

# MDA Bulletin



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## IN THIS ISSUE:

President's Message

Registrar's Message

Dean's Message

PBM Committee Update

Infection Prevention and  
Control Committee  
update

Communications  
Committee Update

Articles of Interest:  
Managing Through  
COVID-19

Impact of the Current  
COVID-19 Pandemic on  
Dental Practice Valuations  
and Sales

Patient Communication

Conversation on Codes

Solutions for Working in  
New Ways

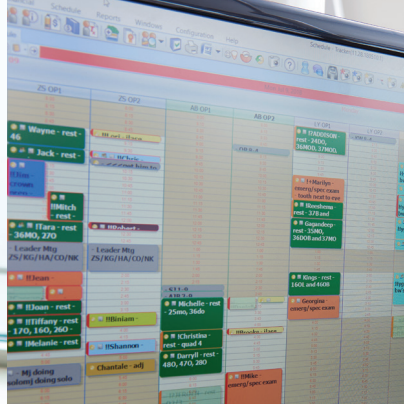


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# MDA Bulletin



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## President's Message

**DR. MARC MOLLOY, D.M.D. F.I.C.D.**  
PRESIDENT, MDA

### The COVID-19 days

Once again, I am sitting at my family room desk during self-isolation, looking out the window at a beautiful, sunny Manitoba landscape.

It is a morning that looks like any other, however, at this early hour, I would typically be in my car driving to work, mentally preparing for the day's slate of patients. I couldn't have anticipated that this is where I would find myself – nor could any of us have foreseen the trajectory that we are currently finding ourselves on.

The trauma of having to separate ourselves from our valuable teams and workplaces, and the anxiety of not being able to use a hands-on approach when serving our patients, has left us all feeling a bit empty.

I am optimistic that we will return to a better place than we were before COVID-19, albeit changed forever, as there will always be a need for caring practitioners to deliver quality dental care for Manitobans. How that will look upon our team's re-integration is yet to be determined, but we will return and we will be all the better for it.

Thank you all for your incredible support. Many of you have reached out to me, and our extended MDA team with tremendous encouragement – I can't tell you how comforting it is to hear these words. We are making very difficult decisions while trying to respect everyone's feelings and opinions. I want to recognize how incredibly devoted our MDA staff have been to our profession.



Before the reality of COVID-19, the MDA team was already a 'dawn to dusk' team. The pandemic has elevated their commitment levels to extend well beyond the call of duty. We are a caring community and we have an exceedingly caring staff. Please continue to reinforce how much you appreciate their commitment. Everyone has their foot squarely planted on the gas!

I would also like to acknowledge the hard work of our committees and chairs. Leading up to the most acute phase of the COVID-19 crisis, we activated many of our committees to meet and take on special projects. They have spent countless hours searching for information and resources, meeting on various online platforms, deliberating, and ultimately reporting back with their findings.

Over the past weeks, the MDA, as the provincial regulator for Dentistry and Dental Assisting, has reduced dental services back to a trickle, providing for only the most serious dental emergency. On March 20, the Premier of Manitoba announced a province-wide state of emergency. On April 1, the Chief Provincial Public Health Officer approved special measures, seriously limiting Manitobans in an attempt to reduce the spread of COVID-19.

I would like to express my appreciation to the dental community for their actions to 'flatten the curve' and slow the spread of the disease. As shown by the outcomes in more highly affected areas of the globe, COVID-19 is proving to be a deadly disease, especially for those of us working in the aerodigestive tract.

As a community, we have become accustomed to providing answers in a timely fashion to questions that arise in both our public and professional spheres. As a group, we are thoughtful and detailed in our research and strive to provide answers that will offer long-term solutions. COVID-19 has changed that perspective. There is a global lack of concrete information, combined with a need to 'act now'. This is a difficult combination for us all.

As the viral pandemic moves toward a peak and then begins to normalize, we will undoubtedly understand more. We will act as swiftly as we can, based on the information available at the moment. What was thought to be fact last week, is discounted the next. For that reason, recommendations change and protocols must adapt. Please visit the MDA website frequently and subscribe to the MDA e-Alert system. Read the IPC guidelines carefully as they contain very important information and are updated frequently. Be vigilant and calculated in your decisions. Take steps to further your knowledge base to minimize risk to your patients, your valuable teams, and yourselves.

Looking back on the past year, I would like to recognize several people. Immediate past President Dr. David Goerz provided us all with strong leadership and demonstrated his strength in managing the many relationships the MDA maintains with stakeholders. Dr. Cory Sul completed his time on the board, and as past president, providing us all with the much-needed inspiration to revisit



our systems and plan for our future, and finally, Dr. Patti Ling who demonstrated great courage and initiative to answer the call to serve in such a high pressure, time-intensive role. Dr. Ling has quietly served as a mentor to so many (including me) and demonstrated her strong, cheerful and confident personal attributes. Good luck to her in her next chapter.

Looking to the future, the board welcomed a new member, Dr. Ed Agnew, from District 2. Dr. Agnew will bring his experience and wisdom to our group. Dr. Chris Cottick has moved into the position of vice president and Chair of the Governance and Nominating committee. He will certainly be able to apply his diverse knowledge base to help us in our mandate of protecting the public interest. Furthermore, we are very fortunate to have Dr. Arun Misra join our team in the Registrar's office, bringing his sharp and analytic personality and calm cool demeanour. How about that trial by fire that he has stepped into with COVID-19 landing on his desk!? He has helped our board navigate questions that we have never anticipated having to answer. Combined with his unique skill set, Dr. Misra has already proven to be a valuable leader in this challenging position. I would also like to show some appreciation to our government-appointed public representatives, who show a strong dedication to the regulation of dentistry in Manitoba. They review hundreds of pages of resources and come well prepared to endure long meetings.

Although I am unable to list all of the Manitoba dentists recognized with awards for their great contributions, I will single out two exceptional U of M graduates. Firstly, Dr. Ralph Crawford (UM '64)

will be the recipient of the CDAs highest honour, the CDA Medal of Honour. This medal is considered to be the pinnacle award of the association and is conferred upon a dentist in recognition of a lifetime of outstanding service and professional achievement to the benefit of the dental profession, the dental community, and society at large, and to which can be attributed significant change. As had been originally planned, he was to be celebrated this April at the Canadian Dental Association (CDA) President's Installation Dinner in Ottawa, unfortunately, we will have to find another time to party with Dr. Crawford once our world stabilizes – and that shouldn't be too hard to do!

Another U of M graduate who was to be celebrated at the same gala in Ottawa in April is Dr. Sandy Mutchmor (UM '83) who will complete his year as president of the CDA. We are extremely proud to recognize Dr. Mutchmor's accomplishments and incredible commitment to dentistry and oral health in Canada. It is a truly incredible undertaking to work one's way up the CDA ladder – Sandy arrived with grace and class and has marched through his year as president with strength and perseverance. He is yet another of our local heroes. Congratulations to both Drs. Crawford and Mutchmor!

Although our MDA/CDA convention has been postponed, we are looking to reschedule for a date when we can all catch up and celebrate together again. Until then, please stay safe. 🏠

Marc Mollot, B.Sc, D.M.D.  
President & Chairman of the Board,  
Manitoba Dental Association

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## Employment Opportunities

With the increasing role of the MDA to assist Manitobans with information on dentistry, its regulation and reasonable expectations for their oral health, there is a need to have practicing dentists serve as a resource to the Registrar. Individuals will have to communicate with Members about regulatory requirements in the public interest. Individuals with knowledge of practice standards, effective communication techniques, regulatory processes and is prepared to dedicate the time necessary to perform the tasks are required.

### The Deputy Registrar

- Be knowledgeable of current regulations; government legislation; practice standard
- Support the public and members about practice standards and statutory responsibilities
- Assist the Registrar in developing critical thinking documents and guidelines to address common questions and practice standards
- Support the Board and Committee chairs, when applicable, when the Registrar is away
- Support practice monitoring activities as a result of the office assessment/peer review process
- Provide support to the Registrar as needed

### Mediation Liaison Officer

- Support the public and members with information about oral health care
- Engage members of the public and professions in a positive, supportive manner.
- Support an effective and timely resolution of the concerns of members of the public and professions through an informal communication process with the MDA or it's member
- Catalogue all pertinent concerns by the public and members and their resolution process and disposition
- Document communications and produce a summary report quarterly for Registrar
- Provide support to the Registrar as needed

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## Registrar's Message

**DR. ARUN MISRA, LLB, D.M.D**  
INTERIM REGISTRAR, MDA

Since having been appointed to Interim Registrar starting February 1st, no one could have imagined where we would be two months later. The COVID-19 pandemic has tested the limits of our scope of regulatory issues and forced us to think outside the box due to the complexity and variance of the current environment.


In such unprecedented times, I can say with confidence that the Executive Board members, and in particular our President, Dr. Marc Molloy, have been instrumental in moving these time sensitive matters forward. Dr. Molloy's understanding of the importance of regulation has allowed the Board and the Registrar's office to act quickly on issues arising from the COVID-19 pandemic. The association's response is exemplary of how the Board, the Registrar's office, the CEO and staff of the MDA work together, during a time of crisis, in the best interests of the public. This is one aspect of what makes our organisation unique and allows for the steadfast progression on pertinent regulatory issues.

It is with assurance that during this time of transition, the Registrar's office is moving forward with other regulatory matters that are affecting dentistry on a continual basis. Regulatory committee work is essential to this and we are fortunate to have members of our profession heavily involved. Our work would not be possible without the voluntary time commitments that committee members selflessly

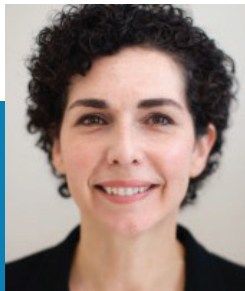
give. I look forward to establishing a close working relationship with these committees.

Dr. Patti Ling has been a tremendous help during this transition. Her dedication and work on regulation in the public interest has resulted in significant inroads that will have a lasting effect for years to come. I am very grateful to have worked alongside Dr. Ling for the past 1 ½ years as Deputy Registrar.

It is noteworthy to mention Dr. Marcel Van Woensel, former MDA Registrar, and his contributions to our profession. His past leadership has been instrumental in laying the foundation of the regulation of dentistry in our province.

The organism of regulation, as a whole, continues to evolve rapidly and it is up to us, the entire membership, to keep up with this pace, anticipate future issues and provide a Manitoba vision of dental regulation not only here at home, but nationwide. I thank the board for appointing me into this position and I look forward to working with Dr. Molloy, the Board of Directors and the membership during this transitional period, until a permanent Registrar is appointed. Thank you for the opportunity to be able to serve our profession. 

Respectfully,  
Dr. Arun Misra LLB, DMD  
Interim Registrar, MDA



## Dean's Message

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

January 2020 started with global news of the COVID-19 pandemic. The Dr. Gerald Niznick College of Dentistry progressively tapered down its operations over the last several weeks.


As a result of the "work from home" and social distancing rulings at the University of Manitoba, and the Provincial and National COVID-19 directives, the majority of our operations and teaching have now moved to a remote delivery format. We have been busy putting our didactic courses on-line and Dr. Dieter Schonwetter has been instrumental in helping us transition our curriculum. Staff and administrators also mobilized very quickly by moving our operations on-line and facilitating working from home.

On the patient care side, our third and fourth year dentistry and dental hygiene students, residents, support staff and faculty worked very hard before the closure of our clinics to address emergency patient needs and complete as many treatments as possible. Following the recommendation of the Manitoba Dental Association, we ceased providing elective treatment to our patients and transitioned to management of emergencies with pharmacotherapy. Under the leadership of Dr. Tenna Reeve new algorithms for patient screening and triaging were created and implemented.

With the increasing information about the danger of COVID-19 viral transmission in the dental setting, we reached out to Shared Health and the Manitoba Dental Association and were able to organize and launch a dental emergency clinic out of the Health

Sciences Center. Shared Health lent its expertise, equipment and facilities to assist us in this endeavor. This clinic will accept referrals not only from the Dental College and its associated community clinics but also from the Manitoba dental community. Teams of volunteers and faculty will provide emergency service in Oral and Maxillofacial Surgery, Endodontics and Pediatric Dentistry.

We have also connected with our colleagues in Medicine, Pharmacy, Nursing and Rehabilitation Sciences to see how we can best support our healthcare system. Dr. John Perry has been disseminating volunteer opportunities and I am very proud to say that our dental and dental hygiene students and faculty have taken up the chance to serve. At last count more than 50% of our student body have volunteered within the healthcare system to provide much needed health related service to the community at large.

This spirit of collaboration amongst us has truly been inspirational! Although we know that times ahead will be challenging for all of us, we will be able to face these challenges as a community. I am humbled by the generosity, ingenuity and determination of all around me and I am grateful to be part of such a caring community. 

*"The Ultimate Measure Of A Man Is Not Where He Stands In Moments Of Comfort And Convenience, But Where He Stands At Times Of Challenge And Controversy."*

- Martin Luther King, Jr









# Managing Through COVID-19

**JACKIE JOACHIM**  
COO, ROI CORPORATION  
1-888-764-4145,  
JACKIE.JOACHIM@ROICORP.COM

## Will YOU recover from COVID-19?

Yes you will! I am resolutely confident in saying this because while health care is not recession proof, it is a resilient industry that weathers well during economic fluctuations. The closures and financial stress caused by the COVID-19 pandemic are certainly unprecedented. However, you can expect to recover if you spend your time wisely and choose to invest in your asset during this extraordinary period. Your valuable time is a scarce resource that you consistently crave. Make it count.

Owners have the opportunity to focus on 3 key areas. Once the doors re-open, there will be a backlog of work. After all, without exception, every dental office is closed. This is not a situation where a natural disaster such as a flood or fire has impaired only one clinic. This situation has befallen us all, service is postponed, and patients do not have an alternative option. More importantly, as difficult as it is, patients inherently understand the need for the closure as well. Therefore, take this gift of time and focus your attention on 1) Managing your cash flow, 2) working on your practice rather than in your practice and 3) improving and refining your communication skills—both with staff and patients.

### 1. Managing your cash flow:

Despite the media being abuzz with doom and gloom the fact is there are steps an owner can take to navigate through this crisis.

- First call must be to your bank. Look to see if loan payments can be changed to interest only for 3 months. Ask for a temporary extension on your line of credit.
- While money is not coming in from patient visits, why not focus on the outstanding collections. Take a measured approach here and try and understand each account on a case by case basis. Often when things are busy, people do not always have the time to diligently collect outstanding fees.
- See what can be done to reduce inventory costs without sacrificing the quality of goods or inconveniencing patients. Are you ordering too many of some items? Can an item be sourced somewhere else at a better price? Just because you've always ordered something from a particular supplier or done things in a particular way doesn't mean you have to keep doing them that way—especially when those other ways may save you money. We all know savvy shoppers that thrive on getting great deals. You may have a staff member that could tackle this role and tighten those expenses.
- Don't necessarily cut back on marketing. Consider effective marketing initiatives you can do once the doors re-open. For example, budgeting for a patient appreciation event would be well received.

### 2) Working on your practice rather than in your practice:

Take this opportunity to do the things in your office that you have been putting off.

- Now is a good time to do minor renovations, refresh and de-clutter.
- Do a deep dive into patient charts. Every office has files that have unplanned treatments or require follow up.
- You have exceptional practice management software that has significant analytical reporting at your fingertips, review your practice data. Do you really know who all your patients are? This will be

particularly valuable when you are considering your marketing initiatives once things return to normal.

### 3) Improving and refining your communication skills—both with staff and patients.

Practice owners often get mired down in the details of treating patients and running the office.

- When you look at the demographics of your patients, you need to consider how they communicate. A group of Millennials will use different language and phrasing, mixing in a lot of slang that the Baby Boomer demographic would never use. Now is your opportunity to really look at how you deliver your message and on what medium.
- Think about how your staff communicate. Helping team members learn to communicate in professional and respectful ways helps build a positive atmosphere. Empower them to champion your new approach.
- Encouraging a positive, open environment provides security for people to share ideas, without being judged. Give your staff a platform in which they can share ideas with one another. Creativity and innovation will follow.

Once we get through this crisis, (AND WE WILL GET THROUGH IT) history is a great indicator of the future. After every serious recession or crisis like 9-11, SARS or the market crash of 2008, practice values went up. The economic principles of supply and demand dictate, that buyers who are reluctant and not buying now combined with the owners who have lost significantly in their stock portfolios and cannot sell, will result in too many buyers and not enough good practices. From a practice value standpoint, the current value of a practice should not be affected. Due to these closures we anticipate a deferred income from the backlog of work resulting from the backlog of patient visits that need to be booked once we emerge from the crisis.

As awful as the closures are, I cannot help but emphasize that we are looking at deferred income vs. lost income. Even if this closure lasts 4 months, as economically difficult as it will be for the owner, as long as owners were not over-leveraged before, the practice should weather this crisis as well. Banks are stepping up with increases on lines of credit and converting payments to interest only in conjunction with Ottawa creating a stimulus package, the like of which the country previously couldn't fathom. The economic incentives that will flow from this situation are ones that we should all pay attention to. The reality is that patients trust you and this is not something that could undermine that trust. Every office is closed. When this finally corrects, the back log of work will keep you busy for a significant period.

The key to successfully coming through this is to stay positive and focus on the opportunity that forced time has given you. Don't think about "When is this going to end?" think "What can I do during this period to energize my business to make the most of the situation when the doors reopen." There is absolutely nothing that will make your practice one hundred per cent recession-proof. But implementing some of the suggestions above will help to ensure you get through these tough times and perhaps even be able to profit from them.

Jackie Joachim is Chief Operating Officer of ROI Corporation. Please contact her at [Jackie.joachim@roicorp.com](mailto:Jackie.joachim@roicorp.com) or 1-888-764-4145.

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## MDA Communications Update

The Communications Committee has been active on many fronts before, and now during this unprecedented Covid-19 pandemic. This update is current as of April 16, 2020.

Firstly, we have been involved in preparation for the convention, as well as many other regular initiatives.

With the great change that started in mid-March with the spread of the corona virus, Brian Fawkes our communications consultant was involved in developing the media release that was covered by most media outlets in the province.

We have also halted many planned initiatives, including: Oral Cancer Screening which was to be held April. This may still be held at a later date. Tooth Fairy Saturday at the Children's Festival in June has also been cancelled for this year.

We have also suspended all of our regular social media posts, print ads, and TV/Radio commercials. This was done in mid-March as well.

The committee has been involved in updating our digital media presence in this pandemic time as well. We have also helped the board with updates to the MDA website to help the public as they search for information.

Bulletin work is underway, and will be updated with notes from the Board as the information evolves.

We will be involved as the board needs us to help with sending information to the public as well as to our membership.

Most recently, we are working on a new TV spot that will thank the front-line workers, and remind everyone that We Will All Smile Again. Watch for this spot in the latter part of April, and early in May.

We continue to meet virtually on an as needed basis. Stay safe and follow all information as it comes out. We will all work together to get through this.

Thanks also to all of our members who are working independently to help get information out to many dentists in the province in other forums using social media in its varying forms.

I would also like to send a great thank you to all of our board members who are working with unbelievable pressure in a very difficult time.

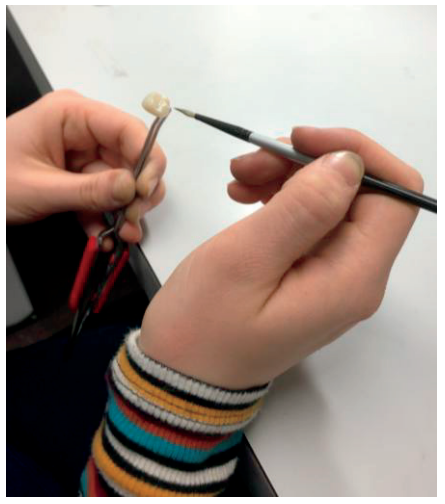
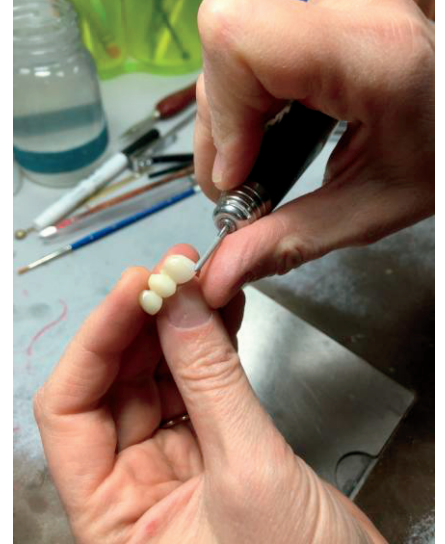
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Chair, MDA Communications Committee





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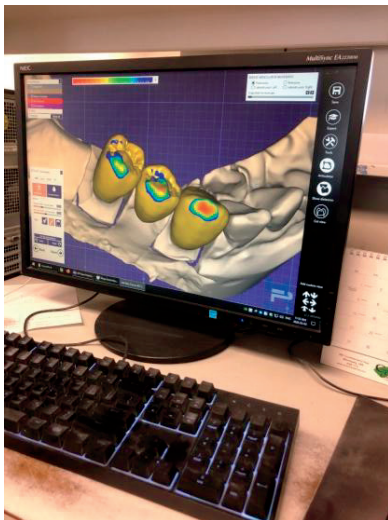
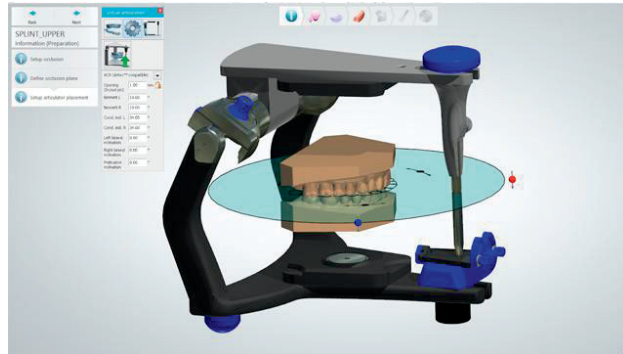
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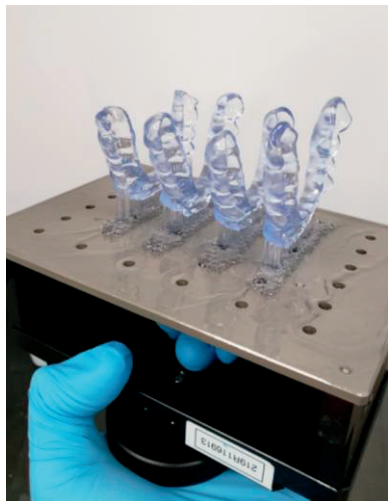
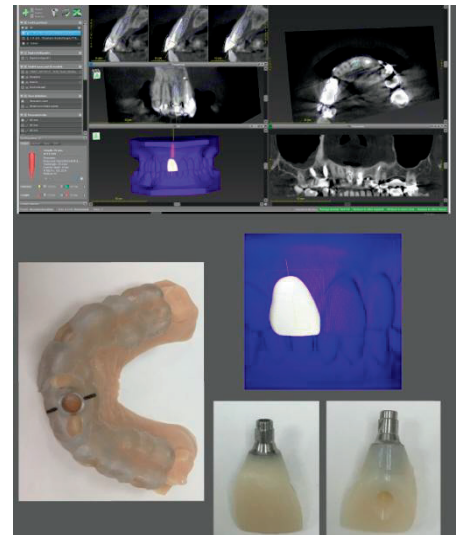
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# Impact of the Current COVID-19 Pandemic on Dental Practice Valuations and Sales

**BERNIE DOLANSKY AND BILL HENDERSON**  
PRACTICE SALES & TRANSITION SPECIALIST,  
TIER THREE

Never has the statement that we live in unprecedented times been truer. As of the writing of this article, none of us fully understands how this pandemic will play out. But even in times of unprecedented crisis, experience and basic principles can often help us draw reasonable conclusions about how businesses will likely be affected.

What is going to happen to dental practices in the short run? In March, regulators and health authorities recommended that dental offices immediately stop seeing patients, except for emergency treatment. The resulting office closures led to unprecedented revenue declines across the sector. The key thing to keep in mind, is that unlike many other businesses, much of this is a deferral of revenue, not the loss of revenue.

This is very different than many businesses. The revenue for the Uber ride someone did not take, or the meal they did not buy at a restaurant is lost forever. But COVID-19 does not reverse tooth decay or make impacted wisdom teeth go away. That restoration will still need to be done, and those wisdom teeth will still need to be extracted. There will be lost hygiene revenue, and depending upon how the eventual recovery goes, revenue for some elective procedures may be lost. But unlike many businesses, that deferred revenue is building up a backlog that will help the recovery in the dental industry far more than many others.

In addition, dentists have been able to shed most, but not all, costs. The four costs which generally account for the vast majority of dental practice expenses are wages (25%-30%), rent (6%-9%), supplies (6%-10%) and lab (3% to 8%). Most offices immediately laid off staff. Supplies and lab costs are not incurred until patients are back. So, with the exception of rent, most offices pared costs to the point that their economic survival is not threatened. In addition, unlike many small businesses, most practice owners have sufficient assets to withstand business interruptions for longer periods, especially with the government support programs that have been implemented.

What about practices with high levels of outstanding debt? For the most part, banks are working closely with the dental offices that have significant debt. Of the many types of small businesses that banks have loaned money to, dental practices will remain among the most secure loans the banks have. As noted above, in almost all cases, the survival of a dental practice is not in question. This has been a timing issue, not an existential one. And banks are smart enough to know this.

In most cases, banks have been prepared to defer principle repayment and make other arrangements to keep practices going. The banks have a very strong economic incentive to help a dental practice weather the storm. Only those practices that get through this crisis will be able to eventually repay the loan. So, the banks have an entirely rational, economic imperative to help practices get through this.

Just look at the facts. In most cases, 75% or more of the value of a dental practice is goodwill. That goodwill becomes virtually worthless if the dentist and dental team aren't there to treat patients. And even the 25% that may be tangible assets can't be sold at close to that value, in the absence of ongoing practice operations. So, in almost all cases, the best way for a bank to protect itself is to ensure continued

operations of the dental practice – and that won't happen if they push the practice into bankruptcy.

What will dental practice recovery look like, following the shut downs?

As previously discussed, much of what has happened in the dental industry is a deferral of revenue, not a loss of it. So, when the advisories are lifted and practices return to normal patient treatment, there could be a surge in business at many practices. We do not yet know if that surge in business will build slowly or quickly. Much will depend on the decisions that public health authorities and dental regulators will make on the manner in which dental offices can return to work. But we do know that those restorations will still need to be done, and those wisdom teeth will still need to be extracted.

In some recovery scenarios, we think the only limitation on the magnitude of the revenue increases will be the availability of staff. Certainly, most staff that were laid off in a practice will be more than eager to make up for lost time and wages. But before the pandemic hit us, the number one issue we were hearing from practice owners was the challenge of getting enough, good staff. Prudent practice owners have been making advance preparations to ensure they will have adequate staffing to deal with the substantial backlog. You should too.

We are now in a recession. How will this impact dental practices?

History has a lot to teach us in this regard. Readers will remember the major recession we went through as recently as 2008/2009. By many measures, it was the worst economic decline since the Great Depression. How did it impact dental practices?

For most practices, it had only modest, if any, negative impact on revenue and earnings. There were individual exceptions, but for the most part, dentistry is remarkably resilient in the face of economic declines. Indeed, that is often cited by the large institutional and private equity investors, who are backing the companies consolidating dental offices across Canada, as a primary motivator in investing in dental practices. That isn't going to change.

History teaches us that a recession will have far less impact on the average dental office than the vast majority of other businesses, small and large. While the exact impact will be determined by the magnitude and duration of the recession plus regional factors, we and, more importantly, many buyers remain confident that recessionary impacts on dental practices are likely to be moderate, and an eventual return to normal levels of revenue and profitability will ultimately be where things end up. The only question is how long will it take?.

What will be the impact on dental practice selling prices?

Once again, history provides us some great guidance, for when we emerge from practice closures.

First, a key thing to keep in mind is that prior to the COVID-19 pandemic, existing supply and demand forces had already driven practice values to unprecedented heights. We were in a strong "sellers' market" in most places across Canada. The key drivers of this – a significant oversupply of dentists making patients the scarcest resource in dentistry, the excellent economics of most dental practices, banks offering great financing terms on practice loans, and an unlimited supply of investment capital funding practice consolidators, have not changed.

Second, history teaches that those intractable forces of supply and demand are likely to get stronger. During and after the 2008/2009 recession, what happened to dental practice selling prices? They went up! Often considerably. That may sound counter intuitive to some, but not if you look at the factors driving supply and demand – the ultimate determinate of the price of everything.

The devastating drops in stock markets in 2008 meant that many practice owners, who had been planning on retiring, could no longer afford to. That resulted in a reduction in the supply of practices for sale. Then, like now, government responded to the recession by cutting interest rates to stimulate economic growth. Lower borrowing costs drove demand up then, and will again. With a reduction in supply, and an increase in demand, prices responded the way they always do when those forces are at work. They went up and laid the foundation of the sellers' market that ran non-stop throughout the past decade.

And, what of the corporate practice consolidators? They all rely to some degree on institutional investors and private equity. In tough economic times, professional money managers look for safe harbours. Dental practices are high cash return businesses, that have shown better ability to withstand recessions than most industries. That makes them far safer harbours than most alternatives for investment capital. While the corporate consolidators are not usually the "high bidder" on individual practices, they will continue to provide a solid floor to practice values.

With inevitable declines in revenue and earnings in 2020, won't that result in a lower appraised value for my practice?

A basic principle in valuing a business is to remove the impact of one-time events that purchasers are not going to factor into their assessment of future earnings potential. The revenue declines that practices experienced due to office closures in March, April and May 2020 are just that kind of "one time" event.

It is straightforward to adjust for this in a practice valuation. The most common approach will be to substitute monthly revenue from 2019 for the months in 2020 that are affected by COVID-19 related declines, with appropriate consideration being given to whether monthly revenue trends prior to the arrival of the pandemic were positive or negative.

The longer-term unknown is whether earnings will be impacted once everyone can return to work. Past recessions indicated little to no lasting impact. If that is the case this time around, valuations need not come down.

Are there any other risks to worry about?

Sadly, there will always be those that will try to take advantage of the fear, uncertainty and doubt that we all experience in a crisis. Just a week into this crisis, we had already begun to hear stories of buyers who were trying to panic practice owners into selling now, at prices below fair market rates, or with unreasonable conditions that hugely favoured the buyer.

Practice owners need to take comfort in the fact that, despite everything going on, the fundamental laws of economics, led by supply and demand, have not been repealed, or even deferred. The one thing we know about all crises, is that they end. And that the prospects for practice values remain strong. The key is to seek out experienced advisors you can count on, not yielding to buyers whose real interest is their own gain.

In conclusion, no one can deny the incredible challenges dental practice owners have faced over the past months, and the sacrifices they have made. As we work through the impact of the COVID-19 pandemic, patient's needs should remain your focus. As you focus on that, you can do so knowing that history and the basic laws of economics, suggest that your practice value remains strong, and when the time comes for you to sell, a strong market awaits.

### **PBM Committee Update**

The MDA has been contacted by Shared Health Manitoba requesting assistance in identifying emergency equipment. As a result the PBM Committee has reached out to all Manitoba dentists listed in our roster of anaesthesia facilities to develop an inventory of potentially available emergency equipment.

Lee McFadden  
Chair, PBM Committee

### **Infection Prevention and Control Committee Update**

As members of Manitoba Dental Association's Infection Prevention and Control Committee, we have been tasked with providing the Board of Directors of the Manitoba Dental Association with up to date infection prevention and control measures and guidance as it relates to the COVID-19 pandemic. Developments on this front as I am sure you are aware are occurring not just daily but hourly. The Board needs to have the ability to provide accurate and timely Infection Control Standards to our membership so that they can provide safe, appropriate treatment for Manitobans. Due to the fluid nature of the COVID-19 pandemic dental services protocols may change. Please visit the MDA website for resources and be sure to subscribe to the MDA EAlert system. I would like to acknowledge and thank Dr. Nita Mazurat, Kathy Purves, Dr. Patricia Ling, Dr. Khalida Hai-Santiago and Linda Berg. Your dedication and assistance is greatly appreciated.

Dr. Mike Sullivan  
Chair, Manitoba Dental Association's Infection Prevention and Control Committee



# Dealing with difficult patients

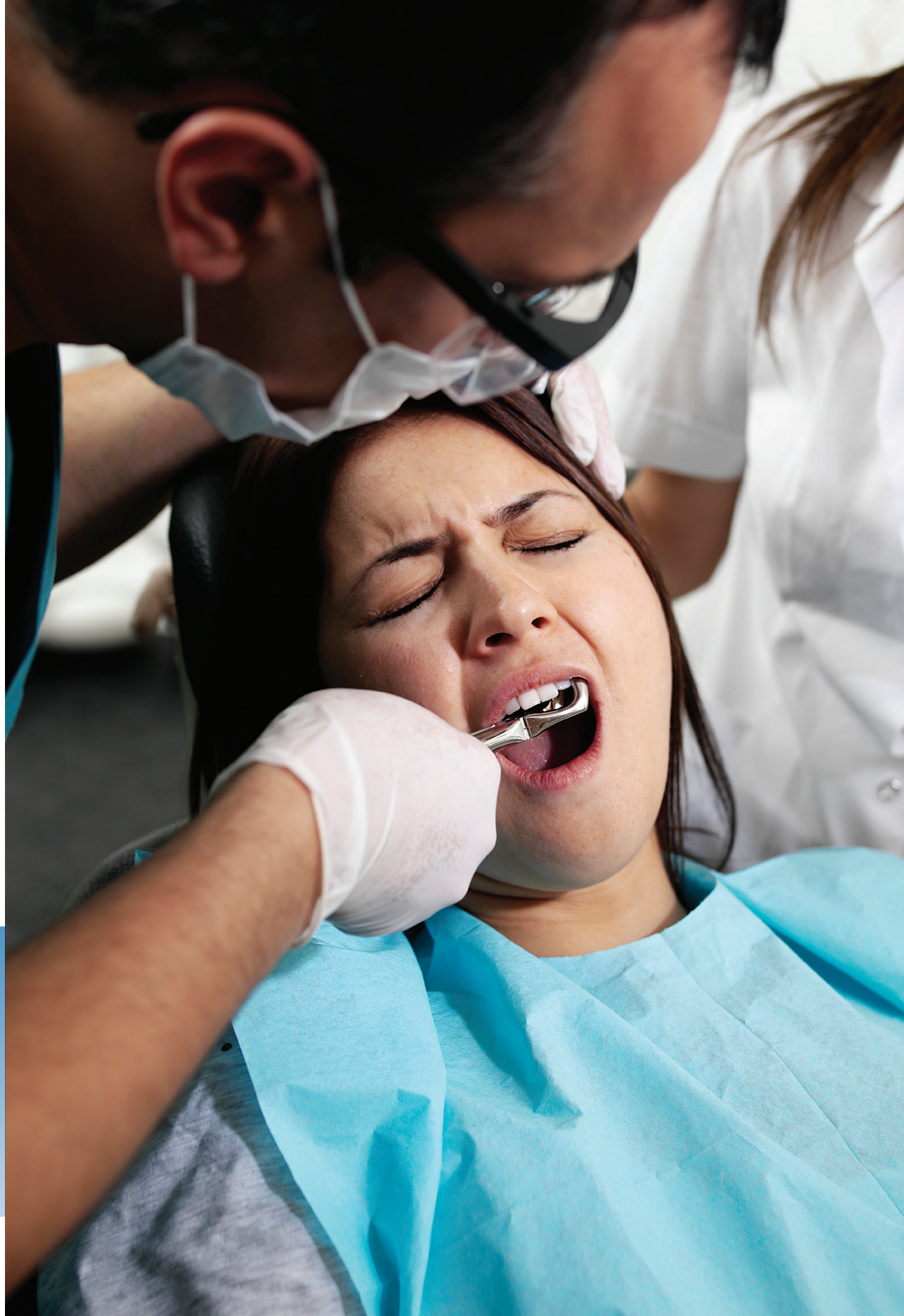
Learn to see each problem as an opportunity for improvement.  
Here are some steps in dealing with difficult patients:

- 1** Avoid downplaying the seriousness of the patient's complaint. Let the patient tell you their side of the story without interruption. Sometimes all they need is to be heard.
- 2** Express empathy. Let the patients know that you understand the problem and are concerned about their feelings.
- 3** Patients need to hear that you are on their side and are willing to do whatever it takes to solve their problem.
- 4** Do not go on the defensive. You are certain to lose the patient if you become confrontational.
- 5** Take control of the situation. Once you have heard the patient's side of the story, take the appropriate action to resolve the problem.
- 6** Ask the patient what they want. You may be surprised to find that the patient's solution to the problem is both fair and simple.
- 7** Once you have established a written plan of action, explain to your patient how the plan will solve the problem.
- 8** Ensure that the plan has been carried out and the results are acceptable to your patient — follow-up to ensure your patient is happy with the way you have handled the problem.

By following these simple steps, your most difficult patient can become your most valuable patient.

Experience shows that a dissatisfied patient will share their story with more people than will a satisfied patient.









# adopting a team approach

It's not enough to improve your own communication skills — you must engage your staff as well. Remember that your team members are representatives of your practice — they are the ones your patients turn to for information regarding appointments, referrals, billing and lab tests.

Great teams are created. A true team works well together and does not come apart at the seams when the workday becomes challenging. You should look at your staff and evaluate each individual's commitment to effective communication with patients and other members of the team.



### **Hold effective staff meetings:**

Every practice needs to create opportunities for team members to work together and exchange ideas. To successfully determine where your team stands, schedule a meeting where staff can respond thoughtfully to a number of questions. The answers will be the first step toward collaboration and improved communication within the office and with patients.

- Do you think the team communicates clearly? Consistently? Often enough?
- In what areas can the team improve communication?
- Are there practice/patient communication processes that could be improved?
- What would be the single most important step we as a team could take to improve communication with patients?

These questions should be openly discussed as a team. If any questions elicit uncomfortable silences, then set aside time to meet with staff members individually. After this meeting, let team members know how their responses will be used to benefit everyone in the practice.

How your team reacts to these queries will give you a feel for the practice's challenges and strengths. The team's answers will provide insight about what is working in your practice and what is not. In areas where there are clearly deficiencies, team education will be required.

**Set goals:** Use the information you gathered to set goals for improvement. Share these goals with the team. They will appreciate that you listened to their feedback and, as a result, will be more accepting of the positive changes you wish to make.

**Implement systems:** Goals without a plan to accomplish them are just ideas. It's time to take the goals that have been set and create effective ways to accomplish them. With step-by-step systems in place, including ones for patient communication, your practice will easily build a strong team. From scheduling to infection control protocols, it is important for the team to know exactly what to do, what to say and how to say it.

**Train the team:** Training and cross-training are important ingredients for ensuring all members of your team are communicating effectively. Training also establishes a level of accountability for communication when combined with job descriptions for each team position. To ensure that your team members fully understand their roles, time must be set aside away from patients, and maybe even outside the office, so that the proper focus can be achieved. The instruction of team members is not something that can be effectively accomplished in the time we may have between patient appointments. Monthly meetings are also an opportunity for hands-on-training, when your staff can work with scripts and role-playing to help reinforce consistent communications approaches.





**DR. JEFF HEIN**  
CHAIR, ECONOMICS COMMITTEE

## Conversation on Codes

What is included in a restorative code? Which procedures can be coded separately? When is it appropriate to use certain codes? This edition of 'Conversation on Codes' is intended to help clarify some of these questions.

### What is 'unbundling' of codes?

Each procedure code in the Manitoba Dental Association Suggested Fee Guide has a distinct definition, and each code is intended to represent one specific procedure. Any given code encompasses all of the clinical steps necessary to complete that procedure from start to finish. As an example, a 'filling' code represents the entire restorative process including: anesthesia, removal of existing fillings, caries removal, placement of appropriate liners, bases, desensitizing agents, (but not including direct pulp capping) and the placement and final adjustment of the definitive filling.

'Unbundling' occurs when the various steps are separated out and billed as distinct procedures when, in fact, they are considered part of the overall procedure. An example of this might be billing for the application of a desensitizer (code 41301/9) in a prepared tooth prior to the placement of a definitive filling (or crown). Desensitization is considered one of the steps in the overall restorative process, and using a restorative code in conjunction with 41301 would be considered unbundling.

Manitoba dentists always have the latitude to increase their fee for any given procedure to compensate for exceptional complexity, materials usage or time. However it is not permissible to unbundle codes for this purpose. Unbundling of codes is a common trigger for insurance investigations, and Insurance carriers have started using artificial intelligence to identify aggressive billing patterns in an effort to prevent and/or recover overpayments.

### Direct Pulp Capping

One thing that is not considered part of a definitive filling is 'Direct Pulp Capping' (code 20141/9). Placement of a direct pulp cap may legitimately be billed in conjunction with a definitive restorative code. Code 20141 is intended for use when there is a pulp exposure (or 'blushing' pulp), and a material is placed over the pulp to promote healing and reparative dentin formation in conjunction with a permanent filling. Code 20141 is not meant to be used for the routine placement of a liner or base when caries removal results in a deeper-than-ideal preparation. Placement of liners and bases is considered part of the overall restorative process.

### Indirect Pulp Capping ['Caries Control'] – code 20111

A 'Caries Control' procedure is a two-stage approach to the treatment of deep dental decay. Code 20111 requires the "removal of carious lesions, or existing restorations, or gingivally attached tooth fragment and placement of sedative/protective dressings." Decay removal plus placement of a temporary filling to help avoid pulp exposure & promote reparative dentine formation is a common indication for code 20111. At a later date, when the temporary filling is removed and replaced with a permanent filling, the appropriate definitive filling code may be used. So in this two-stage approach, it would be appropriate to use both code 20111 (for the initial visit & interim filling) and a final filling code when the permanent filling is placed.

20111 would not be the appropriate code to use when a temporary restoration is placed over exposed dentine due to a lost cusp or fractured filling, because nothing has been removed. In these cases, the appropriate code to use would be code 20131 ("Trauma control, Smoothing of Fractured Surfaces, per tooth.")

### 13601 (2,9) – Topical Application to Hard Tissue Lesion(s) of an Antimicrobial or Remineralization Agent

Code 13601 is the correct code for the application of Silver Diamine Fluoride (SDF); however whether it can be used depends on the clinical situation as outlined below.

- If SDF is applied without placing a restoration, then code 13601(2,9) is appropriate, and;
- If SDF is applied, and then covered with a restoration during the same visit, it is considered part of the restorative process and should not be coded as a separate procedure, and;
- If SDF is applied at one visit, and subsequently covered with a restoration at a second visit, then it would be appropriate to code 13601 (2,9) for the first visit and then a restoration code for the second visit.

Hopefully this lends some clarity to the issue of procedure 'unbundling' and when and how to apply certain restorative procedure codes appropriately.

*\*Portions of this article have appeared recently in 'The Bridge' - BCDA.  
Many Thanks to Dr. Patti-Anne Jones; Co-Director, Member Services (BCDA)*

# Visit ManitobaDentist.ca for regular COVID-19 updates



We know how important it is for everyone to manage their wellness during this difficult period.

Please use this link to resources that can support you, your staff and family.

It includes Mental Health support links, Yoga, Fitness and activities for young children.

<https://www.manitobadentist.ca/covid-19-your-wellness.cfm>



## April 2020 People First HR Services' 'Ask the Expert'

### Solutions for Working in New Ways

Workplaces all over the province, country and world are experiencing a drastic shift in how they do business. Due to the rapid spread of COVID-19 and the recommendations from the Public Health Agency of Canada to allow employees to work remotely when necessary, organizations are digging deep to find the right creative solutions for their workforce, allowing those that are able to work from home, to do so, and making the environment safe for those that are unable to.

There really isn't a 'one solution fits all' situation but if you are offering remote work solutions, ensuring you have the infrastructure to offer remote connectivity is a priority. Questions around productivity, team cohesion and mental health in remote workplaces are all part of the challenge.

### How are we staying healthy in our remote workplaces?

- Consider setting up daily meets/huddles through audio and video conferencing. It allows you and your groups to set the tone for the day and allows for collaboration between employees.
- Create productivity trackers or time tracking where you can feel confident that remote workplaces are still productive environments and not paid staycations. Employees expect to be held accountable for their work, whether in a remote setting or not.
- While we are physically distancing ourselves, we can still be socially connected through various chat platforms and technology applications. Consider what works best for you but stay connected!

- Have fun with it – this is a tense time for the world – as leaders of an organization, do what you can do bring in some fun. For example – share pictures of your workspaces, share podcasts, etc.
- Encourage and model staying active to ensure body mind and soul are still being taken care of.
- Remind employees about employee assistance and mental health services to help manage the changes.

### **Solutions for organizations that cannot offer remote workplaces:**

For organizations that are unable to offer remote work, here are some ways to support employees and help ease the concerns about coming into the workplace:

- Consider staggering 'at work/in office' schedules: To ensure employees feel safe in physical distancing, create a schedule where employees come to work on different days of the week.
- Reconfiguring work spaces: With fewer employees in the building, separate those still in office and make use of the areas that are vacant. Remember that a 2-meter radius is recommended.
- Cross Train: Some employees working from home may actually prefer to be in the office; others have the capacity to learn new skills. Be curious with your employees on their willingness to be part of this type of solution.

### **In the midst of COVID, what can I do for my employees?**

Be understanding: COVID-19 has changed and will change everyone's lives. No one is exempt from the impact. Employees look to their leaders for stability and encouragement.



Be patient: Being patient with how employees are handling and recovering from the constant change and impact is something we can all demonstrate. It's healthy.

Be collaborative: Take the perspective of your employees, explain that business continuity protects everyone's jobs, and have an open conversation that asks employees for their ideas. People who have a voice feel more empowered and are more likely to accept the solutions provided.

Working remotely requires a different skillset for leaders as they build trust in their teams virtually and create different ways to measure team performance. Find out more about how PFHR is approaching a certified coaching program for these leaders [here](#).

### **What business suffers and I am facing the reality of layoffs and terminations?**

You are not alone. This is the reality of many businesses in the face of COVID-19. Here are key tips:

1. Handle employees with care – be honest, be clear, be thoughtful. They won't forget their job loss experience and how they were treated.
2. Be informed of your legislative responsibilities in any lay off or termination.
3. Provide government resources and solutions for income loss options.  
<https://www.canada.ca/en/departement-finance/economic-response-plan.html>
4. If you are looking for affordable transition supports that are exclusively online, consider [JobMove.ca/Employers](https://www.jobmove.ca/employers). It guides individuals through the process of job change and provides online tools as they are working through the change.

If you are facing tough business realities and are considering layoffs and termination services, People First HR provides Separation Support Services. We will work with you through the right solution. Click [here](#) to learn more.

\* People First HR has been updating webinars to assist employers weekly. See our last webinar here: [COVID-19 Webinar March 25th](#)

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