MDA Bulletin

Volume 36, Issue 4,
WINTER 2017
ISSN 070-1717

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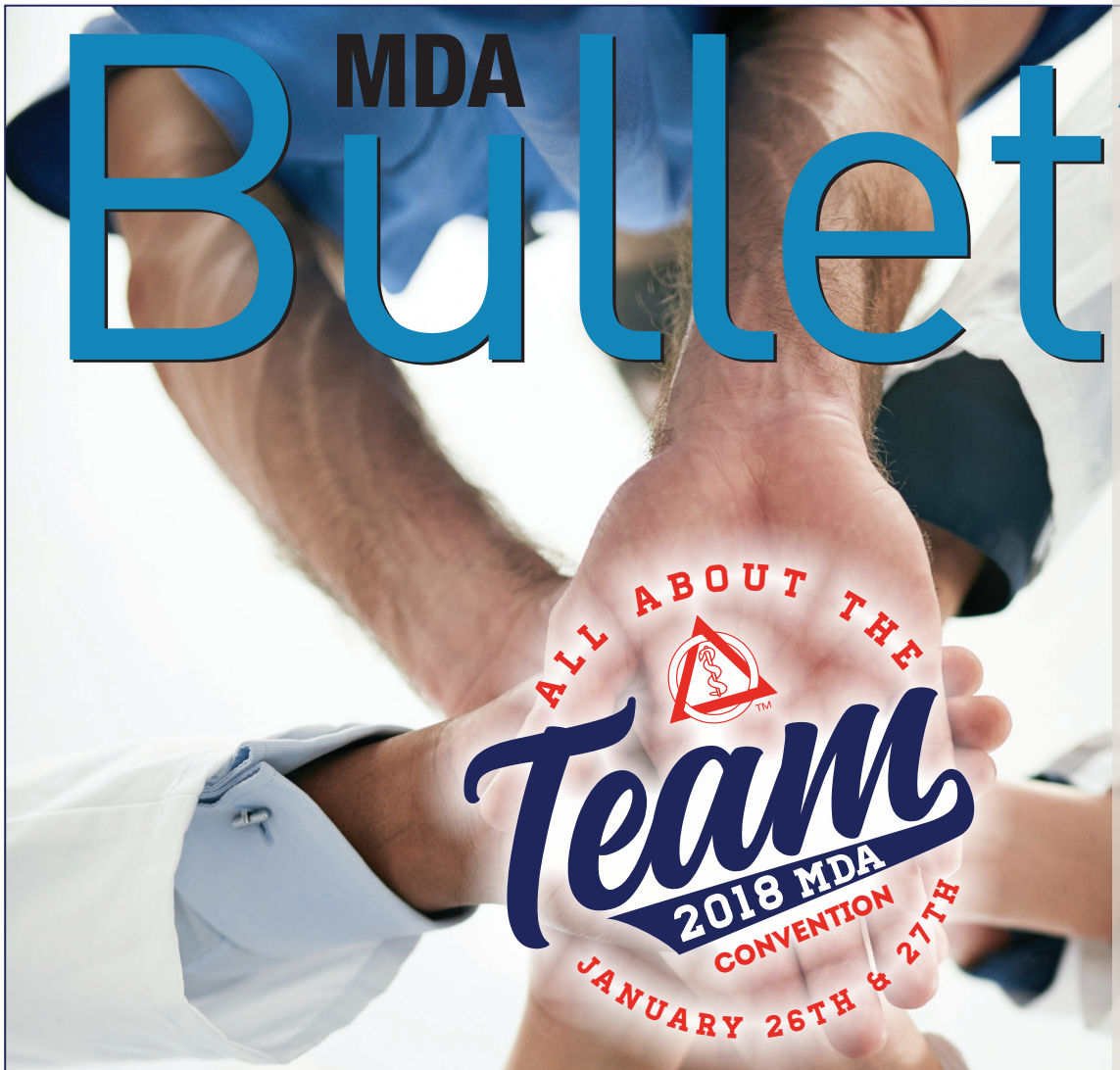

FRIDAY NIGHT TEAM APPRECIATION COCKTAIL PARTY
PRESIDENT'S GALA FEATURING THE DANNY KRAMER BAND

KEYNOTE SPEAKERS:
Dr. Lee Ann Brady | Dr. Manor Haas | Dr. Bobby Birdi
Chris Scappatura | Dr. Charl Els | Sandie Baillargeon
Dr. Tom Dudney | Dr. Chris Wyatt | Dr. Shannon Mills

Your Manitoba Dentist

Manitoba Dental Association

TEAM APPRECIATION COCKTAIL PARTY

FRIDAY, JANUARY 26TH
3RD FLOOR TRADESHOW, 4-8 PM

APPETIZERS, CASH BAR, PRIZE DRAWS
SELFIE BOOTH #26, PRIZE ENTRIES BOOTH # 27

TWO TICKETS PROVIDED PER REGISTERED GUEST (BEVERAGE INCLUDED)

Bring the Whole Team!

ALL ABOUT THE Team 2018 MDA CONVENTION JANUARY 26TH & 27TH

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Manitoba Dental Association

MDA Bulletin

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

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

Circulation is approximately 1000 to Manitoba dentists and dental professionals.

Published online at ManitobaDentist.ca.

Advertisements may be submitted by email or CD accompanied by hard copy.
Please email submissions to:
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Manitoba Dental Association

DR. CATHERINE M. DALE, D.M.D.
PRESIDENT, MDA

President's Message

How is it possible that we have made it to December already??? It feels as though I have just gotten used to writing "2017" in all my chart notes; I feel ill prepared to switch to "2018" in the near future. But time waits for no man—and here I am writing my last president's Message for The Bulletin.

The mandate of the MDA has always been Protection of the Public. To that end, everything we do as a Board is guided by The Dental Association Act of Manitoba. As such, this year has found me carrying around dog-eared copies of The Act and a variety of by-laws on my person. These documents have become my go-to references on a regular basis, I must admit! My highlighted and annotated copies are regularly pulled out of my bag and have served to guide me in decision-making at many a President's Meeting and beyond. I have developed a rather comfortable understanding of these documents after hours of review and discussion with other members of the Board. There was a steep learning curve associated with familiarizing myself with this legislation! In particular, I want to thank my Executive (Drs. Carla Cohn and Cory Sul) for sticking with me through the thick and thin of all-things-governance. I may have spent more hours with these two than with my own family this year, and I couldn't think of two better people to consult with. Thanks go to you both for always having my back. I trust you know that I will always have yours…

The past few months have continued to be busy ones at the offices of the Manitoba Dental Association. Your MDA Executive has continued to meet regularly to discuss issues of importance as they arise. We have recently solicited applications for the position of Registrar from across Canada and have completed the interview process for this position. Once the Board has approved a successful candidate, we will be introducing you to the new Registrar of the MDA. The dentists of Manitoba should know that great attention to detail was paid to development of a job description and criteria by which candidates were selected for this important position. I would like to extend my heartfelt thanks to the members of the Search Committee for their efforts in this important task. Drs. Marcel Van Woensel and Patti Ling each deserve a round of applause for all of their work in their capacity as Registrar. Our next Registrar will have very high standards to meet based on both of your performances.

Recently, I have been fortunate to represent the MDA at several events within Manitoba and beyond. Patti Ling and I traveled to Calgary in September, where we were invited to attend as observers to the AGM of the Royal College of Dentists of Canada. This was coupled with an invitation to their annual graduation ceremonies, where the most recent graduates of Canadian dental specialty programs were celebrated at a gathering of family, friends, and colleagues from across our nation. I'm sure the Manitoba grads could hear Patti and I cheering them on from the crowds of celebrants!

October found me in Ottawa, where I was attending the annual meeting of the National Dental Examining Board. Manitobans are well represented among this group. This organization is a finely tuned machine with its members dedicated to establishing and maintaining a national standard of competence for dentists in Canada. The NDEB of Canada is a model of excellence to which many national organizations around the globe look for guidance in running their own organizations. Congratulations to the many Manitobans who have been invited to participate in question writing workshops, and to those who are examiners, invigilators, and board members. Thank you for your service!

I was pleased to attend the University of Manitoba's College of Dentistry Annual Awards evening, also in October. Mr. Rafi "I never sleep" Mohammed and I were both present in the audience and applauded the many students from both dentistry and dental hygiene as they were recognized by the University for their hard work and many achievements. As an added bonus, I was happy to find Mr. Ross McIntyre seated beside me throughout the ceremonies! Upon greeting me, he assured me he was "never better", and has been enjoying retirement life immensely… It was a lovely evening in all.

You should know that Ms. Pamela McFarlane, our Director of Member and Public Relations, is continually hard at work from both her office as well as out in our communities, promoting the message of oral health throughout Manitoba via a variety of platforms. This woman's talents know no limits. My husband and I recently attended an evening of recognition for Siloam Mission, where we were seated at a table with Pamela. I remain firmly convinced that she knows 98% of our province's population, as she seemed to greet everyone around us with a smile and proceeded to introduce me to each person with a story of how they knew each other. Thanks go to Pamela for her photo-journaling of dentistry in Manitoba, amongst all her other duties. Pamela, you are a great asset to our organization, and I admire you immensely.

Speaking of assets to our organization, I must recognize Ms. Linda Berg (Director of Facility Assessments and Continuing competency) at this time. She embodies the spirit of tenacity as she continues to guide her team through the process of Office Assessments throughout our communities. Her tireless efforts never cease to amaze me. It's a wonder that she still has energy left over to so pleasantly field calls from our members, gently pointing them in the right direction when they are seeking information on any variety of issues. Great thanks also go out to Linda and Dr. Mark Nepon, who have been hard at work implementing our CE Scan Card system. Your continued patience is appreciated as we roll out this new system!

Looking ahead, I'd like to remind you that January is right around the corner, and you all know what that means: our Annual Convention awaits… On January 26 & 27, 2018; It's All About the Team! Join your friends and colleagues as we celebrate the dental team. Convention Chair Dr. Pat Kmet and her committee have organized an abundance of talent for the educational line up, including both home grown and international speakers. There will be many opportunities to check out new technologies and tools at the Trade Show, and lots of time to socialize between the CE sessions or at one of the many planned social events. But pace yourself: you'll want to get together with your team and attend the "grand finale": the President's Gala, where you will be wined and dined and

can dance the night away to the Danny Kramer Event Band. I look forward to seeing you all there!

In closing, I would like to recognize both Cheryl Duffy and Sarah Harvey for all of their hard work "behind the scenes" in the day-to-day running of the Manitoba Dental Association. Diane McDonald, you deserve an award: no matter how frazzled or harried I am when I run in to the office for yet another meeting, you are always there to calmly welcome me from your sunny perch behind the reception desk with a friendly "hello". Thank you for setting such a calm and relaxed tone for our offices.

My year as president is winding down as I enter the last quarter of my term: my, but time has flown! I wish each and every one of you the Best that this season has to offer. Thank you all for the opportunity to serve on the Board of this great association.

Best Regards,
Catherine

MDAA
Manitoba Dental Assistants Association

MDAA President's Message

JANET NEDUZAK
PRESIDENT, MDAA

On behalf of the MDAA Board of Directors I am happy to update that we have had an exciting couple of months, with a CE just completed and preparation for our upcoming AGM in the New Year in full swing!

We held our most recent CE session this past October at Canad Inns Garden City. It was a great turnout with lots of information and prizes to be had, including a day of relaxation at Thermëa Spa! We had an attendance of 184 registered dental assistants. We were fortunate to have the informational presentations of Kathy Purves from Germiphene , Dr. Kurt Scherle and Dr. Kevin Vint of Maxillo Winnipeg. Kathy gave an informative presentation on Infection Control and Sterilizing Monitoring Procedures to start our day. Dr. Scherle and Dr.Vint closed off the day speaking about the "Surgical Assistant's Role in Minor Surgical procedures and Dental Implants." At the lecture we conducted an informal survey for those in attendance to help gain fed back on future CE topics for presentation, methods and other relevant CE events information. We were able to accumulate and analyze a variety of data that will help use in the planning future CE sessions.

We are busily planning our next AGM to be held in conjunction with the MDA's Annual Convention held the weekend of January 26th 2018! The MDAA will hold its Annual General Meeting Thursday the 25th at 7:30 pm-9:30 pm Room 2G at the Winnipeg Convention Centre. We invite you to attend and hear an update as to what the MDAA has done this year as well as partake in the voting in of new Board Members… or become one yourself! We are always looking for passionate and committed members to volunteer to share their voice and ideas as a member of our Board of Directors. We look forward to seeing you!

There are many exciting changes to come in this next year… please check back with our website to get up to date information including updated membership advantages and discounts to be had as a valued member of the Manitoba Dental Assistants Association.

College Corner

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

College Innovations Continue: Clinical Training Transformed

For the last several years, many dental schools in North America have been revising the clinical training paradigm in the search for a better widget. There was general agreement that the traditional "silo" approach to clinical disciplines impeded practical understanding/application of patient treatment plans, prevented true integration of clinical knowledge and inhibited comprehensive patient care. There was little agreement on the best approach to improve the system. In Manitoba, we have a long history of implementing creative solutions to age-old problems. We have been very fortunate to maintain a dedicated cadre of academics and instructors who spare no amount of effort to continue the traditions of excellence we all hold so dear. Development of the "Manitoba Solution" has been in the works since 2014 under the capable guidance of project lead Dr. Trenna Reeve.

Back in 2014, the fourth-year General Practice Dentistry course transitioned clinical operations from a discipline-specific silo format to a comprehensive care treatment philosophy. This included a more focused approach on comprehensive treatment planning followed by sequential disease control treatment modalities prior to corrective therapies and ultimately a customized maintenance schedule. This new approach proved to be highly successful, thus over the past two years, energies were then concentrated on the inclusion of this same comprehensive care approach into the third-year clinical program. Differing from the fourth-year layout, which is a single year-long general practice clinical course, the third-year clinical program continues to function within multiple separate discipline-specific courses that are combined into a fluid general practice clinical system. This "hybrid" approach retains the foundational course content but changes the manner in which clinic time is managed.

A phased approach was used to implement the third-year comprehensive care program. The initial 2016 phase effectively transitioned two out of the possible six clinical sessions into general practice comprehensive care clinics. This change essentially wipes clean the previous student unit allocation system, where students scheduled patients based on what discipline they had been assigned to in each clinical session. It has now opened the entire clinical session for students to schedule patients based on what treatment is next on the comprehensive treatment plan for that patient. This approach fully supports comprehensive treatment planning such that students are now able to treatment plan holistically having easy access to all discipline specialists within these clinical sessions while receiving oversight by calibrated general practice dentists. Having successfully transitioned two of the clinical sessions, the 2017 final phase of implementation now places all six clinical sessions into the comprehensive care format.

Additionally, the third-year students have been divided into three teams to mirror the private practice teams that are part of the fourth-year clinical program. Each third-year team has a "team mentor" who oversees the global clinical progress for each of their students and manages patient allocation to ensure equal and fair distribution of patients as well as maximum exposure to a wide range of clinical experiences. The team mentor also provides the students with another avenue of support to transition the building blocks of pre-clinical theoretical knowledge and skill development into the dynamic patient-centered clinical environment.

These changes have resulted in a more seamless integration of student understanding of how to treatment plan multi-disciplinary cases and subsequently working through these collaboratively developed treatment plans in a logical treatment sequence. Greater teamwork between students both laterally (within their student year) and vertically (between all clinical years) has been demonstrated through enhanced communication and co-assignment of patients. The primary student who completes the comprehensive treatment plan is responsible to quarterback all stages of dental care but may, with approval from their team mentor, share clinical treatment that is more suitable for another student. For example, a third-year student who has treatment planned a patient with multiple carious lesions that require restorations and a cast partial denture, can discuss with their team mentor the possibility of co-assigning this patient to a second-year student for basic restorations or co-assigning to a fourth-year student for the cast partial denture.

Similar to the fourth-year clinical training approach, the transition of the third-year clinical program to a comprehensive care philosophy has proven to be extremely successful for students and patients. This approach is time-intensive and has required an increased commitment of energies from all full-time and part-time clinical instructors. Success would not have been possible without the continued significant contribution of the third-year team mentors (Drs. Vanessa Swain, Noriko Boorberg and Rene Chu), Dr. Aaron Kim (Associate Dean Clinics) and the complete dedication of project lead Dr. Trenna Reeve.

Manitoba Dental Association

Presents the...

PRESIDENT'S GALA DINNER

Saturday January 27th

Join us for a luxurious evening
at the President's Gala Dinner & Dance

Featuring a fabulous full-course meal
and spectacular entertainment with the
Danny Kramer Event Band

Cocktails at 6:30 pm. Dinner at 7pm.
RBC Convention Centre
York Ballroom (main floor)

Tickets $150 and available at:
manitobadentist.ca/registrations

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

Canadian Dental Association's Message

I began my last bulletin article with the comment "I refuse to give up on summer just yet". As I sit writing and listening to the cold wind howl, I'm ready to give up, it's time to enjoy the crisp cold air and the bright clear skies.

A CDA Board of Directors meeting was held in Ottawa October 13-14. This was preceded by two board education sessions. The first dealt with board decision making, the second covered finance and accounting for non-accountants. These were very practical sessions that will serve the board members well in carrying out our roles at the CDA and in other endeavors. If you are involved in boards or committees in or outside of organized dentistry and have the opportunity to attend a similar program I think you'll find it most helpful.

There are a number of key issues on the CDA plate right now. Front and center for many of us are the proposed changes affecting professional corporations. On October 2, CDA representatives made a submission to the Federal Government on its consultation paper on tax planning using private corporations. The CDA is part of a larger coalition representing the collective interests of small business. There has been progress and it is expected that the government will be unveiling a new approach to this matter but the opposition strategy with further lobbying continues.

CDA Secure Send is now available across the country and enrolment is growing at a healthy pace. The goal is that Secure Send will become the standard for the profession for protecting patient confidentiality when sending patient information via the internet.

The work of the Task Force on the Future of the Profession is progressing well. The four working groups continue to meet on an ongoing basis, working through the challenge of analyzing the present to predict the future. All with an eye to the best interests of both the public and the profession. Its final report is anticipated for April 2018.

By now we should all be aware that transmission of dental benefit claims using a modem is being discontinued. TELUS and CSI have both extended the date to stop accepting claims by modem to December 15, 2017. CDA has been working with the provincial dental associations, software vendors and TELUS to inform members that receipt of claims by modem is ending and dentists need to transition. There are still a few dental offices using modems to send claims and time is growing short.

The Dental Association of Prince Edward Island will hold a Convention with CDA from August 22-25, 2018 in Charlottetown, PEI. Information on the 2018 Convention can be found in CDA Essentials, Oasis Discussions and on the CDA website. The convention website cda-dapei.ca is now live. The DAPEI puts on an outstanding convention. The timing and location provide an excellent opportunity to combine a vacation, continuing education and an all-round good time.

This coming January I will be attending the Federation of Canadian Dental Students Associations convention in Toronto. I look forward to seeing the future leaders of our profession in action and will report in a future article on the activities.

I would like to acknowledge and thank the CDA staff who provided resources and support for this issue's CDA column.

I will continue to use this column as a vehicle to keep the members of the Manitoba Dental Association informed as to what is happening at the Canadian Dental Association and about national issues that affect our profession and our daily professional lives. In doing so I hope to develop our collective appreciation for both the tangible and the unseen benefits we receive through our provincial association's membership in the Canadian Dental Association. Please let me know if there is something specific you are interested in or want information about.

Once again let me thank the members of the Manitoba Dental Association for the opportunity to serve as your representative on the CDA Board of Directors.

CAHD 4th ANNUAL MEETING

Canadian Association of Hospital Dentists | Association canadienne des dentistes en milieu hospitalier

FRIDAY MAY 11th, 2018 8:00 – 5:00 Health Sciences Centre Winnipeg

ORAL MAXILLOFACIAL REHABILITATION – FROM WOMB TO TOMB

Complex patients, special needs, exceptional care, unique expertise

This year's annual meeting of the Canadian Association of Hospital Dentists will be held in Winnipeg in May 2018. The theme is **Oral Maxillofacial Rehabilitation – From Womb to Tomb**. People with facial differences as a result of a congenital condition, cancer surgery, trauma or other acquired defects often face unimaginable obstacles. Dentists are able to make life-altering, transformative changes for these patients. Canadian dentistry is at the forefront of innovation in cleft lip and palate management, head and neck surgery and rehabilitation, and the application of implantology and digital technologies to head & neck and craniofacial reconstruction.

Exceptional national and local speakers from the disciplines of oral and maxillofacial surgery (including Dr. Lee McFadden), maxillofacial prosthodontics (including Dr. Igor Pesun), medicine and nursing will discuss the complex management of patients with facial differences across the lifespan – from womb to tomb. Visit cahd-acdh.ca for further details [and to register].

Lakewood Dental Centre
requires a part-time
Associate Dentist.
Experience is preferred.

To discuss this opportunity further, please contact Dr Rose Dhillon at dhillonrose@gmail.com

Annual Meeting 2018
Friday, May 11 and Saturday, May 12
8:00am – 5:00pm, Winnipeg, Manitoba
CAHD 4th Annual General Meeting
Preliminary Program:

ORAL MAXILLOFACIAL REHABILITATION – FROM WOMB TO TOMB
Contact cahd@cahd-acdh.ca
Registration Details to Follow

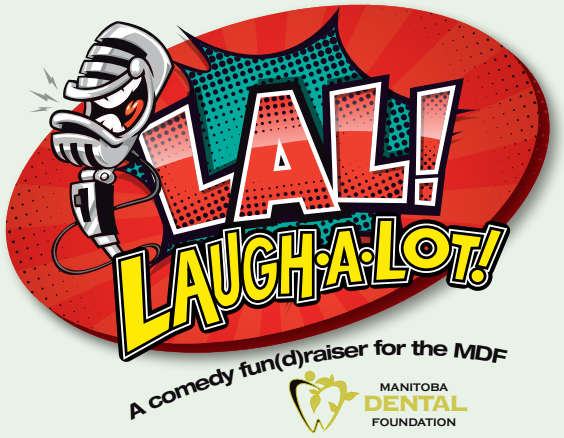
MANITOBA DENTAL FOUNDATION

A MESSAGE FROM YOUR FOUNDATION

Healthy smiles through inspired generosity

Healthy Teeth, Happy People

DR. FRANK HECHTER, D.M.D
DIRECTOR, MDF BOARD



On behalf of the organizers of the Laugh-A-Lot Comedy fun(d)raiser in support of the Manitoba Dental Foundation, I would like to extend sincere appreciation to members of UMDAA who purchased event and raffle tickets, and attended our concert. The VIP Reception generously sponsored by Scotiabank was a tremendous success where guests had the opportunity to Meet and Greet the four comedians, enjoy delectable appetizers and refreshments.

The "Weekend for Two at the Chicago Improv Comedy Festival was only $405 Raffle short of a complete sellout. Many thanks to Audi Winnipeg for sponsoring the raffle!

The early Bird Prize winner was Bruce Cypurda who won an autographed Matt Nichols jersey and tickets to the October 28th game between the Bombers and the BC Lions. The Grand Prize winner was Ken Hamin who won First Class tickets to Chicago (Delta Airlines), Weekend Festival passes, three nights in the Godfrey Boutique Hotel and $500 USD spending money. Congratulations to Bruce and Ken!

The comedy evening at the Burton Cummings Theatre was hosted by Kevin McDonald and featured local comedians Kate Schellenberg and Spencer Adamus. Jeremy Hotz, our headliner, were all hilarious!

Unfortunately, the weather did not cooperate and while the entertainment was excellent, the weather discouraged a walk up crowd and the event was not a financial success.
That said, our Laugh-A-Lot Comedy event increased awareness of our Foundation within Winnipeg and the province.

I would like to acknowledge the huge contribution and support of Walter and Brian of Traffic Advertising, who creatively and energetically support all things Dental. In addition to Scotiabank and Audi Winnipeg thank you to the Alt Hotel and True North Sports and Entertainment for their generous assistance in hosting this event.

Please save the date for November 3rd, 2018 for a Masquerade Ball in support of our Manitoba Dental Foundation, Carla Cohn is the chairperson of this exciting event.

Lastly, Jeff Bergen and I attended an Alumni Forum at the University of Manitoba. Jeff will provide more detail about the forum. In a subsequent conversation I had with the Chair of the Board of Governors Jeff Leiberman, President Barnard has been asked to report to the Board on the challenges that face the university and the strategies he and senior administration plan to adopt to address issues like funding formula, increasing tuition, recruitment and retention of faculty, and others.

Respectfully submitted,
Frank

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What Will 2018 Look Like?

JACKIE JOACHIM
CHIEF OPERATING OFFICER &
SALES REPRESENTATIVE AT ROI CORP.

For many of us, as we approach the end of yet another year, we c annot help but look forward with either much anticipation or trepidation to the next one. For those of us in the wonderful over 50 club, thoughts of a practice sale may be dancing in our heads instead of sugar plums. Depending on where you are these can be good or scary thoughts.

I was having lunch the other day with an owner who is 56 years old. We both agreed that life is not like the way it was for our parents—freedom 55 or retire and stop working at 65. For some of us, these are the thoughts from the past that we are now struggling with. Our own family history and the tantalizing promises of freedom and a stress-free lifestyle found in the ad campaigns from the 90s tells us one thing—but how healthy we feel and our mindset tell us something else. Therefore, my question to him was, "Why can't you sell but still keep working?" Yes Virginia, there are options for owners after the practice sells.

Is now a good time for you to sell? Definitely. We believe the market has peaked. We have seen a definite change in the dynamics of the market for the last 12 months. Therefore, today, if you are at the best place you can be then selling does make sense. Sell if you are noticing changes in your health, stress levels increasing more than usual, reducing your hours, or worse, showing up a little grumpy to work. These are definite factors that affect your value and as such, cause your value to go down from where it is today. Adding an associate can also bring your value down if the associate treats patients you normally would. Now you have added an expense you did not have before.

If you are still loving your own practice and if you believe you can and will make further improvements then don't sell. Your value won't go down and you may have a real opportunity to further increase it.

Deciding to sell your practice can be a difficult and a highly emotional decision to make. After all, you have spent years or even decades building up your practice, you have relationships with staff and patients so the idea of no longer working in this office is extremely difficult. However, after 35 plus years, maybe you are really ready to do something else. There are other opportunities in completely unrelated areas that you may wish to explore.

So I ask again, what will 2018 look like and will it be the year you sell your practice? I hope it is—but only if you have a game plan in place and are emotionally ready. We always advise owners when they are ready to sell to take 100% of their hard earned, well deserved sale price of their practice. Stay on working if that is what you and the buyer want. But don't have a portion of your sale price tied to a small amount of ownership or performance. Those are very separate issues and why should they be combined?

On behalf of our entire team here at ROI, I wish you a healthy, and peaceful 2018.

Marshall Peikoff
DMD, MScD, FRCD(C), FICD, FACD
Diplomate, American Board of Endodontics

Practice Limited to Endodontics

Endo Dental Corporation
301 – 400 St. Mary Avenue
Winnipeg Manitoba R3C 4K5
Telephone (204) 942-2511
Fax (204) 956-4147
info@rootcanalcanada.com
www.rootcanalcanada.com

October 23, 2017

To My Valued Colleagues,

After nearly five decades in the field of endodontics, I have decided to retire on Friday December 1, 2017. My career has been very satisfying, and I have loved every minute of it.

I want to thank you for your continued confidence in referring to our office for so many years. It has been an honour and privilege to work with so many of you. I am very proud that together we have maintained an extremely high standard of Dentistry in our Province. I wish you all the best.

Sincerely,

Dr. Marshall Peikoff

The etiology of genes involved in taste signaling and plaque microbiome in determining young children's susceptibility to severe early childhood caries

Purpose of study

This study involves identifying how genetic variation in bitter and sweet taste genes and plaque microbiome are involved in determining young children's susceptibility to severe early childhood tooth decay.

Inclusion Criteria

We are looking for children aged less than 6 years of age (< 72months) who are cavity free OR care needing pediatric dental surgery to treat childhood tooth decay.

Study Procedures

If you take part in this study, the coordinator/nurse or doctor for saliva collection will approach your child either at the time of enrolment or in the operating room for children who may be undergoing dental surgery to treat severe early childhood tooth decay. Two saliva samples are collected by placing a buccal swab on your child's left or right cheek and under the tongue. After this 0.5 to 1.0 ml of saliva is collected in sterile tubes. Two plaque samples will be collected from your child's teeth by using sterile disposable toothpicks or swabs. The procedure is safe and does not involve any needles or sharp objects. The whole procedure will take around 10 minutes.
You will also be asked to complete a questionnaire by interview about your child's teeth and health.

Payment for participation

You will receive a $25 honorarium (gift card) in appreciation for your participation in this study once the questionnaire is completed and saliva samples are collected. Taxi fares will be provided for cavity-free children to attend the study visit at the Children's Hospital Research Institute of Manitoba.

University of Manitoba

Participate in Research!

the Children's Hospital Research Institute of Manitoba

Who?

Children aged 3 to 6 years needing pediatric dental surgery to treat early childhood tooth decay & cavity free children

What?

Complete a short questionnaire and collect plaque & spit sample (genetic test)

Where?

Misericordia Health Centre/CHRIM/University of Manitoba

Why?

To understand if a child's taste pattern is related to Severe Early Childhood Tooth Decay

Oct 2017

Contact us for more information:

Kelsey Mann
Research Coordinator
Tel: 204-789-3789
Email: Kmann@chrim.ca

Misericordia Health Centre
The future of care

Pacific Dental Conference

March 8-10, 2018

Join us in Vancouver, BC

- Three days of varied and contemporary continuing dental education sessions are offered (something for your whole team)
- Lunches and Exhibit Hall Receptions included in the registration fee for all three days
- Over 140 speakers and 150 open sessions and hands-on courses to choose from, as well as the Live Dentistry Stage in the Exhibit Hall
- Over 300 exhibiting companies in the spacious PDC Exhibit Hall (Thurs/Fri)
- PDC Lab Expo on Saturday – One day of exhibits area and lectures for Dental Technicians and all Dental team (lunch included)

Pacific Dental Conference

PDC Lab Expo March 10

Online registration and program information at... **www.pdconf.com**

Featured Speakers

David Hornbrook
Restorative/Operative

Amber Riley
Forensics

Larry Emmott
Technology

Warren Karp
Health

Juan Yepes
Pediatrics

Peter Jacobsen
Pharmacology

Kristina Perschbacher
Susanne Perschbacher
William Nudera
Alan M. Atlas
Lois Banta
Hardy Limeback
Jeff Glaizel

Cathia Bergeron
Steven R. Olmos
Jo-Anne Jones
Jim Grisdale
Greg Psaltis
Glenn van As
John West

Mark Lin
Gary Zelesky
Katherine Eitel
Cheri Wu
Mary Ellen Psaltis
Bethany Valachi
Stephen Wagner

Conversation on Codes

DR. MIKE SULLIVAN
CHAIR, ECONOMICS COMMITTEE

Frequently the Manitoba Dental Association receives calls and emails from both the public and practitioners inquiring about codes and how procedures should be billed. To assist members and their staff, the Economics Committee is providing the fourth in a series of articles focusing on common questions related to specific codes and their suggested use.

BILLING FOR A CROWN

Understanding the Pieces of the Puzzle.

Crowning a tooth is a very common procedure in the dental office as a means of preserving a compromised tooth by offering protection against potential fracture. However, the multitude of steps involved and the various fee components have led to some confusion over how this procedure should be billed. Furthermore, the increasing trend toward 'unbundling of codes' in the process of billing for a crown, has created a red flag for an insurance audit. As a result, it seems timely to briefly review the pieces of the puzzle and the fees associated with them.

UNBUNDLING OF CODES

This occurs when the individual steps of a given procedure are pulled apart and billed separately, when in fact these steps are all included within one overall procedure code. The end result is an increased overall fee to the patient.

The crown code: what is included?

For a routine crown treatment, the following steps are included in the overall crown fee:

- Preparation of the tooth for the crown
- Retraction of the gingival tissue
- Impression
- Temporization
- Seating and cementation of crown
- Necessary adjustments to adjacent and/ or opposing teeth

Billing separate codes: what's appropriate?

Recontouring of teeth: In a typical situation, "Recontouring of Teeth for Aesthetic (16301- 9) and/or Functional (16401-9) Reasons" is considered part of the crown procedure and should not be billed separately. This includes such things as reshaping the adjacent interproximal contacts, or slightly reducing the opposing cusp for additional occlusal clearance. One possible exception would be when an opposing tooth is significantly over- erupted and requires extensive reduction in order to level the occlusion.

Occlusal adjustments: In a typical situation, "Occlusal Adjustments/ Equilibration" (16511- 9) to the artificial crown or opposing teeth in order to achieve good functional occlusion for the new crown are also considered part of the overall crown fee. This includes similar adjustments required as a result of the new crown at any subsequent appointment.

Soft tissue management: Retraction of gingival tissue, for the purpose of taking an impression, regardless of the method used, is considered part of the overall crown fee and should not be billed as a separate procedure. This includes physical displacement of the gingival tissue with retraction cord or a cordless retraction material as well as troughing around the tooth using a laser or electrosurgery unit. As a result, the following codes should not be used for laser troughing in place of retraction cord:

- Code 42311: Gingivectomy, Uncomplicated
- Codes 42331/42339: Gingival Fibre Incision (supra crestal fibrotomy)
- Code 42341: Soft Tissue Recontouring for Crown Lengthening, limited recontouring
- Code 42201: Periodontal Surgery, Gingivoplasty

On the other hand, if during the crown preparation, a significant amount of soft tissue must be removed in order to prepare a deep margin properly, then it may be appropriate to bill for "Soft tissue recontouring for crown lengthening", limited recontouring (Code 42341). The removal of tissue may be accomplished by means of a scalpel, laser, electrosurgery unit or bur. This is not intended as a routine billing practice, but rather should be reserved for cases in which significant soft tissue management is required.

Core and/or a filling: In some cases a dentist will place a core build-up and prepare a tooth for a crown during the same appointment. In this situation, the patient should be billed for a core and a crown.

Is the restoration to be billed as a core or a filling? If the intent is to restore the tooth for whatever amount of time and not crown the tooth it is a filling. If however the intent is to crown the tooth in the future, then the restoration is a core.

However, in some instances, a tooth may be treated initially with a basic restoration and at a subsequent, separate visit be prepped for a crown, sometimes with little time in between.

There are a number of legitimate explanations for this scenario. Perhaps the patient doesn't want or can't afford a crown, opts to try a basic restoration, and later returns with a fractured tooth. Maybe the treatment plan changes because a deep filling leads to a root canal or the patient requests an aesthetic option in the interim until they are able to return for a crown. In any event, more time and complexity are involved in placing a restoration than a core, therefore, it is appropriate to bill for a filling if a filling is placed.

In other situations, it may be appropriate to bill for both a filling and a core. For instance, if a filling is placed and later fractures, placement of a core may be necessary in order to provide adequate support for the crown.

Can you apply a 'margin' to commercial lab fees?

The commercial lab fee is intended to be a ' flow-through' cost to the patient. As a result, the fee to the patient for the lab portion of the crown should be the same as what is indicated on the lab invoice. When determining the lab fee, commercial labs usually incorporate all costs incurred to provide the dentist with the prescribed end product.

In summary, there are many factors to take into account when billing for a crown procedure. The preambles and descriptors in the Manitoba Dental Association's suggested Fee Guide offer additional guidance and support to help dentists bill appropriately. It is important to ensure that you bill the correct code for the procedure you provided. For further information contact Ms. Pamela McFarlane by email: pmcfarlane@maniobadentist.ca. Please provide a clear explanation on the specifics of your billing enquiry so that we can accurately assist you.

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

Manitoba Dental Association

Tradeshow Association Alley

WINNIPEG HARVEST INC.
Fighting Hunger and Feeding Hope

Winnipeg Harvest volunteers/staff will collect donations of non-perishables and monetary. **Booth 119,120.**

Siloam Mission

Booth 117,118.

Urgent Needs

Clothing
Backpacks
Winter Jackets
Hoodies
Long Johns
Winter Gloves
Toques
Neck Warmers
Winter Boots

Kitchen
Tomato Products (sauce, juice, diced, etc.)
Pasta
Cereal
Tea bags
Artificial Sweetener
Coffee Whitener
Sugar – White & Brown
Milk
Salt
Garlic Powder
Margarine
Peanut Butter
Jam
Garbage Bags - Large

Hygiene items
Tooth paste (small tubes)
Tooth brushes
Deodorant
Men's disposable razors
Travel size hygiene items
Soap (bar or body wash)
Shampoo & Conditioner (travel size preferred)

Saul Sair Health Centre
Men & women's reading glasses
Lip Balm
Small packs of Kleenex
Diabetic socks

Manitoba Dental Association

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

Join us February 21st, March 29th and April 15th.

To register or find out more, contact Pam McFarlane at: pmcfarlane@ManitobaDentist.ca

MDAGPSC

MANITOBA DENTAL ASSOCIATION GENERAL PRACTICE STUDY CLUB

Tax Tips for Charitable Donations

MICHAEL TAYLOR, CFP®, FMA
INVESTMENT PLANNING ADVISIOR

Canadians are very good at giving. In fact, we rank sixth in the world of 140 countries surveyed in the World Giving Index.*

There are many worthwhile causes and non-profit organizations to choose from. Donations to an officially registered charitable organization qualify for a non-refundable tax credit. You can claim donations by December 31st of the current year, as well as any unclaimed donations made in the previous five years. You can also claim any unclaimed donations made by your spouse or common law partner in the year, or in the previous five years.

TIP: To maximize the credit, all donations should be lumped together and filed by the higher earner.

What Types of Donations Qualify

• Cash donations to registered charities.
• "In kind" donations of tangible assets such as real estate, cultural property and works of art—the charity will provide a receipt for fair market value. (The CRA may require an independent appraisal for anything worth more than $1,000.)
• Charitable dinners or other events—the organizers will provide a receipt for the amount over and above the cost of the dinner itself.

TIP: If you donate publicly traded stocks or bonds that have appreciated in value, there is no capital gains tax on the gift, and you get credit for both the principal amount and the gain.

How Your Tax Credit is Calculated?

Your credit is a percentage of the amount donated based on your combined federal and provincial tax rate. For the 2017 tax year, a Manitoba dentist with a taxable income of $200,000 would receive a credit of $4,598 on a donation of $10,000—approximately 46%. You can get a credit for donations up to 75% of your net income. In the year of death (and going back one year), the limit is 100% of net income.

TIP: You can instantly determine your credit using the CRA's charitable donation tax credit calculator. Just visit the 'Giving to charity: Information for donors' section at www.canada.ca

Personal or Corporate Donation?

I often get asked this and the answer is that it's generally a push. If your personal tax rate is in the 45% range, you might think it's preferable to base your tax credit on this percentage rather than on the small business rates which are much lower. But you have to bear in mind that when you make a personal donation, you'll be paying tax on that portion of salary or dividend you take out of your practice, so it typically evens out in the end.

TIP: You do not have to claim all of the donations you made this year on your current return. A lower credit applies to the first $200 of donations and it may be beneficial to carry donations forward and combine them on your tax return in a future year to maximize the tax credit. Donations may be carried forward up to five years.

Long Term Giving

Some dentists become more personally involved in their giving to increase their sense of personal fulfilment, or to involve their family. There are three options to consider, with increasing degrees of complexity and donor control. You get the same tax benefit no matter which route is chosen.

Join a Giving Circle

You can put your charitable contributions in a pooled fund with other donors and decide as a group which charities to support. You may choose an area of focus such as the environment, education or the arts, and you'll be expected to research opportunities and make group decisions.

Give through a Public Foundation

This gives you the ability to leave a lasting legacy without having to do the due diligence in researching opportunities. You can provide a permanent endowment in your, or a family member's name, while avoiding the need to manage it directly.
Create a Private Foundation
This allows you to be more personally engaged with the process of giving and with the recipients. There are start-up and administrative costs, and you will need professional assistance. People who choose this route often involve family members to assist with the ongoing operation of the foundation.

TIP: If you would like to learn more, there is an excellent publication called Starting a Foundation, A Guide for Philanthropists at www.pfc.ca.

Donating as Part of Your Estate

Including charitable donations in your will can provide a tax credit that offsets taxes otherwise payable on the distribution of your estate. Bequests often consist of cash, real property and/or securities like stocks, bonds and mutual or segregated funds.

Another option is to buy a permanent life insurance policy with a charity named as the owner and beneficiary. This provides the following advantages:
• The annual insurance premiums can be considered annual charitable giving, so that you get the tax benefit each year.
• On your passing, the insurance policy bypasses the estate, and is paid directly to the charity.
• Since they're not part of your estate, proceeds avoid probate fees.

TIP: If you transfer ownership of a paid-up policy with a charity named as the beneficiary, you will receive a tax receipt for the fair market value. However, there may be an income inclusion on the disposition of the life insurance policy if the proceeds of disposition exceed the adjusted cost basis of the policy.

Incorporating Donations into Your Financial Plan

As with any financial undertaking, it's best to proceed with a plan. As an advisor with CDSPI Advisory Services Inc., I can

work with you to create a financial plan that will help determine the best way to incorporate your charitable donations.

There are many intricate tax rules regarding charitable giving, so it's important to consult with your accountant. I can work with your accountant to develop a tax-efficient strategy that incorporates your charitable intentions into your financial plan.

* The World Giving Index is an annual report commissioned by the Charities Aid Foundation

Michael Tyler, CFP®, FMA
Investment Planning Advisor

As a Certified Financial Planner® professional with CDSPI Advisory Services Inc., I offer a combination of expertise with an exclusive focus on dental professionals. If you feel it is a good time to develop a financial plan, or revisit one that is already in place, please contact me in Winnipeg at 1-800-561-9401, ext. 6847 or send an email to mtyler@cdspi.com.

How Will The New Tax Proposals Impact Dental Practice Values?

Concurrently published in the Newfoundland Bits and Bites Journal

DR. TOM BRENEMAN &
DR. ALF DEAN

Generally speaking, we have seen an increase in dental practice selling prices over the last 4-5 years. In many areas of Canada there is a strong sellers' market.

The increases have varied across Canada with Ontario and B.C. leading the way, and within those provinces, the Greater Toronto Area and Vancouver/Lower Mainland have been the real hot spots. There has been a spillover effect from these hot markets so that values have increased somewhat in Manitoba as well.

In order to answer the question "How Will The Tax Proposals Impact Dental Practice Values?' we have to look at the factors that are driving this sellers' market:

-By far the most important driver is an over supply of dentists in most areas of the country. In the last 10 years the population of Canada has grown by approximately 16% while the number of licensed dentists has increased by 31%. Within those numbers, the largest portion of growth has been by foreign trained dentists and many of those prefer to live in our largest urban centers.

-There are more dollars chasing the limited number of practices that are for sale. The banks are aggressively financing practice purchases at low interest rates and there are an increasing number of buying groups, many of them backed by pension fund or venture capital money. And they have discovered that the Prairie Provinces are relative bargains, so that has modestly increased demand here as well.

-Conversely, this over supply of dentists provides a pool of affordable and available dental providers for the consolidators that are purchasing dental practices.

None of the proposed tax changes will have any effect on these underlying factors that are driving this market.

However common sense would seem to dictate that any decrease in after tax earnings for a dental practice should have an effect on selling prices. Likewise, any tax changes that affect the supply of practices for sale should also have an effect on prices.

What is the likelihood of that happening?

The government has indicated that they will not materially change the rules around the Capital Gains Exemption; and because family salaries are normalized (added back) as part of the valuation process the income sprinkling factor is removed. The proposed changes around passive investment and conversion of ordinary income into capital gains don't really affect valuations that are based on earnings and earnings multiples.

The last factor to consider would be whether the proposed changes will impact the supply of practices for sale or the financial desirability of practice ownership. The changes may result in a slight, short blip in the number of practices for sale. However, for dentist-owners there isn't any other option if they want to be their own boss and for investors there are few, if any, investments that can compete with dental practices on a financial risk-reward basis.

Based on the information presently available in regard to the proposed tax changes; coupled with all the factors that are driving demand, that will not change in the short to medium term; plus, the situation where the proposed tax changes will not really change anything for the consolidators who are purchasing practices; it can be logically concluded that the proposed changes will have minimal, if any, impact on dental practice values.

Safety In The Dental Office

NITA MAZURAT, DDS, MSc
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DIRECTOR INTERNATIONAL DENTAL DEGREE PROGRAM,
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List two visions that come to mind when you hear the word "Safety"? Perhaps your thoughts were about installing snow tires or simply new tires on your vehicle to keep you safe on winter roads. Did that also act as a reminder that you were going to donate your children's winter coats and scarves to the Koats for Kids program to alleviate another parent's concern that their child could walk to school without worrying about frostbite? What about safety in your dental office? If you thought about snow, did you also remember haltingly about that patient who slipped in your office last winter because she had snow on her high heeled boots?

Life changes in the blink of an eye. Sometimes those changes are positive: sometimes, they are not. Recognition of when we should make changes to prevent those "could 'a, should 'a, would 'as" in the dental office serves to provide solutions before a serious incident forces us to make needed changes. The graphic below is a list of issues, albeit incomplete, that comprise safety in the dental office. Let's work together to make this chart complete!

SAFETY IN THE DENTAL OFFICE

PREVENTION OF TRANSMISSION OF DISEASE
- IPC- Routine Precautions - Additional Precautions
- MDR
- Purchasing process- include safety factors through investigation prior to purchase

PREVENTION FROM INJURY
- Exposure to ionizing radiation
- Exposure to laser beams
- Cuts
- Heat/pressure/electrical
- Ergonomics
- Falls
- Sight/hearing/organ damage
- Inspections/regular office reviews and equipment checks
- Patient Screening (med hx, BP)
- Appropriate Rx practices
- WHMIS and spill protocol
- Health habits (smoking, diet)

DISASTER PREPARATION
- Emergency drug kit including oxygen tank check
- First aid/CPR/AED
- Fire plan/drills&Fire extinguisher check
- Flooding
- Boil water advisory
- Severe weather
- Pandemic planning

PREVENTION OF ABUSE
- Psychological: Recognition of: anxiety, addiction, technostress, noise, air quality
- Freedom from harassment
- Financial- Recordkeeping, reporting of outcomes

See also: https://work.alberta.ca/documents/OHS-WSA-hand-book-dental-workers.pdf

The hallmark of our profession is the improvement of health and quality of life for our patients while keeping patients, our staff, ourselves, and all of our families safe. These articles are being written to discuss the very broad topic of safety in the dental office. Each article will examine three safety forums.

1. The first forum is a discussion of an event in a dental office that has resulted in injury to a patient. I will examine the event and make suggestions for safe practices that will serve to prevent that or similar incidents from recurring.

2. The second will focus on topics from the Checklists that the CDC published in 2016 that are measurable (https://www.cdc.gov/oralhealth/infectioncontrol/guidelines/index.htm). These are topics that could potentially take longer to achieve as they require modification of behaviour within the culture of our offices. As with any behavior modification, change occurs only after we recognize and then accept that change is needed. Incremental changes begin when the first step is adopted and/or validated.

3. The third topic will be one that is a concern for our profession as a whole and requires thoughtful shifts in our professional culture. These safety issues will be ones that require further reading and discussion as well as guidance from expert groups and even from regulatory bodies.

1. The first case reminds us that protective eye-wear must be used for oral healthcare providers AND patients during patient care. Protective eyewear is defined as eyewear that touches the cheek, the temples, and preferably the eyebrow. Go to the YouTube video at the following link: http://www.dentistryiq.com/articles/2014/08/jenn-s-vision-a-true-lesson-in-best-practices.html

The video is about a young lady who went to her dental office for a routine procedure and lost sight in her eye because a local anesthetic syringe was dropped and fell directly into her eye. She had not been directed to wear, nor provided with, protective eyewear.

There may be other unsafe practices associated with this incident, which is pure speculation on my part, however, as with most incidents there are other factors that should be considered. Was the local anesthetic syringe being passed? Was it being passed over her face? In the truest sense, sharps should not be passed at all, however, clinically, four handed dentistry is synonymous with efficient practice. The strategy to minimize risk when passing sharps is to pass them over the patient's chest or abdomen or behind the patient. Did the dentist's hand holding the syringe or, the syringe itself, contact the light or light handles resulting in the fall? The operating light should be one arm's length from the operator for maximum safety and operator efficiency. This case is a reminder to provide and place protective eyewear on every patient prior to every procedure, preferably when placing the patient bib. Patients may object. Share the story of Jenn's eye with them to remind them this is for their safety!

2. Hand hygiene is the single most important healthcare practice to reduce the risk of transmission of disease. Yes, gloves are worn. Unfortunately, when gloves are accessed with hands that have not been washed or sanitized immediately before placement of gloves, microorganisms are deposited on the patient side of the gloves that are being placed as well as contaminating others in the box when acquiring gloves. Additionally, gloves, even good quality gloves can be compromised by pitting and gaps in the material. When hands are placed into gloves, this creates an environment where microorganisms thrive and grow exponentially. Pitting in glove materials means that microorganisms can be transferred to the patient and from the patient. Wash your hands immediately before and after removing gloves.

The 2016 CDC checklist recommends that we wash when:
- hands are visibly soiled;
- after contacting patient fluids barehanded;
- before and after treating each patient;
- before putting on gloves;
- immediately after removing gloves.

Audits using the CDC checklists are valuable tools to evaluate practices. Hand hygiene audits in Winnipeg, both in the community and in the educational setting show that compliances for hand hygiene prior to gloving are in the 90-100% range. It is easier to achieve a goal when you have help. Make it a competition. Can you make your goal for 'hand hygiene immediately before gloving', 100% of the time? (Next article will ask for the more difficult 'upon removal of gloves'.) Ask your dental assistant to remind you if you forget and put even more at stake, for every time you do forget, you have to donate a dollar to a charity of their choice! Safe hand hygiene is safe dental practice.

3. The CDC is concerned with antibiotic stewardship as well as the accompanying increase of antibiotic resistance. (https://www.cdc.gov/hicpac/pdf/Antibiotic-Stewardship-Statement.pdf)

The article noted that while the total number of prescriptions for antibiotics was going down and physicians were prescribing fewer antibiotics, dentists were responsible for prescribing more antibiotics.
"Antibiotic prescribing by dentists has increased: Why?" (Marra F, et al JADA 2016J Am Dent Assoc. 2016 May;147(5):320-7. doi: 10.1016/j.adaj.2015.12.014. Epub 2016 Feb 5 https://www.ncbi.nlm.nih.gov/pubmed/26857041)

The themes for these increased prescribing practices were: "unnecessary prescriptions for periapical abscess and irreversible pulpitis; increased prescribing associated with dental implants and their complications; slow adoption of guidelines calling for less perioperative antibiotic coverage for patients with valvular heart disease and prosthetic joints; emphasis on cosmetic practices reducing the surgical skill set of average dentists; underinsurance practices driving antibiotics to be a substitute for surgery; the aging population; and more dental registrants per capita."
The worst that a healthcare provider can do is cause harm when the patient did not require an intervention. A study that was conducted to learn more about prescribing practices by dentists conducted in Minnesota reported that 15% of the patients who were diagnosed with C. difficile infections had taken antibiotics that had been prescribed by dentists. Central to this report is that the authors questioned how many of the prescriptions had reflected appropriate prescribing guidelines. (http://www.cidrap.umn.edu/news-perspective/2017/10/study-links-dental-antibiotics-c-diff-cases) We need to be aware of when it is appropriate to prescribe antibiotics and to take the patient's risk status into account when discretion is required. Be particularly vigilant about prescribing antibiotics "just in case" or instead of performing treatment.
This has been the first in an ongoing series about Safety in the Dental Office. In the next issue I will continue to encourage 100% compliance for hand hygiene practices as well as discussing two other safety issues.

The Art and Science of Financial Planning

DEBBIE OKAMOTO, CFP®
SENIOR INVESTMENT PLANNING ADVISIOR

A groundbreaking study* from a few years go determined that Canadians who rely on financial advisors are "wealthier, more confident and better prepared for the financial implications of various life events." Moreover, the study found that this value grew over time.

On the other hand, a recent survey of retired dentists conducted by CDSPI¿ showed that 68% of respondents had no formal planning assistance before they retired.

So this begs the question: If having a financial plan is clearly beneficial, why have so few dentists taken this step? Especially since this service is a member benefit of the ODA provided by CDSPI Advisory Services Inc. (CASI). Perhaps the answer is that not enough dentists know what a financial plan provides. The purpose of this article is to offer some insights about the process of creating a plan, and how you can expect to benefit from one.

At the outset, let me say that there are no cookie-cutter solutions to creating a financial plan. Each one is unique, combining the art of understanding a client's particular needs, goals and aspirations with the science of number crunching, projected cash flows and expected rates of return.

THE ART

Just as an artist assembles paint, canvasses, brushes and other tools of the trade before starting to work, we gather information as a first step to creating a plan.

Some of this is quantitative: What are your current assets and liabilities? How long do you plan to practise? What's the expected value of your practice, residence, or investment property when you retire?

And some is qualitative: What kind of a life do you envision in retirement? How comfortable are you with risk? Have you thought about your estate plan?

The art comes in assimilating this information with knowledge of your profession. We've been working with dentists for decades, so we understand your business, the professional and personal challenges that you and your peers face, and the expectations that dentists and their families tend to have. Typically, your spouse's assets, anticipated cash flow, and retirement expectations are an integral part of your plan.

There are also many unique tax implications to consider, especially if you own a professional corporation. Working with your accountant, we can recommend income-splitting tactics, shareholder strategies, holding company investments, a long-term withdrawal strategy, and a host of other techniques to help minimize your taxes now and in retirement.

If you own a high-end vehicle, you don't want to take it to the local garage for servicing. They may be perfectly competent, but there are simply things they won't know about your vehicle that a specialist will. The same goes for a financial plan—it helps to have an expert who specializes in working with dentists. An added advantage of working with CASI is that, as non-commissioned advisors, we can be completely objective about the plans we develop or recommendations we offer.

THE SCIENCE

Now it's time to crunch the numbers. Dentists are in a unique position—they tend to have sizeable registered and non-registered investments, and in many cases they hold a significant portion of their assets in a corporation. So retirement cash flow comes from a variety of sources, including RRIFs, CPP and OAS for you and your spouse.

One of the primary goals of a financial plan is to determine the amount of cash flow you wish to have in retirement, and to establish a "required rate of return" on your investments to help meet that goal.

This will help determine your asset allocation. For example, if your net worth is relatively healthy and you're on track to meet your goal, you may want to lean toward lower-risk investment funds. On the other hand, if you're behind where you would like to be, and can accept the risk, you may need more equities in your portfolio.

"Life is what happens while you're busy making other plans."
– John Lennon

As we all know, life seldom unfolds exactly as you expect. We account for this in a financial plan using What if? scenarios to determine how they might affect the plan. At CASI we have 150 variables we can consider, such as:

What if you sell your practice for less than you expect?

What if the market takes a nose dive at the wrong time? Or goes on a bull run?

What if you live longer than expected?

What if you or your spouse needs long-term care later in life?

We can create multiple scenarios, each with its own required rate of return. It's important to remember that a financial plan is never chiseled in stone—in fact, it's just the opposite. It's a living document that will evolve as your life circumstances change, so it needs to be revisited with your planner to make adjustments on a regular basis. The goal of a financial plan is to give you the flexibility and freedom to enjoy retirement on your own terms. Although we can provide advice, and some recommendations, ultimately you are in the best position to make decisions about your financial future. Our job is to use the art and science of financial planning to provide clear, easy-to-understand options. It's like going to a restaurant created specifically for you; we'll provide the menu, but it's up to you to order what you want. Bon appétit!

* Econometric Models on the Value of Advice of a Financial Advisor©, CIRANO Institute, July, 2012.
¿Life After Dentistry study, 2017.

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