CDA: Year in Review

CDA: 2002-03 Marked by Significant Achievements

We’ve had our ups and downs, but I am proud of what we have accomplished together this year,” CDA’s immediate past president Dr. Tom Breneman told delegates on September 5 during the Association’s General Assembly in Ottawa.

While Dr. Breneman was at the helm, two long-anticipated health care reform reports were issued by the federal government — one from the offices of Senator Michael Kirby and the other from Commissioner Roy Romanow. Barely a mention of dentistry was made in either case. “While some interpreted this as apathy for all things dental, on the flip side, it could also be viewed as tacit support for our system of oral health delivery,” Dr. Breneman said.

“Certainly, I came more and more to view it as the latter, as I had opportunities to meet with government and saw evidence of their understanding of our issues, in large part thanks to CDA’s ongoing government relations efforts.”

In November 2002, CDA organized a groundbreaking Dental Academic Summit in Alliston, Ontario. Over the course of the previous year, CDA had become increasingly aware that a crisis in dental academia was brewing on several fronts — research investment in oral health is low, tuition is high, and university infrastructure and faculty are in need of immediate and ongoing financial support. The academic community will be a continuing priority for CDA in the coming year.

CDA kicked off the New Year with the Dental Hygiene Shortage Forum in Gatineau, Quebec (jointly organized with the Association of Dental Surgeons of British Columbia). “I realize that many tensions and challenges remain in our relationship with organized dental hygiene, but CDA will continue to meet with the leadership of the Canadian Dental Hygienists Association to look for solutions to current impasses, and areas where we can work together in the future,” Dr. Breneman pledged.

In April, CDA had a series of very successful Days on the Hill meetings with members of Parliament, who were briefed on the most important issues facing dentistry and affecting oral health. Over the busy two-day schedule, CDA representatives met with three cabinet ministers, the Speaker of the House, the Leader of the Official Opposition and 30 MPs. This represents about 10% of all Parliamentarians.

“We talked mainly about issues in three broad categories — oral health, continued on page 650

This special section of JCDA is sponsored by Canadian Dental Service Plans Inc.
CDA: Year in Review

Top 10 CDA Achievements in 2002-03

Here are CDA’s 10 major achievements of the past year, many of which provide tangible benefits to the Association’s membership — and often to non-member dentists as well.

1. ITRANS™ — A secure, Internet-based transaction and messaging service for dentists and other healthcare practitioners will soon be available nationwide: ITRANS™ will be provided through a strategic alliance between NDCHealth Corporation and Continovation Services Inc. (CSI), a wholly owned, for-profit subsidiary of CDA.

2. RRSP Contribution Levels — CDA’s lobbying to increase the level of contributions to Registered Retirement Savings Plans (RRSP) met with success when Finance Minister John Manley increased the levels by $4,500 over 4 years in his March 2003 federal budget.

3. Dental Education and Research — CDA organized two events aimed at increasing the viability of dental faculties across Canada — the Dental Academic Summit in November 2002 and the Dental Admissions Conference in October 2003.

4. CDAlert E-mail Newsletter — CDA’s new electronic communications vehicle instantly informs members of important matters affecting their practices. Since November 2002, 17 CDAlerts were transmitted to 4,500 CDA members (on average), informing them of such matters as changes to CDAnet, how to deal with the SARS outbreak and ways of countering the onslaught of computer viruses and worms.

5. Governance and Elections — In March 2003, CDA adopted a “knowledge-based governance” model that will allow the Board of Directors to clearly identify and manage strategic issues for the ultimate benefit of the membership. For the first time in its 101-year history, CDA board members were elected to be accountable and serve the interests of CDA as a whole.

6. National Oral Health Month (NOHM) TV Ad Campaign — In April, CDA launched its second national television advertising campaign for NOHM. CDA’s advertisements, which aired on the Life Network, Prime, the W (Women’s) Network and Radio Canada RDI (Réseau de l’information), focused on the message Oral health — good for life and were seen by an estimated 1.5 million viewers.

7. Publications — CDA continues to improve its publications and communications vehicles. JCDA ran special issues on oral and maxillofacial surgery, pediatric dentistry, prosthodontics, orthodontics, and oral pathology and oral medicine. Communiqué introduced several new features — Dental Practice FAQ, The Dentistry Lifestyle, Corporate Profile and National Overview.

8. Non-Insured Health Benefits (NIHB) — CDA successfully lobbied Health Canada for changes to the NIHB program for First Nations and Inuit patients that would eliminate intrusive on-site audits of NIHB claimant files at dentists’ offices across Canada.

9. Online Dental Aptitude Test (DAT) Registration — This year, dental school applicants were able to register for DAT online through CDA’s Web site, speeding up the registration process for applicants and streamlining administration of DAT by staff at the Association’s National Office.

10. Dental Hygiene Conference — CDA co-hosted a conference to determine a national position on the provision of oral hygiene service.
ITRANS™ — a uniquely secure, Internet-based transaction and messaging service — will soon enable dentists and other health professionals to send their patients’ claims, radiographs and attachments to insurance carriers and to other dentists and health care practitioners. CDA has created Continovation Services Inc. (CSI) as a wholly owned, for-profit subsidiary company for the purpose of providing ITRANS™ and other products. ITRANS™ is scheduled to be available in the first quarter of 2004.

ITRANS™ will improve “first-time-right” accuracy, enable other secure e-commerce transactions, provide better service to patients and help dentists achieve better cost-efficiencies in their practice.

Dentists and their software vendors will be receiving invitations to regional presentations scheduled in late 2003 and early 2004, giving specific details that will help dentists to acquaint themselves with this new e-business model.

With growing concern about privacy and the confidentiality of sensitive information being transmitted electronically via DataPac/1-800 lines or over the Internet, CSI conducted extensive research to identify the best solutions and found that NDCH Health and Soltrust/VeriSign met the requirements of evolving privacy legislation, said Brenda Naylor, president and chief operating officer of CSI, based in Ottawa. (Atlanta-based NDCH Health is a leading provider of health information services to pharmacy, hospital, physician, pharmaceutical and payer businesses. Toronto-based Soltrust — VeriSign’s Canadian affiliate — is the leading Canadian provider of Digital Trust Services that enable businesses and consumers to communicate and transact over digital networks with confidence.)

Added Ms. Naylor: “We have therefore established strategic business alliances with NDCH Health and Soltrust to deliver our joint product offerings, so that patients and health care providers can remain confident that ITRANS™ information is viewed and processed by authorized users and that each data exchange will remain safe, secure and completely confidential.”

Says CDA president Dr. Louis Dubé: “ITRANS™ is not a replacement for CDAnet™, but rather a whole new way of transmitting claims that will use the CDAnet™ claims standard, or any new standard that may be developed. Dentists who are satisfied with the current services using the Data Pac/1-800 line will be able to send their claims in the usual manner for the foreseeable future and CDA is committed to supporting them as long as technologically feasible.”

However, it is likely that the transmission speed requirement of the National E-Claim Standard now being developed will be greater than the capacity of the Data Pac/1-800 infrastructure, forcing its eventual replacement by a secure Internet-based communication system such as ITRANS™, Dr. Dubé noted.

A significant share of the dental insurance market will be serviced by ITRANS™ at its inception, with further growth as CSI develops additional relationships with the insurance industry, Ms. Naylor said.

Dr. Dubé further elaborated that ITRANS™ has the potential to positively impact a dentist’s practice, even where electronic claims services are not broadly used, by facilitating dentist-to-specialist communications and opening the way for the introduction of a variety of new services that CSI is already working on.

For more information about ITRANS™, visit www.continovation.com or contact Ms. Naylor at bnaylor@continovation.com.

ITRANS™ is a trademark owned by CSI.
High Marks for Admissions Conference

CDA organized a highly successful Dental Admissions Conference, held in Ottawa on October 18-19. This event — a follow-up to last year’s Dental Academic Summit — is the second in a series aimed at overcoming challenges facing academic dentistry in Canada, such as chronic shortages of educators and dental researchers.

Issues that were covered at the conference included personnel selection and a pilot design for a national study to determine the validity and reliability of dental admissions tools now in use.

Among the conference invitees were the deans and admissions officers of the 10 faculties of dentistry; and representatives of CDA, the Commission on Dental Accreditation of Canada (CDAC), dental regulatory authorities, the dental industry, the American Dental Association and the American Dental Education Association.

Special guest speakers included: Dr. Jack Dillenberg, inaugural dean of the Arizona School of Dentistry & Oral Health in Mesa; Dr. Vic Catano, professor and chair of psychology at St. Mary’s University in Halifax (and author of CDA’s admissions interview questions); and Dr. Blaine Cleghorn, clinic director at the faculty of dentistry of Dalhousie University in Halifax.

CDA wishes to thank the Dentistry Canada Fund, Nobel Biocare, Septodont and Procter & Gamble - Makers of Crest products for their generous contributions to this event.

CDA Meets with Liberal Caucus

CDA made a presentation on the subject of Access to Higher Education to the Liberal Caucus on Post-Secondary Education and Research, held on August 19 in North Bay, Ontario.

Former CDA president Dr. Tom Breneman made a short verbal presentation on the subject of access to education, supported by a written brief. CDA representatives networked with members of Parliament before and after the caucus meeting. “These occasions allowed us to raise other issues of concern related to education and research,” said Andrew Jones, CDA’s director of corporate and government relations.

Noted Dr. Breneman: “It was significant, since we were the only professional association around the table. It was clear that, at the federal level, there is growing resolve to find workable solutions, something that dentistry will need to continue to push for as the political leadership changes.”

CDA Hosts 2005 FDI Congress

CDA will host the FDI 2005 World Dental Congress, to be held at the Palais des Congrès in Montreal August 24-27. CDA is now working with organizers from FDI and the Journées dentaires internationales du Québec to present Canada’s largest dental event in 2005.

FDI congresses are internationally recognized events that focus on the latest scientific developments in the world of dentistry.

The scientific program for FDI Montreal 2005 will feature major symposia on esthetic dentistry, prosthodontics and implantology. Sessions will focus on periodontology, preventive dentistry, nutrition, endodontics, gerodontology, practice management, pain management, oral surgery, oral medicine, pedodontics, orthodontics and traumatology.

A notable feature of the scientific program will be a series of hands-on, limited attendance courses in several disciplines of dentistry, conducted by eminent experts from Canada, the United States and Europe.

Other programs of great interest will be the World Dental Exhibition, showcasing the very latest in dental technology, equipment and products.

As a special membership benefit, CDA members are entitled to discount registration fees for FDI Montreal 2005.

For more information, visit the congress Web site at www.fdiworldental.org.
CDA: Working with Industry

CDA continues to build solid relationships with the dental industry. Here are a few examples of recent joint activities:

Lab Track: Study of Dentist Satisfaction with Dental Laboratory Services

Work proceeds on CDA’s ongoing survey of dentists’ satisfaction with the service offered by dental laboratories. Some 665 responses were received, providing enough data to produce useful results for participating laboratories. This is a regional study, given the size of the participating laboratories. Three dental laboratories have committed to funding the project. Reports will be finalized by December.

Dental Product Distribution (DPD) Track Update

The DPD Track research study has been completed, yielding new data about buying trends and customer satisfaction with products and suppliers. Confidential reports were presented to participating dental product distributors. Plans for DPD Track II have started. This second study may deal with the grey market.

Sponsorship

Among this year’s sponsors of CDA activities were Ash Temple, Canadian Dental Service Plans Inc. (CDSPI), CareCredit, Colgate, the Dentistry Canada Fund, Kodak, Nobel Biocare, Oral-B, Patterson, Pfizer Canada, Procter and Gamble, and Septodont.

National Oral Health Month

CDA partnered with Colgate in a very successful campaign during National Oral Health Month 2003. Plans are well underway for the 2004 campaign.

Public Education Campaign

CDA is exploring partnerships with several organizations in a public education campaign that will communicate oral health and general health messages to a national audience.

Helping CDA Formulate Public Policy

CDA’s Resource Centre is more than a library. Under Costa Papadopoulos, manager of health policy and information, the centre is playing a key role in formulating public policy and maintaining the long-term viability of the dental profession.

The Resource Centre is helping CDA’s Board of Directors make knowledge-based decisions on matters of policy, by providing a firm foundation of detailed, accurate and sourced information.

When CDA’s government relations team needed to know how much money was being spent on oral health research in Canada, Mr. Papadopoulos uncovered information from the Canadian Institutes of Health Research, showing clearly that the level of funding was far too low.

Well-researched presentations also serve as a springboard for discussion in matters of policy. Mr. Papadopoulos provided data for Dr. John O’Keefe’s presentation on oral health promotion at last September’s Strategic Forum in Ottawa. During the discussion segment, some delegates expressed surprise at the unexpected research findings.

“Dentists need more information on the cost-benefit analysis of oral health promotion campaigns,” Mr. Papadopoulos explains. “My research shows that early childhood dental awareness campaigns do not translate into regular dental visits later on in life. More research is also needed to help dental insurers make the right decisions. Their decisions are sometimes based on risk aversion or emotion, and not always on the facts.”

Many questions need to be answered more clearly and assumptions proven right or wrong. Mr. Papadopoulos cited examples: “How much is saved from early health promotion? Will it reduce the need for a complicated procedure later on? Is there a definite link between oral health and general health? Between plaque and cardiovascular disease? This is the kind of data that must be collected and disseminated to major players. It is bound to have an impact on future public health policy.”

Mr. Papadopoulos cautioned that some of his data-gathering work would only have a long-term payoff for the profession. “It may lead to government programs for dentists in 10 or 20 years’ time,” he said.
This year marked the successful introduction of online registration for the CDA-administered Dental Aptitude Test (DAT), given to all Canadian students wishing to enter a first-year university dental program.

Online DAT registration went live on August 27, and in the 20 days up to the September 15 registration deadline, 697 online transactions were made, with a value of $177,476.60.

“This year, we had 1,225 registrants — an all-time record — and about 65% of them registered online,” said CDA’s DAT coordinator Fatna Moussali. “Once their payment was approved, registrants were e-mailed a confirmation letter, indicating where they should take the test and what photo ID they should bring with them. Students were very happy that they could register online and have their application processed faster. The instructions were quite easy to follow. Admissions officers at faculties of dentistry were also very happy with our online registration process.”

“Our main objectives were to improve customer service and streamline processes, finding efficiencies where we could,” said Geoff Valentine, CDA’s manager of information technology. “We were able to launch the DAT online registration system this year, because all the technical components were ready. In 2001, we migrated the DAT registration database into iMIS, CDA’s main membership management tool. Then we launched our new Web site in 2002, so after introducing online membership renewal, we proceeded with online registration for DAT.”

“Being able to register online, the applicant can provide us with the information even a few minutes before the registration deadline,” Ms. Moussali adds. “This year, almost half the registrants submitted their applications online in the week before the registration deadline. If the applicant made a mistake on the online registration form, he or she was notified immediately and instructed how to fill out the section correctly, which reduced our workload considerably. We knew that when the applications arrived, they were 100% error-free. As soon as the applications were approved, we shipped out supplies to the applicants so they could start preparing for the exam.”

CDA implemented online payment, so registration can only be completed if payment is properly received. “We subscribe to the VeriSign credit card payment gateway (through Soltrus, its Canadian reseller),” Mr. Valentine explains. “The card is validated in 3 seconds.”

“This saves us enormous amounts of time, as we no longer have to call many applicants to obtain the correct credit card information,” Ms. Moussali said. She estimates that the new system cut down her DAT-related workload by 116 hours.

Because each test centre has a limited number of seats, a system was developed to keep track of how many seats were sold, so test centres wouldn’t be overbooked.

“We followed the Ticketmaster or airline models, where there are only so many seats for sale,” Mr. Valentine said. “Every time someone registers, the inventory declines by one. When you hit zero, that’s it!”

As an incentive, those who apply online are given priority over those who register by mail. “We want to encourage as many students as we can to register online, because we’re aiming for 100% online applications one of these years,” Mr. Valentine sums up. “No more hard copies of anything. That is the dream we eventually hope will become reality.”

T he oral health of Canadians and the infrastructure of the dental profession were the two main themes of CDA president Dr. Louis Dubé’s pre-budget presentation to the House of Commons Standing Committee of Finance, delivered on September 30.

Dr. Dubé described the plight of many Canadians who don’t have access to proper oral health care: “In my practice in Sherbrooke, not a day goes by that I don’t have to extract a tooth. We don’t have fluoridation, either, so kids are still getting lots of cavities. It’s sad to see a child who is financially disadvantaged and who goes to school with a mouth full of cavities which cause him to suffer pain and make it hard for him to eat nutritious foods, sleep or concentrate in school.

“Most dental screening programs in schools were the victims of cutbacks, so how are these kids getting oral health care?” Dr. Dubé asked. “Many dentists work for no fee where they see a real need, but we can’t do this alone. We notice that many people are showing up in hospital emergency wards to be treated for oral health-related problems. We need to find ways to meet the needs of people who are not able to access dental care because of financial barriers.”

Dr. Dubé wondered what will happen once aging workers retire and lose their dental plans. He suggested to the committee that systems be set up now to address the needs of older patients, before the majority of the baby boomer generation retires from the workforce. “These are people with high expectations in terms of the oral health care they receive, and they’re not going to settle for second-best,” he predicted.

Researchers are getting closer to establishing a definite link between the health of the mouth and the health of the rest of the body. “If your mouth is sick, the rest of your body is affected — and the effects may be quite major,” Dr. Dubé stated. “We don’t have all the answers yet, but it’s starting to look like periodontal disease may be a complicating factor in heart disease, pre-term and low-birth-weight babies, and diabetes. These are big health concerns, both in terms of their impact on quality of life and their costs to the health care system. If it turns out that dentists can help to prevent or reduce the severity of these illnesses, so much the better.”

As for the health of the dental profession, Dr. Dubé said he was very concerned about high tuition fees and their impact on the makeup of the profession. “Dentistry has the highest fees of any program and we’re still concerned about that, so I encourage you to recommend the implementation of changes that will directly assist students,” he said. “Over the past year, though, we’ve come to realize that tuition fees are not the real problem, but a symptom of it, and that is the underfunding of universities. Operating dental schools is very expensive. The equipment and maintenance fees, as well as the operation of public clinics — these all add up in terms of cost. Good faculty is hard to find and even harder to keep. As things stand, university salaries cannot compete with incomes in private practice, so it’s hard to interest new graduates in the academic life — especially if they graduate with a debt of more than $100,000.”

As well, academics are finding research grants harder to obtain. “Two years ago, we reported to you that the Canadian Institutes of Health Research was devoting only 1.6% of its funding to oral health research,” Dr. Dubé pointed out. “Since about 7% of health care spending in Canada is on oral health, we thought this percentage was too low. Since then, the situation has worsened. In the past year, less than 1% of funding was directed to oral health research.

“Without dental schools, we have no dentists,” Dr. Dubé summed up. “Without research, we have no improvements to oral health. These are fundamental issues that we want to work with you to resolve.”

Another concern is the issue of parental leave. Dentistry is quickly becoming a profession with equal participation of men and women. Often, once a dental practice is established, it evolves into a family business, where both spouses are dentists or one is a dentist and the other manages the office.

But because Employment Insurance (EI) is unfairly structured, neither spouse is eligible to take parental leave, Dr. Dubé noted. “In order to make infant care financially affordable for dentists, staff and other health care workers, CDA recommends that the EI Act be revisited, with a view to including opt-in provisions for self-employed entrepreneurs.

Dr. Louis Dubé

High dental tuition fees are a symptom of the underfunding of universities.
Dr. Dubé then brought forward the issue of child care. “Since women remain the primary family caregivers in our society, the ability for women dentists to return to and stay active in their professional careers largely depends on the availability of quality child care. Many professionals choose home child care, since it offers greater flexibility. However, because of a 1989 legal decision, small business owners are prevented from adding child care providers to their payrolls. The ability to do so would allow dentists to pay child care workers better wages, thus improving the financial situation for another group of female entrepreneurs. It would also encourage female dentists to employ high-quality child care, and thus return to work more quickly and comfortably.”

**Changes to Standard Dental Claim Form**

CDA is working closely with the Canadian Life & Health Insurance Association (CLHIA) to ensure that dentists’ submissions of requests for advance confirmation of coverage comply with privacy legislation. During these consultations with the insurance industry, some insurers raised concerns about releasing information directly to the dentist, instead of returning it to the patient during the predetermination process.

In practice, most carriers return the results of a predetermination to the dentist. This expedites the treatment process, allowing the dentist to review the results of the predetermination with the patient in a timely manner. However, a few insurers are sending predetermination results to the patient, rather than to the dentist. This practice impedes the flow of information and can delay the decision-making process, says Ákos Hoffer, CDA’s manager of practice services.

Responding to the insurance industry’s concerns, CDA has amended the standard dental claim form to include the patient’s signed consent, authorizing benefits providers to return the results of predeterminations directly to the dentist. The new wording has been approved by CLHIA. CDA asks all dentists to replace their existing forms with the new ones, which will be available on the CDA Web site or by contacting CDA directly.

CDA expects that the new claim form will address the needs of the entire insurance industry, Mr. Hoffer states. However, in the event that insurers persist in refusing to send predetermination results to dentists, members are urged to notify CDA by e-mail at practice_support@cda-adc.ca, so that appropriate action can be taken. A parallel change was made earlier to the CDAnet consent form to address the privacy issue.

For more information, e-mail practice-services@cda-adc.ca.
Introducing …

CDA’s Board of Directors for 2003-2004

Dr. Louis Dubé
President

Dr. Alfred Dean
President-Elect

Dr. Jack Cottrell
Vice-President

Dr. Michael Connolly

Dr. Craig Fedorowich

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Dr. Darryl Smith

Dr. Deborah Stymiest

Mr. George Weber
Executive Director

CDA: Year in Review
CDA Board of Directors Meeting Highlights
September 3 and 4, 2003, Ottawa

**FDI 2005**

The Board of Directors unanimously approved an agreement with FDI World Dental Federation to host the FDI 2005 Congress in Montreal August 21-27. A subsequent contract will be signed between CDA and the Order of Dentists of Quebec (ODQ).

**Uniform System of Codes and List of Services**

On the recommendation of CDA’s Committee on Claims Management (CCM), the Board of Directors approved revisions to the Uniform System of Codes and List of Services (USC&LS). A new code was approved for the removal of a fractured cusp, as follows:

72800 Removal of a fractured cusp as a separate procedure, not in conjunction with surgical or restorative procedures on the same tooth

72801 First tooth

72809 Each additional tooth

Another new code was created, as follows:

99222 Laboratory charges for oral pathology biopsy services, when provided in relation to a surgical service from the 30000, 40000 or 70000 code series.

It was further agreed that codes 27720, 27721 and 27722 be amended as follows:

27720 Repairs, Inlays, Onlays or Crowns, Porcelain/Ceramic/Polymer Glass, Porcelain/Ceramic/Polymer Glass/Fused to Metal Base (single units)

27721 Repairs, Inlays, Onlays or Crowns, Porcelain/Ceramic/Polymer Glass, Porcelain/Ceramic/Polymer Glass/Fused to Metal Base, Direct

27722 Repairs, Inlays, Onlays or Crowns, Porcelain/Ceramic/Polymer Glass, Porcelain/Ceramic/Polymer Glass/Fused to Metal Base, Indirect + L

In 2001, the CCM determined that the current approach to coding was resulting in a shortage of codes in the USC&LS and that it was time to conduct a major review of the document. The Board of Directors decided, in the context of the development of the Electronic Health Record, that in order to protect the profession against the imposition of a coding system designed with the needs of physicians in mind, rather than dentists, the goal should be to create a standard electronic language for dentistry. A request for proposal (RFP) has been issued to experts in health informatics. The review process will likely take five years, including three years for implementation by the insurance industry.

**Amalgam Waste**

CDA will assist Dr. Philip Watson in expanding research on the usage of amalgam across Canada to establish a base figure from which to evaluate compliance with the signed Memorandum of Understanding. (Data will be compiled from a single practice day.) Transportation of the amalgam waste continues to be a hurdle in some jurisdictions.

The Board directed the Dental Materials and Devices Committee to develop a list of design features to look for when selecting an amalgam waste separator for the dental office.

**Resource Centre**

The Board of Directors reviewed options for the Resource Centre to remain a sustainable operation within CDA. The Board agreed that changes are required and that focus be placed on the collection of periodicals.

**Student Membership Program**

CDA has learned that many students are interested in connecting with organized dentistry. It was felt that CDA and all provincial dental associations could benefit from a student membership program that would assist with future recruitment and tracking of new graduates. CDA will contact each corporate member to discuss a joint program.

**Privacy Policy**

The Board of Directors approved a Privacy Policy for CDA activities. It includes designation of a chief privacy officer; identifying the purposes for which CDA collects, uses or discloses personal information; consent issues; and security measures.

**Implications of the Loss of Quebec Corporate Membership**

CDA continues to discuss transitional measures with the Quebec Dental Surgeons Association (QDSA) on their withdrawal of corporate membership. CDA is applying the bylaws, which indicate a one-year notice period. Despite the loss of corporate membership in Quebec, CDA will continue to recruit and represent individual members in that province.
CDA 2003 Award Winners

Leading lights in the dental profession were honoured at CDA’s annual Awards Ceremony & Luncheon, sponsored by Ash Temple. The luncheon took place on September 5 at Ottawa’s Westin Hotel.

Distinguished Service Award

CDA’s Distinguished Service Award is given in recognition of an outstanding contribution in a given year or outstanding service over a number of years. Receiving the awards in 2003 were Dr. John Currah of Ottawa; Dr. Gilles Dubé of Lachute (Quebec); and Mr. Brian Henderson of Ottawa.

Dr. Currah is the former director of the Canadian Forces Dental Services and currently chairs FDI World Dental Federation’s Section of Defence Forces Dental Services. Dr. Currah is now chief dental officer with Health Canada.

Dr. Dubé served as president of CDA in 1990-91. He was a member of CDA’s Executive Council and Board of Governors from 1986 to 1991. Dr. Dubé was also active on numerous committees of the Order of Dentists of Quebec and the Association of Dental Surgeons of Quebec.

Mr. Henderson is the former director of the Commission on Dental Accreditation of Canada (CDAC). He also served as CDA’s associate executive director and as its director of professional services. Mr. Henderson, now president of HealthTeam Associates, still provides consulting services to CDA.

Award of Merit

The Award of Merit is given in recognition of outstanding service in the governing of CDA or a similar outstanding contribution to Canadian dentistry. Dr. Richard Beauchamp of Edmonton and Dr. William MacInnis of Halifax received the award this year.

Dr. Beauchamp has faithfully served the University of Alberta, the Alberta Dental Association & College and CDA since 1972. He is currently president of U of A’s Dental Alumni Association.

Dr. MacInnis is the recently retired dean of the faculty of dentistry of Dalhousie University in Halifax. From 1997 to 2001, Dr. MacInnis was very active in the affairs of CDAC.

Oral Health Promotion Award

The Oral Health Promotion Award recognizes individuals or organizations that seek to improve the oral health of Canadians through oral health promotion. This year, the award was presented to the Healthy Teeth Web site and the Body & Health Television Program.

The Healthy Teeth Web site is a production of the Nova Scotia Dental Association, with assistance from CDA and the Halifax County Dental Society. The site — at http://www.healthyteeth.org/ — is designed to teach elementary-age students about the importance of oral health. Healthy Teeth is recognized by SchoolNet, a federal government initiative to identify the best educational resources on the Internet. Accolades and recommendations have also come in from Yahoo!, ABCs of Parenting, Health Links, Web This Week, Education World, Parents’ Source and Surfing the Net with Kids. The Washington Times has recommended Healthy Teeth in its weekly parents and kids column. Healthy Teeth is updated and upgraded with new interactive features every year. In 2003, the site was completely redesigned to streamline navigation. Healthy Teeth is currently linked to 895 other Web sites around the globe.
CDA: Year in Review

Produced by Global Communications Ltd., Body & Health featured a special oral health segment during National Oral Health Month. Four episodes of Dentist on Call with then CDA president Dr. Tom Breneman aired in April. Newspaper and Internet versions of Dentist on Call were also produced. To learn more about Body & Health, visit the program’s Web site at http://www.canada.com/health/body/bodyandhealth/.

President’s Award

The President’s Award is granted to graduating students who have demonstrated outstanding leadership qualities, scholarship, character and humanity. This year’s recipients were Lucien Jules Bellamy of the University of British Columbia; Blair Campbell Dalgliesh of the University of Manitoba; Yasaman Khalili-Garkani of the University of Western Ontario; Steven Ma of the University of Alberta; Paul David Morton of McGill University; Genny Ilona Ordog of the University of Toronto; Sheena Shukla of Dalhousie University; Kirk Adam Slywka of the University of Saskatchewan (4th-year program); Xuan Huong Tran of Laval University; and Thomas Yu of the University of Saskatchewan (5th-year program).

Friend of Dentistry Award

The Special Friend of Canadian Dentistry Award is given in appreciation for assistance to the Association. This year, the award went to Dr. Abbyann Day Lynch of Toronto. A leader in the field of medical ethics, Dr. Lynch is the director of ethics at Health Care Associates, a private consulting group based in Toronto. She is the founding director of the bioethics department at The Hospital for Sick Children in Toronto.

PDP Helps New Dentists

Dental students have a great deal to ponder before graduating. They need to examine their career options and goals and decide what’s right for them — becoming an associate, purchasing a practice, forming a partnership or starting a new practice. Then they must consider financial management, insurance and investment planning, patient management, marketing, case management, appointment control, payment control, relations with third parties and staff management.

To help senior dental students through this complex maze of decisions and options, CDA is again offering its Practice Development Program (PDP), this time to third- and fourth-year dental students in dental faculties across Canada. Most faculties of dentistry have committed to a PDP presentation day between now and the end of March 2004, says Lorraine Emmerson, CDA’s coordinator of education. “The students enjoy these presentations and find them very informative,” she notes. “We now schedule the presentations earlier in the year for their convenience. This gives the graduating students more time to prepare themselves for post-graduation. We try to give them some idea of what to expect when they begin practising dentistry in earnest, whether as an associate in a clinic or as an individual practitioner.”

This year’s presenters are Dr. Paul Hogan, consultant for The Maritime Life Assurance Company in Halifax; Dr. Edward McIntyre from the University of Alberta; and Dr. Jim Stich from the University of British Columbia.

The PDP is now in the process of being revamped and CDA will report on new features as they are introduced. The program is sponsored by Canadian Dental Service Plans Inc. (CDSPI); ING Novex Insurance Company of Canada; Quikcard Solutions Inc.; Ash Temple; and AVIVA Canada Inc.

Thanks to Ash Temple

CDA wishes to thank Ash Temple Limited for its five years of generous sponsorship of the CDA Awards Ceremony & Luncheon.

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CDA Down Under

The Canadian delegation at FDI 2003 Sydney — Canada was well represented at the FDI 2003 World Dental Congress, which took place September 18-21 in Sydney, Australia. Leading the Canadian delegation at the World Dental Parliament were (l. to r.): Dr. Tom Breneman, immediate past president, CDA; George Weber, executive director, CDA; Dr. Louis Dubé, president, CDA; and Dr. Alfred Dean, president-elect, CDA.

Two presidents meet — FDI’s incoming president Dr. Heung-Ryul Yoon of Korea meets with CDA president Dr. Louis Dubé during FDI 2003 Sydney.

Canadian Reception VIPs — Attending the Canadian Reception at FDI 2003 Sydney were (l. to r.): George Weber, CDA executive director; Dr. Paul R. Warren, vice-president of dental affairs and clinical research, Oral-B Laboratories, Boston, Massachusetts; Jean Fournier, High Commissioner for Canada to Australia, Canadian High Commission, Canberra; Janie Breneman; and Dr. Tom Breneman, leader of the Canadian Delegation. The event was sponsored by Oral-B.

Thanks to Pfizer Canada

CDA wishes to thank Pfizer Canada and Listerine for their decade of generous sponsorship of the President’s Installation Dinner.
New Investment Services for Dentists

In 2003, Canadian Dental Service Plans Inc. (CDSPI), which administers the Canadian Dentists’ Investment Program on behalf of CDA, worked hard to introduce new services to make using the Investment Program even better.

“The new services were introduced so we could serve the broader needs of dentists, particularly as they become more established investors and require specialized tools,” said Pierre Vézina, vice-president, CDSPI Investment Services. “We intend to continue to enhance services, with the aim of providing everything investors need throughout their lifetimes, all in one convenient place.”

Enhancements during the year have included:

• The introduction of an area on the CDSPI Web site where participants can check investment account details and make investment transactions.

• An Individual Pension Plan service using the CDA investment funds, which can offer greater savings for retirement and tax benefits for dentists with incorporated companies.

• An insured annuity service providing income and capital preservation in retirement.

• The Wealth Management Service providing complete financial plans for attractive fees.

• The Retirement InSight™ service for checking progress towards retirement savings goals.

• A series of educational booklets that help dentists understand investing in RRSPs, RESP, RIFs and non-registered Investment Accounts.

• Guaranteed fund investments as an option in the CDA RESP.

• Special seminars for new dentists to help them start investing.

For more information, call Investment Services at CDSPI.

Dentists Win with Insurance Improvements

Participants in the Canadian Dentists’ Insurance Program (which is sponsored by CDA and cosponsored by nine provincial dental associations) will benefit from two major plan improvements for 2004.

The first is an enhancement of the Accidental Death and Dismemberment Insurance plan, which has broadened the types of accidental injuries that result in a benefit payment. Previously, those who lost both a thumb and index finger on either hand would receive 100% of their insured benefit. In 2004, 100% of benefits will be paid for loss of a thumb or an index finger on either hand. (Among the other accidental injuries covered are loss of sight in one or both eyes, and loss of speech.) As well, the maximum coverage available has been increased from $500,000 to $1 million.

“This enhancement is of particular importance to dentists, since their hands are so important to their profession,” says Susan Roberts, the service supervisor at Professional Guide Line Inc. – A CDSPI Affiliate. “I don’t believe dentists could find other accidental injury plans anywhere offering coverage that is this specific to their needs.”

Another boon to dentists for 2004 is a 10% reduction of premiums for Office Overhead Expense Insurance.

“It’s important that any dentist who is responsible for overhead costs in a practice has Office Overhead Expense Insurance, since the plan can help keep a practice going, should the dentist become disabled,” says Ms. Roberts. “With the premium reduction, the coverage is much more affordable, so I hope dentists will take this opportunity to get appropriate coverage.”

As well, the reduction formula under the Basic Life Insurance and Dependents’ Life plans will now apply at age 70 (with a participant’s coverage amount reducing in steps and terminating at age 85), instead of at age 65 (with coverage ending at age 80).

Other changes to the Insurance Program include rate increases for some of the non-personal coverage plans, resulting from insurance industry changes. However, those plans continue to include valuable protections that are not currently found elsewhere.

Complete plan change details are available from CDSPI, which administers the Insurance Program.