

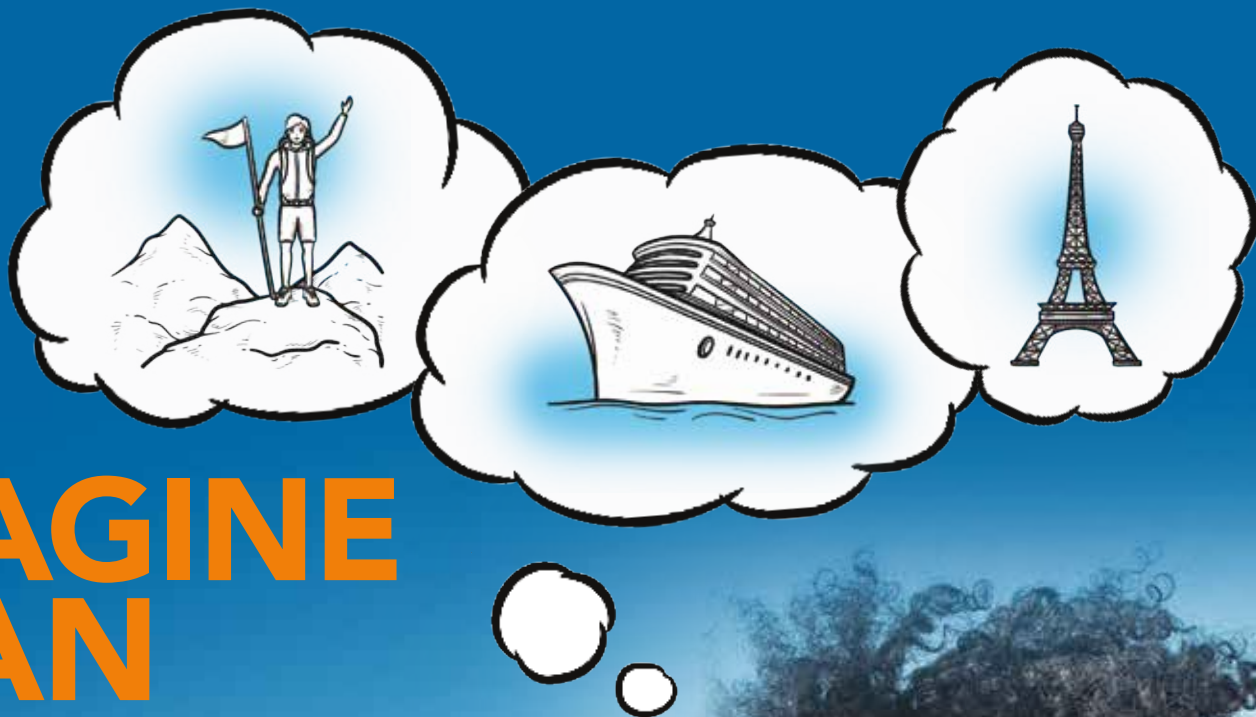
Manitoba
Dental
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Oral Cancer Screening Event

Manitoba Dental Association is proud to have once again partnered with the Never Alone Cancer Foundation for the 6th Annual Oral Cancer Screening Day. The event occurred on Saturday October 14th, 2023 at the Garden City Shopping Centre - Mall





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

2023 - 2024 Lecture Dates – (For Grad Years 2019/20/21/22/23)

- January 19 ZOOM Session Oral Pathology Review for the General Dentist Dr. Ryan Howard
- February 13 ZOOM Session Public Health Programs and Canada Dental Benefit - Dr. Khalida Hai-Santiago
- March 1 – Elevate your daily dentistry! Dr. Sunny Virdi
- May 4th - So you have an implant....Now what? Dr. Hoda Hosseini

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



MDA Bulletin



The MDA Bulletin is published on a quarterly basis; submission deadlines are: February 20, May 20, August 25 and November 20.

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2023-24 Lecture Series:

WDS
Winnipeg Dental Society



Venue – Canadian Museum for Human Rights

- **February 9th, 2024 – Presenter Dr. Miles Cone**
- **March 15th, 2024 – Presenter Dr. Jennifer Doobrow**

Register at:
WinnipegDentalSociety.org



PRESIDENT'S MESSAGE

The holiday season is upon us, although if you have been out in the retail world, it seems like it started before Halloween or even August.....

Data, data, data! Everyone is always collecting data and measuring metrics. Your MDA is no different. We quite often send out surveys in an attempt to gain data. This data is used to support and substantiate many functions within your MDA. For example, we send out a yearly financial survey from the economics committee. Last year we had a 2% return on that survey. Unfortunately this is not a large enough sample size to use this data. This lack of feedback gives us no choice but to rely on less direct metrics to determine financial forecasting, such as our fee guide. This year we took into consideration rate of inflation, Canadian gross domestic product, provincial trends and the advice from our economic consultant. I encourage you to not only fill in our surveys, but remind colleagues and dental friends to do so as well. We need a significant sample size to substantiate our processes and decisions.

Our truth and reconciliation task force committee is starting to take form. We will


be building this committee with members from the indigenous community. To date we have been fortunate enough to have Rady Faculty of Dentistry Alumni Senator Mary Jane MacCallum, Sherri McKinstry (chair of the Indigenous Dentists Association of Canada) and Allan Grant (chair) agree to participate on this task force. We have also included leaders from Manitoba's indigenous communities. I would like to thank everyone that has submitted their name to be a part of this important process. I cannot wait to see the important work this committee will undertake.

The CBCT committee continues to forge ahead and we anticipate their direction on this topic in 2024.

Your MDA board will not be increasing licensing fees in 2024. This marks the 4th year in a row license fees have not risen despite the increasing costs of operations similar to what dental offices are facing.

I would like to remind everyone that we need to speak as one unified voice to the public. This strategy has worked extremely well at the national level with the federal government regarding the CDCP. I would

encourage anyone who has a media request come across their desk to please refer the request to the MDA office.

As this is my last bulletin as President (please don't cheer too much) I would like to take this time to thank all of our committee members, chairs and board members, without whose time and commitment we would not have the successes we achieve. I would also like to thank the staff at the MDA. They are welcoming and extremely talented at the jobs they do! Please do not ever hesitate to call the staff if you have a question or concern. They truly do an exceptional job for us all! Thanks to (in no particular order) Diane, Holly, Courtney, Gail, Linda, Greg, Cory, Murray and Ron. A great big welcome to our new administrative assistant to the CEO and Registrar Theresa Sousa! Special thanks to Arun and Rafi for their help and guidance through the waters of organized dentistry. These two gentlemen are leaders throughout Canadian Dental organizations and have put Manitoba at the forefront of dentistry! I hope to see you all at the MDA convention April 20-21! Registration is open on January 15th. 

Did you know.....

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

The MDA Convention cannot succeed without our tremendous volunteer team! Watch for upcoming news on the April 19th – 20th 2024 Convention and Trade Show. We will be looking for volunteers to assist with speaker introductions, attendee registration, CE Scanners and the MDA Rafi's Raffle Booth.

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

Watch for volunteer opportunities in the MDA Weekly Updates.



HEATHER BROWNLEE, RDA
PRESIDENT, MDAA



MDAA PRESIDENT'S MESSAGE

Hello Manitoba RDA's

As the new President of the MDAA I would like to introduce myself. My name is Heather Brownlee and I have been an RDA since 1977 the year I graduated from RRCC. I went on to get my Ortho module in 1984 and my Expanded Duties in 2003.

I am presently semi retired and work 2 days a week at the Dr. Gerald Niznick College of Dentistry's Centre for Community Oral Health on the Dental Van with a Dental Hygienist.

I have worked in many aspects of Dental Assisting in both Private Practice for 8 years and at the College of Dentistry for 28 years.

I hope the knowledge and experience I have acquired over the years will help me to promote and advance our profession in new directions with all of your help.

The Manitoba Dental Assistants Association has gone through some administrative changes since the beginning of this year. This summer, we welcomed Mr. Kyle Mason as our new Executive Director. Kyle comes to us with vast working experience with the Not-for-Profit sector. Kyle will be a great addition to our team with his experience and knowledge. Feel free to contact him at anytime with any questions or issues you may have, and we will try to guide or help you anyway that we can.

MDAA is looking forward to launching our Social Media platforms in the near future to keep RDAs updated on what is happening with the RDA's in Manitoba and across Canada so watch for the announcements.

In closing I look forward to working with our Board of Directors and Kyle to advocate for all of you. I ask that you all take the time to visit our website to meet the members of our board.

I wish you all wonderful holiday season and a happy and healthy New Year.

Respectfully submitted
Heather Brownlee RDA

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REGISTRAR'S MESSAGE

Prioritizing Wellness: A Regulatory Imperative for Mental Health in Dental Professionals

In the dynamic field of dentistry, where the demands of patient care, administrative responsibilities, and the pursuit of professional excellence converge, the importance of mental health for dental professionals cannot be overstated. Regulatory bodies play a pivotal role in shaping the standards and practices within the dental community, and it is imperative that they recognize and help address the unique challenges practitioners face from a mental health perspective.

Regulatory bodies are responsible for fostering an environment that supports the well-being of professionals under their purview. The first step is acknowledging the prevalence of mental health challenges in the dental profession. The pressure to meet high clinical standards, manage patient expectations, and navigate the complexities of running a dental practice can contribute to stress, anxiety, and burnout. Regulatory frameworks must continue to evolve to include guidelines and initiatives that explicitly address these issues.

Work-related stressors may manifest from long working hours, high patient volumes, and the emotional toll of patient care. Regulatory bodies can set helpful guidelines designed to help the public and practitioners. While our role may seem solely focused on discipline and enforcement, our underlying goal is always finding ways to best prepare our


practitioners for the challenges they may face. We passionately believe ensuring high standards lowers the stress they will face in fulfilling their commitment to the public.

Recognizing the symbiotic relationship between mental health and professional performance is crucial. Regulatory bodies actively contribute to enhancing the resilience and effectiveness of dental professionals through the establishment and monitoring of standards. Programs like the Office Assessment are labour intensive but have a tremendous impact on cutting down significant problems dental professionals would face in their offices without it.

Regulatory initiatives should also extend to the establishment of supportive work environments. Encouraging open communication, interprofessional cooperation, and a culture prioritizing mental health can foster a sense of community that benefits the wider public. Regulatory bodies like the Manitoba Dental Association also actively advocate for policies promoting a positive workplace culture and discouraging practices contributing to a stressful atmosphere.

The destigmatization of mental health issues within the profession is a critical aspect of overall well-being. At the MDA, we emphasize the importance of seeking professional help without fear of repercussions. By continuing to develop guidelines on confidentiality and protection from discrimination, regulatory bodies can create an environment where seeking help is

perceived as a strength rather than a weakness. Recently, the Board of the MDA created a Wellness Program Committee that will be able to help individual members (past and present) with health-related issues such as depression, anxiety, substance abuse or dependency, coping problems, unmanageable stress, burnout, eating disorders, financial difficulties, and others. All members, their staff and families are eligible to use CDSPI's Members Assistance Program. This free, confidential, and easy-to-access support service provides various resources to help deal with life's challenges – big or small.

A regulatory approach to wellness and mental health for dental professionals is not just desirable but essential to the optimal oral health of all Manitobans. By acknowledging the unique stressors in the dental profession and actively promoting mental health initiatives, regulatory bodies can contribute significantly to dental professionals' overall well-being and effectiveness. As the guardians of professional standards, we have the power to shape a future where the pursuit of excellence is balanced with a commitment to the mental health of those who dedicate their careers to the art and science of dentistry. If either my deputy, Dr. Cory Sul, or I can help navigate situations or find resources, please get in touch with either of us directly. 

Respectfully,

Dr. Arun Misra
Registrar, MDA

Summary of MDA Inquiry Panel Decision

Summary of outcome

Dentist pleaded guilty before an Inquiry Panel of the Peer Review Committee to breaching the Code of Ethics of the MDA by submitting false billings to an insurer. The Panel reprimanded her and imposed a fine of \$10,000 and costs of the investigation and hearing to a maximum of \$45,000.

Facts
On August 25, 2023, an Inquiry Panel of the Peer Review Committee of the MDA (the "Panel") held a hearing into charges against Dr. Danielle Jobb, a member of the MDA (the "Member").

A Notice of Hearing charged the Member with contravening the Code of Ethics of the MDA by purposefully altering treatment dates in a patient's chart, and submitting invoices, lab bills and receipts to a third party insurance company that knowingly contained false and incorrect information (including treatment dates and fees charged). This was for the purpose of assisting a patient in obtaining benefits under dental plans which would otherwise be disallowed, in order to receive greater payment or reimbursement, and to make non-covered procedures appear to be covered. The Member was also charged with intentionally misleading the investigator appointed by the Complaints Committee and thereby failing to comply and cooperate with the MDA.

The facts relating to the conduct at issue can be summarized as follows:

The MDA received a complaint from a third party insurer, raising concerns that the Member was completing dental work in one policy year, and billing it to the insurer in the following policy year when the plan limits renewed with a falsified date of service.

The billings at issue and subject of the hearing related to two Zirconia bridges for teeth 1.1 – 1.3 ("Bridge 1") and 2.1 – 2.3 ("Bridge 2").

The patient's chart showed that Bridge 1 was prepared January 22, 2018 and cemented on February 9, 2018. The lab invoice sent to the insurer directly from the Member's office was higher than the lab invoice obtained directly from the laboratory for this bridge.

The patient's chart showed Bridge 2 was prepared on January 7, 2019 and cemented on March 1, 2019. The lab invoice sent to the insurer directly from the Member's

office was dated January 11, 2019, however the lab invoice obtained directly from the laboratory was dated February 7, 2018 (the same date as the invoice for Bridge 1). In April 2018, the patient was referred to another dentist, and that dentist's chart and documentation confirmed that as of April 2018, the patient had both Bridge 1 and Bridge 2 placed, which was inconsistent with the invoices sent to the insurer by the Member for Bridge 2.

The Member admitted her office contacted the lab and requested they provide false invoices, and that she then signed off on the insurance forms and submitted false invoices to the insurer. The Member admitted to altering the patient's chart to conform with the false billing. The Member also admitted to misleading the MDA appointed investigator by sending an email following notice of the complaint that both bridges "were not seated at the same time".

The Member pleaded guilty to and admitted to facts surrounding the allegations in the Notice of Hearing, and in doing so confirmed and acknowledged that her conduct constituted professional misconduct.

Decision of the Panel

Following the hearing into this matter, the Panel was satisfied that the facts supported the charges. The Panel concluded that the conduct of the Member exhibited failings in integrity. Conduct of this manner tarnishes the reputation of the profession in the eyes of the public. The requirement of members to cooperate with and be truthful in the course of investigations is integral to self-regulation.

Penalty

The parties submitted a Joint Recommendation on Penalty, which was accepted by the Panel. The following penalty was ordered against the Member:

- (a) A reprimand;
- (b) The Decision of the Peer Review Committee will be published in the MDA Bulletin and be made available to the public;
- (c) A fine in the amount of \$10,000.00; and
- (d) The Member will pay the costs of the MDA with respect to the investigation and hearing up to a maximum amount of \$45,000.00.

DEAN'S MESSAGE

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



The last 6 months have seen the Dr. Gerald Niznick College of Dentistry reach certain milestones that I am thrilled to share with you.

This year our School of Dental Hygiene and Dentistry students had 100% pass rate in their National Dental Hygiene and Dental Board Examinations. This was a concerted effort on behalf of



students and faculty alike and a truly impressive accomplishment.

Following this news, we found out that the Dr. Gerald Niznick College of Dentistry was ranked fourth among all Canadian dental faculties and first amongst all schools, colleges, or faculties within the University of Manitoba! This outcome is truly due to the dedication of our research students and faculty, who continue to shine in their fields and whose contributions are recognized on an international scale.

In addition to this great news, at the end of August, the province announced

funding for the Rady Faculty of Health Sciences. This commitment meant that an asphalt parking lot adjacent to the Dr. Gerald Niznick College of Dentistry will be transformed into a new building!

The proposed five-story building will be housing a childcare facility, new lecture theatres for students in the undergraduate medical program, office spaces for Ongomiizwin – Health Services, and two floors devoted to establishing new undergraduate and graduate dental clinical facilities.

The dental clinics will be situated on the third and fourth floors of this new building with a footprint of approximately 15,000 square feet/floor. One floor will be occupied by our undergraduate clinic, the largest dental facility in Manitoba, and the other floor will house all our

graduate clinics (OMFS, Ortho, Perio and Pros) in conjunction with Oral Radiology, Oral Pathology, TMD and Sleep Medicine clinics.

The creation of this extraordinary facility will not be possible without our alumni support and its completion will be a testament to the strength and commitment of our incredible donor community. This \$30 million project comes with a fundraising goal of \$16.3 million, which will go towards ensuring the infrastructure is state-of-the-art.

Dr. Gerald and Reesa Niznick have launched our fundraising efforts with


a very generous donation that will be formally announced in the New Year. Other donors have also generously stepped in, and I am so pleased to report that we are well on our way to reaching our goal!

As we continue our efforts towards maintaining the excellence in education we have always been known for, we are now reaching out to you, our colleagues, and alumni for assistance. Every contribution counts, regardless of its size. It's the spirit of giving that inspires donations from all levels.

Your support will ensure that our students receive enhanced training, in a superb, modern facility, focused on the provision of patient-centered oral healthcare and the use of new and emerging technologies.

My hope is that we will, all together, be able to lay the foundation for future generations of dental hygienists, dentists and dental specialists to train at our college and find inspiration and knowledge within its walls, like I did, as a proud alumna.

Once again, thank you for your consideration in being part of the driving force behind this transformative endeavor. I look forward to the day when we can come together and celebrate the campaign's success!

For more information on special naming opportunities or to learn more, please contact Brooke Karlaftis at: brooke.karlaftis@umanitoba.ca. 



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CONVERSATION ON CODES

Botox Codes

For Manitoba dentists, the use of neuromodulators for the treatment of both functional and cosmetic problems was approved for 2023. And when new treatments are introduced, there are often questions from the membership about how to apply the appropriate procedure codes for those newly approved procedures.

In 2023 there are only two provinces that have neuromodulator procedure codes in their respective provincial Suggested Fee Guides – Alberta is one, and Manitoba is the other. Alberta has included the procedure codes without suggesting fees, while Manitoba has included the codes along with suggested fees in our guides. These codes and fees have resulted in several questions to the MDA Economics Committee regarding their proper application.

Some background is in order. Procedure codes are developed by a CDA Committee called the USC&LS Committee (the Uniform System of Coding & List of Services Committee). CDA dental procedure codes can only be modified, developed, or archived by the USC&LS Committee, not by individual provincial Economics Committees. So once a procedure code is developed and included in the USC&LS, any province wishing to include that code in their respective guides is bound by the exact definition of that procedure code. Provincially, we can provide clarification on the definition/application of the code(s) but we cannot modify or change the description of the code itself.

The codes for neuromodulator use have resulted in several questions being raised by Manitoba dentists. And I believe part of the uncertainty relates to the way the codes are broken down for dentistry in Canada. A quick internet search will show that the ‘going rate’ for neuromodulator administration by medical doctors and medical specialists in Manitoba is about \$10/unit of drug administered. (This varies, but \$10/unit is a good average). This fee would be a reasonable starting point for any Manitoba dentist. The difficulty is, as dentists, we have procedure codes that group units of drug together. For example (from the 2023 USC&LS);

INJECTIONS AESTHETIC -
ADMINISTRATION OF AESTHETIC
NEUROMODULATORS (E.G.
BOTULINUM TOXIN TYPE A) (Note
“units” refers to a drug dosage) 96300

Injection of neuromodulator, aesthetic 1 to 5
units + E 96301


Injection of neuromodulator, aesthetic 6 to 10
units + E 96302

Injection of neuromodulator, aesthetic 11 to
20 units + E 96303
Etc.

I believe part of the confusion stems from the fact that, while other providers administer (and charge) by the individual unit of drug, dentists are bound to code their cosmetic neuromodulator administration using the provided series of codes which bundles units of drug together.

At this point, a few things warrant a reminder;

- No dentist is bound by the fees listed in the Suggested Fee Guides. All dentists are free to charge a fee that is reasonable given the expertise required, the difficulty of a given procedure and the risk assumed by a dentist in performing that procedure, and;
- Procedure codes exist for insurance claim purposes – if an insurance claim isn’t involved for a given treatment, CDA procedure codes aren’t a factor, and;
- The suggested fees for the series of codes 96301 to 96309 will be changed to ‘i.c.’ for the 2024 MDA Suggested Fee Guides to help mitigate confusion. If a different (or modified) series of codes is eventually introduced by the USC&LS Committee – one that aligns more with the billing practices of all neuromodulator providers – the MDA Economics Committee may be able to re-assign fees to those codes.

In the meantime, if you are a neuromodulator provider in Manitoba, you are free to quote a reasonable fee (based upon your skill, knowledge and judgement) to your patients for the planned treatment. Having a patient’s cost approval before starting any treatment is always a wise approach. 

Best regards,
Jeff Hein, DMD
Chairperson – MDA Economics Committee

REGISTRATION OPENS JAN 8TH



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Save the date!

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CANADIAN DENTAL ASSOCIATION MESSAGE



With so many external stress points these days, I find myself very thankful to be surrounded by the many colleagues and friends that we are so fortunate to have in our community. As winter begins to take hold, we can begin to enjoy our prairie landscape as it transforms revealing a peaceful simplicity. Bundle up and enjoy!!

Canadian Dental Association Board

At our most recent Board meeting in Ottawa, Dr. Heather Carr and the Board welcomed new members, Dr. Jerrold Diamond, nominated by the Alberta

Dr. Méliissa Gagnon-Grenier Northwest Territories, Nunavut, and Yukon

Dr. Ray Grewal, BCDA Board Representative

Dr. Jerrold Diamond, ADA Board Representative

Dr. Brian Baker, CDSS Board Representative

Dr. Marc Mollet, MDA Board Representative

Dr. Lesli Hapak, ODA Board Representative

Dr. Dana Coles, DAPI Board Representative

Dr. Stuart MacDonald, NSDA Board Representative

Dr. Jason Noel, NLDA Board Representative

Dr. Kirk Preston, NBDS Board Representative

Government Relations and the Canadian Dental Care Program (CDCP)

The landscape related to the CDCP is a rapidly changing one. The work undertaken

by CDA at the national level resulted in a pause of the federal announcement as the government reassessed the program while awaiting further feedback. An announcement is expected by the Minister of Health, Minister Mark Holland very shortly, likely before the end of the year. Edelman Global Advisory continues to actively assist CDA and the Provincial and Territorial Dental Associations (PTDAs) in preparing for the legislation and its effects.

Over the course of the past year, CDA has had unprecedented access to the federal government and are happy to report that the monies dedicated to the program by the federal government have increased significantly during that time. Budget 2023 proposed to provide \$13 billion over 5 years, starting in fiscal year 2023 to 2024, and \$4.4 billion ongoing to Health Canada to implement the Canadian Dental Care Plan.

CDA and the PDTAs are now working on two parallel but complementary tracks. CDA will continue to position itself as a credible voice and trusted provider of information to Health Canada, and an advocate for program improvements. The PTDA's are embarking on the next phase of a collective GR/PR plan and are honing provincial perspectives and messaging for federal MPs, member dentists and patients related to the Canada Dental Care Plan.

While happy to see governments recognizing the importance of investing in oral health, a general concern that the CDCP may fall short of expectations is real. It is likely that the federal plan will resemble the current NIHB program and CDA's efforts and those of the PDTAs are in response to this expectation. Once fully implemented, The Government of Canada envisions the CDCP will support up to 9 million uninsured Canadians who have an annual family net income of less than \$90,000 in getting the oral health care they need, with no co-pays for those with family incomes under \$70,000.

The use of ITRANS and CDAnet for claims transmission is very likely and CDA is liaising with Sun Life as the confirmed national benefit processor for the CDCP.

As has been reported previously by Dr. Leckie, we have been collectively advocating for the CDCP to:



Dental Association (ADA), and Dr. Melissa Gagnon-Grenier, nominated by the Northwest Territories / Nunavut and Yukon Dental Associations. Your Canadian Dental Association Board is:

Dr. Heather Carr, President

Dr. Joel Antel, President-Elect

Dr. Bruce Ward, CDA Vice-President

1. Safeguard patient access to dental care by protecting the current workplace, school and group dental insurance system.

2. Ensure Canadians can access dental care without needless administration and red tape.

3. Allow Canadians to choose their own dentist in their own community.

4. Work with existing government dental programs so lower-income Canadians can get the most out of their dental care.

5. Fairly compensate the dental professionals who deliver the care.

6. Consider extending the existing Canada Dental Benefit – an initiative that's working for Canadians.

Environment Scanning Report

The CDA completed its 2023 Environmental Scanning Report. The purpose of the report is to identify key information and trends and how they may impact the profession, either positively or negatively. Some highlights include:

- Unknown effect of the CDCP on the

industry and the potential for redesign of employers' benefits plans.

- Annual dental visitations are still below pre-pandemic levels

- Canada is in a major economic downturn and recession. Inflation is stubbornly high.

- Rapid change through disruptive technologies

- Worsening staffing shortages affecting the profession. Wages are reflecting significant upward pressure.

- Dental market consolidation is likely to continue at an increased pace.

- Lack of infrastructure and capacity to deliver efficient dental care to seniors.

CDA's Programs and Services – A Strategic Approach


The Board discussed the need to adopt a strategic approach for the maintenance and development of CDA's programs and services to ensure that they are beneficial to members and can be delivered effectively and efficiently. It was noted that

CDA has gathered a considerable amount of data over the years that, with further analysis, could prove beneficial.

Meetings/Events and Joint Conventions

CDA looks forward to its joint convention in Vancouver with the Pacific Dental Conference (PDC) from March 7– 9, 2024. CDA's 2025 convention will be held in St. John's from August 27–30, 2025, in partnership with the Newfoundland and Labrador Dental Association.

Because the MDA is a corporate member of the CDA, as MDA members we all together benefit from the work of the CDA. Why an Association? In addition to the many products, services, and practise supports offered by the CDA, the simpler answer is, 'We are always better together than alone.' I have observed that in Manitoba we understand this very well.

If you have any questions related to the CDA, or just want to chat, please feel to reach out to me anytime. 

Respectfully Submitted,
Marc Mollot

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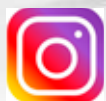
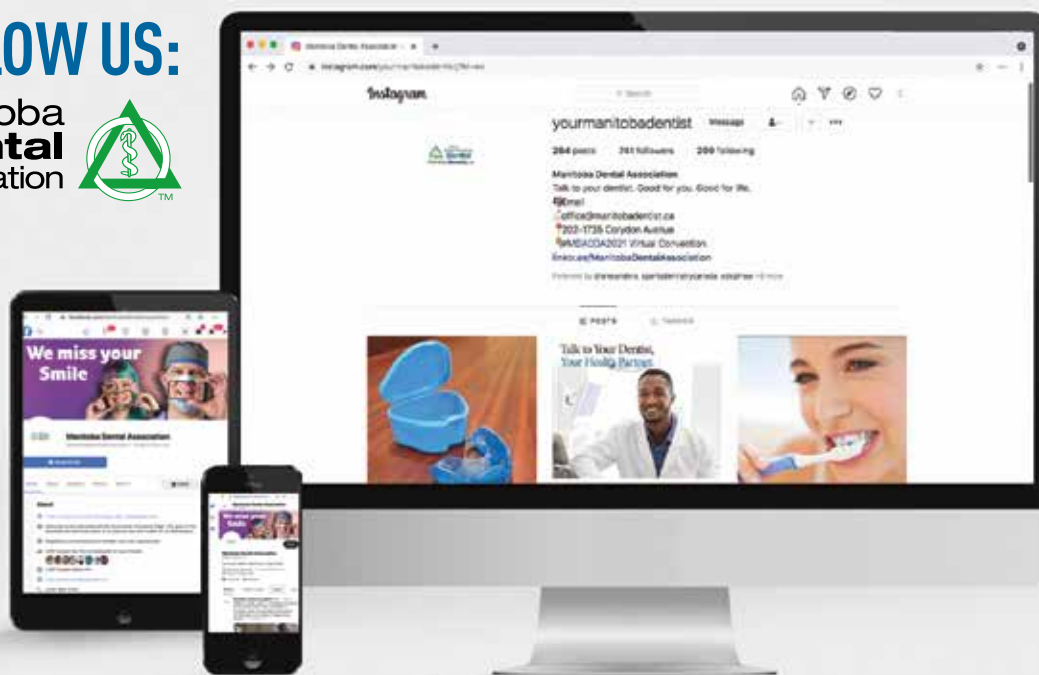
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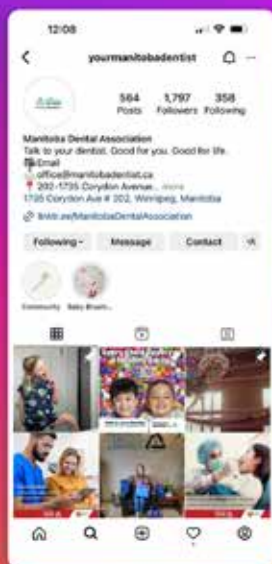
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Clinical Communication



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Based on Stats Canada 2020.



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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.





PRESIDENT'S MESSAGE ABOUT CDSPI

A big part of what we do as a professional association is provide our members with services and benefits that enhance the dental community. Among our most valuable member benefits over the years has been access to our trusted partner, CDSPI. For more than six decades, CDSPI has helped dentists across Canada achieve and maintain financial wellbeing through advice, insurance and investment solutions tailored specifically for dentists.

By Dentists, Exclusively for Dentists

Created by and for dentists, CDSPI is a not-for-profit organization with a mission to provide a broad and meaningful range of customized financial solutions to the dental community, as students, practitioners and retirees. For example, their insurance plans for malpractice, practice protection (TripleGuard™ Insurance) and disability coverage (DisabilityGuard™ Insurance) are designed with dentist-specific features and benefits. And because CDSPI only works with dental professionals, they are focused on your financial priorities and can offer a depth of experience and level of service unmatched by for-profit and commission-based insurance and investment firms.

Professional Advice from Non-Commissioned Experts

Every advisor with CDSPI Advisory Services Inc. is a licensed professional that can answer your financial questions in an expert and objective way. Investment Planning Advisors at CDSPI have earned the CERTIFIED FINANCIAL PLANNER® (CFP®) accreditation and are trained professionals who can help you navigate complex situations – such as investing through your corporation, managing risk, and improving your tax-efficiency – while helping you stay focused on your long-term financial plans and priorities.

Going Beyond Your Finances

CDSPI's contributions to dentistry in Canada go beyond financial services. They actively support education and mentorship programs across the country and regularly sponsor initiatives that provide community access to dental care. They also sponsor the Members' Assistance Program (MAP) and make this valuable support service available, at no cost, to dentists, dental students, staff and their families. If you haven't tried MAP

yet, I strongly encourage you to check out all the helpful resources by logging into "one.telushealth.com" with the username: "MDA" and password: "CDSPI". There is access to short-term counselling and support for your physical, emotional and mental wellness. It can even help you find childcare or eldercare in your area.

You have access to all the great things CDSPI does as a benefit of your membership with the Manitoba Dental Association. I hope you book a meeting with an advisor from CDSPI Advisory Services Inc. and start your journey towards a lifetime of financial wellbeing.

Dr. Scott Leckie
MDA President

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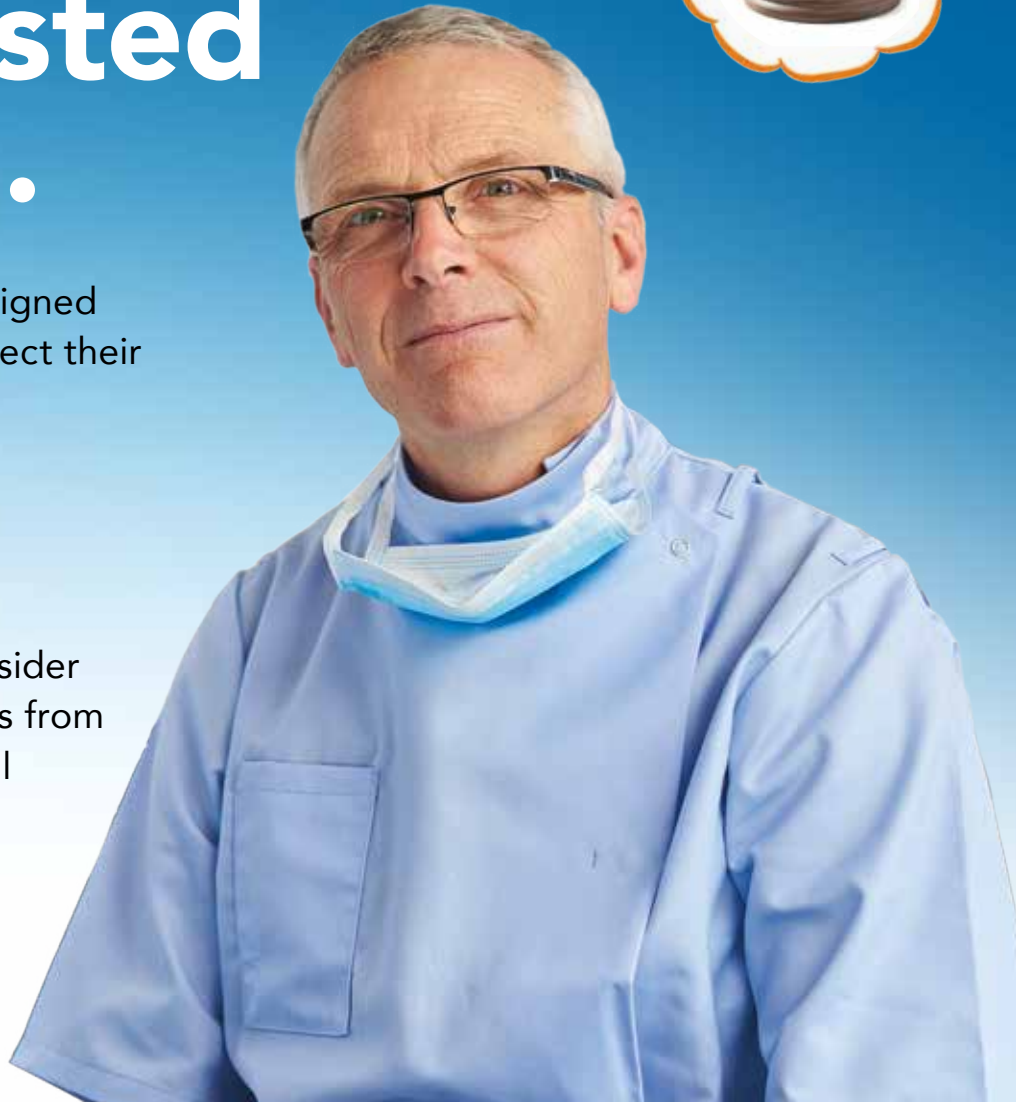


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GREAT LEADERS TRUST THEIR INSTINCTS



JACKIE JOACHIM
COO, ROI CORPORATION



Many practice owners underestimate their abilities as entrepreneurs. Practice stats, financials, HR issues, marketing and other tasks let alone patient care and management, overwhelm some people. Some will tell me they are terrible at business and choose to let someone else handle it.

Practice owners are much better at business than they believe. The reality is that practice owners are business leaders. Therefore, practice owners are faced with important decisions daily. You determine strategic direction, guide hiring, set practice priorities, the list goes on. People make decisions using two different processes; the first is based on logic and facts, and the second is based on intuition. This is where I feel practice owners do not give themselves enough credit. Obviously, we must look at the facts. But have you thought to yourself when you do see the facts, “I’m not surprised, I felt that was not right at the time...”

We do not want to trust our instincts as much as we should because it means we must pay attention to our emotions. Oftentimes we need to remove the emotion from a difficult situation. Controlling emotions is more important when it comes to reacting to a situation. But what about

when making decisions? What if you have the facts, but there might also be competing or incomplete information? In these cases, trusting in intuition becomes a valuable leadership competency. As Bill Gates says, “often you have to rely on intuition.”

Sometimes, people do not want to trust their intuition. It is important to discern between intuition and fear. We have all faced a situation where we were simply afraid to take action. Fear tends to be accompanied by bodily sensations, you may feel tense, panicky, or desperate. Fear has a pushing energy, as if you are trying to force something, or selecting an option because you want to avoid a threat, rejection, or punishment. Fear also tends to be dominated by self-critical thoughts that urges us to hide, conform, or compromise yourself. Intuition on the other hand has a pulling energy, as if your choice is moving you toward your best interest, even if that means pursuing a risk or moving more slowly than others. This is usually accompanied by feelings of excitement and anticipation or ease and contentment. Physically, gut feelings tend to cause your body to relax. With intuition, your inner voice is more grounded and wiser, like a good mentor. And remember, using intuition does not mean you have to make a quick decision. An intuitive decision can

still take a few days.

Whenever I have important decisions to make, I do trust my instinct or my gut. Try asking yourself:

- Do I pay attention to my first reactions about a given issue?
- When I am faced with a decision, do I consider my feelings in addition to the facts?
- Do I check in with my gut feeling after summarizing the pros and cons?
- Do I pay attention when my gut sense is at odds with the available information?

To help use your intuition more, simply slow down. We answer our texts and emails far too quickly. We may feel compelled to make a quick decision despite being extremely tired. It is hard to slow down given the pace we are all running at. But taking a step back is important and necessary to access intuition. The next time you are faced with an important decision, take some time to get out of your head and away from your office. Go for a walk. Do not feel the need to respond quickly. Just sit with the decision, ponder alternatives, and try brainstorming new solutions. As you do so, tune in to your emotions and evaluate

your reactions to understand how intuition might be leading you in this situation.

What about the time your intuition failed? Did it really fail? Or did you let biases get in the way? There will be times when intuition leads you astray because mistakes can be attributed to unconscious biases. Biases are cognitive distortions that manifest in personal preference or misleading assumptions. Have you noticed when you decided too quickly or were overconfident, that is when things went wrong? Whenever you let your biases interfere with your decisions, they skew your objectivity leading to the wrong decision. Your gut did not let you down but rather you chose to listen to your personal opinions that influenced your judgement.

The next time you have a decision to make, try and engage your intuition. It is always important to remind yourself about your core values and what is most important to you. Examples include service, stability, family, or calmness. Perhaps you are feeling agitated after a long day at work when nothing went your way. Your core values can help you pinpoint the source of your frustration and understand it more clearly. Using your values, you can check-in to

figure out what feels off internally and gain perspective on the situation. Remember, your core values represent what is most important to you so do not be afraid to fall back on them.

I am confident that people who pride themselves on having a strong intuition, honed through years of experience, helps guide their decisions. Others will be ambivalent about relying on their intuition to make important choices because they are concerned that their gut reaction is inherently biased or emotional. This latter group is no doubt responding to the oft-given advice that we should use formal data and analysis to “check” our intuitions. So, who is right? Should leaders make decisions based on their gut feeling, or should they not? Please do both. Facts speak loudly and clearly; they cannot be dismissed. But remember to listen to your inner voice. Go to a quiet place, clear your mind, remove fear and biases, and truly listen to your instincts. They will not lead you astray.

A challenge for you after reading this article is to take a moment today or tomorrow to reflect on what your top one to three values may be. The next time you find yourself struggling to make a decision, ask yourself,

“which action or decision brings you closer to those core values?” Going within can help dissolve the internal tension that leads to mental loops.

Finally, keep in mind that intuition cannot flourish in busy, stressful environments. Give your mind space to wander and make connections. Remember, while intuition is not perfect, it is also a decision-making tool you are underutilizing, at the moment. Trust yourself a little more and you will be surprised to find that your gut is a more powerful decision-making tool than you may have realized.

You are a practice owner and entrepreneur for a reason. Embrace this role. Sometimes a big challenge is the dislike one may have for leadership. The more you fight it, the harder it can be. Implement systems that help you manage effectively. Always remember, you are not in this alone. There are resources available if only you choose to reach for them.

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 1-844-764-2020.

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KNOW THE LAW

Is a Dental Team Member an Employee or Independent Contractor?



Inna Koldorf is a partner in the Employment and Labour Law Group at KPMG Law LLP in Toronto. Her work includes helping employers with managing their workforce, providing advice, representing employers in litigation and conducting workplace investigations.

As a general rule, businesses often prefer to classify workers as independent contractors because it creates more flexibility around managing both people and costs. Workers, on the other hand, typically prefer to be classified as employees because they benefit from legal protections and benefits that aren't provided to independent contractors.

"These competing interests can create a push-and-pull situation, which needs to be balanced carefully, between small businesses and workers," says Inna Koldorf. "Business owners need to know the benefits and costs of each classification as well as how they are defined under the law."

In the broadest terms, an employee's work serves and is controlled by the business they work for, while an independent contractor is a person who is in business on their own account. "A worker's status determines the business' obligations to the worker and how taxes are paid for that worker," says Koldorf.

Worker Classification in Dental Practices

Many dental practices have both employees and independent contractors among their team. “Increasingly, dental hygienists are hired as independent contractors,” says Koldorf. In her role, Koldorf often helps dental practices draw up such contracts. “I’ve noticed that sometimes a dental office will ask a dental hygienist if they want to be an employee or an independent contractor. But it is important to know that this classification is not really the choice of a worker or an employer. It’s a conclusion based on the conditions of the worker’s labour.”



Employees may be more loyal and more likely to stay at a workplace for longer periods [...] and more likely to promote a business and create connections in their own communities that tie back to the practice.

Employees are entitled to a variety of standards in employment legislation that include a minimum hourly wage, overtime pay, vacation time and vacation pay. Employees require notice of termination, severance and leaves of absence, among other entitlements. Under the Labour Relations Act, many types of employees are entitled to organize and join a union. “The law is designed to protect employees because there is a fundamental power imbalance between employees and employers,” says Koldorf.

Independent contractors are not entitled to the protections and benefits of the Employment Standards Act, the Labour Relations Act or many common law protections for employees. “Instead, independent contractors are viewed as businesses themselves, which are contracting with other businesses to provide services,” says Koldorf. “The law treats them as equal to the employer.”

Determining Classifications

How does a court or the Canada Revenue Agency determine whether a worker is an employee or an independent contractor? “The level of control that a dental office has over the worker and their activities is a significant indicator,” says Koldorf. “Does the worker provide their own equipment? Can the person hire their own employees? What degree of financial risk is taken on by the worker in performing their services or degree of responsibility for investment and management? Does the person have an opportunity for profit in the performance of services?”

Although hiring independent contractors can sometimes be a cost savings for dental practices, Koldorf says that there are also benefits to having employees. “Employees have legal obligations to the dental practice such as giving sufficient notice if they intend to leave,” she says. “As well, there is some literature that suggests that employees are more loyal and more likely to stay at a workplace for longer periods as opposed to independent contractors. They are also more likely to promote a business and create connections in their own communities that tie back to the practice.”

The main benefits of being an independent contractor are flexibility and autonomy. “You can choose your hours and work at multiple dental offices if you wish,” Koldorf says. “You do your own billing and negotiate the terms of your contracts.” Independent contractors also pay their own taxes. “A business has to remit taxes for employees, but not for independent contractors,” says Koldorf. “This is where the status of worker versus contractor often arises for dental practices. If your practice is audited, you want to make sure that your independent contractors meet the criteria for that classification.”

Dependent Contractors

Along with employee and independent contractor, there is also a third classification called a dependent contractor. “These workers are not traditional employees, but they’re also not independent contractors,” says Koldorf. “Rather, they fall somewhere in the middle. In dental practices, workers may find themselves in a position where they may be a dependent contractor.



Independent contractors are viewed as businesses themselves, which are contracting with other businesses to provide services. The law treats them as equal to the employer.

For example, can they set their own hours? Can they work for more than one practice at a time? If not, they might not have the level of control as an independent contractor.”

Koldorf says in the last five years, she has seen an increase in the number of workers who fit within this third category. Dependent contractors tend to get some employee protections, but not all. “An example might be a dental hygienist who solely works at one practice,” she says. “The law may require that a dependant contractor is given reasonable notice if their contract is terminated.” ➡

The information provided is of a general nature only and should not be considered personalized legal, financial, accounting or tax advice.

The Canada Revenue Agency provides a checklist to help determine if a worker is an employee or an independent contractor.

A person can be classified as an **employee** if most or all of the following characteristics are present:

- person works exclusively for the payer
- business provides tools
- business controls duties, whether that control is used or not
- business sets working hours
- person must perform services
- business provides pension, group benefits
- person is paid vacation pay
- business pays expenses
- person paid salary or hourly wage
- person reports to business’ workplace on regular basis

A person can be classified as an **independent contractor** if most or all of the following characteristics are present. When the worker:

- may work for other payers
- provides tools
- decides how the task is completed
- sets own working hours
- may hire someone to complete the job
- does not participate in payers benefit plans
- receives no vacation pay and no restrictions on hours of work or time off
- pays own expenses
- is paid by the job on predetermined basis
- submits an invoice to payer for payment
- may accept or reject work

If the person falls somewhere in the middle of this continuum the classification of employee or independent contractor can become complicated.

For more information, see: canada.ca/en/revenue-agency





Dr. Katie Chung
DDS, MDent (Perio)

...that the anatomy of a tooth can predispose it to periodontal disease?

We all know that the primary etiology of periodontal diseases is plaque. Any tooth anatomy supporting a biofilm niche which creates a localized periodontal pocket is a secondary etiological factor. Let's dive into what these developmental features are.

Developmental grooves

The best-known developmental groove is the palatoradicular groove found in maxillary incisors. Lateral incisors are more commonly affected than central incisors, with respective prevalence rates of 4% and 0.3%. The grooves tend to present unilaterally with a localized deep pocket. More than half of these grooves extend ≥ 5 mm apical to the cemento-enamel junction. Tooth prognosis depends on the groove's apical extent and its potential to be eliminated via odontoplasty. Treatment options range from guided tissue regeneration (GTR) to extraction.

Root concavities

Unlike grooves, root concavities are larger and oftentimes cannot be recontoured. Notably all maxillary first bicusps have a mesial root concavity of 0.4 mm average depth. Furcal concavities are 99-100% prevalent in mandibular molar roots. In maxillary molars, these concavities are found most often in the mesiobuccal root, followed by the distobuccal and palatal roots. The management of root concavities emphasizes excellent oral hygiene – an appropriately sized interdental brush is recommended. Care must be taken during restorative treatment at the proximal concavities, as they pose a challenge in matrix band adaptation. Creation of overhangs, also an etiological factor, promotes an environment rich in periodontal pathogens.

Furcations

A whole textbook could be written on furcations – they make things so complicated just like Avril Lavigne sang. They are difficult to access and keep clean. While the average curette width is 0.7-1 mm, 58% of molar furcation entrance diameters are ≤ 0.75 mm. Approximately 70% of mandibular molar furcations also present with a cementum outgrowth known as the intermediate bifurcation ridge.

Many factors affect prognosis, including root divergence, root trunk length and root fusion. Treatment options are largely based on the degree of furcation involvement:

- Class I: non-surgical therapy
- Class II: most amenable to GTR
- Class III: prognosis is significantly decreased and treatment options focus on oral hygiene effectiveness and access.

Cervical enamel projections

Ah, the tooth Speedos. Enamel projects towards the furcation during development and prevents connective tissue attachment, resulting in a pocket. CEPs may be detected clinically and/or radiographically. They favour the buccal surface, mandible and second molars. When associated with a furcation involvement, its subsequent removal via odontoplasty greatly improves furcation treatment success.

Enamel pearls

Similar to CEPs, enamel pearls inhibit connective tissue attachment but also retain plaque. They have a predilection for maxillary second and third molars. They are often less than 2 mm in diameter, and rarely contain dentin and/or pulp tissue. Enamel pearls should be removed during treatment.

Conclusion

It is important to identify etiological factors, as they must always be addressed to achieve treatment success and prevent recurrence. Tailored oral hygiene instructions are crucial. Whenever possible, guided tissue regeneration is recommended to restore the lost tissues and improve the affected tooth's prognosis. Perio has come a long way from resecting to regenerating!



For more information about this topic and related courses, please visit the website or scan the QR code using your phone's camera.



Dental Workforce Challenges Persist in the US and Canada



Costa Papadopoulos, CHE, MHA is CDA's principal health policy advisor.

The American Dental Association (ADA) Health Policy Institute conducted a survey about its dental workforce in 2022. It collected data from thousands of dental assistants, dental hygienists, and dentists from across the US. "It found that one-third of dental assistants and dental hygienists are expecting to retire in the next 5 years or less," says Costa Papadopoulos, CDA's principal health policy advisor. "That's a significant number. Especially considering that 40% of dental offices are recruiting for dental assistants and hygienists, and 80% of those are experiencing challenges because there simply aren't enough applicants."

The ADA survey also found that factors related to workforce retention included good work-life balance, positive workplace culture, and the ability to help patients on a daily basis. Conversely, factors associated with attrition included negative workplace culture, lack of growth opportunities, inadequate benefits and feeling overworked.

Approximately half of both dental assistants and dental hygienists had received a pay raise in the previous year, in the 1% to 3% range. Most of these workers also receive dental benefits, paid holidays, paid vacation, and retirement savings. Among this group, health insurance, paid sick time, paid leave, and professional development were more rare. Oral health care team members said that these benefits matter when it comes to both recruitment and retention.



36% of dental practices in Canada had unfilled dental assisting positions and 80% of dentists in Canada had a difficult or extremely difficult time filling open assisting positions.

"In 2019, a survey of dental assistants in Canada had pretty similar findings," says Papadopoulos. That survey found that 36% of dental practices in Canada had unfilled dental assisting positions and that 80% of dentists in Canada had a difficult or extremely difficult time filling open assisting positions.

"Push and pull factors were also similar here in Canada," says Papadopoulos. "Insufficient pay was a top reason for leaving a practice in Canada and so was a negative workplace environment." Comparing the two surveys, it appeared that oral health care workers in the US are more likely to have benefits than those in Canada.

"For dental assistants in particular, there are two different ways to think about retention," says Papadopoulos. "There is retention at a particular dental office, but maybe more significant is retention in the dental field in general. People are making career changes and leaving the dental field altogether in search of work that offers more flexibility, better work-life balance, remote work, and opportunities for advancement that dental assisting may not offer them."

Common Challenges Throughout Health Care

Like the US, a significant number of Canadian dental assistants are also planning to retire in the next five years. "These trends are what we need to pay attention to, because it speaks to the future of the dental workforce," says Papadopoulos. "But dentistry isn't alone in facing changing workforce conditions. There are shortages throughout health care. Burnout, stress, and depression levels are high among nurses and physicians and that is causing some people to exit these professions." A recent survey of Canadian physicians revealed that 60% felt their mental health was worse than before the pandemic and 80% reported a lack of professional fulfillment. Half of physicians screened positive for depression.

"There are problems throughout the entire health care sector that existed before the pandemic, but that have been made worse by it," says Papadopoulos. "These challenges aren't going away anytime soon and need to be addressed by governments." Papadopoulos says that there are trends in the labour market at large that indicate that people value flexibility more than ever before. "Health care doesn't offer a lot of flexibility, or remote work opportunities, for that matter," he says.

Forty health care organizations, including the Canadian Medical Association and the Canadian Nurses Association,



DENTAL OFFICES IN U.S.

40%

RECRUITING FOR DENTAL ASSISTANTS AND HYGIENISTS

80%

DONT HAVE ENOUGH APPLICANTS



have been calling for decisive action on staff burnout and shortages in public position statements, initially sounding the alarm bells in 2021. These health organizations say that it is necessary to create a robust data source for health human resources (HHR) in Canada, to implement a multidisciplinary nationwide HHR strategy, and to commit to transforming Canada's health care system for the needs of the future. With the recent federal funding for dental care, dentistry has become more integrated into this sector-wide situation.

Impact of Staffing Challenges

Dental staff challenges have resulted in an increase in the use of temp agencies to fill positions and a reduction in the number of available appointments. An Abacus Data survey conducted for CDA revealed that approximately 500,000 dental appointments had been canceled due to staffing unavailability over the previous two-month period. "That data equates to roughly 3 million cancellations per year and approximately 100 to 120 cancellations per dentist," says Papadopoulos. "It's concerning because that could have a significant negative impact on the oral health of the public."



Abacus Data survey conducted for CDA revealed that approximately 500,000 dental appointments had been canceled due to staffing unavailability over the previous two-month period.

Papadopoulos says that increased federal funding for dental care will increase the number of Canadians who have access to dental care, which will, in turn, increase the workload in dental offices. "I'm concerned about increased demand exacerbating the staff shortage issue. Workloads will increase not just in the private oral health care sector, but also in public hospitals and community health care," says Papadopoulos. "Each sector will be impacted differently based on their resources and staffing at the time, but there is a real concern about capacity issues."

Regional differences and the rural-urban divide already influence the capacity of the oral health care system. "I think this trend will continue to be true and some places will have a harder time finding and retaining staff depending on policy mechanics, uptake of the federal dental plan, and

other factors," says Papadopoulos. "My concern is that we may see longer wait times for access to care and, to some extent, significant wait times depending on the region, which is something that most people are not used to in Canada for dental care."

Papadopoulos cites economic uncertainty, high interest rates and practice staffing challenges making alternative dental practice models more attractive to newer, less established dentists. "Coming out of their dental education with high debt loads, more new dentists will look to become an associate with larger, established practices to insulate themselves from economic risk," he says. "To me, all of this suggests that there is a need for coordinated HHR planning for the entire oral health care sector, which includes health providers like nurses and others." This doesn't just mean trying to figure out how to get more dental assistants in the system for the typical dental practice. But rather to look at the whole situation with a larger policy lens for the future.

A broad policy lens requires that dentistry considers bigger questions about demographic changes in Canada. With our aging population, how are we going to provide oral health care in long-term care (LTC) facilities and for independent seniors in the community? What are provincial governments and the private sector doing to innovate models of delivery for general health care for seniors? Telehealth may work for many medical care services, however it may not always be appropriate for dental care because of the hands-on nature of many treatments.

Looking Towards Solutions

In the short term, the dental workforce needs to be better supported to retain existing workers. "To help dentists right now, we need to be talking about how to retain the people who are working in dental offices already," says Papadopoulos. "Compensation and benefits are important. And, from the surveys, it has become increasingly clear that a well-managed, positive workplace that offers a good work-life balance can also make a real difference." A recent Canadian study found that, on average, it costs \$41,000 to replace an employee who leaves. As well, two-thirds of companies agree that employee turnover places a heavy burden on the existing employees. "Working toward high levels of communication and respect in the workplace, giving employees the authority to make their own decisions, and offering continuing education or training opportunities not only make everyone happier, they also make financial sense," says Papadopoulos. "Invest in the team you have right now."



Compensation and benefits are important. But it has become increasingly clear that a well-managed, positive workplace that offers a good work-life balance can also make a real difference.

A 2022 survey by TELUSHealth (formerly LifeWorks) found that 55% of working Canadians value flexible work arrangements over career progression. The same survey found that one-third of respondents felt that providing greater flexibility was the most important action their employer took to support their mental health. Almost half of respondents (48%) said enjoying the work they do was the reason they stay with their employer, while 34% cited health and wellness benefits and 33% reported being well paid. "Flexibility now consistently ranks as one of the top recruitment and retention factors," says Papadopoulos. "It's challenging in the dental office, but there may be innovative ways to operate with greater flexibility."



WORKING CANADIANS

REASONS PEOPLE STAY AT A JOB:

48%

ENJOY THE WORK

34%

GOOD BENEFITS

33%

BEING PAID WELL

55%

VALUE FLEXIBLE WORK
OVER CAREER PROGRESSION

2022 American Dental Association survey on dental workforce shortages:

- ➔ 40% of dental offices have recently or are currently recruiting for dental assistants and dental hygienists.
- ➔ Of those recruiting and having challenges finding dental hygienists, about 80% indicate the reason is that there are not enough applicants.
- ➔ Dental service organizations (DSOs) had the lowest satisfaction rankings for dental assistants, hygienists and even dentists, even though DSOs offered much higher levels of benefits. Public health had the highest satisfaction rankings.
- ➔ About 50% of dental offices had given raises to dental hygienists and dental assistants within the last year, the majority having a pay raise of between 1% and 3%.
- ➔ Unhealthy workplace culture was reported frequently.
- ➔ The most common reasons among dental hygienists for leaving the workforce were negative workplace culture, lack of growth opportunity, and inadequate benefits.
- ➔ The most common reasons among dental assistants for leaving the workforce were insufficient pay, negative workplace culture, and feeling overworked.



2019 Canadian Dental Assistants' Association survey on work and mental well-being:

- ➔ 10% are currently unemployed due to mental health illness or issues.
- ➔ 31% reported there is often a lack of staff to complete work.
- ➔ 53% reported having too much work to complete all their assigned tasks well.
- ➔ 28% reported dissatisfaction with their current job.
- ➔ 25% reported it is likely they will seek a new job within the next 12 months.
- ➔ 62% felt anxious at the workplace all or most of the time.
- ➔ 17% felt depressed most of the time.

2021 Canadian Dental Hygienists Association job market and employment survey:

- ➔ The average effective hourly wage of dental hygienists across all provinces and territories has risen slightly each year since 2013.
- ➔ Dental hygiene baccalaureate degree holders report higher average wages.
- ➔ The approximate unemployment rate for dental hygienists remained at 1%, which was below the Canadian unemployment rate of 6.7% as of October 2021.
- ➔ 94% of respondents work in clinical dental hygiene and 75% work for a single employer.
- ➔ More than three-quarters (86%) of dental hygienists receive employee benefits.
- ➔ 88% of respondents have decision-making authority over implementing dental hygiene services.
- ➔ Respondents working in specialty practices work most often in periodontics (44%) and orthodontics (31%).
- ➔ Independently practising dental hygienists continue to report high levels of satisfaction.
- ➔ 14% of respondents working in clinical practice are employed by a dental corporation.



Not only do we need to retain the people who are currently working in dental offices, we'll need to make sure that enough people are training to be the dental assistants and dental hygienists of tomorrow.

In the long term, there are more systemic issues that the dental profession will need to address to support a robust oral health workforce. "Not only do we need to retain the people who are currently working in dental offices, we'll need to make sure that enough people are training to be the dental assistants and dental hygienists of tomorrow," says Papadopoulos. CDA has been working closely with the Canadian Dental Assistants' Association for several years and partnered to submit a project to Employment and Social Development Canada as part of their sectoral workforce solutions program. "This program is designed to address the many factors impacting the attrition of dental assistants by providing mental health and wellness training for dental office staff, providing health human resources training for dentists and office managers, increasing access to certified dental assisting programs through the development of an online curriculum, as well as developing action plans to address interprovincial labour mobility and better integration of recent immigrants into the dental workforce," says Papadopoulos. "The labour force in Canada is changing in a broad-based way, and it is affecting every sector of the economy, so we need to partner with others, especially in health care, to make sure that we can provide optimal oral health care to a growing number of Canadians." ➔



Listen to a podcast with Costa Papadopoulos on the dental workforce on CDA Oasis: bit.ly/3pz7nEz





WCDS 54TH ANNUAL MEETING, CURLING BONSPIEL & GOLF

September 25-28, 2024 | Saskatoon, Saskatchewan

Why attend the WCDS?

The meeting combines CE, a curling bonspiel and now golf with a strong dose of fun and fellowship! We are not professional golfers or curlers, but we do enjoy engaging in some fun, friendly competition while raising funds for a good cause.

For more information, please direct any inquiries to **Dr. Dave McLeod** at dmmdmd@shaw.ca or call 403-619-1839.



Visit wcdsmeeting.org
for more info and updates.

**REGISTRATION WILL OPEN
MARCH 15TH, 2024.**



What is the WCDS?

Founded over 100 years ago, the WCDS is a society of dentists and dental industry professionals from across Western Canada and beyond. In 1969, the annual continuing education meeting was combined with a curling bonspiel. **Golf** has now been added to our event lineup. Each year, the event is held in a different Western Canadian city.

Work of the WCDS?

The primary function of the WCDS is to support dental education by funding several endowments and scholarships at all four Western Canadian Dental Schools. Each academic year, through the efforts of the WCDS, more than \$30,000 in scholarships, bursaries and awards are available for Western Canadian Dental Students. Funding for the awards is raised through our Annual Meeting.



More information regarding our organization can be found at wcdentalociety.org.

Scholarships and Endowments funded by the WCDS

All Four Universities

Dr. Cal Waddell Memorial Scholarship (\$1,500/university)
WCDS Student Fellowship Award (\$1,500/university)

University of Manitoba

WCDS Graduate Student Scholarship (\$1,000)
Dr. John Clay Medal & Prize (\$1,000)
Dr. John Clay Scholarship (~\$6,500)

University of Saskatchewan

WCDS Bursary (\$1,000)
Dr. Walter Hancock Scholarship (\$1,200)

University of Alberta

WCDS Research Award (\$1,000)
MH Garvin Scholarship (~\$5,700)

University of British Columbia

WCDS Leadership Scholarship (\$1,000)
WCDS Scholarship (\$1,000)

making time to listen



You are the expert on clinical dentistry, but your patients are the experts on their own decisions and how they impact them. We are expected to express expert opinions based on clinical findings and their implications.

While you will always know more than your patients about dental diseases and problems, you place yourself on precarious ground when you imply that you know better than your patients about how dental care should fit into their lives. When you do so, you cross a boundary; your clinical opinion will have less impact than it might have otherwise.

The road to understanding begins with genuine interest. Curiosity is one of the communication skills you must master if you want to create functional relationships with your patients.



Listening and learning come before telling and educating

In many of our practices, the emphasis is on telling rather than on listening to the patient.

Become interested and curious. Ask. Listen. Ask some more. Listen some more. Understand. Respect. Then, tell. This process puts significant emphasis on understanding our patients before the examination begins.

Counseling techniques are invaluable in gaining an understanding of your patient and helping them adopt new behaviours that are important to promoting good oral health. By first trying to understand your patient's perspective you encourage him or her to develop a sense of competence and autonomy. Rather than telling patients what to do or what is right for them, you can help them find their own way to make needed changes or adopt new behaviours.

Listen effectively

What many of us don't realize is that the most critical and powerful aspects of communication is not speaking, but listening. Listening shapes speaking. Once we start listening effectively and really understand the thoughts and concerns of our patients, we generate a powerful relationship with them – a relationship that makes a mutual future possible.

Practice listening skills

If your patient feels that you have been an attentive listener he or she will be comforted, reassured, and more likely to leave with a positive impression.

the power of apology

If you have erred, say so. Mistakes happen to all of us. Thoughtless comments can be harmful, but taking responsibility can go a long way to regain lost ground.

Defensiveness only escalates situations and makes resolution difficult. Once blame enters the picture, emotions intensify and issues become distorted, making it almost impossible to work through even simple issues.

The implementation of the Apology Act in Manitoba may make professionals feel more comfortable about providing apologies in order to help resolve disputes. Pursuant to the Act, in context, an apology:

- Does not express or imply admission of fault or liability.
- Does not start the time limit for commencing an action under the Limitations Act;
- Does not void, impair or affect insurance coverage that is available; and
- Cannot be taken into account in determining fault or liability.



communication skills checklist

Today's patients expect to play an active role in their oral health care treatment. How can you help encourage their participation and improve your patient relations? The answer is simple: Learn to be an effective communicator even if you are busy, you simply need to communicate 'smarter' to make better use of the time you have.

Communication with your patient is an art. The best communicators have an open mind, a receptive ear and an empathetic heart. Their skills are perfected through practice, experience and feedback from patients, staff and colleagues.

You can work on improving your interpersonal skills by following these tips:

☐ **Listen:** The first and foremost component of providing excellent patient care is to listen — Let patients talk so you can adequately take in and understand what they are saying. While your tendency may be to ask your patients a lot of questions upfront, you'll get more information and save time in the long run by actively listening to your patient without interrupting.

☐ **Ask only relevant questions:** Get to the underlying issue so you can quickly get to a resolution, or at a minimum a plan of action to get to a resolution.

☐ **Be polite:** Kindness and politeness are like sugar, sweetening even the worst situations. When a patient is anxious, angry or concerned they are looking to you to help them. Responding negatively, harshly or without concern will only worsen the situation and very likely cost you a patient.

☐ **Remember your manners:** Patients are more likely to follow your advice if they have a good relationship with you. How you conduct yourself is very important. Walk in with a smile, shake the patient's hand, call the patient by name and sit down. You can also help to put your patient at ease by starting off with a simple 'How can I help you'.

☐ **Don't appear rushed, even if you are:** Patients get irritated when their dentist appears hurried. Make each patient feel that they are the sole focus of your attention. Sitting down and talking is far more effective than talking while standing up.

OBITUARIES



DR. SIDNEY FLEISHER

July 2, 1928 - November 4, 2023

Dr. Sidney Fleisher died peacefully at his home on November 4, 2023.

He was a loving and adored husband, father, father-in-law, zaida, and great-zaida. He is

missed and will always be remembered by his daughters and sons-in-law Marcia and Kelly, Rhonda and Bob, Susan and Larry, and Sara and Benjamin. Also mourning Sidney are his sister Arlene Rusk, brother-in-law and sister-in-law Larry and Faye Litman, and his grandchildren Alexander, Georgia, Loren, Ethan, Lily, Mira, Leah, Jeremy, Alexa (Aaron), and Brendan and great-grandson Arthur. Sidney Fleisher was predeceased by Beverly, his loving wife of 53 years, his sisters Bessie and Miriam, his brother-in-law Jerry Litman, and his nephew Kenny Zelickson.

Sidney was born in north end Winnipeg to Jewish immigrant parents on the eve of the Great Depression and grew to maturity during the Second World War. He was the eldest of four children and the only son. As a child he worked in the family grocery store early mornings before school and after school. In 1944, while still in grade 11, Sidney dropped out of school and joined the 2nd (R) Battalion of the Winnipeg Light Infantry while continuing to work with his father. He remained in the grocery business until his mid to late 20s. At that point he became a travelling salesman with Success Wax and excelled at this work. When a large international corporation purchased Success Wax, he was one of the few employees who were fired. And when he was subsequently refused employment at a job with another large company he learned (from a friend who worked there) that they simply did not hire Jews. He said that when he heard this he vowed that he would never again allow himself to be in a position where he could be fired – that he needed to be his own boss and he needed to work at something that would comfortably support his family. To fulfill this promise to himself, even though he was married with three children and 33 years old, he returned to high school (there was no Adult Education program at the time) with the intention of going on to dentistry.

In 1968, at age 40, Sidney had one of the proudest moments of his life when he graduated as a dentist. The quality of his work was recognized by his peers. Frequently patients who had seen another dentist, upon their return to Sidney, would report that the other dentist had commented on the work being “beautiful” and would ask who the dentist had been. He was a caring dentist who was moved and concerned by patients’ pain. He strove to relieve it, doing free dental work if patients could not afford to pay. In the latter part of his career he focused on temporomandibular joint (TMJ) dysfunction. He became aware that there were large numbers of patients with unrecognized, untreated and/or poorly treated pain from TMJ disorder, many of whom had been suffering for years. With further study and practise in this field, Sidney developed such expertise that he was successful in relieving pain in patients who had been unsuccessfully treated by other health care professionals.

Ultimately, he had patients who came from many other countries specifically to be treated for TMJ dysfunction. The greatest passion of Sidney’s life was his wife Beverly whom he met at a party in 1947 when he was 18 and she was 15 years old. Within a year they were engaged, and they married two years later during the Red River flood of 1950. In spite of this inauspicious beginning, the stress of having a family while they were very young, financial worries, and the pressure of returning to school and studying dentistry and knowing that this was his “best last chance” to give his Beverly and children the lives that he felt they deserved, he and Beverly maintained an unwavering passion for each other. His children cannot recall a single occasion when he was critical of Bev or when they argued. Every day upon his return from work they met at the door and (at times very embarrassingly for his children) would share a passionate kiss and embrace.

As a father he was loving and affectionate. He would involve his daughters and later his grandchildren in all sorts of projects. He took great pleasure in teaching them many practical life skills – how to polish shoes, how to mow a lawn, and, being perfectionistic, he taught them how to perform these skills in his special way. By the time he was a grandfather, he had more time so the nature and breadth of the skills changed. He taught them the making and bottling of wine, how to polish a Mercedes (his first and most loved luxury car), and the care involved in storing, cutting, and enjoying a Cuban cigar. He was a wonderful grandfather and great-grandfather. His grandchildren, now scattered over the continent, took much comfort and delight in coming together at the time of his passing and sharing many anecdotes involving their time with Zaida Sid.

Sidney was a complex mixture of virtue and foibles and, very often, apparent contradictions. At his core there were two related but distinct forces driving much of what he did, and he was at his best when these two forces worked together. The first was a compelling need to “make things better, to improve upon” and the second was profound compassion for those who were disadvantaged in some way. The “improvements” applied to both the trivial and the life-altering. For example, he excitedly added strawberry jello powder to his rugalach recipe thinking it would enhance both flavour and texture (hint: it wasn’t an improvement). And the same force was at play when he provided the necessary money for someone to improve their lives and/or the lives of their families by funding a new business, paying for years of university, or providing support for a family which allowed a parent to begin a new venture, etc. Sometimes he did this for family and at other times he did this for patients or even strangers. But they all became his friends. His generosity was untrumpeted; there is no building or faculty bearing his name. There are only people whose lives and whose children’s lives have been positively transformed as a result of knowing Sid.

Sidney had a “larger than life” personality. He was a tall, attractive man with a “big”, positive energetic presence. He was extraordinarily extraverted and upbeat and he spoke boisterously and laughed frequently. Sidney had a terrific sense of humour and, most importantly, never took himself too seriously. He easily shared laughs at his own expense and, with his abundance of quirks, there were many such laughs. Sidney had an astounding amount of resilience and tenacity and an iron will and this carried him through life’s

difficult times. He did not have an easy early life and his return to school was very tough. But surely his most painful trials were the loss of his Beverly in 2004 and his lengthy final illness with its painfully slow series of cumulative losses. He faced all of this with ineffable good cheer and expressions of love for those who loved him. What a guy. The family would like to thank Edna Johnson, Sidney's dental assistant of 30 years without whom he could not have practised dentistry well into his 80s. We also thank the marvelous caregivers who have felt like members of our extended family – some for over ten years. These remarkable people treated Sidney lovingly, gently, and with great care and enabled him to remain at home until the end. They are Eliny Santiago, Theresita Barillos, Gizelle Arevelo, Eduardo Arevelo, Connie Agbayani, Ruth Sunico, and Anita Obfintuyi.

Sidney received superb medical care from his rheumatologist Dr. Carol Hitchon and his family physician Dr. Grant Goldberg. Both of these doctors provided care that reflected that rare combination of medical excellence and genuine compassion, respect, and concern. Even when leaving his home was a struggle, an appointment with Dr. Hitchon brightened Sidney's day. And we cannot count the

number of times Dr. Goldberg called us to check on Sidney's health during what were supposed to be his 'off hours'. We also want to thank the nurses at the Rheumatology Clinic, Tom Hartlieb and Laurie Radke. Dr. Goldberg's physician assistant Matthew Christian was knowledgeable and very helpful on countless occasions as were the wonderful nurses at Fort Garry Access. Finally, thank you to the palliative care team who were incredibly helpful, a pleasure to deal with, and were always available when we needed them. We just couldn't have asked for more.

Sidney's funeral was held at the Chesed Shel Emes Synagogue and interment took place at the B'nay Abraham Cemetery on November 7. Pallbearers were Alexander MacDonald, Ethan Landy, Loren MacDonald, Jeremy Hecht, Leah Cornblum, and Brendan Hecht. The family wishes to thank Cantor Tracy Kasner who performed an absolutely beautiful service. A gathering to remember and honour Sidney will take place at a later date.

People who wish to make a donation may donate to The Beverly and Sidney Fleisher Fund at The Jewish Foundation of Manitoba (204) 477-7520, The Wildlife Haven Rehabilitation Centre (204) 878-3740, or a charity of your choice.



**MANITOBA
DENTAL
FOUNDATION**

YOUR MANITOBA DENTAL FOUNDATION

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.

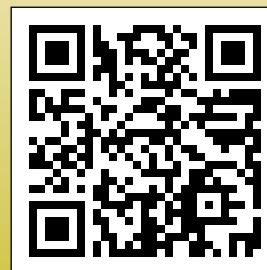
Sincerely,

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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DR. ISAAC BATTEL

It is with heavy hearts that we announce the passing of our beloved husband and father, Isaac Battel, on October 20, 2023, at the age of 93.

Isaac leaves to mourn his loving wife of nearly 55 years, Sandra; his son, Ashley; his brother-in-law Harvey Simovitch and sister-

in-law Rona Simovitch; cousin Elaine Wiseman, as well as numerous other cousins, nieces and nephews.

Isaac was predeceased by his parents, Abraham Battel and Sophie Battel; sisters, Eleanor Barron, Faiga Cantin and Sybil Kofsky; brothers-in-law, Jim Kofsky, Oscar Cantin and Stan Barron; father-in-law Isaac Simovitch and mother-in-law Sara Simovitch.

Isaac was born in Bruno, Saskatchewan on October 2, 1930, and first arrived in Winnipeg at the age of 13 to study for his Bar Mitzvah at the Jewish Orphanage on Matheson Avenue. After returning to Bruno for the remainder of his high school education, Isaac moved to Eugene, Oregon, first graduating with a Bachelor of Science degree, followed by a degree in dentistry.

Isaac's family had moved to Winnipeg while Isaac was studying in Oregon, but on the day of Isaac's graduation from dentistry, he received a call that his mother, Sophie, had passed away from heart failure. Isaac returned to Winnipeg to be with his family and decided to make the move permanent shortly after his mother's passing. He first began practicing dentistry alongside Dr. Ralph Luke and then, during the 1980s, Isaac built his own practice at Colony Square in downtown Winnipeg, where a number of other dentists were also establishing their practices. Isaac's compassion and dedication to helping others within his profession led Isaac to have one of the largest dental practices in the city, with thousands of multi-generational patients being treated by his gentle hand and demeanour. An Alpha Omega Association Life Member having practiced dentistry for over 50 years, Isaac also became one of the first, if not the first, dentists in the province to conduct locums, travelling to offices around the province to fill in for other dentists who were out of the office due to holidays, illness and the like.

Whether it be at a grocery store, a shopping mall, a bank, a restaurant or even at a rock concert, former patients - from local boxers to radio show hosts to "Joe and Jane Smith" - would immediately recognize Isaac many years later, walk up to him and share their memories and stories of how wonderful 'Dr. Battel' had treated them.

One evening in 1965 at the Town and Country, a popular dining spot in Winnipeg, Isaac first met Sandra and from there began a beautiful three-year courtship that led to the couple marrying in 1968. Isaac and Sandra's nearly 55-year marriage was truly considered by many as a role model for others to follow. No weekday morning would be complete for Isaac without a smile and a kiss for his wife, Sandra, before heading out to work. The love and friendship that they shared for one another was unparalleled, with both friends and strangers openly stating that it was their life's wish that they would experience such a loving connection in their own lifetime.

Isaac and Sandra welcomed their only child, a son, Ashley, in 1970, from whom both have experienced great 'nachas' [joy] throughout their lives. Isaac never missed out on an opportunity to proudly share the latest on Ashley's work and personal accomplishments. The two shared an unparalleled and unbreakable father-son bond that led to the two enjoying many special moments and memories together, from simple evenings at home watching television to taking in a wide variety of concerts together, from the Guess Who and Fleetwood Mac to Prince and Paula Abdul. Isaac was an avid sports fan who loved his Winnipeg Jets and, despite being born in Saskatchewan, was also forever faithful to his Winnipeg Blue Bombers! He especially enjoyed watching games and sharing in-game opinions with Ashley and hardly ever missed watching a game for either team, even while in the hospital.

Isaac was also well-known for his jokes and for being a quintessential storyteller. Whether you met Isaac for the first time or the fiftieth time, you were guaranteed to walk away with a laugh, having been on the receiving end of one of the best jokes that you had heard in a long time. When Isaac was in need of some basic home care this past year, one of his home care workers would eagerly stop by each day, stating that the highlight of his day was visiting Isaac and hearing Isaac's latest 'Joke of the Day.'

From the same mind that delivered all of those great jokes also came an immense amount of knowledge. Isaac was extremely well-read and stayed on top of current events in a variety of ways, whether it be the daily Winnipeg Free Press newspaper or watching network and cable TV news. Isaac's mind remained 'sharp as a tack' right until his final days and neither progression of age nor any illness robbed him of his vast lifetime of memories. Even in his 90s, Isaac would often share a story about how he recalls being three years old and having his mother hold him for a family photo and he could vividly detail the activity of that day.

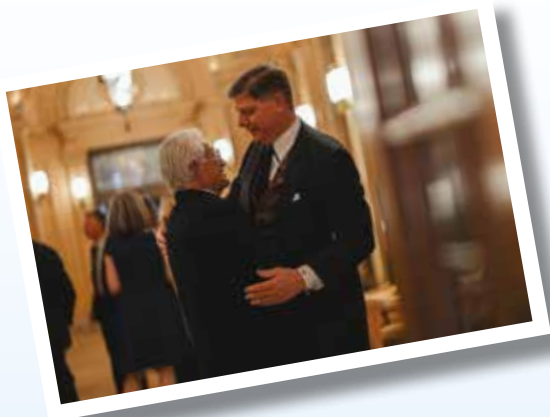
His boundless strength was demonstrated in many ways throughout his life, but perhaps none greater than in some of the health battles that he faced over the years. Isaac never once lost his will to live. He was a survivor and a true inspiration and set a shining example that no challenge is ever too difficult to face head-on.

The family wishes to thank all of Isaac's dental colleagues whose association with Isaac brought him much joy over the years. A special thanks to the late Walter 'Wally' Hulkewych, as well as Bernie Sawchuk and Maylene Davis, with whom Isaac looked forward to his regular visits and their conversations. A special thank you especially goes out to Dr. Kroeker, Dr. Woo, Dr. Buetti and Dr. Rhoma for their exceptional care over the years, as well as the wonderful home care workers, Dada, Gil, Mel and Solomon, and home care nurses who helped to take care of Isaac during this past year.

A funeral service for Isaac took place on Tuesday, October 24, 2023, at 10:30 a.m. at Shaarey Zedek Cemetery with Rabbi Anibal Mass officiating. Pallbearers were Debra Kofsky, Jerry Pritchard, John Requiema, Ralph Melnicer, Sherry Requeima, and Scott McWilliam. Honorary pallbearers were Ashley's girlfriend, Andrea Maxwell, Benson Labinsky and Sharon Labinsky, Brenda Gibson and Don Gibson, Michael Ginsberg and Barbara Ginsberg.



Alumni of Distinction Awards





The Manitoba Dental Association, in partnership with the Organization for Safety, Asepsis and Prevention (OSAP), offers its members access to OSAP membership at a discounted rate starting January 2024:

- Individual annual membership: **\$32.50 + GST**
- Office annual membership (up to 10 staff*): **\$275.00 + GST**

* For more than 10 staff, please contact the MDA. Send an email to lberg@manitobadentist.ca to discuss a package that can work for you.

OSAP Member Benefits



InfoBites - Each Monday, receive an email highlighting late-breaking infection prevention and safety news

Infection Control in Practice (ICIP) - Six times per year, receive an educational publication featuring real-life scenarios with checklists. ICIP is worth up to 6 CE credits per person annually

The Safest Dental Visit™ Toolkit - Utilize carefully assembled resources to help ensure the safe and infection-free delivery of oral healthcare to all

Toolkits & Topics - Access an expanding list of toolkits & topics available 24/7 addressing relevant infection prevention and safety issues

Ask OSAP - Submit infection control questions and receive a written response within 3-5 business days

Webinars - Participate in live and on-demand webinars on relevant and emerging issues and earn CE credits.

Education & Training - Receive discounts for Boot Camp, Annual Conference, workbooks, online courses, and products. Access past Annual Conference PowerPoint presentations

Online Community - Share problems & perspectives through OSAP's members-only online community and forum

Member Certificate - Download a printable certificate verifying your OSAP membership to display in your office

Member Directory - Search for OSAP Members located near you or who share similar interests

Recognition - Earn infection control awards and serve on OSAP committees