

ECONOMICS REPORT

The new survey technique has been implemented with an adequate response. We had 107 respondents say 'yes' with 82 saying 'no'. There was 166 no reply. We would like to investigate further to see the rationale behind not participating.

The new staff at the renamed Impact Consulting seems to have the new technique working well so far. We will have our annual consortium meeting in June.

Non-Insured Health Benefits Program (NIHB) has released its latest version of their coverage table. At initial look, it is falling behind in its level of compensation. With the negotiating done by the Canadian Dental Association (CDA) on our behalf, I believe we need to push to get a better contract.

Now that the government is settled again, we expect to re-enter negotiations with SaskHealth in regards to Social Services (SS) and Family Health Benefits (FIB) plans. We expect these negotiations to go poorly. They have no additional funds, so the amount of increase is limited. Another topic of discussion, one of the theories of our involvement would be a change from our current status where we sign the agreement on behalf of the membership, to one where we negotiate on member behalf but have each member sign the contract on their own behalf. This would allow members the choice to opt out of the program. While this is not our goal, it will allow our members to not be forced into something they (and the economics committee) are not satisfied with.

In regards to the codes in our guide, I have had some requests that seem reasonable. The codes involved are:

- 22600 set - this set is for prefabricated tooth coloured crowns. The likely material is zirconia. There are offices that use their milling machines to fabricate prefabricated crowns for use similar to SSC;
- 33600 set and 33610 set - these groups do not have complete sets, they have 1 & 2 canal procedures but not 3 or 4. It would be logical to complete these areas;
- 71210 set - these are oral surgery codes that add bone removal to a surgical removal of an erupted tooth. This code was not previously in our guide although the matching code for an impacted or unerupted tooth is;
- 92420 set - this is a code set for oral sedation monitoring. We expect our members to keep track of the patients they sedate. These codes would be used instead of patient management codes to adequately describe what is actually being done.

In regards to codes, the Uniform System of Coding and List of Services (USC&LS) committee will be meeting in early May. I will update council of new developments.

There still remains no agreement with MCIC. I have not received an update on that but with the election, I am sure negotiations have been paused.

Respectfully Submitted:

Dr. Mike Prestie