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Dr. Harold Boudreau

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4 A message from the president
5 A message from the executive director
7 Green Dentistry
10 Building connections
12 Our health care system neglects the oral health of dependent seniors with tragic consequences
14 It’s all about scheduling
18 Dr. Romard’s Picks: a review of the online BCDA course: responsible antibiotic use in dentistry
20 Bright smiles project
21 Cracking the codes
24 The best is yet to come
26 Knowledge is power, when faced with an audit
27 Practice opportunities and classifieds

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Happy Summer everyone!
I’ve asked the NSDA (and you) to indulge me in a new format for the President’s column this year. With each issue, I would like to share a photo that has, for whatever reason, inspired me to think a little deeper. Hopefully, through the dialogue you will gain some insight into the mind of your President and how she thinks! My hope is that this will be a new way for us to connect with one another. If nothing else, you’ll have a few non-dental photos to look at!

This edition’s photo is one I took of my son Rory walking down the rail trail in Tantallon, N.S. where we lived over a decade ago. I love it because it reminds me that as young children, we are less concerned about the final destination than what adventures may happen along the way. As we age, most of us start to fuss about the details of the road ahead and the destination we imagine. How fast can we get there? What is the most efficient route? What will potentially slow us down? How can we avoid the potholes? In doing so, we often miss out on the little details that make that trip unique. As a result, we miss out on what lessons and opportunities the journey holds.

The road ahead for the NSDA is not without some foreseeable challenges. In our immediate future, we have the seemingly never-ending journey that is the COHP. We have spent the last year and a half gathering input from you, the membership, and have used that information to develop a roadmap for the way forward. The NSDA is a very diverse family and there are understandably many opinions about this issue. We respect these varied opinions but ask that you recognize that there will be no single solution that will please every individual member. The route we have planned is the one that we believe will best serve all the stakeholders: Nova Scotian children, taxpayers, and care providers. It is no small task, and like any family trip, I know it won’t be without its backseat arguments and possible construction detours!

By now you should have received an information package about the “Change the COHP” campaign. Please take the time to put up the posters and talk with your staff so that we are speaking with a unified voice as a profession. If you are still unclear of the messaging, or the idea behind it, PLEASE contact the NSDA for clarification! We need to be a united collective for this campaign to effectively lay the groundwork for an improved COHP for both you and your patients.

In closing, I look forward to hearing from you this year. Safe travels through the summer – and be sure to enjoy the details along the way!

Dr. Erin Hennessy
President, NSDA
Executive Director’s Message

who get our monthly e-newsletter specific to dental practice managers and helping them to help you. We encourage offices to use our Dental Products Advisor website dentalsupplyadvisor.ca to read what others are purchasing in the way of equipment and supplies and at what prices and from whom. Upload a snapshot of what you purchased. It only works if offices share their experiences, and there’s no cost to use it.

Questions about Suggested Fee Guide Codes?
Weekly, the NSDA gets calls about the best use of codes contained in the NSDA Suggested Fee Guide. We have a staff person dedicated to helping your office with this, as well as providing advice on clinical matters and other things such as patient information privacy. If someone in your practice has a question, Dr. Kyla Romard is here to help. Send her an email at kromard.nsda@eastlink.ca or call the NSDA.

AGM at Fox Harb'r
Our first AGM at Fox Harb'r in June certainly won’t be our last, and I expect we will see a return to the venue in the near future. It offered members more than just golf, and the facilities were top notch. Helping make the meeting such a hit this year were the volunteers who gave their time to put together one of our best CE lineups yet, guest presenter Sandi Humphrey who got us thinking about the topics affecting members here and now, and Lisa Philp and her team for their practice management seminar. Drs. John Peters and Lee Chamberlain, volunteers Jordan Oakey and Christian Hall, business meeting chair Dr. Alf Dean and of course the talented staff who work circles around me here at the NSDA were all behind our successful outing. Next June we will be at the newly renovated Hilton Doubletree in Dartmouth, N.S, for a gathering with what will feature our biggest CE schedule yet. I hope you will all attend.

Getting patients behind the need to change COHP
In July, all NSDA members received by Canada Post a package with a letter from President Dr. Erin Hennessy, two (2) small posters for patient waiting areas, and a Q&A sheet designed to act as a resource for office staff who have patients asking why the NSDA wants to see the current Children’s Oral Health Program scrapped and replaced with a more effective one. We ask you to put up the posters or have them visible at the front desk, and provide the Q&A to front desk staff so they can be informed about the need to change the program and direct patients to the plan change website. The official launch of the campaign to achieve plan change will happen in September.

Enjoy your summer.

Steve Jennex
Executive Director, NSDA

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GREEN DENTISTRY
How to promote sustainability in the dental office

BY DR. KYLA ROMARD
Manager of clinical affairs, NSDA

Environmental concerns as they relate to wildlife, woodland and water preservation, as well as increased pollution and climate change driven by global warming, have all been at the forefront of both local and global headlines as of late. Whether it’s an increase in natural disasters, like uncontrolled wildfires and devastating floods causing states of emergency or an increase in protests to pipelines and environmental awareness in the political realm, it appears that humanity may be approaching a tipping point. In order to leave a sustainable planet for the generations to come it is our responsibility to continue investment and research into renewable energy sources and ultimately reduce our detrimental effect on the environment.

While many of us do our part to recycle, reuse, and compost in our personal households, it is important to carry this trend over into all facets of our lives, including our profession. The practice of dentistry can cause significant environmental challenges due to waste production (including both heavy metal and bio-medical waste) and excessive use of water and electricity. Eco-friendly or green dentistry aims to reduce the profession’s adverse environmental effects while promoting sustainability through a minimally invasive patient-centric and global-centric treatment philosophy. However, creating an environmentally friendly dental office is not without its challenges. The most significant being the upfront and ongoing costs associated with practicing green dentistry. Access to eco-friendly alternatives to traditional dental products as well as complying with standard health regulations and infection control protocols can also impede progress.

Challenges aside, it is imperative that we contribute, even in small increments, to the ever-evolving practice of eco-friendly dentistry. This can be as simple as purchasing products with minimal packaging or those made from recycled or partly recycled materials. In addition, recycling or using biodegradable paper products such as paper cups when possible can help eliminate harmful waste. A more robust, but certainly not comprehensive list of eco-friendly recommendations includes the following:

• Convert high energy consuming office lights to those which are more energy efficient, and be sure to turn off all lights at the end of the day.

BY DR. KYLA ROMARD
• Install a central vacuum that uses no water and has an amalgam trap.

• Recycle the following: aluminum, glass, plastic, paper and steel.

• Use an eco-friendly sterilization system that eliminates the need for disposable autoclave wraps and patient bibs.

• Recycle broken or non-usable instruments through programs such as Hu-Friedy’s environment program.

• Convert to digital radiography if possible. If not, be sure to recycle fixer and developer solutions. The lead shields contained in film packets should also be collected and recycled.

• Use environmentally friendly surface disinfectants to clean and sterilize.

• Use stainless steel suction tips and saliva ejectors.

• Use LCD computer monitors, and be sure to turn off computers at days end.

• Use chlorine free, high post-consumer recycled paper products and, when possible, print on both sides of paper.

• For those building or renovating office spaces, use paint that does not include volatile organic compounds (VOCs) and opt for eco-friendly linoleum flooring.

Though no one individual or sole dental office can singlehandedly reverse the man-made climate change responsible for global warming, it is imperative to act as a collective for the greater good of the planet.

“Change is never easy, and it often creates discord, but when people come together for the good of humanity and the Earth, we can accomplish great things.” - David Suzuki

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*Optional BLS/CPR* for dentists and non-dentists: Friday Sept 22nd, 1:00 - 5:00 PM (extra 4 CE credits)

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Dr. Harold Boudreau doesn’t remember a time when he wasn’t building something. He says that starting to build his own toys at the age of five was just the natural thing to do since his family didn’t have much. He found great joy in picking up an old, forgotten piece of wood and adding a bit of paint – restoring it into something playful and exciting.

Now a retired family dentist from Meteghan, Nova Scotia, Dr. Boudreau spends many of his days building for, and maintaining, a local community park for children in the area – a project he started nine years ago in 2008.

**Sharing concerns**

Dr. Boudreau went on to work in Annapolis Royal for one year after he completed his Doctor of Dental Surgery (DDS) at Dalhousie University in 1973. He then moved to Digby where he opened his own dental clinic, quickly connecting with his patients and gaining interest and investing in local causes and groups that not only mattered to him, but his patients as well.

“I knew right away I wanted to reach out and get involved,” said Dr. Boudreau.

“I learned a lot about my patients and the things they cared about by simply just talking and listening to them. Their concerns quickly became my concerns.”

During this time, Dr. Boudreau was President of the Digby Board of Trade, board member at Saint Anne’s University, and minor hockey coach. After spending 31 years practicing in Digby, Dr. Boudreau decided to leave and open another practice – this time in his hometown of Meteghan. It was here that he heard from patients that there was no place for children to play and exercise within the Clare district.

“This was obviously a big concern for many of my patients,” said Dr. Boudreau. “There was a need for a park where families and children could play all year around, and I wanted to help.”

**Bidding for a community**

Putting his volunteer experience to work, Dr. Boudreau started to research possible places for a play area. He quickly discovered that institutions like the local high school or St. Anne’s University were too costly, making accessibility an issue for a lot of families in surrounding neighborhoods.

“Everyone should be able to enjoy it,” said Dr. Boudreau.

“It was really important that the playground was free to use. That way, every child would have an equal chance to access it, play, and engage in physical activity as well as strengthen their mental ability.”

During this time, an old school had been demolished in downtown Meteghan—leaving the local municipality to look for ideas on how to best utilize the space. It didn’t take Dr. Boudreau long before he submitted his proposal for a community park. A bid which he won, along with $3000 to get it started.

“I was able to combine that initial money with a major grant through health and recreation to start the project,” said Dr. Boudreau.

“I was very fortunate to have the help of many friends, community members and organizations such as Atlantic Canada Opportunities Agency (ACOA), the Clare municipality and the local health board.”

**Something for everyone**

Wanting the whole community to benefit from the park, Dr. Boudreau decided to design the play area to
consist of three different sections. One area is for the zero to four age group, another for those who are between the ages five and 12, and a skateboard park for teenagers. The skateboard park was proudly supported and funded by the Nova Scotia Dental Association (NSDA) in 2014 – awarding Dr. Boudreau and the Meteghan community a $5000.00 grant towards the project.

Dr. Boudreau says there are two types of parks being built today. On the one hand you have minimalistic and commercial parks, while others are based on more natural construction materials like stone, wood, rope, pea gravel, and fresh green grass. The latter, he gladly states, is the kind of park we’re striving for here in Meteghan.

“The first kind lacks imagination,” says Dr. Boudreau “And what’s the fun in that?”

“Parks should be colourful and inviting! They should encourage children to be adventurous and use the structures in fun and challenging ways.”

Marlene Comeau, a pharmacist from Meteghan, has known Dr. Boudreau for over 15 years. She and her family have regularly enjoyed the park since 2008, and have previously donated iron gates to the park as well as a baby change station. She says the park has benefited families in the community immensely by giving children a safe place to meet and play.

“No only do the children love the diversity of the playground, but parents really appreciate that it’s built for more than one age group,” says Mrs. Comeau. “It’s not only great for after supper play dates but spacious enough and equipped with the proper facilities to host special events or activities like birthday parties.”

“Dr. Boudreau has shown towards this park and towards his community is commendable. He has worked so hard to organize, build and upkeep the park while asking for nothing in return. This community is going to continue to benefit from his generosity for years to come.”

A lasting impact

Dr. Boudreau says he’s found an enormous amount of satisfaction maintaining the park and watching it grow, even if it is a lot of work.

“It makes me so happy to be able to drive or walk by and see the park being used every day,” said Dr. Boudreau.

“Although it is tucked away here in our small town, the park is being used by more people than I ever imagined. Families, children and schools take trips from all over the district to play in the park.”

He credits his patients for opening up to him and sharing their concerns over the years, stating the park would never have happened if it wasn’t for them. He believes dentists have a lot to offer their communities, and can have an impact no matter how big or small.

“I encourage everyone to find their interest and go for it,” says Dr. Boudreau.

“My patients helped me realize that I wanted to get involved in my community very early in my career. I could see where my skills and interests could help all those years ago and the rewards since then have been plentiful.”

Dr. Boudreau’s story is just one of many we will be profiling in a new public awareness campaign, “Your Dentists. Your Communities.” Visit www.yourdentists.ca for more feature stories.
Some years ago, a retired university professor visited my dentistry practice. He was fit and had a pleasant smile. He hadn’t seen a dentist in over five years, partly because he had lost his private health benefits when he retired, so it wasn’t surprising that he needed dental care. He had most of his own teeth but required a couple of extractions for advanced gum disease along with some other minor routine care. His was not an unusual pattern for someone 76 years old, but there was no reason to predict that he would lose any more teeth if they were looked after.

I didn’t see this patient again for three years. The change in his dental health was dramatic.

Shortly after our first visit, the professor had a stroke. As a result, he spent 18 months in acute and rehabilitative care and had been living at home with home support care for over a year. When I saw him this time, we were able to save only four of his teeth with the remainder lost to rampant decay and gum disease.

The professor’s downward spiral seems dramatic, yet stories like his are becoming increasingly common for older adults.

Like many others of his generation, he was likely the beneficiary of the protective effects of fluoridated water and toothpaste throughout his life. He had a good education and a good job with dental benefits. He was a senior who should not have been destined for dentures.

So what happened?

OUR HEALTH SYSTEM NEGLECTS THE ORAL HEALTH OF DEPENDENT SENIORS WITH TRAGIC CONSEQUENCES

Why we need improved oral health in hospital, home care and long-term care services

BY MARY MCNALLY
Professor in the Faculties of Dentistry and Medicine (Bioethics) at Dalhousie University
“With age comes a mouthful of trouble” is a cautionary line that rings all too true. When my patient retired and lost dental benefits, regular visits to the dentist ceased – possibly when he needed them most. Following his stroke, he was required to rely on in-patient acute care, rehabilitative care and then continuing care to support his routine personal mouth care needs.

In Canada, these care systems are known to have inadequate infrastructures and standards of care in place to support oral health. Advocating for a dependent loved-one, retired Nova Scotia nurse Lillian Sutherland recently challenged others to “have a look in your loved one’s mouth to see his/her state of care. Can you imagine not having your teeth cleaned for months, or never?” That’s the reality for too many Canadian seniors.

The mouth is the entry point to a healthy body -- to eat, drink and breathe -- and to life’s pleasures of socializing and communicating with others. Yet as a focus of general and personal health, the mouth remains separate from the body in our publicly funded healthcare system. This is a double-edged problem for the increasing numbers of Canadians who are frail and dependent.

Although it tends to get the greatest attention, the problem doesn’t arise only from difficulty accessing professionally delivered oral health services external to the public health system. Often an oral health crisis comes about simply because the necessary day-to-day oral health care required from within publicly supported institutions and programs fails our seniors.

On the surface, brushing and flossing may seem to be mundane tasks. But when providing this care for others, it requires skill, the right resources and the commitment and will to ensure it is done well and regularly.

Efforts are being made to respond to these needs. For example, the Registered Nurses Association of Ontario has developed the Oral Health Nursing Best Practice Guidelines which aims to address the daily oral care needs of dependent adults and are applicable to multiple care settings including acute, residential and community practice settings.

In Nova Scotia, Brushing up on Mouth Care translates oral care best practices into user-friendly and accessible toolkits and resources to enhance care, also across multiple care settings.

Yet, until meaningful policy is introduced by relevant provincial health ministries to ensure that best practices for oral care assessment and care-planning are being met within each of these settings, gaps in this essential element of personal care will persist.

Care providers in medicine, nursing, dentistry, rehabilitation and continuing care represent those whose voices for advocacy could go a long way toward improved quality of life for their patients, clients and loved ones.

Mary McNally is an expert advisor with EvidenceNetwork.ca, a Professor in the Faculties of Dentistry and Medicine (Bioethics) at Dalhousie University in Halifax, Nova Scotia and a member of Canadian Frailty Network. Her clinical and research interests largely focus on developing pragmatic solutions and policy recommendations to address inequity and access to oral health care for vulnerable populations.
A dental practice, or any successful service business, is built upon key systems that are consistent and understood by the entire team. Each system must be well structured and well managed to prevent breakdowns in the morale, patient experience, case acceptance and new patient referrals which will stagnate growth and excellence of the practice.

A critical system is scheduling. It is the “heartbeat” of the practice capacity, providers efficiency, patient time management and delivery of accurate procedures. It impacts smoothness of your days, running on time, accurate procedure times and reduces the dreaded white space while producing the necessary amount of dentistry each day.

Just filling in blanks on the schedule by placing names anywhere causes chaos, lack of organization, provider fatigue and impacts patient flow. The lack of any defined process or strategy of the systems for scheduling is proven to not work and becomes very difficult.

Although successful scheduling is the responsibility of everyone on the team, there still needs to be a designated person who is accountable for the leading the schedule with set up of goals, pre blocking and engineering the days and making sure downtime-white space is under 10% for each provider.

The following eight steps support effective strategic Scheduling:

1. **SCHEDULE TOWARD A SPECIFIC, DAILY, PRODUCTION GOAL:**

   As an astute business person, you must know the required dollars that go out every month as well as the number of dollars coming in. This will help you to determine your production goal. A month that is made up of evenly productive days will be less stressful than
a month that is full of high days and low days. This "roller coaster" type-of-scheduling leads to stress and concern over financial security.

Consider how much it costs to run your practice on a monthly basis of break even and add to this the desired amount of doctor salary and compensation with the amount for planned profit.

The total of the above areas to determine the amount you need to produce every month in dollars. Now count the number of days in which dentistry will be produced during each month. Divide the production goal by the number of available days. This will give you the daily production goal which you will be scheduling.

The monthly goal will not change. The bills will come due and salaries will be paid no matter how many days you are in the office. What will change from month-to-month will be the daily goal. The daily goal will depend upon the number of days you are working each month.

**EXAMPLE:** If the monthly goal is $80,000 and you will be available 16 days; that equals $5000 per day total daily goal. This would be a combined goal for all providers which will be allocated to each provider column as their goal for the day.

**FOR EXAMPLE:** $2500 for the dentist restorative provider and two hygiene chairs operating at $1250 per day per hygienist. The production goal serves as a guideline for what procedures are scheduled in each day.

Defining the daily goal gives the scheduling coordinator the necessary guidelines for scheduling the days efficiently and properly to monitor progress.

After you have defined the daily production goal and you have calculated how many days per month you will be working, you can pre-determine months that will be low because of continuing education classes, vacation, holidays, and so on. If you have a month that is short on days and you do not want that month to be a low production month, which could cause low productivity and low collections, you may want to do one of the following:

1. **You could work a couple of regular “non-working days” to make up for lost days during that month.**
2. **You could add an extra day to the month before and the month after. This will give you a healthy three month average.**
3. **You could increase the daily goal in order to reach that ultimate monthly goal.**

The idea is to have 12 equally productive months in the year so that you don’t get to the end of the year and wonder how you did. It is much too late at that point. Obviously, as successful business people, you want to define a strategic business plan and stay on course throughout the year and have the opportunity to adjust before it’s too late.

2. **SCHEDULE ACCURATE TIME FOR PROCEDURES USING PROCEDURE CARDS.**

Develop procedure cards for all of your major procedures, listing doctor time and assistant time. Make these explicit by listing every step of the procedure; who actually performs that step, and how long it takes. **USE A TEN MINUTE INCREMENTED APPOINTMENT BOOK.** Many procedures do not take 15 minutes. If you can carefully manage your time, saving 5 - 10 minutes per scheduled procedure, you could conceivably find an extra hour in the day, by being properly managed.

Keep these procedure cards in the treatment rooms for a couple of weeks to check their accuracy. Then move these to the front desk, so that your business administrator can schedule all of the clinical staff. Utilize your auxiliary - they are super talented people. Take the time to find out what they can legally do in your area, then take the time to properly educate them, and then trust them to perform excellently.

The following is an example of a procedure analysis card. You can see a breakdown of the procedure indicating anesthesia time, clinical assistant time, and doctor time. These symbols mean that this person is occupied and cannot be in another place at the same time! This information needs to be clearly identified in the computer schedule.
EXAMPLE:

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00</td>
<td>Greet, Seat, Review History, Topic, Anes., Opp. Mod. Shade</td>
<td>C</td>
</tr>
<tr>
<td>8:10</td>
<td>Prep</td>
<td>C</td>
</tr>
<tr>
<td>8:20</td>
<td>Prep</td>
<td>C</td>
</tr>
<tr>
<td>8:30</td>
<td>Final Impression</td>
<td>C</td>
</tr>
<tr>
<td>8:40</td>
<td>Temperatures</td>
<td>C</td>
</tr>
<tr>
<td>9:00</td>
<td>Dismiss Patient, Decontaminate Room</td>
<td>C</td>
</tr>
<tr>
<td>9:10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9:20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9:30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9:40</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9:50</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

These analysis cards are essential for concise scheduling to take place. Without this data, the scheduling coordinator cannot engineer the appointment book. Time is wasted, individuals are not utilized properly or effectively, and productivity is diminished. In addition, stress can result.

ALSO: Be aware that these are NOT written in stone. Each patient is unique and there will be variables. You are working with human beings and there are special circumstances and unexpected situations. However, these will serve as a guideline that makes it possible to run on time and streamline your days.

3. SCHEDULE FROM THE MIDDLE OF YOUR DAY - OUT!

The middle of the day appointments seem the hardest to fill, so fill them first. Those early morning and late in the day are much easier to fill, and seem to be the most desirable.

A patient is escorted to the business office and the doctor has diagnosed and recommended a crown. You might say the following: “Mary, the doctor needs to reserve an hour of his time to be with you for your treatment. Does Tuesday at 11 am or Thursday at 1:00 pm work better for you?” Never ask when they want to come in and let them run your schedule. Offer them two blocks of choice in the middle of the day and fill the middle first to stay in control of the schedule.

4. PLACE THE APPROPRIATE DETAIL IN THE APPOINTMENT BOOK

This may seem simple and obvious, but many practices do not place the correct information in the appointment book and, therefore the smooth flow of the office is negatively impacted. Entering the proper information for each patient allows the dental team to be aware of what is occurring in each treatment room by provider. The detail needed for each patient includes:

Name, Procedure (cm prep), Tooth Number (#36) and Code # all at a quick glance for easy access of all team members and for the daily strategy meeting.

Everyone on the dental team benefits by having this information in the schedule day sheet provide many benefits:

1) Clinical Assistant: The clinical assistant will know who is coming in and what procedures are to be provided. Therefore, she will be able to set the room up properly. This will prevent inappropriate room preparation which leads to resetting and more decontamination. The room needs to be accurately prepared before the doctor walks into the treatment room. Thus, the assistant won’t have to get up to get something during the procedure. Little interruptions can lead to big time defaults when they are added up. When a particular material is to be used in a procedure, this needs to be identified to prevent inaccurate tray/room set up. (i.e. Amalgam or composite).

2) The Scheduling Coordinator: She can schedule for the daily production goal. If she doesn’t know exactly what is going to be done on a particular patient, she cannot schedule the appropriate time frames and cannot schedule for the designated production goal.

Without complete treatment plans that give specific detail of the treatment to be provided per appointment, the scheduling coordinator has her hands tied. She is a vehicle for the clinical team. The written information that comes to the business office from the clinical team is as critical as any verbal communication!

5. EMERGENCY TIME

If emergencies or if not being able to stay on schedule are sources of stress or if you are seeing four or more emergencies a day, you probably need to schedule designated emergency time. The best time to see last minute emergencies is last visit of the morning before lunch and first one after lunch. If they can’t
attend in the middle of the day they may not be a true emergency.

Pre-block the slot 30 minutes or an hour, based on your emergency needs. Emergency treatment should be palliative for the most part and should not throw off the rest of the scheduled day. Remember, emergency patients are important to us. That’s because we want to take that one time patient and turn him/her into a forever patient with our care, concern, and quality treatment.

However, we do not want to take advantage of our regularly scheduled patients by performing treatment that throws us into the next scheduled appointment. Do palliative treatment and reschedule for necessary treatment.

6. Make good financial arrangements BEFORE scheduling appointments for treatment

Remember the old adage, “Inform before you perform.” It still holds true. Again, this is best for all parties involved. Once financial arrangements have been made and agreed upon, scheduling takes place. As treatment takes place, the patient will be comfortable because he/she understands the financial responsibilities. When a particular appointment has been completed and another appointment needs to be made, schedule the next appointment and then collect the fee for today’s services. This places the priority on the quality care instead of the fee.

7. Pre-block half of everyday with major-primary procedures

Pre-blocking means that you would designate AND HOLD specific appointment times (procedure cards allow you to know how much time to pre-block) for certain major procedures. This gets you in control of your days -- YOU decide when crown and bridge or endodontic procedures are best for your doctor, and you keep these times available for your patients. This also gives you a structure that will encourage the reaching production goals.

8. Vary your days

Most doctors and staff would prefer a variety of procedures every day. This is physically and mentally healthy. Your doctor needs to let you know what he/she prefers to do and when. Find out what the ideal day would be and shoot towards that. You may never have that perfect day, but having a goal will give you direction.

In Conclusion, the schedule is the core running of the dental office. Therefore it needs continuous attention and study. Following the above suggestions will work. We know that not every day is going to be perfect but, we’ll have a much better chance with knowing where we want to go and how we are going to go about getting there. It takes constant work and evaluation, but it will be worth it. Set the goal, design the plan and put your plan into action. That’s how growth happens.

Lisa Philp is the Chief Visionary Officer of TGNA - Transitions Group North America. Lisa is committed to being an eternal student in the areas of personal growth, leadership, change management, human capital development, adult learning, advanced training techniques and communication skills.
I am guilty of procrastination. In fact, I believe my best work has been done under pressure. However, procrastinating on continuing education (CE) can be risky both professionally and financially. With the NSDA’s link to the BCDA’s CE portal it is easy, convenient and affordable to routinely complete courses in order to avoid a rush to complete requirements come year end. In an effort to stay current and relevant on a topic that affects us daily as practicing dentists I decided to take the course on the NSDA/ BCDA CE @ DLC online portal entitled, “Responsible Antibiotic Use in Dentistry.”

This course was relatively quick, consisting of only three modules, and extremely cost effective – it’s free! Two presenters covered three modules with learning objectives designed to provide users with the knowledge to:

• Understand the growing threat of antibiotic resistance to human health.
• Understand the drivers of antibiotic resistance and how these may be reduced.
• Discuss the unique role of dental practice in the overall picture of antibiotic use.
• Discuss the changing indications for antibiotic use in oral health and how individual practitioners can contribute to reducing unnecessary use.

Each module was clear, concise and extremely informative. I was surprised at the amount of background knowledge I was unaware of that was presented, especially in the first module. For instance, conservative estimations hold antibiotic resistance responsible for 2000-3000 deaths annually in Canada. Aside from the background education, the most useful and important information presented fell under the following categories (in my humble opinion):

• How to reduce unnecessary antibiotic use.
• How to keep patients happy when they are expecting to be prescribed antibiotics.
• The method of action, correct dosage and spectrum of bacterial coverage offered by a variety of antibiotics, as well as any adverse reactions or appropriate cautions that should be taken when prescribing.
• The use of antibiotics for the prevention of Infective Endocarditis.
• When to administer prophylactic antibiotics as well as the appropriate dosage, timing and duration.
• Inappropriate use of antibiotics in dentistry.

My only critique of this course would be that while detailed and organized tables on antibiotic recommendations were presented throughout, these tables are not easily captured and printed for in office use. Separate documents, especially those listing the different antibiotics available, their dosage, method of action, spectrum coverage and adverse reactions would be extremely beneficial to any prescribing practitioner. Overall however, I give my gold sticker of approval on this CE course!
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INDEPENDENT BENEFIT & FINANCIAL ADVISORS

CJM has been the preferred benefits partner of the Nova Scotia Dental Association for over 15 years.
The Bright Smiles Project started on April 1st, 2017 by volunteers of the Pictou County Mental Illness Family Support Association to address a need in Pictou County Nova Scotia. The project provides access to dental services for adults living with a documented mental illness, who do not have the financial resources for dental services and live in Pictou County. It is designed to improve the oral health care of a very vulnerable, marginalized group of individuals. It will help to reduce or eliminate the stigma associated with decayed and missing teeth and the individuals can refer themselves and participation is voluntary.

The project provides for an exam, x-rays and cleaning and a one year supply of dental products. Initially that was to be the scope of the project and the association would continue to follow the participants for up to 10 years with the same preventative services and products. We also provide transportation if needed, information and education.

The initial phase brought to light many serious dental health issues that could not be ignored and we had to move into treatment services. We currently have 12 participants registered and a waiting list. Six of the twelve participate in the Income Assistance Program with the Department of Community Services (DCS) and through their emergency dental program help to offset some of the cost of the extensive treatment needed by most of the participants. Those with DCS and not connected to the Bright Smiles Project would have to pay a 20% co-pay which is actually higher since DCS is still using the 2014 Nova Scotia Dental Association Fee Guide. Hopefully that will change in the future. Of the 12 participants enrolled in the project all need treatment services, including oral surgery and eventually for some, dentures. For example; Participant # 042017002 needs 23 extractions and 2 fillings and #042017001 needs 12 fillings and 7 extractions and that is just two out of twelve, and for some of the others it is even more extensive.

The project is funded through grants and other fundraising. To date we have received funding from the Nova Scotia Mental Health Foundation, the Aberdeen Health Foundation, the Community Health Boards Wellness Grants, the Municipality of Pictou County and The Pictou County Mental Illness Family Support Association. Our funding is very limited yet the need is great. We are also receiving calls from outside the county and many who do not fit our criteria. At present Dr. Eric Beaton, Dr. Andrew MacLeod, Dr. Shawn Noftall and Dr. Edward Hawkins are providing services to the participants. They have been very generous with their time and services. Pharmacy First in Stellarton provided dental products at cost and free space for registrations. We also have the support of Rosemary Bourque, dental hygienist with Public Health and other community partners. Six volunteers from the association make up the team that oversees all aspects of the project and find the work very rewarding, especially the smiles.

Currently preventative dental health services for adults with mental illness and others with low incomes are not being addressed at any level of government; municipal, provincial or federal, yet it affects the overall health of so many. The dentist is the one doctor that we cannot access through MSI and dental health is not on their radar, yet early intervention, prevention and access to services is a priority.
CRACKING THE CODES:
Advice on the usage of codes found in the NSDA Suggested Fee Guide

EDITED BY THE NSDA
Articles supplied by the CDA & BCDA

The last edition of “Cracking the Codes” delved into the interpretation of a variety of surgical codes found in the NSDA’s Suggested Fee Guide, most notably those relating to the extraction of teeth. While it’s true some patients may be ok with missing the odd tooth, most, especially the completely edentulous, will be quite keen to replace their missing ivories. This brings us to the topic of removable prosthetics and the most commonly asked questions pertaining to the 50000 code series. It is important to note here, as per the preamble found in the removable prosthetics section of the NSDA’s Suggested Fee Guide that these services include impressions, initial and final jaw relation records, try-in evaluation and check records, along with insertion and adjustments - which includes three months post-insertion care.

For the most part, coding removable dentures, be they complete or partial, is pretty self-explanatory. That said, here are a few of the most commonly asked questions on providing treatment defined by the 50000 code series:

When doing a processed reline of a complete upper denture, in which some teeth are broken and will have to be replaced or repaired and an impression will need to be taken at the initial appointment, followed by the insertion of the relined and repaired denture, is it appropriate (in this case) to use both the reline code (56231) and the denture repair code (55201)?

No, only one code should be used as these services are not being performed separately. As such, the code to be used may be the code describing the service that has the higher time-factor associated with it. In this case, the most appropriate procedure code to use is:

Denture, Reline, Processed, Complete Denture
56231 Maxillary + L
56232 Mandibular + L

The commercial laboratory will provide a breakdown of the services it has provided (reline and repair/replacement of broken teeth) and the total amount of the laboratory invoice will be documented on a dental claim form directly following the procedure code above.

When retrofitting a patient’s existing partial denture to accommodate the placement of two implants, which have been placed following the extraction of two teeth, which procedure code would best describe the service provided?

This procedure is considered to be a denture repair/addition to a partial denture. There are two sets of codes to describe these services in the Fee Guide, depending on whether or not impressions are needed to perform the service. They are:

Denture, Repairs/Additions, Partial Denture, No Impression Required
55301: Maxillary + L
55302: Mandibular + L

Denture, Repairs/Additions, Partial Denture, Impression Required
55401: Maxillary + L
55402: Mandibular + L

When a denturist refers a patient to a dentist in order to have them perform rest preparations for a
partial denture that will be made and inserted by the denturist, is there a procedure code for the rest preparations?

There is no procedure code to describe rest preparations to natural teeth that are performed by a dentist for a partial denture being made by a denturist. If dentists are involved in a treatment plan that includes other providers such as denturists, there may be liability issues for the dentist who is preparing the teeth for a denture that is designed, fabricated and inserted by a denturist. Because the dentist is the only regulated dental-health professional who is authorized to communicate a diagnosis of treatment to a patient, it is the dentist, rather than the denturist, who determines if a patient is a suitable candidate for a specific prosthodontic treatment plan. The examination and diagnosis must be performed by a dentist, and patients should be advised of all alternative treatment options before a treatment plan can be agreed upon. The patient record that is shared between the dentist and denturist, for the prosthodontic treatment, should reflect all decisions made - and it is the dentist who must agree with the design of the partial denture.

The dentist’s responsibility does not begin and end with preparing rest preparations alone. Once the partial denture is inserted, it is the dentist who will be responsible for the ongoing care and maintenance of the supporting teeth and periodontal structures.

When completing a claim form for a service in which there is no procedure code in the NSDA Suggested Fee Guide, a written description of the service should be provided in the “For Dentist’s Use” section of a standard dental claim form. Fees associated with these services may not be reimbursed by a dental plan and patients should be advised of this prior to the commencement of treatment.

In the unfortunate event in which a patient passes away before a denture is delivered, can a claim still be submitted for the denture to the patient’s dental plan?

All procedure codes describe completed treatment. The only date that can be used on the claim form is the date the treatment is completed. This is true for all services including those that require multiple appointments. In the case of a denture, the date will be that in which the denture is delivered to the patient. In the situation described here, the denture cannot be delivered; as such, there is no claim form to be submitted to the dental plan. The estate of the deceased patient may be billed for the services that have been rendered to date, as well as any laboratory charges that have been incurred.
Dalhousie University invites applications, expressions of interest and nominations for the position of Dean of the Faculty of Dentistry.

Dalhousie University is committed to fostering a collegial culture grounded in diversity and inclusiveness. The University encourages applications from Aboriginal people, persons with a disability, racially visible persons, women, persons of minority sexual orientations and gender identities, and all candidates who would contribute to the diversity of our community.

Dalhousie is one of Canada’s leading research-intensive universities and the Atlantic region’s only member of Canada’s U15. Its vibrant, open community of 13 Faculties, 6,000 faculty and staff and 18,500 students is connected, through collaboration and partnership, with researchers, industry, governments, non-profit agencies, and universities around the globe. Dalhousie is an influential driver of the region’s intellectual, social and economic development, with campuses in Halifax and Truro and a satellite of its Medical School in Saint John, New Brunswick. Its student population is diverse with more than half the student body coming from outside Nova Scotia and more than 3,000 are international students. For further information please visit www.dal.ca.

As the only dental school in Atlantic Canada, the Faculty of Dentistry offers fully-accredited professional, graduate and post-doctoral programs in dental surgery and dental hygiene. Focused on creating and nurturing an inclusive community, it has provided outstanding education for 100 years through small class sizes and individualized attention from world-renowned faculty members, and is a key part of Dalhousie’s interprofessional and allied health community that includes the Faculties of Medicine and Health. From understanding the underlying causes of oral disease to inventing new materials for treatment, the Faculty of Dentistry is home to innovative and collaborative research centres and labs. Its impact on the region is substantial with on-site clinical care and community outreach programs that improve the oral health of over 26,000 patients across Atlantic Canada each year. Recently, the Faculty began a five-year, $27 million renewal project of its clinics and facilities. For further information about the Faculty, please visit the website at www.dal.ca/faculty/dentistry.html.

As part of Dalhousie’s senior administration, the Dean of the Faculty of Dentistry will provide academic and administrative leadership, promote faculty and staff development, and participate in institutional policy-making and management. With a demonstrated ability to further strengthen and develop student and external relations and to foster a culture of respect and diversity, the Dean will provide vision and dynamic leadership in continuing to recruit outstanding students and faculty, and in realizing the evolving priorities of the Faculty and the University.

The successful candidate will have an outstanding academic and professional record with a degree in dentistry or a related field preferred, strong achievements in teaching, research, scholarly and community activities, demonstrated leadership capabilities in a diverse, collegial university setting or other related sectors, such as healthcare and government, and experience in human resource management, budgeting and resource allocation. The Dean will also be an excellent communicator who is committed to the success of all students, faculty and staff. Experience in building diverse and collaborative teams, relating to a range of internal and external partners, and the potential for, or experience with, fundraising will be important assets.

Review of candidates will continue until the position is filled. The new Dean is expected to take office in July 2018. Details about the salary and benefits for this position are available from Laverne Smith & Associates Inc. Applications, including a letter of introduction, curriculum vitae, completed self-identification questionnaire (available at www.dal.ca/becounted/selfid) and the names of three references (who will not be contacted without consent of the applicant), should be submitted electronically, in confidence, to the University’s executive search consultants:

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THE BEST IS YET TO COME

A leading expert on retirement lifestyle education discusses how to plan for a rewarding life after dentistry

You may have plenty of ideas about how you will spend your money in retirement, but it’s equally important to think about how you will spend your time. To provide guidance in this area, CDSPI has partnered with Dr. Alan Roadburg, who conducts inspiring Life Goal Planning workshops at dental conventions and forums. Dr. Roadburg is also the author of the book, Life After Dentistry, which is co-sponsored by CDSPI.

BY ED DERMIT
Vice President, Business Development, CDSPI

Dr. Roadburg, how is retirement generally perceived in our society? On the positive side you have a sense of freedom—freedom from responsibilities, from set schedules, from expectations. We’ve all seen the commercials of blissful couples on a cruise, glorious days spent on the golf course, or classes to enhance your life in a multitude of ways. But is that sustainable? On the flip side, dictionary definitions contain words like: “leave work”, “old age”, “withdraw”, “cease”, and so forth. You want to make sure that these preconceptions don’t become a self-fulfilling prophesy.

And how do you do that? Have a plan. CDSPI emphasizes having a financial plan to help ensure a comfortable retirement, but what about a life plan for a nourishing retirement? That’s the basis for my Life Goal Planning workshop.

Why is a plan important? When dentists start their careers, they have plenty of training and practise at dental school before they ever treat a patient, and continuing education helps them stay on top of their game. But retiring dentists have literally no experience in that new realm.

You worked with CDSPI to do an in-depth survey of retired Canadian dentists for this project. What was the purpose of this, and what did you learn? Their experiences and insights are invaluable to those whose retirement is on the horizon.
I look at them as retirement mentors, or professional retirees, if you like. There are insights about planning your time and your finances, transitioning, the importance of involving your spouse and family, volunteer pursuits that are available, as well as some of the drawbacks to be aware of.

Could you give us an overview of how your Life Goal Planning workshop works?

It’s a bit more complicated than this, but generally the planning breaks down into three phases: a) determining goals; b) brainstorming ideas to achieve them; and c) using this information to create your plan.

Let’s start with goals. In your career, and in your personal life, you’re fulfilled by satisfying certain needs, and by using certain skills that you acquire over time. When you retire, there is the chance that these needs will not be met or skills will go unused. In my workshop, dentists literally list these and evaluate them, prioritising them, and identifying where shortfalls may occur in retirement. This can also be done on your own, using the book as a guide.

“I like to think of Life Goal Planning as training for a second career—the career of a happy and rewarding retirement.”

In your experience, and from the research, what types of things do dentists identify?

Many dentists cite patient and peer interaction, the ongoing stimulation that a practice provides, and a sense of achievement near the top of their lists. Satisfaction from leisure activities is very broad ranging, including things like shared time with your family, working with your hands, travel, coaching sports teams, playing an instrument, and many others. An advantage that dentists have over most other professions is that they can—and many do—continue to work after retirement. This helps ease the transition and allows them to continue to satisfy some of their core needs.

What are the most important things you want dentists to take away from the workshops?

That retirement is a glorious opportunity for self-fulfillment. Depending on when you retire and how long you live, it may be from a quarter to a third or your total lifespan. Think about that. A joyful retirement is not something you can leave to chance. I want anyone who attends a workshop, or uses my book, to feel confident that they can be masters of their own destiny. That they are in control.

What happens once people have created their lists?

That’s the fun part. We’re looking for ideas, and a group setting provides a font of them. With many participants providing suggestions from diverse backgrounds, you tend to get a rich tapestry of ideas to help develop your plan. You collect suggestions that are made to you, as well as suggestions you make to others. I’ve found that this process of projecting onto others can turn into a valuable source that you can use for your own life goal plan. By the way, I suggest that you also do this with friends, family and colleagues who know you best.

After a successful academic career as a tenured professor, teaching and conducting research on a variety of sociology topics, Dr. Roadburg established The Second Career Retirement Program. He is the author of several books on this topic, including Life After Dentistry.

If you have any questions about retirement planning, please contact a Certified Financial Planner professional from CDSPI Advisory Services Inc. at 1-800-561-9401 or email us cdspi@cdspi.com.

Keep an eye out for Life Goal Planning workshops when you register for upcoming dental conventions in your region. If you would like a free copy of Life After Dentistry, please send an email to investment@cdspi.com

CDSPI (www.cdspi.com) is a not-for-profit organization providing quality insurance, investment and other programs meeting the specific needs of the Canadian dental community at all stages of their careers. Financial planning and advisory services are provided by licensed advisors at CDSPI Advisory Services Inc. Restrictions to advisory services may apply in certain jurisdictions.
During the first week of July the CDA Board held its annual Planning Session and summer Board meeting in Collingwood, Ontario. It was an excellent opportunity to discuss issues impacting dentists across Canada and how the CDA can best serve the provincial dental associations.

An ongoing issue for many dentists is increasingly challenging demands for dental audits by some dental benefit providers.

To meet the requirements of their customers – employers who sponsor dental benefits plans for their employees and their families – insurance companies are increasing the frequency of their audits of dental offices. Even for the most diligent dental offices, an audit can be a disruptive process.

To give some background, according to the Summary Report of the Oral Health Component of the Canadian Health Measures Survey 2007-2009, 62% of Canadians have a benefit package that offsets the cost of dental care. Many employers provide dental benefit plans to employees as part of a larger package of benefits. As dentists are aware, these benefit packages often include other forms of insurance and are sold largely by the insurance industry.

When faced with a dental audit, it’s best to understand the role of each stakeholder involved. The prepaid dental benefit model of reimbursement for dental care includes three separate groups of stakeholders each with their own interests and who have negotiated the terms of their involvement:

- Insurance Company / Benefit provider and their claims processors
- Employer / Plan Sponsor
- Employee / Plan Member / Beneficiary/Patient

As the providers of the care covered by dental plans, dentists have a role in the model but are not considered stakeholders because their only formal relationship is with the patient. Their involvement is a consequence of the fact that their patients can also be an “Employee,” a “Plan Member,” or a “Plan Beneficiary.” This overlap means that although the businesses of insurance companies and dentists are independent, patients who are covered by a dental plan only receive optimal oral healthcare and the benefits they are entitled to in an efficient manner if insurance companies and dentists cooperate to make this happen. It is of interest to both the insurance industry and dentistry to provide the patients with maximum value.

CDA understands the need of insurance companies to monitor their benefit programs to ensure that claims submitted against their plans provide an accurate description of the care provided and of the costs involved. At the same time, CDA emphasizes the importance of protecting the dentist-patient relationship towards the delivery of optimum care.

Given the increasing demands for dental audits by some dental benefit providers, CDA is initiating discussions with the Canadian Life and Health Insurance Association (CHLIA) to establish criteria for reasonable claims verification processes that will be supportive of sustainability of dental benefits while being fair to dentists.

CDA will be working with the NSDA and providing updates in the coming months on this priority file. Enjoy the remainder of the summer and if you have any questions or concerns, please contact me. I can be reached at heather.carr@ns.sympatico.ca or 902-497-0527.

KNOWLEDGE IS POWER,
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BY DR. HEATHER CARR
Member, Board of Directors Canadian Dental Association
Elmsdale, Nova Scotia

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IN MEMORIAM
Dr. George Eric Clark

It is with great sadness that we, the family, announce the sudden passing of our dear husband, father, grandfather, uncle, cousin and friend to all, George Eric Clark, surrounded by his loving family at the Halifax Infirmary on June 16, 2017.

Born at home on Quinpool Road on August 30, 1931, he was the son of the late George Clifford Clark and Helen Gertrude (Smith) Clark.

Following his graduation from Queen Elizabeth High School, he attended Dalhousie University, obtaining his Science Degree in 1954. This was followed by studies in dentistry at the Dalhousie Dental School, from which he graduated in 1958 with his DDS.

George enjoyed every minute of his 58-year dental practice on Quinpool Road in the same location where he was born and raised. He was totally dedicated to all his patients, who became some of his many friends. He retired in 2014. Throughout his dental career, he pursued professional development and attended conferences in the dental field throughout Canada, Europe and the US, where he became a member of the American Dental Association.

From a very early age, his father took him fishing, and he learned the fine art of salmon fishing on the LaHave River, as well as trout fishing and hunting. All his life, George had a great love of the outdoors and sports. He was an avid ice hockey player, playing through the minor ranks, varsity for the Dalhousie Tigers, eventually earning the Gold “D”. He later earned his hockey coaching certificate. He passed his love of hockey on to his sons and played well into his seventies.

Introduced to skiing by the Havlovic family, he became a dedicated skier. He was a fixture at Wentworth but also skied throughout Europe, the US and the Rockies. His last ski trip was to Whistler in 2015.

Another sport he loved was tennis, which he played regularly until just weeks before his passing. He was a member of the Waegwoltic Club for over 50 years and also a member of the Northcliffe Tennis Club.

George was blessed with unique energy and curiosity. He was always on a mission and going somewhere. Known by many as the “energizer bunny”, he purchased roller blades for his 80th birthday! Friends at his summer residence in Sunnybrook were amused to see him rollerblading along the country road there and riding his bike.

He had a terrific sense of humour, quick wit and was a real “story teller”, and the stories could go on for hours!

George was generous to all: his family, various charities and those less fortunate. He was a kind man with not a mean bone in his body. He was a positive person with very many friends and in summary, a remarkable human being.

George was a very devoted, loving husband to his wife, Joyce (Jennings) Clark of almost 60 years (their 60th anniversary would have been celebrated on August 24, 2017); very proud father of George Stephen (Joanne), Halifax, Dr. Andrew Eric Clark (Shawn), Moncton, Beth-Helene Clark, Halifax, all three of whom he proudly supported in all aspects of their lives. He was the proud grandfather “Ho-Ho” of Alexander (Charlotte) and Nicholas (Jennifer) Clark. He is also survived by a niece, nephews and many cousins.

If desired, donations in memory of George may be made to Bethany United Church, the Heart and Stroke Foundation, the Molly Appeal or a charity of your choice. Online condolences may be sent to g-jclark@bellaliant.net.
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