

MDA Bulletin

WINTER 2022
Volume 42, Issue 4,
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**DR. AARON KIM
RECIPIENT OF THE LYLE BEST
HUMANITARIAN AWARD**

SAVE THE DATE

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



Manitoba
Dental
Association



GPSC
GENERAL PRACTICE
STUDY CLUB



SEPTEMBER 14-17, 2023
ELKHORN RESORT & SPA
CLEAR LAKE MANITOBA



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

Date and Events for 2023:

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

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

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

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

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

Perio-Prosth Corner Did you know...

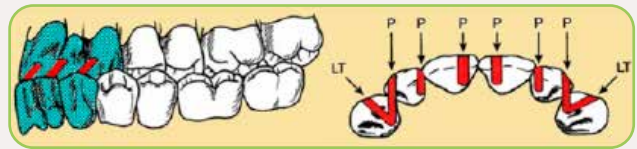


Dr. Marshall Hoffer
DMD, Prosthodontist

It's important for every practitioner to develop a philosophy on how to design and manage occlusion.

Anterior Guidance

The anterior teeth should separate the posterior teeth in both lateral and protrusive movement. This requires at least 10% overbite from cuspid to cuspid.



P - Protrusive

LT - Laterotrusive (Cuspid Guidance)

Posterior Occlusion

Occlusion on posterior teeth should be designed to direct the forces along the long axis of the tooth. Cusp tip to marginal ridge or central fossa and no inclined plane contacts.

The Destructive Nature of Occlusal Wear

As anterior wear occurs, posterior interferences in working and balancing excursions increase, leading to cusp fractures and opening of occlusal contacts. The tooth is a laminated structure. As the outer shell of enamel wears and exposes the softer dentin, the rate of wear accelerates. As posterior teeth wear, the occlusal table gets wider, which in turn increases working and balancing interferences.

Occlusal Adjustment

Occlusal adjustment is the selective reshaping of teeth to eliminate posterior interferences in order to create the least destructive occlusal contacts. Occlusal adjustment of natural teeth follow the same guidelines as adjusting crowns and can be a significant preventative procedure in dental practice.

To learn more, please visit our website for upcoming **HANDS-ON** courses on occlusal equilibration

ClearCare
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Manitoba
Dental
Association



GPSC
GENERAL PRACTICE
STUDY CLUB

If you're a dentist in your first five years of practice in Manitoba, this is your opportunity to meet, eat, learn and share while earning free continuing education points.

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

Planned 2023 Dates and Topics:

Tuesday January 10th – GPSC ZOOM Lecture
Wednesday February 15th – GPSC ZOOM Lecture
Friday March 24th – GPSC In-Person Lecture
Saturday April 29th – GPSC Brunch & Lecture Panel

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

Proudly sponsored by:



Manitoba
Dental
Association



MDA Bulletin



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2022 Lecture Series:

WDS
Winnipeg Dental Society



- February 10: Dr. Lisa Johnson, CMHR
- March 17: Susan McMahan, CMHR

Save the Date - WDS Golf Tournament
Southwood Golf and Country Club
Tuesday June 20th, 2023

Register at:
WinnipegDentalSociety.org



PRESIDENT'S MESSAGE

The Manitoba Dental Association strategic plan will be presented to membership in 2023. A strategic plan is used as a guiding document - a compass to guide the MDA as it formulates initiatives and actions to achieve it's stated goals. When eventually shared with membership, they will have the opportunity to assess the strategic plan and determine if the strategic plan is worthy of adopting and supporting. Although the strategic plan is meant for future contingencies, this article will feature and preview some of the principles and components contained in the plan and relate these to current issues and priorities of the MDA.

Theme/Goal: "Excellence in Learning: We have supported the development of a qualified profession"

As I prepare to attend a morning lecture at the Greater New York Dental Meeting (GNYDM) this past American Thanksgiving weekend, I think about the terrific value that Manitoba dentists and dental assistants find in the MDA Annual Conference. Continuing education taken out of our homebase of Winnipeg, involves not only the cost to register for courses but also the following expenses: transportation, accommodations, and food costs. Of course, there are also expense considerations related to the time off and loss of income when one is away from one's practice. The MDA Convention Committee Chair Dr. Hala Salama and the MDA staff liaison to the Convention Committee and MDA Membership Services Director Mr. Greg Guenther, both of whom are committed to constant improvement, also attended this past GNYDM to gather ideas to further enhance the experience for members attending MDA Dental Conference. Both are excited and looking forward to applying what they saw and learnt.

Theme/Goal: "Culture of Community: We have created a culture in our community that fosters excellence in oral health"

The human resources crisis continues in Manitoba. Certainly, many offices are feeling the pressure of inadequate personnel coverage. The question of how to be able to provide qualified dental assistants to dental offices is top of mind and a priority issue for the Manitoba Dental Association Board of Directors. A recent news release from the Department of Immigration contained some good news with the following text:

"The new occupations now eligible for permanent residence under the Express Entry program include nurse aides, dental assistants, and pharmacy technical assistants as the country's health-care system is in crisis with staffing shortages, long emergency room wait times and surgical backlogs."

Express Entry is a program that involves an application process for skilled immigrants who want to settle in Canada permanently and take part in our economy. This favorable development will be followed up by outreach to both federal and provincial government representatives to attempt to create synergy to bring skilled workers to support our members.

In addition to the above, recognizing that a workplace culture can impact happiness and staff satisfaction, affect job performance and loyalty, MDA supports the initiative to develop with People First HR a series of programs that focuses on building positive workplace culture. It takes the entire team to ensure excellent provision of oral care to patients. The program should be available early in 2023.

Theme/Goals: "Access to Care: We have prioritized access to oral health care for all

Manitobans"

After the passing of Bill C-21 to law, the interim Canadian Dental Benefit became available on December 1, 2022. The benefit is considered the first phase of a comprehensive dental care program that will be introduced in phases. On Dec 2-3, 2022, the Canadian Dental Association hosted a Provincial and Territorial Dental Leaders Forum where a good portion of the agenda involved discussions on progressing the advocacy for the Canadian Dental Care Plan. Although the different associations have varied priorities and points of view related to the dental program, the associations realized the need for commitment towards collaboration and presenting a united front that would reinforce the goal of having government see our profession as partners to the initiative. The Provincial and Territorial Dental Associations with CDA will produce a policy framework with the goals of positively affecting the design of the next phases of the Canadian Dental Care Program.

The MDA Communications Committee has been tasked to produce messaging campaign that will inform eligible families of the benefits as well as motivate parents and guardians to bring their children in to Manitoba dental offices to receive dental care. It is essential that the first phase of the program is considered a success to allow the expansion of the Canadian Dental Care Plan into the next phase. This next phase, which will be intended to provide dental coverage to seniors, 18 years and under, and persons with disabilities, is expected to be rolled out mid to late 2023. When Phase 2 of the dental care plan is realized, the incredible gap that currently exists in Manitoba where seniors with limited income and means have no public dental care program to assist them, can be addressed.

Core Value: “Inclusive: Unbiased respect for all”

Kevin Lamoureux is slated to provide a keynote address at the upcoming MDA Annual Conference. Kevin- not the Canadian Member of Parliament- is a faculty member at the University of Winnipeg, an award-winning scholar, and a well-known public speaker who has served as Associate Vice President for the University of Winnipeg, Education Lead for the National Centre for Truth and Reconciliation, and Scholar in Residence for several school divisions, and has consulted for governments and organizations across Canada. At our conference, he will be sharing his knowledge and insights surrounding the topic of Truth and Reconciliation. I

have had the opportunity to listen to his presentations in the past and can state that his presentations are essential experience for individuals and organizations undergoing their Truth and Reconciliation journey.

Core Value: “Collaborative: Working together to achieve optimal oral health for all”

As 2022 nears its end, I look back in the past year with a great sense of gratitude. I am thankful to have been able to serve as president of this Association and as a representative of this caring profession. To the members of the executive committee, Past President Dr. Chris Cottick and Vice President Dr. Scott Leckie, throughout my term your support was constant and

valued. To the board of directors, your capability to analyze issues generated decisions that fulfil the association vision that “the best interest of the public is the best interest of the profession.” To the MDA staff, I can confidently say your stated mandate to ensure success for our Association was fulfilled. Lastly, to the chairs and members of the MDA working committees, thank you and congratulations for all that was accomplished the past year. Share the pride knowing that with your commitment and amazing engagement, Manitoba is the envy of other provincial dental associations.

Hoping that we all have a safe holiday season and a happy 2023. 🎄

TRINA BOURGEOIS, RDA III
PRESIDENT, MDAA



MDAA PRESIDENT'S MESSAGE

Apparently, Mother Nature did not get the memo, Winterpeg is supposedly only an expression of what we are supposed to experience, November is not supposed to be full on winter. I guess this is what we live in here, and really, I guess it is better than living with floods, hurricanes, and other weather-related issues. We choose to live in this beautiful multi- season province and must live in it and what comes “weather” we like it or not!

The MDAA BOD has been busy with planning, celebrating, and supporting our members. We had our Continuing Education session in October with our ever-favorite Kathy Purves speaking on the new IPAC document to be implemented in January of 2023; her sessions are always well received. This was followed by a session with Dr. Robert Kaufmann speaking on

Radiograph education and techniques in Endodontics and general practice. The membership attendance has increased with the virtual option, and we really appreciate the ability to reach our rural members.

In November the MDAA hosted a Family Fun Day skate at Billy Mosienko arena which was supported by Drs. Scherle and Vint. It was a day to celebrate and support our members and we offered hot chocolate, coffee, and some fun sweet treats of cupcakes and tooth cookies. Some of us dusted off the old blades for a cruise around the ice.

I would like to remind all the dentists that we still offer the RDA of the Month and hope that you will support and celebrate your RDA staff and nominate them for RDA of the month. It is easy and the details are on our website but

all you need is a short bio and a photo which can be sent to email mdaa@mdaa.ca we do the rest, and the monthly draw is shared on our website and receives a GC then has a chance to win more GC prizes.

Between the MDAA and CDAA the associations have been busy identifying details within the memberships gathering information in different surveys regarding Mental Health and wage details. There have been many comments and data acquired and will be used to identify areas of need within the dental assistant community.

Enjoy the Winter season and all its celebrations, enjoy the beautiful winter and its offering before it gets to frigidly cold!

Trina Bourgeois
President MDAA



REGISTRAR'S MESSAGE

Neuromodulators and Dermal Fillers in Manitoba

On November 9th, 2022, the Board of the Manitoba Dental Association approved the Bylaw for the Use of Neuromodulators and Dermal Fillers. In accordance with the Dental Association Act, copies have been sent to each member with a notice that the bylaw will become effective on December 15th, 2022, unless ten or more members request in writing that the bylaw be ratified and confirmed at a special meeting of the Association. Based on the feedback received during the consultation period, it is our expectation that the bylaw will pass. The MDA and all members should begin preparations for the use of these products and devices in Manitoba dental offices.

While not every dentist will use neuromodulators and/or dermal fillers in their practices, all members should familiarize themselves with the risks and benefits of such treatments so that they may present them as reasonable alternatives when appropriate for their patients. Members can expect increased patient questions and requests for information related to these treatments. The use of neuromodulators and dermal fillers in the practice of dentistry has increased significantly over the past decade. Almost half of the states in the U.S. and several provinces already allow dentists to use these products and/or devices. It is estimated that over 20% of dentists in North America are currently providing these treatments as part of comprehensive dental care for things such as bruxism, headaches, migraines, TMJ disorders, excessive gingival display, orthodontic relapse, facial rejuvenation, improved smile design, etc.


Dentists have extensive medical background and training in treating the oral and maxillofacial regions. With vast

hands-on experience injecting on the cranial nerve, some argue that dentists are extensively qualified among the regulated professions to provide these treatments. The Bylaw for the Use of Neuromodulators and Dermal Fillers lays out stringent and comprehensive educational requirements for those practitioners who want to use these products and devices in Manitoba that meet or exceed those from any other health care providers in other jurisdictions we have reviewed. Members are encouraged to take a multidisciplinary approach to patient care; however, you may find that if you do not provide these treatments yourself, an option will often be to refer it to another dentist. The MDA believes that dentists performing these treatments will significantly improve access to care for these healthcare services and raise the level of safety and effectiveness of their delivery for Manitoba patients.

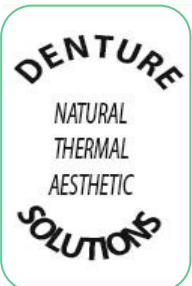
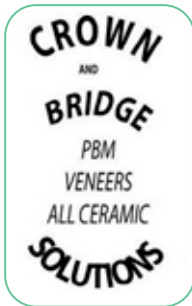
The Bylaw also outlines a system of application and approval for a member who wishes to use neuromodulators and/or dermal fillers in their dental practice. Dentists cannot use these products and devices unless they have been approved for inclusion on the MDA Registry of Members Authorized for the Use of Neuromodulators and Dermal Fillers. Regardless of previous education, training or certificates provided by educational programs, dentists must have the proper Manitoba Dental Association written approvals before providing these treatments to their patients. As with all care provided, dentists must be aware of the limitations, risks and alternatives when considering various treatment options when using neuromodulators and/or dermal fillers. Recommended treatments must always be based solely on the patient's best interests and not any limitations of the provider, such as their training or regulatory approvals.

Regardless of status on the MDA's registries, dentists may not delegate for the administration of, nor prescribe/dispense to, for the administration of neuromodulators or dermal fillers for any use to any staff member, employee, or other healthcare providers.

At this point, the MDA staff are busy developing the administrative framework to support members being able to provide these treatments shortly after the expected final approval date. It is our hope that at least two educational programs will be deemed to have met the pre-approved course requirements at or soon after the Bylaw goes into effect. More information will soon be provided regarding the specific mechanisms to be approved for the rosters; however, those members who have questions can contact the Director of Regulatory Programs, Ms. Linda Berg, at (204) 988-5300 (ext. 7).

I would like to acknowledge the extensive work of the Adhoc Committee on Botulinum Toxin and Dermal Fillers over the past several years to get us to this point. The Committee comprises Dr. Sharan Atwal, Dr. Dan Boyko, Dr. Catherine Dale, Dr. Reda Elgazzar, Dr. Mark Karpa, Dr. Igor Pesun and Dr. Ken Shek. I would also like to express my particular appreciation for the tireless efforts of Ms. Linda Berg and Dr. Cory Sul and the generous contributions of support, advice and information made by the Alberta Dental Association and College. While not all members will use these treatment modalities themselves, the entire profession and the people of Manitoba will benefit from their tremendous work. 

Respectfully,
Arun Misra DMD, LLB
Registrar



DIGITAL:

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 - CAD designed & 3D Printed Nightguards - Splints -Dentures
 - Surgical Guide Planning and 3D printed guides and hardware

CROWN and BRIDGE

Any Fixed Restoration

- Multi Layer zirconia • Full Metal • PBM • *emax* Crowns and Veneers

DENTURES:

Any Removable Restoration

- Complete • Partial • Acrylic • Cast Chrome Cobalt • Laser welding

IMPLANTS:

Any Implant System

- Any number of implants • Any implant situation
- Implant Scan bodies • Implant Bars • Implant Surgical Guides

ORTHODONTICS:

Any Removable Appliance

- Space maintainer • Hawley • Phased Anterior Aligner
- Sleep Disorder Appliances

Communication is the key!

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DEAN'S MESSAGE

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



Our fall term seems to have flown by with a flurry of activities in and around the Dr. Gerald Niznick College of Dentistry.

Homecoming was a wonderful success, where we were able to welcome alumni classes on campus and partake in a wonderful breakfast at the Rady Faculty of Health Sciences Brodie Atrium followed by a tour of our college premises. A lively evening, hosted by the University of Manitoba Dental Alumni Association at the Fort Gary Hotel, brought us all together for the first time since the pandemic to celebrate notable alumni Mickey Wener and Alexander Mutchmor. It was heartwarming reconnecting with many of you and my sincere thanks to all the volunteers involved in making that evening happen.

Our Opening Assembly was well attended by the MDHA and the MDA as we welcomed our first-year dental hygiene and dentistry students and helped them don their white coats. There was palpable excitement amongst this next generation of healthcare professionals as they were introduced to their future colleagues and to our professions.

Our most recent event, Awards Evening, was particularly special as we were able to celebrate, in person for the first time, the long service awards for our staff and faculty. Corinne Beyak and Susan Petras received the 30 years award for our staff, and Billy Wiltshire the 25 years award for our faculty. Many others were acknowledged for their 5-20 years of service. In addition, students, faculty, and staff were acknowledged for their achievements and contributions to the College in this past academic year.


Our upcoming 3rd Virtual Career Fair evening is back by popular demand for our dental hygiene and dentistry classes, with many prospective employers attending from across Canada. The students requested that we host two events this year, as they were very appreciative of the opportunity to explore career opportunities nationally. The second event will take place in early 2023 and will be broadly advertised again for those members wishing to attend.

Our two most exciting projects that are continuing to progress throughout this year are our curriculum review and our facility renovation planning.

As part of our curriculum review process, we had the opportunity to

meet and correspond with focus groups of experienced and recent alumni. We engaged in a great discussion about what skills and attributes a newly graduated dentist needs to have. This very important feedback will inform the proposed changes we need to implement in our curriculum. I wish to thank all the MDA members who participated in this very crucial exercise. Our plan is to complete our review by early next year and to organize an implementation plan shortly thereafter.

Our second significant initiative will be to start the update of our clinical facilities. According to a national review of all 10 dental schools in Canada, we are now far behind in terms of renovations to some of our clinical spaces. The time has come to tackle and invest in upgrades to our clinical teaching spaces. This is a significant undertaking that will need to engage all our dental hygiene and dental community to ensure we continue to be a center of excellence in dental hygiene and dental education in Canada.

I look forward working with all of you on this very worthwhile project. In the meantime, I would like to wish all of you a happy and safe holiday season and upcoming new year. 

Pacific Dental Conference

Save
these
Dates!

March 9-11, 2023 *Join us in
Vancouver, BC*

- Three days of varied and contemporary continuing education sessions
- Over 130 speakers and 150 open sessions and hands-on courses to choose from, as well as the Live Dentistry Stage in the Exhibit Hall
- Over 300 exhibiting companies in the spacious PDC Exhibit Hall
- Fantastic shopping, beautiful seawall access within blocks of your hotel, and great spring skiing, golfing and cycling



Registration and program information at...

pdconf.com

Save money and register before January 13th, 2023!

Featured Speakers



Gary Glassman
Endodontics



Amber Riley
Forensics



Amarjit Rihal
Digital Imaging



Pamela Maragliano-Muniz
Prevention/Diagnosis



Nekky Jamal
Oral Surgery



Penny Hatzimanolakis
Dental Hygiene



MANITOBA
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VISION STATEMENT

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

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.

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

Sincerely,

Pat Kmet, Chair of Fundraising
Manitoba Dental Foundation

Patrick Mao, President
Manitoba Dental Foundation

Become a Manitoba Dental Foundation “GEM” Today!

(Gives Every Month)



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CANADIAN DENTAL ASSOCIATION MESSAGE



Seasons greeting to everyone and a big “thank-you” to you all for your continued commitment to providing much needed access to care for Manitobans across our vast province.

The CDA is a very busy place these days, balancing carefully the many issues facing the profession including, but not limited to the Federal Investments in Dental Care file. Below find a few highlights. Should you have any questions or wish to discuss any issues related to CDA, please don’t hesitate to contact me.

CDA National Meetings - April 2023 – Winnipeg, Manitoba

On an exceptional basis for scheduling reasons, CDA’s Annual General Meeting (AGM) and its accompanying national meetings and events will be held in Winnipeg in the spring. The CDA AGM will run concurrently with the Manitoba Dental Association AGM and Convention, scheduled to be held in person on April 20/21/22, 2023. The much-anticipated return to an in person CDA awards event will take place, 14 outstanding leaders will be the recipients for 2023. Please plan to come out and help welcome delegates to both meetings.

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

The 2023 Alberta Wellness Summit, a CDA, The Alberta Dental Association (ADA), and College of Dental Surgeons of Alberta (CDSA) Joint Convention, will take place June 15-17 at the Calgary Telus Convention Centre. This summit will explore what it takes to create a health dental community.

The 2023 Summit features a world-class program of industry leaders dedicated to physical, mental and financial well-being, as well as clinical experts who will provide breakout sessions and inspiring keynotes. It is targeted to the entire dental community: dentists, dental hygienists, dental assistants, and team members. albertawellnesssummit.com

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

Federal Investments in Dental Care.

Bill C-31 was recently brought into federal law which will see implemented the Canada Dental Benefit. Phase 1 will be exclusively for eligible children under age 12. Based on recent discussions with both Health Canada and the Canada Revenue Agency, CDA understands the government is formally launching the Canada Dental Benefit as expected on December 1, 2022.

Work is underway on drafting a public policy on the oral health of Canadians based on the policy framework reviewed by the Corporate Members and the CDA Board.

The federal government has indicated that, subsequent to the Canada Dental Benefit, they will be looking at a proposal to enhance access to dental care for children 12 – 17, persons with disabilities, and seniors (presumably those 65 and over). Based on conversations with government, we anticipate that this next

phase will also extend to children under age 12 (as a replacement for the CDB, which ends June 30, 2024). CDA has started preliminary work related to this next phase.

CDA’s Position has long been that oral health is an essential component of overall health, and that all Canadians have the right to good oral health. For many years, CDA has called on the federal government to invest in enhancing access to dental care for Canadians.

CDA has taken a strong position in advocacy noting that it is important for the government to take the time to consult with all relevant stakeholders in developing a long-term solution that is well-informed, targeted, comprehensive, and effective.

<https://www.canada.ca/en/revenue-agency/services/child-family-benefits/dental-benefit.html>

“The interim Canada Dental Benefit is intended to help lower dental costs for eligible families earning less than \$90,000 per year. Parents and guardians can apply if the child receiving dental care is under 12 years old and does not have access to a private dental insurance plan.

Depending on your adjusted family net income, a tax-free payment of \$260, \$390, or \$650 will be available for each eligible child. This interim dental benefit is only available for 2 periods. You can get a maximum of 2 payments for each eligible child. Benefit payments will be administered by the Canada Revenue Agency (CRA).

The first benefit period is for dental care received between October 1, 2022 and

June 30, 2023. Applications for this period open on December 1, 2022.”

MDA and CDA Q and A for dentists and the general public:

<https://www.manitobadentist.ca/dental-professionals/canadian-dental-care-plan>

https://www.cda-adc.ca/en/oral_health/talk/canada_dental_benefit/index.asp

Organized Dentistry

The CDA has long fulfilled the role of the “big tent” organization providing a space for the many branches of organized dentistry to coalesce. To that end, the CDA Board and the Provincial and Territorial Associations (PTDAs) have been participating in facilitated discussions led by CDA’s governance consultant, Dr. Jane Cooke-Lauder. They are exploring the term ‘organized dentistry’, its purpose, who it serves and what it should be known for. In addition, the principles that will support and enable federation partners to work together and the unique contribution of the PTDAs and the CDA to the success of organized dentistry are being contemplated. The workshops are providing an opportunity for CDA and the PTDAs to establish the purpose and principles for the federation of organized dentistry. The recent Federal Investment in Dental Care program launch underlines the importance of a strong unified national voice for dentistry.

Dental Human Resources

CDA is awaiting news from the federal government on its CDA-Canadian Dental Assistants’ Association funding proposal

on “Building the Professional Dental Assisting Workforce of the Future.” A decision is expected shortly.

Coalition for Healthy School Food

The CDA recently became a member of the Coalition for Healthy School Food. The vision of the coalition is that every school-aged child and youth has a healthy meal or snack at school daily and to work with its partners across Canada to advocate for a universal cost-shared healthy Canada-wide school food programs, to strengthen commitments from provinces and territories, local governments and school communities and to support the sharing of best practices. Over 200 non-profit organizations are members of the coalition.

CDA has a long-standing position on junk food as it relates to children’s health, which states:

- CDA supports measures aimed at promoting healthy eating based on Canada’s Food Guide, increased physical activity and access to oral healthcare.
- CDA also supports measures aimed at reducing consumption of so-called “junk foods”. Creating new health partnerships will be important to achieving these goals.
- Health providers including dentists and physicians, governments, parents, and school systems should seek innovative opportunities to work cooperatively towards improved child health.

CDAnet:

There are ongoing improvements to the CDAnet platform for the benefit

of our members. Anticipated future benefits include expanded use of the coordination of benefits capability and lower implementation costs for dental software vendors and claims processors. CDA has continued to develop new technical developer tools for vendors and carriers to enable broader adoption of CDAnet. There have also been reinvigorated discussions with the Canadian Life and Health Insurance Association (CLHIA) on continuous e-claims improvements.

CDA Secure Send

A privacy impact assessment, new feature developments and the adoption of the CDA Secure Send app are underway. There are currently 411 dentists in Manitoba using Secure Send in 274 offices. It should also be noted that the app is already live and a French version is coming soon.

Diversity and Inclusion:

The Board agreed to CDA becoming a member of the Canadian Centre for Diversity and Inclusion and to offering membership at no cost to the Corporate Members. Further details will be sent to the PTDAs shortly.

Diversity and inclusion are about capturing the uniqueness of an individual and creating an environment that values and respects individuals for their talents, skills and abilities, to the benefit of the organization. Development of practices related to D&I offer many positive benefits to organizations including employee engagement, satisfaction, and retention as well as increased innovation, teamwork and competitiveness. ▲

Screening for Hypertension

How to manage elevated blood pressure measurements in an evolving health care system



Dr. Alia El-Mowafy is a practising dental anesthesiologist in Toronto and a clinical instructor at the University of Toronto faculty of dentistry.

Q Why should dentists be paying more attention to their patients' blood pressure?

Dr. Alia El-Mowafy (AEM): During the pandemic, our health care system was forced to adapt. Dentists returned to caring for patients in person early in the pandemic, but many of our physician colleagues continue to assess their patients via telehealth consultations. In the past, we often depended on physician's assessment of our patient's general health, including their blood pressure. I often consult with patient's family physicians prior to dental surgery. These days, some physicians have informed me that they haven't seen the patient in person for quite some time. In these cases, dentists are the main health care professionals seeing patients in-person on a regular basis. This gives us the opportunity to provide our patients with important diagnostic evaluations, including taking their vital signs.

Q How often should dentists take their patient's blood pressure?

AEM: In 2007, the American Dental Association recommended that blood pressure be measured for every

new patient, at each recall appointment, and throughout appointments for any patient that has cardiovascular disease, when complex procedures are performed.

I would recommend that any patient over age 40 should have a blood pressure reading taken at every appointment. Taking this reading at each visit will help to establish a clear assessment of your patient's health over time. When assessing these readings, ask yourself, "Is their blood pressure elevated?" "Is that correlated to an acute event such as stress or anxiety related to being in the dental office?" or "Is this unusual for this patient?" Dentists are in the habit of taking blood pressure readings prior to surgery and more complex procedures. I believe this is an opportune time for all of us to get in the habit of measuring our patients' blood pressure more often.

Q What are the best practices for measuring blood pressure?

AEM: First, use an automated blood pressure machine. The cuff should go around the upper arm. There are some machines that measure at the level of the wrist, but they are not as accurate.

Make sure the patient has an opportunity to sit and relax for about 5 minutes before you take a reading. If



they are rushed or stressed about their appointment, it could elevate their blood pressure. Take the reading when the patient is sitting up straight with their feet flat on the floor and their arm is propped on an armrest at the level of the heart. Sometimes the automated machines will take one or two measurements to fully calibrate.



Dental anxiety could also cause acute elevation, so they may be fine at home or at the pharmacy and only produce high readings at the dental office.

Q What should a dentist do if a patient's blood pressure is elevated?

AEM: Measurements can be interpreted according to the latest guidelines on hypertension. The American College of Cardiology and American Heart Association published new guidelines in 2017.¹ There's been a movement toward controlling blood pressure more stringently. Previously, a systolic blood pressure of 140 and a diastolic of 90 was considered stage one hypertension. That has changed. Now, stage one hypertension is a systolic blood pressure of 130 and a diastolic of 80.

If a measurement is elevated, the question arises: is it acutely or chronically elevated? If you do see a measurement that is high, a stress reduction protocol should be used. For this protocol, communicate with your patient in a calm and soothing voice. You can turn down operatory lighting, play calming music, or encourage your patient to perform breathing exercises. There are many apps available with great breathing exercises that you can try. If the stress reduction protocol lowers the next reading, then the elevation was likely acute. It can also be helpful to ask your patients if they check their blood pressure at home on a regular basis. Dental anxiety could also cause acute elevation, so they may be fine at home or at the pharmacy and only produce high readings at the dental office. I would take three blood pressure readings and interpret the average of those three readings. If the average is normal, or if it is elevated due to fear, anxiety or stress, but the systolic blood pressure is below 160 and the diastolic is 100, then it is safe to proceed with treatment.

Q What if a patient's blood pressure remains high?

AEM: If the patient seems calm and has tried the stress reduction protocol, but the readings are still elevated, then you should document their blood pressure and share it with their family physician. This is an opportunity for us to take on a role of advocacy for our patients and aid them in getting their hypertension diagnosed and managed by their family physician.

Generally, if a patient's systolic blood pressure is 160 or higher and diastolic is 100 or higher, then elective treatment should not be performed.

If the treatment is emergent and dental pain may be contributing to the hypertension, then you can proceed with caution. However, you should be monitoring blood pressure by taking readings every 5 minutes.

Hypertensive crisis is when systolic blood pressure is 180 or higher and diastolic is 110 or higher. If the patient has symptoms of end organ damage such as headache, dizziness, nausea, vomiting, chest pain, blurred vision or shortness of breath, they should go to the hospital emergency department.

Q Why is it so important to diagnose hypertension?

AEM: Uncontrolled high blood pressure increases the risk of serious health problems, including stroke, heart attack, chronic kidney disease, and congestive heart failure. Left undiagnosed and without management, hypertension can pose serious risk to a patient's health and increase pressure on our healthcare system. Early diagnosis and management are key to preventing sequelae of the disease. As dentists, we can be an integral part of diagnosis of hypertension. ♦



Dr. El-Mowafy discusses hypertension and the role of dentists on CDA Oasis: bit.ly/3RcrOQA

Reference

1. Whelton PK, Carey RM, Aronow WS, Casey Jr. DE, Collins KJ, Dennison Himmelfarb C, et al. 2017 ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults: Executive Summary: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. *Hypertension*. 2018 Jun;71(6):1269-1324.

The views expressed are those of the author and do not necessarily reflect the opinions or official policies of the Canadian Dental Association.





JACKIE JOACHIM
COO, ROI CORPORATION

MARKET POST COVID



Many are asking great questions about corporate buyers and the effects of the rising interest rates and inflation on practice values.

The market continues to expand, corporate buyers, like traditional ones, see the value in healthcare. I may sound like a broken record, especially now that we are two years past those initial dark days, but healthcare has proven it is recession and pandemic resilient. People simply need humans to take care of them. Rates of return on healthcare businesses are 8% or more depending on cost structures. An individual doctor will always intend to purchase a practice unless they want to be a career associate. A corporate will go after an office where not only improvement in gross can be made through the increase of hours and services but of course in trimming expenses as well. Vendors may not like their hard work broken

down into “simple numbers”, but the reality is that numbers drive corporates. It is just business. Sometimes corporates will pay more than an individual doctor and other times not. Ultimately, a vendor must put personal feelings and ego aside to make the decision that makes the most sense for them.

These past couple of years have certainly been interesting ones. Despite a pandemic and increasing inflation, values have continued to rise. Good news, historically, despite the varying rates, practice values have continued to rise. They may jump more in value at certain times and less in others but, the actual values have not decreased in my 30 years of being in this industry. This is simple economics – supply and demand - there continues to be more buyers than good practices available. The vendors who may have chosen to delay due to the pandemic by holding

on to their practice, continue to put pressure on purchasers who are looking for something to buy. Lenders also continue to fund these acquisitions provided that the buyer can qualify. If this cycle continues, values will not be negatively impacted.

Can the rise in interest rates affect a practice value? My initial answer is no BUT I do feel the need to qualify my response. There are certain transactions that a bank will not provide 100% which means the buyer must put some money into the deal to successfully close. This does not mean the practice is overvalued. It simply means that based on risk, a lender is comfortable in financing only a certain percentage. The market has been trained in the past 20+ years to expect 100% financing, however, many factors have significantly changed such as increased practice values along with the increased personal

debt load of purchasers. Practice value is not synonymous with level of financing. Values are separate from the level of financing a bank will offer a purchaser, for example, an insurance brokerage will sell for 12-15x EBITDA, yet lenders do not finance this level.

Inflation can cause practice values to decrease. It is quite simple – the more expenses rise (staffing, supplies, PPE),

the more the net profit is negatively affected, as such, value is impacted. Before anyone opines as to whether higher rates and inflation impacts value, the real assessment is how these factors affect a practice on a case per case basis. A blanket statement is always a dangerous thing to make. It should also be noted, the final practice value is truly determined by the price a vendor and purchaser

agree to. Even if increased expenses bring value down, a buyer can still offer more if they see opportunities in the practice.

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

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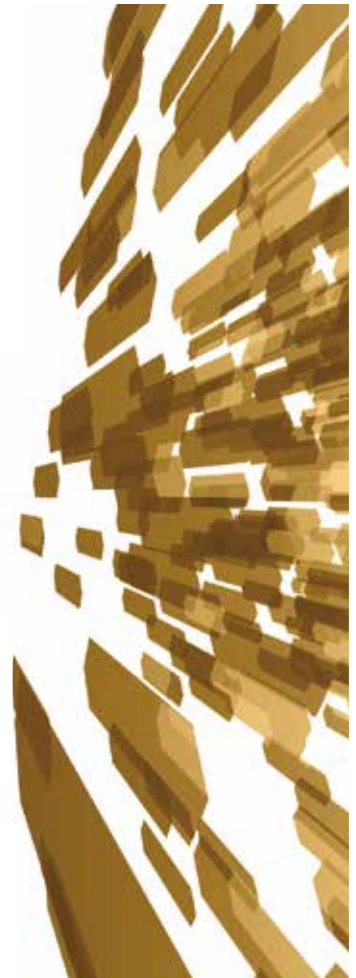


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Learning How to Be an Effective Leader

Carrie-Lynn Hotson is a certified human resources leader with the Human Resources Professionals Association, and she has 25 years of experience in the field. She teaches at Cambrian College in Sudbury, Ontario, and is the author of *Knowing Who You Lead*.



Q When you've talked with dentists recently, what are they saying about the challenges of finding and retaining staff?

Carrie-Lynn Hotson (CH): Ten years ago, there was a strong supply of dental staff and finding a new member of a dental team was often as easy as simply asking around. Now, due to large societal and economic shifts, including the pandemic, the supply of dental assistants has shrunk and demand is high. Where once there were three dental assistants entering the workforce for every dentist, now the numbers are close to one-to-one.

In Canada, health care is among the top three industries experiencing labour shortages. Dentists, like leaders in many other small businesses, are thinking about what they can do differently to attract and retain staff. Some of the dentists I've talked to are stressed, frustrated and kept up at night worrying about these issues. My expertise is in working with people and helping people work together, so I have some ideas about what dentists could be doing differently during these difficult times.

I've delved into what makes an effective leader. I've also talked to employees about why they chose to leave

a job. One interesting finding is that the reason people quit often is related to the leader of the organization.

In some cases, staff decide to leave the dental industry completely. But in other cases, people are leaving because they don't like the management style of their boss. They don't feel safe psychologically. They feel overworked. Dental staff now have lots of other options to find a job and a leader that fits their needs better. So dentists themselves have an opportunity to learn how to be better leaders and manage in a way that takes into account the needs of the people they lead.

Q What practical steps do you recommend for attracting staff to a dental office?

CH: We need to learn more about the people that we're trying to attract and communicate with them using these insights. In dentistry, a lot of time has been spent considering how to attract patients and the marketing and branding tends to focus on appealing to patients. But dentists should also be thinking about how they come across to potential staff members.

Employees are now interviewing you as a business before you even get a chance to interview them. They're Googling you. They're looking at all the reviews from patients. They're talking to your current or former employees and they want to know what you have to offer and how much of a workload they will be required to carry. In speaking with dental hygienists, they told me they often take notice of the office setting and equipment that you have. Is it dated or modern? They also note how much work is assigned to other dental staff to determine if there are enough staff in support roles to ensure cleaning, sanitizing, set up and paperwork doesn't also fall on the hygienist to do.

In a crucial way, your employees are also your brand. The better you treat your team, the more engaged, inspired, valued, and safe they will feel, and as a result, the more likely other people will be attracted to your dental office. Your patients will also notice! Happy staff are friendly and inviting. Stressed staff are disgruntled, negative and may even gossip about work issues with patients.



Your employees are also your brand. The better you treat your team, the more engaged, inspired, valued, and safe they will feel, and as a result, the more likely other people will be attracted to your dental office.

Q Are there aspects of the hiring process that are often overlooked?

CH: Most of us have unconscious biases that we don't realize we carry with us. I see many leaders who hire a "mini-me." They look to hire people similar to themselves because that's what they're comfortable with. But an effective team needs people with different skill sets and qualities that they can bring to the group. I often ask leaders to try to expand their ideas of who might be a good fit in their office.

I also ask leaders to look at when they are losing their employees. If it's in the first 6 months, then there is likely a problem with training and on-boarding, a process that, in small businesses of all kinds, often isn't planned out or intentional enough.

Q How can dentists work toward retaining more staff in the current environment?

CH: The statistics show that 99% of dental assistants in Canada are female, with an average age of 38. These women are often in the "sandwich generation" who may be caring for parents and children at the same time. They have a lot of competing priorities and responsibilities. To retain these team members, we need to make it easier for them to balance their careers and their other responsibilities. Ask yourself, how can my dental office be flexible to make this possible?

Retaining the employees that you already have is so important financially. People underestimate the cost of hiring and training a new employee. There is lost productivity when you're down a staff member, and then when a new person is learning your office protocols and your style, they won't be as productive as someone who has been in the position for years.

Talking with people who work in dental offices, I've heard a range of concerns. Some folks feel like there is too much administrative work that makes them feel inefficient. I've heard that sometimes the leadership style in an office can be autocratic. If the average age of a dental assistant is 38, often they're experienced in the workplace and have useful ideas that they could share with you. Are you open to hearing them or do you just want it done your way?

I encourage leaders to hire people because they are creative, innovative problem solvers. And once they are part of the team, be sure to listen to their ideas. They know the industry as well. That's an important way to retain employees: make them feel engaged and empowered. It's not always about the salaries you can offer. Staff want to feel valued and to be heard. They want to contribute.

Q What would be your takeaway message for dentists?

CH: My last piece of advice is that it's so important to spend time figuring out what your employees need and what they are interested in. Maybe it's a flexible schedule. Maybe it's professional development. Invest the time and energy to find these things out from your staff.

Dental practices are people-centered businesses. Most dentists haven't had formal HR training, but of course there's a lot of HR skills required to run a successful practice. While it may be scary and overwhelming, managing people is a learnable skill. There are books, classes, and coaches who help build the skill set. You can learn to be the kind of leader that empowers and inspires their team. ✨



DR. TOM COLINA, D.M.D.
PRESIDENT, MDA



PRESIDENT'S MESSAGE

Consider CDSPI

As your professional association we strive to provide our members with services and benefits that provide value to you and enhance our community. For over 60 years, one of our most valuable member benefits has been access to CDSPI. Created by dentists, CDSPI is a not-for-profit organization that helps you achieve and maintain financial well-being with advice, insurance, and investments customized for the needs of today's dentists.

CDSPI continues to leverage the group buying power of Canadian dentists to secure the best-in-class products and services to help you grow and protect what's important to you. In April of 2022, CDSPI announced a new strategic alliance with Scotiabank® for an exclusive banking referral arrangement. As a CDSPI valued client, you will continue to enjoy the umbrella of financial services offered to you as a benefit of your dental association membership. And CDSPI will now be able to refer any of your personal and business banking needs to Scotiabank through a dedicated network of Scotiabank Healthcare Specialists and Advisors, ultimately delivering a broader suite of end-to-end financial solutions customized for dentists.

Clients will continue to be served by the Insurance and Investment Planning Advisors at CDSPI Advisory Services Inc. for insurance, investment and private wealth management advice and solutions. The Investment Advisors at CDSPI Advisory Services Inc. are CERTIFIED FINANCIAL PLANNER® professionals who can help you navigate investing through a corporation, setting up a partnership, managing risk, and improving your tax-efficiency. The advisors at CDSPI Advisory Services Inc. are paid a salary, not a commission, so you can be assured they are aligned with your best interests.

The Benefits of Membership

As part of their commitment to give back to our community, CDSPI also provides, at no cost, an insurance program for dental students and is a proud sponsor the MDA Annual Convention and MDF Snowball Gala, plus the Welcome to the Profession and Student Mentorship Programs. CDSPI also sponsors the Members' Assistance Program (MAP), providing access to a wide variety of resources to help you deal with life's challenges — big or small.

MAP provides clinical counselling, professional guidance, and wellness resources to help you at school, work and in your personal life.

This strictly confidential counselling and referral service is a benefit of your dental association membership and is provided through LifeWorks, the largest Canadian-based provider of Employee and Family Assistance programs.

Our Dentists are Smiling

Listening to our community and learning about their experiences is a crucial part of the process that CDSPI undertakes to gain deeper understanding and inform meaningful action.

CDSPI has made it a priority to listen to clients and their customer satisfaction scores are some of the highest in the industry. A key part of this is ongoing regular client surveys that clearly show dentists appreciate CDSPI's coverage, advice and counsel with a staff who are responsive and attentive to their needs.

These are just some of the comments received from the Manitoba dental community through CDSPI client surveys in 2021-2022:

• "Friendly and accommodating. Answered all my questions and concerns!"

• "Easy to contact and great service."

• "I had incredible service from my advisor. I also like the all-inclusive packaging that is available for dentists."

Exclusively for Dentists

Created by dentists, CDSPI is a not-for-profit organization with the sole purpose of arranging programs for the benefit of dental students and dentists who are members of CDSPI's member associations. And because CDSPI only serves dental professionals, they completely understand your financial priorities and can offer a level of service and experience unmatched by traditional insurance and investment firms.

Consider CDSPI

If you need financial advice about insurance or investments consider CDSPI—that's why the dental associations created CDSPI—for you, your family, and your business.

I encourage you to reach out and find out more about all that CDSPI has to offer—it's an important benefit of your dental association membership. Visit cdspi.com. Read their emails. Follow them on social media or stop by their booth at events. They also host several webinars each year on topics of interest to you—including investment and tax strategies, financial planning, and risk management. These are great opportunities to expand your knowledge and interact with your peers. CDSPI is committed to our community and to you.

Dr. Thomas Colina, President
Manitoba Dental Association

1 All comments are used with permission and are taken from regular CDSPI client feedback surveys received in 2021-2022.



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Musical generates money to be donated to: Manitoba Dental Foundation (MDF) Rainbow Stage and other local performing arts related charities.

PROTECT YOUR PARTNERSHIP WITH INSURANCE



BY CDSPI

You have found the perfect business partner for your dental practice. They are someone you trust, with your vision, who shares your passion, and who complements your skill set. You get along well and it's easy to envision working together, providing valuable health-care services to your patients, managing the team, and growing the practice. It's going to make all the difference when it comes to building your business, your reputation, and maximizing the value of your practice.

Now that you've got your partnership agreement signed, sealed and delivered, it's important to protect it. That's where insurance can help.

Planning for 'what if' and 'when'

Insurance industry professionals recommend that dentists should plan for two types of events.

'What-ifs' are the things that could happen to you or your practice but also may not. Typical scenarios include accidents, illness, damage to property and cybercrime.

'Whens' are the anticipated and inevitable events in life. For example, when you retire, sell your practice or activate your succession plan.

Dentists in a partnership should consider insurance that provides living benefits in the event of illness or injury.

- Disability insurance provides ongoing income to partners who can't participate in the business due to a qualifying physical or mental disability.

- Critical illness insurance pays out a lump sum that can be spent any way one chooses, including buying out a partner.

Life insurance helps you cope with the 'whens'

People often think of life insurance as something that only matters when you die. In the context of shareholder/partnership agreements, however, it's an important financial tool because it can provide the money needed to help one partner buy out another's share.

The importance of insurance to fund shareholder and partnership agreements

Joint shareholders use buy/sell agreements to make it clear when one will be expected to "buy out" another if, for example:

- One partner can no longer perform their duties owing to a disability
- One partner gets diagnosed with an illness and needs to exit the business
- One or more partners want to retire and sell their shares

- One partner dies

All of these events have one thing in common: They trigger the need for someone to sell their shares and the agreement spells out how that will happen and where the money will come from. Without adequate insurance, the stage could be set for an ugly battle over money and control of the business. And no one wants that.

A cautionary tale

To illustrate the importance of life insurance as a foundational element in a shareholder/partnership agreement, consider this hypothetical situation.

Two like-minded dentists join forces to open a practice in a major market and estimate the value of the business at \$1-million. Each partner takes out a life insurance policy for \$500,000, naming the other as the beneficiary. This gives them both the ability to buy each other out should one die. It sounds simple and practical.

Over time, the business flourishes. They purchase a building with a 25-year mortgage, hire associates, and run a healthy, lucrative practice.

Both enjoy watching the business grow, and appreciate how much it has increased in value, helped in part by the booming real estate market. But, preoccupied with their busy, successful practice, neither stops to update the value of their life insurance policies.

When the younger partners dies unexpectedly, the older one is expected to buy out their shares. In the years since it was founded, the practice has grown to \$3-million in value. The buyout costs \$1.5-million but insurance only provides \$500,000, leaving a \$1-million shortfall for the surviving partner or shareholder.

As the example above shows, financial problems can happen when partnership agreements and supporting life insurance policies are not reviewed annually and adjusted to reflect the current value of a practice.

Choosing the right kind of life insurance protection

An insurance plan needs to be customized to fit the practice and the owners. The process begins with the following questions:

Who should own the policy?

A dental practice can purchase a policy or dentists can insure themselves. Many dentists prefer to have their own coverage as part of their personal financial plan. However, an experienced advisor will assess the most tax-effective choice based on factors including, how much the practice earns and the marginal tax rates of the partners.

What kind of coverage is best?

The most common forms of life insurance are term policies, which can be renewed at regular intervals, and permanent life insurance policies, which stay in effect for life.

Choosing the right policy depends on a lot of factors, such as age, health, and the other moving parts of a financial plan.

Review, review, review

If you have an up-to-date partnership or shareholder agreement funded by life insurance coverage, you're in good shape. But that's not the end of it. Whenever you review your agreement, here are five questions to ask:

1. Does it address what happens in the event of a disability or critical illness, a marriage breakdown or bankruptcy?
2. Is the company, or other shareholders, obligated to buy back the shares upon a death or a prolonged disability?

3. Have share values increased beyond what insurance can cover?

4. Does the ownership of the insurance reflect the wording of the partnership agreement?

5. Is the agreement clear as to how the payout from a life insurance policy will be allocated?

CDSPI offers best-in-class customized insurance solutions for dentists to protect your life, your income, and your practice. The Advisors from CDSPI Advisory Services Inc. will work with you, your partners and professional advisors to help keep agreements up to date and insurance coverage at the right levels. Even if you have insurance from other providers, our Advisors can provide an objective, no-cost review of your portfolio. This is a benefit of your membership in the Ontario Dental Association.

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Practice Support

Canadian Dental Association benefits for Manitoba Dentists

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

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

CDAnet and ITRANS

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

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

CDA Secure Send

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

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

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





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your guide to better patient communication

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

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

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



The goal of effective communication is simple:

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



why good patient communication is important

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

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

Increased patient satisfaction

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

Reduced complaints

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

Improved efficiency

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





CONVERSATION ON CODES

Frequently the Manitoba Dental Association receives calls and emails from both the public and practitioners enquiring about codes and how procedures should be coded and billed. Recent questions have focused on appropriate billing for root planing and scaling.

Although there are only a few codes that are time-unit based, scaling and root planing are among the most frequently billed. Often these codes are billed in conjunction with other procedures such as exams, radiographs, fluoride and polishing, which can create confusion.

It is acceptable that certain activities, other than actual 'steel-on-tooth' scaling and/or root planing, can be included in the billed scaling or root planing units of time for any given appointment. However;

Some activities that would not be included in scaling time are;

- Operator set-up,
- Operator disinfection/cleaning,
- Dismissing the patient/walking the patient to the front desk,
- Any treatment for which there is a separate, dedicated procedure code such as;
 - Radiographs, and;
 - Dentist's exam, and;
 - Fluoride application, and;
 - Time devoted to oral hygiene instruction, and;
 - Polishing of teeth, and;
 - Nutritional counselling, etc.

Some activities that can be billed as part of scaling and/or root planing time are;

-Actual scaling/root planing time: (1-7 minutes = 1/2 unit of time, 8-15 minutes = 1 unit of time),

-Administration of local anesthetic: Just like for a dental filling, local anesthetic is sometimes needed in order to properly scale/RP teeth. And as with a filling, the local anesthetic component would be considered a part of that treatment. Put another way, administration of local anesthetic is included in the cost of scaling (as it would be for a filling). Therefore time taken in the administration of local anesthetic for scaling or root planing purposes may be included in the scaling or root planing units of time.

Some guiding principles;

1. Time spent with the patient: Do the number of units of billed scaling/root planing time exceed the overall appointment time? If so, it is probably excessive.
2. Reasonableness: Has the patient been billed for the time that was spent actually treating them? If so, it is probably reasonable.
3. Procedure codes: Is there a dedicated procedure code for a given service (other than scaling or root planing)? If yes, then it should not be included in the scaling or root planing units of time for that appointment.

Examples;

A routine 1-hour recare appointment may look like this;

Once seated: a short conversation, update medical Hx, scaling (25 minutes), root planing (8 minutes), probing & recession measurement + update charting (7 minutes),

dentist does recall exam (8 minutes), patient dismissed and walked to front desk, operatory cleaned and prepped for next patient (7 minutes). Total appointment time = 55 minutes.

In the above example, the hygienist spent 40 minutes 'treating' the patient (25+8+7 = 40 minutes) while the dentist spent 8 minutes doing an exam, and then the room was cleaned and prepped for the next patient (7 minutes) for a total of 55 minutes. The hygienist's treatment time includes making a bit of small talk to comfort the patient, reviewing med Hx, updating the chart, probing & recession, scaling & root planing. It would be appropriate for the hygienist to code for 2 units of scaling (first 25 minutes) and 1 unit of root planing for this appointment.

Example #2: A 45 minute, 3-month recare appointment for a 'perio' patient might look like this;

Once seated: a short conversation, update med Hx, administer local anesthetic for 2 quadrants (9 minutes), scale (22 minutes), re-check scaled areas (3 minutes), dismiss patient and clean operatory/prep for next patient (7 minutes). Total appointment time = 41 minutes.


In the above example, the hygienist spent 34 minutes treating the patient (9+22+3 = 34 minutes) therefore it would be appropriate to bill for 2 1/2 units of scaling. [2x15 = 30 minutes (2 units of time), + 3 additional minutes (1/2 unit of time) = 2 1/2 total scaling units].

A final scenario;

If a treatment provider were to scale for 7 minutes and root plane for an additional 8 minutes, this would constitute 1 unit of root

planing (the predominant activity for that 15-minute unit of time). In this example, it would not be appropriate to bill for ½ unit of scaling and 1 full unit of root planning. It's easy to see that doing so could result in billing for more units of time than the patient was actually in the chair.

Whenever treating a patient the principles of reasonableness and clear communication apply. Some judgement is needed when billing time-based procedures such as scaling/root planing, however if the charges are explained to the patient, and the billing

reasonably reflects the time spent actively treating the patient, complaints will be mitigated. 

Regards,
Jeff Hein, DMD
Chairperson – MDA Economics Committee

***We would like to acknowledge Dr. Mike Sullivan (past MDA Economics Committee Chair) who first wrote an article on this subject a number of years ago.*



Dr. Kristin Yont
D.M.D.



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OBITUARIES



DR. MARCEL A. MOLLOT

Peacefully, on November 23, 2022, Dr. Marcel A. Mollot passed away in his home, surrounded by family, after a short, courageous battle with cancer.

Marcel loved and was loved by his devoted wife, Louise, of 59 years; children, Roland,

Michelle (Mark), Yvette (Alain), Roger (Pauline); and his grandchildren, Liam, Emma, Grace, Arlo, and Josée.

Raised in Starbuck, Manitoba, Marcel moved to Winnipeg to pursue his studies in dentistry, graduating in 1963. He started his practice and touched many people's lives during his 34 years of service. His commitment to his patients and staff and his integrity as a businessman were extraordinary. Consequently, he was a positive example and role model for his family and friends.

Marcel was generous and actively involved in his community, sharing his time and resources. He volunteered as a coach for his children's sports teams, was involved in church activities, and was an active member of the church choir for 35 years. In addition, he was a longstanding member of the Knights of Columbus. Marcel was especially kind to many friends and family members who needed his support, including his cousin Ray, whom he had cared for over 30 years.

Marcel was a very active man who loved golfing, biking, curling, pickleball, and skiing. He travelled across North America, Europe, and Asia with Louise and their many friends and enjoyed many memorable family holidays. He



DR. IRVING KATZ

It is with great sadness that the family of Irving Katz announces his peaceful passing at his home, on November 17, 2022, at the age of 96.

He is survived by his devoted daughters, Arlene Hochman (Jerry), Jill Minuk (Darrell); and grandchildren,

Michael Hochman (Sari), Jon Hochman, Amanda Minuk (Scott Callegari) and Alex Minuk. His treasured great-granddaughters, Hazel, Solly and Audrey. He was married to the love of his life, Gilda (Silverberg), and later to Florence (Pepper), who had both predeceased him.

Irving had a dental practice in East Kildonan that spanned over almost half a century. Golfing and spending time at his winter home in Florida were one of his many pastimes. He

enjoyed hunting and fishing with his brother Rene and his sons, Roland and Roger. Marcel was very close to his brother Rene - sharing many adventures over the years, always laughing heartily, and working hard to stay awake on their long drives home.

Marcel's love of food, cooking, and gardening has inspired his family to enjoy creating good food and eating together. He was fond of family celebrations, especially at the cottage. Bacon and eggs on the deck, his famous ribs, Caesar salad, and prime rib were among his specialties. The cottage was a sacred space for Marcel, rich in memories with friends and family. Summers at the cottage included warm memories of games, reading to his grandchildren, playing Charades, and blueberry picking.

Through the years, Marcel and Louise developed a close circle of friends. Together they enjoyed travel, sports activities, theatre, celebrations, and church events. They supported each other through good times and bad, especially with laughter. It was inspiring to see the love and support that Marcel's friends and family provided during his illness.

Mass of the Resurrection will be on November 30, 2022, at 11:00 a.m. at St. Paul the Apostle Church, 2400 Portage Ave., Winnipeg.

Special thanks to Fr. Eric Giddins for his compassion and care and to all the people that supported Marcel and his family during this difficult time.

In the spirit of Marcel's generosity, donations can be made to Siloam Mission or Rossbrook House in lieu of flowers.

was a prolific painter and sculptor. He often said he would hear music that would translate into creativity to make his art pieces. His children and grandchildren are proud to have many pieces of his work in their homes. Many homes and galleries around the world are also fortunate to have his work on display.

If a man's life is to be defined by the legacy he leaves behind, then Irving was a successful man.

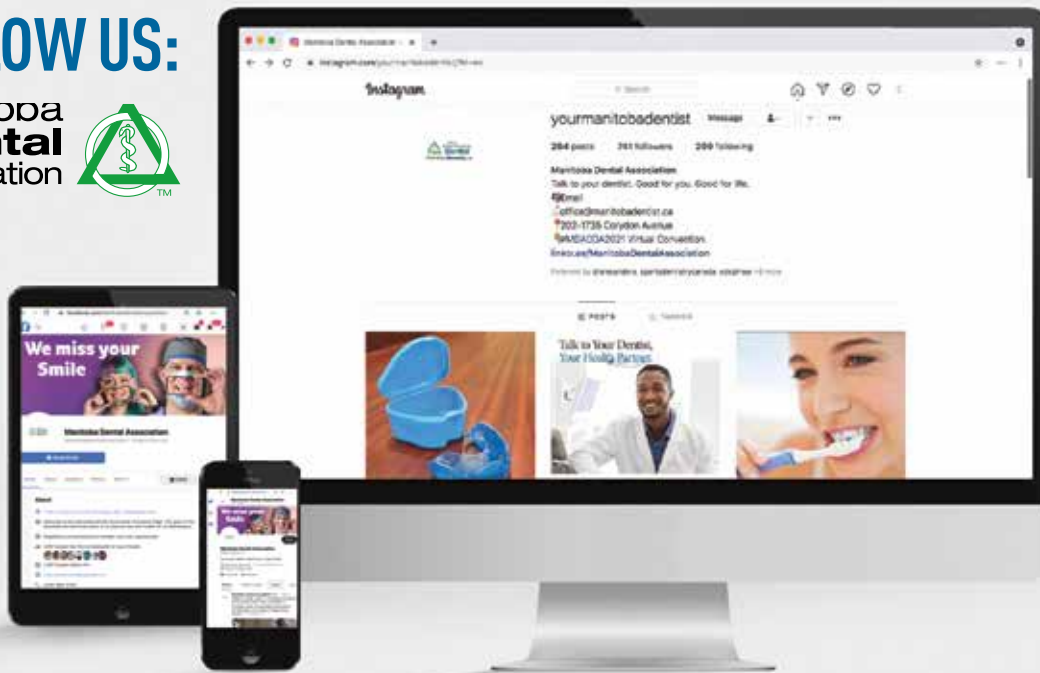
We would like to extend a thank you to his caregiver Nila, who played a special role for him alongside Arlene and Jill.

A private graveside service was held at the Shaarey Zedek Cemetery on November 20, 2022.

Irving will be missed by family and friends.

In honour of Irving's memory, donations can be made to a charity of your choice.

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