

Nova Scotia Dentist

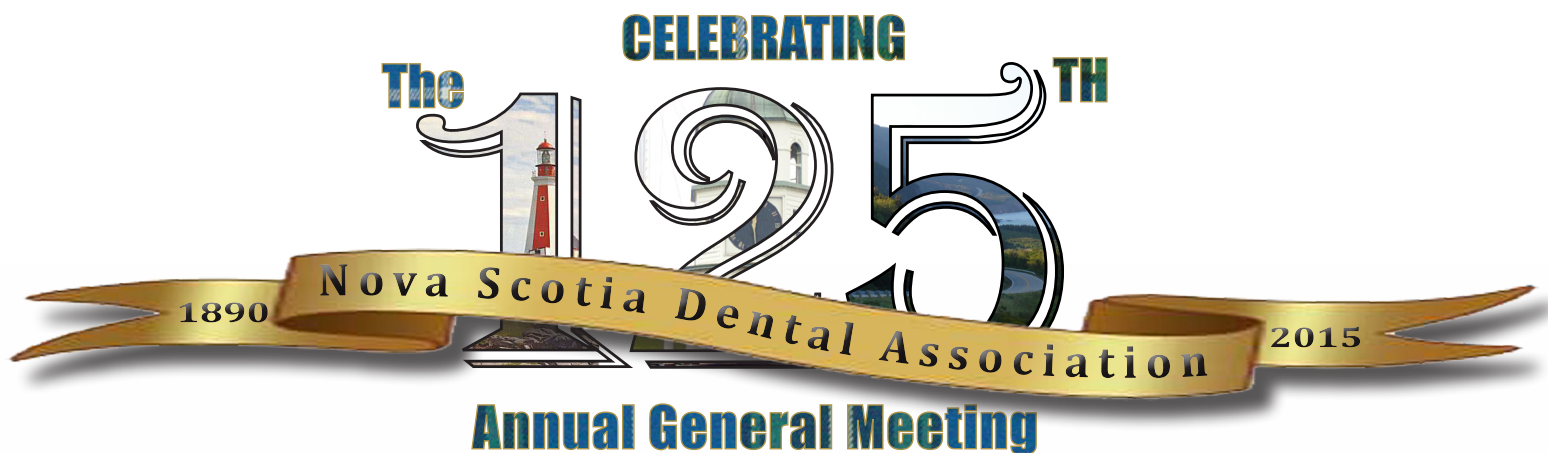


Nova Scotia
Dental
Association

Nova Scotia Dental Association Member Magazine, February|March 2015

Volume 31 No. 5

**Announcing The 125th Anniversary
NSDA AGM Weekend - Halifax June 11-13th, 2015**



**WHMIS 2015
Practice Economics**

**Plus
Advice From the APILC on
Avoiding Audits**



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Start Of A New Year



This is the first issue of NS Dentist for 2015 and much has happened since the last publication in December.

Dalhousie Update

The most encompassing issue in dentistry in Nova Scotia over the past six weeks has been the situation at Dalhousie's Faculty of Dentistry with the male students' Facebook group. This unforeseen development has kept all DAL alumni glued to the news as the story unfolds. The reaction of the dental community was one of shock, while the public reaction was one of outrage. The media certainly fanned the fires of discontent. Dalhousie University President Richard Florizone attempted to take careful measures in dealing with the situation, but was cast in a light of playing catch-up as events spun out of control.

The day after this story hit the news, I was asked to comment on CBC's Maritime Noon call-in show, as to the appropriate punishment for the students involved. Since this was a student issue outside the authority of the NSDA (and the Provincial Dental Board) this was a University decision and even the Faculty of Dentistry wasn't to comment. The interview wasn't interested in the fact that the NSDA offers counselling and support services for the students, or to the fact that dentists hold themselves to high ethical standards. The interview ended quickly and didn't receive air time.

It was felt that a public announcement by the NSDA at that time was inappropriate as we had insufficient information to be able to provide any informed commentary. As well, both the media and public were confused as to the role of the Association and that of the Board. We did not want to add further noise. Instead, we chose to provide a foundational statement on our website.

Although the situation is not making as much front-page news in the last few weeks, there are still plenty of opinion pieces buried deeper in the stack. On January 24th the Toronto Star published that Dalhousie's "cultural code" is another reason to be wary of the dentist. This article was inaccurate and expressed childhood phobias. On January 27th the Chronicle Herald issued a piece calling for the expulsion for this year at least of the "dirty dozen." Those are just two examples of countless others. Even some of our members initially called for the expulsion of the students involved. They were horrified that someone had tarnished our dental school, university and profession. Now that the dust has settled, most realize they may have been quick to judge based upon a societal problem.

Dean Tom Boran spoke at our last Governing Council meeting about the processes in place to deal carefully with the situation. First, the restorative justice processes currently ongoing, which involves affected parties to help repair harms and determine consequences. Not all students are participating in this process.

Secondly, the Academic Standings Class Committee, consisting of fourth-year dentistry course directors, interviewing each of the male students involved. The ASCC had broad authority over academic performance, including professionalism. This committee recommends which students should graduate.

Thirdly, there is a task force chaired by Constance Barkhouse of Ottawa, who is recognized for her work on sex discrimination and the legal history of gender and race in Canada. This Task Force on Misogyny, Sexism and Homophobia in the Faculty of Dentistry will investigate the culture, practices and policies in place. During its investigation, the Task Force will review any submissions from present and former Faculty of Dentistry students and faculty.*

Lastly, Dalhousie's strategic initiative on diversity and inclusiveness will reach out to members of the DAL community. The initiatives' work focuses on the DAL community as a whole, considering ways the University can better support a diverse and inclusive community.

For all the public criticism, it seems the University and dental faculty have all the pieces in place for a healing process. The best result of this unfortunate situation is that the whole community is having a conversation on the topic. Due to the circumstances at DAL, many other universities are doing some soul searching. UNB is implementing a sexual assault policy, attempting to change a culture that all too often tolerates sexual assault and harassment. Hopefully, the result of this issue will be a better faculty, university and community.

Other Business

This is the time of year that our Executive Director Steve and I take the "Presidential Roadshow" to each of the regional societies. It's a great way to meet members of our profession and update them on this year's activities. A few of these activities are highlighted below.

- The Oral Health Advisory Group established by the government and co-chaired by the NSDA has sent its 11 recommendations to the Minister of Health and Wellness in January. These recommendations all focus on much-needed changes to the Children's Oral Health Program (COHP).
- A dental tariff will soon be ratified to reimburse providers for the past two years. This tariff expires this March 31, at which time new negotiations need to be initiated.
- Our 8 critical fixes of the COHP and current tariff for the most part have been addressed by either the new tariff or are contained in the OHAG recommendations.
- Recent draft legislation changes regarding the scope of practice for and brought forward by denturists and dental technicians have been stalled due to the efforts of our volunteer working groups.
- The Self-Determination Working Group will assist dentists with business model choices with a new resource package coming later this year.
- The Principles of Ethical Best Practices Working Group will help members in proper decision making in the practice of dentistry.

In closing, it's been a busy, yet enjoyable winter so far. At the time of writing we actually have some snow accumulating – so perhaps it's time to find my skis.

More details relating to the above will be discussed at the regional meetings. Hope to see you there.

*email your Faculty of Dentistry testimonials to nsda@eastlink.ca with "DAL" in the subject header.

Dr. Graham Conrad
NSDA President
drgc@eastlink.ca



Steve Jennex, Executive Director

Executive Director's Message

Elsewhere in this magazine, you will read the president's column and his summary of the events involving Dalhousie's 4th year class. By the time you read this, we will have provided an open letter to the public in the Chronicle Herald newspaper advocating a fair and just process to determine culpability, due process before anyone passes judgement, and reinforcing the fact that practicing dentists hold themselves to high ethical standards. We will participate in the restorative justice process, and we will provide ethical guidance for the profession in the form of our current Code of Ethics and the guidebook to using the code – a "principles of best practice" resource that is currently at the committee development stage.

We need to hear from you if the Dalhousie events impacted your practice or you feel they have been detrimental to the reputation of the dental profession in Nova Scotia. It is our intention to relay the

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information you send us via the restorative justice process. As Graham has mentioned in his column, please send us your thoughts at: nsda@eastlink.ca with DAL as the subject line.

Elections

By now you should have received by Canada Post a nomination form and notice of the upcoming elections for Governing Council. I urge you to exercise your democratic rights and either nominate someone for council or run for a seat yourself. The NSDA's Governing Council and the Annual Business Meeting are your voice in the direction of the profession here in Nova Scotia. At the time of writing we have just one nomination for one of the districts. Following the elections for electoral district seats, the election for "At large" seats will be conducted so we have a full slate to bring to the AGM in June. Help drive the direction dentistry is taking. If you've misplaced your nominations form, contact Donalee at the NSDA.

Strategic Plan Re-fresh

Just prior to the holiday season, a "think tank" of NSDA representatives met for a full day to re-fresh the Association's goals and objectives as set in 2011. The new map forward will cause the NSDA to become more focused on its members and delivering member services. In January, your Governing Council reviewed the new goals and outcomes and agreed to have them presented at the AGM in June for discussion and ratification. I hope you will be at the meeting to take part and see where your Association wishes to go.

Reporting to the Public on Oral Health

In March, the NSDA aims to release to the public its first ever report on an aspect of oral health here in Nova Scotia. This new endeavour, a project of our governmental relations initiatives, is planned as an annual activity. Watch for a copy of the report sent to you FYI. There will be planned media relations surrounding the report and governmental affairs activity.

AGM Dates

This June will mark the 125th annual meeting of the Nova Scotia Dental Association – something worth celebrating in style. To mark the occasion, the NSDA's planning committee of volunteers is setting a schedule with extra continuing education opportunities and a social event that is not to be missed. Mark your calendars for June 11 – 13 and watch for your AGM information mail-out this spring.

Steve Jennex, CAE
Executive Director

Nova Scotia Dentist

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Giving Back Over

Dr Sean Emami, Cheryl RDA and Renee RDA

Jaymee RDA, Debbie Front Desk, Dr. Atima Karma and Kayla RDH



What started as an opportunity to give back to a few patients in need over the holidays has become an annual tradition for Dr. Atima Kamra, who moved to Halifax only a few years ago. And in addition to relocating to the place she now calls home, she brought with her the “Santa Dentist” campaign.

“It’s a chance for me and my team to support those who have supported us throughout the year” says Dr. Kamra, who every year for as long as she can remember has opened her practice to select patients for some free dental care on December 24th. “Everyone knows December is a busy month, and perhaps even busier for dental offices, so that’s why I choose December 24th – it’s a day where the clinic wouldn’t normally be open.” So throughout the year Dr. Kamra and her team make a list (and check it twice) of patients and their families as they come through the clinic who might benefit from some additional dental work, and are then entered into a “lottery” as December approaches.

“We see many patients or families that do their best to visit the dentist regularly, but for any number of reasons come up short when it comes to their oral health needs by December” says Dr. Kamra. Often, the patients on this day have maxed out any insurance coverage they may have, or do not have any insurance to begin with, so a little extra help around the holidays makes a big difference in these patients’ lives.

Over The Holidays



Dr. Kamra was not alone volunteering her services this past Christmas Eve, as others joined in on the festivities around the province. Drs. Travis Ryan, ChynnaRae MacLean, Chris Uhlman, Ali Rabahi, Janique Jones, Sean Emami, Dennis Stosky all also opened their doors on the 24th for Santa Dentist, and likely many others throughout the province.

It's an optional day for staff members at each of the clinics involved, but ensuring the proper people are in place the morning of the big day is never an issue, as hygienists, assistants and administration staff at these locations are all quick to volunteer their services. Moving forward, the NSDA hopes to build on "Santa Dentist's" success, and encourage others to share their volunteering and donation of dental services stories with the Association for our own feel good campaigns – such as our 24 Days of Dentistry. We heard from a number of members doing good things throughout the province this past December, and applaud their dedication to community service. Next year we hope to have even more members involved, whether it's through the Santa Dentist Project, The 24 Days of Dentistry, or an annual tradition of your own.

To All at The Gladstone Dental Centre:

My sincere thanks for the delightful surprise of winning the Secret Christmas Gift! What a lovely idea!

What a pleasure it is now to attend the GDC with its pleasant atmosphere, smiling faces, and the best of expert care. This brings wishes for a healthy, happy New Year to you all.

Sincerely, *Marilyn Cranley* Jan. 2015

Remembering Dr. Precious



It is with great sadness that the Nova Scotia Dental Association announces the passing of Dr. David S. Precious, CM, Dean Emeritus and Professor of Oral and Maxillofacial Surgery, who passed away on February 3 in Halifax, Nova Scotia.

Dr. Precious arrived at Dalhousie in 1961 from Ottawa, Ontario, enrolling in undergraduate science courses and playing on the varsity football team. He was accepted into the Doctor of Dental Surgery program in 1965, graduated in 1969 and was immediately accepted as the first resident of the University's Master of Science in Oral and Maxillofacial Surgery program, which he completed in 1972.

Shortly thereafter, he returned to Dalhousie to begin his career as an educator, and also had the opportunity to train with his cleft surgery mentor Prof. Jean Delaire in Nantes, France in the early 1980s. He served as Dalhousie's Chair of the Department of Oral and Maxillofacial Sciences from 1985-2004 and was promoted to the rank of Professor in 1987. In 2003, he was appointed Dean of the Faculty of Dentistry, serving a five-year term before being named Dean Emeritus in 2008.

An internationally-recognized leader in the field of oral and maxillofacial surgery, Dr. Precious was widely renowned for his humanitarian outreach missions to countries such as Vietnam, Tunisia, Brazil and India. There, he and his team performed free corrective surgery on children with congenital cleft lip and palate – and trained local practitioners to be able to provide treatment themselves.

Over the course of his career, Dr. Precious contributed to hundreds of scholarly journals and publications, and delivered lectures across the globe. In recognition of his achievements, he was honoured as a Fellow of the Royal College of Dentists of Canada, the Academy of Dentistry International, the International College of Dentists, the American College of Dentists, and the Royal College of Surgeons of England.

Dr. Precious received dozens of significant accolades, including the American College of Oral and Maxillofacial Surgeons' Henry Archer Award (2005), the Order of Canada (2007), Dalhousie's A. Gordon Archibald Award (2009), the Canadian Dental Association's Medal of Honour (2011), the Queen Elizabeth II Diamond Jubilee Medal (2012) and honorary degrees from Universite Laval (2011) and Dalhousie University (2013). In recognition of his outstanding service to the profession of dentistry, Dalhousie's University Medal in Dentistry – an honour he received himself in 1969 – was renamed the Dr. D.S. Precious University Medal in Dentistry in 2012.

Dr. Precious served as NSDA President from 1980-81, and later won the NSDA's P.S. Christie Award for Distinguished Service in 2009 – the NSDA's highest honour.

Dr. Precious will be greatly missed and is survived by his wife Elizabeth and children Susan and Bruce.



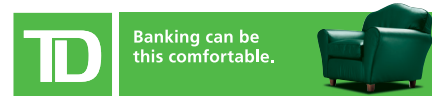
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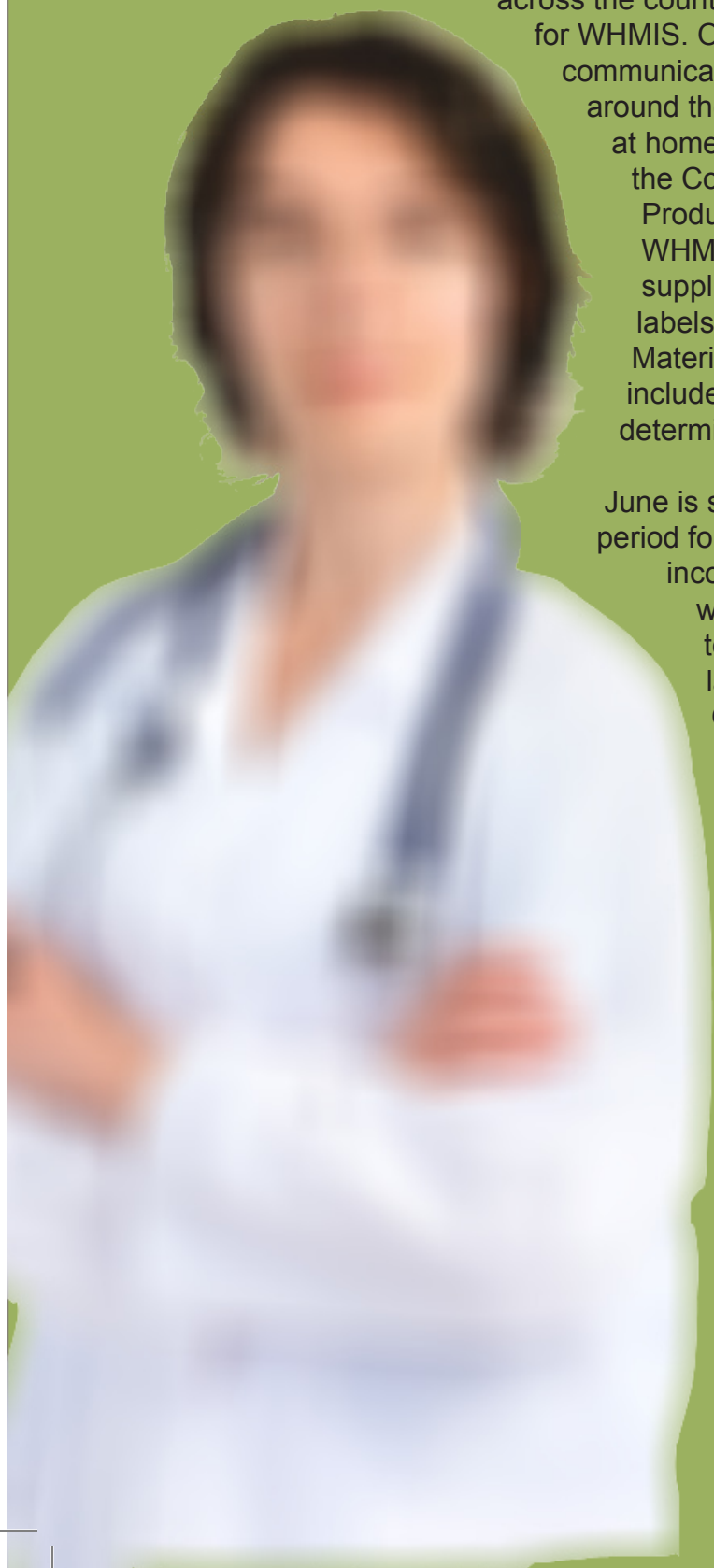
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WHMIS After GHS – What will it mean for your Dental Practice?

If all goes as planned for Health Canada, the Globally Harmonized System for Classification and Labelling of Chemicals (GHS) will be implemented and aligned with the current Workplace Hazardous Materials Information System (WHMIS) in June 2015 across the country. The GHS is not a regulation nor is it a replacement for WHMIS. On the contrary, it is an initiative utilizing a “hazard communication standard” already accepted by several countries around the world including the United States. Moving forward here at home, Health Canada has to make changes, such as replacing the Controlled Products Regulations with new Hazardous Products Regulations, which will necessitate changes to WHMIS. If you purchase any dental products from American suppliers, you may have noticed a new look to the product labels and Safety Data Sheets (SDS, formerly known as Material Safety Data Sheets-MSDS). Some of these changes include new pictograms or symbols and the use of key words to determine the hazard level of the product.

June is still a few months away plus there will likely be a transition period for suppliers, employers and workers to understand and incorporate the anticipated changes to WHMIS. However, with an abundance of information available, it might be wise to begin your update to incorporate the GHS sooner versus later. Health Canada (HC) and the Canadian Centre for Occupational Health and Safety (CCOHS) have made available a number of articles, webinars, e-Courses and information sheets mostly free of charge to assist you in this process. For more detailed information on WHMIS and the GHS, follow the links provided at the end of this article to Health Canada’s website or to the United Nations’ website. An on-demand webinar and a transcript of the webinar titled “Canada’s Implementation of the GHS for Workplace Chemicals” are free of charge on the CCOHS website and provide some background on why Canada is adopting the GHS and how it will affect WHMIS requirements. They have also created seven (7) information sheets covering topics such as “WHMIS after GHS-An Overview”, “Information for Employers”, “Symbols/Pictograms and Their Hazards” and “Hazard Classes” which are free to download if you provide your email address. This registration is necessary as the information sheets are currently in a draft version and the CCOHS wants to be



able to provide updates to the sheets if necessary as legislation changes. The CCOHS website also has free e-courses on “WHMIS (after GHS)-an overview” and “WHMIS (after GHS) for Suppliers” both of which are informational but are not considered acceptable training for the new WHMIS. However, there is an e-course “WHMIS (after GHS) for Workers” that does meet the requirements for the new WHMIS training and will provide a certificate stating this following successful completion of the course. The e-course allows single-seat or multiple-seat participation, takes about an hour to go complete and finishes with a 15 question test that requires a score of 80% to produce a certificate from the CCOHS. Presently the CCOHS offers the single-seat option FREE to the first 100,000 participants who sign up while the multi-seat option is a minimal cost of \$10 per participant. Having completed the course, I am comfortable saying it is a good refresher for those already WHMIS certified and it is a well-organized, easy to follow course for those new employees who have not yet been exposed to WHMIS. It is important to remember that WHMIS (after GHS) training is not sufficient to meet our provincial OH&S and WHMIS regulations as every workplace has to customize WHMIS to their own environment. It is the **employer’s responsibility** to ensure every staff member working with or exposed to a hazardous material knows how to recognize symbols, read labels, know the hazards of exposure, the precautions to take when using the product and the emergency measures to follow when necessary. The information not provided on the product label will be listed on the SDS and it is also the **employer’s responsibility** to provide access to these SDSs either in a manual or in electronic form in the workplace.

A number of references and resources are attached below and will be posted to the NSDA website www.nsdental.org. As with all changes to government regulations that will affect your practice, the NSDA will continue to provide timely updates through Dispatch notices with pertinent information including implementation dates.

Since the time of writing, Government Canada has released a statement indicating the new WHMIS will be called “WHMIS 2015”, and is based on the new requirements contained the HPR and HPA, as amended in 2014.

The new Hazardous Products Regulations announcement is available at <http://www.gazette.gc.ca/rp-pr/p2/2015/2015-02-11/pdf/g2-14903.pdf>.

Information may also be found on Health Canada’s website at WHMIS.gc.ca or at a new, nationally coordinated information portal WHMIS.org.

References/Resources:

OHS newsletter May 2014, p. 3 novascotia.ca/lae/healthandsafety/documents/01-05-2014OHSNews.pdf

Canadian Centre for Occupational Health and Safety: www.ccohs.ca

CCOHS, webinar: www.ccohs.ca/products/webinars/ghs_canada/

CCOHS, GHS: www.ccohs.ca/oshanswers/chemicals/ghs.html

CCOHS, WHMIS after GHS for Workers, e-Course: www.ccohs.ca/products/courses/whmis_workers/

CCOHS, WHMIS after GHS, Information Sheets: www.ccohs.ca/products/publications/whmis_ghs/

Health Canada, WHMIS-Official National Site: www.hc-sc.gc.ca/ewh-semt/occup-travail/whmis-simdut/index-eng.php

Health Canada, GHS for Workplace Chemicals: www.hc-sc.gc.ca/ewh-semt/occup-travail/whmis-simdut/ghs-sgh/index-eng.php

United Nations, GHS, 2013: www.unece.org/trans/danger/publi/ghs/ghs_rev05/05files_e.html

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Nova Scotia Dental Association

2015

Annual General Meeting

The Nova Scotia Dental Association is pleased to announce the 2015 AGM will be hosted by the Halifax County Dental Society at the recently renovated Halifax Marriott Waterfront Hotel.

*Halifax, **June 11-13**, 2015*

*This year will be special, as we will be celebrating the **125th anniversary** of the NSDA's AGM.*

This year will feature some new events as well as some old classics with an updated twist.

Registration information is not yet available. But watch your mailboxes!



Participate With Us

New Events For 2015

• Thursday Night •

Dinner & CE hosted at Café Chianti.

*Seating will be limited on first come basis.



• Friday •

~Morning CE sessions with keynote Lisa Philps.

~Afternoon excursions for members and their staff and families to surrounding shopping locations.

~A taste of Nova Scotia – dinner fundraiser in support of The Sparkle Fund.

*Featuring guest artist & performer Holly Carr.



More information at hollycarr.com

• Saturday •

~Members interactive session led by Lisa Philps.

~Awards ceremony, with a special presentation recognizing the 125th anniversary of the NSDA AGM.

~ President's Gala "trip around the world" Dinner.

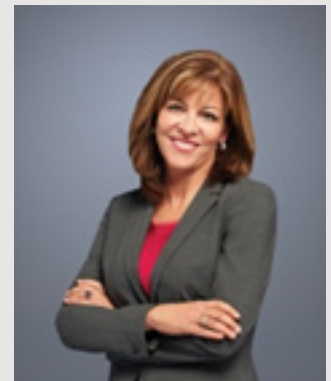
* Featuring the "Dave and Confused" band with our own Dr. Dean Miller.

About Lisa Philps

NSDA 2015 AGM Keynote Speaker

Lisa lives her life full of passion for people, dentistry, and measurable growth and results as an entrepreneur, leader, coach, author, and speaker of Transitions Group North America, the continent's leading dental practice coaching company.

Lisa is regarded as a likable, credible, and well respected member of North American dentistry. She leads a team of 25 members, has coached thousands of dental professionals, provides leadership workshops for dental practice owners, and is the author of Tuesday with Transitions as well as numerous other publications. She has become one of dentistry's most sought after dental speakers, with over 500 presentations in the past 5 years.





Healthyteeth Plus+

The NSDA's new seniors' oral health website



The NSDA is pleased to announce the expansion of our hit website Healthyteeth.org to include a new dedicated seniors' oral health care section: Healthyteeth Plus+.

Since renovating Healthyteeth last spring, the NSDA has received countless emails thanking the NSDA for the great work we are doing in creating awareness and providing a trusted online educational resource for students. We've heard this through one of the new site features allowing for quick access to dental health professionals to answer their questions, and enabling feedback for what they would like more information about on our site. Ask and you shall receive— as a majority of respondents asked for more information specific to older demographics.

Since the original site has a very youthful feel, and is linked to by classrooms all over the world, we thought adding a second site, sharing the same popular domain address would be a better way to go. Thus, Healthyteeth Plus+ was born – still accessible through the healthyteeth.org URL. The new site includes information on common oral conditions and problem signs, assisted living and tips to make care for loved ones a little bit easier. A special thanks goes out to the Brushing Up on Mouth Care Program for providing content.

Take a look for yourself – and let us know if there is a topic you'd like to see online!

The Insurance Audit—Can You Avoid It?

Although only a small group of dentists are audited each year, the process can cause considerable stress for the dentist and a huge disruption to the day-to-day operation of a dental practice. We may feel that these audits are nothing but a nuisance but the insurance companies have the right to conduct audits and recover overpayments resulting from inappropriate billing. They are accountable to the plan purchasers and plan members and therefore have a responsibility to ensure that plan funds are appropriately spent.

What are some ways a dentist is identified for an audit?

1. Staff, patients and other dentists:

Alert insurance companies of questionable [or unethical] billing practices via letters, emails or calls to the 'hotline'.

2. Dental consultants:

Identify unusual billing practices during the process of reviewing treatment preauthorization.

3. Data analysis software:

Profiles common procedure codes to identify a dentist who is billing these codes much more frequently than a "similar" dentist. The practitioner must be a significant outlier to be flagged for audit.

4. Claims examiners:

Detect suspicious billing behaviour during routine review of dental claims.

Is there anything the dentist can do to prevent an insurance audit?

1. Bill using the unique identification number (UIN) of the dentist who performed the treatment (required by CDAnet): Billing associate fees under the UIN of the principal dentist will artificially inflate the billing frequencies of the principal dentist.

2. Be certain that the codes billed properly reflect the treatment performed: Follow the guidance in the preambles and descriptors of your province's Suggested Fee Guide. Contact your provincial dental association for clarity if you are not sure.

3. Be cautious of billing advice provided by sales reps, continuing education courses and practice management consultants: In some instances, this advice may help to increase practice revenues but in a way that does not align with the descriptors and preambles in the Suggested Fee Guide.

4. Ensure that the patient records and appointment schedule clearly reflect the treatment that was provided and the period of time the patient was receiving care.

5. Don't make light of inquiries from insurance companies questioning billing patterns: Take the time to respond appropriately and in a timely fashion, while understanding your responsibilities under your provincial Privacy Legislation. Consider contacting your provincial representative on the APILC early in the game for guidance and support.

What can a dentist expect in the initial stages of an audit?

Continued on next page

• **Questionable codes may be 'blocked':** Corresponding treatment will not be covered without submission of additional information (e.g. X-rays, clinical description, before and after photographs). These codes will remain blocked throughout the audit process and in some instances for months afterwards.

• **Letters sent to patients requesting consent for records release:** The insurance company may notify the dentist telling them that their patients will receive a letter requesting consent to release their records. The consent should actually be so the dentist is allowed to release the documents of the specific patient to their carrier and state what those records are.

• **Dentist asked to submit copies of patient records:** The insurance company will notify the dentist of patients who provide consent, and in turn ask the dentist to submit a copy of the records for all corresponding patients. The request for records may include, the chart (full or in part), radiographs, photographs, and appointment book.

Should a dentist release patient records to an insurance company?

If a patient has authorized the dentist to release of their records, it is their duty to do so in accordance with the consent form. Be aware that a signed standard dental claim form is not adequate consent for general release of records. If a patient calls the dental office unsure about whether or not they want to provide consent, the dentist can offer two options:

1. Provide a copy of the records to the patient for consideration in their decision.
2. Allow the patient to review the records in the office and decide which portions they are comfortable releasing to the insurance company.

However, the dentist and staff should not use this as an opportunity to dissuade the patient from providing consent. Encouraging patients to deny or withdraw consent can lengthen the audit process. Furthermore, insurance companies may be motivated to issue additional batches of patient letters to ensure an adequate sample of charts for audit. You, the dentist, however are responsible for the privacy of the documents and if asked should be able to tell the patient that some of the information, specifically that which is health or financial information not related to the claims in question probably should not be released.

How does an audit get resolved?

Upon review of the records, the insurance company may come to one or more of the following decisions:

1. **No evidence of inappropriate billing:** Billing behavior may be monitored for a period of months.
2. **Additional information is required:** Further consideration is necessary.
3. **Evidence of over-billing:** Recovery of overpayments is sought.
4. **Evidence of professional misconduct:** Formal letter of complaint sent to CDSBC.

In conclusion, an insurance audit can be a very trying experience for both the dentist and their team. The APILC continues to advocate on behalf of dentists to the insurance industry for a fair, transparent audit process. For more information, or clarity in the case of an audit, please contact your local representative of the APILC.

Dr. Michelle Zwicker (Chair) – Newfoundland and Labrador
Dr. Brian Barrett – Prince Edward Island
Dr. Thomas Priemer – New Brunswick
Dr. Russell MacSween – Nova Scotia

Let me start with this simple fact: We consistently find that dentists who are well off when they retire — and continue to live well in retirement—are those who are not taking undue risk. This begs the question, What is undue risk? The answer is straightforward: it's taking on more risk than you require to meet a desired objective.

One of the questions we most often hear from dentists is “Do I have enough?” by which they mean do they have enough to retire comfortably for the rest of their lives? It's not too difficult to determine this. We start with your current *knowns*—we know what your assets are, and your liabilities, and we have a pretty good idea what your practice is worth. We overlay that with your projected cash flow. This includes your income until you retire (less your expenses), additional revenue from things like a rental property or other investments, and the projected value of your practice when you sell it.

Then we start modelling to make the following determination: *To achieve X level of income in retirement, for Y number of years, you need a **required rate of return** of Z on your investments.* There are several variables to consider, including your estimated date of retirement, your desired retirement income, inflation, and the number of years your money has to last. Other variables may include your spouse's income and investments, and your estate plan.

We use all of this information to create a financial plan with an evaluation of how much risk you may need to take on (through asset allocation) to achieve your required rate of return. We can tweak all of these variables to see how they impact the plan, and we also stress test it. What happens if you don't sell your practice for as much as expected, for example? Or if the market doesn't perform as expected?

What we often find with dentists who don't follow this path is that they may have much more invested in equities than they need to achieve their required rate of return. They simply take on more risk than is needed to retire comfortably. (Conversely, some dentists are too conservative and run the risk of falling short of their required rate of return as a result.) It's all about having a target in mind, based on a well-defined financial plan, and investing accordingly.

You take enough risk when you establish or buy a practice. That's your wealth creation venture. If you start practising at 25 and retire at 60, for example, that's 35 years to build your net worth. If you live another 30 years that money has to last, so there is no need to take on unnecessary risk that may endanger your plan. You've worked hard to enjoy the retirement you deserve; this is the time to be smart with your life savings.

“Risk comes from not knowing what you're doing.”
- Warren Buffet



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

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

As a Certified Financial Planner from CDSPI Advisory Services Inc., 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 1-888-220-1441, or send an email to tbugden@cdspi.com

The Canadian Dentists' Investment Program is a member benefit of the CDA and participating provincial and territorial dental associations. (Restrictions may apply to advisory services in certain jurisdictions.)

facebook®



How Social Media Can Help Small Businesses

Eliot Coles | Communications Manager

Social media can often get a bad rap. And more often than not, it's assumed to be strictly for the personal lives of the young. Many organizations, and perhaps dental practices too, "do" social media because they think they're supposed to, but really don't understand why.¹ So as the NSDA transitions into providing more membership and practice management benefits, we thought it would be a good exercise to dedicate a column each edition to focusing on how an aspect of "New Media" can help small businesses. For those who read "New Media" and question what exactly I mean, it does refer to Facebook and Twitter, but also encompasses many other means of communication; some of which you may not be as familiar with. New media is often connected with the internet, but in a broader sense, it simply implies on-demand access to information while fostering feedback, and viewer or user participation.

As a member of Generation Y cohort, I am often expected to be fluent in social media, and am often looked to for guidance on how to navigate the online world. Although I do not think of myself as an expert, or compared to many even "experienced," I'll do my best to provide some tips or answer some questions about the great unknown, or at the very least, dispel the notion that all things (in this case Facebook) are problematic.

Facebook

Like with all social media, Facebook doesn't produce overnight ROI – so make sure you have tempered expectations. Converting "likes or followers" into chair occupying patients may be the end objective – but there are other key benchmarks along the way that lead to your desired outcome.

You'll need a dedicated person to manage your social media – but otherwise, time is pretty much the only investment coming out of the gate. But in return for your investment and audience-focused social media communications, practices can expect increased brand recognition, credibility, audience loyalty and often word-of-mouth advertising leading to online recommendations and referrals.¹ One statistic I've read indicates 72% of people refer to and trust online reviews as a form of personal recommendation.

First, a few quick facts about Facebook users^{2,3,4}:

- 890 million daily active users worldwide
- The average Facebook user spends 55 minutes a day on the site
- Smartphone users check Facebook 14 times per day
- There are on average, 3.74 degrees of separation between any one Facebook user and another
- 30% of users are 25-34

Some Positive Outcomes From An Office Facebook Account⁵:

- Search Engine Optimization. Get your name on the list of "dentists" when someone searches on web-based search engines like google. SEO works in part by how often

your practice's name or website is used to linked to by other sites – so use Facebook to promote your office's own website. Google also likes Google+ and Youtube accounts (both owned by Google) so set up accounts if you haven't already. You'll quickly notice cross promotion and increased traffic.

- Protect your brand and professional reputation. The online conversation is going to

happen if you're on social media or not, so you might as well be privy to it. Facebook is an excellent forum for patients (new or old) to provide feedback, and sometimes provide that necessary buffer for constructive criticism. Allowing them to vent to you via Facebook is likely a better alternative than just venting on Facebook.

- Easy share access for promotions and announcements, or for positive PR stories coming out of the practice Share awards, staff recognition or even just satisfied patient success stories to help retain or attract new patients.

For those more tech-savvy, check out programs like Google Alerts and Hootsuite to help monitor your online presence. These programs alert you each time your practice's name is mentioned in an online article or social media post.

If you have questions surrounding any form of new media, or would like a specific site or program discussed – send your comments to ecolesnsda@eastlink.ca

Tune in next edition as we look at Twitter and how you too can get tweeting!

**The NSDA recommends any practice considering starting a social media page to first create a simple 1-page document specifically highlighting the do's and don'ts of sharing information as a staff member of the practice in a social media and mobile technology office policy.⁵*

*** Please keep in mind the importance of adhering to the Advertising Standards Regulations and all they encompass.*

1 Frances Leary, Progressmedia.ca

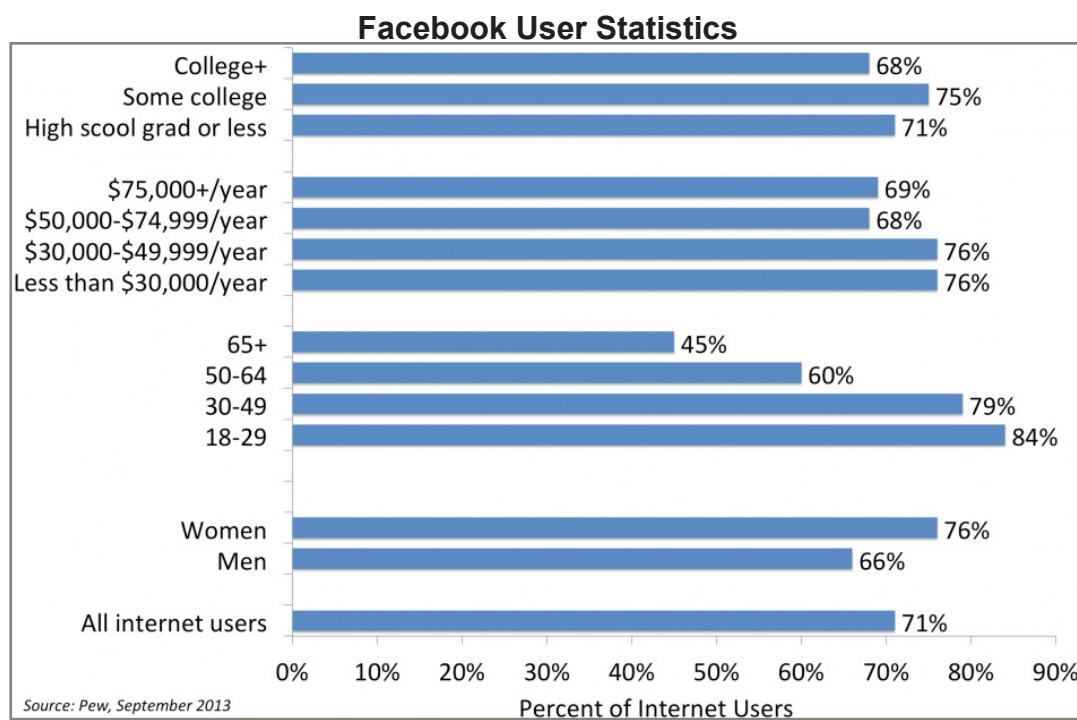
2 <http://www.factslices.com/s-Facebook>

3 <https://zephoria.com/social-media/top-15-valuable-facebook-statistics/>

4 Business Voice Magazine, November 2014

5 BCDA's *The Bridge*, Sept/Oct 2014

6 Pew Research, pewresearch.org



FRIENDS WITH BENEFITS

Dr. Carolyn Thomson | Professional Support Program | Coordinator

Those of you with pets are no doubt aware of the joys of companionship, entertainment and unconditional love. Pets don't judge or criticize and are there in times of trouble. But pets offer much more than that. There is evidence that owning a pet can have both short term and long term health benefits and positive effects on psychological health including stress management.

Studies have shown repeatedly that petting an animal can produce reductions in both blood pressure and heart rate. The mere presence of a pet can lower arousal and autonomic stimulation that results from exposure to moderate stress. A study by Serpell et. al. demonstrated there were decreases in minor physical ailments such as headaches, colds and hay fever following the acquisition of a dog or cat and subsequently visited the doctor less than non-pet owners. Pets are strong facilitators for recovery from illness but this is truer for dogs than cats. Anderson and colleagues discovered that pet owners, especially males, had lower risk factors for coronary artery disease. Because they are generally more active, increased levels of physical activity among those with dogs may also contribute to this benefit.

At times of stressful events such as divorce or loss of a loved one, pets can reduce levels of anxiety, loneliness and depression as well as promoting a sense of autonomy, confidence and self-esteem. Animals are a great way to stave off the blues in providing companionship and in their ability to promote laughter and playfulness. Through walking, feeding and grooming, there is a predictable routine that enhances emotional stability.

We have all seen the effect of animals, particularly dogs, in social settings. As "social lubricants" they facilitate interactions between people even if they are unknown to each other. Case in point, it is pretty hard to resist a goofy, adorable puppy! There is also a significant body of research that discovered that pets can reduce loneliness and isolation, particularly in the elderly.

For those of you with pets, this may be preaching to the choir. But if you haven't considered pet ownership before (and you like animals, of course), perhaps you will be more convinced of the unique delight and many benefits of a companion animal. There are those who feel they are too busy to have a pet especially with long hours at work. Cats are ideal in these circumstances but if you long for a dog, consider "doggie" daycare or a dog walker. That way you can work guilt free and still come home to your best friend. No conversation about animals would be complete without mentioning the many homeless pets needing adoption and saving a life just feels good.

"Animals are reliable, many full of love, true in their affections, predictable in their actions, grateful and loyal. Difficult standards for people to live up to".

- Alfred A. Montapert

Students!

Did you know as a student member of the NSDA (currently enrolled at the Dalhousie Faculty of Dentistry) you are able to take advantage of the Professional Support Program, and the network of support programs they have in place? Help is just one call away. (902) 468-8215. All calls are confidential and will be returned within 24 hours.

The Next Decade May Be Different

(and what you can do about it!)

In a column to British Columbia dentists last autumn, readers were advised that both the gross and net incomes for west coast dentists had seen an unprecedented drop for a second year in a row. This, despite the fact the economy south of the border is improving. Here on the east coast, where dentistry weathered the most recent recession relatively well, there are reasons for concern similar to those faced in BC. Four factors are cited as driving the economic climate for dentistry, whether in Burnaby or Bridgewater:

- the demand for dental care is tepid at best;
- the patient-to-dentist ratio is going the wrong way as more dentists graduate, fewer retire and the population of patients remains relatively stagnant;
- disposable income – the buying power of consumers – is less than many other provinces;
- the economy in Canada is in a ‘slow growth’ mode and will likely be there for some time to come.

Despite these sobering factors, there is a way for dentists to thrive, not merely survive, the next decade. There are three ways to compete in business: differentiation, cost leadership, or mixed (both). Seventy-five percent of all dentists in the last decade concentrated more on differentiation than cost leadership—*this has to change if you are to thrive over the next 10 years*. Cost leadership is about driving out costs from your operations, not quality.

Generally speaking, compared to the ‘average’ practice, the ‘small efficient practice’ uses fewer chairs, grosses less but nets more. Work less – get more. The recently released NSDA 2014 Report to the Profession provides more information on the advantages of the ‘small efficient practice’.

Producing dental procedures is hard work, and for the large, inefficient practice to keep producing more procedures every year (compared to the smaller, efficient practice) for the next decade requires a lot more patients coming in the door. Is this realistic, in light of our stagnant population growth?

There are all sorts of benefits from running a small, efficient practice:

- **Small Staff Team:** It is easier to manage a small team: three members of staff, not multiples of three.
- **Reduced Capital Investment:** Imagine how much less rent you need to pay for 3 ops vs. 7 ops or how much less money you need to borrow if you are building/ buying 3 ops vs. 7 ops.
- **Higher Value to Patients:** It is easier to create value for your patients. As you need less patients you can spend more time with each patient—this increases their loyalty to your practice, as well as your enjoyment in being a health care practitioner.
- **Smaller Overheads:** Running at 50% overheads is a lot less stressful than running at 63% (average practice) or 75% (inefficient practice).

Many larger practices are inefficient. Answer the following question for yourself, *would you rather own a \$600K practice at 50% overheads or a \$1.2 million dollar practice at 75% overheads?*

- Both practices give you the same net income.
- One requires double the procedures (double the patients?) and requires you to work considerably harder every year.

There are things you can do to adopt a 'cost leadership strategy'. You can use the 2008 Report to the Profession benchmarks to get going (this report is on the members' section of the NSDA website), or use the practice assessment e-tools also available on the NSDA website (www.nsdental.org), or take some management training. Also, take in consideration that often there are two efficient small practices just waiting to burst out of a larger inefficient practice.

Finally, sign up for the next annual Economic Survey and receive a customized report that shows you where you need to change and the figures associated with these changes.

All members need to be careful about their assumptions going into any contracts over the next 7-10 years including: buying or selling a practice; leasing/purchasing equipment; leasing space; offering or entering into associate contracts; etc. Be careful making guarantees of income or production over the next decade. Before entering into any contract or guarantee discuss with your financial advisor(s) and banker(s). Understand your obligations and how they would change over the next 10 years if your gross billings and net income fall rather than go up. Also consider, what would happen to your practice if the number of dentists around you increased more than the rate of new patient growth?

Original article authored by Dr. Jim Armstrong for the BCDA newsletter, bridge. Portions re-printed here with the kind permission of the author and the BCDA.

Project Update - Mount Lea Lodge, Bridgetown

Last year, Mount Lea Lodge made a request for donations to help supply their new dental clinic in the small town long-term care facility.

On December 24, 2014, Dr. Tami Parks, an active member of the NSDA, donated to Mountain Lea Lodge several pieces of dental equipment. This included an intra oral x-ray, mobile cart, electro surge, overhead light, a curing light and a significant number of hand and small instruments and supplies. This donation complements other donations to the unit, and will be an asset in providing comprehensive treatment at Mount Lea Lodge.

On behalf of Bridgetown Dental Centre and Mountain lea Lodge, we would like to thank Dr. Parks for her generous donation.

*Dr. James C. Inglis,
Bridgetown, NS*

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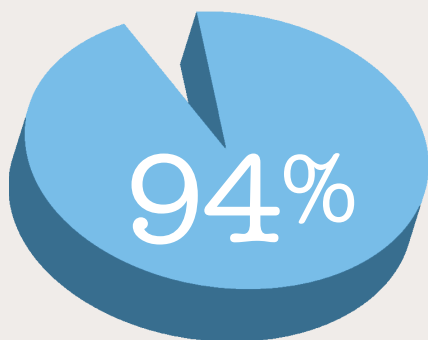


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* As of November, 2014. [†] For the period ending September 30, 2014. Based on analysis by Morningstar, Inc. Past performance is not necessarily indicative of future results. For more details on the calculation of Morningstar quartile rankings, please see www.morningstar.ca. ~ Source: Morningstar, May, 2013. ^Δ Contribution limits are subject to revision by the federal government.
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