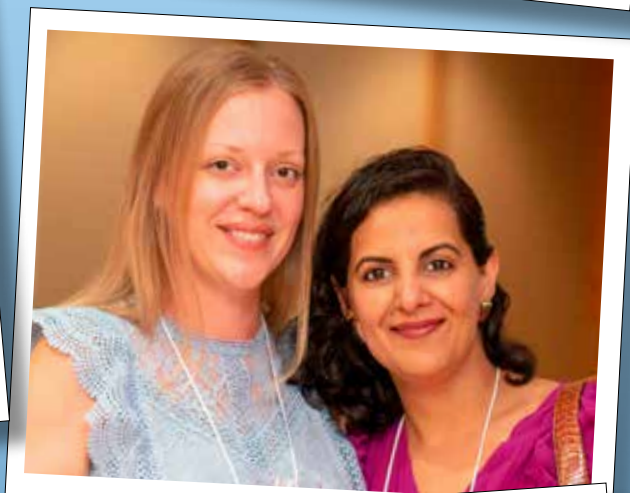


## *Welcome to the Profession Dinner*







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[gguenther@manitobadentist.ca](mailto:gguenther@manitobadentist.ca)

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

- September 14 - 17 Elkhorn CE Retreat
- October 20 - 21 Endodontics Lecture & Hands-On Dr. Rodrigo Cunha
- November 24 - 25 Endodontics Lecture & Hands-On Dr. Rodrigo Cunha
- 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.

Full colour, 8 1/2 x 11 published quarterly.

Circulation is approximately 1000 to Manitoba dentists and dental professionals.

Published online at [ManitobaDentist.ca](http://ManitobaDentist.ca).

Advertisements may be submitted by email or CD accompanied by hard copy.

Please email submissions to: the Manitoba Dental Association by email:

[office@ManitobaDentist.ca](mailto:office@ManitobaDentist.ca)

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## 2023-24 Lecture Series:

**WDS**  
Winnipeg Dental Society



**Venue – Canadian Museum for Human Rights**

- **September 22nd, 2023 – Presenters Dr. Kevin Vint and Dr. Kurt Scherle**
- **October 27th, 2023 – Presenter Dr. Daniel Pompas**
- **November 17th, 2023 – Presenter Dr. Stéphane Reinhardt**
- **February 9th, 2024 – Presenter Dr. Miles Cone**
- **March 15th, 2024 – Presenter Dr. Jennifer Doobrow**

Register at:  
**[WinnipegDentalSociety.org](http://WinnipegDentalSociety.org)**





## PRESIDENT'S MESSAGE

Well fall is upon us and in a few short weeks the holiday season will be right at hand. Yes, I'm that guy who even celebrates half Christmas. I hope summer provided some opportunity to enjoy all that Manitoba has to offer, as we do truly live in a great part of the country.

I have had many discussions and attended numerous national meetings since October of 2022 about the Canada Dental Care Plan, and it has become apparent to me that the federal dental program (known today as the interim Canadian dental benefit) isn't well known within our dental community. I hope to clear up a few issues regarding this program and some of the challenges that we are trying to mitigate. Throughout the last two years, the Canadian Dental Association has been busy meeting with representatives from the federal government and strategizing with a lobby group based in Ottawa. These meetings with the federal government have led to a very successful understanding by the government of the importance of private practice dentistry in the delivery of oral healthcare for all Canadians. The hard work of the CDA has resulted in them being seen as a trusted partner by the federal government on this file. In fact, we are the only oral healthcare profession at the table with the federal government.

Recently, the CDA has started creating a joint public digital campaign with all provincial dental associations regarding this program to help educate the government and the public. The MDA Executive had the opportunity to meet with the federal health minister, The Honourable Jean Duclos this summer. The purpose of the meeting was to help Minister Duclos understand Manitoba's and other provinces particular needs within the proposed Canada Dental Care Program. Unfortunately, soon after the meeting was scheduled the federal government had a cabinet shuffle and a new minister of health was appointed, Mark Holland. Our new, immediate mandate is to educate Mr.

Holland and his advisers to the same level that the previous minister held.

The proposed Canada Dental Care Program provides an excellent opportunity for the uninsured with household earning of less than \$90,000 per year in Canada to gain access to dental care. The current Interim Canada Dental Benefit program for children 12 years and younger has already reached over 320,000 children in the first period from October 2022-June 2023, and has reached 150,000 children from July 1, 2023 to present. Research has shown that an uninsured parent will only bring their child to a dentist when it is absolutely necessary. This is a truly unfortunate reality, but the newly proposed federal program can change this all-too-common situation. In Manitoba we have had 7640 applications for the Interim Canadian Dental Benefit to date. When this program gets underway, there will be an additional part of our population seeking oral healthcare providers. This increase in patients is going to be tremendous for our professional community.

The program does have some potential downfalls. For instance, the influx in patient numbers will be difficult to treat with our already existing shortage in labour, thus creating a problem relating to timely access to care. There is also a possibility that the new proposed Canada Dental Care Program could see a reimbursement schedule less than that of the Manitoba Dental Association fee guide, or employer and/or government sponsored dental plans as a result of the new federal plan may be dropped. Unintended consequences like these could negatively impact the oral health of Canadians decrease as it is anticipated that the federal program could be less beneficial than employer, and in some cases, government sponsored dental plans. The MDA Board and the CDA are working hard in their relationship with the federal government to ensure that this program will be beneficial to those who need it as well as for the dentists of Manitoba.

The MDA will begin an advocacy campaign to Manitoba's Members of Parliament (MP) about the proposed Canada Dental Care Program this Fall. As with all advocacy campaigns it is essential that our messaging be aligned. This alignment allows for a strengthening of the impact of the message, increases likelihood of success, and enhances credibility of the advocacy efforts. We would ask Members to contact us first if there are thinking about engaging their local MP about the proposed Canada Dental Care Program.

In order to bridge the financial gap in dental care we will be advocating for the following:

1. A federally funded program should promote the delivery of dental care primarily through the existing network of dental offices, supplemented by public clinics, as needed.

The advantage of providing care by dentist-led teams, where a broad spectrum of care can be provided in an integrated fashion, should be clearly recognized and prioritized. In partnership with other levels of government, the federal government should work toward innovative approaches to supplement private delivery of care in specific circumstances where alternatives are necessary.

2. Public dental care programs should remain a payer of last resort, after any privately funded coverage.

Resolving the potential challenge of widespread offloading of the responsibility for dental coverage from employers to the public sector needs to be a top priority for the federal government. The federal government should also, in collaboration with other levels of government and industry stakeholders, explore ways to put in place a system that preserves and promotes further employer-provided dental coverage.

3. A federally funded program needs to be designed with incremental investments to help support already existing funding levels of federal, provincial and territorial programs.

Federal investments should not lead to existing oral health funding being redirected to other purposes or for programs already in place to be scaled back or cancelled. A set of common national standards for publicly funded dental coverage should be established, with input from relevant stakeholders, to ensure that Canadians receive the high-quality dental care they need to achieve and maintain optimal oral health.

4. Program design should ensure that administrative procedures do not impact or delay the provision of care to patients.

A federally funded program should not

create additional administrative burdens for dental offices. Patient eligibility for a federally funded program should be quickly and easily assessed during a dental appointment. One way to streamline program administration would be to make use of a common set of already existing tools, such as ITRANS, fee guides, etc., used by both the dental care and the benefits sectors.


5. The federal government should address human resource challenges and staffing shortages in the oral health sector.

As a federally funded program rolls out, this will help ensure that patients do not face increased wait times to see dental care providers. Efforts are also required to ensure that the dental workforce across Canada has the knowledge and expertise needed to provide all patients with the care they need—particularly those from high-needs demographics including children, seniors,

persons with disabilities, etc.

6. Any federal dental care formula should ensure the cost of treatment provided to patients is fully covered.

A federally funded program should use the most up-to-date version of provincial and territorial fee guides as the basis to determine funding of services and treatments. Appropriate funding for dental care will ensure that dental professionals can provide high-quality oral healthcare to all patients and that the federally funded program is sustainable.

Finally, I would like to thank you and acknowledge everyone's effort to make dentistry a trusted profession in our province. Well done! 

Dr. Scott Leckie

**TRINA BOURGEOIS, RDA III**  
PRESIDENT, MDAA

## MDAA PRESIDENT'S MESSAGE

I hope everyone has had some balance and enjoyed our wonderful Manitoba summer. It has been an odd summer with radical temperatures that have given us an interesting summer, but I am not complaining. There are too many terrible things going on in this world, the fires in North America have been just horrible and so devastating. I cannot imagine the sadness of such a great place. Lahaina was a favorite for us when we went; a quaint little town with something for everyone. Such great sadness and loss, my heart goes out to the families and people of Maui.

So, I will also mention this is my last bulletin after 4 years! I have enjoyed my time working with the MDAA and MDA, well except for maybe that whole Covid thing! Giving extra volunteer time for anyone who chooses to work with their association is rewarding and

gives insight to the inside functions and environment that structure our dental community.

I had my last visit to Ottawa in June for the Canadian Dental Assistants Association AGM. We had some great conversations and an excellent presentation by Jennifer Wootton on Workplace Harassment and Violence for Dental Assistants across Canada. She provided great experience with a background in Workplace Investigation Law. Some numbers we discovered from the National Health survey; In the workplace 61% considered quitting, 66% experienced stress in the workplace related to harassment, 46% lost motivation and 41% lost confidence in the abilities, just a few areas of concern. I would say this is certainly an area that needs some attention and improvement.

Some news in the MDAA, as of early July we have a new Executive Director, Kyle Mason. He comes with a lot of experience, making our city a better place. He is an award-winning Indigenous leader, consultant and speaker who has made it his intention to make a difference. The MDAA looks forward to seeing how he can complement the association.

I would like to leave my time with the hope that the MDAA and MDA along with hygiene and support staff can continue positive conversations and work towards making everyone work towards the team; a team can only improve as they work together and support each other.

Trina Bourgeois  
President of the Manitoba Dental Assistants Association





## REGISTRAR'S MESSAGE

### The Importance of Peer Review

As the profession of dentistry continues to evolve over time, it is vital to remember the foundational aspects that have upheld its integrity in Manitoba for the last 140 years. Our system of peer review remains an indispensable pillar in maintaining professional standards, fostering growth, and ensuring ethical behaviour within the dental profession. As dentistry continues to expand, it is imperative to nurture and enhance peer review collectively. Ethical standards serve as the bedrock of the dental profession, and peer review serves as an effective mechanism to uphold them. Every year the Manitoba Dental Association receives over 300 inquiries of concern from the public, highlighting the need for an effective peer review system.

The Dental Association Act mandates the Manitoba Dental Association to provide an effective system for formal complaints about the dentists' or dental assistants' conduct. Minor issues not related to the standard of care are often resolved through our voluntary system of alternative dispute resolution. The Act prescribes a system where more serious concerns about members (or former members) are reviewed by a Complaints Committee composed of two members of the profession and a member of the public appointed by the Minister of Health. It is important to note that any other matter relating to professional conduct or practice skills may also be investigated. If, in the opinion of the registrar, the complaint is of a particularly serious and urgent


nature, the issue can be referred, with or without further investigation, directly to the peer review chairperson, who is required by the Act to establish an inquiry panel.

Upon reviewing a matter, the Complaints Committee can take various actions, such as directing that the matter be referred, in whole or in part, to the Peer Review Committee chairperson for the establishment of an inquiry panel. Other measures the committee can take include issuing a formal caution to the member censuring or disapproving of their conduct, accepting the voluntary surrender of the member's license, completing a specified course of studies, etc. Section 25.4(1) of the Act does provide provision for an appeal of the decision of a Complaints Committee however, no such recourse exists for the investigated member.

The establishment of an inquiry panel is reserved for the most serious of cases and can result in the suspension of the member's license, orders for treatment and/or counselling, limits on practice, orders to waive money owed or refunded monies paid to them, cancellation of the members registration, order for supervised practice, fines, etc. Inquiry panels are infrequent but involve considerable time, expense, and expense for both the Association and the member involved. These quasi-judicial hearings involve adjudication by a panel of not less than three members of the Peer Review Committee, one of whom must be a publicly appointed representative.

A frequent misconception among members pertains to the standard of proof required in regulatory matters. In Canada, regulatory discipline operates under civil law, where decisions are based on a balance of probabilities, not proof beyond any reasonable doubt.

One of the primary reasons peer review holds such importance lies in its role as the guardian of professional competence. A fair, effective, and vigilant process not only protects patients, but it also helps maintain the public's trust in the dental profession. Although the formal peer review system is rooted in the legislated requirements for discipline, it still emphasizes creating an environment that supports professional growth and learning. I recognize that for many there is an understandable significant level of stress but many members who undergo the process appreciate the opportunity to enhance their patient care, communications skills and more.

In Manitoba, both formal and informal systems of peer review thrive. Mentorship, peer to peer learning, study clubs form integral parts of the dental culture, fostering member development and helping to reduce the burden on the formal complaints system. All members benefit from a personal commitment to continual learning and professional progression while supporting a robust system for peer review. 

Respectfully,

Arun Misra LLB DMD





Manitoba  
**Dental**  
Association



Annual Convention & Trade Show  
April 18-20, 2024  
RBC Convention Centre Winnipeg

# SAVE THE DATE



**“Connection is why we are here . We are hardwired to connect with others, it is what gives purpose and meaning to our lives, and without it there is suffering”**

- Brene Brown

# DEAN'S MESSAGE

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



Dear Colleagues,

August has brought warm summer days in conjunction with the return of our students to the college for the start of their new academic year. We were delighted to have so many of our part time faculty register to continue teaching at our school for the upcoming fall term. Thank you!

We were excited to participate with our Dent 1 and incoming International Dentist Degree Program at the Welcome to the Profession Dinner, a beautiful function hosted by the Manitoba Dental Association (MDA) last week. The speeches at the event reminded me of the close ties between the profession and our dental school. This is a connection that is valued and has allowed our college to flourish, developing its reputation as a center for excellence in clinical training.

Our vision is to have our learners be community minded, patient centered, skilled oral healthcare providers. One of the paths towards this goal is for our students to provide care to a variety of populations in different clinical settings.

These efforts have resulted in a re-launched partnership with FINHB to allow for Northern and Remote rotations. We also put out a call for a potential partnership in the Fort Garry

Campus between a private dental office and the Dr. Gerald Niznick College of Dentistry

(<https://umanitoba.bonfirehub.ca/portal/?tab=openOpportunities>).

In addition, we have started discussions about the potential of rotating our undergraduate dental students in rural private practices. We have had an enthusiastic response.

Service of the profession to the community is also something important that we want our learners to experience. Dr. Anil Mennon joined the faculty as our only Dental Public Health specialist in Manitoba and will be coordinating the delivery of care in our community clinics under the directorship of Dr. Bob Schroth and the Center for Community Oral Health (CCOH).


Dr. Schroth has instituted voluntary evening rotations, with dental students at Mount Carmel Clinic while our clinical programs or clinical partnerships at Access Downtown, SMILE plus, Deer Lodge Centre, Home Dental Care Program, Churchill are now fully operational following the COVID-19 restrictions.

These programs are vital to our professional community efforts. We will be challenged to continue delivering

this unique educational opportunity and care to these underserved priority populations without the profession's continued support. There are 774 dentists registered in Manitoba currently. If each and every one of us provided one or two days of teaching or service/year, at the college or in one of our community clinics, we would be able to have the clinics fully operational all year round helping many Manitobans.

I hope some of you will consider providing some of your time to these outreach clinics. If interested, please contact Kristen Holmes-Lavery at [Kristen.Lavery@umanitoba.ca](mailto:Kristen.Lavery@umanitoba.ca) to enroll.

I hope to see many of you at our UMDAA dinner on September 22nd, 2023 to celebrate our Alumni of Distinction and I look forward welcoming you to our Homecoming Event on September 23rd, 2023 at the Bannatyne campus. As part of the festivities the college has organized a free continuing education event showcasing the work of our graduate students.

I wish you all a great fall and thank you for your continued support of the Dr. Gerald Niznick College of Dentistry. 





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# WINNIPEG ENDODONTIC STUDY GROUP:2023-2024



We are excited to announce our 10<sup>th</sup> anniversary for the 2023-2024 Winnipeg Endodontic Study Group's sessions. The last 10 years have been great and we all learned a lot from each other! As you know, the purpose of this group is to improve the level of awareness and endodontic care within our practices and community. Our intention as educators and clinicians is to gather a group of general practitioners and specialists with whom we have professional relationships, and who already diagnose and treat endodontic cases within their practices. The Endodontic Study Group provides a vehicle for like-minded dentists to share and exchange information.

Looking forward to seeing you soon!

Cheers,

Rodrigo Sanches Cunha DDS MSc PhD FRCD (C) FICD  
Simona Pesun BSc DMD MSc FRCD (C) Dipl ABE

**September 26<sup>th</sup>, 2023**

**CMHR**

How to avoid mishaps in endodontics: ledges, file separations and perforations

**Dr. Rodrigo S. Cunha**

**November 4<sup>th</sup>, 2023**

**CMHR**

Advanced diagnosis to glide path management: A different way to look at the foundation of root canal treatment

**Dr. David Landwehr  
DDS, MS**



**January 23<sup>rd</sup>, 2024**

**CMHR**

Effective clinical and therapeutic management of endodontic emergencies

**Dr. Simona Pesun**

**March 12<sup>th</sup>, 2024**

**CMHR**

I am confused... Which sealer should I choose to fill the root canal system?

**Dr. Rodrigo S. Cunha**

**October 12<sup>th</sup>, 2023**

**Prairie Endodontics**

Diagnosis and case selection in endodontics: A clinical approach

**November 30<sup>th</sup>, 2023**

**Prairie Endodontics**

Cracked teeth: Diagnosis, treatment and prognosis

**February 8<sup>th</sup>, 2024**

**Prairie Endodontics**

How can I find and negotiate the MB2 on upper molars

**April 11<sup>th</sup>, 2024**

**Prairie Endodontics**

The importance of incorporating CBCT technology in endodontics



# WINNIPEG ENDODONTIC STUDY GROUP:2023-2024



## September 26<sup>th</sup>, 2023 – Tuesday - 6:00pm – 9:00pm

*How to avoid and manage mishaps in Endodontics: ledges, file separations and perforations.*

Dr. Rodrigo Sanches Cunha

### **Location: Canadian Museum for Humans Rights**

85 Israel Asper Way – Group Entrance

Winnipeg – MB

\$200.00 (3 CE credits)

Three-course meal is included

## November 4<sup>th</sup>, 2023 – Saturday - 9:00a.m. – 4:00pm

*Advanced diagnosis to glide path management: A different way to look at the foundation of root canal treatment.*

Dr. David Landwehr DDS, MS



### **Location: Canadian Museum for Humans Rights**

85 Israel Asper Way – Group Entrance

Winnipeg – MB

\$200.00 (6 CE credits)

Coffee break and Three-course meal is included

## January 23<sup>rd</sup>, 2024 – Tuesday - 6:00pm – 9:00pm

*Effective clinical and therapeutic management of endodontic emergencies.*

Dr. Simona Pesun

### **Location: Canadian Museum for Humans Rights**

85 Israel Asper Way – Group Entrance

Winnipeg – MB

\$200.00 (3 CE credits)

Three-course meal is included

## March 12<sup>th</sup>, 2024 – Tuesday - 6:00pm – 9:00pm

*I am confused...Which sealer should I use to fill the root canals system?*

Dr. Rodrigo Sanches Cunha

### **Location: Canadian Museum for Humans Rights**

85 Israel Asper Way – Group Entrance

Winnipeg – MB

\$200.00 (3 CE credits)

Three-course meal is included

## October 12<sup>th</sup>, 2023 – Thursday - 6:00pm – 8:00pm

*Diagnosis and case selection in endodontics: A clinical approach.*

Dr. Rodrigo Sanches Cunha

### **Location: Prairie Endodontics**

271 Madison Street – Winnipeg – MB

\$120.00 (2 CE credits)

Dinner is included

## November 30<sup>th</sup>, 2023 – Thursday - 6:00pm – 8:00pm

*Cracked teeth: Diagnosis, treatment and prognosis.*

Dr. Rodrigo Sanches Cunha

### **Location: Prairie Endodontics**

271 Madison Street – Winnipeg – MB

\$120.00 (2 CE credits)

Dinner is included

## February 8<sup>th</sup>, 2024 – Thursday - 6:00pm – 8:00pm

*How can I find and negotiate the MB2 on upper molars.*

Dr. Rodrigo Sanches Cunha

### **Location: Prairie Endodontics**

271 Madison Street – Winnipeg – MB

\$120.00 (2 CE credits)

Dinner is included

## April 11<sup>th</sup>, 2024 – Thursday - 6:00pm – 8:00pm

*The importance of incorporating CBCT technology in endodontics.*

Dr. Rodrigo Sanches Cunha


### **Location: Prairie Endodontics**


271 Madison Street – Winnipeg – MB

\$120.00 (2 CE credits)

Dinner is included

**REGISTRATION:**  [wesgroup.mb@gmail.com](mailto:wesgroup.mb@gmail.com)

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# CANADIAN DENTAL ASSOCIATION MESSAGE



I hope this Bulletin find you all well and enjoying some of our beautiful prairie landscapes. Harvest time is certainly a special time of year while 'back to school' means a return to the routine that so many can appreciate!

## Welcome to the Profession:

I recently had the distinct privilege to be invited to say a few words at the 'Welcome to the Profession' dinner. The formal event is held every year in August to celebrate the incoming class of dental students to the University of Manitoba Dr. Gerald Niznick College of Dentistry. It is a highlight for me for so many reasons.

Firstly, as much as I like to attend so that I may visit with my old buddies and instructors, it is inspiring to see the new 'up-and-comers' in our profession! We are the current stewards of our profession, but they will be the ones to proudly 'carry the torch' and manage the profession for future generations. They will pick up where we left off in providing care to Manitobans. Naturally the students are both excited and nervous; they are living the emotions of being welcomed with open arms while feeling the understandable 'butterflies' for what is to come.

The event puts on full display the caring and generous nature of dentists. Dentists from throughout our province volunteer their time and energy, committing to providing a 'safe place' for mentorship of students throughout their four years of study. Through this program, the students experience our community and how well we interact with each other. They witness first-hand the pride that we take in providing our best in patient care.

Finally, the Mentorship program is

foundational to the maintenance of a strong and collegial dental community. Our program is recognized as one of the best programs in the country. It is a true partnership between the MDA and the UofM College including participation and sponsorship from critical stakeholders in Scotiabank, CDSPI and University of Manitoba Dental Alumni Association(UMDAA).

## CDA Advocacy:

Advocacy continues to be a large part of the CDA portfolio these days. Our association is the national voice for dentistry dedicated to the promotion of optimal oral health. Being that we are in an era where the federal government is launching a multi-billion dollar program to improve the oral health of Canadians, the CDA has solidified a critical role as the trusted source for information related to dentistry and program administration. Here are a few highlights of CDA's ongoing advocacy initiatives:

## Canada Dental Benefit (Health Canada):

It has been a big year for dental care in Canada. Last December, the Government of Canada launched the Canada Dental Benefit(CDB) to help cover dental care expenses for eligible children under the age of 12 as the first step to help improve access to dental care. The benefit has already helped close to 340,000 children across Canada get brighter smiles and healthier teeth but there's still more kids to reach!

Starting July 1, 2023, the Government of Canada announced that applications for the second benefit period of the CDB have opened. Eligible families will now be able

to receive up-front, direct payments of up to \$650 per eligible child under 12 for out-of-pocket expenses paid for dental care services received between July 1, 2023, and June 30, 2024.

The CDB helps pay for dental care services for eligible families with:

- a child or children under 12 as of July 1, 2023;
- an adjusted family net income of less than \$90,000; and
- no access to private dental care coverage.

## The Benefit will support your child's dental care expenses, such as:

- orthodontic services;
- preventative services;
- restorative services;
- diagnostic services;
- oral surgery;
- endodontic services;
- periodontal services; and
- prosthodontic services.

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

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

[https://www.cda-adc.ca/en/oral\\_health/talk/canada\\_dental\\_benefit/index.asp](https://www.cda-adc.ca/en/oral_health/talk/canada_dental_benefit/index.asp)



## Oral Health of Canadians:

I am happy to share that the CDA has partnered with MDA and other provincial and territorial dental associations to launch a nationwide social media education campaign. The primary objective is to highlight the value of the dental profession and emphasize the significance of maintaining good oral health. This initiative is key as we anticipate the upcoming launch of the Canadian Dental Care Plan (CDCP) this fall.

## Dental Human Resources:

CDA continues to await news from the federal government on its CDA-Canadian Dental Assistants' Association funding


proposal on Building the Professional Dental Assisting Workforce of the Future. It was reported that the application has been forwarded to another area of government which will hopefully provide it with a better chance of success. It was noted that this area remains a pressing issue for both the Board and Members and will be a focus of discussion at a Canadian Dental Leadership Forum meeting in the Fall.

## CDA Meetings/ Joint Conventions:

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

Newfoundland and Labrador Dental Association followed by the Manitoba Dental Association in April 2026. Mark your calendars!

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



## 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](http://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

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## Distinguished Service Award

This award is given to recognize outstanding contributions to the dental profession, the dental community or the oral health of Canadians at large, in a given year or outstanding service over a number of years.



**Dr. Michael Sullivan**

University of Manitoba graduate, past president of the Manitoba Dental Association (MDA), **Dr. Michael Sullivan** has served the profession with distinction. He has been an active member of CDA's Advocacy Committee since 2014 and serves as its chair. He is also a member of CDA's USC&LS Committee and CDA's Access to Care Committee. CDA appointed Dr. Sullivan to serve on Health Canada's Non-insured Health Benefits (NIHB) Technical Working Group. At the MDA, he was also chair of the Economics Committee and a member of its Infection Control Committee. Dr. Sullivan is a fellow of the International College of Dentists and the Pierre Fauchard Academy. He has served on the board of the Manitoba Dental Foundation and was also actively involved in the MDA's mentorship program.

*I would like to thank the board and the members of CDA for bestowing upon me the Award of Merit. I would be remiss if I did not mention my appreciation in the faith and the trust you have placed in me for the opportunity to be involved at the national level. [...] I look at the list of the past recipients and I'm truly honoured to be considered amongst this group. It is a humbling experience to be recognized by your peers. We all entered this profession, volunteered and strived to do what we do for one main reason, simply to help others, to give back to the profession and the people we care for.*



## Oral Health Promotion Award

This award recognizes individuals or organizations who have improved the oral health of Canadians through oral health promotion. This may involve creating public health policy or supportive environments, strengthening community action, developing personal skills, or increasing the prevention of oral diseases and disorders.



**Dr. Jerry Baluta**

In 2014, **Dr. Jerry Baluta** developed and established the oral cancer health screening program for Manitobans. In partnership with the Never Alone Foundation and the Manitoba Dental Association (MDA), this program has screened hundreds of people and makes referrals to oral surgeons, when needed. Dr. Baluta's extraordinary leadership and ongoing management of this program has encouraged participation from dentists in Manitoba. Thanks to Dr. Baluta, Manitobans who are at risk are provided with free screening examinations and some are referred immediately to a specialist. This early detection screening program is held annually during Oral Health Month in April. It is an integral part of the MDA's public-facing initiatives.

*I'm honoured to receive this CDA Award for Oral Health Promotion. I'm receiving this award as the former chair of the communication committee of Manitoba Dental Association, and I stand on the shoulders of many who come before me in this committee. And I definitely honour them. [...] I also share this award with all the members of our committee, recent and long-standing, who serve to advance the communication agenda of the MDA. We are very advanced in our communication with our focus being on patient care of all Manitobans, as well as business and volume for dentists in the province. I'm very honoured to receive this award and thank you very much.*





# Clinical Communication



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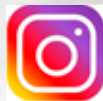
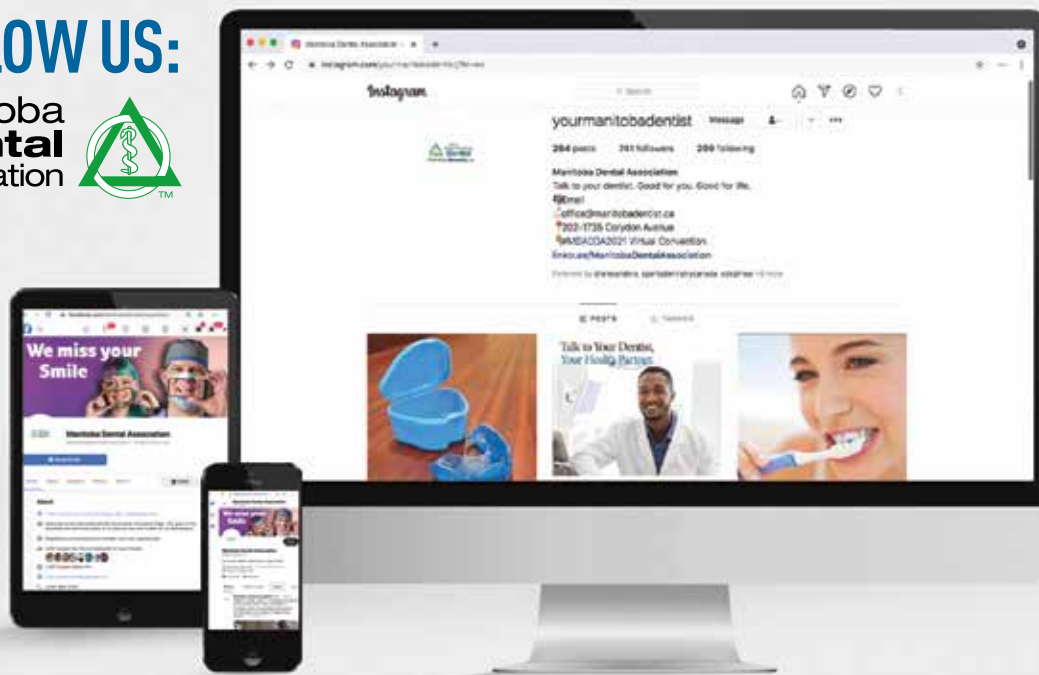
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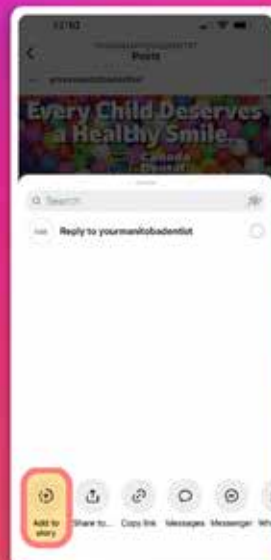
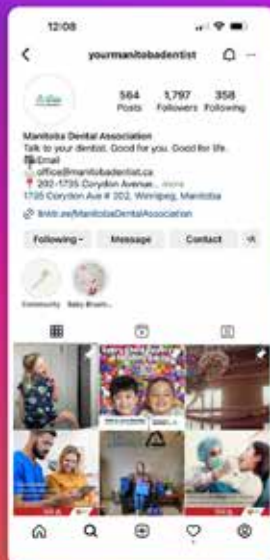


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# Knowledge

## 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 Knowledge front, CDA has been on the leading edge of highlighting key issues and challenges facing the profession. Some of these knowledge activities include:

### CDA Oasis and CDA Essentials

CDA Essentials magazine, the CDA Oasis Discussions website and app, and the CDA Oasis Bulletin email newsletter all combine to form a modern dental news outlet designed to keep Canadian dentists informed about matters important to their professional success. This “dental news hub” helps to facilitate the exchange of pertinent, accurate, concise and timely information related to the dental profession through a range of user-friendly platforms—all designed to reach dentists where they want to be reached.

Priority for content selection for CDA Essentials/Oasis Discussions is determined through consultation with dentists, association/organization leaders, industry

representatives and dental team members. CDA initiates such discussions, but the involvement and perspectives of general practitioner and specialist Canadian dentists in these conversations is crucial to its success.







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*\*Based on Stats Canada 2020*



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# INCREASING INTEREST RATES



**JACKIE JOACHIM**  
COO, ROI CORPORATION



**BY JACKIE JOACHIM**

Has the constant increase in rates for the past 6 months created serious indigestion for you? No doubt anyone looking at selling or buying a practice is feeling nervous.

Let's look at the overall effect of higher interest rates.

- 1) As interest rates increase so does the cost of borrowing. A cautionary tale is to not be carrying any credit card debt if possible.
- 2) Does the hike in interest rates affect practice values? Technically no. When we appraise an office, we assume it is debt free. As much as we do not agree with valuing a clinic as a multiple of EBITDA, interest is added back, so again, the increase does not affect the value.
- 3) Will a buyer be influenced by interest rates? Absolutely. Let's say for example a

practice is valued at \$1 million. Because a purchaser must borrow from the bank, debt servicing must be considered. Depending on cash flow, the buyer may not get 100% financing. This does not mean that the practice is overvalued. It simply means that for a buyer to purchase this office, they must either put some of their own money into the transaction or offer a lower price at the clinic.

- 4) Do higher rates affect spending? In normal consumer spending it would. Many of us would think twice about certain investments or luxury purchases. However, if you have been associating for years and want to be an owner, interest rates are just a part of doing business.

I am certainly not an economist nor qualified to make such statements. From all the articles I read though, it is interesting to see how nationally, interest rates affect the individual provinces.

British Columbia and Ontario are hit harder but this is due to the aggressive housing market experienced in prior years. The Prairies are doing well – commodities continue to be in demand (energy, crops, to cite a couple). Atlantic Canada is also holding well because quite frankly, they have been used to tough times in the past. But poor Quebec, it looks like it is heading for a recession due to an aging population and lower immigration level.

Economists say we will be in a mild recession. I think we already are. However, we've gone through this before. Anyone remember 2008? I was a banker at that time, practice values continued to increase and as a lender, we continued to provide financing. There have been 11 recessions since 1948, averaging out to about one recession every six years. It is important to remember that recessions are part of the economic cycle. As tough as they can be to experience, they also offer important



economic benefits. As a practice owner, a recession will

hopefully encourage you to be creative – look for ways to be more efficient and save on costs. Review your existing customer service policies – can you make patients feel more appreciated.

In conclusion, while recessions are painful, remember they are only temporary interruptions to the economy with an improvement to follow.

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](mailto:joachim@roicorp.com) or 1-844-764-2020.

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Dr. Christian Caron, gerodontology professor at the Centre of Excellence for Oral Health and Aging at Laval University.

## New Canadian Oral Health Screening Tool for Seniors

As Canada's population continues to age, a research team led by Dr. Christian Caron, a professor in gerodontology at Laval University, has created a screening tool for seniors' oral health that can be used in a variety of settings.

**B**etween 2011 and 2021, the Canadian population age 65 and over grew by almost 20%, representing the biggest increase in 75 years.<sup>1</sup> As of July 2022, almost 1 in 5 Canadians (18.8%) were age 65 or over, fuelled by the so-called baby boomers, those born between 1946 and 1965. The 2021 Canadian census showed that over 861,000 people were age 85 or over, more than double the amount from the 2001 census. In the next 25 years, this

population aged 85 and over could increase to almost 2.5 million people.

With more people having greater life expectancies, a major challenge remains; maintaining a good quality of life based on their good overall and oral health. Deteriorating oral health can have negative consequences on people's healthy food choices, mental health and well-being. Pain and various infections can lead to general health problems or aggravate pre-existing conditions.

Seniors use dental care services far less than adults age 18 to 45, mostly due to financial constraints and inaccessibility to dental services. And although the implementation of preventative and intervention programs and policies is indicative of greater awareness of oral health, few of these programs take the specific needs of the elderly into account.

Within this context, Dr. Christian Caron, an expert in gerodontology at Laval University, and his team founded the Centre of Excellence for Oral Health and Aging in 2006.<sup>2</sup> Its general mandate was to initiate and contribute to the development of knowledge and solutions for maintaining and improving the oral health of people over age 65. To better meet this group's oral health needs, they developed a best practice guide for caregivers, while encouraging prevention through advice on brushing techniques and dentures cleaning.



The team has created a screening tool that is quick, evidence-based, user-friendly and uses plain language to ensure that other primary care providers can use the tool effectively.

In 2021, the Office of the Chief Dental Officer of Canada gave Dr. Caron's team the mandate to study and report on all data they obtained from screening seniors for oral anomalies and denture conditions. Using these data, the team has created a screening tool that is quick, evidence-based, user-friendly and uses plain language to ensure that other primary care providers can use the tool effectively. The goal is to have caregivers assessing oral tissue abnormalities and denture dysfunction in Canadian seniors. In some settings, particularly institutional or long-term care (LTC) facilities, where health care providers without an oral health background care for seniors, many are reluctant to check resident's oral tissues if an oral health care provider is not on site.

"The oral health of the elderly is a real concern. They often suffer from a loss of autonomy, and it is more difficult for them to brush their teeth properly on a daily basis," says Dr. Caron. "As a result, they are more at risk of tooth loss and of developing caries or many other problems that occur later in life. This population also has more abnormalities that often go undetected until late in life, which can make it difficult to repair or treat the teeth."

## Canadian Oral Health Screening Tool for Seniors (Sample)

### LIPS



0 = Normal condition



1 = Mild to moderate abnormal condition



2 = Severe abnormal condition





## Canadian Oral Health Screening Tool for Seniors (Sample)

### GUMS AND PALATE



0 = Normal condition



1 = Mild to moderate abnormal condition



2 = Severe abnormal condition

The aim of the screening tool is to find a way of detecting such anomalies at an earlier stage, to allow them to be treated earlier.

In designing the tool, Dr. Caron and his team took the main factors contributing to the deterioration of seniors' oral health into account, such as loss of autonomy, difficulty in accessing care, and, most importantly, the lack of oral health knowledge among LTC staff. Developing a tool that could be used by non-dental professionals was essential to help dentists detect abnormalities as early as possible. Dentists don't have the opportunity to see their patients on a daily basis, unlike nursing staff in LTC facilities. "Very often, these nursing staff are the ones performing the daily oral care so their involvement in the early detection of oral anomalies is essential," says Dr. Caron.



The screening tool consists of 10 items for assessment, and it includes images and keywords to try to eliminate the possibility of producing false positive or negative results.

The screening tool consists of 10 items for assessment, and it includes images and keywords to try to eliminate the possibility of producing false positive or negative results. Based on the state of dental structures and components of oral and prosthetic health, the 10 items have three general levels of classification: normal condition, mild to moderate abnormality, severe abnormality. "The tool primarily includes images and illustrations as most of the time, LTC staff don't have training in oral health, so it needs to be simple to use," says Dr. Caron. The images have been selected to accompany the assessment form, the intervention guide and the description of conditions of use that have been developed to accompany the tool.

The illustrated tool also includes a screening component for oral pain. The visual state of dental structures and other components of oral health, as well as the person's perception of pain, are assessed. In most cases, the intensity and the frequency of pain are reliable indicators of the need for, and speed of, management of the condition.

The pain screening tool is illustrated with colours ranging from green to red, based on the concept of traffic lights. Using the tool, pain is analyzed by looking for its association with a condition in mouth and teeth structures or other components of oral health. This process is particularly relevant in a context where many seniors living in LTC facilities suffer from moderate or advanced neurocognitive impairment, preventing them from answering questions about the pain they feel.

The tool has not been designed to establish a definitive diagnosis of the anomalies detected in the mouths of seniors. It makes it easier and quicker to detect issues, so that they can be managed quickly, and treatment reduced and simplified. “Non-dental professionals need to be trained to use the tool to detect and report this anomaly, so that we can take charge of treatment more quickly,” says Dr. Caron.

Once detected, the condition is reported to the dentist if treatment is required. “Although some anomalies can be dealt with by nurses or care assistants, they will not be reported directly to the dentist,” he says. “However, identifying them will help a dentist know the state of a patient’s oral health, if they can’t see a dentist on a regular basis. It also helps a dentist follow up and intervene more quickly if more treatment is required.”

The screening tool, developed in conjunction with the Public Health Agency of Canada and endorsed by the Canadian Geriatrics Society, the Canadian Gerontological Nursing Association, and the Canadian Dental Public Health Association, is freely available and is now moving into its second phase of development. Dr. Caron and his team are looking to set up a virtual teledentistry protocol using intra-oral cameras available in LTC facilities. Remote detection of lesions or other issues by LTC staff would enable better prioritization of patient management.

“We have to work as a care team and integrate into medical groups, with nursing staff or other caregivers on site,” says Dr. Caron. “We can’t tackle the problem of deteriorating oral health in seniors on our own. It will take a coordinated effort to make a difference.” ♦

Dr. Caron acknowledges the contributions from Dr. James Taylor, Chief Dental Officer of Canada, Lisette Dufour, Senior Oral Health Advisor at Public Health Agency of Canada, and Katherine Carbajal-Rosa, Research Assistant at Laval University.

The Screening Tool is freely available for download at: [fmd.ulaval.ca/recherche/the-canadian-oral-health-screening-tool-for-seniors](https://fmd.ulaval.ca/recherche/the-canadian-oral-health-screening-tool-for-seniors)

## References:

1. Statistics Canada. *A portrait of Canada's growing population aged 85 and older from the 2021 Census*. 2022 April 27. Available: <https://www12.statcan.gc.ca/census-recensement/2021/as-sa/98-200-X/2021004/98-200-x2021004-eng.cfm>
2. Laval University. Centre d'excellence pour la santé buccodentaire et le vieillissement. Available: <https://cesbv.ulaval.ca/cesbv.html>

## Canadian Oral Health Screening Tool for Seniors (Sample)

### HYGIENE OF TEETH AND DENTAL PROSTHESIS



0 = Normal condition



1 = Mild to moderate abnormal condition



2 = Severe abnormal condition



# Employee Wellness Initiatives Promoting Both Health and Return (Value) on Investment



DR. KRISTEN YONT



BY DR. KRISTIN YONT

If you are like most business owners, now more than ever you are experiencing more struggles with lack of employee engagement and productivity, and you are having to manage increasing absenteeism in the office. Does this cause you to feel stress?

Did you know that wellness initiatives for your employees (and for you) can actually have a measured beneficial financial Return On Investment? There are recent studies measuring wellness initiatives and the effect on a business' ROI that make the promotion of mental health programs a financial "no-brainer".

Wellness - physical, mental, emotional, and social health & wellbeing - provides the solid foundation for engagement resulting in increased employee happiness, commitment, job satisfaction and retention. A healthy & happy employee is an engaged employee who is committed, devoted, and productive. Preventative wellness initiatives protect against employee stress, anxiety, and burnout.

Stress is an inflammatory disease (like periodontal disease) that affects multiple organ systems within the body including your brain.

The Covid-19 pandemic has markedly increased stress among all types of

healthcare workers and there are now high rates of burnout and intent to leave the job across all healthcare roles (Rotenstein 2023). This is becoming a significant problem in healthcare.

Burnout is emotional, physical, and mental exhaustion caused by excessive and prolonged stress, according to the Centre for Addiction and Mental Health. At work, burnout can make a person feel emotionally drained and unstable to function. It can reduce productivity and lower motivation, while causing feeling of helplessness, hopelessness, cynicism, and resentment. Burnout is recognized by the World Health Organization as an occupational syndrome and increases risk of cardiovascular disease, suicide, depression, and consequences of employee turnover, reduced quality of care for patients, broken personal relationships and problematic substance abuse (Arnsten, Shanafelt 2021).

Brain research has revealed that uncontrollable stress, but not controllable stress, impairs the functioning of the prefrontal cortex, a recently evolved brain region that provides top-down regulation over thought, actions, and emotion. The prefrontal cortex governs many cognitive operations essential to

healthcare professionals including abstract reasoning, higher-order decision making, insight, and the ability to persevere through challenges. The prefrontal cortex is impaired under conditions of fatigue and/or uncontrollable stress when there are inadequate or excessive levels of arousal modulators (norepinephrine, dopamine, acetylcholine). Reduced prefrontal cortex self-regulation may explain several challenges associated with burnout including reduced motivation, unprofessional behaviour, and suboptimal communication with patients (Arnsten, Shanafelt 2021).

With chronic stress exposure, prefrontal gray matter connections are pruned back, but the good news is, neuroscience tells us that wellness initiatives generate stress relief therefore allowing these connections to be restored!

## The Good News - Why Wellness Programs Make Sense:

1. Outstanding ROI (Return on Investment).

• Harvard Researchers: "...on average, for every dollar spent on employee wellness, medical costs fall \$3.27, and absenteeism drops \$2.73. This is a 6-to-1 return on investment."



- CDC Research: comprehensive wellness initiatives show ROI of 3-6x.
- AETNA, one of the leaders in offering corporate wellness programs, estimated savings of over \$3000 per employee annually after implementing firmwide a mind-body stress reduction wellness program for their 13,000 employees in the US.

2. Outstanding VOI (value-on-investment).  
• CEO Mark Bertolini has made the insur-

ance giant AETNA a global leader in employee care through wellness programs. He emphasises VOI as well as ROI as key indicators of the incredible success of their programs.

### 3. Company PR & Reputation

- Companies known for taking care of their employees garner a reputation of being a better place to work.
- This is reflected in eNPS (employee net promoter scores) and employee satisfaction.

- These factors impact both hiring and retention and have positive tangible and intangible effects on partners, vendors, clients and the community.

In Sum, investing in your employees' well-being is not just what a good leader should do, but it will also help boost your bottom line. A resilient employee is a profitable employee! All this makes for a pleasant workplace for all – especially for you, the business owner!

#### Dr. Kristin Yont

In addition to co-owning her practice in downtown Calgary, Dr. Kristin Yont, DMD, is also the lead Dentist for the Calgary Flames NHL team and is experienced in Forensic dentistry.

Dr. Yont is one of only three practitioners in Canada who are accredited to teach the Harvard Medical School and the Benson Henry Institute's SMART program - Stress Management and Resiliency Training, educating people on how to participate in their own wellness by decreasing stress and their vulnerability to disease.

Dr. Yont is an avid speaker and runs workshops, retreats,

and programs for dental professionals. She also works with universities, healthcare associations, and business leaders to implement wellness initiatives for their organizations. She is currently teaching the SMART program to dental students at the University of Saskatchewan. Dr. Yont is a College of Dental Surgeons of Alberta's committee member and is also a certified yoga instructor of over 13 years and teaches yoga teachers the neuroscience of stress management and mindfulness meditation.

[www.mindbodyteacher.com](http://www.mindbodyteacher.com)



**Dr. Kristin Yont**  
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# touchpoints of patient communication

There are five key moments of interaction with your patients during their visit to your clinic. Each component can influence your patients' overall experience and their level of satisfaction.



## The initial contact

The initial clinical encounter sets the tone for all other interactions throughout the visit. It may also be your best opportunity to avoid future misunderstandings or mismatched expectations between you and your patient.

### Get the patient encounter off to a good start.

As we know, first impressions matter. Try to spend a few moments to slow down and focus your attention on meeting your patient's needs.

- 1 Introduce yourself and be the first to greet your patient in the operating room.
- 2 Greet every patient with a friendly smile.
- 3 Call patients by name.
- 4 Introduce any colleagues who may accompany you.
- 5 Introduce them to staff members who will be providing care.
- 6 Sit at eye level.
- 7 Listen attentively to their concerns.
- 8 Explain what will happen during their visit.
- 9 Ask permission to examine the patient.
- 10 Don't use technical jargon or terms that convey value judgments.
- 11 Take the leadership role and guide the patient through the appointment.





## The dental examination

The dental examination is one of the most important and perhaps under-appreciated components of the dental visit. For most of us, this is a routine procedure, but for many patients it is perhaps the highlight of their visit and maybe the point at which they can best interact with you. It is an opportunity to educate your patients as to what is involved in the examination process.

Most patients have no idea what the dentist does or what the dentist is looking for during the dental exam. An open discussion with your patient will help them better understand the value of what you do and enhance the relationship you have with them.

- Point out that you are checking things such as gum condition, overall health and function of the jaw, soft tissue condition, teeth spacing and bite, and so on.
- Explain what you are looking for as you proceed through the examination and provide the patient with a summary of your findings when you are finished.
- Encourage patients to ask questions so that they feel they are an active participant in their oral health care.

## Discussing treatment options

In order for your patients to feel like true partners in their oral health care, they must be fully informed of the treatment options available to them. Be thorough in your explanation of treatment options so the patient understands the pros and cons of each.

This is an opportunity to demonstrate your clinical expertise and to build trust in your abilities and motivations.

Use plain language to describe the recommended courses of treatment; avoid using jargon as much as possible:

- 1 Lay out the options in a logical manner. For example, from the least complex (and costly) procedure to the most complex. Explain the reasons that account for each option.
- 2 When possible, provide simple printed materials for the patient to take home.
- 3 Avoid being judgmental about the patient's choice of treatment.
- 4 Ensure that all instructions for any treatment are as detailed and specific as possible.
- 5 Check that you have been understood. Ask the patient if they have any questions and correct any misunderstandings as necessary.
- 6 The more complex, expensive or unpredictable a treatment option is, the greater the need for documentation of the information the patient receives about the procedure and their consent to it.

## INFORMED CONSENT

In the context of a dental office, informed consent is "consent given with full knowledge of the risks involved, probable consequences, and the alternatives." No treatment should be performed without the express or implied consent of the patient. The onus is on you, the health care provider, to ensure that whatever decision a patient makes, to accept or decline treatment, it must be informed. Consent must be obtained in advance of treatment – not in the middle and not after the fact. Remember to document consent decisions in the patient chart.

## 4 Discussing fees and dental plans

Let's face it — discussing fees with our patients is rarely easy. But if we deal with the cost issue with honesty and openness, we can avoid misunderstandings and dissatisfaction after the fact. Many patients are embarrassed to ask about fees, so it's important for us to take the lead.

### Dispelling misconceptions

Some patients may think that they are charged differently depending on whether or not they are covered by a dental plan. Your patients need to know that recommended treatment and the fees charged are the same regardless of dental plan benefits.

Be transparent about fees before treatment begins. The fee discussion is then a golden opportunity to build trust and confidence in your relationship with your patient.

You should be thorough when explaining fees to patients so they understand and appreciate the underlying value of the oral health care services you and your staff perform.

Your patients need to know that fees are determined on the basis of a relative value system that takes into account a variety of factors; factors which are constant regardless of your patient's insured status. It's important to point out the range of variables that are included in determining fees, including:

- The time it takes to perform the procedure.
- Responsibilities related to scientific and specialized knowledge necessary to carry out the procedure.
- The cost of specialized materials or appliances required.
- Costs related to overhead, staffing and laboratory services.

## 5 Concluding the visit

The last few minutes of the patient consultation are just as important as the first.

Ask your patient if they understand the treatment option discussed or have any questions.

- 1 Look at your patient when speaking to them and avoid turning your back while anyone is speaking to you.
- 2 At a minimum, use your patient's name at the beginning and at the end of the interaction.
- 3 Confirm your patient's treatment plan or follow-up.
- 4 Don't conclude your final conversation en route to the door or when walking away.
- 5 End the consultation with a reinforcing-type of physical contact. When appropriate, personally escort your patient to the reception area.



# FROM SUCCESS TO LEGACY: HOW LIFE INSURANCE CAN SAFEGUARD YOUR ESTATE...AND HELP KEEP THE COTTAGE IN THE FAMILY



BY CDSPI

For dental practice owners who have worked hard to build a successful business, a significant challenge often arises as they plan for the future. Their financial success and the value of their estates can sometimes lead to unexpected tax obligations upon their death. This dilemma becomes particularly difficult when valuable assets, such as the beloved family cottage or other cherished possessions, are at risk of being sold to meet these tax liabilities.

In the following case study, we will explore the story of Maria, a dentist in her mid-40s with a thriving practice, who faced the daunting task of preserving her assets while addressing a potential estate obligation of over \$2 million to the Canada Revenue Agency (CRA). We will delve into the innovative solution proposed by her financial planner, Jordan, that involved a life insurance policy owned by Maria's corporation. This solution not only aimed to secure her comfortable retirement but also sought to protect the sentimental value of her family cottage. With advice and guidance from CERTIFIED

FINANCIAL PLANNER® professionals at CDSPI Advisory Services Inc. a carefully designed financial plan can help small business owners like Maria, navigate the complexities of estate obligations while preserving their hard-earned assets.

To address this issue, Jordan proposed a solution with a life insurance policy owned by Maria's dental corporation that would payout upon her death. This approach would provide a tax-efficient way to inject cash precisely when it was needed, ensuring that Maria's estate could meet her tax obligations to the CRA without having to sell valuable, cherished assets.

## Maria's Dilemma: Choosing the Right Type of Life Insurance

The first question they faced was what kind of life insurance would work best for the proposed solution. Though she understood the many benefits of permanent life insurance, Maria had concerns about the cost and potential financial impact on her

business. She also knew that term life insurance wouldn't offer the desired benefits in her specific case, particularly the fact that the coverage would end around the time of her life expectancy because of the limitations imposed by the lack of cash value of a term policy

## Jordan's Solution: Using an Immediate Financing Arrangement

Instead, Jordan presented the option of creating an Immediate Financing Arrangement: a financial strategy that provides an opportunity for individuals and incorporated business owners to obtain the permanent, or "whole life", life insurance coverage while still preserving cash for

investment or business opportunities. For Maria, Jordan felt this type of permanent life insurance offered the long-term protection, flexibility, and shorter payment periods she needed. Additionally, Maria's corporation could access the cash surrender values that build up during the policy's



lifetime and can be redeemed if necessary, providing immediate liquidity.

Here's how it would work: By making deposits into the whole life insurance policy and using an Immediate Finance Arrangement, Maria's corporation could immediately access up to 100% of the funds deposited. The cash value of the policy would become an asset for the business, allowing it to borrow against it when needed. This approach to securing life insurance significantly reduces the impact on the business' cash flow, providing more benefits than term insurance could.

Of course, there are some considerations and risks involved with an Immediate Finance Arrangement. While the life insurance itself is guaranteed as long as the premiums are paid, one potential risk is fluctuating interest rates on any loans taken out with the policy's cash values as collateral. However, historical data indicates that over time, the benefits of an Immediate Finance Arrangement align with the client's planning objectives, even if interest rates vary.

## For Maria, the Immediate Finance Arrangement offers several benefits:

- Reduced impact on the company's cash flow.
- Lower cost compared to term life insurance.
- Valuable tax deductions that can be used immediately.
- Quick and cost-efficient access to cash for settling estate obligations.
- Preservation of estate assets, including the beloved family cottage.

## Tailored Planning and Ongoing Review

Immediate Finance Arrangements are tailored to meet each client's specific planning objectives. Regular reviews of business and estate liquidity needs, preferably on an annual basis, help identify any potential gaps in coverage. Purchasing additional life insurance can be the most cost-

effective solution for ensuring financial security for you, your loved ones, and your estate.

Getting started is easy. CDSPI was created by dentists and the professionals at CDSPI Advisory Services Inc. understand the unique needs of dental professionals at all stages of their career and life. They prioritize providing advice in the best interests of dentists above all else.

CDSPI and John Wordsworth, President of Lengvari & Associates, have a strategic and collaborative relationship to share in-depth knowledge with Canadian dentists, providing advanced planning and customized insurance solutions. The Immediate Finance Arrangement was created by the Lengvari organization in the late 1970s. Since then, Lengvari has continued to develop this planning strategy to provide valuable benefits to business clients across Canada.

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



## Get higher interest rates with CDSPI

CDSPI now offers a Guaranteed Daily Interest Account (GDIA) from Sun Life Assurance Company of Canada (Sun Life) available to MDA members and staff with a minimum initial deposit of \$5,000. While a chequing account provides the flexibility and purchasing power necessary for your everyday banking needs, a high interest savings account is an ideal vehicle to help you grow your savings.

Backed by the strength and stability of Sun Life and offering a highly competitive interest rate of **4.65%\***, which is significantly higher than the rate offered by most typical bank accounts, the GDIA features,

- no monthly balance requirements, and
- no maintenance fees.

If you're looking for an account that can fast-track your savings, the GDIA may be the right choice for you. Get answers to some frequently asked questions on the [CDSPI website](#).

Get started by contacting [Michael Tyler](#), Investment Planning Advisor at CDSPI Advisory Services Inc. based in Manitoba.

\*The current annual yield is 4.65% (as of July 14, 2023- subject to change). The rate is reviewed on an ongoing basis and could change frequently based on market and competitive conditions.

Contributions to the Sun Life Guaranteed Daily Interest Account are guaranteed, within certain limits, by the Canadian Life and Health Insurance Compensation Corporation (Assuris). Generally, coverage is provided up to \$100,000 per investor including principal and interest. Please refer to the Assuris website at [www.assuris.ca](http://www.assuris.ca) for further information.

# Welcome to the Profession Dinner



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**Dr. Marshall Hoffer**  
DMD, Prosthodontist

### ...how many implants are enough when restoring a complete arch?

Restoring a full arch with an implant supported restorations presents a number of diagnostic considerations. All of which have to be addressed before surgical treatment begins.

**Here are some variables worth considering:**

**1. Which arch are you restoring?** There can be significant differences in bone quality and quantity between maxillary and mandibular bone. Usually maxillary bone is less dense and has little cortical shell. Anatomic differences also need to be considered. The maxilla has sinus that can challenge implant site selection and the mandible has the mandibular nerve. After tooth loss, the physiological stimuli that give mechanical and cellular maintenance to the alveolar bone disappear. As a consequence, there is bone atrophy. The amount and rate of bone atrophy is different between maxillary and mandibular arch.

**2. What is the number and distribution of teeth in the opposing arch?** It is important to assess the plane of occlusion to ensure that there is enough restorative space. In addition, the number of implants placed should reflect the anticipated forces from the opposing arch. An opposing arch with a full complement of teeth will exert far greater force than an edentulous opposing arch. Also, be aware of uneven distribution of teeth in the opposing arch (all on one side, all in the anterior with no posterior teeth) that can create destructive cantilever and should be considered when selecting position or the number of implants needed.

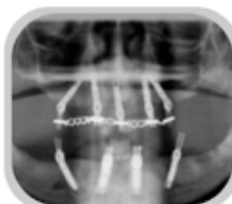
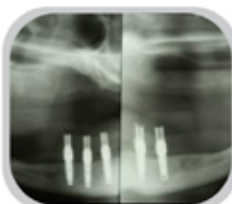
**3. Does the patient grind and/or clench their teeth?** Parafunctional loads can far exceed normal bite forces and parafunction can influence the number and distribution of implants considered. It can also affect the amount of cantilever to be developed.

**4. What is the number and distribution of potential implant sites?** Frequently, anatomic considerations will limit the placement of implants to the anterior portion of an arch. This can create the potential for significant anterior cantilever segments in the implant supported restoration. The maximum recommended distal cantilever is  $1 \frac{1}{2} \times$  A-P spread. AP spread is defined as the distance between a line connecting the most distal implants and a line connecting the most anterior implant.

**5. What type of restoration is planned?** The type of restoration can influence the number, position and distribution of the implant sites required. Crown and bridge restorations will require more precise implant positioning and most likely will require more implants than a hybrid style. Occasionally, implant position, angle and location will dictate that only a bar/overdenture can be constructed for the arch to be restored. A screw retained "hybrid" style restoration can be constructed with an internal metal skeleton and denture teeth (allowing for the plastic teeth to wear down over time and reducing the stresses transferred to the implants. Monolithic zirconia restorations are more durable but have higher lab fees and are not as easily serviced in the future.

**6. Better safe than sorry!** Implants can fail. If you only need 4 implants to restore a lower arch, you might want to recommend 5 implants. An "extra" implant can be done at a reduced fee as a back up for a rainy day.

Dentistry is a **"one size fits one" endeavour**. Tailor your treatment to the patient you have and not to the ideas presented by the manufacturer. Before you start a complex implant treatment, it is recommended to take a CBCT, do virtual treatment planning in an available software and construct the appropriate surgical guides. If immediate provisionalization is planned, order the necessary denture and prepare any supportive procedure in advance. There is no substitute for thoughtful treatment planning.



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