



**REPORT TO THE
CANADIAN DENTAL ASSOCIATION ~ ANNUAL GENERAL MEETING
APRIL 20, 2018**

The Canadian Association of Hospital Dentists (CAHD) is pleased to present our annual report to the CDA Annual General Meeting.

As the national voice of Canadian hospital-affiliated dentists, the mission of CAHD is to:

- promote the highest standards of evidence-based oral health care,
- advance dental education in academic health sciences centres,
- encourage collaborative research, and
- advocate for access to care for Canadians with complex needs who require dental care in hospital settings.

Membership is open to all Canadian dentists, dental students and dental residents. The following is the composition of the current Board of Directors:

Name	Position	Region
Dr. Chris Lee	GPR Program Director, Dalhousie University	Atlantic Region
Dr. Mel Schwartz**	Chief of Dentistry, Jewish General Hospital, McGill	Quebec
Dr. Susan Sutherland*	Chief of Dentistry, Sunnybrook HSC, UToronto	Ontario
Dr. Chris Cottick	GPR Program Director, UManitoba	Prairie Region
Dr. Eduardo Kalaydjian***	Chief of Dentistry, Foothills Hospital, UAlberta	Alberta/NU
Dr. Debbie Fonseca	Chief of Dentistry, Vancouver General, UBC	BC/Yukon

*President ** Vice President ***Treasurer

1. Three issues dealt with over the past year

a. Partnership with Choosing Wisely Canada

CAHD began a partnership with CWC last June. CWC was launched in 2014 by a team of leading Canadian physicians, in partnership with the Canadian Medical Association, the University of Toronto and the Ontario Government. Additional funding is now provided by the Federal Government, nine provincial governments, a number of provincial medical associations and several funding agencies. Choosing Wisely is a global campaign active in 20 countries on five continents. It is a campaign to help clinicians and patients engage in conversations about unnecessary tests and treatments and make smart and effective

choices to ensure high-quality care. A 2017 report from the Canadian Institute of Health Information (CIHI) revealed that Canadians have more than 1 million potentially unnecessary medical tests and treatments each year and that up to 30% of patients have tests, treatments and procedures that may be unnecessary.

CWC employs a multidimensional bottom-up, clinician-led approach with top-down support from the organization. Through this approach, clinical societies take a leadership role in tackling inappropriate care in their specialties. Over 60 medical societies and health care associations have developed lists of recommendations which focus on common situations and are supported by evidence. In addition to the lists, CWC coordinates a number of campaigns to disseminate strategies for health care improvement: examples include campaigns with regional health authorities, medical associations and universities in nine provinces; the STARS campaign - Students and Trainees Advocating for Resource Stewardship (STARS) – in 17 Canadian medical schools, in partnership with the CanMeds competency framework; a patient engagement campaign called More is Not Always Better; and two specific campaigns – Antibiotic Wisely and the newly launched Opioid Wisely.

CAHD struck a working group of member dentists with diverse backgrounds and years of experience. Following a review of the American Dental Association Choosing Wisely list, twenty five recommendations were generated and, by consensus, reduced to a list of eight items. The rationale was developed for each item and supporting evidence was gathered. The draft list was sent to all individual CAHD members and 14 national dental organizations and specialty groups for feedback. The final list was reviewed and endorsed by the CAHD Board of Directors and reviewed by two physician leads at CWC. It was then sent to all medical society leads for feedback and knowledge translation strategies have been developed. Our list of eight recommendations cover antibiotic use (four recommendations), opioid use (one recommendation), avoidance of unnecessary radiographs (one recommendation) and two recommendations related to unnecessary restorative procedures (“Don’t replace fillings just because they are old” and “Don’t remove mercury-containing dental amalgams unless the restoration has failed.”)

Our list will be broadly disseminated through traditional and social media, publications in medical and dental journals, and through a network of interprofessional champions across the country. Our antibiotic and opioid recommendations are now part of two CW strategic campaigns in these areas. Working with CWC will be part of our ongoing work. CAHD would like to see other Canadian dental organizations and specialty groups become involved, especially with regards to specialty-specific recommendations.

b. Expansion of our Annual Conference

We have expanded our scientific meeting each year. From a one hour guest speaker in 2015, we will now be holding a one and a half day meeting in Winnipeg on May 11 and 12, 2018. The theme of the scientific session on the first day is Maxillofacial Rehabilitation Across the Life Span and will include exceptional national and local speakers from the

disciplines of oral maxillofacial surgery, maxillofacial prosthodontics, medicine and nursing who will discuss the complex surgical, prosthetic, medical and psychosocial management of patients with devastating facial differences. The second day, in addition to our business meeting, will feature a Resident Abstract session, discussions about our Choosing Wisely Campaign, and a dialogue about advocacy efforts to advance recognition of and funding for Departments of Dentistry in Academic Health Science Centres.

c. Leadership in Antimicrobial Stewardship and Opioids

Our work in antimicrobial stewardship continues. CAHD participated in the development of the Pan-Canadian Framework for Action in Tackling Antimicrobial Resistance and Antimicrobial Use, and is active with federal and provincial groups to foster stewardship in dentistry. At the invitation of Health Canada, CAHD participated in a Knowledge Exchange on opioids and will be working with the Canadian Society of Hospital Pharmacists on updating Canada's guidelines for preventing, recognizing, and responding to diversion of controlled substances in hospitals. Through our work with Choosing Wisely, we will be promoting wise use of both antibiotics and opioids by dentists, and will be connecting dental champions with their provincial medical colleagues to disseminate best practices for antibiotic and opioid use.

Current and ongoing challenges for hospital dentistry and CAHD

The **challenges for hospital dentistry** continue to be the interconnected issues of resources, recognition (profile) and recruitment & retention. The role of medicine is well understood in the medically dominated leadership model in hospitals; the importance of dentistry is not as well understood -- and when it is, it is subject to the lack of knowledge and understanding by each new administrator. This impacts allocated resources, including access to OR resources in all hospitals, and has led to downsizing and closure of some hospital dental services. CAHD members have reported increased lack of access to operating rooms, cut backs to existing OR time, lack of or inadequate funding for resident training, and under-resourced clinics, both in terms of adequate space and budget.

In addition to the global problems facing hospital dentistry in both community hospitals and academic health science centres, dental departments in our teaching centres are expected to align with the strategic directions of the hospital and its academic mission, without the appropriate support to do so. In contrast to medicine, provincial governments do not support academic clinical dentistry in hospitals. Throughout most of Canada, academic physicians are supported by the provincial health ministry through alternate or academic funding plans (AFP's) or enhanced fee for service payments. These arrangements, designed to provide funding that recognizes the unique contributions of academic physicians who deliver clinical services and academic activities in an integrated manner and to enhance the recruitment and retention of academic physicians, are absent for dental members of the hospital medical-dental staffs. While hospital medical residencies are funded by provincial governments, many hospital dental

residency programs receive suboptimal funding, or in the case of Ontario (where funding was withdrawn by the provincial government in 1994), no funding at all. Inadequate or no funding of these programs has resulted in an increased financial burden to those departments that elect to fund residents from their own incomes or in reduction of numbers of residents trained. With the reduction of residents trained to provide complex care in the community and “closer to home” care for rural patients, there is an increased onus on underfunded dental departments to provide medically necessary care for patients, many of whom are financially disadvantaged or only minimally covered by government dental plans.

As a new and growing organization, the **challenges faced by CAHD** include providing value to our members, member engagement and fostering relationships with potential partners, including developing ethical arrangements with industry partners to support our ongoing work.

Through CAHD, our members have a forum for interaction to share tactics to meet these challenges. At our May meeting, we will have an in depth discussion about the role of academic dental departments in the health care system and start to develop strategies to assist our members in approaching provincial governments. We will continue to provide education to the profession and the public on hospital-based dentistry; be available as a resource to stakeholders on hospital dentistry issues; and, will develop national positions and policies which are of importance to the collective of Canadian hospital-affiliated dentists in the promotion of optimal oral health.

We look forward to meeting with our colleagues and engaging in dialogue at the CDA AGM on April 20th.

Respectfully submitted,



Susan Sutherland
President, CAHD