

Bulletin



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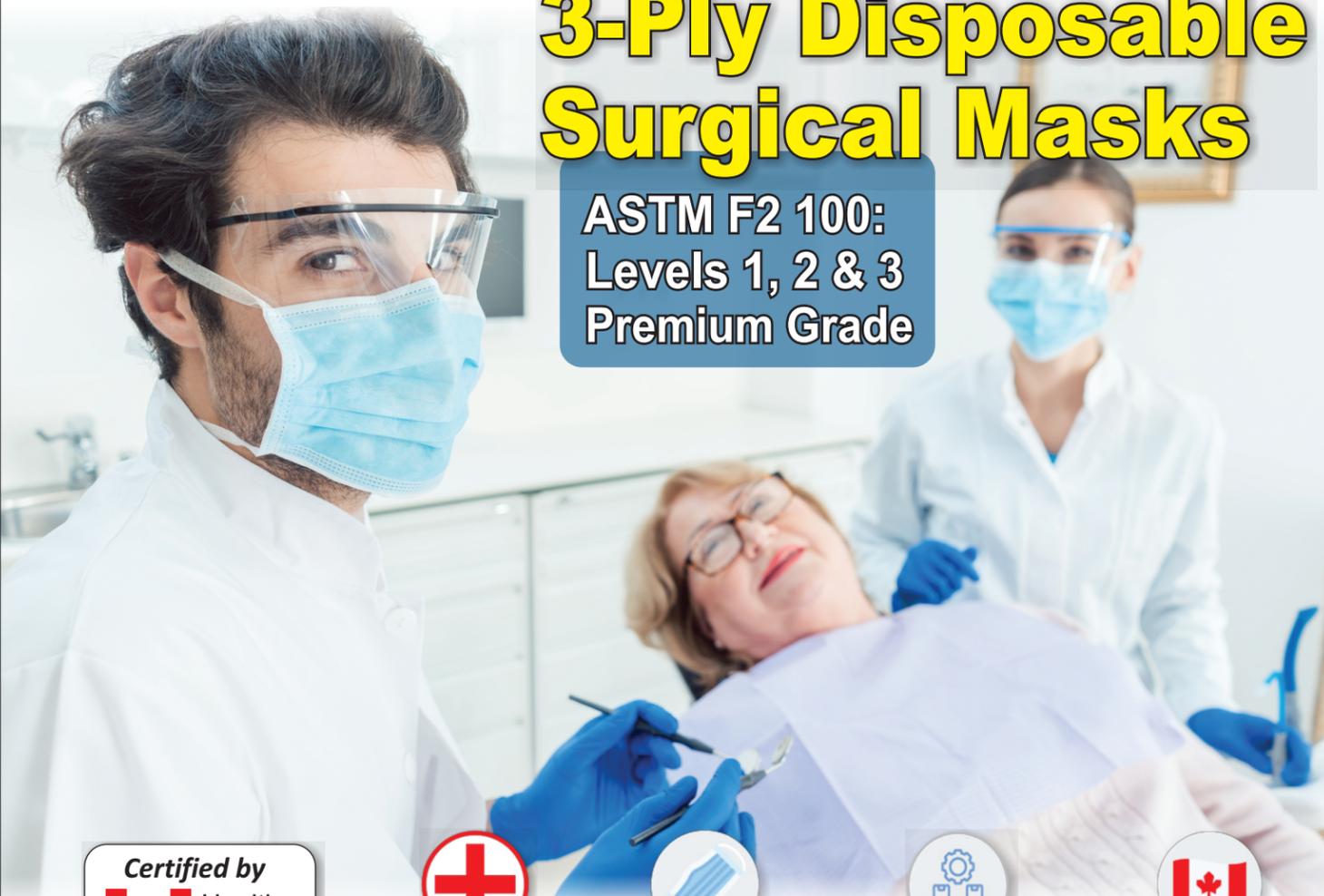
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Level, ASTM F2 100	1	2	3
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Partial Filtration Efficiency @ 0.1 μ, %	≥95	≥98	≥98
Differential Pressure, mm, H20/cm ²	<4.0	<5.0	<5.0
Fluid Resistance, mmHg	80	120	160
Flamme Spread	Class 1	Class 1	Class 1

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MDA Communications Update

As we all continue to navigate the ongoing pandemic, let me wish you and yours Happy Holidays. However we all celebrate, it will be different this year. Let's focus on getting through this to be able to truly celebrate when we get to the other side.

As we continue in Code Red of the pandemic response, the Communications messaging has changed. We have heard the questions from members regarding business. This is not the time to drive busyness in our offices. As essential healthcare providers we need to be there.

With that in mind, we are continuing to run "Wearing is Caring" on all of our media streams until Code Red is lifted. Our remaining messaging is on hold until the province moves us off of Code Red.

Our Communications budget for 2021 has been approved by the MDA Board on October 30, 2020. Please watch for our new material and messaging when it is appropriate for us to share it with all of you and with the public.

The MDA's "Flossing" as well as "We'll All Smile Again" spots each won an International Summit award, beating out over 4100 entries. "Flossing" was in the Health/Medicine Marketing, and "We'll All Smile Again" for Coronavirus response.

A heartfelt shout out to all involved.

Be safe and well over the holiday season. Respectfully,

J. Baluta

Dr Jerry Baluta
Chair Communications Committee



MDA Bulletin



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President's Message

DR. MARC MOLLOY, D.M.D.
PRESIDENT, MDA

Last evening, I was out shoveling what is likely the snowfall that will 'stick around' in my neck of the woods. I came to the realization that each one of you will likely have a similar experience however at different times based on where you are located within our vast province. There was a time when this was the case with COVID-19 as well – but that has now changed.

As I write this piece, the entire province is in Red(critical) on the MB Provincial Pandemic Response System. It seems the second wave has proven to be that which was predicted – stronger and tougher. We are seeing concerning numbers of infections in the general community and significant pressure being placed on hospital ICUs. Our loved ones in long term care are suffering. Local, Provincial, Federal, governments are all messaging to 'batten down the hatches.'

Although this situation is difficult to witness, it is where we find ourselves, and as health care providers and leaders in our communities we must pivot to adapt to the circumstances.

After our return practise this past spring, Manitoba dentists have been among the busiest in Canada. For this we are very fortunate. In our current climate, we all have difficulty making predictions, but it could be predicted that the winter months may be difficult for dental practises. Practises may experience a slow down as patients stay home and choose to postpone what they perceive as less urgent care. Although the MDA will continue to engage in appropriate communications, employers may need to pivot once again to manage with a leaner team.

We have had a very busy fall schedule including several meetings with the Provincial Health Minister, the Honourable Cameron Friesen, to discuss several issues related to dentistry in our province.

Earlier this month, The Minister signed an order under the Regulated Health Professions Act related to COVID-19 vaccine administration. The Government, by this order, has asked our profession to help in the efforts to administer this vaccine to Manitobans starting this month and running indefinitely. Dentists, dental students and former member dentists are included as qualified oral health care providers recognized in the effort. It is my pleasure to see us included in the greater healthcare conversation and to be involved in helping fellow Manitobans during this time of need. We will all have to do our part to mobilize our community to respond to this call.

The formal online application process typically required for employment with Shared Health has been waived. Should you be interested in being trained for one of the positions, please immediately forward your information to the MDA at ce@manitobadentist.ca and they will provide an expedited process for Shared Health application.

Our discussions with the Minister also focused on reinforcing with him the importance that, as essential health care providers, dentists

and their teams should have access to early vaccination. Our CDA President, Dr. Jim Armstrong, has also raised the issue with the Federal and Provincial Ministers of Health. We continue to be strong in this file. All that said, please don't let news of a pending vaccine cause you all to let your collective guard down – community levels of COVID-19 are a concern and it may be many months before we see enough vaccine to reach the majority of Canadians from coast to coast.

Prior to and during the COVID-19 response, our profession has done a remarkable job working at positioning itself in the community as advocates for the greater good. What I have observed throughout this past 6 or so months is that Manitobans trust their dentists and that we collectively take very seriously our roles as caretakers of our dentist lead teams. Dentists in Manitoba have been committed to this for a long time. It is during these times of duress, that the fruits of our labour become visible.

Over the past months, the MDA has maintained careful communications with the public depending upon rates of infection. When the pandemic began last spring, our 'We Will Smile Again' campaign was very timely. In summer and early fall, our communications turned to focus on return to practise, the importance of seeing your dentist and the safety of dental practises. As rates increased we pivoted to a 'Wearing is Caring' campaign to support our provincial public health offices' messages and to ensure our continued alignment with the general public sentiment related to COVID-19 in Manitoba. Drs. Baluta and Santos along with their communications team have led the way in Canada on this front.

Communication with our teams and our families continues to be important. Limiting our teams' contacts outside the office and insulating to our households will be the only hope we have to keeping our teams intact. This will be difficult, especially with the holiday season approaching. Clinically, careful point of care risk assessment must be undertaken for all patients at all times. Consideration for level of transmission in areas of outbreak or when extensive community transmission has occurred will affect risk assessment and determination of need for care, level of caution and level of PPE employed.

One critical aspect in keeping our dental teams intact and healthy is careful compliance in the office with staff screening, self-monitoring, physical distancing of 2m or more and judicious use of PPE. This includes the non-clinical areas of the office during lunch or break times, where it is important to maintain a minimum 6-foot physical distance between all people and minimal contact and time in the same space without mask wear. Staggering break times may help in managing these spaces appropriately.

The MDA has continued to keep in close communication with other Provinces. We are active on the CDA Return to Practise Task Force and frequent Cross-Canada COVID-19 Update meetings.

Our MDA Return to Practise Task Force meets regularly to keep informed of the landscape in Manitoba to ensure we closely align with policies in other jurisdictions.

On November 5th, the MDA held its first ever Virtual AGM. I can say that running an AGM from one's living room does pose some level of challenge but I think we all pulled it off! Thanks to Board members and Committee Chairs for attending and to participants for the valuable feedback. The owners of our association are its members and through The Dental Association Act we have been granted the privilege of regulating dentistry and dental assisting in the public interest.

Earlier this fall, our Registrar Dr. Arun Misra, expanded his team. Dr. Cory Sul has accepted the position of Deputy Registrar. He will assist the Registrar on regulatory matters including policies, procedures and standards of practice. Dr. Ronald Tough will fill the new position of Mediation Liaison Officer. His role will be to provide mediation services to patients and Members, oral health information to members of the public, and act as a resource to Members about patient concerns. The addition of these roles will provide much needed help in managing these important aspects of self-regulation. I am happy to see the MDA team continue to strengthen.

The MDA Board continues its work to ensure that our committee structure and volunteer system remains structured and organized. Our many committees report to the Board on their many initiatives. This continued alignment between the Board and its many stakeholders is critical. I am so very proud of the over 250 volunteers that provide that outreach for the benefit of the public and dentistry in Manitoba. This involvement is our strongest asset. No other province has the network we do and The Board does not take that fact for granted.

Overall, 2020 has presented its challenges and because of that has been a very busy one for the MDA. The MDA staff have been

dedicated beyond expectation. Our Board has met more this year than it has over the past several – always engaged and well aligned. Board members and public representatives remain focused on regulating in the public interest. The Board Executive, Drs. Chris Cottick(VP) and David Goertz(PP), have shown a level of commitment above and beyond what could ever be expected. Chris has been one of the hardest working Vice Presidents - from a guy who already eats and breathes dentistry. David will conclude his service on the Board toward the end of January. He has put the priorities of the MDA in the 'front of the line' for many years now – a dedication that has certainly not gone unnoticed. Thank-you Chris and David. Although stressful at times it will be with much fondness that I will look back on this year for the great people I have worked with and the cross Canada collaboration that is COVID-19. For all of this I am thankful.

Finally, dentists and their teams are not immune to the stresses of providing front line care and can sometimes be forgotten in that conversation, especially during the COVID-19 response. Each and every one of you and your family members have access to mental health and wellness support through CDSP's Members' Assistance Program (MAP) by calling 1.844.578.4040 or visiting www.workhealthlife.com. MAP provides a variety of resources to help individuals deal with life's challenges. It is a confidential counselling, referral and information service for individuals who are dealing with mental health challenges or need advice on topics such as physical fitness, nutrition or parenting. MAP services and resources are offered through Shepell, Canada's largest provider of Employee and Family Assistance Programs.

Please everyone, keep well and I look forward to a day when we can all see each other in person again and catch up. 

Marc Molloy, B.Sc, DMD
President & Chairman of the Board
Manitoba Dental Association



MDAA Board of Directors Message

TRINA BOURGEOIS RDA III
ACTING PRESIDENT, MDA

Well here we are just around the corner looking into Christmas and what type of celebrations we might be able to experience this year. It doesn't seem to be viable that outside of our immediate families, there will be much celebrating. I myself have had a Christmas party for 30 years and this year will be the first without. It seems for some people the challenge of staying home, protecting people is a challenge. Look for new ways of celebrations, enjoying the less rushed experience, new recipes, and new traditions.

I'm not sure how everyone's work experience has been but generally I believe everyone has settled into a new normal. I mean really, it's just a little more layers than we typically would do normally, it seems it will be something that stays and we will just be a little more cautious in our days moving forward.

I am very happy to see such a good response with the survey that was recently sent out; thank you. We will assess the results once

completed and formatted. It will be good reference for how RDAs are experiencing their work environment.

We want to continually offer support and a voice to our members and please feel free to drop an email or phone call whenever you feel the need. Check out the website as Heather Kinsman our CEO, is always updating with information. We will be starting something new in January, something to provide a little more for our members.

Keep working strong and safe and wishing you all a very merry season of celebrations! Looks like virtual celebrations are the also the new norm! It's important to keep connected even if it's virtual. This time is difficult for so many people. 

Trina Bourgeois RDA III
President of the Manitoba Dental Assistants Association



Registrar's Message

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

Concepts of Informed Consent

As health care professionals, dentists have a legal obligation to provide adequate information to their patients, allowing them to properly make decisions regarding their health care. The importance of this process has been underscored by an increasing recognition and respect for the patient's fundamental right to medical self-determination that all practitioners need to be fully familiar with. In the legal context, negligence may be defined as a careless or reckless act that is reasonably foreseeable to cause injury. There are 3 elements that are important to consider. The first is the concept of a duty of care. This is based on the so called "neighbor principle" where a duty of care is owed to persons who are so closely and directly affected by an act that they ought to have reasonably be contemplated by the person doing the act. A dentist is under a duty of care to both answer any of a patient's questions and to provide information about the patient's health and treatment options.

The second element to consider relates to standard of care. For the professional, the standard of care is the degree of skill and care shown by the reasonably prudent practitioner operating in like circumstances. In order for the full disclosure standard to be met, all material risks, potential side effects, as well as likely outcomes if the patient were to choose to not go ahead with treatment, must be disclosed.

The final aspect to consider in cases of possible negligence is whether there is causation. In order to establish causation, it must be shown that the patient would not have consented to the procedure if the defendant had performed his/her duty to inform the patient of these aforementioned risks. The courts use what is referred to as a modified objective test, which is based on the question of what the reasonable person in the patient's circumstances would have done.

In practical terms, the standard of care when it comes to proper informed consent has a number of important components. Dentist

should disclose all of the facts, material or relevant to the condition that a reasonable person in the patients' circumstances would require in order to decide what course of treatment to take, including any non-treatment. The dentist must answer all of the patients' questions and assess the patient's capacity to comprehend both the treatments, as well as the potential outcomes if no treatment is provided. When providing treatment options, practitioners should not limit those discussions to only those treatments that they provide in their office or may be biased to and are therefore, more inclined to perform. Patients should be informed of the reasonable expectation for the diagnostic circumstances in consideration of the patient's oral and overall health, as well as expected outcomes with various treatment options. Regardless of how beneficial or necessary the proposed treatment may be in the eyes of the dentist, ultimately, it is the patient who has the right to decide which course of treatment options provided by the dentist, if any, is best for them. They also have the right to know the reasonable prognosis or expectations for various diagnostic circumstances. This right is meaningless if the patient is not provided with sufficient information to make an informed choice.

When discussing risks and benefits, a dentist has a duty to fully inform the patient of all material, special or unusual outcomes that might occur. Unfortunately, in many of the formal complaints and legal proceedings that occur, it is found that the amount of information disclosed to the patient is usually insufficient. I would encourage members to take the time to review their current consent practices and consider what improvements should be taken to better serve the oral health needs of Manitobans. As always, I am happy to answer your questions regarding this and other regulatory matters affecting your clinical practice. 

Respectfully,
Arun Misra DMD, LLB
Registrar

Governance and Nominating Report 2020

The Governance and Nominating Committee of the MDA (GNC) was established to ensure continuing good governance for the Association and coordinate standardization of the operation of the Association's committees. The last several years has seen new updated Terms of Reference for almost all of the committees of the Association being prepared and approved by the board. Most recently the Long Term Care committee has been completed and a new committee will shortly be struck to champion the work of the association in this important access to care and protection of the public area.

The GNC has also spearheaded an all committee chairs meetings to help educate the chairs of the various MDA committees as to

the organization of the association and the smooth operation of committees. The upcoming year's all chairs meeting will be held in April 2021 to help support the ongoing operation of the various committees of the MDA.

A special full board and committees chair meeting on the principles of non profit board operations will be held virtually on Friday January 22, 2021.

GNC works closely with committees and the permanent staff of the Association to ensure all committee positions are filled with member dentists, dental assistants and members of the public to complete the defined terms of reference of the various committees of the Association.



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Canadian Dental Association Message

DR. JOEL ANTEL, D.M.D.
CDA BOARD REPRESENTATIVE



The World Health Organization declared the COVID-19 pandemic in March 2020, nine months ago. Seems longer. As I write this, in mid November, the Covid-19 stats are not what we had hoped for, but there is the first news of an emerging vaccine. Let us be hopeful about where things are at when the bulletin is distributed.

Challenges bring opportunities and the pandemic has presented some challenges, with the attendant possibilities, for the Canadian Dental Association. CDA remains focused on protecting the financial solvency of dental offices across Canada, as well as the oral health of Canadians. Operational changes, ongoing recovery and return to practice planning have moved to the fore. CDA is working collectively with provincial and territorial dental associations and stakeholder groups in dentistry and healthcare to help the dental profession grow stronger as we navigate change in 2020 and beyond.

Dental offices are carrying on and the hub of activity at CDA on behalf of dentists continues. Good things are happening. Here is a summary of some of the current activities. I would like to thank Zelda Burt, CDA manager, communications, for the 2020 Activities Report on which this summary is based.

The Board of Directors has identified managing the COVID-19 crisis as a top priority of the organization, and as a result, some priority projects, including some work related to the Future of the Profession initiative, were placed on a temporarily hold. Since March 2020, CDA has been focused on gathering and sharing knowledge about the pandemic's impact internationally, and specifically the impact on Canadian dentists, dental practice, and recommendations for business recovery.

CDA continues to participate regularly in key discussions with Health Canada and the Public Health Agency of Canada. Furthermore, CDA has been and continues to be a key facilitator of information exchange between Corporate Members. The CDA Board of Directors, with support from the COVID-19 Response Team, has been meeting regularly with provincial and territorial dental association presidents and CEO's to gather and share information as the pandemic continues to evolve.

In response to the economic impacts of COVID-19 CDA underwent an operational review in May 2020. This resulted in the implementation of several cost-saving initiatives to ensure that CDA is more financially sustainable in the future to support the dental profession, while minimizing any negative impact on the quality of service being provided to the association's many stakeholders.

In May 2020, CDA put in place the Return to Practice Task Force. The Task Force has been, and continues to meet regularly to discuss deliverables for information exchange on return-to-practice status across the country; strategies to secure personal protective equipment (PPE); communications to the public on dentists returning to practice; maintaining a central repository of practice guidelines from across the country and internationally; and the latest information with

direct follow-up and interviews with researchers to strengthen the profession's understanding about the pathways for new technologies to control aerosols, real time testing and vaccines; controlling aerosol particle dispersion to surrounding areas; and decontamination and disinfection protocols.

CDA established the Infection Control Working Group, which is responsible for collecting and assessing information on infection protection and control to support the Return to Practice Task Force. The Infection Control Working produced a Return-to-Practice Office Manual in May 2020, which consolidates considerations from around the world related to return to practice as a tool for Corporate Members to use and adapt.

CDA has been active on communications to the public. In July 2020, CDA issued a news release to encourage the public to see their dentist, to get back to oral health, and to restart routine care as soon as possible. This release activated CDA's "Your Dentist is Ready to See You" social media campaign. For maximum impact, CDA provided Corporate Members with co-branding options to promote the materials to the public in their respective jurisdictions.

To help prevent the spread of infection and bringing it into the dental office, CDA launched a three-part dental office poster series in August 2020 targeting dental office staff and reminding them of the importance of being as vigilant outside the operatory as they are inside the operatory. The office poster series was accompanied by suggested team discussion points for dentists to use with their staff.

On August 12, 2020 CDA swiftly reacted to the release of the World Health Organization's considerations to delay routine dental care in the context of COVID-19. Related headlines caused considerable confusion for countries such as Canada.

CDA responded with a public statement on its website, clarifying that the WHO considerations are not relevant for Canada since Canada is experiencing cluster-contained outbreaks and strong infection protocols in dental offices - conditions which allow for routine oral health care to be provided. CDA wrote a letter to the WHO directly, expressing dismay at the confusion that was created by the unclear, months-late information. CDA followed up with a letter to express our concern that the FDI World Dental Federation was not consulted, pressing the FDI for better communications with WHO and other international organizations.

CDA uses its national voice to raise issues and concerns facing dentistry. As part of its advocacy efforts, CDA liaises directly with a range of federal government departments including the Department of Finance, Health Canada, Indigenous Services Canada, the Public Health Agency of Canada, Employment and Social Development, and Veterans Affairs.

CDA works diligently to ensure that oral health remains a recognizable and significant public health issue, informing key

decision-makers about matters that directly impact dentistry and the oral health of our population. CDA has been extremely active in 2020 explaining the challenges that are faced by dentists and their oral health teams due to the many disruptions brought about by the COVID-19 pandemic.

CDA has pushed hard for emergency relief that would help offices to stay afloat while having an opportunity to retain key staff. Some of the programs, including the Canada Emergency Relief Benefit (CERB) and the Canadian Emergency Wage Subsidy (CEWS), reflected those initial requests, and when they didn't, CDA reached out again to help guide the changes to these programs when they were not adequate.

The Canada Emergency Commercial Rent Assistance (CECRA) program was initially inaccessible to dental offices who received insurance payouts. CDA advocated for this policy to be re-examined given the context for dental offices and was successful in getting this very specific policy change. This means that dental offices that were deemed ineligible for CECRA because of their pandemic insurance were reassessed or became subsequently eligible.

CDA participates in several networks of health and small business organizations that jointly make representations to the government on a range of ongoing issues. In April 2020, CDA created a Roadmap that forms the basis of CDA's ongoing initiatives to help dentists and their employees navigate the government's financial support programs for workers and businesses in light of COVID-19 issues. CDA partnered with MNP and the Canadian Medical Association to share and personalize federal funding program information that is more specific to certain business models. All of this information continues to be updated and made available on the CDA website.

CDA's toll-free Help Line went live in April 2020 to help dentists navigate and access federal government support programs. The Help Line is available Monday to Friday between 7:30 am and 8:00 pm EDT. CDA has developed a call-flow for Help Desk staff and created a new webpage on the COVID-19 section of the CDA website. Any dentist who calls the Help Desk for support also receives a follow-up email from a Help Desk agent with useful links.

CDA's President, Dr. James Armstrong, addressed the House of Commons' Standing Committee on Finance on May 1, 2020 as part of its study regarding the Government of Canada's response to the COVID-19 pandemic. Among CDA's key recommendations were the need to extend the Canada Emergency Wage Subsidy; tax credits for practices that need to physically adapt to new guidelines; facilitated access to personal protective equipment (PPE); and support for extended health care benefits.

Dr. Armstrong also addressed the House of Commons Standing Committee on Health on June 10, 2020. Key discussion points focused on: access to personal protective equipment (PPE); return to practice guidelines and incoherencies between provinces; the future of dental care; and the importance of oral health care provision in long-term care facilities.

In August, the Standing Committee on Finance commenced its annual pre-budget consultation process. The theme for 2021's consultations is "economic restart and recovery." CDA's submission was: Healthy citizens lead to productive businesses, growing economies, and thriving communities. Canada has one of the best oral health care delivery systems in the world, with care primarily delivered through dental clinics, unfortunately not all Canadians enjoy this excellent access to dental services. CDA recommended a long-term approach to fund public oral health programs provided at the provincial and territorial level through a dedicated funding

envelope of \$3 Billion in the Canada Health Transfer. CDA understands that solutions to the access to oral health care issue are complex, and no single organization, government agency, or community can be expected to solely address the oral health challenges of certain groups of Canadians. CDA underlined the importance of the Federal government collaborating with provincial and territorial governments to ensure that those programs are appropriately prioritized.

CDA continues to serve as a facilitator in the development of common national statements to ensure that the profession speaks with one voice on key oral health issues. CDA and Corporate Members work together on questions of national policy. Currently CDA has official position statements housed on the CDA website. Examples of the important issues addressed are: Oral Jewelry; Sweeteners in Medication; Tobacco Products, Smoking Cannabis and Vaping; Dental Patients with Total Joint Replacement; Early Childhood Caries and many more.

CDA's suite of electronic practice support services helps dentists run their practices and ensures that they are efficient, secure and compliant when sending e-claims, e-referrals and when sharing patient records electronically.

CDA continues to offer and promote CDA Secure Send. Thousands of dentists and specialists across the country are subscribed, with more signing up every day as they become aware of their legal obligations regarding privacy in the transfer of patient information. CDAnet and ITRANS remain an enduring success of CDA and our Corporate Members for over 25 years. CDAnet enables dentists to send patients' dental benefit claims to insurance companies electronically. The latest update about CDAnet is that dentists can now see the CDAnet claims traffic and insurance responses on the CDA Practice Support Services website, which is excellent for troubleshooting claims issues. ITRANS 2.0 is the latest version of ITRANS that offices and software vendors are moving to. It is a software-based system that further reduces privacy risks, eliminates ITRANS network slow-downs, and enables vendors to automate changes to the list of insurance companies.

Throughout 2020, CDA has also worked with the Canadian Life and Health Insurance Association (CLHIA) to improve the understanding of the USC&LS by insurance companies and to identify solutions to coding issues arising from the COVID-19 pandemic. Furthermore, CDA worked with individual carriers on a variety of issues bringing to their attention the views of the profession.

There are a variety of other CDA programs.

The DAT Program is designed to help dental students assess their aptitude for a career in dentistry and to assist dental schools in selecting first-year students. The DAT is administered twice a year, in November and February. The unavailability of many of the test sites caused considerable challenges, including finding a way to administer the DAT while respecting local COVID restrictions, all while ensuring that test results could be compared between test centers and with those of previous years. CDA is committed to ensuring the reliability of the results.

The Dental Career Options website, officially launched in January 2020, is dedicated to helping dental students and early practicing dentists fully understand the career options that are available to them throughout their professional lives. The Dental Career Options website provides information, advice from mentors, as well as a range of resources for dentists who are starting their careers or considering a career transition. CDA continues to promote the website regularly to dental students and early practicing dentists.

CDA's Seal Program independently validates specific oral health benefit claims made by the manufacturer of an oral health product. The CDA Seal and its accompanying statement are found on products that have successfully completed the CDA review process. For Canadian consumers and dentists, the CDA Seal provides reassurance that a specific oral health product can improve an individual's oral health in the ways claimed by the manufacturer.

CDA is committed to continue supporting the mental health and wellness of individuals in the dental community and their families through the uncertainty, unpredictability and stress of the pandemic. CDA regularly promotes mental health and wellness resources via our

corporate social media channels, Help Desk service, and on the CDA website. In particular, CDA has been promoting CDSPI's Members' Assistance Program (MAP), which provides a variety of resources to help individuals deal with life's challenges. MAP is a confidential counselling, referral and information service for individuals who are dealing with mental health challenges or need advice on topics such as physical fitness, nutrition or parenting.

As always, I appreciate the opportunity you have given me to serve on the board of the Canadian Dental Association.

Joel

Registration for Dentists as Vaccinators of COVID-19 vaccine

Earlier this month, The Minister signed an order under the Regulated Health Professions Act related to COVID-19 vaccine administration. The Government, by this order, has asked our profession to help in the efforts to administer this vaccine to Manitobans starting this month and running indefinitely. Dentists, dental students and former member dentists are included as qualified oral health care providers recognized in the effort.

The Order states that positions are available to:

- MDA members
- Former MDA Members
- Dental Students - enrolled in the Faculty of Dentistry at the U of M in the 2nd year or higher level and has completed the injection portion of the program

Paid Positions Available:

- Immunization team members - Vaccine Administration
- Immunization Clinical Leaders
- Post Immunization Observation team members

All interested candidates will be required to complete the vaccine administration program (paid time) offered by Red River Community College. The new micro-credential will help ensure they can properly administer the COVID-19 vaccine and help immunize Manitobans. This 1-day course, offered at no cost, includes a ½ day online portion as well as a ½ day in-person lab. Course participants will learn about the virus, become familiar with safe COVID-19 vaccine procedures, learn about immunization and related anatomy, and understand best practices when vaccinating clients. In addition to the online learning component, the lab will allow people to practice and demonstrate their competency in the skills needed to deliver the vaccine safely. 8 MDA CE Hours will be

provided. A 45-minute PHIA education course will be required prior to deployment.

The vaccination campaign is expected to last for months, expanding throughout the province. In the short term there will only be one or two central sites in Winnipeg providing immunization for the province. The immunization efforts may expand later in the new year to include several sites in different locations in the province.

Participants are asked to not significantly reduce their contribution to their regular dental practise and patients. It continues to be important that Manitobans continue to have access to dental care. Shifts in the vaccination clinics will vary - 4hr, 8hr, and 12hr length, depending upon your level of availability. Vaccination clinics will be open 7 days per week. Shifts will be assigned through an online portal. These positions are paid positions and remuneration is being determined by Shared Health.

The formal online application process typically required for employment with Shared Health has been waived. Should you be interested in being trained for one of the positions, please immediately forward the following information to the MDA at ce@manitobadentist.ca and they will provide an expedited process for Shared Health application:

Full Name and Address
Phone Number and Preferred Email address
4-digit Licence Number
Date of Birth
Position Applied For
Shift Availability(day/eve/wknd)
Shift Length(4/8/12hr)



Canadian Dental Association benefits for Manitoba Dentists

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

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

Taxation of Health and Dental Benefits

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

Tax Planning Using Private Corporations

Given the major impact that the federal government's tax proposals on Canadian-controlled private corporations (CCPC) would have on Canadian dentists, CDA, in collaboration with provincial dental associations, took an active role in

designing and implementing an advocacy strategy to oppose such tax measures. CDA played a support role in the organization of a national alliance of stakeholders who were united against these CCPC proposals. This coordinated advocacy campaign was successful as the federal government withdrew its plans related to capital gains and modified its proposals on passive investments and further clarified its policy on income sprinkling. In its 2018 Budget, the federal government made further modifications to its proposed tax measures that went a long way in addressing many of dentistry's concerns.

Media Relations

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





Dean's Message

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

Fall has seen a resurgence of COVID-19 cases in the province with an ever-mounting increase in community spread of the virus. With our fall term almost completed, the Dr. Gerald Niznick College of Dentistry has managed to maintain continuous safe clinical operations, albeit at a reduced capacity. Our teaching has continued in-person in our preclinical labs, while the delivery of our academic curriculum has progressed in a virtual setting. Our community engagement has been sustained in the facilities where we have been allowed to provide care.

Our ability to operate safely and nimbly is thanks to the close collaboration with the Rady Faculty of Health Sciences, the Manitoba Dental Association and Shared Health. Information and supports have been provided when asked for, and for that we are extremely thankful.

The forbearance of staff, faculty and students has also been admirable given the ever-changing directives and protocols that the pandemic has imposed on us.

Amidst all this turmoil our researchers have had a stellar year by exceeding expectations in competing for and receiving significant grants. Dr. R. Schroth was the co-applicant and recipient of a \$1,445,085.00 grant from the COVID-19 Immunity Task Force to examine the COVID-19 experience in Canadian Dental Schools. This is a truly collaborative effort as the research team has representatives from every dental school across Canada. In addition, Dr. Schroth and his research team were also the successful recipients, of a 5-year Canadian Institutes of Health Research (CIHR) grant to implement novel, culturally informed early childhood oral health interventions for young First Nations and Metis children in Manitoba. This grant of nearly \$1.5 million dollars is the largest grant to any member of the Rady Faculty of Health Sciences, in the most recent CIHR spring grant competition, ranking first in its category.

Dr. Chelikani is also the recipient of a 5-year Discovery Operating grant from the Natural Sciences and Engineering Research Council of Canada (NSERC) for structure-function studies focused on the

role of novel bitter taste receptor blockers in food chemosensation. In addition, Dr. Chelikani secured funding of another major award from the Heart and Stroke Foundation for collaborative studies of taste receptor biology in the context of pulmonary hypertension.

Dr. K. Duan was also awarded a 5-year Discovery Operating NSERC grant to investigate the molecular basis and regulatory mechanisms of bacterial interspecies and intercellular interactions. Dr. D. Atukorallaya was, similarly, the successful recipient of a 5-year Discovery Operating NSERC grant on her work on Mexican cavefish as an investigative model for the evolutionary development of epithelial appendages. In addition, Dr. Atukorallaya was the recent recipient of a 5-year Canadian Foundation for Innovation (CFI) grant worth \$863,965.00 for developing a teleost center to study the mechanisms of neural stem/crest cells in health and disease.

Dr. R. Franca in our Restorative Dentistry Department, received significant support from Mitacs Accelerate on his research on Custom root-analogue dental implant manufactured by direct metal laser forming. He was also awarded a scholarship from Global Affairs Canada under the Emerging Leaders in the Americas Program for his project on the characterization of chemical solubility and ions release of lithium disilicate glass-ceramic.

Dr. G. Kirouac is one of our researchers with the most consistent funding over the last 20 years for neuroscience studies of behaviour. The funding for his research on the role of the paraventricular nucleus of the thalamus in emotional behavior was also renewed by CIHR for another 5 years. Dr. Kirouac also works in close collaboration with University of Texas researchers in cutting-edge studies of neural circuitry tracing.

The national and international success of this group of researchers is a testament to the true talent that exists in our college research community. In an ever more competitive scene of research funding it is truly amazing how well represented our Dr. Gerald Niznick College of Dentistry researchers are. 🇨🇦



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YOUR MANITOBA DENTAL FOUNDATION

VISION STATEMENT

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

Our MDF Needs You:



This is an example of the impact your donation can have:

The Never Alone Cancer Foundation provides emotional, social, financial and informational support to patients, families and caregivers affected by cancer.

A client of the Never Alone Foundation, said that the dental care she required due to her cancer was well beyond her financial capacity

"I got through my treatments and was thankful to be alive. I'm in my 70's and didn't want to complain about the pain I had in my mouth after that. You see, I lost my husband to cancer. What can you do? But the pain was getting worse and I don't have much left at the end of the month. I was so worried. A clinician at CancerCare told me about Never Alone. They helped me get an appointment and paid for it - I was just so thankful. Yes, I don't know what else to say, but that I'm so thankful."

- D.R.

The Covid pandemic has dramatically increased the number underserved individuals and families requiring oral health care. Furlough, terminations and layoffs has drastically increased the need for oral health care.

Members of our MDA, staff, and suppliers have not been spared the economic effects of the pandemic.

To those of you who already make annual and monthly donations, please know the significant impact of your contributions.

Our ask on behalf of those who desperately need our expertise is straightforward, please make a monthly contribution of \$43 the fee associated with Code 01204 (specific examination). Over the calendar year you will receive a Charitable Tax receipt for \$516. After deducting Federal and Provincial tax credits your actual cost will have been roughly \$291.

Our revised website (manitobadentalfoundation.ca) is now up and functioning. You may make your pledge by clicking DONATE or, simply call Cheryl Duffy (204 988 5300 ext. 2).

Be well and safe, take all preventive measures to avoid transmission of the Covid pandemic.

Sincerely,

Pat Kmet, Chair of Fundraising
Manitoba Dental Foundation

Joel Antel, President
Manitoba Dental Foundation

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We can help ease your worries. Find out if these funds are right for you.
Call us at **1.800.561.9401** or email at investment@cdspi.com.





The Importance of Self-Care for Practice Owners During a Pandemic

JACKIE JOACHIM
COO, ROI CORPORATION
1-888-764-4145,
JACKIE.JOACHIM@ROICORP.COM

Will YOU recover from COVID-19?

It is amazing to reflect on how much life has changed since mid-March. We all went into 2020 with high hopes and had no inkling of the need to wear masks and social distance. We now know that these precautions are necessary to keep those around us safe.

It is difficult to constantly live within these restrictions and increased protocols. Many of us are experiencing COVID fatigue. We are stressed by not being able to enjoy simple things we took for granted. We also feel guilty because the sacrifices we are being asked to make pales in comparison to what our parents and grandparents needed to do during times of depressions and wars. We miss not having human touch—shaking a hand, giving an encouraging hug, or even worse, holding someone's hand when they so desperately need our support.

When you are an owner, there is an added layer of complexity. Despite feeling anxious about the state of the world, you must always be positive for your patients and staff. When a patient asks how things are, you cannot tell the truth. You must put on a brave face and while it is necessary, it is also incredibly exhausting and takes a toll.

While the word "self-care" these days is associated with social media posts of face mask rituals, inspirational quotes and the like, the reality is that self-care for owners and leaders during uncertain times is so critical to our health, both physically and mentally. You can only look after your family, staff and patients if you are looking after yourself!!

Like you, I am looking for strategies to ride out the storm with my sanity in tact. We all need a plan to build and sustain our resilience.

- I focus first on being mindful of time. Time has always been a precious commodity. Since March many of us feel we are caught in a time warp or living through the plot of a sci-fi novel. We seem to be constantly putting out small fires on a regular basis and wonder at the end of the day—where did all the time go?

I challenge you to try this little exercise (it takes time but its worth it). Create a table with seven columns (one for each day of the week) and 16 rows (for each hour that you're awake). For a week, write down what you did for each hour so you'll have a clear idea of how you spent your time. You can make adjustments later on. Being more focussed on how you spend your time, allows you to have more control during a pandemic that doesn't allow us to feel any control.

- It is critical to stay in touch with friends and colleagues. By now, we are all Zoomed or webinarred out. I know for myself, the last thing I want to do is spend time on another call. However, many are feeling

apprehensive about eating in restaurants, etc. so how are we engaging socially? It is so easy to let the absence of social physicality create self-isolation. We may see patients or clients, or chat for a few minutes to a salesperson but these encounters cannot replace the physical and one-on-one social interaction we have with our friends. A good old-fashioned phone call is a huge boost not only for the other person on the other line but for you as well.

- I recently read an article, written by leadership mentor Michael Hyatt, who suggested we identify our "Weekly Big Three". Hyatt states the "Weekly Big Three" are your weekly achievements that will move the needle on your major life goals.

In the context of the pandemic, you identify in your working environment the three big tasks you should do for the entire week. The intention is to prevent feelings of being overwhelmed by your to-do list at your practice or office. Your weekly big three can range from learning how to use Instagram to cleaning out your email inbox. And if all you can do is a "Weekly Big One", that is completely fine too.

- Personally the pandemic has made me stop and think about how I spend my time unrelated to business. It is easy to allow ourselves to become defined by our work but now, more than ever, developing a hobby or pursuing an activity outside of your practice or business can prove to be an excellent release of stress. There are so many facets to us and we must not feel guilty for taking time for non work-related interests. It's absolutely fine to have unproductive hobbies or indulge in reality-based television.

- Finally, never be afraid to ask for help. Our egos and pride can unfortunately get in the way. Asking for help is one of the critical things you can do to keep yourself sane and well during these unsettling times as a practice owner.

It truly is important to look after yourself and others during this incredibly crazy time. No one really knows how long the precautions and restrictions will be in place or how long the recovery process will take. However, your practice will come through this pandemic if you look after its greatest asset—YOU. If you are proactive in looking after yourself and others, you will feel more relaxed, focused and have a renewed sense of purpose for not only surviving but managing the pandemic successfully.

Jackie Joachim is Chief Operating Officer of ROI Corporation, Canada's national professional practice and brokerage firm. Please contact her at jackie.joachim@roicorp.com or 1-888-764-4145.

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Dental
Association



GPSC
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To register or find out more, contact Greg Guenther at: gguenther@ManitobaDentist.ca

Our Line up for the 2021 year is as follows;

At this stage GPSC Sessions will be taking place on-line via ZOOM.

A direct registration message will go to GPSC Facilitators and our GPSC Mailing List.

Session Dates:

- Friday February 19th Evening
- Saturday March 20th (Breakfast session)

2021
Lecture
Series:

WDS
Winnipeg Dental Society



Friday
January 22, 2021

Make up lecture
Dr. Manor Haas - Endodontics

Friday
March 5, 2021

Dr. Susan McMahon - "The Selfie Ready Smile" Minimally invasive smile design + anterior trauma restoration

Friday
April 23, 2021

Dr. Lou Graham - Geriatric Dentistry

Register at:
WinnipegDentalSociety.org

CDAnet/ITRANS – Saving Dentists Thousands of Dollars, One Claim at a Time



GEOFF VALENTINE
Associate Director, Practice Support
Canadian Dental Association (CDA)

Pop Quiz: How much money did the CDAnet/ITRANS Claims Service save BC dental offices in 2019?

Although it's tough to calculate this figure precisely, here are some background numbers to help illustrate the savings:

- Number of claims transmitted by BC dentists in 2019: 6,447,498
- Number of dentists in BC subscribed to CDAnet/ITRANS: 3,350
- Number of dental offices registered to transmit claims: 2,147
- The cost of a stamp from Canada Post: \$0.90

To start, if each of these almost 6.5 million claims were sent by BC dentists through Canada Post, the cost to dental offices would have been \$5,802,748, or \$2,702 per dental office in postage charges alone—not including the paper, envelopes and staff time involved in mailing paper claims.

Then, let's look if electronic claims in Canada were organized as they currently are in the United States. In the US, dentists pay for e-claim services and the average annual cost a dentist pays to send claims is \$2,000 USD. With the current exchange rate, that works out to about \$2,600 CDN. Therefore, for the 3,350 dentists in BC, the total cost per year would be \$8,710,000. When you divide this dollar value by the 2,147 offices in the province, it works out to \$4,057 per office. So, whether claims had to be sent via Canada Post or the US-style e-claims service model, CDAnet/ITRANS saves dentists several thousands of dollars per office in the province.

There is another hidden savings compared to dental offices in the US and that is the elimination of the need to outsource dental billings and collections. With CDAnet/ITRANS, approximately 80% of claims are processed immediately, which means dental offices know the exact co-payment to collect while the patient is still in the office. The co-pay is collected, and the carrier pays the balance relatively quickly. In contrast, less than 5% of claims are processed immediately in the US, so dental offices do not know the co-pay and therefore collect nothing at the appointment. The office waits for the carrier to pay the reimbursed portion, and the dental office then invoices the patient days to weeks after the appointment.

In the US, it is common for offices to use professional dental billing companies to manage invoicing and collections, and these companies charge 2.5-3.5% of gross revenue (for example, see www.dentalbilling.com). For an office with revenues of \$750,000, 3% of 80% of revenue is \$18,000. CDAnet/ITRANS simplifies accounts receivables by virtue of immediate claims processing. CDAnet/ITRANS enables significant savings regarding receivables, so we can conservatively estimate **~\$10,000 in overall savings to a dentist in BC.**

These capabilities for efficiency and savings of thousands of dollars per year do come with some caveats; there are certain administrative obligations for the subscribed dentists. The CDA Service Subscription Agreement for CDAnet/ITRANS requires that when an electronic claim is sent, the dentist certifies that the claim contains an accurate and complete statement of:

- the dentist who performed the services;
- the date on which the services were performed;
- the office at which the services were performed;
- the dental services performed;
- all the services provided at the appointment; and,
- the total fee payable, errors and omissions excepted.

The bottom line is that CDAnet/ITRANS requires treating dentists be named in claims for their patients—perhaps a mild inconvenience for your office administration, but one that translates into significant cost savings for your practice. ■

Note: The CDAnet/ITRANS service is one of the many benefits of your BCDA membership.

The opinion(s) and/or perspective(s) raised in this article is not an official position of the BCDA.

Geoff Valentine is the Associate Director, Practice Support at the Canadian Dental Association, based in Ottawa.

*Article from the Bridge - Fall 2020.
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Good Disability Insurance Choices Can Lead to Good Outcomes

RENATA WHITEMAN
SENIOR ADVISOR, INSURANCE

You have many choices to weigh when you apply for and maintain CDSPI DisabilityGuard™ Insurance. Dentists who make the right choice are often very thankful for it. These are some hypothetical scenarios* using fictional names that are based on our long experience with dentists. They illustrate the advantages you can gain by choosing insurance options wisely.

Stay Current

When Dr. Smith graduated in 2008, she maintained her disability insurance through the CDSPI Student Insurance Program, but she remained at the base benefit level of \$2,000 per month. Ten years later she was married with two children, and her income had grown to over \$225,000 a year. Fortunately, a colleague reminded her about keeping disability insurance in line with her income and she raised her coverage to \$8,500 per month. Half a year later, she was involved in a car accident that left her with a broken collarbone. She experienced total disability and couldn't practice for six months, but fortunately she had remembered to increase her insurance, so she received the \$8,500 per month benefit.

Think Ahead

Dr. Lee took the Future Insurance Guarantee (FIG) option when he applied for disability insurance at age 31. A few years later he was diagnosed with a manageable form of congenital heart disease. As a periodontist with a growing income, he wanted to increase his coverage twice while in his 40s. Because he had FIG, he was able to do this without medical evidence of insurability, which would have left him ineligible for an increase because of his pre-existing condition.

Choose the Right Elimination Period

A recent graduate, Dr. Mann, was trying to decide which elimination period (the waiting time to satisfy before you can collect benefits) to choose for her DisabilityGuard™ Insurance. With a limited budget, and huge student debt payments, it made sense to go for the longest period, 120 days, to get the lowest premium. However, an insurance advisor pointed out a couple of things that changed her mind: 1. With debt payments and other expenses, it would be extremely difficult to get through a 120 day elimination period without income if she couldn't practise; 2. If she chose a longer elimination period and wanted to shorten it at a later date, she would need to take another medical to make the change.

Don't Make the Wrong Assumption

Practice owner, Dr. Paul, had to miss four months of work due to an arm injury. He was surprised to learn his office coverage, TripleGuard™ Insurance, only replaced lost income if his practice had to close for a reason such as a fire or flood. He needed disability insurance to get benefits for lost time due to an injury.

Keep Up with Inflation

Dr. Son included the Cost of Living Allowance (COLA) option when he applied for DisabilityGuard™ coverage. At age 57, he was diagnosed with a severe herniated disc and was no longer able to practise. Because he took the COLA option, after 12 months of total disability, his benefits increased with The Consumer Price Index, and will continue to do so, up to a maximum of 8% per year, until age 65.

It's Easy to do the Math

Dr. Watt had to decide between step or level premiums for her DisabilityGuard™ Insurance when she started to practise. The step premium would be lower at first but would continue to rise every five years until she retired. She used CDSPI's DisabilityGuard™ calculator to make a comparison and found she would save tens of thousands over her career with a level premium which would remain the same until age 65. She also used the calculator to compare costs for variables such as different elimination periods and the addition of the Future Insurance Guarantee (FIG) and Cost of Living Adjustment (COLA) options.

Renata Whiteman
Senior Advisor, Insurance
CDSPI Advisory Services Inc.
1.800.561.9401 ext. 6806
rwhiteman@cdspi.com

Insurance advisory services are provided by licensed advisors at CDSPI Advisory Services Inc. Restrictions to advisory services may apply in certain jurisdictions. The information contained here is only a summary. A full description of DisabilityGuard™ coverage and eligibility, including restrictions and limitations, is contained in the certificate booklet, which sets out all the coverage terms, conditions and provisions.

*The names and specific circumstances outlined in this article are strictly fictional in nature.

1 Proof of income is required when applying for an increase.

DisabilityGuard™ Insurance is underwritten by The Manufacturers Life Insurance Company (Manulife), PO Box 670, Stn Waterloo, Waterloo, ON N2J 4B8. DisabilityGuard™ is a registered trademark of CDSPI.

Protect Your LIFESTYLE



Your lifestyle depends on your income. Over the years, your income has risen – but has your disability coverage kept pace? Make sure you're set to take advantage of competitive coverage limits offered by DisabilityGuard™ Insurance.

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Get an estimate
cdspi.com/dg-calc



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Diane McDonald
Administrator Continuing
Education & Licensing Support

Committees:

- Continuing Competency Committee

My role at the MDA office can be categorized as administrative support “specialist”, as I am involved

in multifaceted activities which support our members, staff and executive.

Member support comprises of:

- Responding to member inquiries
- Entry of continuing competency records for all MDA dentists and dental assistants
- Answer member questions pertaining to the Continuing Education Bylaw for Dentists & Dental Assistants
- Staff Liaison for Continuing Competency Committee
- Preparation and processing Winnipeg Dental Society membership renewals
- Processing Manitoba Blue Cross applications and answer inquiries
- Process fee guide orders and organizing distribution of fee guides
- Co-organizer of member registration for convention

Provide administrative support to:

- The MDA CEO, Mr. Rafi Mohammed
- The Manitoba Dental Foundation Executive Director, Dr. Frank Hechter.



Cheryl Duffy
Administrator – Registration,
Licensing & Dental Corporations

Committees:

- Registration & licensing Adhoc Committee

Working with Dr. Misra, I facilitate initial registration documentation as well as all renewals for dentists, assistants and corporations.

Working with Rafi Mohammed, I provide financial support for the Manitoba Dental Association and Manitoba Dental Foundation including accounts receivable, banking, monthly reports and providing documentation to financial auditors during audit.



Greg Guenther
Director of Member
Services & Public
Events

Committees:

- Communications
- Annual Meeting & Convention
- Governance & Nominations

- Mentorship
- General Practice Study Club
- Student & New Dentist Affairs
- Information Technology
- Manitoba Dental Foundation – Branding Sub-Committee & special events support
- Canadian Dental Association Communications Group

As your Director of Member Services I work supporting a variety continuing education events with the MDA’s Annual Convention as a major focus. While the 2020 convention was cancelled, we were able to support MDA Continuing Education through the creation of the MDA On-Line CE Program (October 15 – November 15). In addition to the Annual Convention I support events and lectures hosted by General Practice Study Club, Mentorship and special events supported by MDA’s Communication Committee including Tooth Fairy Saturday, Oral Cancer Screening and Open Wide.

The MDA Bulletin, Weekly Updates & MDA E-Alerts are also key areas of responsibility in my regular work week. This has been the “Year of ZOOM” and if we have not yet met in person, there is a good chance we have crossed paths as I provide support to numerous ZOOM meetings and events including Winnipeg Dental Society lectures.



Linda Berg
Director of Regulatory Programs

Committees:

- Office Assessment
- Pharmacologic Behaviour Management
- Infection Prevention and Control
- Botulinum Toxin & Dermal Filler

- Continuing Competency
- Scope of Practice
- MDF Fundraising

Working in conjunction with the MDA Registrar, I am responsible for managing and stewarding the administrative requirements under the following MDA Bylaws and respective committees: Office Assessment Bylaw, Pharmacological Behavior Management Bylaw, Continuing Education Bylaw for Dentists and Dental Assistants and Bylaw for the Use of Botulinum Toxin.

I work with and provide administrative support to the Infection and Prevention Control Committee and Scope of Practice Committee, and maintain the rosters for Pharmacological Behavior Management & Botulinum Toxin.

I work with and provide administrative support to the Infection and Prevention Control Committee and Scope of Practice Committee, and maintain the rosters for Pharmacological Behavior management & Botulinum Toxin.



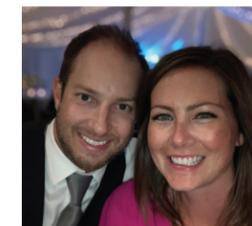
Holly Stusiak
Office Assessor

As an Office Assessor I am responsible for conducting on-site visits and reporting of assessment findings for facilities throughout the Province of Manitoba in accordance with The Bylaw on Office

Assessments.

This includes:

- Conducting on-site office assessments
- Reviewing and evaluation of member’s office assessment documents for compliance with MDA Bylaws
- Reviewing findings post assessment with Director of Regulatory Programs
- Draft and provide preliminary reports to Office Assessment Committee for approval
- Assist dentist member in understanding the requirements for their facility and provide resources
- Draft final report when facility has demonstrated compliance/completion of all requirements



Courtney Razmus
Administrator-Peer Review &
Executive Assistant to the
Registrar

Committees

I am responsible for maintaining records and providing administrative support to the Peer

Review Chair to process all public and member complaints and also administer the Peer Review portal for the Complaints Committee.

I provide administrative support to the Registrar, Deputy Registrar and Mediation Liaison Officer. In addition to my role within Peer Review, I also produce the scan cards for new registrants and members, manage the payment and allocation of scanners for continuing education providers and upload the CE records from the scanners.



Dr. Arun Misra
Registrar

Committees:

- Ex-officio on all Regulatory Committees
- Registration and Licensing Adhoc Committee
- Committee to Review the Botulinum Bylaw

- Specialist Committee
- Scope of Practice Committee
- Member Marketing Committee
- Ethics Committee

Carries out the powers and duties of the Registrar as established in The Dental Association Act of Manitoba. Serves as the MDA representative on national dental regulatory bodies such as the Canadian Dental Regulatory Federation of Authorities and Dental Assistants Regulatory Associations. Provides oversight to the Peer Review System and counsel to the MDA Board on regulatory issues before the Board.



Dr. Cory Sul
Deputy Registrar

To assist the Registrar on regulatory matters including procedures and standards of practice. To provide support to the Mediation Liaison Officer on matters related to the Peer Review process. Perform any necessary

practice monitoring activities as a result of a peer review outcome. Prepare practice monitoring reports for the Registrar and the monitored member as required



Dr. Ron Tough
Mediation Liaison Officer

Provide mediation services to patients and Members, oral health information to members of the public, and act as a resource to Members about patient concerns.



Rafi Mohammed
Chief Executive Officer

Committees:

- Annual Meeting and Convention
- Economics
- Registration and Licensing Adhoc Committee
- Specialists Committee
- Member Marketing Committee

- Governance and Nominations Committee

Responsible for the overall management of the Association including financial and human resources. Provides counsel to the MDA Board and MDA Executive on matters of governance and risk assessment. Attends Canadian Dental Association meetings with MDA President and Vice-President to ensure professional interests of MDA members are being met.



DR. AARON BURRY
Associate Director
of Professional Affairs
Canadian Dental Association

Dentistry During COVID-19: The National Perspective

As I sat down to write this column, I realized that the past half year has been an intense and transformative time for the Canadian Dental Association (CDA) COVID team and all the dental practice recovery groups across the country. In early March 2020, CDA mobilized its COVID response team that would support the provincial dental associations (PDAs) in a collective effort to address the immediate, medium- and long-term challenges that lay ahead for Canadian dentistry. What was evident in those early days was that the COVID-19 pandemic—the World Health Organization (WHO) wasn't even calling it that yet—would be a unique challenge, unlike anything in our lived experience.

There were warning signs and conflicting information emerging from China that suggested the lessons learned and experiences with SARS or H1N1 weren't enough—this was different. CDA President Dr. Sandy Mutchmor from Manitoba—later passing the responsibilities to BC's own Dr. James Armstrong, who became CDA President in April—convened the executive directors and presidents of the provincial and territorial associations from across Canada, along with Ed Dermit and Lyle Best from CDSPI, and Dr. Jean-Pierre Picard from the Canadian military. The meetings with the leadership group ultimately influenced and shaped the COVID-19 response team for dentistry, which met for the first time on March 30.

A solid emergency response requires understanding about what is known, what is unknown, and determining what additional information or actions are needed and providing direction in real time. It was like drinking out of a fire hose. They had to sort fact from fiction and science from opinion. We worked tirelessly to get

the best and most up-to-date information in the hands of dentists right away. The ongoing challenge is that there are always more questions than answers. For dentistry, the situation was very fluid, particularly issues related to personal protective equipment (PPE), which has highly interconnected supply chains that are heavily dependent on producers based in Asia. Jocelyn Johnston (Executive Director) along with Dr. James Singer (immediate past President) and Dr. Anthony Nadolski (current President) have represented the British Columbia Dental Association in national-level meetings and have been key leaders in identifying the existing and emerging issues that needed to be addressed. Pressing for improved access to PPE as well as domestic production for Canadian dentistry are ongoing priorities.

The COVID response group starts each meeting with a detailed situation and status technical briefing and roundtable update from all PDA representatives. At our first technical briefing in March, there were approximately 80,000 reported COVID-19 cases and 40,000 deaths worldwide. At the time of writing, there have been more than 20 million worldwide cases and over 700,000 deaths. In March, Canada reported under eight cases and a handful of deaths, which have since grown to 120,000 cases and 9,000 deaths. The change has been dramatic and heartbreaking.

The first meeting included staff gathering in offices across the country, which was then replaced with everyone working from home. Later, a CDA working group on infection control was created to help support a Return to Practice Task Force (made up of dentists from across Canada who were leading the response in their own provinces, including Dr. Alastair Nicoll of Elkford,

BC). The Task Force developed a *Return to Practice Manual* which could then be adapted and tailored for use in specific jurisdictions. The Manual focused on the practical topics and issues that were needed to help get dentists back to work.

Beyond tracking the epidemic and synthesizing the information critical to dentistry, CDA staff reported on information as it became available, in real time. These included Dr. Benoit Soucy, who represented CDA and reported on the actions the Public Health Agency of Canada. Kevin Desjardins provided up-to-the-minute briefings on his discussions with federal officials such as the Ministers of Industry and Health, and summaries of the details behind federal announcements. Geoff Valentine and Dean Smith provided detailed analysis based on the latest ITRANS data about how dental practice was being affected during the initial emergency response phases and how quickly dentists were expanding their work during recovery and return to practice phases. Dr. John O'Keefe, Dr. Chiraz Guessaier, Zelda Burt, Sean McNamara and Sierra Bellows worked around the clock to develop and edit a wide range of expert interviews and advice to support Canadian dentists. They facilitated countless webinars and directed video sessions for dentists. Supporting and getting the best information and tools in the hands of Canadian dentistry remains a key part of the work that the CDA team does every day.

What have we learned collectively over the past months, and what can we expect next? I often wish I had a better crystal ball after 34 years of dental practice and administration. This has been the most challenging period that any of us have ever experienced and there is no quick exit from the situation. We are

going to be here for a while. In the battle against the virus, we will make progress, of course, but sometimes we will lose ground. During the summer and into autumn, CDA is shifting its focus to the longer term and issues that relate to the introduction of vaccines. The preliminary results of the development and testing of potential vaccines for COVID-19 will be better understood and will lead to new challenges in terms of who is prioritized to receive the first vaccines. In the meantime, additional medications will gradually become available that will lessen symptoms of the disease and testing technology for COVID-19 will gradually improve. There is one thing that is certain: all pandemics in history have had a beginning, a middle and, thankfully, an end.

I practise as a public health dentist one day a week, and I have found that the pandemic made my work more challenging. It became more tiring. Communication was more difficult. But, as the weeks (and now months) have passed, I've adapted, and it feels a bit easier. I've heard from dentists across the country about how they have innovated and adapted, and their stories make me proud of our profession. Our work has always been meaningful and necessary, and, when I'm with my patients during this strange year, I can't help but recognize how essential our work is to the health of Canadians. ■

The opinion(s) and/or perspective(s) raised in this article is not an official position of the BCDA.

Dr. Aaron Burry is the Associate Director of Professional Affairs for the Canadian Dental Association based in Ottawa.

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DR. GORDON FUNK
December 12, 1943 – August 8, 2020

It is with heavy hearts and sadness we announce the accidental passing of our beloved Gordon Funk, on August 8, 2020, at our family cottage on Clearwater Bay, Lake of the Woods, Ontario. He will be lovingly remembered by

his wife of 51 years, Sandy, daughters, Jennifer Paré (Kevin) (grandson Dylan) and Tricia Rempel (Nathan) (granddaughters, Ella and Ava); son Gord Funk Jr. (Andrea); brother Bob Funk (Tanyss); and his loyal dog and man's best friend Tucker. Gord's family is organizing a celebration of his life on August 27, 2020 with two sessions. Due to COVID-19, the gathering will include family and close friends.

In the meantime, Gord's family kindly requests that all of his friends and relatives take a few minutes to honour his memory by visiting his tribute page at EthicalDeathCare.com.

A photo-biography, RSVP details for those who wish to attend the service, as well as memories and stories published by those who knew him, are available there.

In lieu of flowers, donations may be made to either of these charities that were near and dear to Gord's heart, CancerCare Manitoba or The Dream Factory Manitoba.



DR. JULIUS WISE

It is with great sadness that the family of Dr. Julius Wise announces his sudden passing on February 21, 2020, in Winnipeg, at the age of 82. Julius will be lovingly remembered and cherished by his three children, Gavin, Sherri and Debbie; Gavin's spouse

Brigitte Danzig; Debbie's spouse Elliott Gwosdy; his five grandchildren, nephews and nieces; and his many friends. Julius was predeceased by his beloved wife Karen Wise, of 46 years; his sisters, Anne Chmelnitsky and Dora Lieberman; and his brother Israel Wise, in blessed memory. Julius was born on December 11, 1937 in Winnipeg, graduated from Kelvin and from the University of Manitoba Faculty of Dentistry in 1963. He married Karen in 1965 and lived with his family in a home filled with love and laughter. Julius practiced dentistry in Winnipeg for 40 years. Funeral services were held on February 24, 2020, at the Shaarey Zedek. Donations can be made to a charity of your choice in his name.



The Keys to Buying or Selling a Practice During a Global Pandemic

BERNIE DOLANSKY
PRACTICE SALES & TRANSITION SPECIALIST, TIER THREE

Most of us have heard of the curse “may you live in interesting times” and the year 2020 has been way to “interesting” for most people.

If these interesting times have given you the impetus to think about either buying or selling a dental practice then you aren't alone. There has been a noticeable uptick in the number of practice owners who thinking about accelerating their transition timetable and there has also been increased interest from associate dentists in becoming practice owners so as to better control their own professional career trajectory.

So, what has COVID 19 done to actual dental practice values? The short answer is: not a lot. However, as always, the devil is in the details.

In previous articles we have addressed the basis upon which most buyers and their financial institutions establish practice values, and that basis is summed up in the formula Selling Price = Earnings X Earnings Multiple.

Earnings = Total Revenue – Adjusted Expenses (including compensation for the Provider), in other words earnings are the bottom line profit from your practice after adjusting for tax planning and any one-time expenses. The increased cost of PPE and decreased dental operator productivity because of the necessary pandemic precautions (e.g. increased inter appointment time) can have an effect on earnings but most practices seem to have adapted well to minimize these effects.

The earnings multiple represents how many times that bottom-line number a buyer will pay for your practice. Pre COVID, in most areas of Canada the range for that multiple was 5-7 times and we are getting back to that same range now.

Another factor that has changed is that the actual twelve-month earnings number for a practice will have decreased because of the three-month shut down that we experienced from March to June of 2020. However, it is part of the responsibility of a good business evaluator to use available evaluation methodologies to eliminate the effects of any onetime event, whether the one-time event is new equipment, a renovation, or a COVID19 shut down.

Buyers are also back and whether they are first time buyers, small group buyers, or the large corporate buyers, they are all more risk adverse. While they have all recognized the validity of establishing value by the elimination of the one-time-effect of COVID, it is most

important to any buyer that the practice is showing evidence that revenues are recovering to pre COVID levels. This also holds true for the banks who finance these transactions. The banks are still actively financing dental practice sales, but securing bank financing can involve more work than previously.

While corporate buyers continue to be very aggressively active in the market, they still rarely pay the best market price. They too are being more cautious so sellers need to be aware that any offers from them may have more post sale strings attached.

One of the things that hasn't changed is that patients remain the foundation of any general dental practice value. As we have just discussed, far and away the most important aspect of rebuilding practice values is ramping up revenue and earnings as fully and completely as possible to pre-pandemic levels. The usual strategies for strengthening your patient foundation still apply:

- Look at your patient attrition/delinquency rates and reactivate patients. This is especially important now because there may be some patient reluctance to attend for routine treatment.
- Build your hygiene program. From an earnings and value perspective it is more important than dental billings.
- Consider stronger new patient marketing strategies.
- Look at patient number trends, if you have the patients then revenue and earnings will return.

Because earnings are also dependant on controlling your costs you should examine those costs which are feeling upwards pressure from increased PPE costs and decreased operator usage.

- Set a supply budget with a goal of 7% of revenue.
- Make someone responsible for managing supplies and work with your supplier.
- Look at your largest expense, staffing (27-29%) and make sure that it too is well managed.

The good news is that practice values are trending back to their pre COVID levels but, like everything else in Canada, what we are returning to is a new normal. Whether you are a potential practice buyer or a potential seller, it's good to know that as we emerge from this pandemic, the trend lines for our profession are favourable. That can be difficult to remember while we're still in this situation, but this too shall pass.

Preventing & Addressing Workplace Harassment

Why should harassment and sexual harassment be on your radar?

How often have you seen a headline, “Business Owner Charged with Sexual Harassment?” You might think that harassment has nothing to do with you and your practice. However, harassment complaints are on the rise. Over 45% of complaints received by the Canadian Human Rights Commission are directed at private companies and 13% are harassment or sexual harassment.

The Manitoba **Human Rights Code** protects individuals and groups, specifically concerning 13 protected characteristics (i.e. ancestry, gender, etc.). It prohibits discrimination based on the ideology that everyone has the right to equal opportunity and a respectful workplace. Similarly, the Manitoba Workplace Health and Safety Act outlines employer requirements to ensure a safe workplace and covers a range of items including harassment. It is the employer's obligation to provide a harassment free workplace. This means that employers must not harass their staff and must protect them from harassment. If a complaint occurs, employers need to take it seriously, investigate it, and ensure that the harassment stops. Employers are required to have policies and procedures that address the areas detailed in both the Code and Workplace Health and Safety Regulations. Most complaints are resolved within an organization. However, employees may file a complaint related to the Code with the Manitoba Human Rights Commission. SAFE Work Manitoba, a division of the WCB, also handles harassment complaints related to workplace health and safety.

What is harassment and sexual harassment?

Harassment is abusive and unwelcome behavior that degrades, humiliates, embarrasses or feels intrusive to a person. Examples include, but are not limited to:

- Verbal – unwelcome remarks, slurs, jokes, taunts, and comments about a person's body, clothing, race, ethnicity, color, religion, age, sex and related characteristics including pregnancy or the possibility of pregnancy, etc.
- Non-verbal – gestures, staring, displaying graphic or derogatory material
- Physical behavior– touching, pushing, shoving
- Electronic – emails, text messages, social media,

The person's intention when they say or do these types of actions is not relevant. It is the impact on the person at the receiving end that matters.

Sexual harassment includes unwelcome sexual advances, requests for sexual favors, and other verbal or physical behaviors. The most severe cases may include assault or rape. It usually occurs when there is a power imbalance between the people involved. Examples:

- Verbal – unwelcome remarks of a sexual nature, flirtation, requests for dating or sexual favors
- Physical – unnecessary physical contact, tickling, touching, groping, kissing, hugging, massaging
- Electronic – sexually oriented texting, emails, pictures and videos

In a practice, where employees are working closely with their employers and patients, care needs to be taken to respect boundaries. Workplace harassment has an effect on everyone. Sometimes, victims of

harassment are reluctant to say anything, out of fear of losing their job or retaliation. Observers are often unsure what to do. While it is not the employee's responsibility to stop the harassment, complainants are encouraged where possible, to tell the harasser to stop the unwelcome behavior. It is your responsibility as an employer to address it.

What concerns may arise that are NOT harassment?

Managerial duties, such as conducting performance reviews, providing corrective feedback, discipline and reassigning or directing workers are not harassment. However these actions may qualify as harassment if they are carried out in a manner that is offensive or humiliating.

Consensual romantic relationships are not harassment. However, a consensual relationship can end in a complaint if there is a power imbalance, as any actions later taken by the individual in the position of power can be called into question.

Woulda, Coulda, Shoulda - Why Zero Tolerance Makes Sense

In groups where everyone gets along, with jokes, laughs and banter; behaviors that are on the edge or cross boundaries may not get called out, for fear of rocking the boat. If a performance issue leads to termination, the employee may file a harassment complaint that is found to have merit, because everyone was known to behave this way.

What do you do when a harassment complaint occurs?

1. Support the victim, and address their concern as confidentially as possible
2. Ensure the victim and the harasser do not have further contact while the situation is being investigated
3. Investigate the allegation promptly – by talking to individuals and witnesses
4. If the complaint is substantiated, take steps to ensure the harassment stops; such as disciplinary action, required training or asking for a letter of apology
5. If the employee's concerns are not addressed, be supportive of their right to file a complaint with the Human Rights Commission or SAFE Work MB.

When the harasser is a patient, you will need to determine what options can address the concern. If you do not have the knowledge or band-width to conduct an investigation, secure the services of an outside consultant to provide an objective assessment. Complaints may also highlight gaps in your policies and procedures.

How do you as an employer prevent harassment?

1. **Policies** - Document respectful workplace policies regarding harassment and other items specified in the Code and Manitoba Workplace Health and Safety Regulations
2. **Training** - Ensure your employees are aware of the policies and procedures to raise concerns or complaints, through training and by having them review and sign policies
3. **Support** - Let staff know they will be supported without retaliation
4. **Openness** - Encourage bystanders to report behavior that crosses the line
5. **Show it** - Well placed reminder cards and posters about respectful workplace and a **zero tolerance** for disrespectful language, harassment and sexual harassment will let everyone who comes into your practice know that unwelcome behaviours will not be tolerated.

Building your practice on a foundation of respect and gender and racial diversity, creates a positive work culture that attracts top talent and reflects the diversity of the patients you care for.

Sources:

Canadian Human Rights Commission – By the Numbers - 2019 Statistics

<http://chrcreport.ca/by-the-numbers.php>

Manitoba Human Rights Commission – Guidelines, Policies & Educational Resources

<http://www.manitobahumanrights.ca/v1/about-us/index.html>

Government of Manitoba – Manitoba Laws – The Human Rights Code

<http://web2.gov.mb.ca/laws/statutes/ccsm/h175e.php>

SAFE Work Manitoba

<https://www.safemanitoba.com/Resources/Pages/About-Us.aspx>



DR. JEFF HEIN
CHAIR, ECONOMICS COMMITTEE

Conversation on Codes

Oral Appliance Codes

One of the most important precepts of the use of our Suggested Fee Guides is coding accuracy. Each procedure code and definition in our Manitoba guides is taken directly from the USC&LS (the Uniform System of Codes & List of Services). The USC&LS is the CDA document that contains all of the procedure codes for all dental procedures across Canada. It is the 'parent' document from which each provincial association takes a selection of the most-used codes to create each province's respective guides.

In the USC&LS, each procedure code is meant to represent a distinct service. The definitions are, in many cases, very concise. Sometime less so. Within the context of trying to represent every possible clinical dental treatment, the USC&LS Committee has tried to create code descriptions that are as unique and concise as possible – definitions that represent one, and only one, service. This is a nearly impossible task considering the variety and complexity (and overlap) of services provided by dentists across Canada.

It is important, when submitting a procedure code to an insurer, that the chosen procedure code most closely represents the procedure being performed. Occasionally the MDA receives communication from insurers stating that certain procedure codes are being submitted that either incorrectly represent a given procedure, or that a code definition is being repeatedly mis-interpreted.

Recently, the MDA was made aware that certain insurers were concerned with the use of various oral appliance codes. The appliances in question include bruxism appliances, TMJ appliances, snoring guards etc. It is with this in mind that a brief summary of these various codes is warranted, so;

Appliances, Periodontal

(including bruxism appliances – codes 14611 & 14612): These appliances are used to help limit the damage to a person's dentition from a parafunctional habit (bruxism, clenching). These appliances fit either on the upper or lower dentition. The fee for these appliances includes the initial impressions (or digital scans) as well as any initial insertion adjustment, but not subsequent adjustments, repairs, or relines.

Appliances, Temporomandibular Joint

(diagnostic and/or therapeutic TMJ treatment – codes 14711 & 14712): These appliances are used to help alleviate pain originating in the TMJ(s). The fee includes initial impressions (or digital scans), insertion and insertion adjustments, but no post insertion adjustments, repairs or relines.

Appliances, Temporomandibular Joint

(intraoral repositioning – codes 14721 & 14722): These appliances are made in order to reposition the mandible (typically anteriorly) to alter the resting position of the condyles. The fee for these appliances includes initial impressions (or digital scans), insertion and insertion adjustment, but no post insertion adjustment, repair or reline.

Appliances, Myofascial Pain Dysfunction Syndrome

(for conditions that originate outside the TMJ – codes 14811 & 14812): The fee for this appliance includes initial impressions (or digital scans), gnathological determinants, construction of the appliance, insertion, initial insertion adjustment, but not post insertion adjustments, repairs or relines.

Appliances, Intraoral

To treat medically diagnosed Sleep Apnea, Snoring, Upper Airway Resistance Syndrome (UARS), with/without Apnea. (codes – 14901 & 14902): This treatment requires a medical diagnosis of the above-mentioned conditions. It includes models (either from impressions or digital scans), gnathological determinants, insertion, and initial insertion adjustment, but not post insertion adjustment, repair or reline.

Each of the above-listed procedures include models (either from physical impressions or digital scans), insertion and any insertion adjustments. Post insertion adjustments, repairs and relines following the initial visit may be charged separately, at the dentist's discretion.

All of the above-listed procedures, codes and descriptors are in our MDA GP Suggested Fee Guide. Choosing the correct code for insurance submission may not always be fully obvious. Careful reading of the descriptors is key. However, whenever there seems to be overlap in the definition of two or more procedure codes, it is imperative to choose the code that most fully represents the treatment being provided. (**This is true for ALL codes, not just oral appliance codes.)

Thorough, accurate documentation of your procedures matched to accurate procedure coding will help mitigate any insurance conflicts.

Stay well,
Jeff Hein, DMD
Chairperson – MDA Economics Committee

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