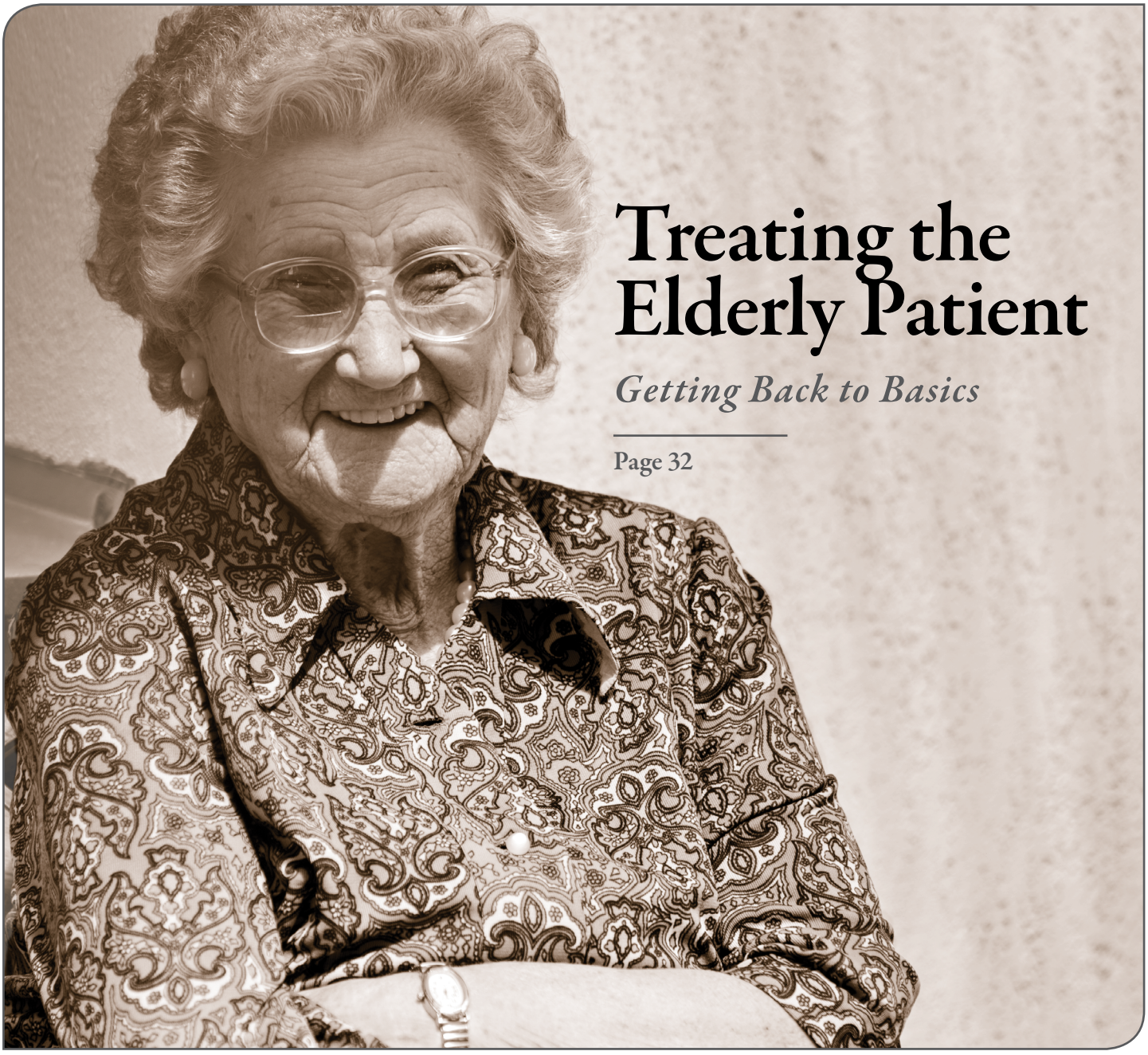
2016 • Volume 3 • Issue 2

CDA essentials

The Canadian Dental Association Magazine



Treating the Elderly Patient

Getting Back to Basics

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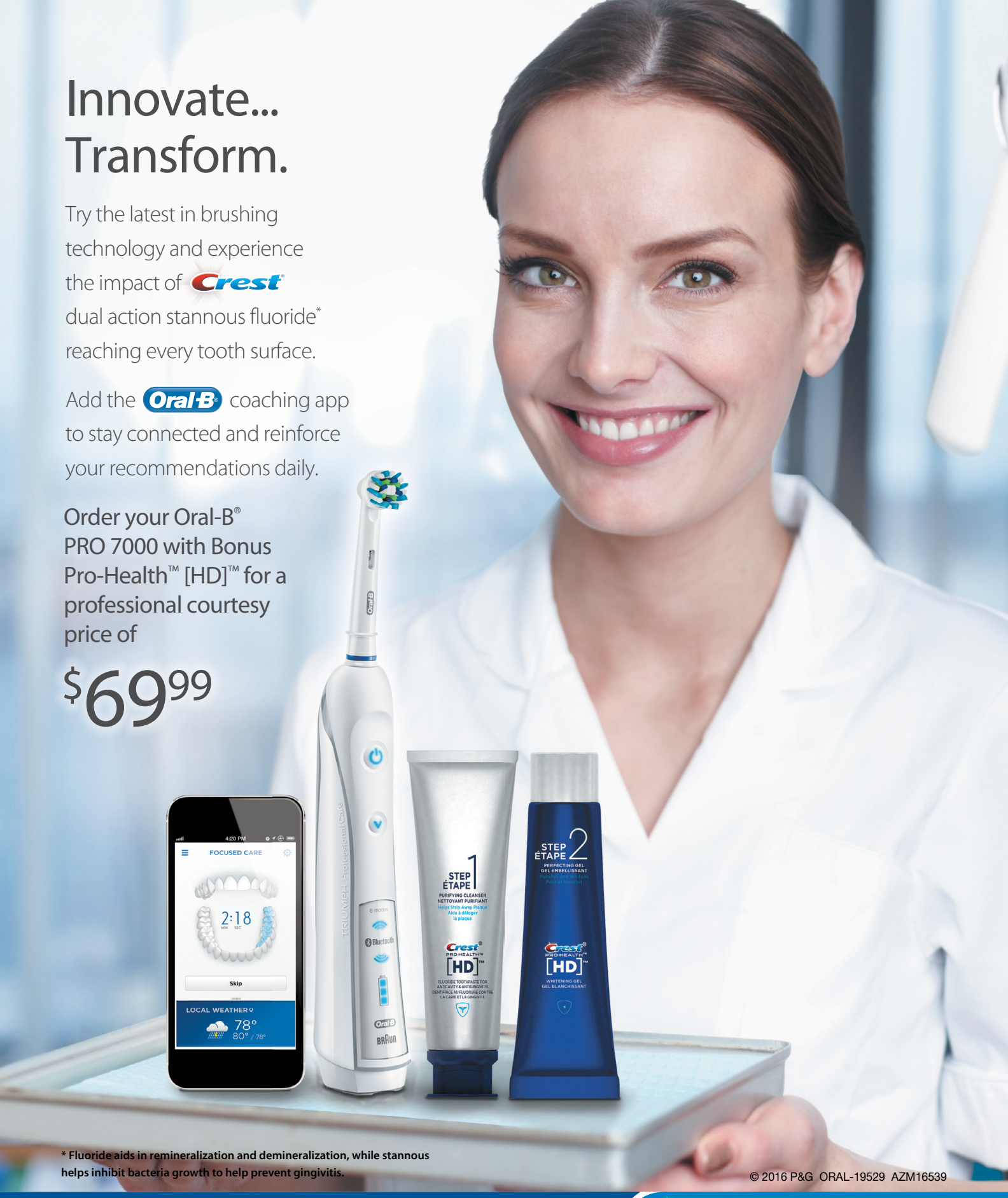

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CDA*essentials* is the official print publication of CDA, providing dialogue between the national association and the dental community. It is dedicated to keeping dentists informed about news, issues and clinically relevant information.

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Dental Care in Northern Canada: A Look Back

CANADIAN DENTAL ASSOCIATION

I arrived in Edmonton 30 years ago as a landed immigrant to begin my life in Canada. The morning after my arrival, I continued on to Yellowknife, Northwest Territories (NWT), where I would live for the next 3 years. I was a recent dental school graduate, drawn to the idea of an adventure in the Canadian North. At the time the NWT had a population of about 50,000 and occupied an area larger than India. It was—and still is—a vast and sparsely populated place.

I was headed to an associateship at the Yellowknife Dental Clinic, affectionately known as YK Dental. The clinic held contracts for providing dental care to numerous small indigenous communities throughout the southern region of the Mackenzie Valley.

The dozens of communities throughout the NWT range from very small, isolated hamlets with basic facilities to larger towns with modern clinics and dental facilities. The scope of dental care we were able to provide included diagnostic and preventative services, simple and complicated tooth removal, direct restorative treatments, selected endodontics and removable prosthodontics. High disease rates were common to all the communities I visited. Often the treatment needs exceeded what could be delivered within the community or within the available time.

Although many dentists volunteer to provide itinerant dental care in various areas of the world, most practitioners in Canada may not be familiar with the challenges of practising in our own northern setting. Here are just some of the challenges I faced back then:

- Providing dental care with mobile dental equipment in remote communities presented some special challenges; rarely did we find that the air line from the compressor—if indeed there was a compressor—could be connected to our equipment. I travelled with an extensive set of tools and spare parts and became comfortable adapting and repairing our equipment. Only a few health centres had dental chairs and even fewer had X-ray units. Portable X-ray equipment is particularly awkward to use and in Canada hand-held X-ray equipment was not available (and remains unavailable to this day despite its widespread acceptance in other countries). The health centres usually did not have adequate provisions for infection prevention and control and we had to travel with our own sterilizers.
- Referral pathways were virtually non-existent for patients with treatment needs beyond the scope of what a mobile service could reasonably achieve. An efficient system should use a team approach to provide comprehensive oral health care and have well-established referral pathways for conditions such as as early childhood caries (ECC), multi-quadrant tooth extraction or more extensive restorative needs. Getting patients the treatment they required was made more difficult by the lack of administrative support, difficulties involved in obtaining medical histories and language barriers.

ALASTAIR NICOLL, BDS HONS
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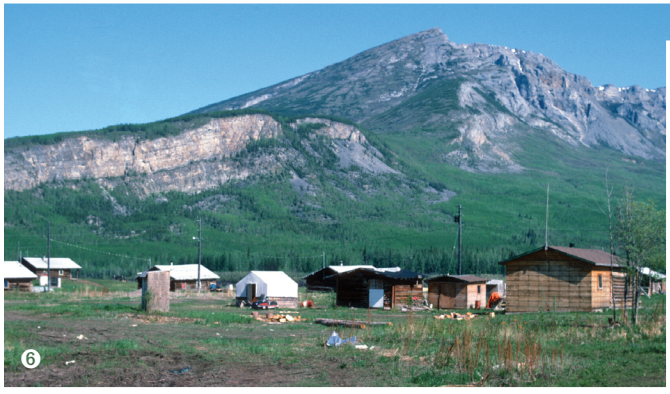

- The inefficiencies of the one-dentist, one-assistant model meant that dentists spent more time on tasks that are usually delegated to others and fewer patients could be seen within a specific time frame. Inefficiencies were keenly felt in the very long wait times for removable prosthodontic appliances, which had to be fabricated in a far-off laboratory. On top of that, the discounted fee structure meant that dentists' incomes were relatively low, compared to an in-office setting. I have often questioned whether the fee-for-service model is a suitable one for providing care in remote communities.

I believe that technical, administrative and infrastructure improvements have resulted in a better care model today. However, I don't know whether there have been substantial improvements to the realities of working as a dentist in remote communities since my time in the NWT decades ago. If not, it may be time for a comprehensive look at how we deliver care in in the North or in other remote communities.

My Experiences in the Canadian Far North

1. An aerial view of Yellowknife, home base for reaching remote communities throughout the southern region of the Mackenzie Valley.
2. Midnight in June on the Mackenzie River. We had travelled by boat to Fort Simpson from Jean Marie River, a small Dene community, because we needed to borrow a compressor after ours had seized. The trip back to Jean Marie River took 9 hours, much longer than planned.
3. The nursing station in Nahanni Butte, where we would typically operate a clinic for 2-3 days. We would see all the children and as many of the adults who wished to see us.
4. We would reach isolated communities by small aircraft, such as this de Havilland Otter, on semi-weekly scheduled flights.
5. One of our young patients in Wekweètì (formerly known as Snare Lake).
6. The tiny Dene hamlet of Nahanni Butte had a population of around 50. We would fly in by charter from Yellowknife and set up our clinic in the federal government nursing station—where we slept and cooked as well.
7. Here I'm teaching school children in Wekweètì how to brush their teeth. This was the most isolated community I visited and had a population of around 75.

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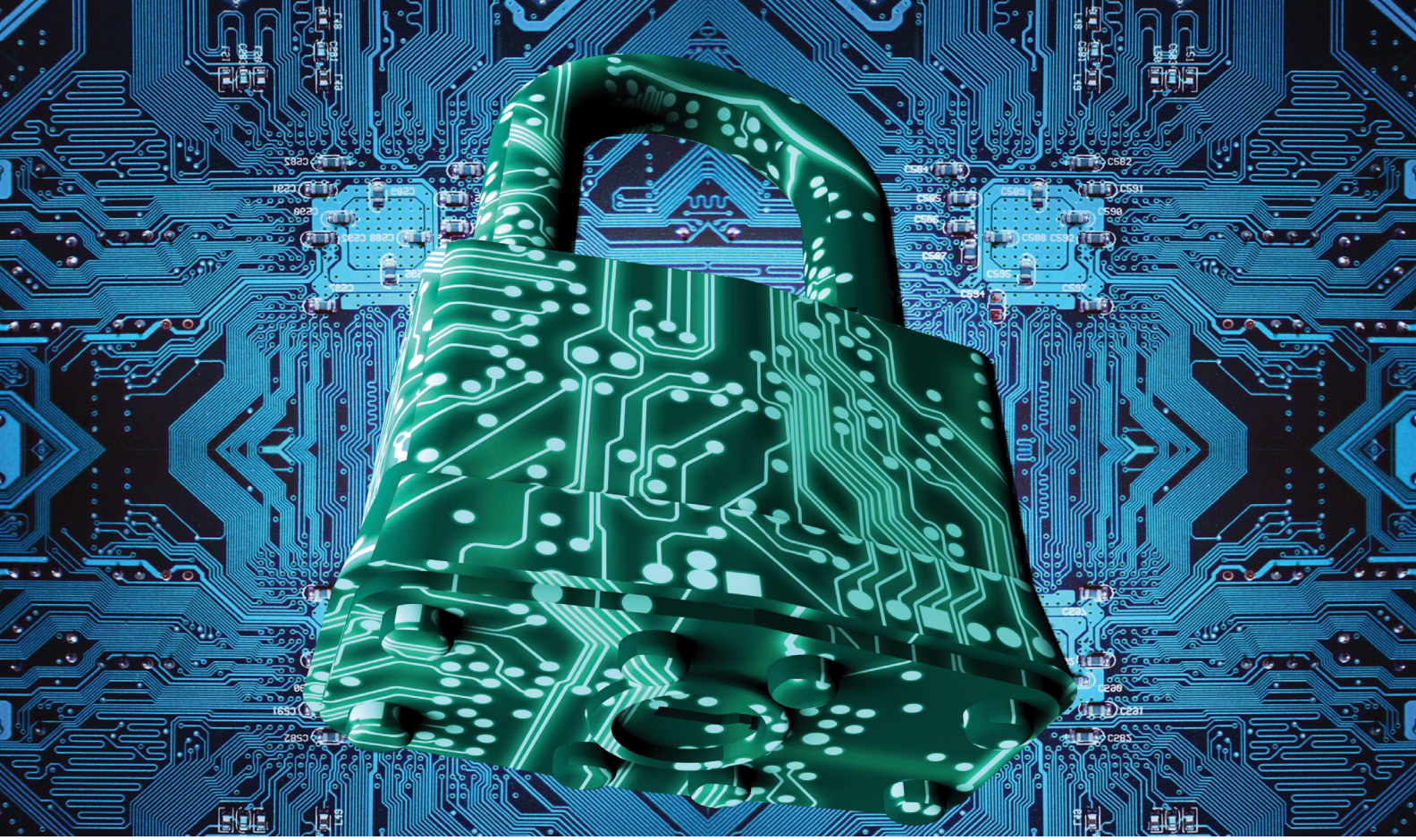

Are You Protecting Your PATIENT DATA?

We spoke with Anne Genge, CEO of Healthcare Compliance Network Inc., about the security of patient data in dental practices. Her team works with health care professionals to provide IT solutions that maintain computer systems and protect patient data.

Anne Genge

Why should dentists be worried about protecting the confidentiality of their patient data?

Health care relies heavily on electronic communications now, and in North America close to 50% of data breaches are health care-related. Patient data is our business data—we need this data to operate, and we need to have our patients' confidence that we're taking good care of their information as much as their health.

What can dentists do to ensure that patient health information remains confidential?

Establish good policies and procedures. Don't rely on human behaviour and understanding to keep your practice secure. Take the time to look at the health care privacy laws that apply in your province and use that as a template for creating policy and training within your practice. Create your own rule book for everyone with access to patient information in your office, including hygienists, office staff, IT people and accountants.

Secure your systems. Get a professional IT assessment and subscribe to a software service that monitors and maintains system security with technical safeguards. For example, there should be passwords and controls for accessing personal health information, and encryption of electronic personal health information. For anti-virus software, look for one that has endpoint protection—it provides more protection than just an anti-virus and has many layers of security built into it.

In what ways does personal computer use create a security risk for patient health information?

Malware (malicious software) can be used to gain access to your patient data, and personal computer use can create a risk of introducing malware to your business. The biggest area of exposure that I see is emails coming into the practice. Even having your own domain, like **dentist@mypractice.com**, doesn't ensure security. You really need to have email security on top of that; otherwise, we end up relying on human behaviour to decide whether the attachments coming in are safe to open or not. A good alternative to email is the use of a secure portal that dentists could use to drop X-rays or reports and they get picked up at the other end.

General misuse related to web surfing or downloading files can also expose your practice to security risks. People who share files—not files within the practice, but from home—also create a security risk. Photos on a USB key, files on an external hard drive, data on our phone; anything that plugs in with a USB cord can potentially bring malware into your business.

Are there any particular questions we should ask vendors when we're acquiring new technology?

Before acquiring a new technology I recommend conducting a privacy impact assessment; it's mandatory to perform these assessments for hospitals and government institutions. When my company is called to do an assessment, we make sure a technology can be safely implemented. We consider how the device connects, what data or parts of the network it accesses, who has access, whether data is exposed to vendors, and if so, how do they keep that data secure.

Why do you think some dental offices don't take suitable precautions?

In my experience, there are a few reasons for this. One is **naiveté.** Dental offices generally operate in isolation of hospitals or government institutions and therefore don't have access or exposure to the training and security infrastructure of these larger centres. There is also sometimes **denial**, a complacency about privacy and security issues because dentists don't think hackers would be interested in their data. But a dental office is a treasure trove for a hacker—there are complete health histories, mother's maiden name, birthdates and even credit card information. I think some practitioners feel so bombarded with compliance issues that maintaining the confidentiality of patient health information ends up taking a back seat. And lastly, there are **budgets** to consider. Sometimes there's a sense that once all the equipment is bought and in place, there's not much more that needs to be done.

This interview has been edited and condensed.
The views expressed are those of the author and do not necessarily reflect the opinions or official policies of the Canadian Dental Association.

Visit Oasis Discussions to listen to the series of interviews with Anne Genge on these topics.

- *Dental staff computer use, safe practices*
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Despite its ubiquity, social media can feel like the last frontier for health professionals. Once thought of as a trend, social media platforms are quickly becoming key methods to help individuals and organizations communicate with friends, family, colleagues and potential partners.

But is there a place for social media in the dental office? Participating in social media no doubt has risks, yet there are ways to contribute while also reinforcing a trusting relationship with your patients.

Face to Face is Best

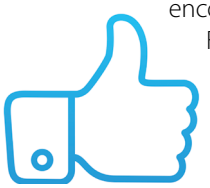
Fostering trusting relationships with your patients while reinforcing the value of dentistry is most effectively done face to face. Creating a positive experience for your patients involves the personal touch of discussing treatment plans, answering questions, and addressing any misunderstandings. From the moment a patient contacts your office to the time they leave an appointment, there are many ways to ensure their needs are met.

Nurturing a dialogue with patients is win-win. While as a dentist you will gain valuable insight into their oral health routine and clear up any misunderstandings, your patients will feel they have the information necessary to make informed decisions.

The Role of Social Media

While face to face communication may be best, there is a role for social media in dentistry. Social media platforms are simply another way to have a conversation— albeit a public one.

For dentists, engaging with the public through social media could reinforce your professional reputation, serve as a source of valuable information, and encourage more dialogue with your patients.



For example, a dentist's Facebook page could include office location information, emergency contacts, and links to oral health care tips. Posting fairly regularly can also serve as a reminder for your patients to book their next appointment or contact your office with a question.

From a more passive perspective, being present on social media will allow you to gain valuable feedback on you and your practice. Patients may turn to a social media site to comment on the oral health care they received. This feedback could help you develop aspects of your practice. Even negative feedback provides an opportunity to learn and improve.

With more and more people using social media to find information, get the latest news and even find recommendations for a dentist, having an online presence can help you reach current and potential patients.

Proceed with Caution

But for all the benefits of engaging on social media, there remains a need to be careful. Whatever you write or post on the web is in the public domain. Even when deleted, there are ways to retrieve the data. Furthermore, dentists have a legal responsibility to ensure patient confidentiality.

Provincial acts regulating health information outline that, "individually identifiable information includes any information that relates to the past, present or future physical or mental health of an individual, or provides enough information that leads someone to believe the information could be used to identify an individual." Identifiable patient information, including images, should never be posted online or shared in electronic communications.

It's also important to stay professional. Social media can blur the line between your private and your professional lives. Just like you would maintain a professional rapport with patients in your office, be sure to keep your personal life private on social media.

Social Media Primer

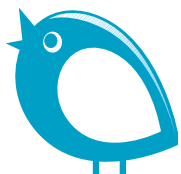
No matter if it's Facebook, Twitter or Instagram, if you are thinking about engaging on social media, consider these guidelines:

Do:

- ✓ Familiarize yourself with, and adhere to, your provincial regulatory advertising and social media bylaws, standards and guidelines.
- ✓ Post useful and relevant oral health information.
- ✓ Have a social media policy, especially if other staff members promote your practice. After all, it is your reputation at stake.
- ✓ Engage in friendly conversation, without disclosing patient information.
- ✓ Post regularly and appropriately, but not superfluously.
- ✓ Share links to other trusted sources of oral health information.
- ✓ Stay professional and project a positive image of your practice.
- ✓ Contact patients directly when necessary. Take one-to-one conversations offline.
- ✓ Listen and care. Cultivate a genuine, caring attitude for your community. Have a vested interest in connecting with people, educating them, and supporting their dental health.

Don't:

- × Post any patient information.
- × Post photos without permission.
- × Try to control the conversation.
- × Respond to rude or negative comments. There is likely no way to resolve an issue online. Use the feedback as an opportunity to learn about an operational issue you can resolve, or contact the patient directly to discuss the problem. Plus, you may find satisfied patients coming to your defence on social media. There are advantages to letting the conversation happen without interfering—to a point.



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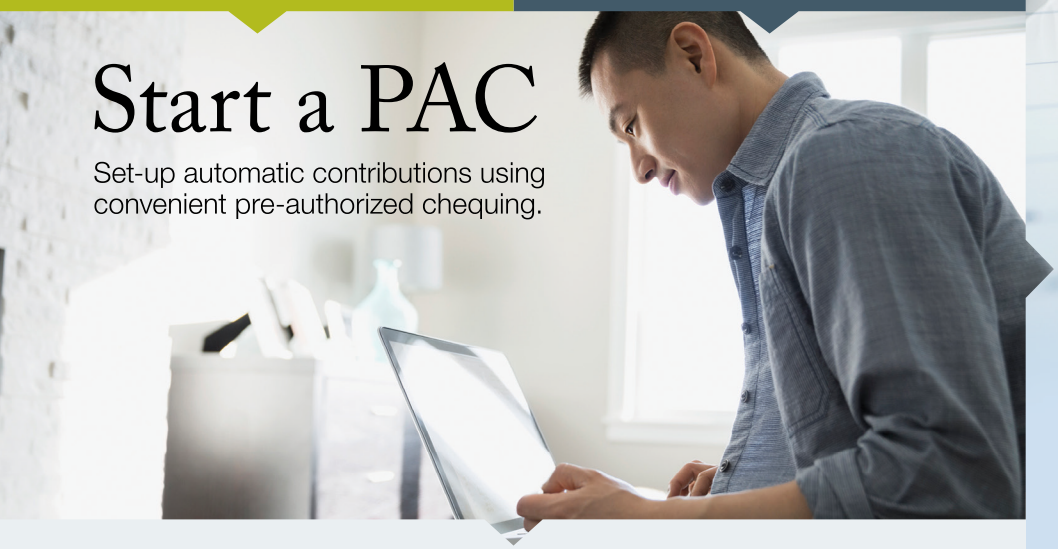

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ODA Appoints Frank Bevilacqua as Executive Director and Chief Executive Officer

Frank Bevilacqua has been appointed the Ontario Dental Association's (ODA) new executive director and chief executive officer, effective February 1, 2016.

Mr. Bevilacqua has served the ODA for the last 25 years, most recently as its director of professional, government and component society affairs. A strong advocate for the dental profession and for patients in need of care, he has worked with municipal, provincial and federal governments to advance ODA's priorities.

Under his leadership, the ODA successfully advocated for regulatory changes to allow dentists to treat their spouses as patients, continuing tax exemptions for health and dental plans, and reform of publicly funded dental programs. Mr. Bevilacqua has also provided guidance in the ODA's ongoing outreach to its 39 component societies.

Mr. Bevilacqua is a graduate of the University of Manitoba and holds a MA in Political Studies from Queen's University. He is also a certified association executive through the Canadian Society of Association Executives.

Mr. Frank Bevilacqua

Ontario Dental Association

Dr. Diane Legault *Named Executive Director of CDRAF*

The Canadian Dental Regulatory Authorities Federation (CDRAF) recently announced the appointment of Dr. Diane Legault as executive director, effective January 4, 2016

A 1979 graduate from the University of Montreal, Dr. Legault maintained a private practice in Knowlton, Quebec, for many years. After obtaining her Master of Business Administration degree from the University of Sherbrooke in 1995, she dedicated her career to giving back to the dental profession and the general population.

She first became involved with the Order of Dentists of Quebec (ODQ), where she held the position of director of professional services and then executive director from 1998 to 2003. She also served on the Board of Directors of the Royal College of Dentists of Canada (RCDC) in 2000–03.

In 2003, Dr. Legault was elected as a member of the Quebec National Assembly. She would eventually serve as parliamentary secretary to then Minister of Health and Social Services Dr. Philippe Couillard (now the province's premier). Dr. Legault was elected president of the ODQ in 2006—a first for a woman—and in 2014, president of the Quebec Interprofessional Council, the official voice of all professional orders in Quebec and an advisory group to the government.

Dr. Diane Legault

Dr. Legault is an honorary fellow of the RCDC and a fellow of the Quebec Dental Academy, International Dental Academy, and Pierre Fauchard Academy.

Straight Talk on Straight, White Teeth

Q&A with Abeer Khalid and Carlos Quiñonez

In a 2015 article published in the journal Sociology of Health & Illness, *authors Abeer Khalid and Dr. Carlos Quiñonez trace the North American preoccupation with the perfect smile – from its historical roots to its social and economic impact. What are we fascinated by? And what does a good set of teeth mean to us? We talk teeth with the authors of "**Straight, white teeth as a social prerogative**" to find out more.*

Abeer Khalid

Carlos Quiñonez

This interview has been condensed and edited.

The views expressed are those of the author and do not necessarily reflect the opinions or official policies of the Canadian Dental Association.

? What does a "perfect" smile indicate to North Americans? Conversely, what does an 'imperfect' smile indicate?

AK: We live in a society that is focused on individuality and the use of the body as a medium of self-expression. There is this constant pressure to monitor, manage and improve the body. A perfect smile as an aspect of the perfect body is thus an expression of self-control and self-discipline for North Americans. It is about attaining perfection through consumption to create self-image, and achieving happiness while doing so.

Conversely, an imperfect smile may indicate [a] lack of self-control (this may be attributed to various behavioural factors, e.g., taking a diet rich in fermentable carbohydrates) or mere laziness (this may relate to an individual's inability to maintain oral hygiene or not visiting the dentist regularly).

CQ: A "perfect" smile indicates youthfulness, health and high social status; an 'imperfect' smile indicates ill-health and a lack of social status. As Abeer states, this links to our focus on individualism, consumerism, and sculpting our bodies to meet social expectation.

? Approximately how much money does the whitening industry generate?

AK: Unfortunately, we have no Canadian data, but estimates suggest that in the US, in-office teeth whitening procedures were generating approximately $600 million in annual revenues for dental offices by 2007. Add to this over-the-counter teeth whitening products and the American spending was estimated at $1.4 billion.

? What lies behind society's ideal of white teeth from a historical perspective?

AK: The ideal of white teeth can be linked to the rise of the middle class post-World War II when North America saw an economic boom. The growth in industrialization and urbanization during this period gave rise to a middle class with more disposable income that could be spent on improving their social status. Parents wanted to give their kids better teeth, something that they couldn't do previously. Braces not only became a rite of passage but also a status symbol. You also see an explosion in the number of dental products appearing on the market, such as Macleans, Pepsodent, Odol, Ipana, with reiteration of the American dream - bringing glory in times of war, acceptance into high society, improving employment prospects, and ensuring success in career and love. Taking care of teeth became a component of this culture of physical perfectibility that came to define the richest factions of the society.

CQ: After WWII, the growth of the service sector expanded rapidly, as did disposable incomes. With this came the nuclear family and a host of expectations of what it meant to be a healthy, well-adjusted person, and more broadly, a good citizen. For families

that idealized modernity, suburbanism, and normalcy, this meant visiting the dentist twice yearly and making sure their children had the best possible upbringing, which again meant having little-to-no oral disease and braces.

? At one point you trace the rising preoccupation of straight, white teeth to helping make draftees of WWII fit for service – can you elaborate?

CQ: I wouldn't say that straight, white teeth were linked to military recruits, but more so that, in recruits, government recognized the poor oral health of its citizens, hence the need to make investments in this area. We needed healthy soldiers, and ultimately, healthy citizens to achieve our goals as a nation state.

AK: At the time of WWII, the oral health of draftees was so poor that they failed to fulfill the dental requirements for induction. One out of four men were reportedly rejected for not having two functional opposing teeth. The rejection rate due to poor oral health was so high that it would have jeopardized military conscription needs. Thus, the dental requirements for induction had to be removed and the armed forces Dental Corps was in turn strengthened to provide dental treatment to servicemen.

Organized dentistry saw an opportunity and launched a successful campaign that not only encouraged dentists to provide free dental care to draftees, but also helped a large number of dentists enter the armed services at the same rank as physicians. Thousands of dentists, particularly recent graduates joined to help draftees become dentally fit for war service. Meanwhile, business at home for older dentists also started to flourish.

? In your article you draw upon studies that show clear biases in our culture to straight, white teeth (i.e., for jobs, overall success, etc.), yet other cultures (Japanese, British) prefer more 'natural' teeth. Why is this so?

AK: Equating straight, white teeth with beauty, youth or social success is a historic and cultural construct specific to North America. It is not a universal beauty ideal. Every culture has its own ideals of beauty. For instance, dental offices in Japan offer services that modify teeth to look like Yaeba, commonly known as "snaggletooth" in this part of the world, since that is what is considered attractive and youthful there. The British prefer natural teeth over the "American" pearly whites because a vast majority considers this obsession as artificial and vain. In one sense, they are more inclined towards functionality rather than aesthetics.

? What part does sexual attractiveness play with our preoccupation with teeth?

CQ: At its biological roots, it is a sign of genetic fitness, and at its social roots, it is a sign of social and economic fitness.

AK: Sexual attractiveness has an important bearing on our preoccupation with teeth. Teeth tend to get darker and more yellow with advancing age; therefore, whiter teeth add to youthfulness and beauty. The influence of dental appearance on perceptions of attractiveness has been found to be more pronounced when individuals are appraised by the opposite sex. A "perfect" smile is to humans as bright plumage is to birds. Furthermore, from an evolutionary perspective, symmetry and secondary sexual characteristics have significant impact on perceptions of attractiveness.

? How difficult would it be for an individual to "buck" the societal ideal of straight, white teeth? What would be the potential consequences?

AK: The presence of media representations creates tremendous pressure on individuals to conform to societal ideals. A perfect set of teeth has become almost an obsession in North America. And although it certainly is not true everywhere in North America, it cannot be denied that this has become a perceived norm, a standard of beauty. Pick up a magazine or flip through TV channels, and everywhere you look is that "Hollywood smile". With this endorsement comes societal pressure, which leads to smile dissatisfaction. Thus, understandably so, individuals with a dental appearance that does not conform to the ideal imposed by the dominant social and market culture are at risk of facing negative social judgment. The North American discourse on individual responsibility further contributes to stigmatization of individuals that deviate from this ideal. In a society where looking flawless is considered equivalent to social success, it may also put those with "bad" teeth at a disadvantage with regards to employment opportunities, and unfortunately, these same people tend to experience reduced access to dental care.

CQ: I don't think you can necessarily 'buck' the ideal if by that you mean rejecting it. I think some have been creative and internalized it as their own, as is done in hip-hop, for example, through grills and other forms of dental modification. I also don't think individuals would be interested in having crooked, broken-down and stained teeth as a sign of resistance. The consequences of that would be social rejection, and even the most ardent resistors of the western world still privilege their health, i.e., being free of pain and infection.

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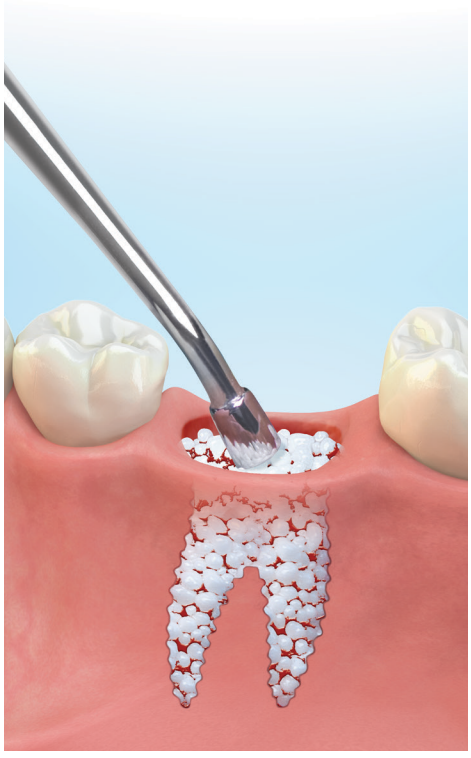

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Helping Dentists Succeed
in a Changing Paradigm

Dr. Kathy O'Loughlin is the executive director of the American Dental Association (ADA). She delivered the keynote address at the American Association of Dental Consultants Annual Spring Workshop in Santa Ana Pueblo, New Mexico, in May 2015. Dr. O'Loughlin spoke with CDA about her presentation, "Helping Dentists to Succeed in a Changed Paradigm."

Kathy O'Loughlin

Dr. O'Loughlin is the executive director of the American Dental Association.

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For dentists in the US, what are the main elements of this "changed paradigm" that you refer to?

There's a lot changing in the economic environment for dentists that is going to have a profound impact on them. First of all, we've seen a **significant decline in dental demand** across all age and income groups that precedes the economic recession. Even among young adults with dental insurance, they aren't seeking care to the same degree people my age did in the 60s, 70s, and 80s.

Finances have become a larger barrier to people accessing care. Unfortunately, dentistry is one profession that didn't recover from the setback during the global recession in 2008; dentists still have more capacity than they have patients. The **combination of weak demand and excess capacity** is going to affect millennial dentists, who are coming out of school now and who have different values and aspirations than the baby boomers, who have been the mainstay of organized dentistry for the last 50 years.

Additionally, in the US, there has been a **massive health care reform initiative** that has resulted in a huge increase of people who are now eligible for public benefits. Now there are more Medicaid beneficiaries, and we do not have the same increase in the number of dentists accepting that program. There are several problems with the program that keep dentists from participating, and the ADA is working with stakeholders to help dentists manage public programs in a way that doesn't cause harm to their practices and business models.

The final element is the **rapid increase of "super-practices,"** where large numbers of dentists are aggregating in a single practice. They could be owned by dentists, non-dentists, or for-profit companies, depending on what the state licencing allows. We have even seen dental practices with the same owner operating in 10 or 15 states. Organized dentistry was not built for that model, so we're working to understand what those

→

> *We're trying to help students in their final year make intelligent business choices and find somewhere to practise where there's sufficient demand to support their success.*

employee-dentists need from us, because it isn't quite the same as the traditional self-employed dentist.

What are some characteristics of new dentists that may not have been as prevalent in previous generations?

The dental students that I meet are really excited about dentistry; in fact, the *US News & World Report* ranked dentistry as the number one profession, based on a variety of factors such as growth, salary, work-life balance, etc.[1] New young dentists display characteristics consistent with their generation: their dislike of bureaucracy, their love of technology, their ability to work in teams, and their love of socializing, both digitally and face to face.

To watch the interview with Dr. Kathy O'Loughlin visit **oasisdiscussions.ca/2015/06/30/cp-3**

They also want to be able to **deal with their dental debt,** which is substantial coming out of dental schools now. In the US, the average is around $250,000 for dental school graduates. Over 50% of our dental students now are women, so we're seeing a lot of dentists marrying other dentists, and their combined debt can be significant! They're looking for jobs and debt relief, but **they're also looking for quality of life**, and they enjoy working together. They have an affinity to go work in a large-practice setting, which differs from what the boomers were looking for, which was the autonomy that went along with solo practices and full ownership. They like the quality of life they get being an employee-dentist, which isn't as demanding as owning their own practice.

How can dental organizations around the world adapt to meet the needs of the new generation of dentists?

The younger generation seems to be a lot **more mobile** than we ever were. I graduated from a Boston university, went 7 miles away, and stayed there for 35 years of practice! Many dental schools report that 50% of their graduates now stay in-state and the rest leave for all over the country. We're trying to help students in their final year make intelligent business choices and find somewhere to practise where there's sufficient demand to support their success.

It's important to help them in their early career stages and provide them with different services than a traditional organized dentistry model. We know they like to socialize digitally, so we have to adopt social media platforms as a way to communicate. Their **access to knowledge has to be fast and easy**; they shouldn't have to fill out a piece of paper to join or write a cheque to pay their dues.

We dentists love to create complicated bureaucracy, because we're perfectionists! As organizations, we have to slim things down and be much easier to deal with, and **make the value much more explicit** so that dentists see what they are getting for their money. ◆

References

1. U.S. News & World Report. *The 100 Best Jobs.* Available: http://money.usnews.com/careers/best-jobs/rankings/the-100-best-jobs [accessed 6 August 2015]

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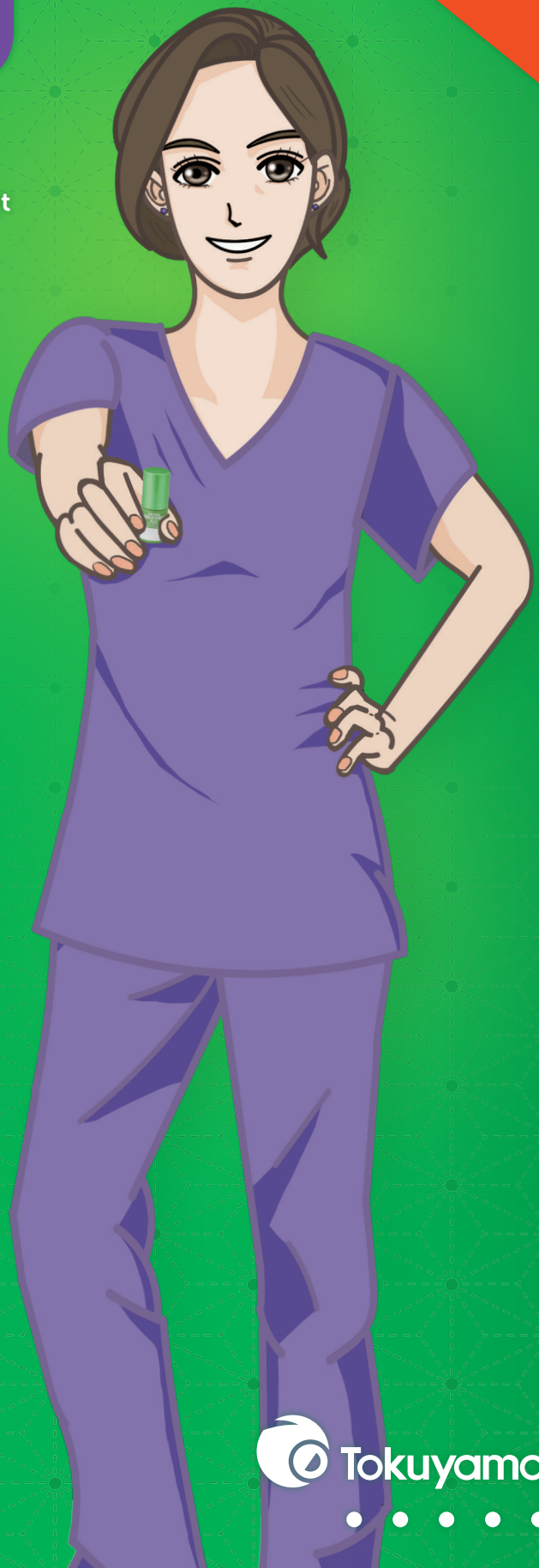

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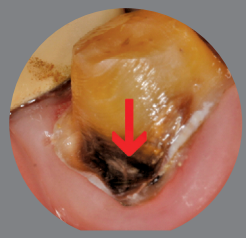
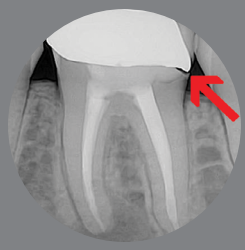
Marginal Success?





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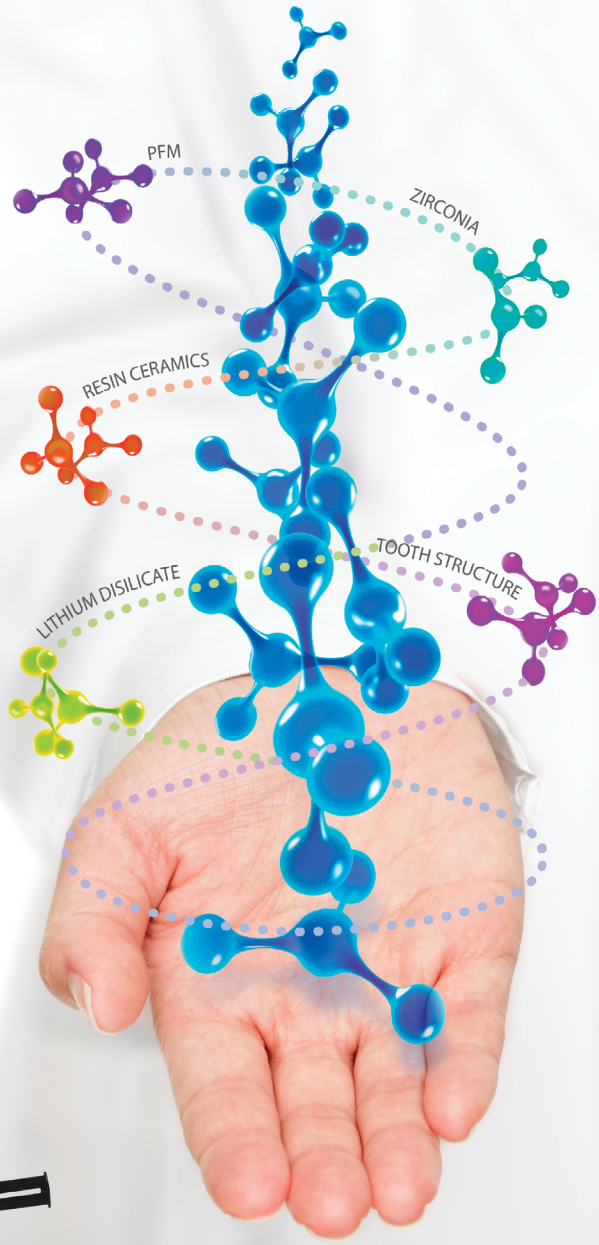

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Of Lawyers, Lattes and Dentists

Marko Vujicic

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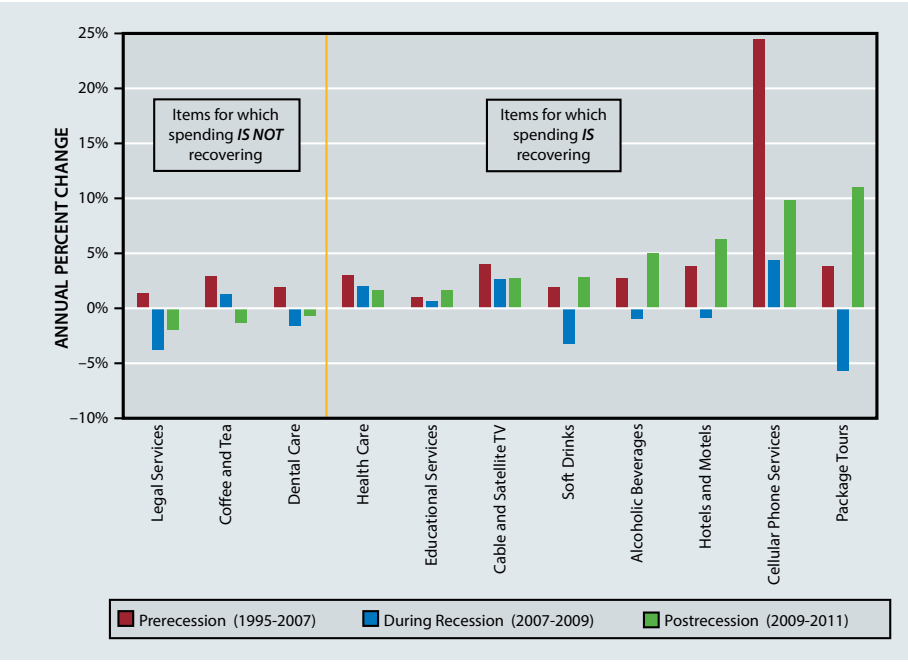
One of the most rewarding parts of my job is having the privilege of speaking with practicing dentists all over the United States. As a nonclinician, and someone who spends a lot of time looking at data, I find these conversations tremendously informative. Not only do they provide an intimate understanding of the frontline challenges facing the profession, but they also provide an opportunity to test whether the conclusions gleaned from the research done by the Health Policy Institute on the changing dental care system are consistent with the grassroots experience.

Results from numerous Health Policy Institute studies show that dental spending has been sluggish for several years,[1] that adults are going to the dentist less[2] —a trend unrelated to the recent economic downturn—and that a substantial share of US adults report they delay getting dental care they need because it is too costly.[3,4] When I ask dentists whether they are seeing these trends in their practices, most say yes. And then, with surprising frequency, the conversations spontaneously turn to lattes, tattoos, and cell phones— namely, dentists tell me time and again that it is not that dental care is becoming "too expensive" but rather that patient priorities are changing. Their patients are choosing to spend less on dental care and more on discretionary items such as $4,000 vacations, $400 cell phones, and $4 lattes. Tattoos, for whatever reason, also are mentioned often and seem to generate a particularly visceral response. I recall one dentist coming up to me after a presentation, visibly upset, and telling me about a patient "who just got a thousand dollars' worth of new tattoos and then said he did not have enough money for a root canal to save his tooth."

Now my experience is that dentists are generally a pretty straitlaced, tattoo-shunning group. But on my way home, I kept thinking to myself that there might be something more to this story. So I did what economists tend to do: get the data.

Figure 1 shows the average annual growth rate of inflation adjusted household spending

Figure 1: Annual growth rate of inflation-adjusted household spending for various items. *Source: Bureau of Economic Analysis.*[5]



on various items for 3 different periods: prerecession (1995-2007), during the recession (2007-2009), and postrecession (2009-2011). These data[5] are from the most up-to-date, reliable source for household spending over time on specific items (spending on tattoos, unfortunately, is not available). When the data are presented this way, several important conclusions emerge. First, household spending on dental care decreased during the recession, as did household spending on many items. This finding is consistent with findings from other research[1] showing that US dental care expenditure was flat during the downturn and actually had started to slow in the early 2000s. Second, among items for which household spending did not decrease during the recession, there was still a marked reduction in the growth rate of spending. Third, postrecession household spending is contracting for just 3 items—legal services, coffee and tea, and dental care—while the remaining items are all seeing spending growth.

Some of the increases in postrecession household spending are dramatic. For example, spending on cell phones and package tours is growing by approximately 10% per year. Spending on alcohol is growing at 5% per year, after taking a hit during the recession. Household spending on dental care, on the other hand, continues to decrease. Other data show that despite being 5 years removed from the end of the Great Recession, the dental economy is not recovering, and dental spending continues to be flat.[1] The basic conclusion from the figure[5] is that household spending on many items is recovering. But not lawyers, lattes, and dentists.

Two questions come to mind when thinking about how to interpret these data. First, is there anything on the horizon that might kick-start the dental economy, or are we in a new normal of flat or decreasing spending? Dentistry is entering a period of major transition, and it is difficult to answer this question. On the one hand, recent analysis suggests that dental spending will not recover to historically high growth rates[6] if current trends continue. On the other hand, the Affordable Care Act is expanding dental coverage in many states, which is likely to spur demand for dental care. Given that the coverage gains are mainly through Medicaid,[7] however, it is difficult to predict the net spending effect and net effect on demand for dental care. Dental care use among middle- and high-income adults—the main drivers of dental care spending—has been decreasing steadily since the early 2000s and shows no signs of reversing.[2]

The second, and perhaps more profound, question is why are households spending more on cell phones and vacations and spending less on dental care as the economy recovers? There are obviously a multitude of plausible reasons. Dental care needs could be decreasing because of oral health improvements. Perceived lack of need is the top reason high-income adults do not intend to visit the dentist within the next 12 months.[4] Different approaches could be emerging with respect to routine preventive care strategies, with a move away from twice-yearly visits.[8]

The subjective value of dental care also could be changing among the adult population, but much more research is needed to "get inside the heads" of consumers. Both quantitative and qualitative research demonstrates that young adults, for example, value dental insurance,[9] but they are cost-conscious shoppers and, for example, are much less willing to pay higher premiums for more robust plans and more provider choice than are older age groups.[10] In general, there is increasing cost consciousness and drive for value among consumers throughout the health care system, particularly among young and low-income adults.

C. Everett Koop, former US surgeon general, famously said, "You can't be healthy without good oral health."[11] Emerging evidence suggests dental care use can reduce medical care costs, improve job prospects, and improve quality of life. In my view, however, there is also emerging evidence that we are entering an era in which the subjective value of dental care in the eyes of the adult population—especially young adults—could be changing. More in-depth research is needed to understand, and potentially influence, the value proposition associated with a dental visit. The Health Policy Institute is exploring collaborations with various stakeholders to generate this evidence. ◆

The author thanks Tom Wall of the ADA Health Policy Institute for his assistance with the data analysis.

References

Complete list of references available in online edition.

NEED TO KNOW

MANAGING HERPES SIMPLEX LABIALIS IN THE DENTAL PRACTICE

WHY SHOULD DENTISTS PAY SPECIAL ATTENTION TO HERPES SIMPLEX LABIALIS (HSL)?

Dental professionals are in a unique position to be able to educate, screen and treat patients on how to prevent infection and manage recurrent outbreaks of HSL caused by herpes simplex 1 (HSV-1) infection. Dentists are also at risk for contracting and spreading HSV-1 infection to and from patients.[1] Here's what you need to know:

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What can be done to prevent transmission of HSV-1?

Avoiding contact with the oral mucosa and the fluid inside cold sore blisters of infected individuals is paramount, but note that HSV can be transmitted by asymptomatic carriers.[2] HSV has been shown to survive for several hours on various surfaces in the dental office.[1]

In the home, family members with HSV-1 should isolate personal care items such as toothbrushes and avoid sharing things such as utensils and drinking glasses. In the dental clinic, patients with an active outbreak present an infection risk for staff, and so elective procedures should be postponed until the cold sore episode has resolved.[3]

What are the triggers of a recurrent HSL outbreak?

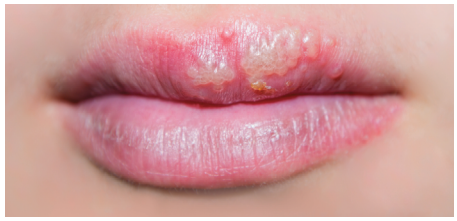
Following primary infection, the virus will lie dormant in the nerve endings of the basal epithelium, periodically becoming reactivated in response to triggers that can include dental work, menstruation, stress, trauma, fever, surgery, fatigue, infection and others. Most infected individuals experience two or fewer outbreaks per year, but up to 10% may endure six or more.[2]

What is the presentation and progression of a recurrent HSL outbreak?

The most common presentation features the eruption of lesions at the mucocutaneous junction of the lips.[3] Most patients report burning, tingling, itching and pain during the prodromal phase of lesion development.[2,3] Multiple vesicles are then formed, which rupture and form ulcers that then crust over and heal in a process typically lasting up to two weeks.[3]

How is HSL diagnosed and treated?

Patient history and close examination of lesions are often sufficient to diagnose HSL.[3] Atypical presentations may require further investigation or referral. Most cold sores will resolve within two weeks of onset, but several topical and oral antiviral agents are available in Canada that may prevent lesion development or proliferation.[4]



Episodic treatment with topical preparations is considered appropriate for patients with less intensive or frequent HSL flare-ups.[2] In a recent survey of 103 patients living with recurrent HSL, nearly 48% admitted to using an over-the-counter topical agent to treat their condition.[5] While these products provide some symptomatic relief, they have not been shown to prevent ulceration. Prescription topical solutions include acyclovir (Zovirax) and a newer topical preparation containing 5% acyclovir and 1% hydrocortisone (Xerese). The latter has been shown to reduce the onset of ulceration by 42% and shorten (by 1.4 days) the healing process for cold sores.[6] It provides an additional benefit by ameliorating the exacerbating effects of a patient's inflammatory response to the HSV infection.[6]

Acyclovir (Zovirax), valacyclovir (Valtrex) and famciclovir (Famvir) are common systemic medications used in HSL patients who experience frequent outbreaks (six or more per year), or for whom symptoms are intolerable.[3]

All treatments for HSL are most effective when used early in a cold sore outbreak, and patients should therefore be counseled on proper use and adherence. Patients who experience HSL must also be educated on identifying and avoiding, where possible, their unique outbreak triggers, as well as on methods to reduce the risk of infecting others.[6] Follow-up of patients with active outbreaks should be conducted at two weeks, and at recall for all individuals known to have recurrent HSL.[3]

REFERENCES: 1. Gillian M. McCarthy, GM. Risk of Transmission of Viruses in the Dental Office. *J Can Dent Assoc* 2000; 66:554-5, 557. **2.** Fatahzadeh, M, Schwartz RA. Human herpes simplex virus infections: Epidemiology, pathogenesis, symptomatology, diagnosis, and management. *J Am Acad Dermatol* 2007; 57:737-63. **3.** Stoopler, ET. How do I Manage a Patient with Recurrent Herpes Simplex? *J Can Dent Assoc* 2012;78:c154. **4.** Nasser M, Fedorowicz Z, Khoshnevisan MH, et al. In Nasser, Mona. *Cochrane Database Syst Rev* 2008 (4): CD006700 **5.** Sibbald RG, Andriessen A. Evaluation on quality of life aspects of early cold sore treatment. Poster: *Can Derm Update*, Vancouver 2012. **6.** Hull CM, Harmenberg J, Arlander E et al. Early treatment of cold sores with topical ME-609 decreases the frequency of ulcerative lesions: a randomized, double-blind, placebo-controlled, patient-initiated clinical trial. *J Am Acad Dermatol* 2011;64: e1-696.e11.

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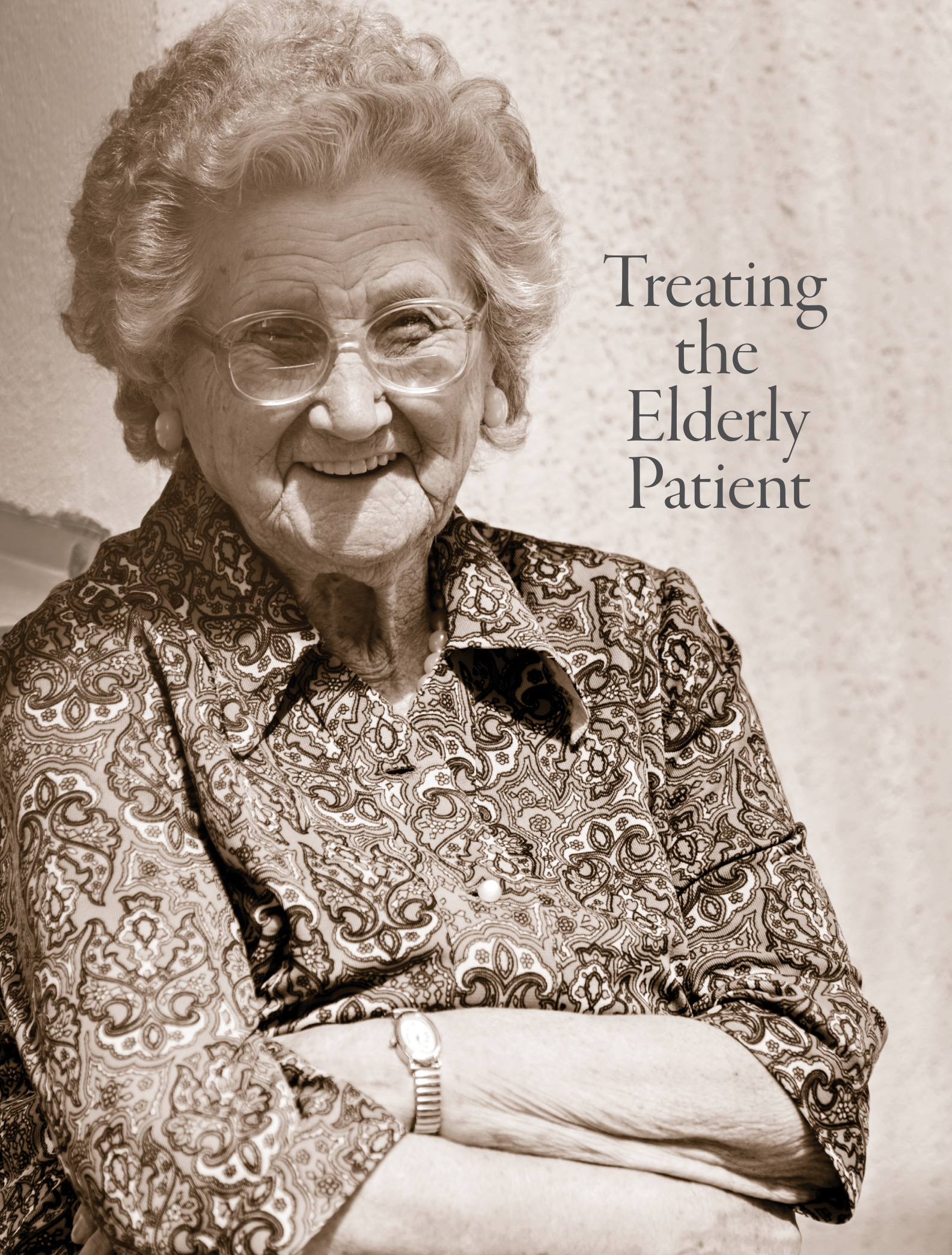

Treating the Elderly Patient

Aviv Ouanounou

DDS

Dr. Ouanounou is assistant professor in the department of pharmacology in the University of Toronto faculty of dentistry.

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This interview has been condensed and edited.

The views expressed are those of the author and do not necessarily reflect the opinions or official policies of the Canadian Dental Association.

The demographic shift to a more elderly population, a trend observed in Canada and around the world, means that dentists and other health care providers are increasingly addressing the health care concerns of senior citizens. *CDA Essentials* spoke with Dr. Aviv Ouanounou, assistant professor in the department of pharmacology in the University of Toronto faculty of dentistry, about the special considerations he takes with his elderly patients in his Toronto practice. Dr. Ouanounou also recently co-authored a JCDA.ca article with Dr. Daniel Haas on pharmacotherapy for the elderly dental patient (jcda.ca/article/f18).

What is the significance of a growing elderly population to the dental profession?

Specifically for us as dentists, oral and dental health in the elderly is important because of 3 reasons: (1) The effects of oral disease are cumulative, so problems worsen and grow more complex over time. For example, a small root caries can advance and propagate to the pulp, develop into an endodontic issue, and result in a tooth extraction, (2) Oral disease has an impact on overall health. For example, we know there is a strong link between periodontal disease and cardiovascular disease, and (3) Oral problems have an impact on quality of life for our elderly patients. Without teeth, our patients can't eat, communicate properly, or feel confident about their appearance.

Should a dentist adjust prescribing practices for an elderly patient?

Yes, pharmacokinetics—the way the drug is distributed in the body and metabolized by the liver—are so different in the elderly that we often have to reduce dosages to reduce the risk of adverse reactions. Generally, older adults experience increased potency because the drug increases its concentration in plasma, and because the drug's duration of action increases.

How common are adverse drug reactions in the elderly?

Adverse drug reactions are very common among the elderly for many reasons. Many elderly patients take many drugs; a typical elderly patient takes 2-6 prescription medications, over-the-counter medications, natural products, vitamins and supplements. The fact that they are taking so many drugs makes them more susceptible to adverse drug reactions and drug interactions. As I mentioned earlier, because drugs are metabolized differently as we age, the patient is more susceptible to adverse reactions. Adverse drug reactions and drug interactions are a common reason why elderly patients are admitted to hospital.

Are there any drugs in particular that dentists should take extra precautions with for elderly patients?

Older adults often show a greater response to drugs that affect the central nervous system (CNS), in particular. This means that there are increased risks to oral sedation in older patients, in terms of side effects and post-operative care. Dosages must be reduced significantly if oral sedation is used for an older patient.

Another drug commonly used in the dental office is epinephrine in local anesthetics. Geriatric patients commonly have cardiovascular disease and it is therefore recommended to limit the doses of epinephrine to a maximum, such as 0.04 mg. Moreover, even without a history of overt cardiovascular disease, it is prudent to minimize the use of epinephrine simply due to the expected effect of aging on the heart.

Similarly, because of the profound action of opioids in the elderly, there is an increased likelihood of toxicity and adverse reactions. Therefore, if opioid analgesics are prescribed, the dose and duration of use should be greatly limited.

Finally, as a general rule, there are no specific modifications in the pharmacotherapy of antibiotics in a healthy geriatric patient, but there is a higher risk of adverse reactions. For instance, pseudomembranous colitis is a complication of antibiotic therapy in the elderly; it is associated with high mortality and dentists should be aware of that.

Given that the elderly tend to take a higher number of prescription and over-the-counter drugs, how can we prevent an adverse drug reaction in our elderly patients?

The first thing is to go back to basics. In my practice, I always book extra time for elderly patients to go over their medical history carefully, check which drugs they are taking and when they were prescribed, and if there have been any changes in their medications. I need to ensure that their overall health is under control and that I can treat them in my office, rather than referring them to a hospital dental clinic or a specialist.

We need to critically assess whether we really need to intervene with pharmacology. Before writing the prescription, think whether the benefits outweigh the risks. If the benefits of the medication outweigh the risks, then by all means make it part of your treatment plan. But always know there is a possibility of adverse reactions and drug interactions.

Dr. Ouanounou has participated in a series of video interviews related to seniors' oral health on Oasis Discussions.

See:

- Treating the elderly patient **oasisdiscussions.ca/2015/07/07/tep**
- Medication abuse among the elderly population **oasisdiscussions.ca/2015/07/13/ma**
- Managing adverse drug reactions in the elderly **oasisdiscussions.ca/2015/10/22/adr-3**
- Importance of polypharmacy in the elderly population **oasisdiscussions.ca/2015/11/03/polyp**
- Exploring xerostomia in the elderly **oasisdiscussions.ca/2015/12/03/xer**

What other things can dentists do to address the needs of their elderly patients?

Most importantly, we have to know what kind of emergencies might occur with an elderly patient and be prepared. For example, be aware the signs and symptoms of myocardial infarction, syncope, hypoglycemia, and how to treat them. We also need to make sure our offices are accessible to patients with physical limitations by making them wheelchair accessible, for example. Finally, and most importantly, remember to treat your elderly patients with compassion.

> *Even without a history of overt cardiovascular disease, it is prudent to minimize the use of epinephrine simply due to the expected effect of aging on the heart.*

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Ask Your Colleagues

Do you have any burning clinical questions related to your everyday practice? Are you facing a challenging clinical case and need advice? Send your queries to Oasis Discussions for expert guidance. The following question was submitted to Oasis Discussions by a general dentist. Drs. Nita Mazurat and Suham Alexander provided a response.

Question

What is the most responsible and efficient way for dental offices to clean an operatory between patients, and what disinfectants should we be using—and where?

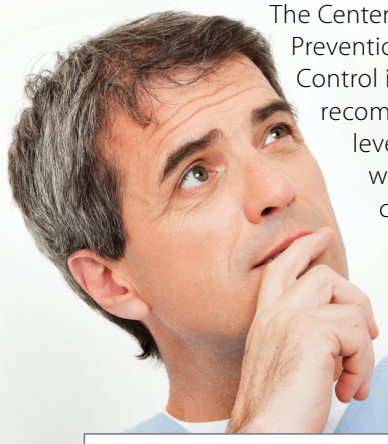
Response

Clinicians want fast, economical, and effective solutions for disinfection. With so many products on the market, it's hard to know how to choose. Consider these factors:

Choose a product with a Drug Identification Number

In Canada, the Drug Identification Number (DIN) indicates that the product meets Health Canada's Food and Drugs Acts standards and its claims have been validated.

Use an intermediate-level disinfectant for patient contact areas that are contaminated or are potentially contaminated with blood or saliva.



The Centers for Disease Control and Prevention 2003 Guidelines for Infection Control in Dental Health-Care Settings[1] recommend that an "intermediate-level disinfectant should be used when the surface is visibly contaminated with blood or other potentially infectious material (OPIM)." Because saliva is often difficult to see on surfaces, an intermediate-level disinfectant should be used routinely between patients on surfaces that have been touched during treatment or where body fluids may be deposited as a result of treatment.

Routine cleaning, rather than cleaning only when the surface is visibly contaminated, eliminates the uncertainty around whether or not a surface is contaminated and is a potential fomite for cross-contamination in the dental office. It is important that surfaces are first cleaned vigorously—also known as sanitization—to remove all organic and inorganic material. The disinfectant is then used a second time, preferably delivered by a wipe, allowing adequate time for the disinfectant to be in contact with the surface according to the manufacturer's recommendations.

Housekeeping surfaces (e.g., floors, walls) should be cleaned regularly with detergent and water or a registered hospital-level disinfect or detergent designed for housekeeping. Spills should be wiped immediately.

Read the manufacturer's instructions

Disinfectants must be used according to the manufacturer's instructions to be effective. Pay attention to product shelf life, dilution, temperature, application method, and product contact time with surface.

Clean before disinfecting

As instructed above, cleaning is an essential part of disinfection because removing organic or inorganic material from surfaces allows the disinfectant to contact microorganisms on the surface. The overall time required for decontaminating an operatory between patients can be reduced by using barriers for areas that receive a higher bioburden. For example, clear plastic wrap can be used as a barrier on light handles.

Need expert advice? Send us your clinical questions.
oasisdiscussions@cda-adc.ca or 1-855-71-OASIS

Use a checklist

Using a tailored checklist for decontaminating an operatory is considered a best practice. A checklist standardizes office cleaning procedures and ensures that no area is missed. A good general checklist for operatory decontamination should include these procedures in the following order:

- ☑ **Flush waterlines**, including all air/water syringes, high speed lines, and ultrasonic lines, immediately following treatment; remove high volume suction and air/water syringe tips and discard if single use. Introduce clean water through suction lines to clear lines. If reusable metal high volume suction tips are used, leave the tip on during flushing to aid in lumen cleaning. Clean suction traps after each patient or at least at end of each day.
- ☑ **Rinse laboratory cases** if this has not already been done and transport to the laboratory for disinfection.
- ☑ **Transport instruments for decontamination** and begin decontamination. At a minimum, ensure that contaminated instruments do not become dry prior to cleaning as this increases the difficulty of cleaning.
- ☑ **Remove and discard barriers** (leaving barriers in place prior to transporting instruments will make it obvious to other staff that the operatory has not been decontaminated.)*
- ☑ **Clean and dry patient chair and operator and assistant stools.** Disinfectants are generally not recommended on upholstered materials; follow manufacturer instructions for cleaning.
- ☑ **Sanitize any packaging material remaining from the last treatment**, and then disinfect. At the same time, clean and disinfect the rest of the treatment contact surfaces in the operatory.
- ☑ **Replace materials and unit dose new materials** for next patient.
- ☑ **Place new barriers**, and transport sterile instruments to the operatory for the next patient. Do not open the instruments until the patient is in the chair to ensure that correct instruments have been dispensed and so that patient can observe that the presented instruments are bagged and sterile.

**CDC recommends removing and discarding barriers between patients and then examining the surface "to make sure it did not become soiled inadvertently. The surface needs to be cleaned and disinfected only if contamination is evident."[1] Most offices assume the barrier was breached and routinely disinfect these surfaces prior to placing a clean barrier.*

Disinfect countertops at the expense of appearance

When purchasing countertops, consult the dental office designer who is typically familiar with the need for routine disinfection. Follow the instructions, if available, of the countertop manufacturer. There is probably no disinfectant that will effectively preserve the colour and sheen of a countertop after being subjected to the rigors of disinfection; however, the brighter the colour of the countertop, the higher the risk of the colour becoming dull after constant disinfectant use.

Use sodium hypochlorite solution for laboratory items

Laboratory items (impressions, crowns, wax rims etc.) should first be thoroughly rinsed and then immersed in a 1/10 dilution of sodium hypochlorite solution (5% or 5.25%), made fresh daily, or thoroughly sprayed with the same solution and left in contact for 10 minutes. After 10 minutes, rinse all laboratory items. Because not all alginates can be immersed, manufacturer's instructions need to be consulted prior to disinfection of alginates. Crowns can also be steam sterilized, but time is generally a limiting factor.

Are the claims of disinfectants valid?

"Most chemical products represented for disinfectant uses on hard, non-porous environmental surfaces and inanimate objects are regulated by Health Canada as disinfectant drugs under the Food and Drugs Act and Regulations.

Chemical products regulated as disinfectant drugs may also be represented for use as food-contact or non-food contact sanitizers on hard, non-porous environmental surfaces and inanimate objects; these products are referred to as 'disinfectant sanitizers.'

Disinfectant Drugs require a pre-market assessment and issuance of a drug identification number (DIN) prior to being sold in Canada. As part of the pre-market assessment, the efficacy, safety and quality of the drug is evaluated, and as a condition of market authorization applicants are required to submit draft labelling for assessment to Health Canada."

Source: *Health Canada Guidance Document – Management of Disinfectant Drug Applications*, 2014

THE AUTHORS

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Reference

1. Centers for Disease Control and Prevention. *Guidelines for Infection Control in Dental Health-Care Settings – 2003. Morbidity and Mortality Weekly Report. 2003*; (52) No. RR-17.

Have Things Changed?

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If you've recently added or upgraded equipment or furnishings in your practice — or renovated your office — your insurance might not have kept up. With adequate insurance, you can save many thousands of dollars out of your own pocket if disaster strikes at your dental office.

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Renata Whiteman

Senior Advisor (Insurance) CDSPI Advisory Services Inc.

Ms. Whiteman is a licensed insurance advisor at CDSPI Advisory Services Inc., with an exclusive focus on dental professionals. She can be reached at **1-800-561-9401, ext. 6806** or **rwhiteman@cdspi.com** for a no-cost, no-obligation review of your insurance portfolio.

As a dentist, there are many insurance plans available to help protect you, your family and your business. Because everyone has different needs, tolerance for risk, and budgetary considerations, all of CDSPI's plans have options which allow you to tailor costs to your individual circumstances. In this article we review some of the tactics you can use to customize personal and business policies, and provide examples of the rates that would apply. Of course, these will vary according to your age and health, and the level of benefits you choose.

Basic Life

The key with life insurance coverage is to start early when you're young and presumably healthy. Rates are lowest at this point, and having insurance in place can allow you to remain insured should you develop an illness that would otherwise render you uninsurable, as long as premiums are paid. For those who have a mortgage, life insurance is typically less expensive than lender's insurance—in the event of a death, policy proceeds can be used by survivors to continue paying the mortgage. You may also achieve a discount of up to 27.5% on your premiums, depending on your coverage amount and health status. Premium reductions are available to those who don't smoke, use illicit drugs, or abuse alcohol, and have not been treated for a major health event such as cancer, coronary artery disease, stroke, diabetes or others. (**Table ❶**)

Accidental Death and Dismemberment (AD&D)

Taking out AD&D Insurance is a good way to augment your life coverage for a relatively low cost. It can help protect your family in case of a catastrophic accidental event, with the added benefit of coverage should you suffer a career-ending accidental injury such as the loss of a limb. While AD&D Insurance should not be considered as a replacement for life insurance, it can easily be put in place while you are in the process of applying for life insurance. (**Table ❷**)

Long Term Disability (LTD)

There are several variables that can affect LTD Insurance premiums. First is the monthly benefit you would receive in the event of a claim. There is a maximum monthly benefit available, based on your pre-tax, after expenses, annual earned income. A second factor that affects premiums is the waiting ("elimination") period. You have the option to choose a longer waiting period—the waiting time before benefits begin—, which can significantly reduce your premiums as the accompanying table shows.

As with life insurance, you can benefit from premium reductions if your healthy lifestyle qualifies you for HealthEdge rates. (**Table ❸**)

Office Overhead Expense (OOE)

If you are unable to practise for several months or longer due to an injury or illness, OOE Insurance can reimburse overhead expenses such as rent, equipment leases, utilities, staff salaries and much more. You can customize your monthly benefit and premiums based on:

1) your ongoing eligible expenses;
2) the waiting time before benefits begin (14 or 30 days);
3) the maximum length of time you may receive benefits (12 or 24 months); and
4) a fixed or reducing schedule of payments. (A fixed plan provides up to 100% of your monthly benefit for the full length of your claim, while a reducing plan starts at 100% and reduces by set percentages at specific intervals.) (**Table ❹**)

TripleGuard™ Insurance

The TripleGuard™ Insurance plan provides office contents, practice interruption and commercial general liability coverage for complete protection of your office. It's important that you keep your coverage adequate for the value of your office, particularly as you renovate, expand, or add new equipment. If you own the building you practise in, you are eligible for a 10% reduction on your TripleGuard™ Insurance premium when you add Building Insurance.

Home and Auto

By representing the interests of thousands of dentists, their staff and family members, CDSPI is able to provide preferred rates for the dental community. These rates can be further reduced when you purchase both home and auto coverage, or coverage for more than one vehicle. And you'll save when you outfit your vehicle with four winter tires, or equip your home with a centrally monitored alarm system.

These examples provide a starting point for a comparison of plan variables. (Full rate tables can be found under the Insurance tab at **cdspi.com**) To find out how you can adjust existing policies according to your current circumstances, or acquire competitively priced plans for the protection that is appropriate for you, we invite you to speak to an insurance professional at CDSPI Advisory Services Inc.

Ways to Tailor Insurance Premiums

❶ **Premium reduction opportunities for Basic Life**

Coverage Amount		Premium Reduction Benefit (%) by Rate Category	
From	To	AdvantEdge	HealthEdge and Basic Rates
$500,000	$975,000	15%	5%
$1,000,000	$1,475,000	25%	10%
$1,500,000	$2,000,000	27.5%	15%

❷ **Comparison of Basic Life and AD&D yearly premiums for a 42-year-old non-smoker**

Coverage amount	Basic Life (Basic Rate)	AD&D
$100,000	$139.84	$ 40.80
$300,000	$419.52	$122.40
$500,000	$664.24 (With 5% reduction)	$204.00

❸ **Yearly premiums for a 30-year-old female non-smoker earning $150,000, with a maximum benefit of $6,400 per month***

Elimination Period	30 Days	60 Days	90 Days	120 Days
Basic	$3445.76	$2549.76	$1953.92	$1774.08
HealthEdge	$2730.88	$2019.84	$1547.52	$ 1406.08

* Premiums include the Own Occupation, Cost of Living Adjustment, and Future Insurance Guarantee Options.

❹ **Yearly premiums for a $10,000 per month benefit, for a 45-year-old female non-smoker who qualifies for HealthEdge rates.***

Elimination Period	14 Days	30 Days
12 Mo. (fixed payments)	$1774	$1330
12 Mo. (reducing payments)	$1532	$1132
24 Mo. (fixed payments)	$2517	$1940
24 Mo. (reducing payments)	$1887	$1406

* Premiums include the Own Occupation and Future Insurance Guarantee Options.

All rates quoted in this article are for your general guidance and are exclusive of taxes. You can learn more about precise details, terms and conditions (including restrictions and exclusions) from an advisor with CDSPI Advisory Services Inc. Restrictions to advisory services may apply in certain jurisdictions.

- Basic Life, AD&D, LTD and OOE Insurance underwritten by The Manufacturers Life Insurance Company (Manulife).
- TripleGuard™ Insurance underwritten by Aviva Insurance Company of Canada.
- Home & Auto Insurance underwritten by The Personal Insurance Company. This Auto Insurance is not available to residents of Quebec, Manitoba, Saskatchewan and British Columbia. This Home Insurance is not available to residents of Quebec.

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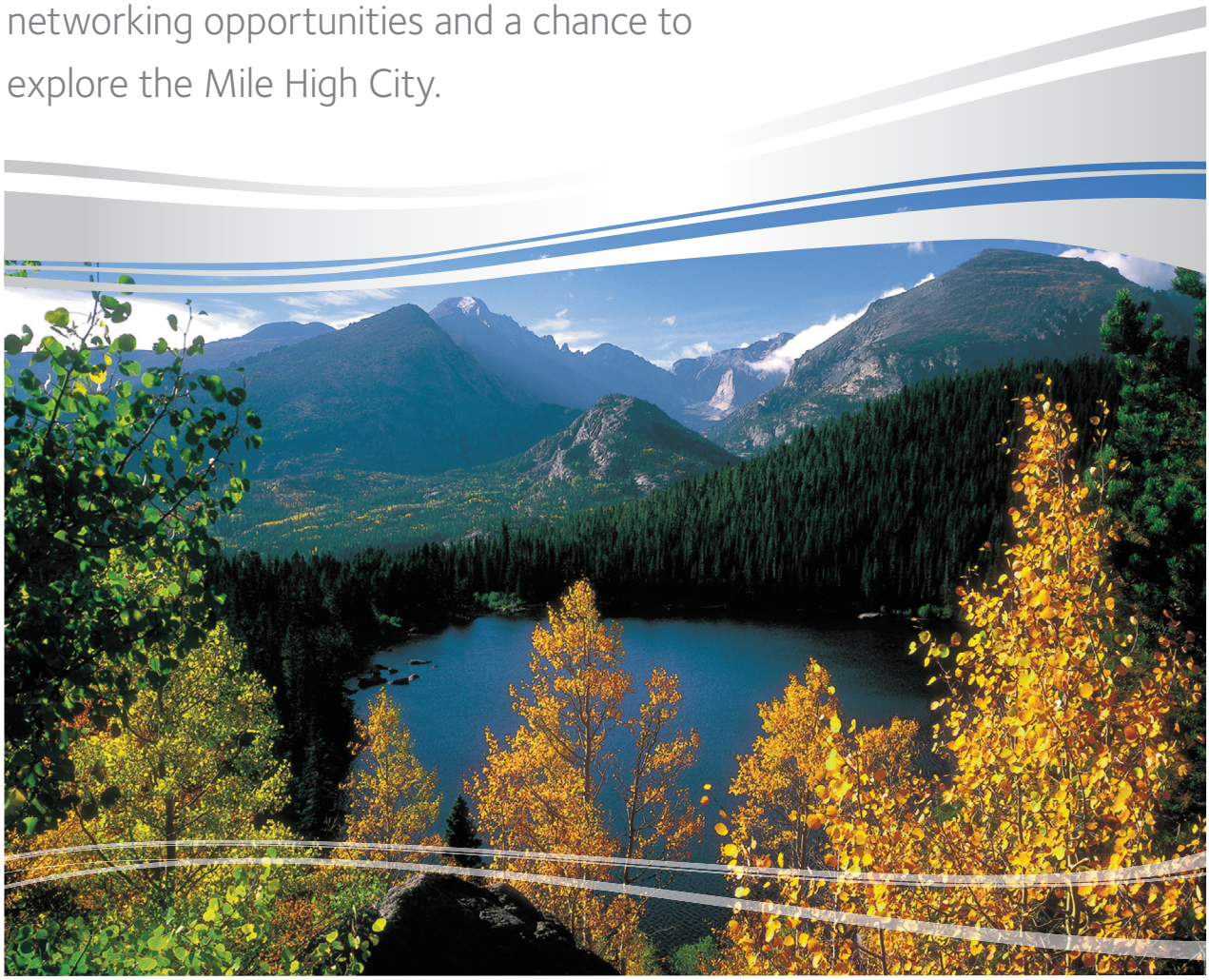

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BRITISH COLUMBIA - Terrace: Full-time associate and/or part-time locum position required for a busy family practice. Large patient base with a friendly, experienced staff. Excellent opportunity for a new grad offering all aspects of dentistry. On-site furnished rental apartment available. Local activities include hiking, fishing, 18 hole golf course, skiing, arts theatre and NW Community College. Excellent airport facilities. Email resume to: drmarkforgie@telus.net or mail to: 4438 Lakelse Ave., Terrace, BC, V8G 1P1, Attn: Marilynn. Telephone: (250) 638-8567. D11600

BRITISH COLUMBIA - Vancouver: We are seeking an exceptional associate dentist to join our thriving downtown Vancouver practice. The ideal candidate will have a minimum of 5 years of experience in general dental practice and must be team-oriented with a patient-centred focus. More information is available at indeed.ca. To express your interest, please forward your resume/qualifications summary to: hr.recruit.bc@gmail.com. D11585

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SASKATCHEWAN - Regina: Associate needed for a busy and growing general practice at Cathedral Dental Centre in Regina, Saskatchewan. The practice is well-established with a great support staff. Email: cathedraldental@sasktel.net. Full or part-time available. D11327

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SASKATCHEWAN - Saskatoon: Campus Dentist in Saskatoon is currently looking for an outgoing, enthusiastic dentist to join our team. This truly is a very unique opportunity for a sole full-time dental associate in a modern university setting. The facility is bright, modern with paperless charting and digital x-ray. The ideal candidate will be self-motivated, have strong communication skills, be highly organized, have a positive attitude and a sense of humour. If you are someone who wants to join Campus Dentist's dynamic team please email: marzena@campusdentist.com. D11588

UNIVERSITY OF SASKATCHEWAN: Faculty Position, College of Dentistry. The University of Saskatchewan, College of Dentistry invites applications from qualified individuals for a full-time tenure track Academic Programming Appointment (APA) position at the rank of Assistant or Associate Professor. The primary responsibility of academic programming appointments is multi-disciplinary teaching in clinical or preclinical environments, using integration and application to improve the quality of instructional dental programs provided to our students across all disciplines. Academic Programming Appointments are expected to commit to continuous improvement of their teaching performance. Effective interpersonal and communication skills are expected. Additional responsibilities include: research activities as well as administrative duties as part of their assignment of duties. APA faculty must engage in academic programming activities, professional practice and demonstrate a scholarly approach to teaching and learning in association with dental education. Professional practice can be either clinical practice or educational practice. Faculty in this position will mentor and manage 'pods' of students in a clinical setting as directed by the Assistant Dean, Clinical Affairs. We seek general practitioners who possess a DMD/DDS or equivalent, National Dental Examining Board of Canada certification and licensure by the College of Dental Surgeons of Saskatchewan. Salary bands for this position are as follows; Assistant Professor – $93,293 - $112,109; Associate Professor - $112, 109 - $130,925. This position includes a comprehensive benefit package which includes a dental, health and extended vision care plan; pension plan, life insurance (compulsory and voluntary), academic long term disability, sick leave, travel insurance, death benefits, an employee assistance program, a professional expense allowance and a flexible health and wellness spending program.

Interested candidates should submit a letter of application, curriculum vitae, three (3) letters of reference including contact information for the referees, any supporting documentation including teaching evaluations, proof of education including undergraduate and graduate degrees to: Dr. Gerry Uswak, Dean, College of Dentistry, 105 Wiggins Road, University of Saskatchewan, Saskatoon, Saskatchewan S7N 5E4, Telephone: (306) 966-5121 Fax: (306) 966-5132 email: dentfacultysearch@usask.ca. Applications will be accepted and evaluated until the position is filled. Anticipated start date is July 1, 2016. Electronic submissions by email are preferred. The University of Saskatchewan thanks all applicants for their interest; however, only applicants selected for interviews will be contacted. The University of Saskatchewan is strongly committed to a diverse and inclusive workplace that empowers all employees to reach their full potential. All members of the university community share a responsibility for developing and maintaining an environment in which differences are valued and inclusiveness is practiced. The university welcomes applications from those who will contribute to the diversity of our community. All qualified candidates are encouraged to apply; however, Canadian citizens and permanent residents will be given priority. D11205

UNIVERSITY OF SASKATCHEWAN: Faculty Position, College of Dentistry. The College of Dentistry invites applications from qualified individuals for a full time tenure-track position in Endodontics. The successful candidate will be required to deliver didactic, pre-clinical and clinical teaching; supervise student research projects; initiate, lead and participate in research activities; compete successfully for external funding to support this research program; and undertake relevant administrative activities including meetings and committee work. Opportunity to engage in the College's faculty practice is also available. We seek candidates who have postgraduate specialty training in endodontics at the Masters or PhD level or equivalent; an interest and ability to engage in scholarly activities as evidenced by established or developing research initiatives; a strong or emerging research program; demonstrated effective classroom teaching skills and mentorship; clinical experience in endodontics; and effective interpersonal and communication skills. Preference will be given to those who have passed the National Dental Specialty Examination in Endodontics administered by the Royal College of Dentists of Canada or certification by an American Dental Association-Recognized Dental Specialty Certifying Board. Candidates must be licensed or eligible for licensure by the College of Dental Surgeons of Saskatchewan (CDSS) and are encouraged to familiarize themselves with Saskatchewan licensing requirements: http://www.saskdentists.com/saskatchewan-licensing-requirements.html. Candidates who are graduates from non-accredited dental training programs must achieve National Dental Examining Board of Canada certification (http://www.ndeb.ca/) and/or Royal College of Dentists of Canada Fellowship (http://www.rcdc.ca/home.cfm) to achieve tenure. All candidates are encouraged to familiarize themselves with these processes. Additional information can be found at the Canadian Information Center for International Credentials: http://www.cicic.ca/professions/3113en.asp. Salary bands for this position are as follows: Assistant Professor - $90,796 - $109,108; Associate Professor - $109,108 - $127,420 and Professor $127,420 - $148,784. This position includes a comprehensive benefits package which includes a dental, health and extended vision care plan; pension plan, life insurance (compulsory and voluntary), academic long term disability, sick leave, travel insurance, death benefits, an employee assistance program, a professional expense allowance and a flexible health and wellness spending program. Interested candidates should submit a detailed curriculum vitae, a statement of teaching and research interests, a plan for future research, three letters of reference, and any supporting documents, copies of up to five selected recent publications, and proof of education including notarized, translated (English) copies of undergraduate and graduate degrees to: Dr. Gerry Uswak, Dean, College of Dentistry, 105 Wiggins Road, University of Saskatchewan, Saskatoon, Saskatchewan S7N 5E4, Telephone: (306) 966-5121 Fax: (306) 966-5132 email: dentfacultysearch@usask.ca. Applications will be accepted and evaluated until the position is filled. Anticipated start date is January 1, 2016. Electronic submissions by email are preferred. The University of Saskatchewan thanks all applicants for their interest; however, only applicants selected for interviews will be contacted. The University of Saskatchewan is strongly committed to a diverse and inclusive workplace that empowers all employees to reach their full potential. All members of the university community share a responsibility for developing and maintaining an environment in which differences are valued and inclusiveness is practiced. The university welcomes applications from those who will contribute to the diversity of our community. All qualified candidates are encouraged to apply; however, Canadian citizens and permanent residents will be given priority. D11210

UNIVERSITY OF SASKATCHEWAN: Faculty Position, College of Dentistry. The College of Dentistry invites applications from qualified individuals for a full time tenure-track position in Operative Dentistry. The successful candidate will be required to deliver didactic, pre-clinical and clinical teaching; supervise student research projects; initiate, lead and participate in research activities; compete successfully for external funding to support this research program; and undertake relevant administrative activities including meetings and committee work. Applicants must possess a DDS/DMD or equivalent, MS degree or advanced clinical training in Operative/Restorative Dentistry. Evidence of collaborative academic achievements and documented experience in minimally invasive dentistry and modern caries management is also required. Preference will be given to candidates who possess a PhD in Dental Sciences or Cariology and a proven track record of research and academic accomplishments. Desired attributes include effective classroom teaching skills, mentorship abilities/skills and effective interpersonal and communication skills. Candidates must be licensed or eligible for an unencumbered license by the College of Dental Surgeons of Saskatchewan (CDSS) and are encouraged to familiarize themselves with Saskatchewan licensing requirements: http://www.saskdentists.com/saskatchewan-licensing-requirements.html. Candidates who are graduates from non-accredited dental training programs must achieve National Dental Examining Board of Canada certification (http://www.ndeb.ca/). Additional information can be found at the Canadian Information Centre for

International Credentials: http://www.cicic.ca/professions/3113en.asp. Salary bands for this position are as follows: Assistant Professor - $93,293 - $112,109; Associate Professor - $112,109 - $130,925 and Professor $130,925 - $152,877. This position includes a comprehensive benefits package which includes a dental, health and extended vision care plan; pension plan, life insurance (compulsory and voluntary), academic long term disability, sick leave, travel insurance, death benefits, an employee assistance program, a professional expense allowance and a flexible health and wellness spending program. Interested candidates must submit a cover letter, a detailed curriculum vitae, a teaching dossier, a statement of research interests, samples of recent publications, three letters of reference, and proof of education including notarized, translated (English) copies of undergraduate and graduate degrees to: Dr. Gerry Uswak, Dean, College of Dentistry, 105 Wiggins Road, University of Saskatchewan, Saskatoon, Saskatchewan, S7N 5E4. Telephone: (306) 966-5121, fax: (306) 966-5132, email: dentfacultysearch@usask.ca. Applications will be accepted and evaluated until the position is filled. Anticipated start date is July 1, 2016. Electronic submissions by email are preferred. The University of Saskatchewan thanks all applicants for their interest; however, only applicants selected for interviews will be contacted. The University of Saskatchewan is strongly committed to a diverse and inclusive workplace that empowers all employees to reach their full potential. All members of the university community share a responsibility for developing and maintaining an environment in which differences are valued and inclusiveness is practiced. The university welcomes applications from those who will contribute to the diversity of our community. All qualified candidates are encouraged to apply; however, Canadian citizens and permanent residents will be given priority. D11288

Advertisers' Index

Reader Response
Community Dental Clinics: Part of the solution or part of the problem?

I read the articles by Drs. Bruce Wallace and David Baird about the Cool Aid Dental Clinic in *CDA Essentials* (Volume 2, Issue 7, pp. 18-20, 23, 29). Oddly enough, I came to the totally opposite conclusion.

I do agree that "the fees paid by the government toward ministry dental plans are so deficient that they generally do not cover the overhead of most dental offices." I disagree that community dental clinics are the solution.

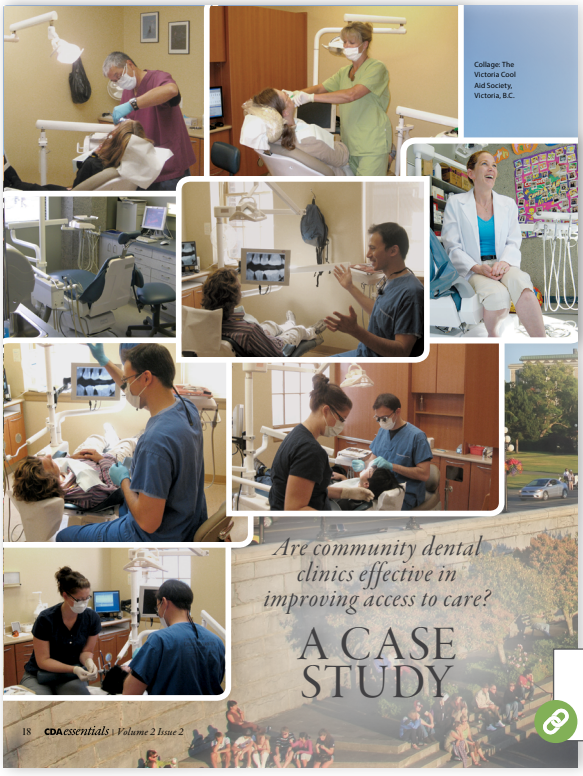
Community dental clinics stigmatize the patient. Everyone knows that everyone attending these clinics is on some kind of government assistance. Community dental clinics do not allow the patient to choose the provider or office of their choice. Community dental clinics normally do not offer extended hours. Community dental clinics force patients to travel great distances passing dozens of private clinics on the way.

The solution is reimbursing dentists properly for treatment rendered.

The Cool Aid Dental Clinic, a not-for-profit clinic, is probably run as efficiently as any dental clinic can. Yet it cannot survive on the dental fees paid by the government plans. Out of an operating budget of $930,000, which does "not include equipment capital costs or amortization costs for the clinic's clinical assets," only $700,000 is recovered from treatment fees. $225,000 (24%) comes from an operating grant.

If one very conservatively adds another 5% for equipment and leasehold capital costs, the government subsidizes the Cool Aid Dental clinic 29% above and beyond the treatment fees paid to dentists in private clinics. If the government simply raised dentist fees by 29%, we would not have an access to care issue. Patients would be treated with dignity in the dental office of their choice.

Dr. Raffy Chouljian
Toronto, ON



CDAessentials
2015 • Volume 2 • Issue 7

The Authors Respond

I thank Dr. Chouljian for offering his observations. I agree that community dental clinics are not the only solution, but believe alternative service settings (such as community dental clinics) are a critical part of the solution in reducing barriers to care for vulnerable groups.

However such clinics, even if dramatically expanded, would not be able to treat vulnerable Canadians on a scale that is responsive to the level of unmet oral health care needs (such as identified by the Canadian Health Measures Survey and elsewhere). A comprehensive solution to this issue would also require increased access to private dental practices and enhanced public dental benefits.

I also share Dr. Chouljian's concerns about how vulnerable groups risk being stigmatized in accessing dental care and how we must ensure patients are treated with dignity. Dentists working in both community dental clinics and private practice have a professional responsibility to ensure that vulnerable groups (due to socioeconomic factors or otherwise) are neither excluded nor stigmatized and are provided with an equitable standard of care.

Dr. Bruce Wallace
*Victoria, BC*The objective of my article was to bring attention to access to care issues in British Columbia and our attempt to somewhat address those needs.

We can all agree with Dr. Chouljian's comment that government fees paid to practising dentists falls well short of covering the delivery costs of dental services. The unfortunate reality is that the government is unwilling to increase its fees paid for dental services and have not done so for 8 years, despite intense lobbying efforts by the British Columbia Dental Association.

These not-for-profit (NFP) clinics are by no means a solution for access to care problems, but they do represent one way that BC dentists are trying to help a segment of the population who would not otherwise be able to access dental care.

Food banks, subsidized housing and NFP dental clinics are all facts of life and provide a very essential service for many vulnerable groups. That is the purpose of these services—they are not meant to compete with the private sector.

My personal experience with NFP clinics involves the Cool Aid Clinic in Victoria. Every patient seen in the clinic is treated with care, respect and dignity by all who work there. And although some patients do have to travel to come to this clinic, we have many people that **choose** to travel to the clinic and do not feel stigmatized being treated here.

Dr. David Baird
Sidney, BC

REMEMBERING DENTISTRY LEADERS

DR. DAVID PETERS

Dr. David K. Peters of St. John's, Newfoundland, passed away on January 8, 2016. He was 89 years old.

A gifted clinician, Dr. Peters received the Alpha Omega plaque for highest academic standing in dentistry when he graduated from Dalhousie University in 1950. He went on to establish his dental office in St. John's, where he practised until his retirement in 2006.

A devoted dentist and gregarious man, Dr. Peters combined business with pleasure by getting involved in organized dentistry. He served as president of the Newfoundland Dental Association, chair of the Canadian Fund for Dental Education, and in 1972–73 as president of CDA.

"David was a wonderful human being who had a remarkable gift for communicating his feelings in a most honest manner," remembers Dr. John O'Keefe, director of CDA Knowledge Networks. "For me he was also a respected professional colleague, a valued mentor and a dear friend."

David Peters at Cochrane Street United Church

Dr. Peters' passion for advancing the profession and nurturing his community resulted in many awards and accolades, including the Outstanding Alumni Award from Dalhousie University, CDA Honourary Membership, the Dentistry Canada Fund's Outstanding Philanthropy Award for Dentistry, and membership with the Pierre Fauchard Academy and International College of Dentists. He also received the Queen Elizabeth II Silver Jubilee Medal in 1977 in recognition of his outstanding contribution to his profession and community.

"In the world of Canadian dentistry, David was a giant," says Dr. O'Keefe. "He was the first Newfoundlander to become CDA president, and he has received almost every honour that the dental profession bestows on its most accomplished members."

Outside of dentistry, Dr. Peters was a talented organist and a much-loved and respected choir director. He played many recitals before live audiences for radio and television shows and music festivals, and his male chorus performed at Expo 67 and on Parliament Hill. A long-time member of the Kiwanis Club of St. John's, he served as governor of the Eastern Canada and Caribbean District and was one of the founders of the St. John's Kiwanis Music Festival. Dr. Peters was made a honourary life member of the Federation of Canadian Music Festivals and inducted into the Kiwanis Festival Hall of Honour. Upon his retirement, he took on the colossal task of cataloguing every pipe organ in his home province on behalf of the Royal Canadian College of Organists, an organization of which he was the founding president.

Music scholarships bear his name at both Memorial University and Dalhousie University. When the full-tuition scholarships were announced at Memorial University, Dr. Peters expressed his hope that they would help students overcome some financial obstacles to better propel their talent beyond their local community.

Always living life to the fullest, Dr. Peters "completed a 10-mile road race in his 79th year and hiked to the summit of Gros Morne Mountain, the second highest peak in Newfoundland, on his 80th birthday," remembers his daughter Gillian, who followed in her father's footsteps and practises in St. John's.

Dr. Peters is survived by his four children, Ruth, Jane, Gillian, and David.

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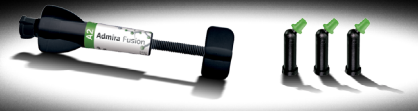

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