physical Activity

Exercise is one of the most effective antidotes to stress. It improves mood, memory, and emotional hardiness, and stimulates neuroprotective and neurogenerative processes in the brain.

3. A Positive, Flexible Outlook

Optimism, humour, and gratitude help shift perspective. Pessimism tends to frame problems as permanent and pervasive;



flexible thinking reframes them as temporary and manageable.

4. Social Support

Humans are wired for connection. Supportive relationships reduce loneliness, increase self worth, and buffer the physiological stress response by lowering cortisol and increasing oxytocin - the neurochemical of bonding and safety.

5. Cognitive Flexibility

Also known as cognitive reappraisal, this is the ability to reinterpret negative events in a more constructive light. Individuals who grow through adversity often find meaning in their experiences.

6. Adequate Sleep

Sleep is one of the most powerful stress buffers we have. Most adults require 7–9 hours, yet chronic stress disrupts sleep, and poor sleep amplifies stress which is a vicious cycle. Mind body practices can help restore sleep stability.

The Good, the Bad, and the Reality of Resilience Training

The good:

Your coping capacity is not fixed. Genetics, past experiences, and current interpretations all influence your stress response, and all can be reshaped.

The bad (and the honest):

We live in a culture that expects instant results. Resilience does not work that way. Rewiring stress patterns requires time, repetition, and a willingness to examine, and change our beliefs, behaviours, and emotional habits.

The reality:

No one can do this work for us. But the payoff is profound: greater clarity, steadier emotions, improved health, and a more sustainable, fulfilling career.

Why This Matters for Dentistry

As healthcare professionals, we influence the wellbeing of our patients, our teams, and our communities. But meaningful change begins with our own mental, emotional, and physical health. When clinicians strengthen their resilience, they not only protect themselves they elevate the entire environment around them.

This kind of leadership is built from the inside out: the steadier and more self regulated we are, the more clarity, compassion, and grounded presence we bring to our dental teams.

Respectfully,
Dr. Kristin Yont
Mindbodyteacher.com

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Shared decision making in oral health care for patients with prosthetic joint replacements

American Dental Association Council on Scientific Affairs position statement

Council on Scientific Affairs

American Dental Association, Chicago, IL.

The updated American Academy of Orthopaedic Surgeons and American Association of Hip and Knee Surgeons (AAOS-AAHKS) clinical practice guideline and appropriate use criteria represent an important convergence between orthopedic and dental perspectives on antibiotic prophylaxis in patients with prosthetic joint replacements.^{1,2} The American Dental Association (ADA) Council on Scientific Affairs (CSA) agrees with sections of the 2024 AAOS-AAHKS guideline because its primary evidence-based recommendations on antibiotic prophylaxis and dental screening align with evidence regarding the dissemination of oral bacteria into the bloodstream and epidemiologic evidence regarding the tenuous link between peri-prosthetic joint infection (PJI) and invasive dental procedures.³ The CSA appreciates but does not fully agree with the 2024 AAOS-AAHKS guideline on a 3-month delay of nonurgent invasive dental procedures.

ANTIBIOTIC PROPHYLAXIS EVIDENCE AND AMERICAN DENTAL ASSOCIATION GUIDANCE

The AAOS-AAHKS issued a recommendation that routine use of a systemic prophylactic antibiotic before a dental procedure in patients with a hip or knee replacement may not reduce the risk of developing a subsequent PJI.^{1,2} On the basis of 4 cohort and case-control studies involving hundreds of thousands of patients undergoing arthroplasty, the AAOS-AAHKS work group found no temporal association between dental procedures and PJI, nor did routine antibiotic prophylaxis reduce PJI.¹

The AAOS-AAHKS update aligns with the central recommendations of the 2015 ADA prosthetic joint guideline and chairside summary.³ In general, immunocompetent patients with prosthetic joint implants do not require prophylactic antibiotics before dental procedures solely to prevent PJI, as available evidence shows no causal association or protective benefit.^{1,3} The CSA agrees with these recommendations.

The AAOS-AAHKS guideline emphasizes that scenarios with marked immunosuppression or prior PJI may require collaborative decision making among the dentist, orthopedic surgeon, and patient. However, there is no evidence that these patients are at any greater risk of developing PJI from dental procedure-related bacteremia or that the use of antibiotic prophylaxis would be of any benefit. The recommendations provide guidance rather than standards and are characterized as “options” to be balanced with professional judgment and patient values. This aligns with the ADA’s wider antibiotic stewardship agenda, which promotes definitive oral health care and supports limiting the use of antibiotics in condition-specific guidance.^{3,4}

For immunocompromised patients (Box), when the orthopedic care team members determine there is a need for prescription antibiotics before dental procedures,⁵ the CSA recommends that the orthopedic surgeon prescribes the appropriate drug and dose on the basis of the patient’s medical conditions.

ANTISEPTIC OR ANTIMICROBIAL TREATMENT

The AAOS-AAHKS guideline noted the absence of reliable evidence regarding the use of topical antiseptic mouthrinse and put forth an opinion-based recommendation that the use of a topical

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Box. Appropriate use criteria definitions of immunocompromised patients.*

- Patient with stage 3 AIDS, as defined by the Centers for Disease Control and Prevention guidelines, when the immune system becomes severely compromised due to reduced CD4 T lymphocyte counts (< 200 cells/ μ L) or opportunistic infection, as defined by the Centers for Disease Control and Prevention.¹⁴
- Cancer patient undergoing immunosuppressive chemotherapy with febrile (39° C) neutropenia (absolute neutrophil count $< 2,000$ cells/ μ L) or severe neutropenia irrespective of fever (absolute neutrophil count < 500 cells/ μ L).
- Rheumatoid arthritis with use of biologic disease-modifying agents, including tumor necrosis factor α or prednisone greater than 10 mg per day. Methotrexate and Plaquenil are not considered immunocompromising agents.
- Solid organ transplantation on immunosuppressants.
- Inherited diseases of immunodeficiency (eg, congenital agammaglobulinemia and congenital IgA deficiency).
- Bone marrow transplant recipient in certain phases of treatment.

*Source: American Academy of Orthopaedic Surgeons.⁵

antiseptic mouthrinse is not necessary before a dental procedure in patients with a hip or knee replacement. The CSA agrees with this consensus.^{1,6}

DENTAL CLEARANCE BEFORE HIP OR KNEE REPLACEMENT

Overall available evidence suggests that dental evaluation before prosthetic joint replacement was not associated with a decreased risk of developing PJI.^{1,7} However, the work group emphasized that good oral health is important for overall health and noted that clinicians should encourage patients to maintain good oral health.¹ The 2024 AAOS-AAHKS guideline recommends that implementation of a dental screening in patients before hip or knee replacement may not reduce the risk of developing subsequent PJI.¹ The CSA agrees with this assessment of the evidence and does not believe a dental clearance before prosthetic joint replacement is necessary.

Delay Vs No Delay of Arthroplasty After a Dental Procedure

As noted in the guideline, transient bacteremia is common both during routine daily activities and after invasive dental procedures and is typically brief.^{1,8-10} Although the AAOS-AAHKS guideline notes the lack of direct evidence for increased hematogenous seeding risk immediately after human arthroplasty surgery, they also highlight animal studies (a low level of evidence) indicating that postsurgical sites may be more susceptible to infection from low-dose inoculations during the first several weeks.^{7,11} In observational studies on PJI, researchers found that most infections occur within 3 months of arthroplasty and that relatively low inoculum can establish infection near the time of implantation.¹¹ Nevertheless, the researchers also reported far more joint infections with staphylococci (skin bacteria) than streptococci (oral bacteria); the latter was uncommon.^{8,11} The opinion-based recommendation from the AAOS-AAHKS work group was based on these lines of evidence regarding the biologic plausibility for increased risk of developing PJI, suggesting a delay in timing of arthroplasty surgeries after invasive dental procedures.^{1,2} The CSA agrees with the AAOS-AAHKS recommendations to delay prosthetic joint replacement surgeries after invasive dental procedures. In addition, the CSA encourages orthopedic surgeons to seek assurance that healing of the oral surgical site has been confirmed by means of postoperative dental evaluation.

THREE-MONTH DELAY OF NONURGENT DENTAL PROCEDURES AFTER PROSTHETIC JOINT REPLACEMENT

The AAOS-AAHKS guideline is clear that dental infections must not be ignored and require timely intervention (with antibiotics when appropriate) even in the immediate postoperative period after prosthetic joint replacements.¹

The AAOS-AAHKS guideline suggests an opinion-based recommendation to delay dental procedures (other than treatment of active dental infections and dental examination without probing) for 3 months after prosthetic joint replacement.¹

Lockhart and colleagues⁹ found that viridans group streptococcal bacteremia occurred in 23% of participants after toothbrushing, in 33% of participants after tooth extraction with amoxicillin prophylaxis, and in 60% of participants after tooth extraction with placebo; most episodes resolved rapidly. In a 2024 systematic review and meta-analysis, Martins and colleagues¹⁰ similarly found that bacteremia incidence was highest after tooth extractions and scaling and root planing. They also found bacteremia incidence was substantial after toothbrushing, flossing, and chewing and rarely persists beyond 2 hours in otherwise healthy patients.¹⁰ This suggests that cumulative bacteremia burden from daily oral hygiene likely far exceeds that from dental procedures, undercutting the rationale for selective delays in care.^{3,12}

Within the options the AAOS-AAHKS offered, practitioners should approach the 3-month delay as a nuanced clinical option, not a rigid standard, prioritizing shared decision making that balances considerations such as the need for joint stability and the patient's immediate preferences and long-term oral health outcomes.^{8,13} The guideline states that the dental and orthopedic teams need to weigh the benefits and harms for each patient and consider each patient's values and preferences. In addition, when deciding whether to delay nonurgent oral health care, the dental and orthopedic team members should consider that patients who have undergone joint replacement may have pain and limited mobility.¹ Dentists need to balance these considerations with their ethical obligation to provide optimal oral health care consistent with the needs and desires of the patient. This obligation includes determining whether a delay in treatment would be reasonably appropriate on an individualized patient basis. Optimum oral health is associated with reduced levels of gingival and periodontal inflammation and ulceration as well as load of oral pathogens, which in turn likely decreases the risk of developing bacteremia-related PJIs. The CSA advises against any standard time frame for delay in nonurgent oral health care after prosthetic joint replacement and recommends that coordinated discussions among dentists, orthopedic teams, and patients guide oral health care decisions, carefully weighing personalized benefits and harms consistent with each patient's treatment goals and values. ■

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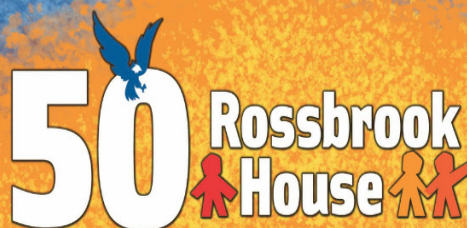


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The Role of Oral Health Professionals in Smoking Cessation

Summary Findings from *Using Behavioural Science to Encourage the Provision of Smoking Cessation Services by Oral Health Professionals*

By Grace Willmer
Administrator of Communication and Events, MDA

Smoking remains one of the leading preventable causes of disease and premature death in Canada, contributing to approximately 46,000 deaths each year. Recent research conducted by Health Canada's Tobacco Control Directorate and Impact Canada explored how oral health professionals across the country are approaching smoking cessation conversations within clinical practice. The findings reinforce an important message: dental professionals are uniquely positioned to help patients quit smoking and improve long-term health outcomes.

Because oral health professionals regularly see patients for preventive care and ongoing treatment, they often have opportunities to identify smoking-related oral health concerns and initiate meaningful conversations about tobacco use. Research has shown that patients are more likely to successfully quit smoking when healthcare providers offer advice, guidance, and evidence-based cessation support.

The national survey findings suggest many dental professionals are already taking steps to address smoking with their patients. Nearly three-quarters of oral health professionals surveyed reported that they consistently ask new patients about smoking status. However, the research also revealed important gaps between starting the conversation and providing meaningful cessation support.

Patients Are Open to the Conversation

One of the most encouraging findings from the report was that many patients are receptive to discussing smoking cessation in a dental setting. Among Canadians surveyed who smoke, 58% reported feeling comfortable discussing smoking with their dentist or dental hygienist, and nearly half said they would listen to quit advice from an oral health professional.

The study also demonstrated that asking patients about smoking matters. Patients who recalled being asked about their smoking status were significantly more likely to feel comfortable discussing smoking and more likely to listen to cessation advice from their dental provider. These findings suggest that even simple screening conversations can help build trust and open the door to meaningful health discussions.

Dental professionals themselves are often the ones initiating these conversations. In the survey of oral health providers, 83% reported that the topic of smoking is usually raised by the provider rather than the patient. Oral health status, routine screening, and preparation for further treatment were among the most common reasons for discussing smoking with patients.

Turning Conversations into Action

While many oral health professionals routinely ask patients about smoking, fewer consistently move into providing active cessation support.

“Patients who recalled being asked about their smoking status were significantly more likely to feel comfortable discussing smoking.”

The study found that 74% of respondents reported always asking new patients whether they smoke, yet only 46% consistently advised patients to quit, and fewer still offered direct assistance or referrals to cessation supports.

Additional findings showed that nearly half of respondents do not refer patients to quitlines or specialized smoking cessation programs.



Many practices also reported limited use of educational materials, posters, or take-home resources related to smoking cessation.

Researchers noted that conversations around quitting often focused on reducing cigarette consumption or quitting “cold turkey,” while evidence-based cessation aids such as nicotine replacement therapies and smoking cessation medications were discussed less frequently. This suggests there may be opportunities for greater awareness and integration of evidence-based cessation tools within oral healthcare settings.

Training and Confidence Remain Key Challenges

The report also highlighted that many oral health professionals feel they need additional education and practical resources to confidently support smoking cessation efforts. An overwhelming 91% of survey respondents expressed interest in receiving more educational resources related to smoking cessation. The most requested topics included cessation referral services, pharmacotherapies beyond traditional nicotine replacement therapy, cessation programs, and strategies for managing patient resistance to quitting.

Confidence levels also varied considerably. Many respondents reported low confidence in recommending appropriate nicotine replacement therapy dosages or providing comprehensive smoking cessation support to patients. In addition, one-third of respondents indicated they had never received formal or informal training related to smoking cessation.

Despite these challenges, the findings point toward a profession that recognizes the importance of its role in tobacco cessation. Most respondents agreed that nicotine addiction is a disease and that providing quit advice is part of their professional responsibility.

Opportunities for the Profession

As Canada works toward reducing tobacco use to below 5% by 2035, oral health professionals play an increasingly important role in supporting smoking cessation efforts nationwide. The research suggests that patients are generally open to receiving smoking cessation guidance in dental settings, and many oral health professionals already recognize the value of these conversations. Expanding access to training, practical resources, and evidence-based cessation supports may help bridge the gap between asking patients about smoking and actively helping them quit.

Even brief conversations can have an impact. By incorporating smoking cessation discussions into routine patient care, oral health professionals have the opportunity to contribute not only to improved oral health outcomes, but also to broader public health goals across Canada.

Any feedback or comments related to *Using Behavioural Science to Encourage the Provision of Smoking Cessation Services by Oral Health Professionals* can be directed to Greg Guenther at gguenther@manitobadentist.ca



ESSENTIAL VALUATION DRIVERS

By Timothy A. Brown

A

client asked what he could do to improve the value of his business in preparation for a sale.

In this instance I replied:

1. Arrange for proper, written employment contracts
2. Secure additional renewal options for the premise lease
3. Removal or postponement of the demolition clause

He decided to act on this advice, and I will report back with the valuation increase this fall.

How much can just one of these items impact value?

In 2024, I advised a practice with twenty-eight full and part-time employees.

When we commenced the appraisal, none of the employees had signed an employment contract.

The clients asked what they could do to make the business more attractive to purchasers, knowing they were a year away from going to market. They followed my advice and introduced contracts for all employees.

After 2 months of gentle process all employees signed their respective employment agreement. When I updated the appraisal the increase in business value was ~\$200,000.

The cost: less than \$25,000 - an 8 X Return on Investment (ROI) in 60 days. Wow!

Why is it that employment contracts can increase business value so dramatically?

It's simple: contracts mitigate future, contingent liability. They also offer assurance of HR predictability to purchasers, their accountants, lawyers, bankers.

Overlooking the importance of reassuring a purchaser's professional advisors is simply shortsighted. This is fundamental staging of your practice.

If you want to improve the value of your business and your employees are not currently on written contracts, address it immediately.

If you would like names of the top HR or premise lease professionals we recommend, please text me.

Respectfully,

Timothy A. Brown
CEO & Broker of Record
at www.roicorp.com

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—Timothy A. Brown, CEO

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EVENT DATES:

September 11th & 12th



FRIDAY SEPTEMBER 11th

Welcome Dinner - 7PM



SATURDAY SEPTEMBER 12th

Golf Tournament - 12 Noon Start



SATURDAY SEPTEMBER 12th

Post Golf Lecture and Dinner



Golf registration will open June 22nd,
watch for MDA's Weekly Updates for Details

ACCOMMODATIONS:

- A block booking of rooms are being held by the Elkhorn Resort
- A variety of rooms and cottages are available
- You can reserve rooms under MDA26 by calling the Front Desk at 204-848-2802



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