

# Nova Scotia Dentist

# NSDA

Nova Scotia  
Dental  
Association

Nova Scotia Dental Association Member Magazine, August|September 2014

Volume 31 No. 2

## Introducing a New NSDA President Dr. Graham Conrad's First Column As Association President



### Mountain Lea Lodge Launches a LTC Facility Dental Clinic

and...  
**call for  
community fund applications &  
student mentors 2014/2015**



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

## Lots to Talk About this Summer



**N**ow that summer has arrived we can all share in the rejuvenation that warm weather and vacation time brings – spending a little more time with family and friends and for me, the opportunity to write my first column as Association President.

It can be difficult to think about the challenges of the present without reminiscing about the issues of the past. No doubt much of this column will sound familiar, but it's these ongoing debates that make our profession what it is today, and why we all went into dentistry to become health care providers; to make a difference in the lives of the people around us and become leaders in our communities.

I would like to outline some of the Association priorities for the coming year:

### **The MSI Question**

The last meeting in June with the Department of Health and Wellness left them to review their finances and return later this summer with a resolution. As there is no new money for the COHP there will not be any significant changes. This program has \$6 million which will not secure solutions to our list of “Critical Fixes”.

The June AGM gave members an opportunity to weigh in on “next steps” which included the following:

- Conduct a special meeting as per NSDA bylaws to debate opting out of MSI if members decided to do so.
- Prepare a fact sheet for dental offices to provide an explanation to patients of the untenable situation of a broken program.
- Provide members with information on the impact of opting out – “how would it work?”
- Conduct proactive media relations through the hiring of an external PR firm.
- Develop a petition and in office materials so patients can lobby their MLA for change.
- Find out how The New Brunswick Dental Society handled their fight with government over their social services program.
- Focus media arguments and materials on the health effects of a broken program, and not the monetary impact on dental offices.

In the meantime, Steve Jennex and Dr. Phil Mintern and I have met with employees of the Department of Health and Wellness. They understand that the COHP is in need of a major fix. The Minister of Health and Wellness wants a report with recommendations for a comprehensive oral health strategy for Nova Scotia. The NSDA has received the Terms of Reference for an oral Health Advisory Group, which will consist of members of the NSDA, government and experts on

certain topics as needed. Phase one is an evaluation of the COHP with its recommendations to the Minister to be completed by December 2014. This advisory group has been established to bring the right people together to evaluate existing dental health programs and suggest a broad oral health strategy. This will include:

- Program refinements and changes to enable a long-term agreement with the NSDA.
- Enhancements to program design such as means-testing suggesting a needs based program since a universal program is unaffordable. If these meetings prove fruitful, there could be a joint media release by the Department of Health and Wellness and the NSDA. Opting out of the COHP before the conclusion of these negotiations could prove embarrassing for our Association. However, we should also prepare for the possibility that the Minister does not accept the recommendations of this advisory group, but presently there is optimism that the Liberal government is open to change.

### **Access To Care Issue Highlighted by CTV**

In late July, CTV News aired a pair of news stories that touched on access to care issues for a provincial cancer patient who lost her natural teeth and couldn't afford dentures. This story highlighted the fact there are segments of our population with real issues assessing dental care. The NSDA and CDA have recognized this fact and are attempting to make inroads with a number of committees recommending solutions. Nova Scotia's access to care efforts have been directed towards children and seniors.

### **Mentorship**

As the start of a new academic year approaches, the Dalhousie and NSDA Mentorship Program coordinators have begun planning for the upcoming year.

After a very successful year, we hope to build from the 41 dentists who volunteered their time and experience to act as a resource to the next generation of dentists.

If you are interested in being a mentor, please contact Patricia Pellerine < p.pellerinensda@eastlink.ca > for more information.

### **Community Fund**

The NSDA Community Fund is now accepting applications to support local development in your area. The project cannot be oral care related and the application must be submitted from a dentist in the community.

Community Fund information and application forms are available on the NSDA member website.

*Finally, I would like to thank our outgoing President, Stuart MacDonald for a job well-done, and for his appropriate advice, especially the quote of Dr. Seuss – one of my favourites.*

*My office door is always open to any members with questions, comments or opinions. But if you don't often find yourself in Pugwash, you can email me at <drGPC@eastlink.ca>.*



Steve Jennex, Executive Director

## Executive Director's Message

### Current Activities

While the 'dog days' of summer are upon Nova Scotia, the NSDA has been busy preparing for a hectic year ahead and dealing with a number of "hot button" issues. I will do my best to summarize some of the current activity and where it might impact readers.

#### Insurance companies downloading admin fees

Since late last winter, the efforts of 3<sup>rd</sup> party dental insurers to impose administrative fees and force dental offices to connect with them via web portals and receive payment only by EFT continues. This has been a subject of continued irritation for dental offices and an action item for both the provincial associations and CDA. While some small steps forward seem to have been made in a few instances, the move to cause an end to paper cheques from insurers continues to grind forward as they have begun to impose administrative fees for cheque payments.

Our ability to effect change to this move by the insurers will be limited as long as accepting assignment is the norm. The NSDA and its Atlantic partners have assembled some patient information resources that are on the NSDA member website for downloading and printing. These resources include a notice for patients about the impact of dental insurance companies downloading their administrative fees. If we can get patients complaining to their employers about the way their dental benefits plans are being administered by the insurers – we might be able to have an impact. A recent news piece on health insurance "*Private health insurance in Canada deemed inefficient*" indicated that in Canada in 2011, the gap between what people paid in premiums versus what was paid out in claims had reached \$6.8 billion. This is reflected in the fact that in 1991 for every dollar paid into plans, Canadians received 92 cents back in benefits. In 2011, this same dollar in premiums only netted subscribers 74 cents in benefits. Are insurers making plenty from the plans they administer? You bet. And still they move to download admin costs on dental offices.

#### Setting new goals, outcomes and strategies

Every activity undertaken by a committee, working group or staff at the NSDA is vetted against our organizational strategic plan to ensure it fits with our mission, vision and values. Set in 2011,

the current plan for the NSDA is set to run its course until 2016. However, as we approach the current year and begin to assign tasks and outcomes to our many committees and working groups of volunteers, it has become apparent that going forward will require the setting of new goals, outcomes and strategies to achieve them. We are, in effect, ahead of schedule with getting many things done. As a result, your governing council will be launching a process this autumn to establish new goals, outcomes and strategies to achieve them. We will provide further updates as the process unfolds.

### **Taking the fluoride fight to the municipalities**

While many municipalities in other provinces are ceasing to add fluoride to their municipal drinking water systems – against the advice of dentists everywhere – Nova Scotia has successfully kept its fluoride in place. This is in no small part due to the efforts of the ‘fluoride support team’ that consists of the NSDA, the IWK, Dalhousie Faculty of Dentistry and the provincial office of the Medical Officer of Health. By joining forces, marshaling resources and providing a united voice, the pro-fluoride argument has so far been victorious – and children’s oral health will be the beneficiary. To continue having a positive impact on the fluoride debate, the NSDA will be reaching out to members to write letters of support to local municipalities where fluoride is added to the water – if you are one of these members, we hope you will agree to add your voice to those supporting fluoride.

### **Evaluating the province’s dental health programs**

The NSDA’s meeting with the Minister of Health & Wellness this past spring netted an important commitment from government – a promise to collaborate with dentistry on a complete review of provincial dental programs, with a primary focus on the MSI Children’s Program. This is an unprecedented undertaking in Nova Scotia and one that all parties agree is long overdue. At the time of writing, a draft plan for this review is under construction by government, to be followed by a multi-stakeholder committee to do the heavy lifting. We can look upon this project as an opportunity to make things better for all – the program recipients and care providers.

### **AGM direction**

The lively debate and member interactive sessions at this summer’s AGM in Liverpool have spurred activity at the NSDA with volunteers getting ready to address the “big business” impacts on the dental profession and the next steps should MSI tariff negotiations fall short of what members have said is the proverbial “line in the sand”. Our thanks to all who traveled to White Point and provided their input.

Steve Jennex, CAE  
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.

# Making A Difference

## Mountain Lea Lodge, Long-Term Care Facility Bridgetown, NS



**T**ucked away in one of the most scenic areas of the province, Bridgetown is an area many only stumble across on their way to Annapolis Royal, or if they miss-programmed their GPS looking for Bridgewater. But what this town lacks in size or familiarity, it makes up for it with charm, character and... innovation?

Having opened its new oral health care clinic doors July 4th, Mountain Lea Lodge (MLL), a 107-bed long-term care (LTC) facility, made giant steps in providing access to care for seniors in their community – and the rest of the province is taking notice. Using the on-site hair-dressing studio, which is closed on Fridays, local dentist Dr. Jim Inglis and a dental hygienist repurpose the space and open up shop for the residents to come for routine dental procedures. “Having broken teeth fixed on-site is a great resource for our residents” which was just one of the many procedures on opening day says Neil Cook - CEO of the facility and not-for-profit corporation. The clinic is scheduled to be open every second Friday, but Dr. Inglis has made it clear, if the need is there, he would be happy to be on-site more often.

“The grand opening went better than anyone could have possibly expected” said Cook, “with 8 residents taking advantage of the expanded services offered, and plenty more already on the list for next week”. The accessibility and familiarity of an on-site clinic helps residents feel comfortable, and eliminates commute and wait-times, as patients are retrieved from their rooms or activities when Dr. Inglis is ready to see them.

Cook is quick to give credit where it’s due: to the staff at Mountain Lea Lodge, Dr. Inglis and his team. “Everyone involved in this project has been investing and volunteering their time, so it really wouldn’t happen without them. Nurses are critical in making lists of residents who need assistance and helping by providing transportation to and from the dental clinic. They also keep notes on what issues Dr. Inglis should be aware of to provide assistance, relief or just to maintain quality care”. Cook also points out the idea came from Dr. Inglis himself, who approached MLL a year ago to help set up an onsite dental service. About 5 months later, the idea was brought to life.

Around the same time Dr. Inglis brought up his idea, two of MLL’s registered nurses attended a lecture at Dalhousie on the importance of oral health care, and more specifically, for seniors. “It was as if the stars aligned” said Sherry Squires-Murphy, who is the Director of Nursing at MLL. After this seminar, and with the guidance and resources provided by the Brushing Up on Mouth Care Program, Squires-Murphy and her team have become devoted to the idea of “training the trainers”. “It was an eye opening experience, and having access to the resources supplied by the Brushing Up on Mouth Care Program we were able to gain the tools to provide better support to our residents and the community.

Cook says new residents often arrive with oral health issues, while others may develop them over time. This may not be the perfect solution for every community, but so far in its short history, Bridgetown and Mountain Lea Lodge have noticed a tremendous improvement.

### Looking to the Future

Dr. Inglis has donated a specially modified dentist chair, and made hand tools and other required pieces of equipment and tool available. A suction and compression cart will be purchased, but to ensure sustainability, MLL is looking for donations such as hand tool, lighting or even financial support wherever possible.

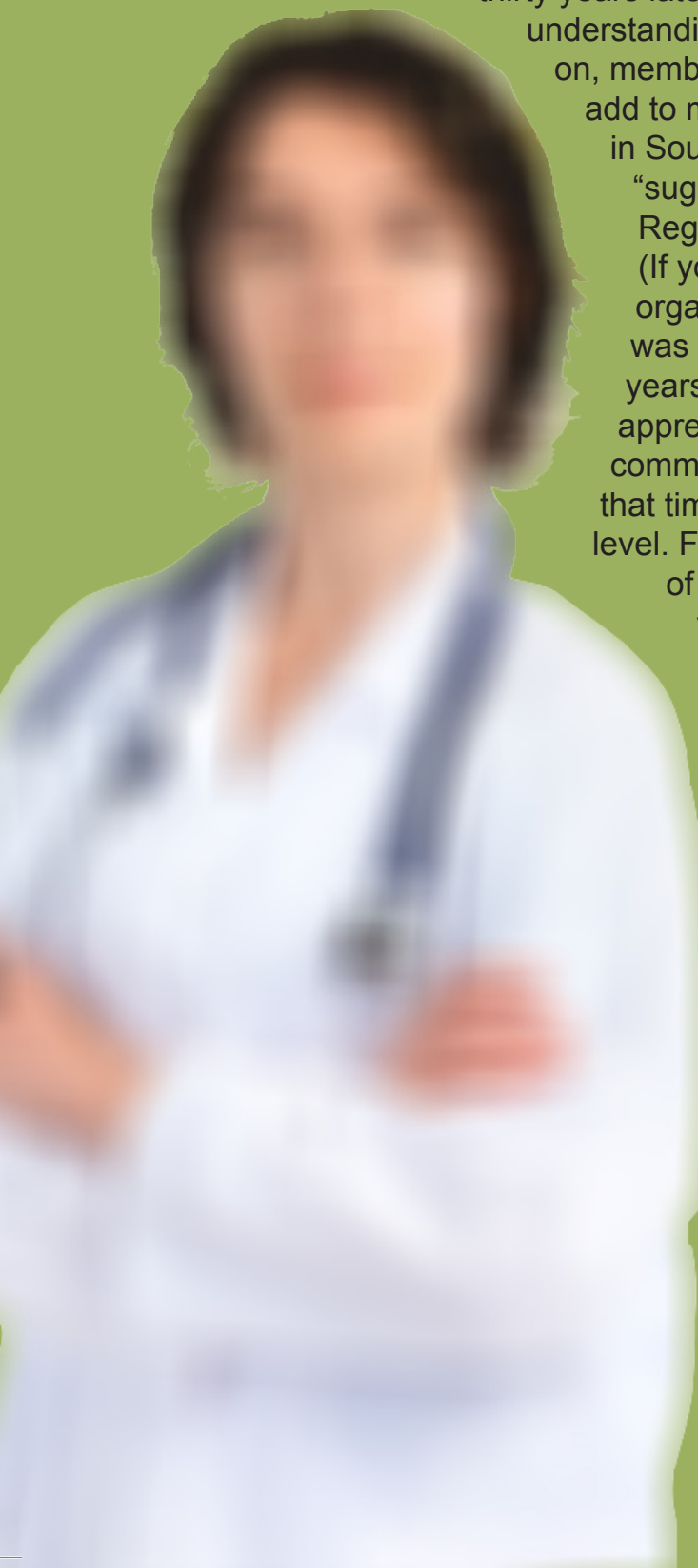
The clinic will not be run as a drop-in service, with patients scheduling appointments in advance. Dr. Inglis has made it clear they have the flexibility to adjust the office hours and open frequency as needed, to ensure all residents have access to the care they need.

Once the clinic has the process down to a science, the intention is to look into expanding its offerings to The Meadows Residential Adult Centre next door, which is a 34 resident mental health and persons living with disabilities centre.

Cook knows this is going to be a journey, and the road has already been a long one up until this point, but one thing he is certain of, is “the dedication and selfless-ness from top to bottom has been outstanding, and he doesn’t foresee anyone’s commitment changing in the future”.

## Benefits of Membership

*and how you can help us help you*



**A**s a new graduate, I became a member of the NSDA because it was required for licensure to practice dentistry in Nova Scotia. Almost thirty years later, the licensing process hasn't changed but my understanding of the value of membership certainly has! Early on, membership seemed to me to be just another expense to add to my growing list of debts. A decade later I found myself in South Western Nova Scotia where Dr. Eric Hatfield "suggested" I replace him on Governing Council as the Region Rep as he stepped up to join the Table Officers (If you know Eric then you know he is passionate about organized dentistry and getting others involved - so it was a little more than a suggestion!). During those six years with Governing Council I grew to understand and appreciate what this group and, by extension, their many committees and working groups did for our profession. After that time, I remained involved but at the Regional Society level. For the last three and a half years, as both a member of the NSDA and a staff person, I've had a bird's eye view of the dynamic that takes place to provide our membership with so many benefits that "help dentists be better dentists in service to Nova Scotians" (1).

Obviously, it takes the work of many volunteers combined with the effort from staff to produce results like the Suggested Fee Guides, the Infection Prevention and Control Guidelines and the Occupational Health and Safety Act – Dental Office Interpretation, to name a few. The Fee Guide is reviewed and updated annually while many other documents are reviewed and updated as new information or new legislation becomes available. While the appropriate committees address these issues and recommend changes, it's important to know that sometimes the Association becomes aware of errors or changes required in a document, a policy or a statement when a member calls us to relay a personal experience. Case in point, a recent OH&S inspection of a dental practice brought to our attention an error in the guidelines with respect



to the number of employees in the practice. While it's most unfortunate that the knowledge gained is potentially at the expense of a member, it's this sort of information that members share with us that help us improve our service and perhaps help other members avoid the same fate. Although the complete OH&S document will need to be updated due to changes in legislation since the 2011 version, the recent Special Notice (August 6, 2014) was sent to members to draw their attention to this immediate concern. For those who may want to know about OH&S changes, updates or hazard alerts, you can subscribe to OH&S Updates and News (2) which also notifies you of their monthly newsletter. Keep in mind that the OH&S Act doesn't specifically address dental practices so not all of the alerts or updates will be relevant to dentistry. Their goal, of course, is to prevent injury and illness in the workplace thereby avoiding lost time while maintaining a safe and productive work environment.

Often the content in the Dispatch notices will be the result of a call or message from a member who has alerted the NSDA office about a concern. A while back several dentists informed us of calls they received from a company claiming that annual WHMIS training was required by regulation for all employees - this was not correct and prompted a notice to advise all offices. It was also a member who reported an insurance company attempting to conduct an audit of a patient's chart without the patient's consent to access the record. Of course the number of calls and messages from dentists and their staff apprising us of their (never ending) problems with MSI/Quikcard/COHP continue to be useful as we move forward with that issue. Only recently did I learn that patients are not considered for the Mentally Challenged Program (MCP) if they are eligible for benefits under the Children's Oral Health Program (COHP). Who knew? If a medical doctor determined a patient to be mentally challenged, you would think they would be eligible for MCP and not COHP based on their medical status not on their age. Thanks to a regular contributor of information for that education; it was much appreciated!

As you can tell, one does not have to sit on a committee or a working group to contribute to our organization's growth and development. Sometimes it's an innocent comment or question that sparks our interest and causes us to dig deeper for answers. The lists of "expected outcomes" provided to committees each year are often the result of these remarks.

As noted earlier, we are not infallible. There will continue to be mistakes, typos, omissions and oversights no matter how many times we read and re-read draft copies and we will continue to need you to point out our errors. In your practices there will continue to be new products, new hazards and new developments both good and bad that we would like to know about but won't unless you contact us. Nothing is considered trivial - we look into everything. And don't hesitate because you think someone has already "bothered" us with something - in some cases, the more members we hear from the more likely it's important and requires urgent attention. So by helping us, the NSDA, know in many ways you are helping your profession, and your peers, in better service to Nova Scotians.

*NSDA mission statement - [nsdental.org](http://nsdental.org)*

*OH&S Updates and News subscription - [novascotia.ca/lae/healthandsafety/ohsnews.asp](http://novascotia.ca/lae/healthandsafety/ohsnews.asp)*

*<http://www.novascotia.ca/just/regulations/regs/hsidental.htm>*

# Freedom 75

Jon Bruhm | Dalhousie Faculty of Dentistry | Alumni Officer



Part-time faculty members are critical contributors to the functionality of any dentistry school. Taking one or two days per week away from private practice to impart their wisdom on the dentists of tomorrow is an important way that oral health professionals can give back to their vocation.

Many who decide to teach only stick around for a few years, but others keep coming back year after year. Some of them become legends – remembered by the hundreds or thousands of students whose futures they helped to mold.

This fall will be the first time in decades that students will not encounter Dr. Daniel Macintosh (DDS'65) in Dalhousie's Dental Clinic. First appointed as an instructor in restorative dentistry in 1965, he has finally decided to retire after nearly 50 years of service.

"I'm 75 now, and I've always believed that you should quit while you're ahead," he laughs. "I have found teaching to be really rewarding. I truly enjoyed working with the students – it's been so nice to see them grow and excel. And, of course, I thoroughly enjoyed the camaraderie with the faculty members."

Alongside his role as an educator, Macintosh practiced for nearly 40 years in the Medical Arts Building on Spring Garden Road in Halifax. He believes that he was the first dentist

in Nova Scotia to have a full-time dental hygienist on staff in the late 1960s, when he hired Dalhousie graduate Sandy Wright (DipDH'66).

“That was considered to be quite an unusual thing,” he recalls. “I remember there was a worry expressed by some of my peers that they might start practicing dentistry or making dentures, but that was totally wrong. The hygienists made our practice so much easier, so much happier, and the patients were delighted.”

About 10 years ago, he sold his practice and began seeing patients one or two days a week in Chester, nearby to his beloved cottage.

“It was wonderful,” he says. “After being responsible for everything and making all the decisions, all of a sudden, I just walked in and out the door and didn’t have to worry about anything.”

His is a career full of highlights. He was a longtime President (now referred to as Chair) of the Provincial Dental Board of Nova Scotia, a mentor with the Nova Scotia Tucker Study Club, and a contributor to numerous dentistry, government and community organizations. He was named a Fellow of the International College of Dentists in 1986, and was presented with the Faculty of Dentistry’s Outstanding Alumni Award in 2001.

Today, looking back upon his long career as an oral health professional, Macintosh can’t help but smile.

“When I became interested in dentistry, I realized it was a profession that was going to grow enormously and I have not been disappointed,” he says. “It’s been almost 50 years of continual improvement and development. I got in on the ground floor of something that I knew from the beginning was going to move rapidly in a positive direction, and I feel very fortunate that I have been there to enjoy it.”



### **Parting Advice**

*“Fully enjoy your professional life and maximize your opportunities to become steadily better at what you do. Make sure your patients are looked after to the very best of your ability and you’ll both be happier as a result.”*



Everyone has a role to play in making health products safer. Voluntary reporting of suspected adverse reactions by health professionals and consumers helps to monitor the safety and effectiveness of marketed health products. Adverse reaction reports are an important source of information on previously undetected adverse reactions or changes in product safety and effectiveness profiles to marketed health products.

Health Canada collects and assesses reports of suspected adverse reactions to marketed health products in Canada, including: prescription and non-prescription medications; natural health products; biologically derived products; cells, tissues and organs; radiopharmaceuticals; and disinfectants and sanitizers with disinfectant claims.

In 2013, Health Canada received 65,930 domestic adverse reaction reports, a 24% increase over 2012 (53,109 reports). The majority of domestic cases reported to both Market Authorization Holders (manufacturers and distributors) and Health Canada originated from health professionals. Adverse reactions may occur by affecting oral and dental structures including salivary glands, alveolar bone and the oral mucosa. Dentists are often in the unique position to identify oral and dental adverse reactions, along with potential quality concerns and are encouraged to direct any product safety, effectiveness or quality concerns to Health Canada.

When you report a suspected adverse reaction, you contribute to the ongoing collection of information that occurs once health products are on the market.

Your report may help to:

- Identify new side effects;
- Make changes to product safety information, or other regulatory actions such as the withdrawal of a product from the Canadian market;
- Inform other countries about the International information regarding benefits, risks or effectiveness of drugs and other health products;
- Increase the safe use of health products in Canada.

You don't need to have all the details in order to report an adverse reaction, or even be certain that a health product caused the reaction. Adverse reactions are, for the most part, only suspected associations. Health Canada wants to know about all suspected adverse reactions, especially if they are:

- Unexpected (not consistent with product information or labelling) regardless of their severity;
- Serious, whether expected or not; or
- Related to a recently marketed health product (e.g. on the market less than 5 years).

Health Canada offers several ways for you to stay informed on the latest health product information, including:

- Recalls and safety alerts
- MedEffect e-notice
- MedEffect Canada RSS feeds
- Canadian Adverse Reaction Newsletter

For more information or to report an adverse reaction, visit [www.health.gc.ca/medeffect](http://www.health.gc.ca/medeffect)

Phone: 1-866-234-2345

Fax: 1-866-678-6789

K. Lynn Stienburg, BSc (Pharm)  
Regional Coordinator | Coordonnatrice régionale  
Canada Vigilance – Atlantic | Canada Vigilance – Atlantique  
Health Canada | Santé Canada  
[lynn.stienburg@hc-sc.gc.ca](mailto:lynn.stienburg@hc-sc.gc.ca)

---

## Need A Vacation? Take It!

Dr. Carolyn Thomson | Professional Support Program | Coordinator

Vacation: Latin “vacatio”: being free from work, being at leisure, having time for.

Research has shown that vacations can be good for you. Vacations are more powerful than evenings or weekends because they are usually spent in a different more relaxing environment which allows you to mentally detach from work and other daily demands and routines. They also allow active engagement in potentially recovering activities such as family time, hobbies and physical activity. A longitudinal study by Gump and Matthews (2000) who followed 12,338 men at risk for coronary heart disease demonstrated that not taking annual vacations is associated with an increased risk of morbidity and even mortality 9 years later.

In 2011, DeBloome et al. looked at a number of variables associated with vacations to determine their impact on health and well-being. Those who derived more pleasure from vacation activities experienced increases in their health and wellness. It was the experience of the activity rather than the type of activity that had this positive effect. In other words, skiing down a double black diamond trail or lying on the beach with a good book can both increase health and wellness as long as there is pleasure in doing it. For couples, positive contact and interaction during vacation produced greater detachment from work, increased relaxation and more enjoyment of pleasurable activities. Not surprising is that working vacationers benefitted less from vacation effects with lower levels of work detachment and lower health and wellness scores after vacation. One more reason to leave the journals and Blackberry at home.

In another study by G Strauss-Blasche et. al., health related vacation outcomes were measured by variables such as recuperation, mood, perceived mental and physical fitness and fatigue. Recuperation was facilitated by free time for one's self, sunnier and warmer vacation locales, exercise during vacation, good sleep, and making new acquaintances, especially among vacationers reporting higher levels of pre-vacation work stress. Vacation duration did not seem to predict these outcomes and benefits could still be seen from shorter vacations (4-5days). This may be explained by the fact that mood peaks at about 7 days but the greatest improvements in mood are seen in the first 3 days of vacation. Post-vacation effects are not long lasting (about 1-3 days) so it may be advantageous to take shorter, more frequent holidays during the year. Vacation-related health problems and time zone differences had a negative impact on outcomes but travel time, which ranged from 1 to 48 hours in this study, did not. How the vacationer planned their time was a strong predictor of recuperation. This is likely due to having the time to look after one's self in a relaxing environment free of the usual obligations.

Most importantly, vacations are a time to disconnect from work and reconnect with yourself and loved ones. So leave your work behind. Go somewhere you like. Do something you love with someone you adore. Plan your time. Meet new people. Bon Voyage.

## WE UNDERSTAND DENTISTS

When it comes to appraising and selling a practice, I understand BOTH your professional and personal objectives.

As a Regional Associate for ROI Corporation, Canada's #1 Dental Practice Appraisal and Sales Leader, I bring business expertise to ensure decisions are right for your unique practice needs, whether you are buying or selling a practice.

**Jeff Williams, BSc, DDS, MBA**  
Associate for Atlantic Canada

**Judy Flecknell, BSc, DDS**  
☎ (902) 657-1175  
jeff@roicorp.com  
Jeff Williams Limited  
ROI Corp. & HLM Realties Ltd.  
in Nova Scotia  
[roicorp.com](http://roicorp.com)

40<sup>th</sup>  
ROI  
CORPORATION  
Brokerage  
ANNIVERSARY  
1974 - 2014

***What would you do if your instruments were stolen? Or you became disabled and were unable to work? Or the office in which you practice had to close due to a fire or flood?***

The landscape is changing for dentistry in Canada. The costs of establishing a new practice are astronomical, and buying an existing practice is becoming more prohibitive as demand outpaces supply. In the face of these harsh realities, many dentists, from recent graduates to established practitioners, are choosing associate practices and remaining on that path for longer periods of time.

As an associate, you may not have to worry about such things as leases, purchase of equipment, staffing, accounting, and all of the other challenges of running a full-fledged business, but there are still many things you need to bear in mind as you build your practice. One of the most important of these is insurance.

Of course, you know that you need malpractice insurance and you can educate yourself about what is available in your province. The purpose of this article is to discuss how various types of insurance coverage can help you deal with potential hazards that may arise in your professional or personal life.

Let's start with the office, or offices, where you treat patients. Here are some things you should probably consider:

### **Contents**

You may not own your office or the equipment in it, but your dental hand instruments are your own and they would be expensive to replace if stolen or destroyed due to office damage.

### **Practice Interruption**

If your office is closed down for any reason, so are you. Your principal dentist's insurance only covers her percentage of income loss, so if you aren't insured your income stream stops. Some associates assume that they can temporarily transfer patients to another office where they are working, but contractual agreements can restrict "taking" patients, and even if such an agreement is not in place, there may not be the option to bring new patients to another practice.

### **Commercial General Liability**

When a lawsuit is launched, attorneys will usually name every possible person associated with the defendant's business. So if a patient is injured, or a fire or flood causes damage to a neighbouring office, you can be named in the suit even if you are entirely blameless. You will need to defend yourself and we don't need to tell you how high those costs can run.

*TripleGuard™ Insurance from CDSPI is a three-in-one solution that covers all of these perils with a single, convenient, cost-effective package.*

## **Nova Scotia Dentist**

is the official publication of the Nova Scotia Dental Association, a not-for-profit organization serving over 500 members in Nova Scotia. The magazine is published six times a year and is distributed to all dentists in Atlantic Canada.

Editorial content is reviewed by the Publications Sub-Committee. Opinions expressed are those of the author and do not necessarily reflect those of the NSDA or its editors.

Please direct advertising requests, editorial submissions and correspondence to:  
Editor, Nova Scotia Dentist  
Suite 101, 1599 Brunswick St.  
Halifax, Nova Scotia B3J 2G1  
Tel: (902) 420 0088  
Fax: 423 6537  
Email: [ecolesnsda@eastlink.ca](mailto:ecolesnsda@eastlink.ca)

Mail under Canada Post Publications Mail Sales Agreement No. 40017621

### **Contributors**

**Eliot Coles** Editor, NSDA  
**Dr. Graham Conrad** President, NSDA  
**Steve Jennex** Executive Director, NSDA  
**Dr. Terry Ackles** Clinical Affairs, NSDA  
**Dr. Carolyn Thomson**  
Professional Support Program Coordinator  
**Katie Ciavaglia**, Dalhousie University  
**Jon Bruhm**, Dalhousie University  
**Julie McGivern**, CDSPI  
**K. Lynn Steinburg**, Health Canada

Thanks to all our sponsors who support Nova Scotia Dentist Magazine.

**CDSPI**  
**Invisalign**  
**ROI Corporation**

Nova Scotia  
**Dentist** **NSDA**  
Nova Scotia  
Dental  
Association

Those are a few of the things that you should consider to protect yourself in the office. You should also think about some of the risks that could impact your ability to earn a living due to illness or injury.

### **Long Term Disability (LTD)**

What will you do if you sustain an injury or illness that prevents you from earning a living for an extended period of time? The rent is still due, as are loan repayments, and the ongoing costs of living your life. LTD insurance provides affordable security with monthly benefits to help you cope until you can get back to work.

### **Accidental Death and Dismemberment (AD&D)**

In addition to a death benefit, AD&D provides compensation to cover an injury that results in permanent and total "loss of use", such as the loss of an appendage that would preclude you from practising dentistry. You've made a significant investment of time and money to establish your dental career. It's important to protect that investment should you not be able to continue on your chosen path.

### **Life Insurance**

If you're young, and have no dependents, you may see little need for life insurance now. But do you have a student loan that your parents co-signed? Your insurance could protect them from a sizeable liability. It's not a pleasant thing to think of, to be sure, but it's the responsible thing to do.

Also, by obtaining life insurance when you are young and healthy, you have insurance in place should you contract an illness or condition that would render you uninsurable at a later date. When you can't be insured, it limits your ability to get a mortgage or other significant loan. So a life policy doesn't just benefit your survivors, it can benefit you as well.

### **Getting a Head Start**

If you're enrolled in one of Canada's accredited dental schools, you can apply for CDSPI's no-cost coverage for Life (\$100,000), AD&D (\$100,000), LTD (\$1,000/month), and the TripleGuard™ Undergraduate Package that covers dental hand instruments for up to \$15,000.

When you graduate, you can receive double the Life, AD&D



and LTD coverages for half the regular premium for three calendar years, provided you apply before your date of graduation.

### Affordable Security

As your associate career progresses, these coverages will continue to provide valuable protection at rates that are as attractive as any in the industry. Remember that your insurance premiums are a tax deductible business expense, and you can make arrangements to pay them monthly. The peace of mind they provide allows you to concentrate on what you do best... care for your patients.

Claim information was provided by Manulife Financial (underwriter for Life, AD&D and LTD Insurance), and Aviva Insurance Company of Canada (underwriter for TripleGuard™ Insurance).

*CDSPI provides a number of insurance solutions from the Canadian Dentists' Insurance Program that are tailored specifically for associates. We are a not-for-profit organization comprising certified specialists who can provide no-cost, no-obligation advice at whatever point you may be in your practice.*

*With the buying power that comes from serving thousands of Canadian dentists, we can offer these coverages at preferred rates from two of the country's most respected underwriters, Manulife and Aviva.*

Julie McGivern  
Professional Insurance Advisor  
jmcgivern@cdspiadvice.com

More than 2.6 million patients have already chosen Invisalign, the product patients ask for by name.

## ARE YOU READY TO GROW YOUR PRACTICE WITH INVISALIGN?

Registering for Invisalign Provider training is the first step. And if you register by September 30, 2014, you will save \$500 on your \$1,995 USD training fee!\* **PROMO CODE: 2014**

But don't wait, our best offer of the year expires soon. And to help you get started, your first three Invisalign Assist treatments are up to 40% off.†

[Visit \*\*invisalign.com/provider\*\* for more details.](http://invisalign.com/provider)

### FIND THE COURSE NEAREST YOU:

**Halifax, NS - October 3**

**Baltimore, MD - October 17**

**Boston, MA - November 21**

**Toronto, ON - December 12**



\*Register for any 2014 Align-sponsored Invisalign Fundamentals course by 9/30/2014 and receive \$500 off the course fee when you bring your team. Up to four staff members attend for free, and each additional staff member may attend for \$29 each. Course discounts may not apply to co-sponsored events.

†Please see program details for terms and conditions.

© 2014 Align Technology, Inc. All rights reserved. Some restrictions apply.

# CONGRATULATIONS

Dr. Laura Whitman | Tatamagouche, NS



For the past 12 months ending June 30th, PRO-DENT LABORATORY LTD. ran a contest which would award one lucky Dentist in Atlantic Canada a BRAND NEW CAR or \$20,000.00 cash. They were very excited to announce the winner was Nova Scotia's own Dr. Laura Whitman of Tatamagouche. Her lucky ballot was drawn out of 14,000 + other ballots. Dr. Whitman is seen here receiving her cheque from the team at PRO-DENT.

NSDA staff were invited to share in the excitement of selecting the winning ballot.

## Expert Financial Advice is Close to Home

Financial planning is an ongoing process, since your personal and professional goals can change over time.

I can give you peace of mind by providing key financial planning advice to ensure your investment portfolio remains appropriate for your evolving needs.

As the local CDSPI advisor for the Maritime Provinces Region, I work exclusively with dental professionals. This specialization gives me an extensive understanding of the issues many dentists will encounter during their careers. Let's talk soon.

**Phone: (902) 800-1121 or 1-888-220-1441 (toll-free)**  
**E-mail: [tbugden@cdspiadvice.com](mailto:tbugden@cdspiadvice.com)**



**Tim Bugden**, CFP, BA, B.Ed.  
Investment Planning Advisor, Maritime Provinces Region  
CDSPI Advisory Services Inc.  
Purdy's Wharf, Tower One, Suite 1804  
1959 Upper Water Street, Halifax, NS, B3J 3N2

CDSPI provides the Canadian Dentists' Insurance Program and the Canadian Dentists' Investment Program as member benefits of the CDA, NBDS, NSDA, DAPEI and participating provincial and territorial dental associations. Restrictions may apply to advisory services in certain jurisdictions.

**CDSPI**

# - Meet Your Staff -



## **NSDA Office Staff.**

*Back row (left to right)* Steve Jennex: Executive Director, Arnaud Kubwakristo: Accounting/IT Administration, Eliot Coles: Communications Manager

*Front row (left to right)* Patricia Pellerine: Operations Manager, Donalee Ward: Administrative Assistant, Dr. Terry Ackles: Manager, Clinical Affairs

---

## **Classifieds**

Great Practice Opportunity in New Glasgow. This practice is located in an owner occupied building in a cost sharing situation. The practice has been in operation for close to 30 years; it has a strong re-care component as well as most other aspects of dental services provided. The Practice has a reasonable gross, low overhead and the owner is open to "self financing" for the right purchaser. For further information on this unique situation please contact Bill Tingley [attingleyb@eastlink.ca](mailto:attingleyb@eastlink.ca) or cell 1-902-456-2266.



# BENEFITS THAT WORK FOR YOU

## DURING YOUR CAREER CDSPI GROUP BENEFITS



The **CDSPI Group Benefits** plan (offered through Quikcard) allows eligible\* dentists to protect everyone employed in their practices — with employee group benefits.

With the CDSPI Group Benefits plan, everyday health care costs, such as vision, prescription medications and extended health can be covered. These benefits can be provided on an insured basis, or through innovative **Health Spending Accounts** which provide a high degree of flexibility — while also allowing cost certainty for dentists. A full range of employee group insurance products is also available, such as life, disability and travel insurance.

[www.cdspi.com/benefits](http://www.cdspi.com/benefits)

## WHEN YOU'RE RETIRED CDSPI RETIREE BENEFITS



Eligible\* retired dentists can obtain health and dental benefits coverage — **at greatly preferred pricing with no medical information required** — thanks to the new **CDSPI Retiree Benefits** plan. When your health benefits end at retirement, CDSPI Retiree Benefits allow you to continue protecting yourself and your family with personal health insurance. (If you are a retired dentist with an existing health benefits plan, you can also apply.) With four levels of protection to choose from, you can select the plan that best meets your specific needs.

[www.cdspi.com/retiree](http://www.cdspi.com/retiree)

For detailed information, call CDSPI today at **1-800-561-9401**



\* CDSPI Group Benefits and CDSPI Retiree Benefits are not available to dentists in Quebec and Ontario.

This information is provided for your general guidance. Precise details, terms, conditions and exclusions are set out in the insurance contracts.

The CDSPI Group Benefits plan is provided by Quikcard, with insurance products provided by selected Canadian insurers and arranged for by Quikcard Benefits Consulting Inc. and CDSPI Advisory Services Inc.

CDSPI Retiree Benefits are provided under the FollowMe™ Health benefit program, through CDSPI's affiliation with Manulife Financial. Coverage is underwritten by Manulife Financial.