

MDA Bulletin



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Manitoba Dental Association 2019



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MDA Bulletin



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President's Message

DR. DAVID GOERZ, D.M.D. F.I.C.D.
PRESIDENT, MDA

Dear Colleagues,

I am honored and humbled as I write this initial address for the 2019 spring MDA bulletin.

As in past years, it is traditional to start with a brief introduction of your new president.

I graduated from the University of Manitoba in the class of 1992. I will be the third association President from our class. I am following the footsteps of Drs. Nancy Auyeng and Catherine Dale, both of whom served us admirably in recent years.

My dental career has been spent in southern Manitoba specifically in the City of Morden....yes that is the Corn and Apple capital of the country!

I was very fortunate to have practiced with my father, Dr. Dick Goerz for the better part of my career. My father hailed from the first graduating class of our U of M faculty in 1962.

Practicing with my Dad was very formative on my development as a dentist. Not only did he pass on his skill and ethics, but he passed on his love for the practice of Dentistry and dedication to the community he was surrounded with. Being a professional in a smaller community certainly has its advantages in the simplicity of lifestyle and the relaxing from external pressures that one may have in larger centers. It is a privilege to be able to go home for lunch every day or be on the first tee at the club 15 minutes after your last patient of the day. It does however come with many requests for involvement with community initiatives. I have spent many years on various boards ranging from our local health board to our golf club. This year I will be celebrating 29 years of marriage to my lovely wife Helena. We have three children, all in their 20's that we are proud of and enjoy spending family time with.

In January of this year we celebrated "Manitoba Roots" at our annual convention. It was an exciting gathering of everything Manitoba, from local speakers to our very own dental entertainers. I have always attended our convention and I am continually amazed and impressed by the quality of the event year after year. I would like to congratulate Drs. Pat Kmet and Carla Cohn along with the rest of their committee for yet another outstanding convention! I also believe that we may have set a record for one of the coldest weather meetings ever experienced during our traditional end of January weekend. On that note I have great news. Please mark on your 2020 calendar's the dates of April 2-4, 2020. Yes, spring time will have come and we will be holding our annual convention in combination with the Canadian Dental Association in April 2020. I mentioned the dates twice as I expect record attendance for the 2020 convention. Please make note of the dates!!

While I realize this is a change from our traditional schedule, trying something new can be exciting and without question...warmer!! The convention committee along with the board will evaluate this new initiative and we welcome feedback from the membership with their thoughts on the date change for next year and the future. The convention weekend also marks the annual time of transition for your MDA board. I would firstly like to congratulate and thank Dr. Catherine Dale for her dedication and time spent with the association. Catherine mentioned to me that the six years went by all too quickly and that she thoroughly enjoyed her years of service.

Every presidency is marked with successes and challenges and without doubt, Catherine's tenure experienced both. I say job well done Catherine and thank you. Thank you also to Drs. Anastasia Cholakakis and Betty Dunsmore for their service. Anastasia served the board as a District 1 rep for the past two years. Betty stepped up to fill in for District 3 this last year.

It is my pleasure to welcome new board members Drs. Tom Colina, Scott Leckie and Daron Baxter. Also, after a few years of many requests to our government, we finally have a full complement of public representatives with the additions of Ms. Ashley Holtmann (Winnipeg) and Ms. Andrea Thiessen (Winkler). It is exciting to see the new faces at the board table and we look forward to their new ideas, energy and input moving forward. I would be remiss to not mention our good friend Dr. Micheal Cuthbert whose courageous battle with cancer ended the same weekend as our convention. My first few years of service on the board were spent sitting beside Mike as he served District 3. Mike's passion for our association and Dentistry left a mark on everyone who knew him and were privileged to serve our association alongside him. This convention would have been Mike's Presidency celebration.

I have been very fortunate to serve as vice president under Dr. Cory Sul this past year. Cory has been a fierce proponent of good structure and governance. Formulate, Execute, Evaluate. These three words have defined the past year. We saw a lot of heavy lifting that was needed at the association and board level. A new vision of transparency of what is happening at the board level was also introduced. A new committee named Governance and Nominating (GNC) has been formed and under the excellent guidance of our new vice president Dr. Marc Mollot, virtually every aspect of how we govern and run our association is being looked at and evaluated. I know many of our members involved with committee work have already seen the work Marc and this committee are doing.

So now on to what would I like to see accomplished under my tenure as President. We need to continue down the road Dr. Sul has set. I thank and congratulate Cory on what was accomplished this past year. Secondly, as we continue to evaluate the work Marc and the GNC committee is involved with, I strongly believe that proper structure will allow for the correct and efficient inner workings and running of the association. It is nearly impossible to fall off a shelf when you have strong bookends and that is what I am very fortunate to have in Cory and Marc as they work in their roles as past and vice presidents respectively. We all share the MDA's primary mandate which is to protect the public and that can only be accomplished with proper structure and governance at the association level and with our members.

As this is my first address to our membership, I need to mention one of the guiding principles that I have learned in my years of board service, both in my local community and at the MDA level. Effective and healthy communication is the key to success. As your president, I will strive to always allow open discussion, encourage input from all members along with healthy debate. The Manitoba Dental Association, by act of our Provincial government is a self governed profession. This is a privilege and a responsibility every member must embrace. It is only through effective communication

among all members that we can maintain this privilege and govern accordingly. We will continue with the President's email contact namely president@manitobadentist.ca. This is a private and confidential email contact for myself and I encourage any members that wish to reach out to use this email. The entire board is here to serve the membership so feel free to reach out to anyone of us.

Finally, over the past 5 years that I have been the district 2 representative, I have come to appreciate the work that our association staff does on a daily basis for all our members. The tremendous work our executive director Rafi Mohammed, registrar

Dr. Patti Ling and the MDA staff on the vital role they play in managing the affairs of the Association and on a national level.

I am looking forward to my upcoming term and working closely with all. 

Sincerely,
Dr. David Goerz D.M.D. F.I.C.D.
President and Chairman of the Board
Manitoba Dental Association
president@manitobadentist.ca



MDAA Board of Directors Message

LAURA CAMPBELL
PRESIDENT, MDA

After a long and cold winter, I'm incredibly happy to say "Spring has sprung!" Even though I am a lover of the white stuff, this year I've reached my limit and under my breath, I catch myself saying "Good riddance!"

In the midst of this record breaking winter, our MDAA Annual General Meeting was held in conjunction with the Manitoba Dental Convention on January 25th, and we were very happy with the outcome. Even though the attendance wasn't nearly what it should have been, everything went smoothly and all business that needed attending to was addressed. We also said goodbye to two of our most respected past presidents, Sina Allegro-Sacco and Janet Neduzak. Thank you for all you've done to better the dental assisting profession and we wish you well with all your future endeavors. The board table will never be the same without you!

This year at the convention, as a last minute thing, the MDA was kind enough to allow us to set up a booth in the exhibit room. We got to say hello to many of our members (and non members) and to answer any questions that they had. We are anticipating on having the booth again next year and look forward to interacting with our dental community from coast to coast, as the CDA Convention will be held here in Winnipeg in conjunction with the MDA Convention.

There is a ton of stuff going on this year with our association! Earlier this month, to coincide with the Dental Assistant Recognition Week, we launched "The RDA of the Month" contest on our website and have had entries pouring in! Get the info by visiting our website and find out how you can tell the world about an inspirational RDA who goes above and beyond!

We are also busy planning and preparing for our Fall CE Course. Infection control is on the menu and once the date is set, you will find all the information (such as location, guest speakers and presentations, etc) on our website.

You may have also noticed a few emails that were sent out asking our members to complete surveys from the CDAA. These surveys are extremely important and will only enhance our profession. So please, take the time to complete them. They are for your benefit.

I hope that you all stay dry and make it through this wet and dirty time of year and keep in mind that we have to get through the bad stuff to get to the good!

Cheers!
Laura Campbell
President, MDAA



College Corner

DR. ANTHONY IACOPINO
DEAN, COLLEGE OF DENTISTRY,
RADY FACULTY OF HEALTH SCIENCES,
UNIVERSITY OF MANITOBA

Dr. Gerald Niznick College of Dentistry and Manitoba Dental Association: Partners Celebrating 12 Years of Collaboration


It is truly rare to see genuine partnership and a spirit of collaboration between dental associations and dental schools. There are at times competing agendas/missions and all too often a simple failure to communicate. Upon my arrival as Dean 12 years ago, together we ushered in a new era of cooperation designed to lift all boats and demonstrate that by rowing in the same direction, we would achieve many mutually beneficial outcomes. Our clarion call was mutual respect and a desire to do things differently, to accomplish things that were both innovative and impactful.

I believe everyone agrees that there has been a dramatic transformation of the dental profession landscape in Manitoba over the last 12 years; both by things we have intentionally set in motion and by forces beyond our collective control that we have sought to influence and manage together. We have assured the future of the profession and the sustainability of the College. Even better than that, the positive and productive relationship we have established is now so strong that it can never be broken. There are some very tough issues on the horizon, the types of issues that could certainly strain the best of relationships; however, I am confident that the leadership currently in place and the leadership yet to come understands the magnitude of what we have accomplished and will never walk that back.

I would like to emphasize the following examples of our collective significant achievements:

- the MDA and its members have provided support for our Centre for Community Oral Health (CCOH), one of the most comprehensive community outreach programs in North America, which provides critical community service and receives exceptional student reviews as a valuable learning experience
- the MDA has worked with the College to develop a mentorship program now considered the envy of North America as students are paired with their mentors for the entire four years at the College attending various events, visiting mentor offices and becoming familiar with the entire dental community in Manitoba
- the MDA worked with the College on significant fundraising initiatives to support modernization of our facilities and technologies such as the Ross McIntyre Digital Imaging Facility that has transformed our clinic into a state-of-the-art imaging centre with a full range of digital and cone beam CT capabilities; within this facility, the College employs the only Oral-Maxillofacial Radiologist in Manitoba and provides imaging and interpretation services to the practicing community

- the College has provided the MDA and alumni with opportunities to participate in strategic planning and discussions regarding the future of dental education and components within the curriculum through membership on relevant committees and advisory/governance councils
- the College has worked with the MDA to establish funds that subsidize patient care in our clinics enabling better public access and ensuring student competency
- the College has worked with the MDA to improve student satisfaction, increase the number of part-time instructors in our clinics and maintain accreditation status for all of the education/training programs
- the College has worked with the MDA to steadily increase the scope, amount and quality of CE program offerings to the dental community
- the College has worked with the MDA to establish one of the most comprehensive programs in Dental Practice Management in North America; the comprehensive four-year program utilizes the expertise of the MDA, Alumni Association and industry partners to cover the landscape of best practices in personal finance, insurance, business/business planning, employment, leadership, patient/staff relationships, ethics/professionalism, branding/marketing, practice valuation, and associateship/partnership

I have no doubt that the College and MDA will continue working together to foster collaboration and partnership, especially with regard to tough issues that require difficult and transparent conversations within a safe and supportive environment. My 12 years as Dean will end on June 30, we will then welcome Dr. Anastasia Cholakakis into her new role as Dean of the College on July 1. Dr. Cholakakis will continue to build on the strong foundation we have created and will surely take the College and MDA relationship to new heights. I know she will have the full support of our students, staff and faculty as well as the MDA, our proud alumni, our corporate partners and the entire dental community. This is how we find mutual success and this is how we follow the Manitoba way! 

Grazie!



5TH BIENNIAL

All-Dentist Musical

PRESENTS

The Addams Family

A MUSICAL COMEDY

DIRECTOR - DORA CARROLL

FEATURING: Jonathan Archer - GOMEZ, Robin Szmadyla - MORTICIA, Kristin Cuthbert - WEDNESDAY, Tom Colina - FESTER, Billy Kettner - GRANDMA, Chris Cottick - LURCH, Frank Hechter - MAL BEINEKE, Cheryl Bacala - ALICE BEINEKE, Wally Mah - LUCAS BEINEKE, Katie Davidson - PUGSLEY, Patrick Mao - ANCESTOR, Karen Lischka - ANCESTOR, Jerry Abells - ANCESTOR, Adriana Gomez - ANCESTOR

The Addams Family is a musical comedy with music and lyrics by Andrew Lipka and the book by Marshal Brickman and Rick Elice.

The Addams Family features an original story, and it is every father's nightmare. Wednesday Addams, the ultimate princess of darkness, has grown up and fallen in love with a sweet, smart young man from a respectable family - a man her parents have never met. As if that weren't upsetting enough, Wednesday confides in her father and begs him not to tell her mother. Now, Gomez Addams must do something he has never even dreamed of doing before - keep a secret from his beloved wife, Morticia. Everything will change for the whole family on the fateful night they host a dinner for Wednesday's "normal" boyfriend and his parents.

The musical is the first stage show based on the characters created by Charles Addams.

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A hand is shown pointing at a hexagonal grid of portraits. The grid consists of several hexagons, some of which contain portraits of people. The background is a blurred image of a person's face.



Registrar's Message

DR. PATRICIA (PATTI) LING, D.M.D
REGISTRAR, MDA

This year will be a busy year for the Manitoba Dental Association (MDA). Under the leadership of Dr. David Goerz from Morden, Manitoba, the MDA will continue its review of Bylaws and regulatory programs to ensure clarity of purpose, fairness of process and compliance with continuing competency standards by our members.

Through this process, licensing requirements and the Complaints process, the MDA regulates our profession in the public interest and for public safety, a requirement of Manitoba Government.

The Infection and Prevention Control Committee (IPCC) is working diligently on standards development that will be linked with the Office Assessment process to ensure compliance with current infection control protocols not just in Manitoba, but also nationally. The Office Assessment Committee (OAC) met last evening to discuss transitioning to the new Office Assessment process that will likely be rolled out in the fall of 2019. Our Director of Regulatory Programs, Ms Linda Berg will be working with People First HR on template development for use by member offices in the assessment process.


In addition to templates, the use of checklists and declarations by MDA members will help to streamline the process, make it more efficient and user friendly, while continuing to address the "practice audit" component required in the Health Professions Act (HPA) for all Regulated Health Professions. When we are called by the Ministry of Health to come under the HPA, these alignments will only help to smooth that transition. Watch for information in the coming months.

Dr. Marc Mollot, your current Vice-President has been working with determination this past year to standardize and rework the Terms of Reference for all MDA Committees to ensure consistency of purpose by refocusing their goals. These goals are met by redefining the roles and responsibilities required to achieve them, and ensuring that the committee composition is broad enough to include all the necessary knowledge, skill and abilities (KSA) to carry this out.

As your Registrar, I have been intimately involved with these activities in addition to my role on the national organization of dental Registrars, the Canadian Dental Regulatory Authorities Federation (CDRAF). With a focus on common issues amongst the provinces and the development of national standards where appropriate, CDRAF collaborates with other national organizations such as the National Dental Examining Body (NDEB), Commission on Dental Accreditation of Canada (CDAC) and the Association of the Canadian Faculties of Dentistry (ACFD) to enhance our profession at large and protect the public interest through quality education and standards.

In the coming months the MDA will need your help as we embark on the revision of bylaws to ensure we are keeping current with our profession and dental regulation in Canada. Please share your thoughts on these important governing documents and help guide our profession in Manitoba. Your voice matters.

Just like spring, it is a time for renewal and new growth so that come the summer and fall we can begin to see the fruits of our labour and hard work.

As always, if we can be of help to you in your service to the public of Manitoba, please don't hesitate to contact our President, Dr. David Goerz at president@manitobadentist.ca, our Executive Director, Mr. Rafi Mohammed at rafi@manitobadentist.ca, or myself at registrar@manitobadentist.ca. 

Respectfully submitted,
Patricia L. Ling, BSc., DDS, MSc.,
Registrar, Manitoba Dental Association



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Session 1 - April 27 - 28, 2019

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- Aesthetic consideration • Surgical considerations and immediate implant placement
- Traumatic extraction and ridge preservation
- Impression techniques • Abutment selection and digital restorative materials
- Communication with the lab and prosthesis delivery protocol
- Cement vs screw-retained prosthesis

Session 2 - May 25 - 26, 2019

- Completely edentulous treatment options and sequencing
- Digital planning & guided surgery
- Optical scanners and digital impressions
- Implant maintenance
- Detection and treatment of peri-implant diseases

Program at a glance

Dates Session 1: April 27-28, 2019
Session 2: May 25-26, 2019

Time 8:30 – 9:00 am Registration and breakfast
9:00 am – 6:00 pm (Lunch included)


Location ClearCare Periodontal & Implant Center
1st floor- 191 River Avenue, Winnipeg
Winnipeg, MB R3L-0B1

Tuition \$3,945 CAD

Cancellation Policy: Cancellations received up to 7 days prior to first session will not be charged. Cancellations within 7 days of the first session will be invoiced 50% of the tuition. No-shows are subject to full tuition payment. ClearCare reserves the right to cancel or change a lecture at any time. A notification will be provided within 3 weeks of the first session. Registrants will not be charged for the course under such circumstance.

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Speakers:



Dr. Hoda Hosseini



Dr. Marc Mollot



Dr. Marshall Hoffer



Mr. Dragan Lipovac

Early Bird registration before March 15th, 2019 (25% discount)
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Announcement: New Dean Appointed, Dr. Gerald Niznick College of Dentistry

Dr. Brian Postl, Dean, Rady Faculty of Health Sciences and Vice-Provost (Health Sciences), is pleased to announce the appointment of Anastasia Kelekis-Cholakakis, BA, DMD, Dip. Perio, FRCD(C), as Dean, Dr. Gerald Niznick College of Dentistry, effective July 1, 2019.



Dr. Kelekis-Cholakakis earned a bachelor of arts from the University of Winnipeg in 1988, followed by a Doctor of Dental Medicine (DMD) degree in 1992 and a diploma in periodontics in 1998, both from the University of Manitoba. She currently serves as director of the Graduate Periodontal Program in the Dr. Gerald Niznick College of Dentistry and as an associate professor of dental diagnostic and surgical sciences. She is a fellow of the Royal College of Dentists of Canada and a member of the Canadian and American Academies of Periodontology.

Following her specialty training in 1998, Dr. Kelekis-Cholakakis founded the Southwest Specialty Group, one of the first practices in Canada to house a variety of dental specialists in one practice. Her part-time teaching career at the U of M started in 1993. Since becoming a full-time academic and

program director, she has emphasized innovative technologies and teaching methods, such as the acquisition of a dental microscope and training in microsurgery.

Dr. Kelekis-Cholakakis lectures nationally and internationally. She is an accomplished researcher with peer-reviewed publications, abstracts and book chapters to her credit and she has collaborated on international clinical trials. Her research interests include periodontal soft tissue microsurgery, peri-implant maintenance and biological implant complications. Her outreach work includes dental mission trips to Zimbabwe and Uganda. She has served on the boards of organizations such as the Manitoba Dental Association and has founded several organizations, including the Canadian Dental Institute (a continuing education provider) and the Women's Dental Network.

Dr. Kelekis-Cholakakis's honours include the American Academy of Periodontology Dental Educator Award for outstanding teaching and mentoring in periodontics (2012), a Certificate of Appreciation from the Canadian Academy of Periodontology (2014), and election by her peers to the Pierre Fauchard Academy (2017).

Please join me in welcoming Dr. Kelekis-Cholakakis as Dean of the Dr. Gerald Niznick College of Dentistry, Rady Faculty of Health Sciences, University of Manitoba.

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 Women's Dental Network



Canadian Dental Association Award of Merit

The Award of Merit is given to an individual who has served in an outstanding capacity in the governing or service of the Canadian Dental Association over a sustained period of time, or who has made similar outstanding contributions to the dental profession, the dental community or the oral health of Canadians and/or society at large.

Congratulations Dr. Frank J. Hechter on your achievement of the Canadian Dental Association Award of Merit 2019.

MNP

TREATING YOUR BUSINESS

Where do you go from here?



As a dental professional, your primary focus is on your patients, not on business. The key to a healthy and thriving business is a structure that considers every aspect of your professional practice. From incorporation and effectively structuring your business to managing your tax, retirement and cash flow needs, a holistic approach will ensure a long and healthy life span for your practice.

Contact Alyson Kennedy, FCPA, FCA at 204.788.6057 or alyson.kennedy@mnp.ca

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So much to see and do in friendly Manitoba.

Winnipeg, the vibrant capital city of Manitoba, is located near the geographic centre of Canada and North America. A culturally and ethnically diverse population of more than 700,000 brings a warm and welcoming spirit of "joie de vivre" to the city's cosmopolitan, international flair.

Designated the Culture Capital of Canada 2010, Winnipeg offers a variety of arts, culture, sports, recreation and entertainment sure to satisfy every taste. Here, a thriving arts scene converges with pristine green spaces. Dine in some of the country's best restaurants; marvel at architectural wonders and experience the culture and people who live the 'friendly Manitoba' moniker.

Manitoba
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WINNIPEG

B I N W P G A P R 2-4 2020 MDA CDA CONVENTION

S E E I N G D E N T I S T R Y C L E A R L Y

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Manitoba Dental Association presents
2020 MDA/CDA Convention

SEEING DENTISTRY CLEARLY

FRIDAY, APRIL 3, 2020



Dr. Bill Robbins: Treatment Planning

J. William Robbins, D.D.S., MA, maintains a full-time private practice and is Adjunct Clinical Professor in the Department of Comprehensive Dentistry at the University of Texas Health Science Center at San Antonio Dental School. He graduated from the University of Tennessee Dental School in 1973. He completed a rotating internship at the Veterans Administration Hospital in Leavenworth, Kansas and a 2-year General Practice Residency at the V.A. Hospital in San Diego, California.



Dr. David Isen: Local Anaesthetic and Emergencies

David was born and grew up in Toronto. He attended University of Toronto from 1983 to 1987 completing a Bachelor of Science degree in psychology and neuroscience. While completing this program, David worked in research at the university and co-wrote and published a research article on epilepsy. He then went to Western University studying dentistry. Following his graduation in 1991, David was lucky to join a well-known, established practice in his old neighbourhood and maintains a private practice in the same suburban Toronto location.



Mr. Corey Poirier: Motivation

He has shared the stage with everyone from John C. Maxwell to Deepak Chopra to Stephen Covey to General Hillier and has presented to hundreds of thousands of attendees since he began his speaking journey. Host of the top rated 'Conversations with PASSION' Radio Show, 'For The Love Of Speaking Show', and the founder of 'The Speaking Program', he has been featured in multiple television specials, and he has been featured in/on CBS, CTV, NBC, ABC, and is one of the few leaders featured twice on the popular Entrepreneur on Fire show.



Ms. Claudia Lovato: Team Building

Claudia began her career in dentistry as a dental assistant in 1995. Her first experience of "saving someone's teeth" was a pivotal moment in her career. It was then, she knew she had found what she was looking for - a challenging and rewarding career centered around serving and helping others. Claudia's personality is that of a restless spirit who cannot settle for the status quo. She began to focus on solutions to common problems that plague dental practices in 2005.



Ms. Cindy Ishimoto: Communication

Cindy Ishimoto is passionate about cultivating self-directed leaders who help their practices flourish. She wants dentists and teams to know that they CAN make a change and grow as professionals, leaders, and self-directed individuals. With 35 years of dental consulting and speaking experience, Cindy has worked in all specialties, small practices, very large group practices, with new practitioners and those transitioning out of dentistry.

SATURDAY, APRIL 4, 2020



Drs. Kristina & Suzanne Perschbacher: Oral Radiology, Oral Pathology and Oral Medicine

Dr. Susanne Perschbacher received her DDS at the University of Western Ontario and completed her specialty training and MSc in Oral and Maxillofacial Radiology at the University of Toronto. She is a Fellow of the Royal College of Dentists of Canada and a Diplomate of the American Board of Oral and Maxillofacial Radiology. Susanne is an Assistant Professor in the Department of Radiology, University of Toronto, where she teaches in the undergraduate and postgraduate programs. She also works in a private radiology practice in Toronto.



Dr. Kristina Perschbacher graduated with her DDS from the University of Western Ontario and obtained her MSc and specialty education in Oral Pathology and Oral Medicine at the University of Toronto. She is a Fellow of the Royal College of Dentists of Canada. The majority of Kristina's time is spent seeing patients in private Oral Pathology and Oral Medicine practice. She also teaches in the undergraduate oral pathology and postgraduate oral radiology programs at the University of Toronto.



Dr. Paresh Shah: Digital Dentistry Hands On Demo

Dr. Paresh Shah has been in private practice in Winnipeg, Canada since 1992. He graduated from the University of Manitoba Dental School in 1991 and completed a General Practice Residency at the Health Sciences Centre in Winnipeg after graduation in 1992. He is an active member of the Seattle Study Club network and also a founder and co-director of a Seattle Study Club in Winnipeg. He has used digital technology in his practice for over 10 years and provided over 300 lectures globally on all aspects of restorative, interdisciplinary care and digital dentistry.



Dr. Carlos Quiñonez: Public Dentistry

Dr. Carlos Quiñonez is an associate professor and director of the specialty-training program of dental public health at the Faculty of Dentistry, University of Toronto. He has worked as a clinician in both public and private sectors, and is a recognized leader in dental care policy in Canada and internationally. His main focus is on applied policy research, with an emphasis on equity and the history, politics and economics of dentistry. Dr. Quiñonez was also the past president of Canadian Association of Public Health Dentistry. He holds positions across a number of university department and institutes.



Dr. Daniele Larose: Aesthetics

She graduated from the Faculty of Dentistry at the University of Montreal in 1997. She has since developed skills in cosmetic and biocompatible dentistry. Dr. Larose attended the Las Vegas Institute for Advanced Dental Studies Advanced Anterior Aesthetics program. She's a member of the Quebec Order of Dentists and Honorary Member of the Canadian Academy of Cosmetic Dentistry. Dr. Larose regularly lectures to dentists on Cosmetic Dentistry throughout Canada and publishes cosmetic cases in Canadian dental publications.

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MICHAEL TYLER, CFP®, FMA
INVESTMENT PLANNING ADVISOR

Estate Planning Essentials for Dentists

A critical part of any financial plan is a robust estate plan.

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What Will 2019 Look Like For You?

JACKIE JOACHIM
COO, ROI CORPORATION
905-278-4145, JACKIE.JOACHIM@ROICORP.COM

For many of us, as we approach the end of yet another year, we cannot help but look forward with either much anticipation or trepidation to the next one. For those of us in the wonderful over 50 club, thoughts of a practice sale may be dancing in our heads instead of sugar plums. Depending on where you, are these can be good or scary thoughts.

I was having lunch the other day with an owner who is 56 years old. We both agreed that life is not like the way it was for our parents—freedom 55 or retire and stop working at 65. For some of us, these are the thoughts from the past that we are now struggling with. Our own family history and the tantalizing promises of freedom and a stress-free lifestyle found in the ad campaigns from the 90s tells us one thing—but how healthy we feel and our mindset tell us something else. Therefore, my question to him was, “Why can’t you sell but still keep working?” Yes Virginia, there are options for owners after the practice sells.

Is now a good time for you to sell? Definitely. We believe the market has peaked. We have seen a definite change in the dynamics of the market for the last 12 months. Therefore, today, if you are at the best place you can be then selling does make sense. Sell if you are noticing changes in your health, stress levels increasing more than usual, reducing your hours, or worse, showing up a little grumpy to work. These are definite factors that affect your value and as such, cause your value to go down from where it is today. Adding an associate can also bring your value down if the associate treats patients you normally would. Now you have added an expense you did not have before.

If you are still loving your own practice and if you believe you can and will make further improvements then don’t sell. Your value won’t go down and you may have a real opportunity to further increase it.

Deciding to sell your practice can be a difficult and a highly emotional decision to make. After all, you have spent years or even decades building up your practice, you have relationships with staff and patients so the idea of no longer working in this office is extremely difficult. However, after 35 plus years, maybe you are really ready to do something else. There are other opportunities in completely unrelated areas that you may wish to explore.

So I ask again, what will 2019 look like and will it be the year you sell your practice? I hope it is—but only if you have a game plan in place and are emotionally ready. We always advise owners when they are ready to sell to take 100% of their hard earned, well deserved sale price of their practice. Stay on working if that is what you and the buyer want. But don’t have a portion of your sale price tied to a small amount of ownership or performance. Those are very separate issues and why should they be combined?

On behalf of our entire team here at ROI, I wish you a healthy, and peaceful 2019.



The MDA 2019 Convention theme was “Manitoba Roots” where University of Manitoba graduates, Manitoba licensed dentists and Manitoba Corporate entities were speakers.

We had close to 1900 registrants for the event and over 100 tradeshow booths. This year featured a live endodontic surgery in the trade by Endodontist, Dr. Rodrigo Cunha.



At the President’s Gala awards were given out in the following categories:

Certificate of Appreciation:
Diane McDonald

President’s Award of Merit:
Dr. Michael Sullivan

Certificate of Achievement:
Dr. Nancy Auyeung
Dr. Kelly Regula
Dr. Lori Simoens

Dr. Catherine Dale
Dr. Anastasia Cholakis

Outgoing President, Dr. Cory Sul, thanked the Board, Volunteers, Members and MDA Staff for their dedication to the dental profession and support of himself during this past year as President. Incoming President, Dr. David Goerz, shared his desired to continue on what Dr. Sul starting to build with the Members on our culture of trust, respect, and transparency.

Thank you goes out to the organization committee: Dr. Patricia Kmet, Chair and Dr. Bruce McFarlane, Vice-Chair; Members: Dr. Carla Cohn, Dr. Alexander Mutchmor, Dr. Jonathan Archer, Dr. Murad Zaman, Dr. Sunny Virdi, Dr. Raj Bhullar, Dr. Cameron Norrie, Sheryl Slowshower and Janet Neduzak.



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your guide to better **patient** communication

This guide outlines some simple strategies and tips for improving communication with your patients.

Research indicates that 'soft skills' have a direct bearing on patient perceptions of the value of care provided, the degree of trust placed in the dentist and the success of treatment.

Although you may be familiar with some of the communication strategies included in this guide, reviewing them may strengthen communication with your patients and encourage you to be as consistent as possible.



The goal of effective communication is simple:

To empower your patients with the knowledge required to make an informed decision about their oral health. It is up to us to identify our patients' goals and provide our expert opinions about their oral health so that you and your patient can determine the best treatment options (plans).

why good **patient** communication is important

If you include your patients as fully informed partners in their care, they'll return the gesture by being loyal and continuing care with you. As an added bonus, you'll discover more satisfaction in your work, renewed motivation and increased productivity.

Considering patients will judge you by the way you interact with them, it is vital that you understand your own communication style and adjust to meet the needs of various patients. When patients have a positive experience in your practice, not only will they be more inclined to accept recommended treatment and return for ongoing care, they will also refer friends and family. This will help build your reputation and practice in the community as well as enhance the image of our profession overall.



Increased patient satisfaction

Medical evidence has demonstrated a positive association between a patient's satisfaction with the care they receive and their provider's ability and willingness to communicate and empathize with them.

Reduced complaints

Open dialogue with patients results in better patient retention and a reduction in complaints. It is estimated that 70% of the complaints received by the Manitoba Dental Association could have been resolved through better communication between dentist and patient and never evolved into written complaints.

Improved efficiency

Improved communication with your patients will make your practice more efficient. For example, giving patients time to express their concerns doesn't take any longer but can significantly reduce the likelihood of late-arising concerns or missed opportunities to gather important data.



DR. MIKE SULLIVAN
CHAIR, ECONOMICS COMMITTEE

Conversation on Codes

Edited by the MDA
Article supplied by the NLDA

Frequently the Manitoba Dental Association receives calls and emails from both the public and practitioners inquiring about codes and how procedures should be billed. To assist members and their staff, the Economics Committee is providing a series of articles focusing on common questions related to specific codes and their suggested use.

Sometimes the wrong code is submitted because of a simple misunderstanding of the code descriptor in the fee guide. There are occasions when the descriptor is updated to match a new technology in order to avoid such confusion. Always ensure the procedure you are performing matches the code and its descriptor.

Often in a busy practice day, it is difficult to quickly determine what the best possible code is for any particular situation. In many cases, a couple of codes could accurately explain what treatment was done. Ultimately the responsibility to accurately describe your treatment using fee codes lies with the dentist, not the Insurance company. Fortunately for the dentist the CDA has already provided code interpretation with their USC&LS guide that is published yearly. It provides codes and descriptors that the MDA uses in its guides to help the dentist in making the most accurate choice. This is something that must be stressed. When it comes to an insurance audit, or practice audit by your regulator, the chart notes must support what is billed to the patient. The fee code used to describe a treatment must be provided by the dental practitioner, not the office staff, and always remember we treat the patient, not their dental plans.

The main purpose of this article is to give some guidance on some common codes that sometimes get interchanged. Specifically it is those codes that refer to small alterations to a tooth or filling-trauma control, esthetic and functional recontouring, finishing or polishing of a restoration and occlusion adjustments. The descriptors in the guide are key to helping you decide which code is most accurate.

16101 FINISHING RESTORATIONS

To include: polishing, removal of overhangs, refining marginal ridges and occlusal surfaces, etc. (when restorations were performed by another dentist or restorations are over two years old).

This is fairly self explanatory. When we do a restoration for a patient we would like them to stand up to regular wear and tear and last the patient a substantial amount of time. We are expected to stand by our work and refine the restoration that we placed as required for a reasonable period after the restoration is placed. In some situations the patient may break some surrounding tooth structure or wear may

occur due to day to day parafunction. If this occurs and a full replacement is not required, the more appropriate codes may be related to functional recontouring or adjustments made to the biting surface of the tooth.

16301 RE-CONTOURING OF NATURAL TEETH FOR AESTHETIC REASONS

This is often a patient driven code due to a desire to improve the look of their smile. This code should be used if the recontouring is done to make a tooth "look better".

16401 RE-CONTOURING OF TEETH FOR FUNCTIONAL REASONS (Not associated with delivery of a single or multiple prosthesis)

This code should not be used in addition to the delivery of a fixed or removable prosthesis fabricated and billed by the same practitioner. The fee for the prosthesis covers all aspects of delivery of the prosthesis, including ensuring adequate function. If the prosthesis was or will be delivered by another dental provider, this code may be the best code to use if alterations are required in the dentition to allow the other practitioner to deliver a prosthesis. This code is to be used to allow the patient to "function better".

16511 OCCLUSAL ADJUSTMENT/EQUILIBRATION

- a) May require several sessions
- b) May be used in conjunction with basic restorative treatment only when occlusal adjustment/equilibration is not required as a result of restoration
- c) Not to be used in conjunction with the delivery and post-insertion care of fixed or removable prosthesis (50000 and 60000 code series by the same dentist for a period of three months).

Again this code should be self explanatory. Ultimately you would be making adjustments to the functional surface of the tooth. In some instances, due to poor alignment, the adjustment may be made to surfaces that normally would not be considered functional, but the adjustment must be made to improve the occlusion and provide ideal occlusion function.

The preambles and descriptors in the Manitoba Dental Association's Suggested Fee Guide offer additional guidance and support to help dentists bill appropriately. For further information contact the Manitoba Dental Association by email: office@manitobadentist.ca Please provide a clear explanation on the specifics of your billing enquiry so that we can accurately assist you.

Conversation on Codes is provided by the Manitoba Dental Association Economics Committee.



DR. TOM BRENEMAN,
PRACTICE SALES & TRANSITION SPECIALIST, TIER THREE
DR. ALF DEAN,
PRACTICE SALES & TRANSITION SPECIALIST, TIER THREE



Concurrently published in the Manitoba Bulletin, Newfoundland Bits & Bites, and the Saskatchewan Newsletter

Are We in a Sellers' Market for Dental Practices? March 2019

There are signs that the market, and therefore the pricing, for general dental practices is at the very least, stabilizing. So, the question is are we still in a sellers' market for dental practice?

The hot spots that have been driving the market for the last few years have been the Southern Ontario and BC Lower Mainland areas. As Figure 1 below illustrates, the last 14 years have seen a steady, and at times, exuberant rise in practice selling prices in Southern Ontario. This has taken place in a market where there are multiple national corporate buyers, resulting in a spill-over affect into other areas of the country.



Figure 1. Average General Practice Selling Prices in Southern Ontario

In previous articles we discussed some of the factors that are driving this sellers' market, as graphically illustrated in Figure 1 above, including:

- An increasing over-supply of dentists in most of Canada, with associated drops in population-to-dentist ratios.
- Existing patient charts with cash flows that have become more and more valuable.
- A relatively limited supply of practices that are available for sale.
- The increasing presence of corporate buyers, often backed by large private venture capital funding.
- The willingness of Canadian banks to provide 10 to 12 year loans at prime interest rates to most individual and small group buyers.

However, in the last 2 years, as depicted in Figure 1, there are signs that the growth in average values has slowed somewhat. The last

twelve months have shown some further indications that the somewhat irrational exuberance of the last few years to buy dental practices may be stabilizing to a steadier, but still strong, demand for practices.

The larger corporate buyers are still very active, and they still prefer to get to sellers who may not realize what their practices may be worth on the open market.

But there does seem to be a trend whereby individual and small group buyers are becoming more discerning about their purchases. If there are weaknesses in a practice they will be noticed, and that is more likely to reduce both the demand, and the price for that particular office. Specifically, among other things, these purchasers and their advisors are much more closely examining:

- Projected free cash flow after dentist compensation.
- Possible premises lease problems.
- Concerns when there are staff costs that are out of line, or if there is substantial potential employee liability.
- Decreasing revenue trends as the seller gets closer to retirement, as this raises more scepticism about the potential of a successful turnaround by a new buyer.

Most importantly, we have noticed that there is a noticeable tendency for caution among the banks that are financing these transactions. Like the buyers, the banks are also now more closely looking at the issues mentioned above. They are also becoming much more cautious about extending credit to purchasers who are looking to buy an opportunity that will be their third, fourth, or more practice.

All of these factors are having an effect in the marketplace. Buyers, and their funders, are becoming more disciplined and discerning about what they will buy, and what they will pay.

What does this mean if you are thinking of selling in the near future? The market remains strong for good general dental practices, but your practice is going to be more closely compared to what else may be available, and the details of your practice will be closely examined and analysed against the price that will be paid.

We are still in a sellers' market where good practices with good fundamentals will continue to attract buyers. These buyers will still pay fair prices for what they are getting. However, the exuberance to perhaps pay more than fair value seems to be gone, or at least reducing.



ROLAND DEBROUWERE, DMD, MD
ASSISTANT PROFESSOR,
DEPARTMENT OF ANESTHESIOLOGY AND
PERIOPERATIVE MEDICINE, UNIVERSITY OF MANITOBA

Anxiolysis / Oral Sedation

Dental phobia / anxiety is a common situation we encounter on a daily basis in our practices. There are several useful non-pharmacological tools at our disposal to manage the majority of these situations. When these techniques are unsuccessful, there are well established and safe pharmacological options available. However, in certain situations these same agents are also used to provide a more profound alteration in level of consciousness. When does anxiolysis end and oral sedation begin?

Table 1 provides a template for the various levels of pharmacological behavior management available to our patients.

Table 1: CONTINUUM OF DEPTH OF SEDATION:
DEFINITION OF GENERAL ANESTHESIA AND LEVELS OF SEDATION/ANALGESIA

	MINIMAL SEDATION/ANXIOLYSIS	MODERATE SEDATION/ANALGESIA (CONSCIOUS SEDATION)	DEEP SEDATION/ANALGESIA	GENERAL ANESTHESIA
RESPONSIVENESS	NORMAL RESPONSE TO VERBAL STIMULI	PURPOSEFUL RESPONSE TO VERBAL OR TACTILE STIMULATION	PURPOSEFUL RESPONSE FOLLOWING REPEATED OR PAINFUL STIMULATION	UNAROUSABLE EVEN WITH PAINFUL STIMULUS
AIRWAY	UNAFFECTED	NO INTERVENTION REQUIRED	NO INTERVENTION USUALLY REQUIRED OR ONLY BRIEFLY	INTERVENTION USUALLY REQUIRED
SPONTANEOUS VENTILATION	UNAFFECTED	ADEQUATE	MAY BE INADEQUATE	FREQUENTLY INADEQUATE
CARDIOVASCULAR FUNCTION	UNAFFECTED	MAINTAINED	USUALLY MAINTAINED	MAY BE IMPAIRED

Minimal Sedation (Anxiolysis) indicates a drug-induced state during which patients respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilatory and cardiovascular functions are unaffected.

Moderate Sedation/Analgesia (Conscious Sedation) indicates a drug-induced depression of consciousness during which patients respond purposefully* to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

Deep Sedation/Analgesia is a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully* after repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

General Anesthesia is a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent

airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

Because sedation is a continuum, it is not always possible to predict how an individual patient will respond. Hence, practitioners intending to produce a given level of sedation should be able to rescue patients whose level of sedation becomes deeper than initially intended. Individuals administering Moderate Sedation/Analgesia (Conscious Sedation) should be able to rescue patients who enter a state of Deep Sedation/Analgesia, whereas those administering Deep Sedation/Analgesia should be able to rescue patients who enter a state of General Anesthesia.

(Developed by the American Society of Anesthesiologists: Approved by ASA House of Delegates on October 13, 1999 and last amended on October 15, 2014.)

Available at: <http://www.asahq.org/quality-andpractice-management/practice-guidance-resource-documents/continuum-of-depth-of-sedation-definition-of-general-anesthesia-and-levels-of-sedationanalgesia>

*Reflex withdrawal from a painful stimulus is NOT considered a purposeful response.

As one can see there is a continuum from the unmedicated state to the completely unconscious/anesthetized state. Where anxiolysis transitions to sedation is not a single defined point, however there are several physiologic differences between the two states. Most important is the potential for airway and cardiovascular impairment increases as you transition from conscious sedation to general anesthesia.

Another important distinction is the intended endpoint of the proposed therapy. The endpoint of Pharmacological anxiolysis is a comfortable patient who is alert, calm but without physiologic impairment. This usually requires a single oral agent at doses that are routinely prescribed for home / unmonitored use. Conscious sedation usually involves addition of analgesic agents other than local anesthetics to perform the required procedure and/or anxiolytic doses above those recommended for home / unmonitored use. In summary, pharmacological anxiolysis involves the administration of agents in standard doses that should not significantly impair a patient's ability to interact nor have any significant physiologic sequelae. If the intent is to provide more than anxiolysis (ie: conscious sedation) either with higher than standard anxiolytic doses or a combination of agents, then the likelihood for cognitive and physiologic impairment increases as does the need for rescue intervention.



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IN MEMORIAM



DR. STEPHEN ALEXANDER HESCHUK

Stephen Heschuk passed away peacefully at the age of 87 years on December 20, 2018. Steve is survived by his loving wife Audrey of 61 years. Steve was born on the family farm near Sifton, Manitoba in 1931 to Anne and Alexander and was the oldest of 4 sons and 1 daughter. Steve was athletic and scholarly and excelled in his life's endeavors. His warm personality and

charisma were also a big part of his success, both professionally and in his personal relationships.

Steve attended the University of Manitoba and graduated from the Faculty of Science and went on to graduate from the Faculty of Dentistry at the University of Toronto. It was during his studies that he met the love of his life, Audrey Verle Foster and they were married in 1957. Together they moved to Dauphin, Manitoba where they raised their family and he built a very successful dental practice with his brother Orville. Steve was very active in the community and in the dental profession and served as President of the Manitoba Dental Association (1973-1974) and as a Director of the Canadian Dental Association.

Steve and Audrey retired to Victoria, BC and in recent years moved to Abbotsford to be near family. Steve lived a very full life, and nothing gave him more happiness than his family including his 4 children, 11 grandchildren and 5 great-grandchildren.

Steve is survived by his wife Audrey, his children; Calvin (Sandra), Craig (Cheryl), Christopher (Tomoko) and Carol-Ann; his grandchildren Jasmine, Danica, Alexander, Sydney, Gabrielle, Joseph, Rae-Anne, Ken, Tess, Troy and Stephen and his great-grandchildren; Oliver, Nicolas, Jase, Georgia and Jessa. He is also survived by his brother Dr. Orville (Carolyn) and his sister Pat. Steve was predeceased by twin daughters Theresa and Catherine and beloved younger brothers William and Dr. Marcel. He is also survived by a large extended family with whom he loved to spend time, especially at family reunion events.

Messages of condolence can be sent to the family via Wiebe & Jeske Burial and Cremation Care Providers in Abbotsford, BC. A celebration-of-life for Dr. Stephen will be held in Abbotsford on April 6.

DR. MARVIN W. KOHN

Funeral Announcement The funeral of Dr. Marvin W. Kohn took place at Shaarey Zedek Synagogue on Friday, February 22, 2019 at 10:30 a.m.



DR. MICHAEL A. CUTHBERT

May 6, 1954 - January 18, 2019 It is with heavy hearts that the family of Michael Cuthbert announce his passing on January 18, 2019, after a long, courageous journey with glioblastoma. Michael is survived by his beloved and devoted wife Cheryl, his daughters, Kristin (Chris) Cuthbert and Laura Cuthbert, his stepsons, Dustin (Jodi) Dawson and Brayden (Jody) Dawson,

and his grandchildren, Brianna, Chyanne, Bodhi and Bree who will miss their Papa. Michael had an especially close relationship with his siblings, Patt (Randy) Roberts, Kathleen Gugin and Paul (Rosanna) Cuthbert. Michael will also be deeply missed by brothers-in-law, Bryan (Maureen) Mymko and Gary Mymko. Michael was predeceased by his parents, Peter and Clarice Cuthbert. Michael was born in Winnipeg and grew up in Silver Heights attending school at Strathmillan, Golden Gate and Silver Heights Collegiate. He knew from an early age that he wanted to be a dentist and in 1979 graduated from the University of Manitoba. Michael practiced dentistry in Dauphin for 37 years. He was an avid learner and enjoyed mastering all the latest dental techniques. In 2014 Michael was honoured by his fellow dentists by being elected as a Fellow of the International Honour Dental Organization the Pierre Fauchard Academy. Michael was proud to be serving as a Director of the Manitoba Dental Association when he became ill. Michael was an outstanding professional, respected and admired by his colleagues, staff and patients. He was the consummate friend - generous and loyal. Proof of this was the continued support and love he received from his friends throughout his illness. Family was so important to Michael. He and Cheryl celebrated with joy all the children's accomplishments and milestones. There was nothing he wouldn't do for them and for Cheryl. His nieces and nephews will miss their special uncle. They delighted in his company and sharing adventures together. Michael loved to laugh. He could tell a great story or share a joke. He was an avid skier, golfer and fisherman. The cabin at Dauphin Lake was his refuge and a gathering place for family and friends. There are countless memories of times sharing a fire and a scotch after a BBQ. Michael was an amazing man. He was kind, thoughtful, unselfish, funny and compassionate. He was loyal, patient and fun-loving. Throughout his illness he never complained and his thoughts and concerns were always for everyone else. He taught us how to face the future with grace, strength and dignity. We will miss Michael every day and carry his special spirit in our hearts. A celebration of Michael's life was held on Saturday, January 26, 2019 at 1:00 p.m. at the Ukrainian Orthodox Auditorium (Eighth Ave. Hall), 304 Whitmore Ave. East, Dauphin, Manitoba. In lieu of flowers, donations may be made to the Dauphin & District Community Foundation or the Parkland Humane Society. We would like to express our sincere gratitude to Dr. C. Harlos, Dr. S. Kakumanu, Dr. G. Bretecher, Dr. R. Smith, nurses, aides, family, friends, colleagues and patients for their support and love throughout this most difficult journey. "He was a man, take him for all in all, I shall not look upon his like again"

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