



**REPORT TO THE
CANADIAN DENTAL ASSOCIATION ~ ANNUAL GENERAL MEETING
April 12, 2019**

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

We are now completing our 4th year of operations and are recognized as the national voice of Canadian hospital-affiliated dentists. Our vision is **“Shaping the future of hospital dentistry”**. Our **mission** 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 that require dental care in hospital settings.

Membership is open to all Canadian dentists, dental students and dental residents.

Three issues dealt with /accomplishments over the past year

1. Partnerships

Choosing Wisely Canada (CWC)

Since the launch of the Hospital Dentistry List in April 2018, CAHD has remained actively involved with CWC (<https://choosingwiselycanada.org/hospital-dentistry/>). Our work in antimicrobial stewardship continues and two papers have been published about the Choosing Wisely/Dentistry collaboration.

Institute for Safe Medication Practices Canada (ISMP Canada)

In January 2019, an Op Ed on opioids after third molar surgery, in partnership with and supported by CWC, was published by CBC and numerous other media outlets. As a result of that, CAHD was approached by ISMP Canada. This organization is well known in health care and collaborates widely with Canadian hospital and community partners to promote drug safety. We are working with ISMP to create a patient handout to help patients understand the use of opioids if needed after oral surgery.

Canadian Society of Hospital Pharmacists (CSHP)

CAHD joined with CSHP and seven other national organizations (Canadian Anesthesiologists' Society, Canadian Association of Emergency Physicians, Canadian Nurses Association, Health Canada, HealthCareCan, and the Institute for Safe Medication Practices) to develop a guidance document “Controlled Drugs and

Substances in Hospitals and Health Care Facilities: Guidelines on Secure Management and Diversion Prevention”. The document updates a 1990 Health Canada document and is expected to be released shortly.

2. Position Statement on Departments of Dentistry in Academic Health Science Centres

This year, we developed a position statement on Departments of Dentistry in Academic Health Science Centres to articulate the multiple challenges to the sustainability of hospital dentistry in Canada and to suggest some opportunities.

3. Annual Conference

Our annual meeting will be held in Toronto June 7-8 this year. The theme of the meeting is “Critical Issues in Hospital Dentistry”. We have exceptional speakers lined up including:

- **Dr. Wendy Levinson, Founder and Chair, Choosing Wisely Canada**, with an update on CWC and opportunities for involvement
- **Dr. Donald Redelmeier, Canada Research Chair in Medical Decision Sciences**, who will explore how dentists reason, formulate judgments, make decisions – and errors – and how errors lead to improvements in care
- **Dr. Sharon Straus, Canada Research Chair in Knowledge Translation and Quality of Care**, discussing why #MeToo matters in health care education and leadership
- **Dr. Antoine Eskander, Head and Neck Surgical Oncologist** - HPV and Head and Neck Cancer
- **Dr. Craig Dale, CIHR IMHA Clinician Scientist in Oral Health** - Advancing the Evidence for Oral Care in ICU Patients
- **Dr. Andrew Morris, Chair of the Antimicrobial Stewardship Committee for the Society for Hospital Epidemiology of America (SHEA)** - The Rise of Hospital Acquired Infections

In addition, there are sessions of short oral presentations entitled “Learning from each other – Evidence, Innovation, Best Practices” where members will share their experience and insights in hospital dentistry with colleagues on topics related to innovation and best practices in clinical care; initiatives that address health care quality; use of digital health solutions to enable, deliver and improve access to care and other initiatives related to hospital practice, public health or hospital-based education.\

The meeting is open to anyone interested in attending. More details at cahd-acdh.ca.

Current and ongoing challenges for hospital dentistry and CAHD

In past reports we have described the challenges faced by hospital dentistry in terms of resources, recognition (profile) and recruitment & retention of dental staff. We know that the nature and extent of the problems vary across the country and that we do not have good data on the magnitude of the problem, particularly in our community hospitals and rural settings. CAHD plans to survey our members and other relevant stakeholders to obtain preliminary data to understand what is occurring across the country.

We do know that the largest hospital dental departments in the country – the academic health sciences centres – are now at the tipping point. Several are currently faced with severe budget cuts, reduction of OR time, lack of or inadequate funding for resident training, under-resourced clinics, poor and inadequate physical spaces, and severely underfunded government plans. Hospital based dentists are a very small proportion of the membership of our provincial dental associations. However, the role that we fill in caring for the sickest and most complex patients supports our community colleagues in providing care to the rest of the population and enhances the brand of the profession in the eyes of the government and the public.

Hospital-based dentists are very thankful for and appreciative of the continued support of our provincial dental associations, especially in our efforts in each province to engage with government. These are difficult times for hospital dentistry and our members will continue to depend on the leadership of our provincial associations and other stakeholders to help advance our important work. Appended to this report is our position paper, which may be used in whole or part to aid advocacy efforts.

We look forward to meeting with our colleagues and engaging in dialogue at the CDA AGM on April 12th.

Respectfully submitted,



Susan Sutherland
President, CAHD

Departments of Dentistry in Academic Health Science Centres

A Position Statement by the Canadian Association of Hospital Dentists

Dental departments in Academic Health Science Centres (AHSC) deliver highly specialized care to patients with complex medical conditions, provide hospital-based training for dental students and residents from the affiliated university and may carry out clinical/biomedical research. Dental services are essential in an AHSC for both inpatients and medically complex outpatients who require hospital-based expertise for the delivery of safe care. Dental departments provide crucial support for trauma, cancer, cardiac, transplant and other strategic programs of hospitals which are important to the health of Canadians.

There are many challenges in providing oral maxillofacial and dental care for high risk and increasingly medically complex patients. A high degree of specialized expertise and clinical skill is required to deliver this care. The dental needs of these patients may also be complex, at a time when their medical health is fragile. At the same time, many medically complex patients or those with disabilities face financial constraints in a health care system that is not designed to provide financial support for their dental care.

In addition to exceptional clinical care, Departments of Dentistry in AHSC's are expected to support the academic vision of their organization in education and knowledge creation/dissemination.

Elective one year hospital based dental training programs called General Practice Residency (GPR) Programs are offered in most AHSC dental departments. These programs train future dental hospitalists, as well as future community practitioners who have a high degree of expertise in the management of medically complex or disabled individuals and who have advanced dental skills necessary for practice in small community and rural settings. Education of practitioners, through general practice residencies, who can manage medically complex dental patients in the community, is critical to sustaining a viable health care system. While hospital medical resident salaries are funded by provincial governments, most hospital based dental residents are not. Inadequate or no funding of these programs has resulted in increased financial burden to those departments that elect to fund residents from their own incomes or in fewer residents trained. With the reduction of residents trained to provide complex care in the community and "closer to home" for rural patients, there is increased onus on underfunded AHSC dental departments to provide medically necessary care, as well as high travel and other costs for patients.

Self-assessment and external peer assessment through accreditation is important to continuous quality improvement for the department and ensures the hospital and the public that accepted standards are met for both the dental service and hospital based general practice residency program. Accreditation Canada does not accredit dental programs, and like some medical specialties, there is a specialty-specific accreditation process for dentistry. The Commission on

Dental Accreditation of Canada (CDAC) is the body responsible for accrediting dental services and training programs.

Structure and Leadership

It is appropriate for the Dental Services within an AHSC to be a Department of the Hospital, with the same rights and responsibilities as other medical departments, with a Dentist-in-Chief who participates in the governance structure of the hospital. The Department of Dentistry should have a vision, mission and strategic plan that align with the strategic directions of the Hospital. “Dentistry” involves a number of unique specialties which comprise maxillofacial sciences – for example, maxillofacial surgery, oral medicine and pathology, maxillofacial prosthetics, general dental care for medically complex patients. Like medical departments, its faculty have responsibilities to the university and have a tripartite mission within the hospital related to patient care, teaching and creation of new knowledge and therefore should not be subsumed into a medical department. Dental chiefs should be offered the same leadership development opportunities as their medical counterparts, to allow them to build the desired culture within the department, steward the department in a fiscally responsible manner and ensure excellence in patient care; and the leadership skills to participate fully with their interprofessional peers, within the hospital governance structure and the health care system in general.

Funding

The ability of the dental department to thrive depends on its funding as well as on its structure and the quality of its faculty and leaders.

An understanding of the impact of the exclusion of dental care from Canada’s universal health care coverage is imperative to grasping the difficulties faced by hospital dental departments. Only 5 per cent of dental services are covered through a hodgepodge of public health programs offered federally and provincially, targeting the needs of specific populations – to a large extent, youth and those on public assistance – in severely underfunded models. While 70 % of Canadians have some private dental insurance coverage, a large proportion of those requiring medically necessary dental care in a hospital setting face financial difficulties (often because of their illness), do not have dental insurance, are underfunded by government plans and/or require procedures not covered by universal health care.

In contrast to medicine, provincial governments do not support academic clinical dentistry through alternate or academic funding plans (AFP’s) or enhanced fee for service arrangements. 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 staff.

In recognition of the above, most AHSC dental departments are funded to some extent from the global budget of the hospital. However, in many provinces, funding has eroded to the point that it is becoming increasingly difficult to keep departments operational and to recruit and retain the exceptional dental staff required in the hospital environment.

Given provincial, regional and institutional diversity, funding and operational models will vary according to the unique features and needs of the individual health care system. Nevertheless, the goals and outcomes should be the same throughout the country, guided by principles of equity, excellence, accountability and access to appropriate care for patients. Models may include full salary, partial salary or an administrative stipend for the dentist in chief, at a similar remuneration provided to the chief of a similar sized medical department, to allow the chief to provide appropriate oversight of quality of care, clinical operations, recruitment and retention of faculty, and academic matters within the department. Since most, if not all, of the revenues for the department derive from clinical revenue from caring for patients directly, often at a low rate of remuneration, support of the operations for the department from the hospital global budget is needed. This should include rent-free clinic and office space, capital equipment and budgetary support.