

FrontLine/PremièreLigne

THE ASSOCIATION OF PROSTHODONTISTS OF CANADA • L'ASSOCIATION DES PROSTHODONTISTES DU CANADA
Specialists in Implant, Esthetic and Reconstructive Dentistry

President's Message

APC: Continuity in Promoting Prosthodontics



**Dr. Michael
Moscovitch**

President,
Association of
Prosthodontists of
Canada

APC continues in its yearly agenda to promote Prosthodontics in our communities and to effectively interact with other Dental Specialties as well as local and national Dental political organizations.

The interim Executive Council Meeting was held in Boston in March of this year in conjunction with the Academy of Osseointegration. All activities continue to function responsibly and I look forward to reporting to the membership at the upcoming Annual General Meeting in Halifax. This will be held during our Annual Meeting with the International College of Prosthodontists July 9-13, 2003. I hope that many of our members will attend this unique opportunity to share knowledge and fellowship with this important international organization. Please refer to the information enclosed with the newsletter on meeting details for Halifax.

I recently had the opportunity to attend the CDA Board of Governors meeting in Ottawa at the end of March. The CDA adopted a new governance

model at this meeting. This new arrangement will hopefully increase our effectiveness in dealing with important issue of concern to the profession and more specifically Prosthodontics. Dr. James Taylor will keep us informed in the future on the progress of this process.

Again I encourage those members with material for publication to contact Dr. Sebastian Saba at saba@qc.aira.com to submit articles for our annual journal edition with CDA.

In closing I encourage all of our members to promote our skills and knowledge to our patients, colleagues and students to raise our visibility in the profession as leaders in restoring oral form and function. I look forward to meeting you in Halifax at our reception following the ICP banquet on Saturday July 12, 2003.

Michael S. Moscovitch, President
Association of Prosthodontists of Canada



President's Message

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Executive Council**

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Educator's Meeting: Implant Education Workshop

**"The Recognition of
Specialty Care" The High
Road to Clinical
Recognition**

www.prosthodontics.ca

2002/2003 APC Executive Council

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CDA Representation Committee
James Taylor

CDAC Accreditation Requirements for Prosthodontic Programs
James Taylor

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Henry Levant

Committee on Prosthodontist/GP Inter-Relationships
Izchak Barzilay

Committee on Name Change, Definition and Scope of Practice
Henry Levant

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APC Classifieds

In future Issues of APC FrontLine/PremièreLigne, we shall be including an APC Classifieds section, in which Members are invited to announce such items as practice opportunities, journal sets for sale, etc. Please make submissions directly to the Editor by e-mail, facsimile or mail for inclusion in the next Issue.

Volume 7, Issue 4
Spring 2003

ICP/APC Annual General Meeting **HALIFAX, Nova Scotia Canada**

July 9-13, 2003



Halifax, capital of Nova Scotia, lies on a peninsula and is one of the world's largest deep-water harbors. This hilly city rises from the harbor and the historic central district, to the upper ramparts of the Halifax Citadel, a star-shaped fortress, offering visitors splendid views of the city and waterfront.

While in Halifax be sure to take in the Maritime Museum of the Atlantic and Pier 21 (ICP Banquet site) - a national historic site that proudly showcases Canada's immigrant heritage. A drive to nearby Peggy's Cove, to see what must be the world's most photographed lighthouse is also a 'must-do.' The Public Gardens offers the finest original formal Victorian Public Garden in North America. Enjoy historic fountains, statuary, duck pond and summer Sunday afternoon band concerts.

Halifax's downtown area is a bustling hub of commerce, education and culture. Sidewalk cafés create a lively international flavor. Vibrant shopping districts have something for even the most discriminating tastes. Halifax has a special flavour—romantic, cultured and captivating. Founded in 1749, it is a friendly city with tree-lined streets, parks and green spaces that invite you to explore.

If you are traveling to Nova Scotia for the first time, take some time to see the country. Link to Explore Nova Scotia and see what's available! The ICP delegation will be taking it's own mini tour to Lunenburg for our "Lobster Fest", on the docks where the famous schooner "Bluenose" was built.

Conference Program Overview

Wednesday, July 9th

3:00 pm – 6:00 pm
Registration Reception

Thursday, July 10th

7:00 am – 8:00 am
Registration

8:00 am – 12:30 pm
Focus Session I - Innovations in Prosthodontic Technologies

Keynote Presentations / Panel Discussion

12:30 pm – 2:00 pm
Conference Luncheon

2:00 pm – 5:00 pm
Focus Session I – Concurrent Session I
International Program Training

2:00 pm – 5:00 pm
Concurrent Session II
The Toronto Summit: Past Accomplishments and Future Strategies for Prosthodontics

Keynote Presentations / Panel Discussion

5:00 pm
Session Adjourns

6:30 pm – 8:30 pm
Welcome Reception

Friday, July 11th

8:30 am – 12:00 pm
Concurrent Session I
Removable Partial and Complete Dentures
• Abstract-Short Oral Presentations

8:30 am – 12:00 pm
Concurrent Session II
General and Fixed Prosthodontics
• Abstract-Short Oral Presentations

12:00 pm
Session Adjourns

2:00 pm – 4:00 pm
• Poster Presentations / Exhibit Reception

5:00 pm – 10:00 pm
Lunenburg Tour and Lobster Dinner

Saturday, July 12th

8:30 am – 12:00 pm
Concurrent Session I
Dental Materials
• Abstract-Short Oral Presentations

8:30 am – 12:00 pm
Concurrent Session II
Fixed and Implant Prosthodontics
• Abstract-Short Oral Presentations

12:00 pm
Free Time for Lunch

1:30 pm – 5:00 pm
Concurrent Session I
Maxillofacial Prosthodontics
• Abstract-Short Oral Presentations

1:30 pm – 5:00 pm
Concurrent Session II
Dental Materials
• Abstract-Short Oral Presentations

5:00 pm
Session Adjourns

7:00 pm – 9:00 pm
ICP Banquet (Pier 21)

Sunday, July 13th

9:30 am – 12:00 pm
Focus Session III – Concurrent Session I
Current Controversies in Implant Prosthodontics

9:30 am – 12:00 pm
Focus Session IV Concurrent Session II
International Prosthodontic Training

Keynote Presentations / Panel Discussion

12:00 pm
Conference Adjourns

Conference program subject to change

APC Meeting Announcements

APC Executive Council Meeting - Luncheon

Friday July 11, 2003
12:00 noon - 2:00 pm

APC Annual General Meeting-Breakfast

Saturday July 12, 2003
7:00 am - 8:30 am

APC President's Reception

Saturday July 12, 2003
9:00 pm following ICP Gala

Editor's Message



by Dr. Effrat Habsha, B.Sc., D.D.S., Dip. Prosth., M.Sc., F.R.C.D(C)

The Challenges That Face Us

The specialty of Prosthodontics is extremely rewarding. We as Prosthodontists have the education and technical expertise to provide comprehensive care to our patients. As rewarding as our profession is, we do face certain challenges. These challenges begin very early on in our careers. Recently graduated Prosthodontists often face the challenge of establishment of fees. Fees can vary among different specialists due to differences in geography, individual practitioner skill, experience, technique etc. It can be a daunting task to establish one's fees. The Association of Prosthodontists of Ontario's List of Services committee has developed and introduced a unique formulary for determining fees for prosthodontic services. The chair of this committee, Dr. Henry Levant details this model in this issue of *Frontline*.

Those Prosthodontists who are not involved in academia may face the challenge of remaining academically current. Prosthodontists in private practice may feel alienated from the academic community or from their colleagues. This challenge is not unique to Prosthodontists and has even been addressed at the national level by the CDA. Included in this issue of *Frontline* is a report by Dr. Izchak Barzilay summarizing a summit meeting headed by the CDA which addressed many issues facing dentistry today.

Finally, our specialty's position in the community is often clouded by practitioners claiming to be experts in the field of cosmetic or implant dentistry. We must take a stand among general dentists and in the public to make ourselves more visible. Prosthodontists can achieve this at the University educational level by teaching our dental students the cases they should be able to treat as general practitioners and the value and role of the Prosthodontist in the community. Workshops such as the recent University of Toronto Prosthodontic Educator's Implant Education Workshop, which was chaired by Dr. Douglas Chaytor, are crucial in establishing guidelines when developing undergraduate courses. In addition, Dr. Sebastian Saba outlines extremely effective means of increasing our exposure as a specialty in his article entitled "The High Road to Clinical Recognition". I trust you will find his article very interesting and informative and hope that our membership will continue to promote and support our profession.

I look forward to meeting you in Halifax at our upcoming Annual General meeting!

Please contact me at:
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Sincerely yours,
Dr. Effrat Habsha

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The **APO** Formulary

An Innovative Method of Practitioner Unique Fee Calculations: The Ontario Model

By Dr. Henry C. Levant D.D.S., M.Sc.D., F.R.C.D.(C.)

In January 2003 after nine years of dogged effort by The Association of Prosthodontists of Ontario, and in particular its List of Services Committee, a unique, fair, defensible method of determining fees for services delivered by prosthodontists has been developed and introduced to the members of A.P.O. The project included prolonged workshops over seven years with ad-hoc committees from every other dental specialty in Ontario. The final stages of the review were completed with the assistance and funding of economist Dr. Ronald House, of R. K. House and Associates by The Ontario Dental Association.

Known as "The APO Formulary", it utilizes traditional parameters of "Time (T)" and "Responsibility (R)", both of which have been extensively re-calculated or re-assessed by consensus respectively, in a process that involved all other specialties. More uniquely, and perhaps more importantly, it includes additional determinants that allow every fee to reflect current market conditions, costs, and individual practitioner experience. As a result, a fee for every service in each practitioner's practice can be calculated to ensure that a profit will be made in the delivery of that service. This eliminates the fallibility of "average" Fee Guides that do not allow for the variables associated with prosthodontic practice. Specifically, costs differ according to geography and local conditions; "T" and "R" may vary from procedure to procedure depending on individual practitioner skill, experience, technique, and unique conditions associated with the delivery of the procedure; local competition may influence fees for

certain services; operator experience, or inexperience might electively affect fee calculations.

All of these variables can be factored into "The APO Formulary" to allow individual users to "personalise" their Fee Guide to provide responsible, fair and defensible fee calculations for their patients that reflect "fair market value" for their unique services. As such, this is a revolutionary concept.

The APO Formulary requires the practitioner to have knowledge of his costs, total hours worked, and a frequency distribution of procedures performed to produce his gross earnings the previous year. While computerized offices can produce this data easily, non-computerized prosthodontists can also calculate these values, albeit with some greater effort. These values are then "plugged in" to the APO Formulary, and a personalized Fee Guide can be generated using a Microsoft Excel file.

The APO Formulary has met with a "mixed" reception. Members of A.P.O. who have attended "hands-on" workshops to learn how to use and apply it to their practices have been overwhelmed with the power and value of this information. Feedback from them was requested, and revisions performed accordingly. Comments received following these meetings have been consistently positive. Others who have not attended remain either guarded or unimpressed. To date, the APO Formulary has undergone three revisions and is now being distributed to the entire membership in its final version. Further revisions will be applied as refinements emerge.

While Ontario Dental Association approved Specialty Fee Guides have been published on behalf of

the Endodontists, Paediatric Dentists, Periodontists, and Oral and Maxillofacial Surgeons beginning this year, there is no published Fee Guide for Prosthodontists in Ontario, nor has there been for several years. Neither are there published Fee Guides in Ontario for Oral and Maxillofacial Radiologists, Oral Pathologists, Orthodontists, specialists in Oral Medicine, or Public Health Dentistry.

The lack of a published Prosthodontists' Fee Guide has created some hardships for all prosthodontists in Ontario in their interactions with both patients, and by extension with the insurance industry. None of us looks forward to the inevitable, frequently lengthy and sometimes awkward explanations that are required to account for this policy. Yet, most of our members voted that we require this independence to succeed. The majority of the procedures we perform routinely on behalf of our patients are not reimbursed by dental insurance, or if they are, only at the level of general practitioners' fees, or a percentage thereof. Publishing a Prosthodontists' Fee Guide only serves to "set the market". Too many variables exist in the course of providing the generally complex procedures we perform to try to adhere to an average Fee Guide, and then to have to account for the variances when they occur. We feel our "contract" is with our patients, and not with third parties.

The response from the insurance companies has been inconsistent. Some companies have resorted to basing their reimbursements on the fees published in the "Specialists Guide" of the Ontario Dental Association for prosthodontic procedure codes. These "Specialists Guide" fees are those charged by the Ontario Society of Paediatric Dentists and are generally set at 20% above those of a general practitioner for the same service. We have consistently had to point this out to these companies, with only limited success. In fact, these fees are often much lower than a prosthodontist must charge to even cover overhead.

When other companies have challenged the fees individual members have submitted, the member

can refer them to the Chairman of the List of Services Committee of The Association of Prosthodontists of Ontario for verification of the fee compared to the "usual and customary" prosthodontists' fee for the same service. This practice has led to consistently favourable responses, acceptance and co-operation on the part of those companies. Some companies have even thanked us for offering to assist their future deliberations and for making ourselves available for consultations and guidance.

In other words, the process can be viewed as one that is ongoing and uphill, yet we are gradually making some inroads in "re-aligning" insurance reimbursement policies to our patients. Of course, ideally, if the insurance companies would only offer payouts based on annual maximum dollar values irrespective of the procedure being performed, many of these problems would be irrelevant.

The Association of Prosthodontists of Ontario extend an invitation to our fellow prosthodontists, indeed to all dentists by way of organizational or personal inquiries, to contact us at their convenience for further information regarding our experiences. We are very proud of our accomplishment and want to share our expertise in this area with all who want it. We feel strongly that this approach represents the best alternative for dentists, particularly prosthodontists, and their patients. We look forward to seeing it become a national, if not an international policy.

For further information, please contact:

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Academic Dentists and Practitioners: A Summit Meeting



Dr. Izchak Barzilay
D.D.S., Cert.Prosth.,
M.S.

by Dr. Izchak Barzilay, D.D.S., Cert. Prosth., M.S.

I would like to update the membership on an initiative by the Canadian Dental Association. In November 2002, I attended a summit meeting in Alliston, ON. This meeting was called **Academic Dentists and Practitioners: Together Forging a Future for our Profession.**

This meeting discussed many issues that relate to the future of dentistry and among them were:

- New dentists, what do they need to be successful
- Fostering the relationship between dentists and academia after graduation
- Improving the public image of the dental profession to encourage recruitment of dentists and academics
- Where do the resources come from to ensure the future of our profession.

It was very enlightening to see academics and practicing dentists get together to discuss the issues that face us all. Both sides got a clearer view of what the other goes through on a daily basis and some of the difficulties that we all face. As I attended the meeting, I related many of the problems that dentistry is facing in general to the issues that we face as prosthodontists.

Our new graduates face issues relating to the set up of practice, what fees to charge, who to go to for help, how to stay academically current, and how to promote our specialty to the dental population as well as the public in general. These issues are difficult to deal with when we tend to spend much of our time in small private practices with little ongoing communication with each other.

As I contemplated solutions to some of these problems I realized that we have all the answers within our group. Since we are small in number it would seem that communication should be easy.

The best way to improve the quality of what we do is to share our ideas and experiences with each other. Over the years, I have often heard the comment that "I should not be sharing my SECRETS because someone will steal them and use them and I will lose business and then have nothing to do and go bankrupt and be forced into retirement". This has been farther from the truth. I feel that the sharing of information especially with our younger colleagues who are just starting out is the best way to help those who will then be in a position to help others. It is an ever-evolving circle that can only be made better by participation.

The concept of mentoring is one that is used in many parts of the world to help guide new dentists in their quest for excellence. This is something that we should be doing as prosthodontists. Why not take in someone who is ready to learn from us and teach them not only the dental steps but also the business steps. Why not open our offices up to new prosthodontists or dentists. This initiative will only better us in the long term.

Over my career, I have had many people open their doors to me (and you know who you are) which has helped me tremendously. I have also attempted to return these kindness' in the same way. It seems that this may be one of the solutions that the CDA is looking for in a broader sense. Wouldn't it be great if we could initiate such a program within our ranks. We could lead by example.

The CDA will be creating a policy statement that will prioritize future actions in regards to the issues that were discussed at the meeting. I expect that we will be reading more and more about this in regular CDA communications.



Faculty of Dentistry,
University of Toronto

Educator's Meeting: Implant Education Workshop



Dr. Doug Chaytor
DDS, MS, MEd,
MRCD(C)

By **Dr. Doug Chaytor**, DDS, MS, MEd, MRCD(C)

Prosthodontic educators from across Canada gathered in a workshop entitled Implanting Education at the University of Toronto on February 7, 2003. The theme of the workshop was Developing Implant Dentistry in the Dental Curriculum. It was organized by **Dr. George Zarb** and **Ms. Janet Dewinter** and generously funded by Nobel Biocare. It was the first such meeting of implant dentistry educators since the 1997 Canadian Dental Association Teaching Conference in Halifax. The workshop leader was **Dr. Doug Chaytor** from Dalhousie University who also prepared the workbook. The workbook provided a structure for addressing identified considerations when developing a course or program. The workshop opened with a sharing session on programs offered by participants. Participants demonstrated their interest in each other's efforts by intense questioning for details and the hows and whys of the offerings. The commitment to undergraduate dental education was obvious. The duration of the sharing session and the recognition that only three of the participants present had attended the 1997 Conference demonstrated the need for more frequent meetings of this type.

Participants included **Ross Bryant**, University of British Columbia, **Cheryl Yacyshyn**, University of Alberta, **Ken Sutherland**, University of Saskatchewan, **Cecilia Dong**, University of Manitoba, **Aaron Fenton**, **Effie Habsha** and **Francine Albert**, University of Toronto. **Pierre de Grandemont**, Université de Montreal participated via a Power Point presentation.

Diane Howard, **Perm Pohar** and **Kevin MacAulay** showed their interest and support by attending the whole session.

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“The Recognition of Specialty Care”

The High Road to Clinical Recognition



Dr. Sebastian Saba
D.D.S. Prosthodontist
Associate Editor, The
Journal of the
Canadian Dental
Association

by **Dr. Sebastian Saba, DDS Prosthodontist**

The practice of Prosthetic Dentistry is indeed a specialty practice. Advanced graduate training under strict academic guidance and evaluation allows one to be recognized and certified as a Prosthodontist. Yet today the outpouring of pseudo-specialists is blurring the clear recognition of the specialty. Many dentists claim they have specialty training because they take mini-courses that allow them the “pseudo” recognition. There are claims by some to be specialists in a variety of disciplines such as but not limited to: “Cosmetics”, “Esthetics”, “TMJ”, “Implants”, “Occlusion” and the list continues. Its amazing to see the amount of marketing a dental practice will be involved in after a mini-course is completed. Just go down a busy street and see the signs that say “Specializing in...Dentistry” The public has been misled and confused about who can claim this position. The unfortunate reality is the Prosthodontic Specialty community has failed to step up and claim this position adequately. By omission we have neglected to reinforce this clinical expertise among our general practice colleagues and the public. This is not a local problem. This issue has also been addressed and reviewed by the American College of Prosthodontists. Their conclusions were similar to ours, and the confusion is even greater in the USA.

The Association of Prosthodontists of Canada (APC) has taken the high road in defining this

position to our clinical counterparts. We have developed guidelines for exposure of the specialty in the Journal of The Canadian Dental Association (JCDA). A single edition of the JCDA is committed yearly to the communication and recognition of APC, combined with articles written by APC members. This edition, edited by APC members, provides us the medium for exposure of APC and all Prosthodontists of our clinical expertise in a fashion that gains the respect of all other dentists and specialists. In fact other specialties are in the process of doing the same with the JCDA.

In Quebec we have begun a similar process with Le Journal Dentaire du Québec. In each edition we have a section article written by a fellow prosthodontist or graduate. This permits us to reinforce our clinical expertise among the dental community. The feedback had been good for all Prosthodontists. Every year at the Journées Dentaires Internationales Du Québec we have the commitment of the organization to allow two speakers sponsored by The Association of Prosthodontists of Quebec.

We continue to need the support of all members by way of contributing articles and exposing our specialty at the local level. By taking this “high road” I believe we will reinforce our position in the public and dental community.