

# Nova Scotia Dentist

**NSDA**

Nova Scotia  
Dental  
Association

Nova Scotia Dental Association Member Magazine, October/November 2013

Volume 30 No. 3

**www.nsdental.org**  
*your website is waiting*

Job Bank



NSDA Members



Your Oral Health



\* Patient Communications

\* Talk or Text?

\* Trust, Value and the  
Difficult Patient

and...

**Media Relations**

**What do you do when a reporter calls?**

Return undeliverable Canadian addresses to:  
NSDA Suite 101, 1559 Brunswick Street, Halifax, NS B3J 2G1



## NSDA President's Message

# Looking Forward

As I begin to write this column, I look back on a weekend filled with all those tasks necessary to prepare for the upcoming change in seasons.

Just as the leaves have transitioned from green to the vibrant orange and reds, we have seen a change in government. In my last column, I made the statement "change is good." I hope this holds true with the new powers that be.

The MSI issue has certainly taken a considerable amount of time over the last couple of months. The biggest frustration the executive has faced is how the revisions to the Children's Oral Health Program (C.O.H.P.) was implemented. Both changes (first increasing the age to thirteen and second, incrementally increasing the age to seventeen over the next few years starting in 2014) were rendered without any consultation with the main stakeholders, NSDA members.

The NSDA entered the spring having just signed a new tariff agreement. Due to the bureaucracy involved, it took quite a long time to be finalized and actually come into effect. The C.O.H.P. was anything but ideal. Now with the increase in age it throws many new and

frustrating issues into the mix.

Upon consultation with representatives from Insured Health Services, in late September, we had hoped some of the immediate issues could be addressed in good faith prior to entering into new tariff negotiations. These immediate issues included:

- Coordination of benefits to an outdated guide cannot continue.
- Code 01103 is currently being paid at a level that is inconsistent with the skills and time required.
- The MSI fee for Code 13211 needs to accurately reflect the care provided.
- There is a general lack of information on the part of dental office staff and parents as to what is covered and what isn't. Dental offices and parents should be provided with program information.
- Inability to collect the co-pay is a huge burden.
- Restrictions on providing emergency exams and x-rays together during the same appointment compromise healthy outcomes.



*Dr. Stuart MacDonald, NSDA President*

As of column deadline, we have not heard any update from Insured Health Services.

Originally in the spring we (Table Officers and Governing Council) gave the Tariff Negotiating Committee some key areas we would like changed in the new tariff. In light of the lack-of-consultation and in my opinion hastily made changes to the C.O.H.P., the mandate of the tariff committee will have to be modified.

At the end of the day, the members of the NSDA know how crucial it is to have access to care for children. We want to work with the Insured Services to create a solution which is best for everyone. While it's worthy to increase coverage to more children, if we have more members who as a result of the change elect to refer children's treatment for their own personal reasons, is the government really increasing access to care to this age group?

I am optimistic (or perhaps naïve) this change in government will be more accessible in their dealings with the NSDA. Our hope is we will all see an improvement to the C.O.H.P. so it will be beneficial to both the provider and the patients while maintaining or improving access to care for this segment of the population.

While I do not think there will be quick answer to the C.O.H.P., change is what is needed. The NSDA has to be a driving force. As legendary comedian Milton Berle said

**“If opportunity doesn’t knock, build a door”.**

Dr. Stuart MacDonald, President  
samco@ns.sympatico.ca

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## *nsdental.org - your website is waiting*

With the tape-cutting behind us and the new website officially launched, the Oral Health Promotion Committee has been hard at work adding content to both the member and public sides of nsdental.org.

Using the feedback from the interactive session at this year’s AGM as blueprints, your new website has plenty of new bells and whistles we invite you to try for yourself:

- Training videos;
- Practice Management and online analysis e-tools;
- E-Dispatch and access to NSDA updates & publications;
- Online registration and membership renewals;
- Patient communication resources and fact sheets;
- Training manuals and guidelines.



More on Page 13

## Executive Director's Message

# Hot off the Press

Summer months are now behind us, and the busy autumn schedule of NSDA committee and working group meetings has begun in earnest. This year we have 75 volunteers serving on 8 committees and 7 working groups undertaking projects to benefit members from everything from new oral health promotion activities to production of the annual suggested fee guides to student mentor activities, governmental affairs... and much more. Volunteers are the lifeblood of the organization. If you know one, thank him or her. If you are one, we thank you.

### MSI

What would an edition of Nova Scotia Dentist be without an update on the MSI situation? Tariff negotiations were officially requested by the NSDA to the Department of Health & Wellness earlier in the summer, but we are in the meantime attempting to address the immediate "burning" issues with department staff, including the coordination of benefits to an outdated suggested fee guide, the issues surrounding billing third party insurers and MSI with the 13211 code, exam code fee levels and the inability to levy co-pays. Meetings and correspondence with department staff has made them well aware of the

major problems these issues have caused for dental offices, and we have advised them of the discontent apparent in the member MSI survey. The process of identifying "fixes" for this list is inching forward as we await word on official tariff negotiation beginnings. We are also exploring what grounds we might have for legal challenges to the current situation. Stay tuned for more on this. These issues are, of course, separate to the list of overall MSI goals we have going forward – like more prevention and radiographs as the age limit expands, program informational materials so everyone is aware of what's covered and what isn't. The list we are taking forward is extensive. The Tariff Committee has a difficult task ahead.

### Website

The NSDA member website project is now complete and behind us. Many thanks to staff and volunteers who shepherded the project along. The next step for the site will be to launch a mobile version for smart phones, develop the public side content from our current public sites "Healthy Teeth" and "Mind Your Mouth" and build the member e-tools for practice economics.

### Student Activities

The NSDA hosted a very successful Welcome to the



Steve Jennex, Executive Director

Profession event in September, and there are plans for a mentor program to draw students and practicing dentists together. At the student welcome event, the NSDA provided a large, white board and markers and asked the students "Why dentistry?" The answers were inspirational. Here are a few... Dentistry combines my scientific and artistic interests. Smiles are very powerful.

*"I really want to help people in a medical field and dentistry is a balance of life and job"*

*"I want a career where I can be successful in a small town"*

*"I want to help people to talk, eat, smile and live pain-free"*

*"I want to fill the gaps in Canada's oral health care system"*

### Towards a National Oral Health Action Plan

The last comment quoted from the student welcome event leads nicely to providing an

# Pacific Dental Conference

Save these dates!

March 6-8, 2014 Vancouver, BC



## Featured Speakers



**John Kois**  
Aesthetics & Occlusion



**Sonia Leziy**  
Periodontics



**Chris Scappatura**  
Communication

**John Cranham** - Occlusion/TMD

**Greg Psaltis** - Pediatrics

**Derek Mahony** - Orthodontics

**Louis Malcmacher** - Lasers

**Sergio Kuttler** - Endodontics

**Ross Nash** - Aesthetics

**Rob Roda** - Endodontics

**Bart Johnson** - Pharmacology

'UBC Speaker Series'  
and other UBC celebrations

UBC DENTISTRY 50 YEARS



Online registration begins October 15th, 2013 at...

[www.pdconf.com](http://www.pdconf.com)

update on action towards the development of a national oral health action plan. We do have gaps in our national oral health care system where elements of the population don't access the care they need. CDA has identified these groups – seniors, the economically disadvantaged, aboriginals and those with disabilities – and has begun the building block process towards addressing a national oral health plan. In October, I was part of a delegation at a national gathering to look at beginning this worthwhile project.

These are just a handful of the many activities underway

both provincially and nationally. Look for upcoming developments in the E-referral pilot project that CDA and CSI have been testing over the summer – CE initiatives aimed

at supporting the NSDA's new infection prevention and control guidelines document – and of course, MSI...

Steve Jennex  
Executive Director

### Professional Support Program - just one phone call away

The Professional Support Program offers confidential help to dentists and their families who are experiencing problems – whether they are personal or professional, financial or psychological, psychiatric or addictive.

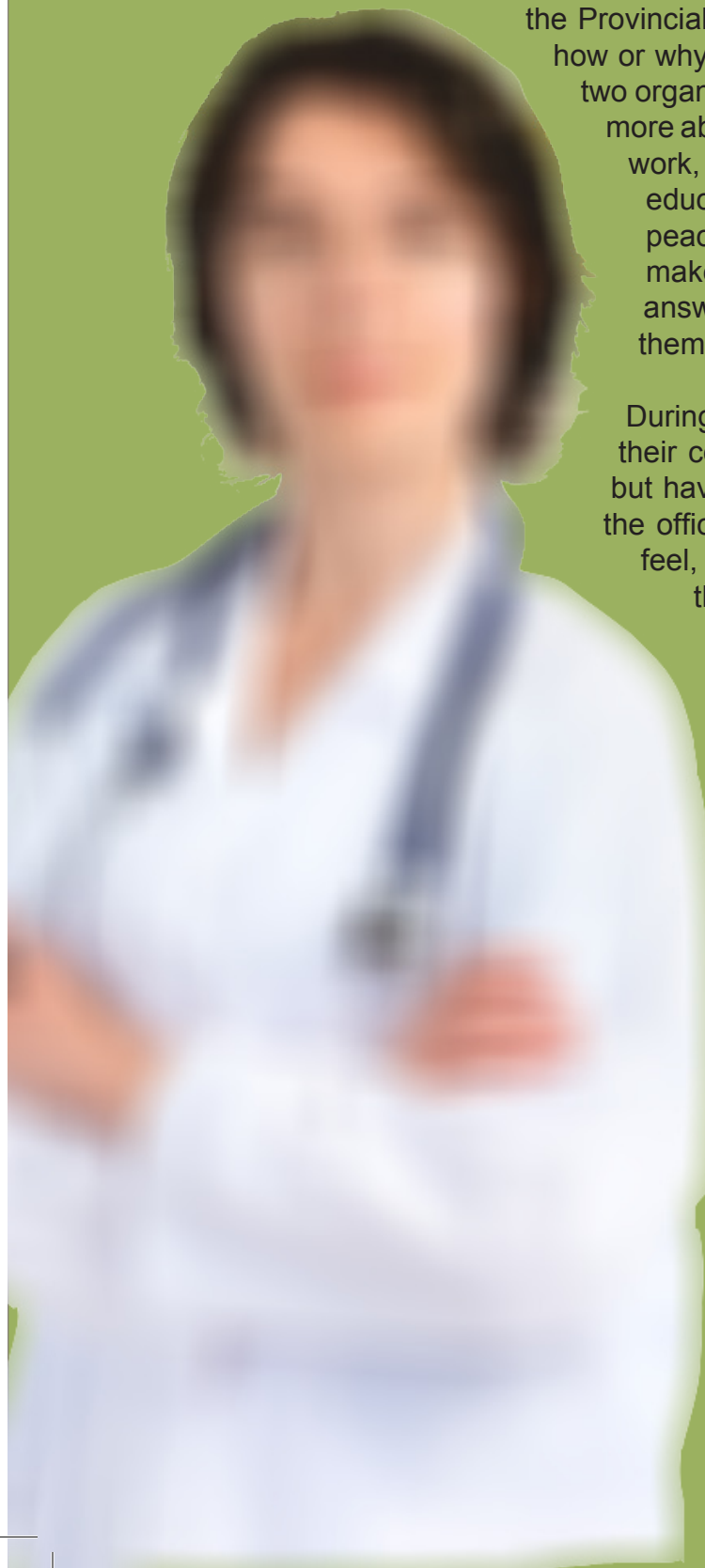
The program is not affiliated in any way with the licensing board.

You are not alone; support is just one call away. (902) 468-8215. All calls are confidential and will be returned within 24 hours.

Clinical Affairs with Dr. Terry Ackles

## Value, Trust and the Difficult Patient

"Value is demonstrated. Trust is earned." -CDA Value and Trust Campaign



**A**t least once a week I have the opportunity to speak with a patient dissatisfied with their dentist or with the dental treatment received. Often the patient is upset or angry and wishes to complain, not realizing they should be contacting the Provincial Dental Board instead of our Dental Association. Honestly, how or why would the general public know the difference between the two organizations? In fact, it is possible we assume our patients know more about dentistry than they do, for example, how insurance plans work, how dental fee guides are set, licensure and continuing education, and scope of practice. My grandmother, rest in peace, was convinced that Denturists alone were permitted to make dentures! Sometimes, these patients I speak with just want answers to their questions; they just want someone to listen to them.

During these conversations I usually suggest the patient discuss their concerns with their dentist. Often they reply they have tried but have only been able to speak with front desk staff or perhaps the office manager. The patients may feel, or have been made to feel, "guilty" of wasting the dentist's time answering questions or they may be embarrassed that they didn't understand what they were told and therefore had to ask questions. One has to wonder if it's these patients asking questions or wanting explanations regarding treatment, fees or referrals that are labeled as "difficult" patients. Sure, we've all had the occasional patient who makes our spidey-sense tingle and we just know they are going to be more trouble than it's worth. Better to suggest the patient seek care elsewhere and cut your losses before entering into extensive treatment that may end up with you in front of the Dental Board's Complaints or Discipline Committee! Even if your practice is accepting new patients, you might need to swallow your pride and accept that not every patient is "right" for your practice. Initially you may feel defeated and yes, your feelings may be hurt, but you will probably be better off in the long run.

On the flip side, maybe that patient isn't so difficult. Maybe they have had a bad experience with a dental practice in the past and now have trust issues with the profession. Perhaps they are put off by having to speak with an office manager when they really want to hear from the dentist. While that staff person may be doing the job they are

paid to do, allowing the dentist to deliver better care to more patients and enabling the practice can run efficiently, there are times when staff cannot adequately address patient concerns and the dentist needs to be the one to do so. Taking the time to interact and communicate with your patients is something they have a right to and deserve. Remember that communication involves listening to your patient and actually hearing what they say rather than them just listening to what they are “told” to do. To obtain informed consent, you should discuss all options, benefits and risks with your patient and encouraging them to ask questions and seek clarity so that they comprehend the procedure. By doing so, you are allowing the patient to become actively involved in their treatment decisions. This is your opportunity to build their trust in you so they will value your opinions and treatment advice and will help grow your practice by recommendation to

others. Your staff may be invaluable in practice management, but it’s you who is invaluable in patient management.

If you are uncomfortable having these discussions with patients then consider reviewing the NSDA training resource “Patient Communications: A Guide for Dentists”. Hard copies were previously distributed to members but an electronic version is still available online <http://www.nsdental.org/YourPractice>. For more information, log in to the Members section of the CDA website [www.cda-adc.ca](http://www.cda-adc.ca) and click on “Patient Communications”, where you can access learning modules, self-assessment tools and JCDA articles designed to help you strengthen the so-called “soft skills” essential to a successful practice these days.

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## Media Relations – When a reporter comes knocking

Members of the media can often show up in strange places – and at inopportune times. Perhaps they come in the form of a patient, a friend or simply looked you up in the phone and want to take your relationship to the next level. So what should you do if a reporter calls?

Here are some things to consider implementing as protocol in your practice for your front-of-office staff:

1. Record their name, and what station/paper/media outlet they are with;
2. What is the topic of the story? Why are they doing this story?
3. Will the requested interview be for print/radio/television, and will it require cameras, telephone call, etc?
4. Who else will/has the reporter spoken with?
5. When is the deadline?
6. What questions are they expecting to ask – or what are they looking to get from the dentist?
7. Have you staff member instruct the reporter they will have someone return their call shortly.
8. Contact the NSDA – the staff at the NSDA can provide resources to assist you in speaking as a health care provider, small business owner and member of the Nova Scotia Dental Association.

### Contact

Eliot Coles | Communications Manager

[ecolesnsda@eastlink.ca](mailto:ecolesnsda@eastlink.ca) | 902 420 0088 x2

# A Guide To The Patient Communication Guide



## Patient Communications: A Guide for Dentists

In Fall of 2012, as an initiative of each of the provincial dental associations/societies, in collaboration with the Value and Trust working group and the CDA, the *Patient Communications: A Guide for Dentists* manual was created, customized for Nova Scotia and distributed to each of its members.

The guide outlines some simple strategies and tips for improving communication with your patients – as recent research has indicated that ‘soft skills’ have a direct influence on the patients’ perception of the value of care provided, and the degree of trust they place in their dentist and their treatment.

The goal of effective communications is simple: “To empower your patients with the knowledge required to make an informed decision about their oral health”. It’s up to you to communicate your goals and expert opinions about your patients’ oral health so that you and your patient can determine the best treatment option and establish a treatment plan.



If you do not have a copy of the Patient Communications Guide find it online [www.nsdental.org/yourpractice](http://www.nsdental.org/yourpractice), or contact [nsda@eastlink.ca](mailto:nsda@eastlink.ca) and request a hard copy.

The Nova Scotia Dental Association acknowledges the work of the British Columbia Dental Association and the Alberta Dental Association and College for initiating production of this publication based on research from the Canadian Dental Association. This guide has been edited from the original publication for NSDA members.



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13-160 04/13

## An Insurance Adjuster's Guide to Malpractice Insurance Claims

Unfortunately, in today's litigious climate, there is a chance you could face a malpractice insurance claim, even if you have done nothing wrong. Therefore, it's important that all dentists understand the malpractice insurance claim process, including how to respond if a claim arises.

Malpractice claims may arise when patients believe they have received inadequate care. The burden of proof is on the patient to present evidence about the following:

1. The standard of care required to be applied;
2. Whether the standard of care was breached; and
3. Whether any alleged damages resulted from the breach.

A common thread in many claims is a breakdown in communication. A breakdown can start before treatment even begins.

- Did the patient fully understand and agree to the treatment being performed?
- Were the risks explained?
- Was the patient's consent documented?

Proper written documentation is integral to being able to defend against malpractice claims. Clinical notes should describe discussions with the patient, including any treatments that were recommended and refused by the patient.

If you believe a malpractice claim may be made against you, contact CDSPI's Claim Support Centre at **1-800-561-9401, ext. 5015** as soon as possible. The Support Centre will provide you with the name and phone number of an insurance adjuster. You should contact the adjuster immediately. Your cooperation with the adjuster handling your claim is vital and required by the terms of your malpractice insurance policy. You should secure and retain all patient records, correspondence and, in particular, X-rays relating to the claim. The adjuster will need to review them. Never alter or destroy documents. This will reflect unfavourably on your credibility should the case go to trial.

The insurance adjuster's role is to investigate, evaluate and make recommendations to the insurer about how to proceed with the claim. During the investigation and evaluation stage, the adjuster will contact



*William Cole, CIP  
Insurance Adjuster*

you to obtain information and discuss a course of action. Depending on the nature and severity of the claim, the adjuster may also contact the patient, their lawyer or other dental professionals.

Adjusters are not dentists. They are experts in claims handling and resolution. Therefore, in a situation where there are conflicting dental opinions about whether or not the standard of care was breached, the adjuster may refer the claim file to a dental expert to obtain a final opinion. The dental expert chosen by the adjuster will have the same treatment specialization as the dentist against whom the claim is being made.

Upon completion of the investigation, the adjuster will submit a recommendation to the insurer. The insurer will decide to either attempt resolution or decline the claim to the patient. The majority of malpractice claims received are declined to the patients because the patients lack

[Continued on Page 13](#)



D E N T I S T S F I R S T



## Dentists are Delighted!

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As well, about half<sup>2</sup> of all dentists who obtain a quote for this coverage purchase it. That's because CDSPI Home & Auto Insurance offers **preferred group rates** — exclusively for dentists and others in the Canadian dental community.

Thanks to these great rates, you too may enjoy significant savings<sup>3</sup>, just like these dentists:

- Dr. Richard Thain of Embrun, Ontario pocketed \$262 in auto insurance savings!
- Dr. Randy Ryan of Springhill, Nova Scotia is paying approximately \$400 less annually to insure his home!
- Dr. Greg Austin of St. Albert, Alberta saved over \$1,000 by switching his home and auto coverage!

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### Get a Quote and You Could **Win \$1,000**

Go to **[www.cdspi.com/savings](http://www.cdspi.com/savings)** or call **1-877-293-9455, ext. 5002** to arrange for a quote for **CDSPI Home & Auto Insurance**, or provide the expiry date(s) of your current home and/or auto policy. You'll be automatically entered into the prize draws for a chance to win<sup>4</sup> a \$1,000 cash prize! With three draws during 2013, enter soon for a chance to win 1 of 3 cash prizes.

<sup>1</sup> Source: Retention Report, September, 2012.

<sup>2</sup> Source: Sales Summary Report, October, 2012.

<sup>3</sup> The amount of savings, if any, will depend on individual circumstances.

<sup>4</sup> Contest is sponsored by CDSPI. Contest closes on November 15, 2013. Entry and participation is at all times subject to the complete contest rules. Eligibility requirements, terms and conditions do apply. No purchase is necessary. Residents of Quebec are not eligible. Visit [www.cdspi.com/more-info](http://www.cdspi.com/more-info) for complete contest rules.

CDSPI Home & Auto Insurance is underwritten by The Personal Insurance Company and distributed by CDSPI Advisory Services Inc. This auto insurance is not available to residents of Manitoba, Saskatchewan and British Columbia and this home and auto insurance is not available to residents of Quebec.

## To Text or Talk? Technology can't replace face-to-face conversation



### Physicians must choose words with care

While at a restaurant one evening, I saw a young woman texting during dinner with her family. At the same time I heard the “ding” of another phone informing its owner of a new text message awaiting his attention. He stopped his conversation, picked up his phone, read the text, chuckled to himself, and began to tap a response, leaving his dinner partner to fend for herself.

The scenes made me wonder what technology has done to the art of communication?

When physicians talk to patients and offer advice, we choose our words carefully and watch expressions and body language in order to communicate effectively. People aren't able to read minds. Think how many times you may have run into trouble or become frustrated with a patient, colleague, spouse, family member or friend because of a failure to communicate effectively.

### 7 Cs of Communication

Does email and texting offer good methods of communication?

I typed “communication” into my web browser and “The 7 Cs of Communication” from [www.mindtools.com](http://www.mindtools.com) appeared among the results. It seems like a good tool to use as a checklist to assess successful communication.

This list suggests communication needs to be:

**•clear •concise •concrete •correct •coherent •complete •courteous**

Technology allows for messages to be concise and concrete but how does it allow for them to be clear, correct, coherent or complete? A written letter is usually longer but clearer in the message and sentiment expressed. I've gotten into trouble with email messages in which others read “between the lines” things that weren't intended. The brevity of the message allowed for different interpretations. Could it be that they were adding their own insecurities into the message? How is a text courteous? Certainly writing it in all caps can be akin to screaming. Maybe the addition of an emoticon may do the trick.

I feel there needs to be an eighth “c” to make the list above complete. I would add “considerate.”

When you are considerate of the audience with whom you are communicating, you're more likely to say

## Page 12 Continued

what they need to hear and understand. You'll be tailoring the message and not providing a free-form ramble of what you're thinking. By being considerate, you show respect not only for your message but for the person receiving it.

Technology is great if you have a question that needs a yes or no answer, or you want to book time for a face-to-face conversation. However, if you're in the presence of flesh and blood, be in the present and focus on the message. Put away your cell phone and other devices. I guarantee you'll enjoy the dialogue much more

with less misunderstanding.

**“A smiling face communicates more than a happy face at the end of a text“**

Dr. Maria Alexiadis  
Doctors Nova Scotia's Professional  
Support Program Coordinator

## Page 10 Continued

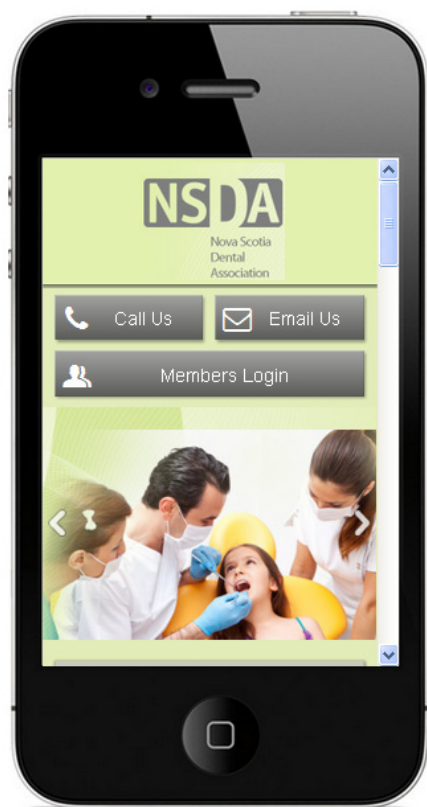
sufficient evidence to support their cases. If there is merit to the claim and the dentist agrees, the insurer will try to resolve the claim with the patient before any litigation commences.

When a claim is denied or attempts to reach a resolution

fail, the patient may start litigation. Once the patient commences legal action, the claim is handed over to the insurer's legal counsel for dental malpractice claims.

Contact CDSPI Advisory Services Inc. at **1-877-293-9455, ext. 5002** for information about malpractice insurance. A consent to treatment form is available for download at **[www.cdspi.com/malpractice](http://www.cdspi.com/malpractice)**. If you have specific questions about your professional responsibilities and standards of care, contact the Provincial Dental Board of Nova Scotia ([www.pdbns.ca](http://www.pdbns.ca)).

William Cole, CIP  
Insurance Adjuster, British Columbia



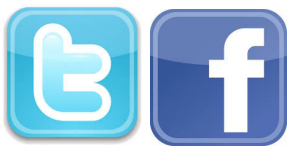
## Page 3 Continued

A new mobile friendly site is also now available, to allow for easy access to membership information on-the-run, while creating another opportunity for engagement with the public. This includes features such as 1-Click contact and login buttons. Members can now enjoy the convenience of taking your association with you wherever you go in the palm of your hand, or the comfort of your pocket.

The mobile site will offer all of the same resources to members and the public as the traditional site, but displayed in an easy to use mobile platform.

This is the first step in establishing nsdental.org as the go to site for oral health care information in Atlantic Canada, with new opportunities for the public to learn about hot topic issues, health care information specific to their own idiosyncrasies and age demographics, and some of the benefits of an oral exam that the typical patient may not know.

Browse the public side - and if there is anything you would like to see added, send your suggestions to [ecolesnsda@eastlink.ca](mailto:ecolesnsda@eastlink.ca)



Nova Scotia Dental Association on Facebook  
@theNSDA

NSDA

## Classifieds

Online classifieds are a member benefit. Listings on this page represent only a selection of the online listings available to members on the NSDA website. For complete, up-to-date details or to post your own ad, log onto [www.nsdental.org](http://www.nsdental.org)

### Practices For Sale

#### Halifax

Well-established, busy dental practice with lots of potential. Owner retiring. direct responses by email to box A at the following email address: [nsda@eastlink.ca](mailto:nsda@eastlink.ca). Feb.25/13

### Special Notice of Office Closure

The dental practice of Dr. Ghousia Ashraf operating in the name of Apollo Dental Centre situated at 172 Wyse Road, Unit 128, Dartmouth, NS, B3A 1M6, is closed effective 30th September, 2013. Patient records can be obtained by contacting the Provincial Dental Board of Nova Scotia, Suite 102, 1559 Brunswick Street, Halifax, NS, B3J 2G1, Phone: 902-420-0083.

**Event in Focus:**  
*The Annual NSDA  
Welcome to the Profession Night  
Prince George Hotel, Halifax  
September 12, 2013*





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| <b>Platinum [Pl]</b> <span style="float: right;">\$1,125</span>  | <b>IC Four (Please call for details)</b> <span style="float: right;">\$5,795</span>  |
|  <p>Implant + Screw-retained Temporary Crown* + Custom Designed Avinent® Genuine Abutment + Customized Premium Crown: e.max™ or lava™ or Premium Screw-retained Crown</p> |  <p>Implant (x 4) + Angled Abutment (x 2) + Straight Abutment (x 2)</p> <p>4 x Analogs<br/>4 x Ti Cylinders<br/>4 x Final Screws<br/>4 x Abutment Healing Caps<br/>4 x Impression Copings<br/>Temporary complete denture/ final hybrid implant bar<br/>All Associated Hardware</p> |

\* Screw retained temporary crown may be substituted for a temporary cylinder for chair-side temporization techniques.


<sup>1</sup> Subject to the Program's Terms and Conditions. Additional charges for Advanced Cosmetic. All prices exclude applicable taxes. Prices are subject to change without notice.

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D E N T I S T S F I R S T

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...about risks you're taking with office disasters

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