Manitoba Dental Association

BULLETIN

VOLUME 27, ISSUE 2 SUMMER 2008

POINTS OF INTEREST:

- Synopsis of MDA Board Meeting
- Congratulations to the 2008 Grads
- Tooth Fairy Saturday was a hit!
- Set your calendar for the 125th Annual Convention
- WCDS Curling Bonspiel
- Dr. Michael A. Lasko is retiring!

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TREAT THE PATIENT, NOT THE PLAN

A preferred provider network application has just been placed on your desk. How do you respond?

A preferred provider network occurs when a third party administrator negotiates with dentists to provide discounted dental services to its plan participants. In return, they promise the dentist(s) an increase in patient load and an opportunity to develop a long-term relationship with these new patients.

Before agreeing to be a preferred provider, please consider the following:

- Read the contract carefully. You may want to have your accountant or lawyer provide you with an opinion of how the terms and conditions of the contract may affect your practice
- Examine the reimbursement schedule carefully. Is it consistent or indifferent with your practice policies for other existing insurance programs you accept? Will it allow you to bill plan participants in the same manner as you do all other patients of record?
- Are there clauses that will allow the administrator to adjust fees for billed services such as paying amalgam fees for molar composites?
- If you are on vacation or your office is closed for a extended period of time, the MDA Ethics Bylaw requires that you make alternate arrangements for patients of record to receive treatment in case of dental emergencies. How does the plan respond to dental emergencies when plan participants are directed to a dentist who is not a member of the preferred provider network?
- Can you refer a plan participant to a dental specialist who is not a member of the preferred provider network?
- What restrictions exist, if any, to the type of treatment that can be provided?
- Can you terminate the agreement within a reasonable amount of time?
- Can you deny treatment or dismiss a plan participant because of lack of notification for missed appointments and/or outstanding account?

Remember, as a dentist you are responsible for the treatment planning of all your patients. The treatment plan should be based on the patients oral health needs and not the level of coverage available on the patient's dental plan.

President's Message...

As I sit to write this message, I try to reflect on what has occurred during the past few months at the MDA and try not to predict what will occur in the months to follow!

Before I continue, I must comment that by the time you read this newsletter the Class of 2008 will have graduated from the Faculty of Dentistry. We have added 32 new members to our profession. We as a profession must take them under our wing. The face of dentistry is changing. We must not forget that we are a select group of people and in order to progress we must do so together! In August a new class of students begins the 4 year road. Become a mentor to them. Call the MDA if you are interested.

Pat Kmet
President, MDA

Now for reflection on what has passed. In April, I had the opportunity to see how organized dentistry works on a national level — in Ottawa at the CDA General Assembly. Representatives from across the country presided at various discussions. As diverse as we are, similar issues are occurring across the nation. I had the pleasure of meeting presidents from neighbouring provinces. It was interesting to hear that in Ontario and Alberta they have "battles" to get onto their board (or councils as they call them). Incumbents are not automatically re-elected. How different from our situation. I also was witness to the respect that our executive director Ross and registrar Mike command from the rest of the nation. They truly are a wealth of knowledge and make decisions for the betterment of dentistry.

The interactive sessions at the meeting included discussion on CDA's accountability framework, which will aid in organizing the CDA's efforts as an organization and the implications of CDA continued involvement in ITrans as a member service.

April also saw the passing of the Dental Hygienist Regulations. A mailing was sent to all employers of hygienists by the CDHM. Please remember that as a professional and an employer your responsibilities are not altered because of this statute. As mentioned in Deputy Registrar, Dr. Marcel Van Woensel's letter in November of 2007 you are legally liable for the actions of your employees in the course of their employment. Be prudent in your decisions.

"The face of dentistry is changing. In order to progress we must do so together. Become a mentor!"

In April, Ross and Rafi attended a meeting along with various healthcare professionals and Workers Compensation Board. WCB has plans to expand mandatory coverage to all healthcare professionals including dentistry. To date, dentists as employers have not been covered by WC Act. At the meeting and in a letter to them, it was made very clear that although dentists work with large numbers of oral health team members there is no single employer/employee model. Dentists can be incorporated, work with dentists or hygienists that are independent contractors as well as having employees in the traditional sense. We, therefore, urged the representative from WCB not to make Worker's Compensation a mandatory requirement for those dentists who have employees!

The Board also approved and supported a B.Sc. (Dent) studentship for two years. The project which will be supervised by 2 faculty members and will compare and assess the perceptions of access to oral health services between organizations currently providing care to the socioeconomically disadvantaged, the clients assessing that care and private dentists in Winnipeg, We look forward to the outcomes .

May tends to be a very busy month at the MDA. The MDA has the pleasure of hosting the graduation breakfast. This is the graduating students' first introduction to our association. It is definitely refreshing to see all the new, young faces that are now just beginning their journey in the dental profession.

May is also the time for the second Board meeting of the year. The Board held its meeting right after the graduation Breakfast. There was much discussion and debate over many issues. Decisions were made and I would like to inform the membership of what topics were discussed and the outcomes.

Denturists

The Board is very well aware and in tune with this issue. Many members have expressed criticism that the Board is sitting idle. We all agree action must be taken — What type of action was debated.

President's Message cont'd...

The MDA Board will begin by sending a letter to the Denturist's Association as well as the advertising standards branch of the provincial government indicating concern with their campaign because it suggests to the public that denturists have the capacity to diagnose dental issues. They advertise "checkups" and nowhere in their Act does it give them the ability to diagnose dental issues. This is both misleading and a cause for concern because it puts the safety of the public at risk. The communications committee will also be placing an ad informing the public that according to the denturists act an oral health certificate is required. Like mentioned in my previous message — there were 3 approaches considered 1) confrontational 2) political 3) legal. The confrontational approach will lead to a "turf war" and this is not the advisable route — although I know many members feel this is the way we should battle the denturists. Our deputy registrar, Dr. Marcel Van Woensel, is more than willing to discuss the merits of different legal options with any member who wishes to do so.

Bylaws

Two new and improved bylaws were passed at the meeting and will be sent to you for approval. The committees have worked very hard to put together comprehensive bylaws keeping all stakeholders in mind. The first bylaw is the Continuing Education Bylaw 10-90. This bylaw has been in effect since 1990 and a review was needed to ensure that its content was relevant today. The major change is that the requirements will increase from 75 to 90 hours. This is to keep in line with the other provinces across the country. With courses available on the internet this bylaw will now allow CE hours to be achieved through self study programs. Also there are many other positive changes. Please read it when you receive it. The CE committee must be commended for its efforts.

"May tends to be a very busy month at the MDA ."

The other Bylaw approved was 17-07 the Licensing and Registration Bylaw. The drafting of this bylaw has been in the works for almost 4 years! The committee worked very diligently to provide the membership with what is a very comprehensive bylaw. There are now 10 classes of registration and/or licensure available within the MDA. Once again take the time to go over it.

Task Force on Office Assessment

Dr. Rob Fraser, MDA Board Representative is the chair. The committee consists of a government appointee, MDA members, our registrar, the executive director and our membership services director. The task force did an overview of the National Landscape. Quebec and New Brunswick have formal processes in place. Alberta is moving ahead to institute a program, Ontario had a voluntary process and B.C. has determined they will not move forward with a process. In developing office assessment/audit protocol many factors need to be considered and the task force will be discussing and bringing forth recommendations.

Task Force on Better Relations

This Task Force was struck to foster good relations between the profession, the faculty and alumni. Made up of MDA reps, Faculty reps, Alumni reps, Student and Grad Student reps, this committee is well on its way to mending the poor relationships of the past. Our profession will benefit from a strong alumni, and an association that supports and is supported by the Faculty. The process of developing improved relations may take time but will be worth the effort.

Dental Leadership Task Force

The idea of this task force was first conceived at a meeting of the provincial Presidents and CEO's in 2006. The national landscape of dentistry was facing challenges from other self regulated bodies. Since there was no national campaign dealing with this issue, the provincial associations decided to form a group. The task force's focus is to identify goals around the issue of dentists as leaders in oral health and develop a communications plan targeted at 3 audiences: dentists, the public and government. The Task Force determined that an internal awareness campaign should be developed for dentists and dental offices as the first step. After much debate, the Board approved Manitoba's involvement in this initiative. I am Manitoba's representative and will keep you posted.

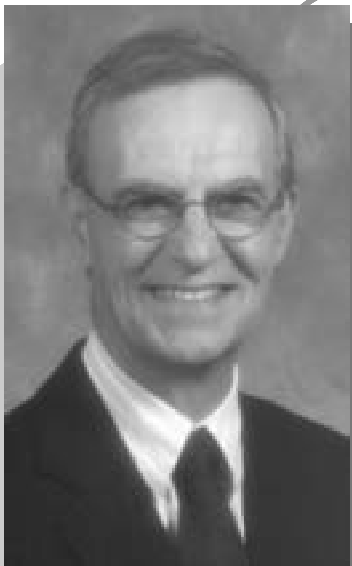
This has been my reflection on what has occurred. As for my prediction of what will follow — The only thing I know for sure is that summer is here!

Pat Kmet, D.M.D.

President

Manitoba Dental Association

Registrar's Column...



Mike Lasko
Registrar, MDA

Well, this is my last column reporting to the membership in the 25 years that I have served you. It is with mixed emotions that I compose this as I have really enjoyed the opportunity to become involved with emerging issues and attempting to represent a balanced approach to address the needs and safety of the public and to also be sensitive to members needs. It has, on occasion, been a tough balancing act!

As most of you are aware, the transition to the newly appointed Deputy Registrar, Dr. Marcel Van Woensel, is occurring smoothly. Marcel is assuming the position of Registrar officially on September 1, 2008 but has been gradually working his way into the full-time role with adding dedicated days from February 1, 2008. He is currently at the MDA office every Thursday and, beginning June 1, 2008, will add a second day. At the end of the summer he will assume the position of full-time with 3 days a week commencing September 1, 2008. He is an intelligent, dedicated professional and I anticipate will continue to serve the membership's needs with tact and dignity.

"My last column and reporting to the membership in the 25 years that I have served you."

Many of the things that Marcel is working on will be a continuum of long standing issues that require MDA attention. Some of the main ones include:

Omnibus Health Care Legislation

Meetings facilitated by Manitoba Health and Justice are continuing with the 21 Health Care Provider groups but have not resulted in early conclusions with discussions focused on restricted activities and overlapping scopes of practise. It is expected that these discussions may take some time before a legislative model is drafted.

Registration & Licensing Bylaw

The Bylaw is currently being revised after committee review which included consideration of an undertaking by Canadian Dental Regulatory Authorities to facilitate recognition of foreign trained dental specialists. All dental regulatory authorities have agreed to limit those individuals to specialty practice, remove the requirement of an NDEB certificate, and require the successful completion of the National Dental Specialty Examination provided by the Royal College of Dentists of Canada. Work is proceeding as well to deal with general practice dentists, foreign trained, who may not require the 2 year Degree Completion Programs offered by our Canadian Faculties of Dentistry.

Registration and Certificate Renewal for Intra Oral Dental Assistants

The registration and certificate renewal process has been completed and we now have about 900 Registered Dental Assistants. In order to support this process the dental assistant community is working towards developing various committees with the cooperation of the Manitoba Dental Assistants Association. These committees will provide the Dental Assistants the opportunity to function on Peer Review, Continuing Education, Scope of Practice, and other committees as needed.

Sedation in Dental Offices

The MDA is currently auditing dental providers who utilize Nitrous Oxide Sedation, IV/IM Conscious Sedation, and deeper sedation provided in a dental office using a Physician Anesthetist. In order to support this activity the Anaesthesia Bylaw will be reviewed and revised to incorporate the aforementioned as well as to consider a protocol for oral sedation either as a separate protocol or in combination with the other 3 existing modes of delivery.

Peer Review

One of the essential requirements demanded of a self-regulated profession such as ours is the need to have a mechanism to deal with complaints that may or may not lead to processes to effectively manage standards of practice or ability of our dentist members to provide safe, competent care. Dr. Van Woensel has commenced a review of our current protocols with the goal to revise and update our process.

Office Inspections

The MDA has appointed a Task Force to review other dental licensing authority's procedures who are currently providing office audits/inspections to advise the Board of Directors of the MDA on the direction or policy that ought to be considered for our dental office/clinics.

Registrar's Column cont'd...

Dental Corporations

Since legislation passed allowing dentists to incorporate their practices, our numbers have grown rapidly. We now process approximately 269 permits. The MDA has material available to guide you through the dental corporation process that you can share with your professional advisors as you develop your corporation to assure that it meets the requirements set out in the *Dental Association Act*.

These are but a few of the many issues that require attention from the staff of the MDA and will be managed quite effectively with input from dentist volunteers on the Committees who review and develop policy for your Board of Directors to implement with your approval.

I wish the current staff all the best in these endeavours and would like to express my gratitude to all of you for your support over the last 25 years.

It has been a priviledge and an honour to serve you!

"It has been a priviledge and an honour to serve you!

Registrar's Retirement Dinner

May 9, 2008

All the best, Mike!

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The insurance and investment plans are member benefits of the CDA and co-sponsoring provincial dental associations and are administered by CDSPI.

CDSPI

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08-185 04/08

Western Canada Dental Society

40th Annual Seminar and Curling Bonspiel

Winnipeg, March 12-15, 2008

Scheduled to run concurrently with the Tim Horton's Brier, the WCDS participants benefited by being able to attend the famous "Brier Patch" and evening draws at the MTS Centre. However, the real focus of curling was for the 26 teams from throughout Western Canada who met to compete at the "Mother Club" – the Granite. Three full days of curling saw the final draw boil down to 10 teams in 5 events. The perennial winner from Regina, Dr. Dale Graham, won the A Event again. The B event saw two Manitoba teams compete, Dr. Gene Solmundson, with Heather Torrie from Saskatoon, Kardy Solmundson and Adele Balak won by beating Dr. Marc Mollott and his team of Matt Steves, Rahul Sas and Jamie Wallace. Other Manitobans competing were: Drs. Tony Hayward, Carey Boroditsky, Brian Kruk, Scott Leckie, Reid Robertson, Jack Braun, Murray Lushaw, Gavin Steidl, Tom Swanlund, Lorne Acheson and Paul Taylor, Winnipeg Crown and Bridge, Gerry Hagglund, Sinclair, Don Crear.

The education session was presented by Dr. Cliff Swanlund from Calgary, on Removable Prosthetics. His tips were so practical some dentists dubbed him the "Ralph Crawford of dentures".

The WCDS has a proud history of presenting superb, fun-filled events in mid-March every year. If you have not attended you will not fully appreciate the camaraderie, high spirited fun until you do.

So mark the dates off now.

WCDS
41st Annual Seminar and Curling Bonspiel
Saskatoon, Saskatchewan
March 11-14, 2009

See you there!

MDA Directory Amendments

For changes to the MDA Directory please contact:

April Delaney at the MDA office - (204) 988-5300 Ext. 2

Dr. Hala Salama
2—1360 Taylor Ave
Winnipeg, MB R3M 3Z9
(204) 487-0015

Dr. Robin Lau
160E—1485 Portage Ave
Winnipeg, MB R3G 0W4

Dr. Xiaofeng Guan
4—2725 Pembina Hwy
Winnipeg, MB R3T 2H5

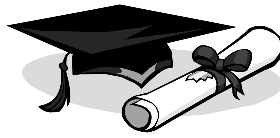
Dr. Griff Norris
Box 1300
Beausejour, MB R0E 0C0

Dr. Frank Hermann
159 Marion St
Winnipeg, MB R2H 0T3

Dr. Vivek Cheba
1300—1399 McPhillips St
Winnipeg, MB R2V 3C4
(204) 339-1738

Dr. Luke A. Singh
Dr. James Koepke
333 Reimer Ave
Steinbach, MB R5G 0E7

Grad Breakfast 2008



The 2008 Grad Breakfast for the graduating Dentistry and Hygiene students was held at the Canad Inns, Winnipeg, on Thursday, May 29, 2008.

Congratulations

to the 2008 graduates of the

University of Manitoba Faculty of Dentistry

and

The School of Dental Hygiene

Faculty of Dentistry

Alagh, Pankaj
Archer, Jonathan
Bodiroga, Diana
Cheung, Jeffrey
Chu, Rene
Dhami, Parambir
Dosanjh, Munjot
Flores Castellon, Doraluz
Friesen, Travis
Gangji, Zahra
Gill, Gurpreet
Gill, Kirpal
Haidar Samhat, Nisrine
Hodgson, Timothy
Hooda Sharma, Aparna
Jasiewicz, Dominika
Kanchikere, Sanjeev
Kler, Gurinder
Luong, Simon
Mather, Scott
Nel, Gerhard
Pokhoy, Michael
Regula, Kelly
Riyaz, Saniya
Rosenberg, Sandra
Rykiss, Jared
Simoens, Lori
Sorensen, Brett
Stijacic, Tijana
Varshney, Hamish
Virk, Geetika
Virk, Kamaljit
Yee, May-Ting

School of Dental Hygiene

Anderson, Amber
Babick, John
Barrett, Tara
Berard, Kristine
Blanchfield, Tanis
Crockatt, Vanessa
Evans, Chelsea
Heyens, Ashlee
Irwin, Breanne
Jackson, Ainsley
Janzen, Tara
Kufley, Shawna
Kuppers, Carly
Leskauskiene, Sarune
Lo, Denise
Loschiavo, Carolyn
McKibbin, Allison
Nemiroff Grant, Johanna
Niaboli-Gilani, Shora
Pham, Kathy
Rosolowski, Karen
Smith, Jennifer
Stone, Jessie
Thiessen, Leanne
Trinh, Jeanne
Wawrykow, Heather

Congratulations
to the graduating 2008 Intra-Oral Dental Assistants

Red River College

Abhazim, Sara
Antonio, Natalie
Bonenfant, Jasmine
Cadzow, Quynn
Campbell, K.C.
Cannel, Krystal
Cuevas, Jamie Anne
Dela Paz, Stacey
Faurschou, Karen-Lynn
Fehr, Sara-Lea
Foster, Kristen
Friesen, Catalina
Friesen, Eva
Gray, Chelsea
Greig, Laurin
Hagen, Chelsea
Jin, Jae-Hee
Klym, Jenna-Rae
Knight, Tara
Lamouroux, Melissa
Larsen, Kristin
Latozke, Lindsey
Ledesma, Jasmine
Luey, Maggie
Macklin, Leanne
Martin, Ashley
Marzoff, Laura
Moist, Michele
Nicholson, Jared
Paraiso, Amanda
Peleg, Tatyana
Poulin, Chantal
Preyma, Donna
Rivera, Ilse
Roh, Ac Sook
Romero, Carolina
Sambrooke, Lauren
Sem, Sarin
Shearman, Holly
Singh, Jaspreet
Smit, Jacqueline
Stastook, Shelby
Stewart, Vanessa
Stiem, Cassandra
Swidnicki, Tara
Tabios, Christian
Timmons, Heather
Tolentino, Lissel
Wiebe, Jennifer
Yaciuk, Vanessa
Yu, Wei
Zhang, Ping

CDI College

Arana-Galvez, Yanitsy
Biscocho, Aurea
Catipon, Rhodalyn
Kowalinski, Margarita
Ray, Oksana
Riddell, Debra
Slavujevic, Borjana
Tesoro, Ronellyn
Witchard, Ashley

University College of the North (formerly Keewatin Community)

Abey, Amberley
Bertram, Janell
Brown, Kelly
Charron, Michelle
Chartrand, Marcia
Greene, Aimee
Higgins, Kayla
Leblanc, Roxanne
MacCarthy, Candace
Malberg, Nikki
McClymont, Jill
McNevin, Michelle
Nelson, Melecia
Silver, Nicole
Thrones, Robin
Turner, Bernadine
Wawryk, Lindsey

ManitobaDentist.ca

Have you considered placing your classified job wanted ads on the MDA website?

The Manitoba Dental Association will place free of charge to Manitoba dentists job wanted ads for associates, dental hygienists and dental assistants on our website. We will also run ads for practice sales. The ad will run for two weeks. At the end of the two weeks if you want to run the ad again just contact the MDA office.

You can email you ad to: office@manitobadentist.ca

The MDA Communication Committee is investigating the cost to run an ad in the Winnipeg Free Press classified section directing dental job seekers to our website. If the cost is reasonable we will start this initiative in 2009.

Manitoba Billboard

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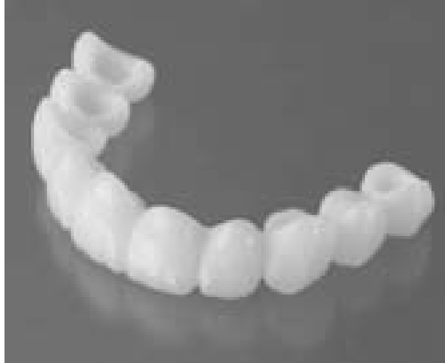

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- **Zeno® Tec**
- **Arizona™**
- **Princess™**
- **Cercon® -WolCeram® - Lava®**
- **NaturalGold™**
- **Implants**
- **AE Temps™/NaturalTemps™**
- **Eclipse™ Dentures**
- **NaturalFlex™ II**
- **Saddle-Lock®/Vitallium® 2000**
- **Orthodontic Appliances**
- **Splints/Mouthguards**

Product Profile

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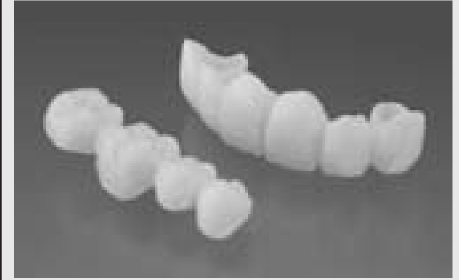

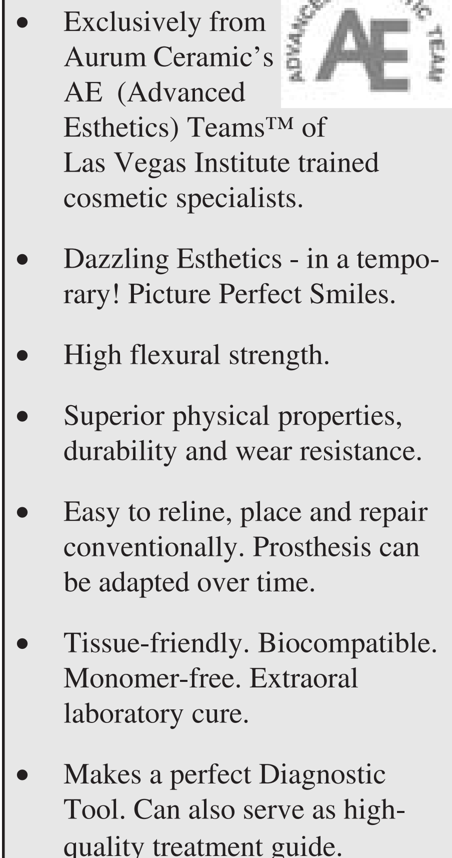

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A Plan to Help You Rest in Peace

By Ron Haik, MBA, CFP, FMA and Olga Yoffe

If you are lucky enough to be relaxing at the cottage this summer, why not spend some time thinking about how you can preserve this idyllic slice of your family's heritage for the next generation. Some forethought now can mean the difference between your heirs enjoying lazy days at the cottage or squabbling about it for years after you're gone.

For example, if you have two adult children who just never learned to share, you may decide to give the cottage to one, and provide the other with the approximate cash equivalent through a life insurance policy.

Deciding how you will divvy up assets is only one component of estate planning. Other aspects include planning funeral arrangements, implementing strategies to reduce capital gains taxes and estate administration fees, and preparing wills and powers of attorney. Communicating your final decisions to your loved ones is also an important part of the estate planning process, so there are no surprises or arguments later that prolong the settling of your estate.

Imagine paying for a funeral and then discovering that the deceased family member had already prepaid for his or her funeral…at another funeral home. This is exactly the type of incident that can occur if you make arrangements but don't share the details with your loved ones. If you have specific preferences for your funeral, it's wise to discuss your wishes with your family versus just leaving written instructions. They're more likely to follow through with your decisions when they understand the reasoning behind them.

A certified financial planner can give you advice on how to structure your estate plan for tax and cost efficiency, for example, by using permanent life insurance to cover anticipated taxes. These recommendations can prevent situations such as a stay-at-home spouse being forced out of the family home or children having to sell the cottage because they don't have the income required to carry the mortgage payments, maintenance costs or property taxes after your death.

The cost for life insurance to cover a $150,000 mortgage is under $200 a year (based on term insurance rates for a 40-year-old male non-smoker). With adequate life insurance benefits, your family could continue living at home worry-free should you die prematurely.

Life insurance can also help you provide inheritances for loved ones or donations to charity if you don't have other significant assets to hand down. When a person is named as the beneficiary of your life insurance policy, rather than your estate, this will allow the policy proceeds to bypass probate and the associated estate administration taxes. Naming a family member as your beneficiary may also prevent creditors of your estate from seizing the proceeds. (While it is generally advisable to name a person as a beneficiary, you could name your estate if, as a part of your estate plan, the insurance proceeds are intended to cover capital gains tax or other estate liabilities.)

After your estate plan is created, you should review and update it, and your will and powers of attorney periodically, especially following events such as marriage (*which normally revokes your existing will*), divorce, new child(ren), a move to a new province or the acquisition or disposal of assets.

To learn more about estate planning, contact a certified financial planner at CDSPI Advisory Services Inc. at **1-877-293-9455**, **ext. 5023**. Insurance and investment plans are member benefits of the MDA and CDA and the plans are administered by CDSPI.

Recommendations for First Dental Visit

Super Abstract

Introduction: The Canadian Dental Association (CDA) and the American Academy of Pediatric Dentistry (AAPD) recommend a first dental visit by 12 months of age. This strategy may be an effective method to ensure children remain free from Early Childhood Caries (ECC).

Purpose: To report on the practice habits of general practitioners and pediatric dentists in Manitoba as they relate to early childhood oral health.

Methods: Approval for the study was granted by the Health Research Ethics Board, University of Manitoba. Mailed surveys using the modified survey methodology by Dillman were sent to 390 Manitoban general practitioners and pediatric dentists. The sampling frame was the Manitoba Dental Association's Membership Registry from which only those dentists who consented to the release of their mailing information were contacted. Survey data were analyzed using NCSS (Number Cruncher Statistical Software). Descriptive statistics, bivariate analyses and multiple regression analyses were performed. A p-value of ≤ 0.05 denoted statistical significance.

Results: A total of 292 (74.9%) of practitioners responded, of whom 85.1% met the eligibility criteria. 84.6% were graduates of the Faculty of Dentistry, University of Manitoba and 74% were male. Overall, infants and preschoolers constituted less than 10% of patients in the respondents' practices. Only 58.3% of participants were aware of professional organizations' recommendation on first visit. 52.2% were unaware of the existence of a standardized case definition for ECC and only 32.3% knew that ECC was defined as a presence of at least one primary tooth affected by caries in those <6 years of age. On average, dentists in Manitoba thought a child should receive their first dental visit by two years of age. The majority of respondents were unfamiliar with "anticipatory guidance" and "lift the lip" practices. Correlation analysis found that recent graduates were more likely to recommend earlier visits for young children ($p<.001$). Furthermore, female dentists (47.7%) were very willing to receive additional training compared to male respondents (30.3%), with more men indicating that they were only moderately willing to receive additional training (40.4%) ($p = 0.039$). Provider characteristics that were significantly associated with earlier recommendations for a first visit in multivariate analyses included the age of the practitioner, gender, number of years in practice, location of graduation, practice classification, as well as whether the practice was limited to children. Predictor variables for the age of recommendation for a first visit that were a function of provider knowledge, attitudes and behaviours included awareness of the case definition for ECC, their belief in early examinations, willingness to receive further training, use of fluoride varnish, and implementation of the knee-to-knee exams.

Conclusion: While early dental visits are now endorsed by the CDA and AAPD, a significant number of dentists in Manitoba are still unaware of the recommendation of a first visit by 12 months of age. Providers must take the steps necessary to familiarize themselves with all preventive measures along the continuum of early childhood development that can keep children from developing ECC.

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THE DENTAL SPECIALIST

"The Dental Specialist" is written by Manitoba Dental Specialists. Each issue features one of the dental specialty groups (on a rotational basis). In this month's issue, the article is submitted on behalf of the Oral Pathologists.

LICHEN PLANUS AND LICHENOID MUCOSITIS

The clinical and microscopic diagnostic criteria for classic lichen planus are very narrowly defined and any variation is described as lichenoid mucositis, a term that may be used in either a clinical or microscopic context. Lichen planus is an autoimmune disorder whereas lichenoid mucositis implies (1) a range of associated local or systemic causes or (2) a shortfall of the classic clinical and microscopic criteria due to technical or interpretative errors in the diagnostic process. Understanding the implications for these two terms may hopefully lead to better diagnosis and management of patients.

	CLASSIC LICHEN PLANUS	LICHENOID MUCOSITIS
Clinical appearance	1. Bilateral, somewhat symmetrical 2. White and reticular (lace-like) lesions must be present and any redness, ulceration or patch formation is additional.	1. Not bilateral 2. Reticular component is not present but redness, ulceration or patch formation may be present.
Microscopic appearance	1. Keratin production on surface only with basal cell destruction. 2. A monomorphic infiltrate of lymphocytes that is superficial. 3. Absence of other criteria, most specifically pre-cancerous dysplasia.	1. Keratin production throughout the epithelium with lack of basal cell destruction 2. A mixed inflammatory infiltrate (e.g. plasma cells, eosinophils, etc) with deeper extension. 3. Other unusual features such as dysplasia, perivascular distribution or giant cells
Implication	Autoimmune disease; sometimes associated with other autoimmune diseases.	May be associated with intraoral conditions or systemic disorders.
Treatment	None or symptom management with steroids/antifungal. Other drugs may be used.	Look for a specific intraoral or systemic etiology and manage it directly or by appropriate referral.

Following skin descriptions, the diagnostic criteria for oral lichen planus slowly evolved between 1906 and 1972. In 1973, the term cutaneous lichenoid tissue reaction was coined to indicate that histological differences could separate a subgroup of patients with a diverse spectrum of associated diseases from those with classic or idiopathic lichen planus. Subsequently a significant body of literature has developed for the oral lichenoid tissue reaction which is also known as lichenoid mucositis, interface mucositis or atypical lichen planus. The various subtypes of lichenoid mucositis are described.

Contact hypersensitivity: The most common allergen is dental restorative materials (e.g. amalgam) but other allergens include products containing cinnamon, mint and chili (e.g. toothpaste, mouthwash, mints, chewing gum or foods). Correlation is best when the lesion abuts the suspect contactant.

Xerostomia and fungal colonization: Some drugs or diseases such as antidepressants or Sjogren syndrome produce salivary gland hypofunction which predisposes to fungal colonization with Candida albicans (Yeast organisms) that is associated with painful exacerbations.

Bacterial labial lichenoid mucositis: These lesions present almost exclusively on the labial mucosa and are treated with chloxhexidine rather than steroids.

Malignant transformation: The overall risk is very low but is highest for chronic erosive-ulcerative lichen planus of the tongue in persons who smoke and drink alcohol excessively. It is non-existent for the reticular type. The annual risk of malignant transformation is 0.5%. Opportunistic follow up, as part of a regular dental exam is recommended over screening programs. A biopsy is the best and most definitive test over brush biopsy, conventional cytology, vital stains or chemiluminiscent examination.

Fixed drug eruption: The list is long but NSAIDs and antihypertensives top the list. The best correlation is when the lesions appear in close temporal association with a new drug and when the lesions disappear upon drug withdrawal or change in drug class. Such drug manipulation should always be done in conjunction with the prescribing physician or dentist.

Graft vs Host disease (GVHD): The diagnosis requires a history of an organ transplant and is often associated with superficial mucocoeles. The transplant physician should be informed.

Psychopathosis: The strongest correlations are for anxiety, depression, emotional distress and hypochondriasis. Therefore adjunctive psychotherapy or anxiolytics may be useful since cellular immune function can be affected by psychopathological states.

Orogenital syndrome: This syndrome is difficult to treat and may cause scarring. In many cases, the oral lesions precede or are coincident with the genital lesions. The oral lesions mostly present as a non-plaque desquamative gingivitis.

Diabetes: A significant number of patients may have diabetes or an impaired fasting glucose tolerance test.

Hepatitis C: There are no current guidelines on when to initiate specific serology investigations. However viral hepatitis is the most common infection over all others. Sometimes lichenoid mucositis can be an oral manifestation of a distant infection (id reaction).

Paraneoplastic syndrome: This association is rare for oral lichen planus but is mostly associated with lymphomas and thymomas.

For a suspected case of lichen planus/lichenoid mucositis, all or some of the following clinical information can be useful to the pathologist for histologic correlation (1) bilaterality of lesions (2) location of lesions and/or contact with restorative material (3) lesion morphology (4) xerostomia or salivation function (5) carcinogenic habits (6) other mucocutaneous lesions (7) selected disease profile for liver problems, autoimmune disease, diabetes, organ transplant, past cancer or current cancer investigations or chronic infections (8) medication history (9) psychopathoses (10) site of biopsy.

There are many challenges to clinico-pathologic interpretations. It is the perception by some patients and dentists that a biopsy is only done for cancer diagnosis and not a wide range of other disorders. Such a paradigm could truthfully be transmitted to the patient as “the pathology report was negative” and the diagnostic process might be terminated at that point. Clinical feedback to the oral pathology lab is rare so that the final disposition of the case is often not known. The application of appropriate diagnostic criteria is not as easy as one might imagine. A recent 2003 study found that agreement between specialists in oral mucosal diseases who were given the same set of clinical photographs and microscopic slides was only 42% for the clinical interpretations and only 50% for the histological interpretations. Older literature that did not clearly separate lichen planus from lichenoid mucositis is often therapeutically misleading. Obviously much education, calibration and refinement still lies ahead.

In summary, when classic clinical and histologic criteria are both present a diagnosis of idiopathic, autoimmune lichen planus is made for which either no treatment or a topical steroid sometimes with an antifungal drug would be recommended. If the clinical and/or histologic criteria are not classic then the term lichenoid mucositis is used and diagnostic inadequacies or several associated disorders need to be investigated. They include technical or interpretative aspects of the biopsy as well as local intraoral disorders and oral manifestations of systemic conditions.

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DEAN'S OFFICE VISIT PROGRAM IN FULL SWING!

A first-of-its-kind "Dean's Office Visit Program" has been launched from the University of Manitoba Faculty of Dentistry. As far as we know, this is the first time anywhere that a Dean has embarked on a comprehensive plan to personally visit each and every dental office within the catchment area of a dental school. Dean Iacopino has been in his new position for only nine months and this is just one of many unique and innovative programs he is leading at the Faculty. Kathy Mastrobuono, director of alumni affairs, is organizing the office visits. A team of four visits the dental office for about 1 hour as arranged by appointment based on availability and convenience for the offices. The Dean is accompanied by Kathy, Grant Warren (Faculty public relations officer), and Christina MacIsaac (Faculty development officer). Thus far, the team has visited about two dozen offices and is booked through June. The team will continue the program until every office in Manitoba has been given the opportunity for a visit. All offices will be contacted by Kathy but offices can place themselves into the visit schedule earlier by calling Kathy at 480-1398.

The purpose of the office visit program is to allow the Dean to learn about dentistry and dental practice in Manitoba. It is an opportunity to learn about the issues facing practicing dentists, put faces and names together with each dental practice, become familiar with the profile of each practice, and see first hand how the various practices operate in their communities. Additionally, the Dean has an opportunity to update practitioners on what is happening at the Faculty, answer questions, and develop a more personal relationship with the practicing community. To provide the best education and preparation for new graduates, it is important that the Dean understand the practice environment into which the new graduates of the Faculty will be placed. This program will also help to reconnect the practicing community with the Faculty of Dentistry, a concept the Faculty has rededicated itself to under the leadership of Dean Iacopino. "We want to be a warm and welcoming environment for the practicing community of Manitoba; a resource that they can rely on for comprehensive alumni services, state-of-the-art continuing education, and working examples of various systems that can enrich their practices" said Dean Iacopino. "The visits have been enjoyable and the practitioners have been excited to see us. We have been honored by the warm receptions we received, have distributed many of our new Faculty pins, and have taken some very nice pictures as gifts for the offices and use in the Alumni Faculty Bulletin."

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HEALTHY SMILE HAPPY CHILD

Since 2001 Healthy Smile Happy Child (HSHC) has grown from a pilot project with 4 communities, to a larger term demonstration project with activities in all regions of Manitoba. The initiative includes a project coordinator, five community facilitators housed with the Regional Health Authorities, a part-time office assistant, and university students. The overall project is overseen by the multidisciplinary and intersectoral steering committee.

HSHC began as a pilot project investigating the oral health status of young children and the oral health knowledge, attitudes and behaviours of caregivers in 4 Manitoba communities. This project undertook a community development approach to involve communities in preventing early childhood caries (ECC) and promoting good early childhood oral health. This has resulted in community driven initiatives to prevent ECC as well as the development of various resources to promote good preschool oral health. These resources are now available in various languages and in use all across Manitoba, Canada, the United States and even Australia. Link to resources: www.wrha.mb.ca/healthinfo/preventill/oral_child.php.

The project has partnered with several groups. HSHC developed a flipchart created for First Nations and Inuit Health, Health Canada. HSHC also received a grant from the Children's Hospital Foundation to develop a new educational poster series that were requested by various communities. Recently, the MDA secured grant funding from the Canadian Dental Association to partner with HSHC to produce a series of fridge magnets that contain key early childhood oral health messages.

In 2006, HSHC completed a follow-up study with the 4 original pilot communities to assess the changes and progress made in overall attitudes, knowledge, and oral health since the initial study. Initial results show significant improvements in parent and caregiver knowledge and attitudes towards oral health. In addition, significantly more parents reported taking their child to a dentist and that their children's teeth were cleaned at home. The prevalence of ECC did not change from the baseline study, but the total number of untreated decay (d score) significantly decreased.

The HSHC project has just completed several focus groups with caregivers and service providers to gain an understanding about the challenges families face in keeping their children cavity-free and accessing dental care for their young children. Preliminary results from the focus groups suggest that caregiver's are making an effort to care for their children's teeth but face a few challenges in accessing dental care for young children. One challenge is the limited number of dentists willing to provide care for children less than 3 years of age while another barrier is the actual cost of dental care.

HSHC Community Facilitators report that service providers in their regions are involved in a variety of oral health initiatives that may positively impact the families that they service. Some highlights of community initiatives include:

- Public Health offices across Manitoba have incorporated early childhood oral health information into child health clinics and postpartum visits.
- Healthy Baby groups are discussing preschool oral health key messages during prenatal and postnatal groups.
- Many Daycare Centre's have initiated tooth brushing programs.
- Various maternity wards are instructing new parents to wipe newborn baby's mouth daily.

The MDA has and remains an integral partner in this project and has routinely distributed resources to its members as well as encourage the promotion of first dental visit at first birthday. Project resources can be found on the MDA website at: www.manitobadentist.ca

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TOOTHFAIRY SATURDAY

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Creating Inner-City Urban Smiles

Outreach effort a showcase for faculty community conscience

An armada of volunteers, including dental practitioners, hygienists, assistants and other caring individuals descended upon the Aboriginal Health and Wellness Centre June 11 with one common cause: to improve the quality of life among the province's less fortunate community.

Urban Smiles was a day dedicated to improving the oral health and overall health of children, pregnant mothers, those affected with diabetes and others in need of care and attention.

Volunteers from the practicing dental community joined with of the Centre for Community Oral Health for a full-day of free oral health care at Aboriginal Health and Wellness Centre.

As part of dentistry's 50th anniversary year, Urban Smiles marked 35 years of community outreach at the faculty, helping those most in need but who cannot afford proper care.

“The outreach that's going on here today and the outreach that takes place everyday across Manitoba is so very important to people that do not have the services that others take for granted,” said Manitoba Premier Gary Doer who was on-hand for the event. “So this is a great of celebration; it is a great day to celebrate the unsung heroes that are part of the dental faculty that make so much of a difference for so many people.”

CCOH Director Dr. Doug Brothwell, said that, in many ways, Urban Smiles was simply business as usual for the community outreach arm of the faculty.

“It's been a little known fact that for many years now, the Faculty of Dentistry has been a major source of care for the under-served,” he said. “Today, we are celebrating what we do everyday of the year.”

Faculty Dean, Dr. Anthony M. Iacopino noted that the event was important in several respects. In addition to marking the significant milestones for the faculty and CCOH, its outreach arm, Urban Smiles could be considered a model for the future of healthcare delivery.

“This is just one demonstration of the kinds of things that are possible and a realization that good oral health is critical to overall health and wellness,” Dr. Iacopino said. “We want the province of Manitoba, through the faculty, to be a showcase for how one can take oral health care and make it part of a comprehensive health care for all people and actually save health care dollars and improve the quality of life down the road with regards to preventing chronic inflammatory diseases like diabetes, heart disease, arthritis, and respiratory disease.”

The oral-systemic connection and the Centre for Community Oral Health are two of the Nine Pillars of Innovation in the faculty's Drive for Top Five – to become one of the top five dental schools in North America within five years.

Five U of M alumni were honored for their contribution to community outreach in dentistry. The honorees were: Dr. Peter Cooney, Dr. Art Schwartz, Dr. Olva Odlum, Dr. Phil Poon, Dr. Margot Pilley and Dr. Henry Redhead.

From left to right—Dr. Phil Poon, Dr. Margot Pilley, Dr. Anthony Iacopino, Premier Gary Doer,
Dr. Doug Brothwell, Dr. Olva Odlum, Dr. Henry Redhead

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