

# MDA Bulletin



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## IN THIS ISSUE:

President's Message

College Corner

CDA Message

Articles of Interest:  
Wills and Powers of  
Attorney

Post Grad Financial  
Planning

Orthodontic Acceleration

Travel Health Insurance

HR Resource

Clear on Codes

Office Assessment  
Resource



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## MDA Bulletin



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# President's Message

DR. CARLA COHN, D.M.D.  
PRESIDENT, MDA

I am pleased to be able to share with you the recent activities and developments from the Manitoba Dental Association, as well as the upcoming plans for the next few months. So much transpires on a daily basis within the regulatory and membership services of our association. As a "member at large" it is important to be informed and aware of all of the work behind the scenes. At the Manitoba Dental Association, our responsibility is to the public as well as to support our members. Activities on the national level at the Presidents and CEO meeting and the Canadian Dental Association AGM have kept us busy as well as local initiatives in the mentorship graduation celebration and the Oral Cancer Screening event. I can honestly say that there is never a dull moment in organized dentistry and I encourage you to read on and learn more!

In March, Manitoba was represented as a corporate member of the Canadian Dental Association in Vancouver at the Pacific Dental Conference. The main items that arose at this meeting were the review of the Memorandum of Understanding between the Corporate Members and the Canadian Dental Association. This is a document that was developed and mutually agreed upon in 2011. The purpose of the MOU is to clarify the membership model between CDA and the Corporate Members. It has allowed for a more thorough and detailed understanding of the responsibilities of both parties and therefore a better alliance. The review resulted in some minor changes to improve communication and sharing of information between provinces and territories as well as the CDA. The document will be reviewed and voted upon again in 2020.

In April, the Canadian Dental Association hosted its annual general meeting in Ottawa. Highlights of this meeting included the presentation and explanation of the financials of the Canadian Dental Association and the board meeting of the Canadian Dental Association. Reports were presented from various stakeholders including the Association of Canadian Faculties of Dentistry, Canadian Association for Dental Research, Canadian Dental Regulatory Authorities Federation, CDSPI, Canadian Dental Specialties Association, Commission on Dental Accreditation of Canada, Federation of Canadian Dentistry Student Associations, National Dental Examining Board of Canada, Public Health Agency of Canada, Royal Canadian Dental Corps, and the Royal College of Dentists of Canada. Additionally in Ottawa at the April meeting, the Dental Leaders Forum met and was educated on trends in developments in the state of the dental care market from an American perspective as well as privacy of the dental patient as the right of the patient and the responsibility of the dentist. The Canadian Oral Health Roundtable also met with relevant stakeholders addressing the initiatives of a Canadian adaptation and launch of the American Smiles for Life program. Children's oral health and an opportunity to address sugar reduction were also discussed. The CDA AGM culminated in the installation of the Canadian Dental Association President for 2015 - 2016 term, Dr. Randall Croutze.

Back in Manitoba, in the first quarter of the year, we have been privileged to participate and provide a free oral cancer screening to the public. The event was held at Polo Park Shopping Centre on April 23, 2016. This has become an annual event at which Manitoba Dental Association partners with the Never Alone Foundation. Lyle Bauer, Blue Bomber alumni and spokesperson for the Never Alone Foundation is both an engaging individual and a convincing advocate for early detection of oral cancer and regular screening by dentists. He brought with him great support by past and current Winnipeg Blue Bombers. The celebrity appearances definitely added to the positive energy at the event and helped to increase awareness. I wish to extend very special thanks to all of our volunteers. Events like this can only be successful with the dedication of our membership and I commend those of you who gave back to the community in such a positive manner. A number of the patients screened went on to be referred and receive treatment that they may have not known was necessary until that day. This was a successful event for all.

Great Smiles Day was held at the University of Manitoba Brodie Centre on April 9, 2016. The focus of this event is to raise awareness of oral health for those with special needs and to highlight the oral systemic relationship. Great Smiles Day is organized and run by dental student volunteers and their enthusiasm is nothing less than infectious. Everyone in attendance was sharing smiles.

We are welcoming into the profession 34 new dentists, who graduate from the Dental College at the University of Manitoba. Their mentors, who were with them throughout their journey throughout the first four years of education, came together for a farewell dinner held at the Fairmont April 20th. The Mentorship Program continues to thrive in large part due to the dedication of Dr. Cory Sul and Dr. Amarjit Rihal. These two individuals have grown the program to be the strong one that it is today. It has become a model for other provinces that wish to create such a valuable curriculum in their own Universities. The reigns of the Mentorship Program have been passed to Dr. Jenny Gill and Dr. Betty Dunsmore who will do an excellent job as coordinators.


The Free First Visit Program spearheaded by Dr. Bob Schroth, offer a child's first visit, under the age of 3 years at no charge has been tremendously successful. The program has been rebranded to emphasize the recommendation the first visit occur by the age of one year. This is the standard of care as is outlined by the Academies of Paediatric Dentistry. Promotional materials will be available for you to distribute to your patients as well as resources for those of you who may need a refresher in the infant exam techniques and protocols. The first visit is an excellent program and a valuable service that we can provide to our littlest patients. I encourage those of you who are not currently enrolled in the program to do so.



Another opportunity to engage our young patient was held June 11, 2016. This was our annual participation in Tooth Fairy Saturday at KidsFest, held at the Forks. The event runs rain or shine and is yet another example of our commitment to our community. The event is always packed with kids and their appreciative parents.

On the horizon, we have our first Manitoba Dental Foundation fundraiser evening planned. The Manitoba Dental Foundation made a grand entrance with the kick off gala last November at the Dare to Smile Gala. Plans for the next event are well underway. Save the date for An Evening at the Met on October 14. Tickets for the event and raffle for the amazing New York experience package go on sale July 1st. As well, your Manitoba Dental Association

Annual Convention chair Dr. Pat Kmet and committee continue to work tirelessly to organize our next meeting. A first rate line up of speakers is already planned as well as the biggest exhibit show to date and of course social functions to appeal to all of you. Save the dates January 26 - 28, 2017 when we meet for "Dentistry & All That Jazz"

In closing, I hope that you too will feel the desire to become involved in some way with our organization. The rewards received truly outweigh the expenditure of your time. 

Very best,  
Carla Cohn



## MDAA President's Message

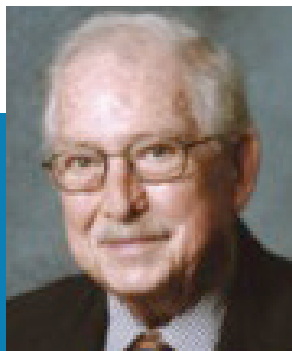
JANET NEDUZAK  
PRESIDENT, MDAA

The Manitoba Dental Assistants Association continues to be actively engaged in advocating for the profession of dental assisting in Manitoba. The MDAA Board of Directors was pleased to host a successful CE session on March 19, 2016 to celebrate Dental Assistants Recognition Week. Guest speakers Dr. Michael Barczak and Dr. Blair Dalglish spoke on the topic of implants and the various prosthesis related to implants. Those in attendance were treated to a very informative session and a few lucky winners went home with some nice door prizes. We would like to thank Dr. Barczak and Dr. Dalglish for taking time to deliver this CE session. The MDAA board will be conducting a business meeting in early June where the CE calendar for 2016-17 will be a topic of discussion. Recently, Sina Allegro-Sacco in her role of representative to the MDA attended the annual general meeting of DARA in Ottawa with Dr. Marcel Van Woensel, the MDA registrar. The MDAA board has appointed Sina Allegro-Sacco as our representative to the CDAA, where she will replace long serving director Chris Redekop. The MDAA is grateful to Chris for his commitment and work on our provincial and national board. As your president, I will be attending both the CDAA and NDAEB annual general meetings which are being held in Ottawa in June 2016. The MDAA board would like to take time to extend their thanks to those dental assistants and dental assisting students who volunteered their time at the Oral Cancer screening held April 23, 2016 at Polo

Park. This was a successful event which provided a wonderful opportunity for Manitobans to be educated on the topic of oral cancers. Another upcoming event which the MDAA has partnered with the MDA to partake in is the Tooth Fairy event being held June 11, 2016. Once again our membership has stepped up to volunteer their time and we are grateful to all who are taking part. Please continue to check the MDAA website for updated CE postings and other information pertinent to you, our valued member. Speaking of website, our Executive Director, Kathleen Cook has been working closely with our website team in hopes that our "new" website will be launched very soon. As we look forward to the "long awaited" summer, I hope each one of you is able to enjoy time with family and friends. The MDAA board will also take some time away from the board table and meet again in September where we continue to advocate for the committed dental assistant membership we are privileged to represent.

Janet Neduzak

*"To advance the careers of dental assistants in Manitoba and to promote the dental assisting profession in matters of education and professional activities which enhance the delivery of quality dental health care to the public."*



## Dr. John I. Ingle to Receive Honorary Membership in the Canadian Academy of Endodontics

In recognition of Dr. Ingle's outstanding contributions to the art and science of endodontics and in recognition of his long association with Canadian endodontics, the Canadian Academy of Endodontics is proud to present Dr. John I. Ingle with Honorary Membership. Dr. Ingle is a pioneer, educator and international leader in the field of endodontics. Dr. Ingle initiated the Graduate Endodontics Program at the University of Washington School of Dentistry in 1959, one of only five such programs in the world at that time.

He had the foresight to recognize the future role of endodontics in health care. He is widely known for his authoritative textbook, *ENDODONTICS*, first published in 1965. The textbook, now called Ingle's *ENDODONTICS*, was recently published in its 7th edition, 50 years after its first publication. He is a Diplomate and founding member of the American Board of Endodontics, and a past president of the American Association of Endodontics. Dr. Ingle received the AAE's Ralph F. Sommer Award in 1987 and the Edgar D. Coolidge Award, the AAE's highest honor, in 1999. In 2001 he was inducted into the USC School of Dentistry's Hall of Fame, the highest honor the school bestows on an individual. Dr. Ingle was recognized at AAE15 in Seattle for his dedication and immeasurable contributions to the specialty.

Dr. Ingle's dedication has extended beyond care for his patients and has enabled new generations of clinicians, teachers and researchers to serve more effectively in our specialty of endodontics.

Dr. Ingle will receive his award at the 52nd Annual General Meeting of The Canadian Academy of Endodontics to be held in Winnipeg, Canada from September 14-17, 2016. This CAE meeting will feature a diverse panel of prestigious speakers from around the world. Enjoy an excellent scientific program in a warm and collegial atmosphere. Please plan to attend and join us in honoring Dr. Ingle.

For details: [www.caendo.ca/agm](http://www.caendo.ca/agm)

Wording from Congressional Citation E460 April 13, 2015:

Dr. John Ingle was a pioneer in endodontics dentistry. He attended Northwestern University Dental School then continued on to earn two graduate degrees in endodontics and periodontics from the University of Michigan School of Dentistry in 1948. Dr. Ingle is also one of the many military heroes that served valiantly in World War II as part of the U.S. Army Air Force. Dr. Ingle initiated the graduate endodontics program at the University of Washington in 1959 and served as chairman of the combined Department of Periodontics and Endodontics, one of only five such programs in the world at that time. He then moved to the University of Southern California where he served as dean and professor of the USC School of Dentistry for 8 years. After leaving USC, Dr. Ingle joined the Institute of Medicine at the National Academy of Sciences here in Washington, DC. Later he became president of Palm Springs Seminars in California, a leading institution of dental continuing education. The landmark book *Endodontics* was penned by Dr. Ingle. Published in 1965, it is now on its sixth edition. Dr. Ingle was a founding member of the American Board of Endodontics and the past president of the American Association of Endodontics. Dr. Ingle gave much of his life to the study and expansion of dental practices and exploration into endodontics and periodontics. His care extended past his patients to new generations of dentists, clinicians, teachers and researchers that continue to give to the field he loved so much. The American Association of Endodontists and I are proud to honor Dr. Ingle for his great contributions to dentistry and endodontics. As a fellow dentist, I am personally thankful for the dedication of Dr. Ingle to expand modern dentistry and empowering so many others to serve more effectively in the same craft.







# WHO'S YOUR HERO?

Our Manitoba Heroes recognizes, celebrates, and awards Manitobans who do extraordinary things to contribute to their community, without thought of reward to themselves, and to follow their example by raising funds through our events and gala to donate to our named charities.

## HOW YOU CAN PARTICIPATE:

- 1 Nominate your hero before June 30th
- 2 Purchase tickets or a table
- 3 Be a Heroes' hero sponsor

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## College Corner

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

### Continued Evolution of Facilities and Systems Ensures Success


The graduation of the Class of 2016 on June 2 marks yet another year in the history books of the University of Manitoba College of Dentistry. To be sure, there have been many opportunities and changes during the past year. We continue to ably manage our operations budget and align new revenue and funding sources to ensure the highest standards in dental education and clinical training for our students.

Another important benchmark of institutional success and progress is represented in the resources allocated to facilities maintenance, capital projects, and improvements/renovations to teaching spaces and clinical areas. Many of our teaching rooms, preclinical laboratories and clinical treatment areas have undergone renovations, are currently being upgraded or are targeted for improvements within the next two years. This has made a significant impact on our ability to teach using the latest technologies and equipment as well as providing an ergonomically sound learning and working environment.

The amalgamation of the health sciences colleges into the Rady Faculty of Health Sciences has created many opportunities for sharing resources and making funding available to those units where it is required to meet emerging priorities. The College of Dentistry has already benefitted from this realignment. Additionally, the University of Manitoba Front and Centre Campaign has resulted in a large influx of funding for “places and spaces” throughout the Bannatyne Campus including the College of Dentistry. For example, the Richardson Foundation gift of \$10 million is dedicated to improvement in teaching areas and some of these funds have already been allocated to the faculty and College of Dentistry. Likewise, the historic \$30 million Rady gift to the now renamed Rady Faculty of Health Sciences will result in significant resources for improvement of our preclinical and clinical teaching areas as well as student support and inter-professional education going forward.

Perhaps the most exciting impact of external funding to our teaching program took place this past year as three separate programs (and fund accounts) were established to subsidize patient care in our clinics. The first was utilization of the Proctor Fund and new donations targeted to the Proctor Fund to cover costs of endodontic and restorative procedures for dental patients who are financially unable to complete their entire treatment plan. The second was the establishment of the Emergency Oral Care Fund by the Dental Alumni Association to cover costs of emergency care and necessary follow-up for dental patients who could not otherwise afford to attend our clinics. The third was establishment of the “Smiles for Miles” fund by the School of Dental Hygiene to cover costs of oral hygiene procedures for patients who could not otherwise afford to attend our clinics.

All told, these new clinical patient care initiatives have helped the College of Dentistry in some important ways. We have been able to freeze our clinic fees for the first time in recent memory so that we can work toward regaining the exceptional cost savings for our patients that was present in the past. We have been able to provide more services to that part of the Manitoba population where access and finances continue to present barriers to optimal oral health. Additionally, our dental and hygiene students have been able to complete higher numbers of clinical procedures and cases of increased complexity resulting in a more comprehensive and rigorous education/training process.

The future is indeed bright as we look to build on and strengthen these new initiatives. Of course, we will need the continued support of all our alumni and external stakeholders to keep us moving forward. It is hard to believe that this year marks my ninth graduating class as Dean of the College of Dentistry. As fast as the time has gone by, I look forward to continuing to work with the dental community in Manitoba to ensure that our College of Dentistry is an institution of which we can all be proud. 

Grazie!





## Calendar for Fall 2016/Winter & Spring 2017 Continuing Professional Development for Dentistry and Dental Hygiene (May 11, 2016)

### Fall 2016

|                |   |
|----------------|---|
| August 30      | Bone Changes over Time; Dr. Adriano Piatelli (Tentative)<br>(Lecture- Saint Charles Country Club, evening)                        |
| September 24   | 2nd Annual Update for the Dental Team<br>Drs. Cholakis, Barczak, Brownlee, Lekic, Schonwetter, Todescan (R) (Lecture with brunch) |
| October 29     | Ramping up Clinical Skills (Dental Hygienists)<br>Mary Bertone and DH Faculty (Lecture & hands-on)                                |
| November 18-20 | Local Anesthetic Techniques for Dental Hygienists Diane Girardin and DH Faculty (Lecture & hands-on)                              |
| December 2-4   | Cone Beam Radiology Certification (external registrants ONLY)<br>Dr. Meredith Brownlee (Lecture & hands-on)                       |

### Winter/Spring 2017

|                   |   |
|-------------------|---|
| January 14        | Removable Partial Dentures<br>Drs. Pesun and Barczak (Lecture & hands-on)                                     |
| Feb 10-11         | Dental Sleep Medicine<br>John Nadeau and Dr. Jeff Horowitz (Lecture & hands-on)                               |
| March 11          | Basic Oral Surgery Technique in General Dentistry<br>Drs. Elgazzar and OS Faculty (Lecture & hands-on)        |
| April (dates TBD) | Local Anesthetic Techniques for Dental Hygienists<br>Diane Girardin and DH Faculty (Lecture & hands-on)       |
| May (dates TBD)   | Smile Design<br>Drs. Cholakis and Viquez (Lecture & hands-on)   |
| June (dates TBD)  | Restorative Techniques for Dental Hygienists<br>Diane Girardin, Dr. Haimeur and Staff<br>(Lecture & hands-on) |



# Canadian Dental Association's Message

**DR. A. MUTCHMOR, D.M.D**  
CDA BOARD REPRESENTATIVE

As I write this installment of my CDA Report, summer is beginning to show signs of its approach and our thoughts are turning to enjoying summer vacations and time at the lake. However, things never really seem to slow down at the CDA.

April 12-17, 2016 was a very busy time in Ottawa. In addition to the CDA AGM and the installation of CDA's new President, Dr. Randall Croutze, a host of other meetings were held to take advantage of the fact that so many of the players in organized dentistry were already in Ottawa. Additional meetings that were held included 2 days of CDA Board of Directors meetings, the CDA Finance and Administration Committee meeting, the Corporate Members Presidents and CEOs meeting, the CDA Officers meeting with the Canadian Dental Specialists Association, the third annual Canadian Oral Health Roundtable (COHR) Symposium, The Dentistry Leaders' Forum, the CDA Awards Luncheon, the Presidents Installation Dinner and the Past Presidents Breakfast. All in all, an exhausting but very fruitful week!

The main outcome of the Presidents and CEOs meeting was the successful completion of the interim review of the ten-year Memorandum of Understanding between the CDA and its Corporate Members. It was also agreed that CDA and the Corporate Members will undertake an integrated strategic planning exercise every April to provide input to the CDA Board Directors on future direction. Included in this planning exercise will be the identification of the priorities of the Corporate Members and any new programs, products and services that they are planning to introduce or that they would like CDA to introduce.

At the COHR Symposium, discussion focused on if and how to move forward with a Canadian version of module 2 of the "Smiles for Life" program. Module 2 focuses on a child's oral health. A preliminary draft of a Canadian version of this module was presented for feedback and the Association of Canadian Faculties of Dentistry (ACFD) shared information on its program aimed at empowering physicians, nurses, pharmacists and other non-dental healthcare providers to care for the oral health of children and adolescents. The intent of the COHR is to develop a community of support comprised of both oral health and non-oral health groups. The goal of the group is to engage in discussions and agree on possible common policies or initiatives that the participating organizations might endorse. To date, agreement has been reached on a consensus statement on fluoride and on oral health care standards in long term care facilities.

At the CDA Awards luncheon, the following individuals were recognized for their outstanding service to the profession, their patients and their community:

Award of Merit – Dr. Paul Cameron (NS), Dr. Jim Tennant (NWT)  
Distinguished Service Award – Dr. Susan Sutherland (ON)  
Honorary Membership Award – Dr. Daniel Haas (ON)  
Medal of Honour – Dr. Kenneth Bentley (QC)  
Chair Emeritus – Dr. Ronald Markey (BC)

As I reported last time, we are working towards the development of CDA Secure Send for the secure delivery of documents containing patients' personal health information. An early prototype provided to the CDA Board in February has been refined based on feedback from the Board and further internal testing is ongoing. CDA Secure Send has distinct advantages of long-term benefit to the profession over similar products in the marketplace.

CDA Secure Send will have the following features:

1. Access through a web viewer housed on CDA's Practice Support Services (PSS) website but built to facilitate integration in practice management software, if vendors elect to implement it,
2. Leverages the PSS database to minimize registration requirements and limits the ability to send messages on the basis of membership criteria,
3. Ability to send messages to dentists and dental associations at this time, but has the capacity to extend to others if deemed desirable,
4. Capacity to send large files in a reasonable amount of time.
5. Offered at no extra cost to members.


At our meetings, the Board also approved a new CDA resource entitled Privacy Principles for Canadian Dentists. The intent of the document is to heighten the privacy awareness of Canadian dentists, to be used in discussions with the dental benefits industry and to support the emergence of privacy requirements that will be compatible from province to province. This document will be distributed through the CDA Corporate Members.

CDA's annual Days on the Hill events, where representatives from the CDA meet with members of Parliament, were held on May 10-11, 2016. CDA's discussion points with Federal leaders focused on:



1. Sugar reduction and the need for greater awareness of food and drinks with added sugar.
2. Refugee health care and the demands being placed on the Interim Federal Health Program, given the significant number of Syrian refugees utilizing this program.
3. The small business tax and the factors that need to be taken into consideration when reviewing its use by professionals.

Next up for me will be the week of BOD Meetings and Strategic Planning Session in mid-June. At that time, in addition to our usual BOD meeting duties, we will participate in some board development activities, review our Environmental Scanning report and renew our Strategic Plan and priorities for the coming year.

Before I go, I would like to thank our outgoing president, Dr. Alastair Nicoll, for his commitment and dedication to the CDA this past year and to again congratulate Dr. Randal Croutze on his installation as the new CDA President. I'm sure we have another fabulous year ahead of us! 

Until the fall.....

Dr. A. Mutchmor, D.M.D.  
CDA Board Representative



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# Wills and Powers of Attorney: Cornerstones of Estate Planning

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While there are many elements to a comprehensive estate plan, two elements are considered the cornerstones of estate planning and should be prepared by all competent adults. These are: a Will and Powers of Attorney (Mandate in Anticipation of Incapacity, or Protective Mandate, in Quebec) for both property and personal care.

## Wills

Studies have shown that people delay preparing their Will for a number of reasons. Some may feel they are too young, others that they don't possess enough, still others that they have "lots of time". Whatever the reason, approximately 50% of adult Canadians die each year without having prepared a Will (known as intestate). If you die without a valid Will, your estate will be distributed according to an arbitrary provincial formula, which may not reflect your wishes. You also lose the right to select the executor of your choice to administer your estate and forfeit certain probate and tax planning opportunities. Generally speaking, it is more costly and time-consuming to administer an intestate estate.

## Beneficiaries

While your choice of beneficiary or beneficiaries may be obvious (for most people this means family and/or charitable organizations), careful consideration should be given to how and when your bounty should be passed on. For example, would an outright distribution or an ongoing trust be more appropriate? Consideration must also be given to any legal obligations (to a spouse, to dependents, under a domestic or business agreement) you may have. It is also recommended that you name contingent beneficiaries to address the possibility a beneficiary may predecease you or die before receiving their full entitlement. A failure to plan for such contingencies may result in confusion, (partial) intestacy and additional cost.

## Choosing an Executor

Your executor (liquidator, in Quebec) is responsible for administering your estate according to the wishes set out in your Will. Being appointed as executor is an honour but also a highly demanding responsibility with many duties. The emotional strain can be high and family conflict is not unusual. When choosing an executor, thought should be given to the expertise, availability and willingness of the individual you are considering to assume the duties and responsibilities involved. If you are appointing an individual, be sure to name an alternate to cover the possibility your first choice may be unable or unwilling to act. Depending on the circumstances, a corporate executor, such as Scotiabank, may be your best choice.

## Powers of Attorney

A Power of Attorney is a legal document that gives someone else the right to act on your behalf. There are two basic types: for property management and for personal care. In British Columbia, Representation Agreements govern the latter and may also be used in respect of the management of property. The equivalent in Quebec is the Protective Mandate and provides for both property management and personal care. All provinces provide for "both types" though terminology may vary. Should you become incapable of managing your financial affairs or making decisions about your personal care and you do not have Powers of Attorney in place, an application to court may be required to appoint someone to make these decisions for you.

## Choosing an Attorney

Acting as an attorney entails significant duties and obligations and a potentially long-term time commitment. You should be aware of the potential that the document could be abused and ensure you appoint a reliable and trustworthy individual and/or institution (such as Scotiabank) to act as your attorney.

## Keeping your plan up to date

It's important to review your estate plan periodically to ensure it continues to reflect your wishes and personal situation. You should make sure your choice of executor and attorney remains appropriate. As a general guideline, you are encouraged to review your estate plan every three to five years or whenever you experience a significant change in your personal or asset situation.

To learn more about how we can help plan for what's to come, speak to your Scotia Wealth Management relationship manager, or visit [ScotiaWealthManagement.com](http://ScotiaWealthManagement.com).





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UNIVERSITY  
OF MANITOBA

Rady Faculty of  
Health Sciences

Academic (Vacancy Number: 800-043-16)

Posted: May 6, 2016.

College of Dentistry, Faculty of Health Sciences

Position start date: August 1, 2016

Closing date for applications: June 15, 2016

Position number: 22140 & 22141

Title: Assistant/Associate Professor, two positions

Salary Range: Commensurate with qualifications and experience

Posting Information

Division of Pediatric Dentistry, Department of Preventive Dental Science, College of Dentistry, Faculty of Health Sciences.

Applications are invited for TWO full-time tenure-track Assistant/Associate Professor positions in the Division of Pediatric Dentistry at the University of Manitoba, College of Dentistry, Faculty of Health Sciences. Responsibilities will include didactic, preclinical and clinical teaching in the undergraduate and graduate programs, administration, research and participation in community service programs in pediatric dentistry. Rank and salary will be commensurate with qualifications and experience. The appointment will commence on August 1, 2016 or as soon thereafter as possible. Position Numbers: 22140 & 22141

The appointee must have completed full-time university-based specialty training in Pediatric Dentistry from an accredited Canadian or US program (Masters level credentials from a 36 month specialty program are preferred). Previous teaching, research and University-based administration experience is preferred. Successful completion of the RCDC exam in Pediatric Dentistry is preferred, but applicants from accredited programs who have not completed the RCDC fellowship, will have up to 5 years to attain such. Candidates must be eligible for licensure with the Manitoba Dental Association as a Pediatric Dentistry specialist (Licensing Bylaw No. 17-10.) [www.manitobadentist.ca](http://www.manitobadentist.ca). Private Practice privilege is available 1 day, or two half-days per week upon signing of a Private Practice Agreement.

The University of Manitoba is the largest and most comprehensive institution of higher learning in Manitoba. It serves all parts of the Province, including inner city and suburban areas, rural and northern regions and attracts students from all population groups and walks of life. Considered an area of strength within the University of Manitoba, the College of Dentistry is dedicated to educating dental, dental hygiene and graduate students in a progressive learning environment, conducting research in oral health, and serving the oral health professions and community as a source of knowledge and expertise. Details about the College appear at [www.umanitoba.ca/dentistry](http://www.umanitoba.ca/dentistry)

The Mission of the University and College includes a commitment to Scholarship, Teaching, Research and Service. The University of Manitoba's College of Dentistry offers a four-year dental degree, a two-year international dental degree completion program, two-year dental hygiene diploma and six graduate programs. It has a significant research profile, and a variety of community service activities that has made this institution among the most respected in Canada today.

Winnipeg is the largest city in the Province of Manitoba. The city has a rich cultural environment, including symphony, opera, dance, theatre, and ethnic festivals. Besides supporting professional baseball, football and hockey teams, the region provides ample opportunities for outdoor recreation in all seasons. Learn more about Winnipeg at [www.tourismwinnipeg.com/](http://www.tourismwinnipeg.com/)

The University of Manitoba is strongly committed to equity and diversity within its community and especially welcomes applications from women, members of racialized communities, Indigenous persons, persons with disabilities, persons of all sexual orientations and genders, and others who may contribute to the further diversification of ideas. All qualified candidates are encouraged to apply; however, Canadian citizens and permanent residents will be given priority.

Only complete applications will be considered. Applications must include the following: Curriculum Vitae, statement of career goals, three letters of reference sent directly from the referees, certified copies of university graduation certificates and accredited specialty training certificate / diploma / degree in Pediatric Dentistry, a certified copy of the applicant's present licensing authority registration certificate and a Letter of Good Standing from the licensing jurisdiction. Applicants who have not graduated from a Canadian or US accredited undergraduate dental school/program are required to submit, at their own expense, independent verification of their university-based undergraduate credentials and transcripts, which may be obtained from: [www.wes.org/ca](http://www.wes.org/ca) or [www.wes.org/ca/educators/evaluation.asp](http://www.wes.org/ca/educators/evaluation.asp).

A certified copy of the RCDC certificate is also required to complete the application package, or a statement confirming eligibility (by virtue of graduation from an accredited specialty program) and willingness to sit the RCDC exam within a 5 year period after hiring. As a requirement for employment in the College of Dentistry, all staff in a clinical setting are required to submit an Adult Criminal Record Check as well as the Child Abuse Registry check at the time of hire.

Application materials, including letters of reference, will be handled in accordance with the protection of privacy provisions of The Freedom of Information and Protection of Privacy (Manitoba). Please note that curricula vitae may be provided to participating members of the search process.

Closing date for applications is: June 15, 2016 but the search will continue until the positions are filled.

Completed application documents and informal enquiries should be directed to:

Dr. William A. Wiltshire,  
Professor and Head of the Department of Preventive Dental Science  
and Chair of Search Committee  
E-mail: [wa\\_wiltshire@umanitoba.ca](mailto:wa_wiltshire@umanitoba.ca)  
Department of Preventive Dental Science  
College of Dentistry, Faculty of Health Sciences  
University of Manitoba  
D341A-780 Bannatyne Avenue  
Winnipeg, Manitoba, Canada, R3E 0W2  
Phone: (204) 789-3856 Fax: (204)

# IT'S YOUR PROFESSION CAREER LIFE

You have important goals for your life and dental career. **Manitoba Dental Association** can help you reach them.



Our members make the **Manitoba Dental Association** strong. And we work to strengthen our members in their profession, careers and lives.

One way is through the member benefits provided by our financial planning and services company, CDSPI.

CDSPI works *exclusively* for dental professionals, so you can benefit from expert financial planning advice and insurance and investment solutions designed *especially* for dentists\*. And gain access to a no-cost program for coping with life's challenges.

CDSPI's Board of Directors includes dentists and business executives and works under the direction of the MDA, CDA and other provincial and territorial dental associations to meet *your* needs. CDSPI is not-for-profit and has group negotiating power, so it offers *extra value* for you.

You, the MDA and CDSPI – together we're *all* stronger.



\* For more information on financial planning solutions, contact **Evan Parubets**, CFP®, at CDSPI Advisory Services Inc.  
**1.800.561.9401 Ext. 6852 | [eparubets@cdspi.com](mailto:eparubets@cdspi.com)**

**CDSPI**





# Post-Graduate Financial Planning

**HARMAN KALER, CPA, CA**  
MANAGER, PROFESSIONAL SERVICES,  
204.336.6214  
harman.kaler@mnp.ca

Congratulations on completing your academic career! As a recent graduate, you are excited about starting your career and realizing your vision for the future. As you transition from student to your professional dental career, building a strong financial plan is essential. Some factors to consider in your post-graduate financial plan include debt repayment, personal tax, retirement and the need to consider the timing of incorporation and insurance.

## Debt Repayment

Keep it simple. Prioritize debt by paying down higher interest debt first. Interest on student loans begins to accrue immediately after graduation, even though repayment is not required immediately. Interest on personal debt is not tax deductible, except for provisions allowing tax credits for student loan interest (federal and provincial student loans). Depending on total debt accumulated look at structuring a repayment plan to repay debt in full over 8 to 10 years.

## Personal Tax

Along with the financial rewards of your professional dental career come personal tax responsibilities. Each graduate's personal tax responsibilities will differ from another as some graduates will have tuition credits remaining to reduce taxes owing in the first six months of practice. Whether graduates have tuition credits available or not, a good habit to build is setting aside 30-35% of gross billings received for taxes each time income is received. Setting aside your tax will help you construct a realistic personal budget.

## Retirement

Starting retirement savings early is crucial. Retirement savings is often left for later in a professional career and playing the catch-up game on retirement savings is quite difficult. Start building a discipline of saving 10% of gross billings received. This can be accomplished through RRSPs, TFSA's and other savings accounts.

## Incorporation

There are several factors to consider when deciding to incorporate:

1. Are you earning more income than you need for personal needs including debt repayment?
2. Are you able to income split with a spouse that earns low to nil income?
3. Do you expect to borrow funds to invest or purchase a practice?

If you're able to answer yes to any one of these questions then the timing for incorporation may be right for you.

## Advantages of Incorporating

A significant benefit of incorporating is tax deferral and or tax savings. In Manitoba, a dental corporation pays a tax rate of 10.5% on the first \$450,000 of income. In a scenario that a dentist leaves income in a corporation that income will only be subject to a 10.5% rate until it is withdrawn for personal needs. Personal tax savings are generated using a dental corporation through income splitting with a spouse that earns low to nil income. Lastly, being able to defer funds in a corporation facilitates the ability to build wealth faster to help purchase a practice in the future.

## Disadvantages of Incorporating

There are a couple of disadvantages when considering incorporation, as it can lead to increased accounting and tax requirements, as well with more legal requirements. As the accounting and legal requirements increase, so do the costs. Therefore, when considering incorporation you need to ensure the benefit you achieve through the dental corporation is greater than the costs you will be taking on.

## Insurance

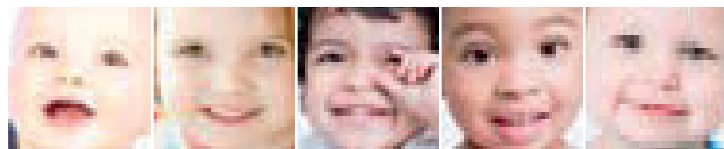
There are many insurance planning considerations to review as a graduate. Some of the insurance plans include disability insurance, malpractice insurance and life insurance. When reviewing each of the insurance policies, the main goal is to be objective and confirm your needs are being met for each policy type. Meeting with an advisor early after graduating is highly recommended.

Building a financial plan as you graduate will help you to understand your options, and allow you to make the best choices today to determine what your future success looks like. MNP can provide assistance in answering these questions and are connected to an extensive network of specialists to help you build your practice.



# Q's & A's

## FOR THE DENTIST AND THE DENTAL TEAM



## FIRST FREE VISIT PROGRAM

**Q: Who is the Free First Visit program aimed at?**

A: The program targets children three years (36 months) of age and younger. Participating dental offices must offer this service free of charge regardless of the family's dental insurance status.

**Q: What does the visit include?**

A: The Free First Dental Visit is an opportunity for parents/guardians to have their child introduced to a dental office and to have a first examination to determine the status of the child's oral health. The visit is a maximum 15 minute appointment that includes:

- an informal orientation to the dental office and to the staff in the office
- a check-up of the child's oral health
- review of medical history
- filling out tracking form
- a discussion with parents concerning their child's oral health care

**Q: What is not included in the visit?**

A: The first checkup is provided at no charge to the patient, but does not include diagnostic procedures (including radiographs, fluoride, cleaning, etc) if required as a result of the examination. The need for such additional action should be discussed with the parent/guardian, and the cost for these services should be clearly explained.

**Q: Who is eligible for the program?**

A: All children three years (36 months) of age and younger are eligible for the program.

**Q: Can I bill a third party carrier or government agency for the initial "Free First Dental Visit"?**

A: No. However you can bill for diagnostic procedures as a result of the free check-up.

**Q: Are all children three years (36 months) of age and younger eligible for the free initial check-up whether or not they are covered by an insurance plan or by government program (Social Allowance, Medical Services, etc.)?**

A: Yes. Neither private insurers nor government agencies are to be billed for the Free First Dental Visit.

**Q: Is a medical history required?**

A: Yes

**Q: Is the free first visit available to the same child more than once?**

A: No

**Q: If I have already seen the child for emergency treatment, are they eligible for the Free First Dental Visit?**

A: No, but it is still at the discretion of the treating dentist whether to charge a fee.

**Q: How will the program be promoted to the public?**

A: The program will be promoted by a multi-media advertising campaign that will include television, newspaper, in-office signage, website and more.

**Q: Are specialists participating in this program?**

A: Yes. Pediatric dentists have indicated an interest in participating in this program for non-referred patients.

**Q: Why should you get involved in the program?**

A: There are numerous benefits from participating in the program including:

- Demonstrating social responsibility of the dental profession
- Appreciating the importance of getting children of all ethnic/cultural/social backgrounds to see a dentist to help prevent early childhood tooth decay
- Setting the foundation for lifelong dental health
- Providing a service to those who otherwise could not afford it
- Creating a long-term practice builder



**Manitoba  
Dentist.ca**

# A Look Back – The Northern Externship



For the Dentistry class of 1976, their final year began with a new program, The Northern Externship! This was also a new experience for two communities, Peguis and Churchill. Both had agreed to host dental students and their supervising dentists. Each student was to spend 4 weeks in each site providing full dental care to children in the morning and adults, as required, in the afternoon.

The program also provided oral health programs in the school and participated in community events such as parent - teacher evenings. In Peguis, these events were coordinated mostly by our dental assistants, Edith and Olive. Both were from the community.

The Faculty of Dentistry was cautiously proud of their unique project and many Specialists visited the clinics to provide added expertise to the clinics. The program was promoted at various Canadian and US conferences as a public health innovation. To facilitate these presentations, in the pre-digital age, mounted photographs taken by Dr Daryl Gershman, one of the supervising dentists and a fine photographer. The photographic prints were prepared and drymounted for display.

By 1988, it was noted that children's oral health had improved to the point that students were providing very little restorative care. A decision was made to transfer the program to another community. This seemed the end of our relationship with the Peguis community. But, in 2015, the Band Council was asked if they would like to have the photographs taken of the children.

The photo here is of Chief Cindy Spence accepting the package at her office. Later, there was a request to visit Olive Stevenson at her home where we reminisced about all the old days. On returning to the Band office, a crowd had gathered. Word had got out that there were photos of children who were by now adults; some even Band Councillors! Edie Thomas, our guide, explained that in the 1970-80 's few families had cameras so these old photographs were the only record many had of themselves as children. As more people arrived a decision was made that all photos would be scanned and made available to the community. A happy ending to a great program!



Dear Colleagues,

I would like to invite you to attend the 52nd Annual General Meeting of the Canadian Academy of Endodontics to be held in Winnipeg, Canada, on September 14-17, 2016.

This CAE meeting will be an exciting and memorable event. The scientific program features a panel of prestigious speakers from around the world. The topics to be discussed promise to be both stimulating and diverse.

For details: [www.caendo.ca/agm/](http://www.caendo.ca/agm/)

Please join us for an outstanding educational experience in an intimate and collegial atmosphere.

I hope to see you in Winnipeg in September 2016!

Best Wishes,

Dr. Howard Fogel

President, CAE





# Have Things Changed?

## Protect your success

If you've recently added or upgraded equipment or furnishings in your practice — or renovated your office — your insurance might not have kept up. With adequate insurance, you can save many thousands of dollars out of your own pocket if disaster strikes at your dental office.

**TripleGuard™ Insurance** is Canada's specialized dental office coverage. You can have three types of office coverage in one economical package:

- **Office Contents**
- **Practice Interruption**
- **Commercial General Liability**

You can also choose additional options — such as coverage if you own your office building or for equipment breakdown.

A licensed insurance advisor at CDSPI Advisory Services Inc. can help you get a handle on your office protection needs. Call today and take advantage of our 50 years of working with the dental community.

To apply for TripleGuard™ Insurance, visit

**[www.cdspi.com/  
tripleguard-insurance](http://www.cdspi.com/tripleguard-insurance)**

or call us at  
**1-800-561-9401**

TripleGuard™ Insurance is underwritten by Aviva Insurance Company of Canada. The plan is a part of the Canadian Dentists' Insurance Program — which is a member benefit of the CDA and participating provincial and territorial dental associations. Insurance planning advice is provided by licensed advisors at CDSPI Advisory Services Inc. Restrictions may apply to advisory services in certain jurisdictions.



# Orthodontic Acceleration: An Idea That is Gaining Momentum

R. BRUCE McFARLANE, DMD, BS<sup>c</sup>D, MCID, FRCD(C)  
DIPLOMATE:  
AMERICAN BOARD OF ORTHODONTICS

Since the beginning of the history of tooth movement, one of the most frustrating aspects for orthodontic practitioners and patients is the length of time that it takes. Especially with older adolescents and adults- we see more evidence of burnout, lack of compliance, declining oral hygiene, periodontal/root disturbances as the months click by. On the business side, longer treatment times become less profitable and less reputation-enhancing.

Enter orthodontic acceleration techniques.

Much research over the past twenty years has been dedicated to the concept of safely accelerating the rate of orthodontic tooth movement in the interest of shortening the time the patient must spend in braces or aligners. Armed with our understanding of the biology of tooth movement, researchers have focussed on ways to increase cellular activity, increase the inflammatory response, and/or decrease the resistance to tooth movement from the periodontium.

One of the most studied techniques is Wilckodontics™ and most recently its hybrid: the Accelerated Osteogenic Orthodontics (AOO™) (Figure 1.) These techniques rely on intentionally creating an injury to the surrounding bone- thus recruiting healing cells, increasing osteoblast/osteoclast activity, and therefore moving teeth faster. The AOO™ enhancement adds in the additional procedure of extensive bone grafting to enhance the effect. The proponents of the technique claim that most comprehensive orthodontic cases can be completed in less than 8 months with the incorporation of the bone scoring and grafting.

Figure 1



Although effective, the Wilckodontics™ procedures are invasive, expensive, and invite extra complications that can include pain, infection, and gingival recession.

A more recent and much less invasive technique is AcceleDent. With its origins in long bone healing in orthopedics, the intraoral device transmits pulsatile forces into the alveolar bone through the teeth- thus increasing bloodflow and cellular activity, and speeding up tooth movement. The manufacturer claims this

increase can be up to 50%.

The pulsations are delivered through a bite plane device that the patient bites on for 20 minutes each evening during orthodontic treatment (Figure 2.) Patients also report that the AcceleDent device obviates the pain of a recent orthodontic adjustment as well.

There has been some conflicting evidence lately on the absolute effectiveness of the AcceleDent device, although it does appear to have some positive effect. The system is expensive, and relies a lot on patient compliance.



Figure 2.

Perhaps the most promising new development in orthodontic acceleration is the Propel® device. This technique involves the creation of micro-osteoperforations in the bone directly through the gingival tissue with a self-tapping screw device (Figure 3.) The perforations cause an inflammatory response- in the form of an increase in chemokine and cytokine activity, and ultimately an increase in the rate of bone turnover. It is minimally invasive, inexpensive, and well-tolerated by patients. In one study, the rate of tooth movement was shown to increase by 2.3 times.<sup>1</sup>

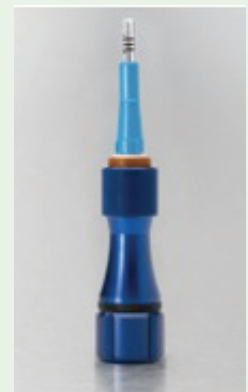


Figure 3.

Despite proven effectiveness, the Propel® technique does require anaesthetic, and can involve some pain and infection potential.

Orthodontic acceleration is here to stay, and will likely be improved over the next decade: in response to patient demand for faster, safer, and more efficient orthodontics. Of the three techniques explored above, the Propel® device is showing the most promise to respond to this demand.

1. Effect of micro-osteoperforations on the rate of tooth movement: Alikhani, M et al: Am J Orthod Dentofacial Orthop 2013;144:639-48

Dr. McFarlane is a Certified Specialist in Orthodontics who practices with Village Orthodontics on Taylor Avenue in Winnipeg. He also has a second practice in Thunder Bay Ontario. Dr. McFarlane travels and teaches orthodontics as well- mainly for Henry Schein Orthodontics in Carlsbad California, Invisalign and Propel Orthodontics.



# Grad – Mentor Dinner - April 20, 2016

The Fairmont Hotel Winnipeg held our Grad-Mentor evening on April 20, 2016. This small but elite group of graduating dentists and their mentors celebrated the conclusion of their four year program in mentorship as students.

On behalf of the MDA and the College of Dentistry, we congratulate all the graduates on their achievement. We also extend our thanks to the mentors and program chairs for their dedication and effort in the mentorship program.

The graduation breakfast was held June 2<sup>nd</sup>, 2016 at the Victoria Inn at 9 am. Please see Dawn Silva at Student Services for tickets. Additional tickets can be purchased for \$30.





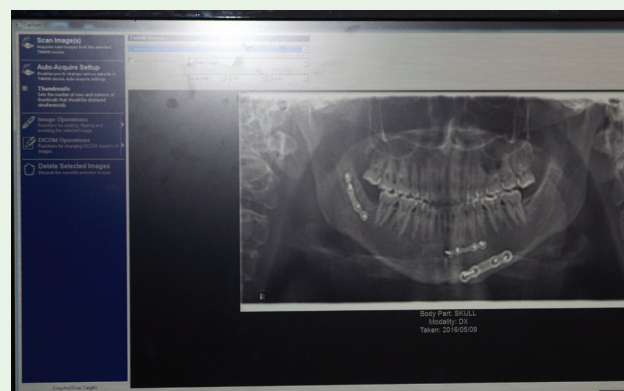
# The Dental Clinic at the Health Sciences Centre

The Dental Clinic at HSC has been serving the Winnipeg and surrounding regions' oral health needs for many years. There are a variety of general dental as well as oral and maxillofacial surgery clinics which run throughout the week. These clinics are staffed by either general dentists or oral and maxillofacial surgeons. This clinic and its associated doctors also run a general dental internship program, as well as a graduate-level oral and maxillofacial surgery training program (both in combination with the University of Manitoba).

As a general dental clinic, our mandate is to provide dental care (on a referral basis) to the adult special needs dental population. Services are provided under local anaesthetic as well as with adjunctive oral or IV sedation techniques. Our OMFS clinics provide all manner of treatments, including: dentoalveolar and dental implant surgery, orthognathic surgery, cleft lip and palate surgery, biopsies, and TMJ surgery (both arthroscopic and open). We treat both adults and children, and are able to provide treatment in both a clinic setting and in the operating room. The OMFS service is also pleased to provide management of all manner of maxillofacial trauma—dento-alveolar fractures, facial fractures and soft tissue lacerations—as well as management of significant infections. Both services provide consultations and treatment for hospital in-patients at HSC and Children's Hospital. We are also a consulting service for cardiac patients who require peri-operative management of oral health problems, and for patients involved with CancerCare Manitoba.

Referrals may be made via fax at 204-787-3352, telephone at 204-787-3645, or mail. Our clinic address is:

Health Sciences Centre, GC-308 Dental Clinic  
820 Sherbrook Street, Winnipeg, Manitoba R3A 1R9





# Have A Safe Trip Why Travel Health Insurance is Advisable, and What to Look For When Comparing Plans

BY RENATA WHITEMAN

With summer approaching, you may already be planning the details of your holiday get-away. We certainly hope that one of those details is travel health insurance. With escalating health care costs, purchasing supplemental insurance to cover the costs of medical emergencies is not just prudent, it's a necessity.

At the outset, there are some common misconceptions about travel insurance to dispel. For example, some people mistakenly assume that their provincial health insurance will cover them while travelling abroad. Some provinces do provide a minimal level of coverage for out-of-country health services, but the amounts they will pay are very limited and usually apply only to specific services. The bottom line is that without adequate coverage you could face significant out-of-pocket costs to pay for treatment for an illness or injury you suffer abroad.

Another common misconception is that provincial medical insurance will cover the full costs of emergency care and treatment no matter where you travel in Canada. Depending on your province of residence, this may not be the case. For example, there may be gaps in coverage for things like prescription medications or ambulance services, particularly if the only hospital capable of dealing with your medical emergency is a long distance away. And the cost of transportation home by air, under the watch of medical personnel, could amount to thousands of dollars.

Finally, some people may be under the impression that if they've booked travel with their credit card, their health insurance is included. Although some premium credit cards cover a portion of a claim, they are typically quite limited, and may be restricted to coverage for shorter trips only. Review your agreement to confirm what is covered.

Once you've made the wise decision to purchase supplemental health insurance, there are many plans to choose from, with a wide variety of coverage inclusions and exclusions. Here are some of the things you should bear in mind when exploring options.

## What is covered?

Most plans will cover expenses directly related to an illness or injury, such as emergency room care, diagnostic tests, treatment by a physician or surgeon, and a hospital stay, if required. However, there are other inclusions that are a good idea to have in your policy. Some of these include:

- Licensed ambulance costs (including air ambulance when medically necessary)
- Emergency dental expenses
- Prescription medications
- Semi-private room
- Bedside companion (someone to fly from your home province)
- Air evacuation back to Canada, including medical escort
- A death benefit if an insured person dies as a result of an air accident

## What happens with pre-existing conditions?

Travel health insurance is designed to cover an unexpected sickness or accident. To avoid a nasty surprise, make sure you know what is or isn't covered relating to unstable or pre-existing conditions.

Are payments made directly to hospitals or other care providers? Some plans require you to pay for your care, and then submit a claim for reimbursement. In countries where hospitals, physicians and other providers require you to pay separately, this can be quite cumbersome, not to mention the fact that you may not have the funds readily available for large expenditures.

Does the insurer provide claims response 24 hours a day, 7 days a week, 365 days a year?

You never know when an emergency may happen so this is important.

## How often do you travel?

In many cases, people purchase coverage for a single trip, but if you typically travel out of your province more than a couple of times per year, it's worth exploring multi-trip options. For example, you can purchase a year-long plan that will cover an unlimited number of trips. This not only saves you money, but it provides the added convenience of only having to purchase it once a year.

## Taking Precautions

You may have purchased travel health insurance, but there are still steps you can take to avoid or deal with emergencies.

- Have your insurer's assistance telephone number and policy number with you at all times.
- Make sure you have appropriate vaccinations.
- Pack two supplies of your medications and place one in your carry-on luggage.
- Take appropriate food and water precautions.
- Travel with a small first aid kit.
- Know the emergency phone number for your destination (it's not always 911).
- Get the names of qualified doctors who speak your language.

For further travel health and safety information visit the Government of Canada site at <https://travel.gc.ca/travelling>

## CDSPI Travel Edge Insurance

With Travel Edge Insurance, one low premium covers you for an entire year — regardless of how many trips you take. The plan covers you anywhere in the world outside your home province and provides 24/7/365 claims service, direct payment to hospitals, emergency dental expenses, and much more.

Travel Edge Plus Insurance provides Flight Accident, Baggage Loss and Trip Cancellation coverage.

Travel Edge Insurance is underwritten by CUMIS General Insurance Company, a member of The Co-operators group of companies.

Renata Whiteman  
Professional Insurance Advisor  
CDSPI Advisory Services Inc.

As a licensed insurance advisor at CDSPI Advisory Services Inc., I offer a combination of expertise and personal knowledge of clients' needs, with an exclusive focus on dental professionals. For a no-cost, no-obligation review of your insurance portfolio, please contact me at 1-800-561-9401 ext. 6806, or send an email to [rwhiteman@cdspi.com](mailto:rwhiteman@cdspi.com). Restrictions may apply to advisory services in certain jurisdictions.

## The MDA Continuing Competency Committee (CCC)

The Manitoba Dental Association (MDA) is the statutory authorized organization to regulate, discipline and license dentists and dental assistants in the Province of Manitoba. Our enabling legislation is The Dental Association Act.

One major aspect of regulation is the responsibility to ensure continuing education (CE) of members. The MDA has established continuing competency requirements for licensure of dentists and dental assistants. CE is simply defined as educational activities and programmes that maintain, develop or increase knowledge, clinical skills and professional conduct dentists and dental assistants use to provide services for patients, public or the dental profession.

The MDA Continuing Competency Committee (CCC) is responsible for approving the continuing education activities and programmes in Manitoba. The CCC is comprised of dentists, dental specialists, registered dental assistants, representatives from dental education institutions, and various stakeholder organizations. Activities of the CCC include, but are not limited to:

- Researching continuing competency methods and regulations in other provinces and jurisdictions
- Review and make recommendations to the MDA Board of Directors on the regulation of continuing competency for member dentists, specialists, and dental assistants
- Advise the MDA Board of Directors on continuing competency needs of member dentists, specialists and dental assistants to meet our public protection mandate
- Monitor the availability and suitability of CE programmes in Manitoba

The composition of the 2016 CCC include:

Chairperson – Dr. Nancy Auyeung  
MDA Registrar – Dr. Marcel Van Woensel  
MDA Director of Office Assessment and Continuing Education – Ms. Linda Berg  
Member Dental Assistant representative – Ms. Terri Sykes  
Member Dental Specialist – Dr. Constantine Athanasopoulos  
Member General Dentist – Dr. Manuel Resendes  
Member General Dentist – Dr. Tana Gilmartin  
Member General Dentist – Dr. Sherri Mitani  
College of Dentistry, UofM – Ms. Laura Friesen  
Manitoba Dental Assistants Association – Ms. Sina Allegro-Sacco  
Manitoba Dental Hygienists Association – Ms. Karen Kaizyk-Kaatz  
Accredited Dental Assistant Training Programme – Ms. Lois Berg (CDI)  
Winnipeg Dental Society – Dr. Peter Kowal  
MDA Annual Convention Committee – Dr. Patricia Kmet  
Public Representative – Mr. Wayne Novak  
Royal Canadian Dental Corp – Lt. Col. Brenda Joy

The CCC oversees 5 Subcommittees:

### Continuing Education Coordination:

|                   |                        |
|-------------------|------------------------|
| Dr. Nancy Auyeung | Ms. Sina Allegro-Sacco |
| Ms. Linda Berg    | Ms. Laura Friesen      |
| Dr. Peter Kowal   | Ms. Karen Kaizyk-Kaatz |
| Dr. Patricia Kmet |                        |

### Competency and Bylaw Research:

Dr. Nancy Auyeung  
Dr. Constantine Athanasopoulos  
Dr. Tana Gilmartin  
Ms. Lois Berg

### Study Club, Programme and Provider Approval:

Dr. Leon Stein  
Dr. Igal Margolin  
Dr. Manuel Resendes

### Dentist Educator Application Review:

Dr. John Perry  
Dr. Peter Kowal  
Dr. Andrew Chochinov

### Extension and Exemptions Approval:

Dr. Tana Gilmartin  
Dr. Sherri Mitani  
Mr. Wayne Novak

The CCC strives to develop and maintain objective and efficient processes in activities that support the continuing competency of member dentists, specialists and dental assistants in Manitoba. Currently, one of our main activities is in researching and implementing effective and efficient systems to record participation in CE programmes.

As Chair, I would like to extend my gratitude to the members of CCC and its Subcommittees for their contribution of time and tireless efforts in carrying out their activities. We recognize that the MDA is built upon the foundation of commitment and dedication of our membership volunteers and dental partners to advance the profession of dentistry.

For more information, the Continuing Education Bylaw for Dentists, Continuing Education Bylaw for Dental Assistants, and the Continuing Competency Committee Terms of Reference may be accessed at [www.manitobadentist.ca](http://www.manitobadentist.ca).

Best regards,  
Dr. Nancy Auyeung

MDA Continuing Competency Committee, Chair



# Oral Cancer Screening - April 23, 2016. 5 Minutes Could Save Your Life

Blue Bombers Alumnus and former CFL Executive Lyle Bauer conceived Never Alone Foundation after being diagnosed with throat cancer in 2004. "When I was first diagnosed with cancer, I can tell you that in spite of family and friends, I had never felt so alone and unsure of what the future would bring," recalled Bauer, who has since successfully fought the disease.

His experience with the disease and the support he received from friends, family, and cancer service providers inspire him to help other cancer patients to let them know that they are Never Alone.

Never Alone and the Manitoba Dental Association partnered in the Oral Cancer Screening 2016 clinic on April 23<sup>rd</sup> at Polo Park mall. Using the Community court by The Bay, the Blue Bomber alumni provided information and prize draws and the opportunity for photos with various players.

The MDA dentists, oral surgeons and dental assistants provided screening and information to 105 patients. The results were 2 immediate referrals, 5 referred to Ear, Nose and Throat specialists and 10 were referred to their family doctor or dentist for follow-up visits.

"The Never Alone Foundation is very pleased to partner with the MDA in the recent oral screening program.

As we know oral cancers are on the rise and it is important that we are proactive with education, screenings, and other initiatives with the objective of highlighting the risks of oral cancer.

Quite frankly we have seen this screening program saves lives and that is what is important" - Lyle Bauer

Thanks to all who volunteered their time to run this clinic. You have all contributed to the well-being and dental support to Manitobans in this screening clinic.



**Sirius** Benefit Plans Presents **free** Oral Cancer Check by dentists

5 Minutes could save your life...

PROUDLY SUPPORTED BY: NEVER ALONE FOUNDATION Manitoba Dental Association

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**On Site** We're right down the hall when you need us to be

**On Project** We're your HR experts when you need us



**May 2016 Issue**  
**Feature: Vacation**

## Reasons why it is important YOU and your employees should take a 'Work Free' Vacation !

Everyone, regardless of their position needs time to 'get away' to get re-energized because reality is if they do not, they will get tired out, will not be very productive., and could incur health issues as a result.

Many people decide not to take a vacation and blame it on it being too costly or they don't have the 'time' to take one. However, what many do not realize is they can't afford not to!

**Decompress and Release Stress and Worries** by acknowledge your body's need for a vacation. Take a break from your usual routines.

**Recharge Your Batteries** so your body can work effectively for a reasonable timeframe.

**Improve Relationships** by sharing time with family, friends, your spouse or partner.

Many people have said they have seen an **Increase in Productivity** both at work and home after taking a vacation.

Employees who take vacations tend to **Perform Better** at work..

**Increase Clarity and Vision** so that you are not so 'cloudy' or distracted at work or at home. Vacations allow employees to return to work with a strong focus.

Enjoy feelings of **Happiness** when stress is reduced.

**Lead by Example** and help your employees experience the benefits of prioritizing a vacation **NO MATTER HOW BUSY YOU ARE !** Act an example of balance.

healingthebody.ca

## STATISTICS



- ⇒ Canadians **give up 32 million vacation days a year.** This is not because they receive so many but because Canadians do not typically know what to do with them.
- ⇒ Full time workers **average 12 days** vacation annually.
- ⇒ The cost of no R & R: **Work overload** accounts for **\$5.92 billion yearly** in direct health care costs and **\$3 billion** lost to **absenteeism.**
- ⇒ **26%** of Canadians are **not using paid vacations** provided by their employer.
- ⇒ Of the 25% above, **40%** claim it is because they had too much work and did not want to fall behind; **24%** said they save their vacation time in case of an emergency; **13%** just did not want a vacation.
- ⇒ **93%** of Canadians working full time believe taking a vacation is important to keep themselves happy; **92%** say it is important for reconnecting with family and friends.
- ⇒ Employees in Atlantic Canada are more likely to take their vacations while employees in Saskatchewan are least likely.

Readers Digest, Stats Canada, Business Canada

Laughter  
is an  
instant  
vacation.  
- Milton Berle



## 2016 Upcoming Events

### Leadership Fundamentals:

Focus on the skills needed to manage people , results, activities, and decisions.

### Creating a Conflict Productive Workplace:

Focus on creating a workplace that uses conflict productively and effectively for positive relationships to achieve results.

### Employee Exits - The Good, the Bad and the Examples:

Focus on the do's and the don'ts of employee exits.

### The Accountable Leader:

Learn the skills needed to effectively manage activities and decisions.

**HTTP://WWW.PEOPLEFIRSTHR.COM/  
UPCOMING-EVENTS**

## THE POOR MAN'S VACATION



@yourservice



## How to Prevent Employee Scheduling Nightmares !

1. **Discuss your Vacation Policy** with your employee during their orientation. Discuss any vacation blackout periods where vacation time is restricted.

2. **Communicate** to your employees that there may be times where management may need to **Rearrange** an employee's vacation due to **Business Needs**. But... be careful you do not restrict employees from prime vacation periods and give sufficient notice of any changes.

3. **Set a deadline** for submitting vacation requests to give you enough time to manage absences and vacation coverage.

4. **Split up the Duties** of your vacationing employee amongst several co-workers so the workload is distributed evenly.

5. **Offer Incentives** such as premium pay, extra vacation time, bonuses, etc., to those employees who agree to take their vacation outside of peak business times that could negatively impact business.

6. **Develop a Good System** for good vacation tracking and planning.

7. Make sure your employee **Vacation Policy** describes when and how vacation time may be taken, and how disputes over high-demand days will be handled.

8. Send out an **Annual Reminder** to your employees well in advance of your vacation period!

**Communication and Planning are Key to success!**



"It says, 'I am a workaholic — if found, send on vacation.'"

## "Ask the Expert"

### Vacation

Summer and the warm weather are quickly approaching...after some real fear that it was never going to happen! In the working world, leaders and owners generally expect that the onset of summer will also initiate the mass exodus of employees taking well deserved vacation. The majority of staff never need reminding of vacation entitlement and the booking of them. But being aware and proactive with that group of employees who decide against using their vacation time and work straight through the year could save you major headaches and money and actually create an even better place to work for everyone. Encouraging employees to use their vacation time can lead to a more vibrant and dynamic workforce and can bring a wealth of benefits for employees in terms of their health and productivity and for the success of your organization as well.

Reasons to encourage your employees to take their vacation:

#### 1. Enhances Creativity and Productivity.

Happy, rested, and relaxed employees are more productive and tend to be more creative. It may seem as though someone would accomplish more if they stayed at work and did not take a vacation but studies show this is not correct. When employees work without a break they typically take more time to do the work.

2. **Decrease in the number of sick time usage.** Overworked employees who do not take vacation time are more likely to take sick days.

3. **Cross train employees.** It will give an opportunity to cross train another employee to fill in for this position and bring even more value to the employee and the organization.



Treena Warnick  
Consultant  
HR @ Your Service  
People First HR Services

4. **Forces employer to make backup plans.** You will be forced to figure out a coverage plan for the vacationing employee. A backup plan for every employee is important to have. You never know when someone will be sick or have an emergency that keeps them out of the office.

5. **Decrease in stress and fatigue have financial impact.** Premiums on insurance will go up if your employees experience stress and fatigue related illnesses.

6. **Fosters meaningful work and engaged employees.** Employees who use their vacation time are more likely to be engaged in their work and want to stay in the job. They see their jobs as meaningful work.

7. **Learn to prioritize.** You and the employee will be forced to prioritize both before and after the employee goes on vacation. If there are urgent issues the employee must take care of before he/she leaves, make sure they get done. If there are tasks that must be done daily, have the employee explain them to the covering person.

8. **Forces management to take a vacation too.** You won't feel guilty taking your vacation because everyone will have time off. If you were thinking of skipping your vacation, think again. Modeling the behavior you want to inspire in your employees is important. "Do as I say not as I do" doesn't work. What is true for your employees is true for you too.

Fostering a culture where employees feel comfortable taking time off is another sign of a forward thinking organization and leadership. Encouraging your employees to take time off will lead to a more productive and happy workforce which in turn will enhance your organization's overall performance.

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**DR. MIKE SULLIVAN**  
CHAIR, ECONOMICS COMMITTEE

## Clear on Codes

Frequently the Manitoba Dental Association receives calls and emails from both practitioners and the public inquiring about codes and how procedures should be billed. To assist members and their staff, the Economics Committee is launching a new series of articles focusing on common questions related to specific codes. The intent is to provide the membership with recommendations on the suggested application of codes and to assist in critical thinking when considering the interpretation of these codes.

Before beginning, an understanding of the *Suggested Fee Guide* itself is useful:

- The Guide is not just a list of codes and fees—there are descriptors to help identify the appropriate code and how it should be billed.
- the preamble and descriptors in each section provide additional information.
- Units of time are based on 15 minutes—not 10 minutes as is often used for booking patients.
- Codes are procedure-based; the fee is based on an estimate of average time and cost.
- Codes are not equipment-based. For instance, the fee for a root canal is the same whether or not you use rotary equipment.

Often this latter point is a concern and the Association receives comments that a fee does not cover the investment in a newer technology. You must also consider that in some instances new technology will shorten your procedure time thereby allowing you to treat more patients.

This not only allows you to recover on your investment, but could also improve patient outcomes, reducing the risk of complications and the possibility of re-treatment.

It is important to remember that the *Suggested Fee Guide* is just that, a guide. There is no regulatory obligation to charge the fees outlined in the Guide. You may charge the same, above or below the Guide for one, some, many or all procedure codes as you determine is appropriate for your individual practice. A discussion of your fees should be part of the informed consent process with your patients.

Before getting started, here are some general tips for billing:

1. Read the preamble as well as the specific code descriptors.
2. Ensure your staff knows which code to bill; don't rely on them to figure it out—or worse, have them tell you which code to bill. It is you, the dentist, who is responsible for what is billed under your unique identification number. Even if you are an associate, you are responsible for what is billed under your name.
3. Do not rely on others such as suppliers, salespersons, CE instructors, etc. to tell you what code to bill.
4. Codes are based on the treatment, not on what equipment you use.
5. If you don't know which codes to use, contact the MDA Economics Committee.

Finally I would like to thank the British Columbia Dental Association for allowing our Economics Committee to reference their “Clear on Codes” series. 

Dr. Mike Sullivan  
Chair, Economics Committee

### Associate Required – Dauphin, Manitoba

We are seeking a full-time associate to join our well established multi dentist practice. It is an ideal opportunity to practice all areas of general dentistry with the focus on patient centred care. Current position requires no evenings or weekends. Office is open 8:00-5:00 Monday – Thursday and 8:00-4:00 pm Friday but we are flexible about the hours and willing to accept part-time. New grads are welcome.

Income potential is excellent as you will be fully booked.

Please contact Betty at [betty.dunsmore@gmail.com](mailto:betty.dunsmore@gmail.com) or by telephone at (204)638-3353

# Getting to the Root of the Problem

The first article we would like to bring forward is on endodontics. Approaches to endodontics are very diverse, depending on the presentation of the patient, the individual philosophy of the dentist and the equipment, materials and techniques utilized to perform the procedure.

Unfortunately, that can lead to confusion over a couple of points. First, which steps are included in the root canal fee and which can be billed as separate procedures? Second, which code best reflects the treatment provided?

What is included in the root canal fee?

According to the Manitoba Dental Association Suggested Fee Guide, the root canal fee includes:

- Treatment Plan:
- Clinical procedures ( i.e. pulpectomy, pulpotomy, biomechanical preparation, chemotherapeutic treatment and obturation):
- Appropriate radiographs - including a periapical to assess the final result.
- Temporary restoration - including any restoration placed between the time the tooth is accessed and the time it is restored with a permanent restoration. The permanent restoration ( i.e. filling, core ) is billed as a separate procedure.

## Pulpectomy [32311-32314]

A pulpectomy is defined as the complete removal of the dental pulp from both the chamber and root canal system. This process includes access to the pulp chamber, removal to pulp tissue, determination of lengths, and negotiation and instrumentation to working length of all canals.

A pulpectomy may be performed on an emergency basis for a symptomatic non-vital or significantly hyperaemic tooth, or perhaps as the first appointment in a planned two appointment process. Regardless of the situation, many of the initial stages of treatment are completed, significantly reducing the time required for the second appointment. As a result, in most cases, a pulpectomy is considered part of the procedure and is included in the overall fee for the root canal.

## Pulpotomy [32221/2]

An emergency pulpotomy, defined as the removal of coronal pulp tissue, which may be considered for a symptomatic vital tooth, is billed similar to the pulpectomy. Where the root canal is completed within 3 months of the pulpotomy being performed the expectation is to reduce the overall fee of the root canal, similar to the pulpectomy, by the charge for the pulpotomy and or pulpectomy.

For the situation where the dentist performs the pulpectomy/pulpotomy and subsequently completes the endodontic procedure, billing can be handled in two ways and is up to the discretion and preference of the practitioner:

Bill the pulpectomy/pulpotomy code, then deduct from the final root canal fee. This is a good option in the following scenarios:

- There are concerns that the patient may not return for completion of treatment.
- A long delay is expected before the root canal can be finished ( i.e. tooth continues to be symptomatic, or patient is waiting for insurance coverage ).

Don't bill for the pulpectomy/pulpotomy, then charge full fee for the root canal at the end.

- This is a good option for a reliable patient who is expected to return for completion of treatment in the near term.
- One exception to this rule may be when one dentist performs the pulpectomy/pulpotomy, then refers the patient to a different practitioner for completion of the endodontic procedure. In these circumstances, the initiating dentist may choose to bill the pulpectomy/pulpotomy as a separate procedure to cover their time and materials expense. The second dentist, jumping in midtreatment, needs time to orient themselves to the case and reconfirm measurements, and therefore receives minimal benefit from the initial appointment. As a result, it is often appropriate for the completing dentist to charge full fee for the root canal treatment. However, it is the responsibility of the referring dentist to inform the next practitioner of the treatment and billing history and ensure the patient expects to be billed the full fee for the root canal upon completion.

## Open and Drain [39201/2]

An open and drain presents a different story from the pulpectomy/pulpotomy in the treatment steps and the billing process. The O&D is described as gaining access to the pulp chamber to allow for drainage of suppurative material often to alleviate pressure. The procedure is often performed on an emergency basis for pain relief. The procedure is quick and does little to reduce the time required for completion of the endodontic procedure. As a result the O&D can be billed as a separate, distinct procedure that does not impact the final fee for the root canal.

In summary, root canal cases often present with great variety which can lead to uncertainty over which codes to use and how to bill appropriately. Care should be taken to ensure there is no 'unbundling of codes' and the procedure codes billed accurately reflect the treatment provided.

For further information, refer to the preamble and descriptors in the MDA Suggested Fee Guide or contact the MDA.

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

For contact or feedback, please contact:  
pmcfarlane@manitobadentist.ca

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Linda Berg – Director of Office Assessments MDA

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### Patient protective clothing application during dental radiography

Protective clothing must be made available to all patients during all forms of dental radiography, whenever possible, providing there is no risk of obscuring the patient's anatomy with the application of protective lead rubber apron during the radiographic exposure.

During panoramic radiography, there is a high potential degree of risk of obscuring patient anatomy when wearing various types of protective leaded rubber aprons during patient radiography. Leaded poncho type aprons are available, which may lessen the potential risk, however, it is the dentist's decision as to whether or not to apply protective clothing, in keeping with their standard of practice for each individual office.

It is the dentist's discretion to determine the standard of practice within their facility, as it pertains to patient radiography and the use of lead rubber protective clothing during all forms of dental radiography.

Environmental Health Directorate  
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1999  
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### 9.2 Guidelines for Protecting the Patient During Radiographic Examinations

It is possible to obtain a series of diagnostically acceptable radiograms and have the patient dose vary widely because of differences in the choice of loading factors and film speeds. It is the responsibility of the operator and dental practitioner to be aware of this and to know how to carry out a prescribed examination with the lowest practical dose to the patient. The recommendations that follow are intended to provide guidance to the operator and dental practitioner in exercising responsibility towards reduction of radiation exposure to the patient.

1. The operator must not perform any radiographic examinations not prescribed by the dental practitioner responsible for the patient.
2. The dose to the patient must be kept to the lowest practical value, consistent with clinical objectives. To achieve this, techniques appropriate to the equipment available should be used. It is recommended the X-ray loading factors charts be established when using X-ray units which do not have preprogrammed anatomical feature settings. The loading factors chart must be established after optimizing the film processing procedure.
3. Fluoroscopy must not be used in dental examinations.
4. Dental radiography must not be carried out at X-ray tube voltages below 50 kilovolts (peak) and should not be carried out at X-ray tube voltages below 60 kilovolts (peak).
5. Dental X-ray equipment should be well maintained and its performance checked routinely. Accurate calibration of the equipment should also be carried out on a regular basis.



6. The quality of radiograms should be monitored routinely, through a Quality Assurance program, to ensure that they satisfy diagnostic requirements with minimal radiation exposure to the patient.
7. The patient must be provided with a shielded apron, for gonad protection, and a thyroid shield, especially during occlusal radiographic examinations of the maxilla. The use of a thyroid shield is especially important in children. The shielded apron and thyroid shield should have a lead equivalence of at least 0.25mm of lead. In panoramic radiography, since the radiation is also not adequate and dual (front and back) lead aprons should be worn.
8. The primary X-ray beam must be collimated to irradiate the minimum area necessary for the examination.
9. The primary X-ray beam should be aligned and the patient's head positioned in such a way that the beam is not directed at the patient's gonads and is not unnecessarily irradiating the patient's body.
10. The fastest film or film-screen combination consistent with the requirements of the examination should be used. The film processing technique should ensure optimum development and should be in accordance with the recommendations given in section 6.1. Sight developing must not be done.
11. Dental X-ray films must be examined with a viewbox specifically designed for this purpose.
12. While recommended dose limits have been defined for radiation workers and the general population, no specific permissible levels have been recommended, to date, for patients undergoing diagnostic radiographic procedures. For patients, the risk involved in the radiographic examination must always be weighed against the requirement for accurate diagnosis. Information from the Dental Exposure Normalization Technique (D.E.N.T.) program is used to provide realistic sets of limits.



## In Memorium

### DR. HARRY TREGOBOV BSc, DDS, FICD, FADI

July 14, 1924 - March 18, 2016 We sadly announce the passing of our husband, father and grandfather. Left to mourn are his wife of 56 years, Bonnie (nee Bella Marmel), four children: Rhea Lazar (Gary), Lianne (Paul), Dr. Earl, Abba (Susana) and nine grandchildren: Casey and Solly Lazar, Riley, Noah, Julia, Ethan, Nicole, Daniel and Matthew Tregobov, as well as many nephews and nieces. Predeceased by parents and three older sisters and their spouses, he leaves this world with thanks to the Good Lord for the many long years and the blessing of family and friends. A product of Winnipeg's North End, growing up during the Depression with a strong work ethic, Harry was president of his class, yearbook editor, athletic letter recipient and candidate for the Governor General Medal in high school. While pursuing a Bachelor of Science degree at University of Manitoba, he edited the faculty publication, The Question Mark. Following service as an infantryman in the Second World War, Harry was accepted into the Faculty of Dentistry at the University of Toronto, graduating with the highest standing in preventive dentistry. He began the practice of dentistry in Dryden Ontario, and shortly afterwards in Pine Falls and Winnipeg, where he established the

Fort Rouge Dental Group. Following 55 years of practicing dentistry, serving his patients, his dental associations and his community (president Winnipeg Dental Society and soccer coach/convener Tuxedo Community Center), he retired at age 82. Over the years he served as a part-time staffer during the first six years of the establishment of the Faculty of Dentistry, University of Manitoba, and played a large role in establishing dental insurance plans, and as a dental consultant. Harry was a family man in every sense. He loved his wife and doted on his children and grandchildren. He believed each person should strive to make the world a better place and hoped he has done his share. Interment has taken place at the Hebrew Sick Cemetery in Winnipeg, where grandparents, parents, some family members and friends have gone to their eternal rest. Pallbearers were Riley Tregobov, Casey and Solly Lazar, Jeffrey Kliman, Joel Kay, and Michael Lazar. Honorary pallbearers were Gary Lazar, Paul Watts, Rick Costantini, Morley Golden, Kevin Marks, Jack Serlin and Arthur Werier. Flowers gratefully declined "they make me sneeze". Donations to charities of choice to honour Harry's memory are entirely optional.

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