



**Presentation to the House of Commons Standing Committee on
Health – Study of the Government’s Response to the COVID-19
Pandemic**

Opening Remarks by Dr. Jim Armstrong
President, Canadian Dental Association

Check against delivery

Thank you Mr. Chair, and good afternoon to the members of committee. It’s my pleasure to present to you today on behalf of the Canadian Dental Association.

I have been serving as the President of the CDA since April, but previously, I served on the board for the past six years, and have volunteered in dental associations across the country for three decades. I am also the managing doctor for a dental Cooperative with 10 practices and 150 team members throughout Vancouver.

I am pleased to be joined today by Dr. Aaron Burry, CDA's associate director of professional affairs. Dr. Burry is a public health dentist with more than 30 years experience of navigating issues with both practice and public policy.

In addition to the work that he has done to lead the CDA's work in understanding and addressing the challenges of COVID-19 for our profession, Dr. Burry has been serving emergency patients in a public health clinic throughout the past few months, and can share with you that unique perspective.

We come today with three essential recommendations to share:

1. That greater consideration be given to dentistry as vital frontline healthcare workers when considering access to PPE.
2. That the Federal government create a specific oral health envelope of \$3 Billion as part of the Canada Health Transfer.
3. That basic oral health standards be part of any future review of the state of health in long-term care facilities.

I'll come back to each of these recommendations through my remarks.

I'd like to walk you through the challenges that dentistry has faced as a result of the pandemic, as well as those that are emerging.

In March, by public health orders, dental clinics across Canada ceased providing oral health treatments, with the exception of very restricted emergency care.

Now, dental clinics are cautiously beginning a staged return to practice, in accordance with the guidance set out by their provincial dental regulators, public health authorities and workplace safety regulators. This guidance has varied from one province to the next and has resulted in great confusion among dentists and patients.

Also, within Provinces, there is unfortunately conflict in regulations between regulators that required different protocols or procedures be used when providing the same type of treatment. This leads to significant confusion and angst for dentists as they attempt to establish the "new normal".

What dentists are finding as they return to practice is a physically demanding and mentally exhausting experience.

Dental offices are essentially mini-outpatient hospitals, and like any hospital offering out patient care, we follow strict infection control procedures and practices. This is not new.

However, new guidance and regulation stemming from COVID-19 have made performing outpatient procedures more difficult, physically draining and time-consuming.

Dentists, must do considerable additional preparation before seeing each patient. Early experience suggests they treat 50 to 67% fewer patients per day.

Communication with those patients is also much more difficult.

It's not simply a single aspect of the new approach that is problematic, but rather, it is a cascading effect of changes to how every aspect of care has changed. From the prework before coming to the office, to the parking lot, which has now become the reception, to the clinical areas where far greater separation between patients must be maintained.

Ensuring that the expanded range of PPE is properly worn, removed and decontaminated has significantly changed the way we work.

The workflow of the office has changed to where there is no flow at all. Some of this may resolve itself over time, but these challenges are putting a strain on dental practices, and our ability to provide care.

Of course, these challenges presuppose that one has the PPE to perform the necessary procedures.

From the outset of the current crisis, dentistry identified the impending shortage of PPE as a critical issue. We reached out through the Public Health Agency of Canada and through the Office of the Chief Dental Officer of Canada to reflect that the critical shortage would hamper the ability of dental offices to provide emergency care.

We recognize the multidimensional challenges that led to the shortages of PPE. The current and unprecedented demand for these materials has been exacerbated by with the problems in supply chains, especially in China.

In fact, early in the pandemic when all hospitals were critically short of PPE, many dentists across the country stripped their offices of their own supplies to donate to the frontline cause in their communities.

But with dental offices reopening, it's important that we emphasize that dentists are frontline providers as well.

While we had initially hoped that access to PPE through our traditional sources would improve as supply chains re-opened, or new supply chains emerged, that has not yet happened. Some materials, such as latex gloves, have become more difficult to acquire.

Individual dental offices are also attempting to acquire the same kinds of PPE as large government entities, most notably N95 respirators which are essential and for many cases mandatory for dental care today. These governmental organizations, including the Government of Canada, can leverage their might to acquire mass quantities, or impose guidelines on suppliers that have them to prioritize supply delivery to those entities actively on the front lines of the COVID-19 fight.

The result is a supply of PPE which remains scarce, if not impossible to access, and at a rising prices due to the demand.

For dentists in Canada to serve our patients appropriately, we currently need one million pieces of PPE per day, and this need will increase to up to four million pieces if we can reach full capacity again.

As governments and health care providers work together to find long-term solutions to sourcing and maintaining a consistent and dependable supply of PPE in Canada, dentistry needs to be at the table.

This echoes the concerns that we have stated for several years about the state of public funding for oral health services in Canada.

Most Canadians are able to access care through employer-sponsored benefit plans. Unfortunately our public programs have been chronically under-funded across the country.

Just six percent of our dental care is provided to Canadians through public programs.

Growth in usage of publicly-funded oral health care programs is particularly acute among low-income seniors, children and individuals with physical and developmental challenges. The new normal will mean

even greater challenges in providing care for these individuals if care can be provided as all.

Over the past decade, the erosion of provincial/territorial funding of these programs has created a circumstance where the needs of these vulnerable groups are no longer being adequately met.

With the profound economic challenges from COVID-19 to come, many Canadians will lose access to their employer-sponsored benefits.

This will place an even greater strain on these public programs.

The Federal government has a clear role to play in helping to ensure that these provincial and territorial programs can appropriately address the challenges to come.

Specifically, we recommend that the Federal Government create a specific oral-health envelope of three billion dollars as part of the Canada Health Transfer.

At a time when there will be many demands on public healthcare dollars in Canada, we simply can't afford to allow these programs to wait at the back of the line and hope that funds flow through.

Finally, as we consider the challenges ahead, we clearly recognize the crisis within long term care facilities across the country.

Several years ago, CDA had asked the Department of Veterans Affairs to include basic standards of oral health care for veterans in long-term care facilities. It was our hope that these standards could have been instituted benefited not only veterans, but all those who reside in these facilities.

Unfortunately, we were informed that Veterans Affairs did not have contracts with these facilities, only contribution agreements. They left it to the provinces to ensure that appropriate care was provided.

Our suggested standards were not onerous, and are the very least that we believed should be provided to any senior in care.

They are:

- An oral health assessment on intake;
- A daily oral health plan;
- A yearly visit with a dentist;
- And a location within the facility where dentistry can be done.

We recognize that there will be large and far-reaching discussions on how best to care for seniors in these facilities, and these oral health standards might seem minor in the current context.

But these small steps can help to contribute to the development a culture of care, oversight, and responsibility that will be critical to setting things right for Canada's seniors.

On behalf of Dr. Burry, I thank you for your attention, and we would be happy to take any questions.