

Nova Scotia Dentist

Nova Scotia Dental Association Member Magazine, October|November 2014
Volume 31 No. 3

NSDA

Nova Scotia
Dental
Association



Welcome To The Profession
The NSDA Welcomes New and Old Students Alike

**Update from
Drug Information Systems**

**and...
did you read the CAHS report?**

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Update From Montreal



After basking in the afterglow of becoming President and enjoying the warm summer temperatures at the cottage, fall is a time to welcome the brisk air, shorter days and the resuming of NSDA activities alike.

“Welcome to the Profession” kicked off the annual fall festivities; an evening focused on students, yet one of the most enjoyable functions to attend as President as well. Continuing with tradition, it was a formal affair to introduce students to organized dentistry, and certainly an event not to be missed. This was the first year that the other Atlantic Dental Associations were represented, with the NSDA organizers/hosts receiving raving feedback from everyone in attendance.

The Atlantic Presidents and CEOs Meeting stimulated information sharing between the provinces, before meeting with our national counterparts. Discussion of the national agenda for the [then] upcoming national Presidents and CEOs Meeting unified the small Atlantic constituents of dentists for a cohesive voice; to be better heard on the national stage.

With the meeting national meeting being held by the CDA in Montreal, the Quebec Dental Association (ACDQ) was invited, to share what's happening in their Province. It seems Nova Scotia has much in common with Quebec, among other things; Nova Scotia and Quebec are two or only 3 provinces with universal children's dental programs (Newfoundland being the third). Quebec in recent years has been able to negotiate a tariff that is 80% of their usual fees, while our Tariff Committee is hopeful we can secure a similar arrangement in the foreseeable future.

Insurance carriers are becoming more difficult to deal with – downloading more work to dental offices. For the past 20 years in Quebec, Dentaide, which acts as an intermediary between dentists and insurance companies, has operated successfully to bridge the gap between dentists and insurers. For a small fee, any approved treatment is guaranteed by Dentaide, who will deal with insurance carriers for compensation. This program should be the envy of the rest of Canada. Continovation Services Inc. (CSI) is developing a similar service for the other provinces (so far 5 provinces have signed up). This direct pay service will help dentists deal with insurance issues with the companies that have signed on. Dr. Paul Allison, Dean of McGill University presented a study by the Canadian Academy of Health Sciences – Improving Access to Oral Health Care. This paper analyzes data from the recent Canadian Health Measure Survey, which for the first time in 40 years provides information on the oral health status of Canadians. There are inequalities in dental care in Canada. The greatest indicator of this inequality is socioeconomic status. About six million Canadians delay dental treatment due to cost. Poor access to care accounts for 45% of the inequality in dental decay and 38% of the inequality in oral pain. The paper noted that oral health related behaviours such as brushing, flossing and smoking make relatively small contributions to inequalities in health. Finding solutions to these inequalities will be difficult, needing the help of government, all stakeholders in the health professions, private sector stakeholders, and advocates for the vulnerable groups.

Another topic presented by the CDA which affects all provinces is the dentist supply in Canada. There is

an oversupply of dentists in many regions of Canada. Population to dentist ratios have been decreasing in all parts of the country over the past 15 years. Ontario and B.C. have the greatest oversupply, while Newfoundland and Saskatchewan have the lowest. There are also variations in the dental workforce when comparing rural and urban based regions, where the density of dentists in urban areas is about three times that in rural locations. Nova Scotia sits around the national average in regards to dentist supply in Canada.

All of these national trends are occurring in Nova Scotia. Sharing ideas at these meetings will help all those in attendance make better decisions for the members of their associations.

Dr. Graham Conrad
NSDA President
drgc@eastlink.ca

Communicating the Value of Oral Care

For many, reading the paper each morning is a weekend ritual, while others may cherish the opportunity on the weekend. Others may tune in to the evening news, or catch up on worldly events through social media or other online media outlets. But regardless of your choice of source, you have likely heard, seen, read or maybe even been asked about the recent flurry of stories about the “Canadian crisis surrounding access to care.” Or perhaps this edition’s Presidential Update Column was the first you’ve heard of it. Whatever the source it likely has you asking yourself are the reports true that dental costs have become so exorbitant that the number of vulnerable groups in Canada suffering from inaccessibility to care has grown? OR have Canadian’s perceived perception of the value they place on oral health care changed?

Background

The Canadian Academy of Health Sciences recently issued a report titled “Improving Access To Oral Health Care; For Vulnerable People Living In Canada.” The report makes a series of claims including:

- Many low income, and even middle income, Canadians suffer from pain, discomfort, disability, and loss of opportunity because of poor oral health.
- Approximately six million Canadians avoid visiting the dentist every year because of the cost.
- There are significant income-related inequalities in oral health and inequity in access to oral health care.

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Nova Scotia Dentist

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Steve Jennex, Executive Director

Executive Director's Message

Fall Update

With summer months behind us, your association is gearing up for a busy year ahead with committees and working groups of volunteers tackling everything from an updated version of Occupational Health & Safety Guidelines to new organizational goals and outcomes to help guide us forward. It will be a busy year, and there are always more seats to fill than volunteers to fill them. If you have an interest in getting involved, we'd like to hear from you. Here's a sampling of some of the other activities currently underway.

3rd Party Dental Insurers and a possible alternative to the headache of dealing with them

Dentistry everywhere is seeing the impact of increasing administration fees as 3rd party insurers coast-to-coast continue to mandate payment by EFT and implement other cost-cutting measures that ultimately download added costs on providers. It seems there isn't a month that goes by without word of another insurer launching an online portal that providers must register with.

A possible alternative is emerging in the form of a single solution to dealing with the individual insurers and the fragmented system of online payment portals— instream Direct Pay, a prototype system in development by a company called instream, established by CSI (the firm owned by CDA). When complete, instream Direct Pay will offer a one-stop-shop for claims payments and much more. You are encouraged to check it out yourself and sign up for the free instream Direct Pay Pilot Program at: <http://instreamcanada.com/instream-direct-pay/>

Self Determination of Dentistry

Thanks to the many members who responded to our online e-survey of the current impacts and potential impacts – both good and bad – associated with the national trend in fewer solo dental practices and more “big business” corporate dentistry where dentists practice as employees and not as owners. The information gathered from the survey and resources from other jurisdictions looking at the issue will be before a new NSDA working group this fall. They will be tasked with making recommendations to help us help you.

MSI Tariff & Government Program Review

What would a magazine column be without an update on the glacial progress of MSI tariff talks? I am happy to report that the latest meeting with government saw some continued progress – albeit at a snail's pace – as we consider how our critical fixes to the current tariff are impacted by the government's new committee aimed at reviewing the MSI Children's Program. It has become apparent at the review committee

table that the program is going to have to change, and at this point any change will be for the better. The review committee (OHAG – the Oral Health Advisory Group) meets every two weeks and I am fortunate to have Terry Ackles, Phil Mintern and Graham Conrad with me on this committee as NSDA representatives, plus a number of other members who are resources to the process. The government is fast-tracking this committee, but on a separate front we are simultaneously trying to negotiate a tariff for a program set for major transformation.

We have not changed our list of “critical fixes” to tariff. At this point we are determining how they will be affected by a changed program.

The NSDA Member Website

Last year at this time, we were announcing the launch of our new member website at www.nsdental.org and all the hard work that had gone into it. In the past year, many more new features have been added – like a series of practice management e-tools – but we still frequently hear from members looking for resources they are unaware are on the website. There’s much more available online on the website than most people realize. A very short list would include:

Publications & Libraries
NS Dentist, Dispatch and Living Healthy in Atlantic Canada (current issues & back copies)

Patient communications
Patient fact sheets, Informed Consent information

Practice Analysis Tools
E-Tools utilizing RKH economic information

Office Management
*Infection Prevention & Control Guidelines, Pediatric Patient Referral Form, GP & Specialists
Fee Guides, Membership Directory, OH& S Guidelines, Waste Management, Dosimeter
Requirements Information, Dental Practice Review Checklist*

Other
Ebola Toolkit, Patient Consent & Insurance Audits, Code of Ethics, PIPEDA, Anti-Spam Legislation guidance

Financial Reports
*Reports to the Profession 2013, 2012
NSDA Annual Reports
Wage & Salary Reports
Regulatory Information*

Policy Statements
From Amalgam to Microbeads

Human Resources

Dental practice Insurance

Job Bank & Classifieds

Visit the site and see what resources are there that can help you.

Welcome to the Profession Event

Our thanks to the volunteers and guests who made the NSDA’s 2014 Welcome to the Profession event such a huge success this past October 11th. Over 100 dental students attended, and for the first time ever we had representation from all four Atlantic provincial dental associations/societies plus the Provincial Dental Board of Nova Scotia, CDSPI and senior volunteers at the NSDA. It was a very full house and much information was exchanged.

Living Healthy magazine – fall edition

By now you will have received in your office copies of the fall edition of Living Healthy in Atlantic Canada

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magazine. While the oral health section has some excellent stories intended to stimulate dialogue between you and your patients, perhaps the most interesting item is not a story at all, but a one-page ad informing patients about the actions of 3rd party dental insurers and the downloading of administrative costs. This is part of the efforts of the four Atlantic provinces and the APILC to make public dentistry's concerns with the actions of insurers.

Raising the profile of oral health in NS – Reporting to the public

In 2015, the NSDA will take the next step in governmental affairs and raising the profile of oral health with the public release of our first ever Nova Scotia Oral Health Report to politicians and the general public. The topic of this inaugural discussion of oral health issues will focus on the growing plight of seniors' oral care. Stay tuned for more details.

Steve Jennex, CAE
Executive Director

Coping With A Regulatory Complaint

Dr. Carolyn Thomson | Professional Support Program | Coordinator

We live in a world that is customer and consumer oriented so receiving a regulatory complaint does not necessarily make you a bad dentist. A frequent cause of complaints is a breakdown in communications between the patient and a member of the team. This may not be entirely attributed to the treating dentist but to the individual that the patient feels is most representative of the team. Complaints may stem from a patient's unresolved anger over a poor outcome, unrealistic expectations, or a desire for compensation.

The key psychological event in the complaint process is the accusation of having failed to meet a reasonable standard of care and the impact can be significant. In the initial stage, there may be shock, outrage and anxiety that can occupy up to 50 per cent of waking hours. During the second stage, the dentist becomes conflicted and experiences a range of emotions such as anger, depression and even thoughts of suicide. There may be doubt about professional identity and associated loss of self esteem and self-confidence. With resolution, many dentists report a loss of empathy and start practicing "defensively" becoming obsessive about record keeping and office procedures. There may be a reluctance to perform certain procedures and, sadly, some even leave practice. Physical symptoms include fatigue, insomnia, gastrointestinal complaints and exacerbation of pre-existing chronic medical conditions. A very small minority describe the complaint as a learning experience.

Several published studies by Dr. Sara Charles, psychiatrist and pioneer in the study of the impact of malpractice lawsuits on physicians, showed an increase in major depressive disorders (prevalence 27-39 per cent), adjustment disorders (20-53 per cent) and the onset or exacerbation of a physical illness (two to 15 per cent). Fewer than two per cent acknowledged drug or alcohol misuse.

There are a number of strategies that can be employed to cope with the stress of a regulatory or legal complaint:

- Ensure you're under the care of a trusted primary care physician who can closely monitor your physical and emotional health.
- If it is a legal complaint, become acquainted with the complaint or litigation process, however unwillingly. Ensure an appropriate amount of time is set aside for meetings with lawyers and/or appearances before boards and committees.
- Seek support from family members, close friends, and trusted professional colleagues, particularly those who have been involved in the complaint process or litigation.
- Focus on sharing your feelings and concerns rather than the details of the complaint.

A complaint can leave a dentist with upsetting memories, negative expectations about their future practice and even a desire to leave dentistry. To help restore a feeling of control and "mastery," identify clinical and non-clinical areas of practice that cause anxiety and find ways to reduce them. Stick to your values and don't engage in situations that compromise your professional standards. Increase your competence by participating in teaching and professional development. Invest in your physical and emotional bank account by enjoying exercise and leisure activities, spending time with family and friends, and taking vacations.

It can't be stressed enough that lack of communication is leading major cause of complaints and lawsuits. All dentists should reflect on their interpersonal skills and consider taking a CE course that addresses improving communication with patients.

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Nova Scotia's Drug Information System Available to Dentists in 2015



The Nova Scotia Department of Health and Wellness is in the process of implementing its province-wide Drug Information System (DIS), a key component of the provincial Electronic Health Record system.

The Drug Information System allows authorized health care providers to access, manage and share patient medication information. An authorized health care provider is a health professional - such as a dentist, doctor, nurse practitioner, nurse, pharmacist, optometrist, or midwife - who provides health care services in hospital or in the community. The goal of the Drug Information System is to make a patient's medication information available where and when it is needed to the healthcare providers in the patient's circle of care, and to allow those providers to contribute information as appropriate.

The first step in implementing DIS is connecting community pharmacies to the system to automatically capture drug and device dispenses. The system will also allow dispensary staff to update patients' medication profiles to include information such as adverse drug reactions, allergies/intolerances, and medical conditions. To-date, over 60 of the approximately 300 community pharmacies in Nova Scotia are connected and work is ongoing with pharmacy software vendors and pharmacy organizations to complete the connection process.

The next step is to provide access to the DIS for healthcare providers in hospital and in the community and to introduce the ability for prescribers to create prescriptions electronically (e-Prescribe). Healthcare providers like dentists will have access to a web-based portal, the DIS Portal, which will allow them to see and contribute pertinent information to their patients' medication profiles and to e-Prescribe.

Rollout of the DIS Portal is expected to begin February 2015 in a pilot phase in specific targeted communities and will be broadened following completion of this phase. The Department of Health and Wellness has made a significant investment in enhancements to the DIS Portal to ensure its clinical relevance based on input from a Clinical Advisory Group made up of representatives from licensed prescriber groups in Nova Scotia including dentists.

The Department will be working closely with the Nova Scotia Dental Association to identify dentists interested in having access to the DIS Portal. If you have questions please contact DIS@gov.ns.ca.

The Drug Information System will help to identify potential contraindications, drug interactions, drug allergies and adverse reactions to medications in support of safe and appropriate drug therapy for patients. For more information visit, www.novascotia.ca/dhw/dis.

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Dr. Richard Thain of Embrun, Ontario *pocketed \$262* in auto insurance savings!



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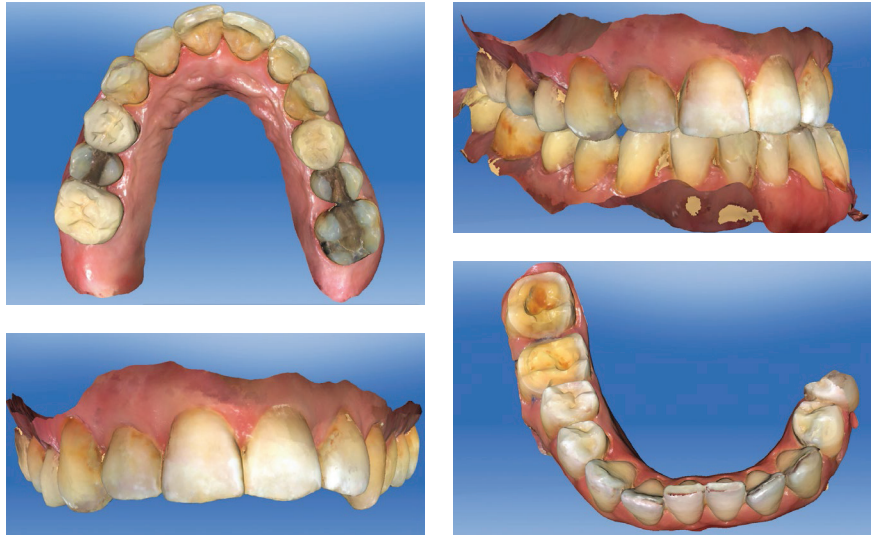
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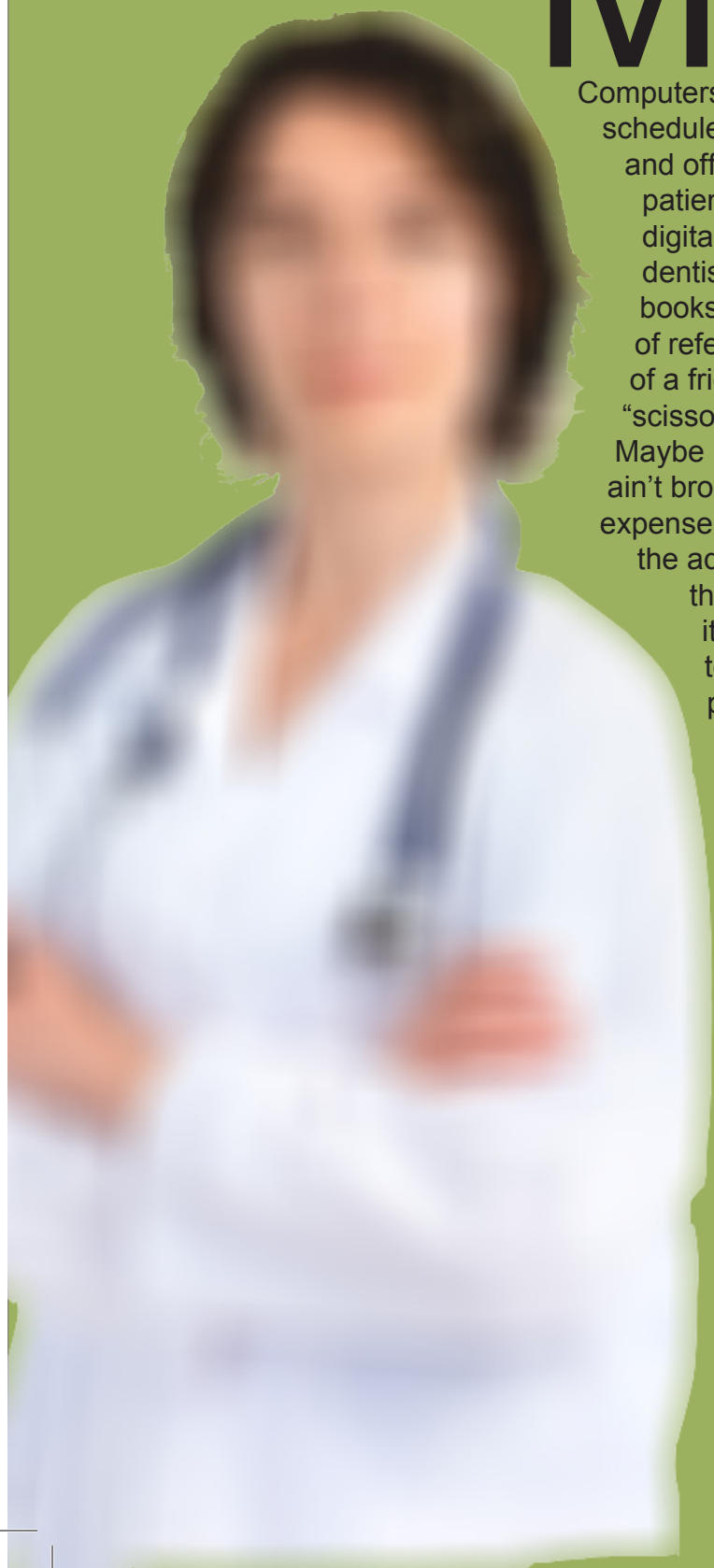


Dental Records and Cyberspace Security

Many dental offices are embracing technology and moving towards paperless offices because of the convenience and improved efficiency, because it requires less physical storage space, more consideration of the environment, and/or because that's just the way of the world today.

Computers and electronic technology are used to organize daily schedules, update patient accounts, manage inventory of dental and office supplies, track patient recall appointments, store patient records - including electronic chart information and digital radiographs and models, and so much more. There are dentists, however, who still use paper charts, appointment books and accounting systems and who continue to send letters of referral or other communication by mail. (This reminds me of a friend who jokingly comments that "cut and paste" means "scissors and glue" to him). So, is there a "resistance" to change? Maybe it's just easier to continue to use what you know, i.e. "if it ain't broke, don't fix it", or maybe change is considered too big an expense. In any event, it's possible those "paper" practices have the advantage over the "paperless" practices when it comes to the safety and security of patient record transfers. Certainly it's faster, easier and less costly to send an email than to copy and mail the information, but emailing sensitive patient information may not meet regulatory and legal requirements.

Set up almost three years ago as a pilot project, the CDA eReferral Service (subtitled Secure Patient Case Collaboration) is now a member benefit for Provincial Association members (including the NSDA). If you check out their website www.ereferralservice.com you will find it user-friendly and full of information. The registration process includes step-by-step instructions to guide you through the process whether you are a dentist or office staff. Note that a dentist may register as the "Health Information Custodian" or as an "Agent". The former is usually the practice owner and the latter is usually a co-owner or an associate in the practice. Definitions of terms and detailed notes, especially if you work in multiple offices, help clarify which path to follow during the process. As for office staff, you are responsible to determine who will be allowed access to patient records and to what extent. In addition, the



“Support” section features many questions and answers about the service such as, “how to add an associate or a staff member”, “how to create a referral or consultation case” or “can I send a pre-determination to an insurance company?” Video tutorials are provided in some instances to demonstrate how to complete the required steps. As for privacy and security, the website notes all patient case data are encrypted and neither CDA nor CSI (Continovation Services Inc.) staff can access the information. They also stress that CDA and CSI cannot and will not analyze patient case data or profile dentist data for secondary uses.

Under the heading “Blog” there are several posts describing different scenarios in which the eReferral Service was employed and was beneficial to that situation. Generally, the Service was recognized as a private and secure location in which to store and share pertinent case information, as an easy and efficient way to be updated whenever new and relevant details were added to the case (an immediate notification is sent to all parties involved with the particular case) and as a tool which is compliant with legal and regulatory requirements in our province. Your office is probably already equipped to protect the information in your patient charts with restricted access to files, firewalls, daily back-up of information and antivirus software. After all, there are “bad” people out there who would love to hack into your patient files for personal information that they can sell on the black market. Identity theft is apparently a thriving business for cyber criminals. The transfer of patient information to another dental office should be afforded the same level of protection as the information stored in your office.

Ask a colleague if they use the CDA eReferral Service and they will probably shake their head and reply “no one uses it.” Is it because they are resistant to change, or they can’t be bothered, or they think it will cost too much? Although it costs nothing to register other than a short amount of time, it could be very costly if the records containing a patient’s personal health information were to be inadvertently released. As the custodian of the patient’s record, you are ultimately responsible to keep it secure.

According to the Personal Health and Information Act (PHIA) in Nova Scotia, technical safeguards need to be in place to protect a patient’s Electronic Medical Record (EMR aka EHR-Electronic Health Record) or other electronic information systems that contain personal information whether it relates to its use, storage, transfer or destruction. In Chapter 11, Offences and Penalties, section 106, there is a list of “offences that a custodian or any other person may be charged with if the person (d) fails to protect personal health information in a secure manner as required by this Act”. The penalties for either an individual or a corporation can be severe. An individual found guilty may be fined up to \$10,000 or may face six months imprisonment or both. A corporation found guilty may be fined up to \$50,000 or may be imprisoned or both. So with both sides presented, it’s up to you to decide; is it worth the risk?

For more information on this member service or to sign up for “free”, please go to the eReferral Service website.

CDA eReferral Service, Secure Patient Case Collaboration www.ereferralservice.com

PHIA www.novascotia.ca/DHW/PHIA

- Those with the highest levels of oral health problems are also those with the greatest difficulty accessing oral health care.

Following the release of this report, local and national media outlets including The Globe and Mail, CTV, Global News and CBC also covered this story.

Messages

Perhaps one of the key takeaways from this report is the necessity to educate the public on how our fees are derived, to understand the costs of delivering oral health care.

Dentists run surgical centres and must therefore adhere to strict regulatory standards that ensure the highest level of patient safety and care. Dentists are responsible for all operating and capital costs of their practice which includes specialized equipment; infection control and safety protocols; radiography for diagnosis; professional licensed staff who require ongoing continuing education; external lab costs; treatment materials; rent; etc. All these costs are considered in determining fees, and vary by practice location, and from province to province.

The NSDA supports patient-centred dental care with treatment co-determined by the dentist and the patient. Determining treatment for the specific health needs of a patient is multifactorial – and not based solely on the metrics of clinical evidence. Personal oral hygiene habits and oral health goals along with treatment affordability are just some of the factors to be considered. While there are recommended treatment options for many oral health issues, ‘incentivising’ specific treatments to be used on all patients is contrary to patient-centred care.¹

What do we do about it?

This argument is not a new one – something you likely often hear every day in practice and an idea likely implanted in your head from your early days at dental school. Organized dentistry has historically attempted to shift the focus away from costs, and educate patients on the value of their services. But perhaps it’s time to approach this sensitive subject in a new way – and get “the public” thinking about “how much they value their oral health.”

The Oral Health Promotions Committee has been working with their national counterparts on a way to bridge this subject – and believe by getting people thinking about how much they spend on consumer goods or comparable professional services, dental costs are not in fact out of line.

Is this something you would feel comfortable displaying in your office? What about on a billboard or as an ad in your waiting room magazine? Voice your opinion and email us at nsda@eastlink.ca

Ten years is pretty good for a \$30,000 car; with the occasional check-up and oil change.

But it doesn't have near the mileage as that dental crown you had installed 20 years ago for \$900.

What value do you place on your oral health?

NSDA logo and other dental organization logos are visible at the bottom.

Having your dog's teeth cleaned can cost up to \$550. Let alone that \$1300 to remove his bladder stones.

Suddenly your family's dental costs don't seem like something to bark about.

What value do you place on your oral health?

NSDA logo and other dental organization logos are visible at the bottom.

The average Canadian family of 4 will contribute \$11,000 of taxes this year toward medical care.

Only 76% of them will even see a doctor. Dental too for service work.

What value do you place on your oral health?

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¹ Sample taken from key messages developed by the BCDA

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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



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CDSPI



Tim Bugden CFP, BA, B.Ed.
CDSPI Advisory Services Inc.

You're a 45 year-old dentist with a successful practice. One of your kids is at university and another one is set to start in a couple of years. You've been thinking of expanding your practice, but at the same time you're starting to think more seriously about retirement savings. You've always been relatively aggressive in your investments, but with some potential market volatility on the horizon, you're getting nervous. What to do?

If you care about your health—and who doesn't? — you will have regular check-ups with your doctor, and of course, you will let her know if you've noticed any changes. The same goes with your dentist... and even your car! If you care about your financial health—and again, who doesn't?—it's important to have regular reviews of your investment portfolio.

Why? Because things change. The principal purpose of reviews is to continually rebalance your portfolio, as necessary, to keep pace with any changes that may be occurring in your life, such as the birth of a child, the purchase of a practice, a divorce, or any other event that could impact your short or long term financial needs.

Similarly, the economy is in constant flux, as are world events, the rate of inflation and a number of other factors that can impact markets and throw your portfolio out of balance. Cycles in market conditions can cause you to become overweighted or underweighted in a particular investment category so you need to rebalance to get back on track with your intended objectives.

Most dentists believe that this is best handled by an expert. According to a recent survey*, over 75% of dentists are getting professional advice for their investment strategies, ranging from developing an initial financial plan, to ongoing reviews and rebalancing when necessary. If you're working with a financial planner, you can determine together an appropriate schedule of reviews depending on your availability—quarterly if possible, but if your time doesn't permit that, it should be done at least yearly.

Tailored to You

If you're at a point where you're regularly reviewing and rebalancing your portfolio, it's very likely that your advisor already knows a good deal about you. In fact, it's a critical part of the job. This includes knowing about your family and their needs, both current and upcoming (for example, the number and ages of your kids and how much will be required for their education). Your advisor should also have a good handle on your interests or hobbies outside of dentistry. (An expensive hobby like sailing, for instance, will require investments that provide both current income and growth over time.) And naturally, no matter how old you are, it's never too early to be thinking about saving for your retirement.

So a good advisor doesn't just digest your risk profile and required rate of return, then generate a cookie cutter asset allocation model. He recognizes that each client is unique, with complex life circumstances, needs and expectations.

Based on Knowledge

The second part of the advisory equation is market expertise. Although it's never a good idea to try to time the market, an experienced advisor will look at a myriad of factors, such as interest rates and a host of additional market drivers, to understand the current landscape and formulate an opinion that helps drive asset allocation decisions.

Using this knowledge, in conjunction with understanding your personal needs, your advisor can rebalance your portfolio drawing on a range of funds with varying investment objectives, management styles and risk profiles. These can range from low risk money market, mortgage, or bond funds, for example, to medium risk diversified equity funds, to higher risk aggressive equity funds. Other decisions include choosing from Canadian, US or global funds, so the options are extensive.

With regard to tax matters, financial planners should be familiar with the tax implications of the investments they recommend. (This is particularly relevant with CDSPI advisors who work exclusively with dentists and know how professional corporations integrate with personal planning.) That being said, you should always consult with your accountant for expert advice. A good option is for you to confer with your advisor and accountant at the same time to help determine the best possible plan for your circumstances.

One of the most important parts of an advisor's job is to manage expectations. Investing is a marathon, not a sprint, so it's important not to get too high when the market is bullish, or panic and make unwise decisions when the bears come rummaging around. A financial planner can work with you to define a long term, expert-driven strategy, and then stay the course with well-considered, risk-adjusted reallocations as necessary. It's all about maintaining balance.

As a Certified Financial Planner from CDSPI, I can offer a combination of expertise and personal knowledge of clients' needs, with an exclusive focus on dental professionals. If you feel it is a good time to develop a financial plan, or revisit one that is already in place, please contact me in Halifax at 1-877-293-9455, ext. 6871, or send an email tbugden@cdspiadvice.com

"An expert is someone who knows some of the worst mistakes that can be made in his subject, and how to avoid them"
- Werner K. Heisenberg

* CDSPI survey, "Dentists' Approach to Wealth Management" (2013), conducted by MarketSense.

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.

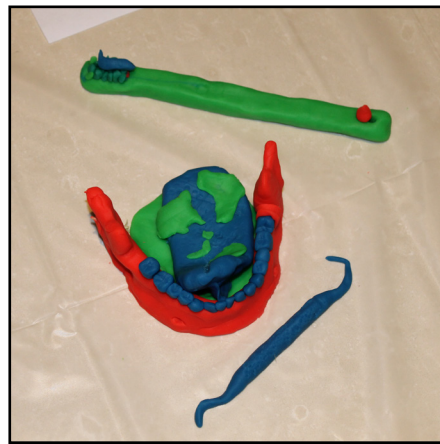
You are not alone; support is just one call away. (902) 468-8215. All calls are confidential and will be returned within 24 hours.

Welcome To The Profession

Event Recap | Hosted By The NSDA

September saw the NSDA host their annual “Welcome to the profession” night, at the Halifax Marriott Harbourfront. Building off the success from previous years, the event was attended with over 120 students from all 4 years at Dalhousie Faculty of Dentistry, and an additional 25 practicing dentists from around the Province in attendance.

Students were asked to get creative, building “oral health care” related sculptures out of Play-Doh as a final fun-filled competition. Prizes were awarded to the best entries, judged by a panel of Atlantic Canadian Dental Association Presidents (all four provinces represented).



Classifieds

Space Available

Space available in newly built office in West End Halifax. Great location and lots of parking available. If interested, please contact nsda@eastlink.ca with “Box A” included in the subject line.

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

Can You Handle the Truth?

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

The truth is, without adequate insurance, you could end up paying many thousands of dollars out of your own pocket if disaster strikes at your dental office.

If you've recently added or upgraded equipment or furnishings in your practice — or renovated your office — there's a good chance you're taking that risk.

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