

Fall Council 2020 Presidents Report

The CDSS council had lofty goals for 2020. The council started off with some fantastic progress on a number of fronts, particularly in the area of governance and the modernization of the College policies and reinforcing our role as leaders in the provision of oral health care services in the province. During the first 10 weeks of 2020 council initiated and participated in the following:

- instruction and council discussion on good governance and council dynamics to set the tone for 2020 and the future
- the American Society of Association Executives (ASAE) meeting allowed executive council and the new management team to do a deep dive into leadership, knowledge-based decision making, the council's role in oversight and leading organizational change
- the emergency CDA meeting in Vancouver that initiated solutions for the MOU breakthrough and NDSE conflict
- Initial discussion and evaluation of the U of M/ Sask Poly SDHA (hygiene/therapy) hybrid provider proposal
- initial development of a new governance structure and blueprint for council and committee structure
- the hiring and transition of a new Registrar, Dr. Mitch Taillon, and the creation a new job description and then the rehiring of Mr. Jerod Orb as the CDSS executive director
- appointment of Dr. Brian Baker as CDA representative
- adopted a new CDSS election cycle to improve the efficiency of CDSS council
- initial development of council fiduciary responsibilities document
- initial development of a financial strategy for financial oversight
- initial discussion of TOR for council chairs
- initial development of a new Practice Enhancement Program (PEP)
- initial management review of the Cayton report and discussions on professional self-regulation
- initial development of a standardized agenda and reporting process
- initial development of a strategy to strengthen and maintain good government relations
- introduction of monthly executive and council zoom meetings
- initial development of council and senior management performance assessment tools
- development of a strategy and initial policy for Dentists and Denturist to partner when working on dental implant cases
- submission of a response to the SDHA letter to the Ministry of Health (Amending Section 23 of DDA)
- on-going negotiations over the development of a Provincial Dental Department
- on-going negotiations with COD and the clinical dental group with respect to the RUH clinic
- the planning and then canceling of Dr. White's retirement event
- continued contact with Sun Life with respect to their announced administrative changes

And then March 16th, 2020 happened – Covid-19 became our life.....

Following March 16th the majority of Council's executive team and the management team's efforts and time were dedicated to activities involving Covid-19. Hundreds of hours of online meetings with all levels of government, the SHA and regional facilities, the ministry on various fronts, the COD, provincial and national dental associations and regulators, CDSS members, the public, The CDA and its various Covid-19 response groups, several public health experts, and hours of reading and writing new

policy and protocol associated with Covid-19. In addition to all of the pandemic requirements the CDSS worked to finalize the MOU, had discussions and responded to the hygiene/therapy proposal, the NDSE concerns, the Economics Consortium meetings, fee guide negotiations and all of the management and regulatory components to keep the CDSS working as normal.

We are just eight months into one of the most significant events of our lifetime. With more than 34 million reported positive cases and over one million deaths worldwide SARS COV-2 has become the single most debated and discussed topic that will continue to impact every person around the globe for years to come. The CDSS continues to evaluate changes in policy and updates in the science and data that is now starting to flow from many countries around the world. The CDSS has made the decision that when working with scientific uncertainty, especially in a situation of a serious threat to public health, it is unreasonable to wait for the answers to all of our questions before taking action to avert the public health threat. If we can't be reasonably certain of the science, then we have to plan to be safe. In many cases, this has followed the idea of erring on the side of caution to protect the public and SOHP members. For this reason, great care and thought has occurred as the CDSS continues to update its COVID – 19 Pandemic: IPC Interim protocol.

All negotiation with the Saskatchewan Ministry of Health Supplementary Health Program stopped with the start of COVID - 19. The economics committee has just restarted the negotiation process. The remuneration from the government's dental sponsored program is approaching an all-time low and government continues to have questionable interest in open discussion to decrease the fee deficit and improve access to care for their clients. The SS/FHB contract is now out of date by 5 years. The last contract with the Ministry was roughly 87% of 2015 CDSS fee guide. If the CDSS signs the proposed government proposal of 2%, 2%, 1% over the next three years the average remuneration will remain well below 80% with some restorative fees dipping below 50% of our current fee guide. Government will need to address these programs and either increase funding for the current schedule or reduce the number of procedures covered in the schedule and remunerate those procedures at a reasonable fee. As Ministry remuneration get closer to the break-even point on many procedures, members may choose not to treat this group of patients. This has become even more evident as dental offices re-open following the mandated reduction to emergency services by the Saskatchewan government. The economics committee put forward several proposals during the most recent round of discussions with the Ministry and had hoped to have some positive news. Multiple emails and Zoom meetings over the last four months have occurred in hopes of adding a PPE code and additional scaling units to the Ministry sponsored programs as a result of Covid - 19. These negotiations had no impact. One thing the pandemic has brought to light is a true definition of what a true dental emergency is. If the Ministry is not able to fund their current program, they may need to refocus on fully reimbursing emergency treatment only. The CDSS is concerned that as the Ministry reimbursement schedule falls further behind, participation by CDSS dentists will continue to decline. This will significantly impact the access to care for the Ministry sponsored patients.

I would like to take this opportunity to thank all of our dedicated council members who have taken time away from their families to help serve their profession. I would also like to thank all of the CDSS members who have contributed their time and knowledge to the various CDSS committees. I know the current environment makes some of this committee work a little more difficult so thank you for adapting to the new normal. I would all so like to thank our amazing management team for their tremendous contributions to the CDSS during this unprecedented time. It has been a treat to work with such a dedicated and knowledgeable group of people.

I am happy to report that the CDSS is in a great position. The regulation of dentistry in Saskatchewan has been challenged on many levels over the last year and the council has been able to manage and even strengthen relationships with the public, government, Saskatchewan dentists and our SOHP members. These relationships will be very valuable as we move into some challenging times.

Council Supplement:

I would like to congratulate our two new council members Drs. Fowler and Kudryk and returning councilors Drs. Saganski and Thiessen. I expect they will be a great addition to the CDSS council. The following is a brief summary of my years on council and my thoughts on how the CDSS has evolved and will continue to adapt to provide exceptional regulation.

- 1) Council must guarantee transparency during the decision making process and strive for consensus thru thoughtful process. This is done by adhering to the i) Duty of Care – all councilors must exercise reasonable care when making decisions – the CDSS has been constantly improving in this area as we incorporate better risk analysis and financial management. ii) Duty of Obedience – all councilors must be faithful to the Mission of the CDSS (The CDSS regulates and assists members through registration, licensing and communication of the highest professional standards to enable the provision of safe, excellent, comprehensive patient centered oral-facial health care to all people of Saskatchewan) and all decisions must be made with this in mind. iii) Duty of Loyalty – all councilors must have undivided allegiance to the CDSS when making decisions and always act in the best interests of the CDSS.

This behavior must be passed on to the committee level as the Council must have 100% trust in the process and recommendations of the committees. The committees must function as the think tank for the Council and for them to be effective Council can not interfere with their work.

Council will need to continue to modernize the VMV and the strategic plan so they align with the bylaws, the DDA and the budget.

Completion of all the TORs and a new Operational Framework will also go along way to helping in developing the communication strategies for the public and CDSS members. The CDSS must work to improve solidarity between members and elected council. The pressures of Covid have helped slide the scale slightly but we have a long way to still go to align ourselves with many of the suggestions from the Cayton report.

- 2) Development of an arms reach Economics advisory panel – this group would work independent of the CDSS council and only report back to the council when requested or at a specific time of year. This advisory panel would advocate on behalf of the dentists of Saskatchewan with respect to fee guides, USC & LS modernization and ministry negotiations. This panel could be incorporated as a non for profit company that would receive funding from the CDSS much the same as the CDA does so that it falls within our current bylaws. I suggest increasing the panel size to 4 licensed dentists registered with the CDSS and one public rep all with equal representation. The advisory panel

would require a budget of roughly \$200,000.00 to \$225,000.00 to cover expenses from Impact, consortium meetings, USC & LS meetings and negotiations with the ministry sponsored programs. A risk analysis must be completed, TOR and the relationship with the CDSS would need to be developed to meet the goals of satisfying the goals of the Cayton report. An annual budget and financial report would be required and presented to the CDSS to maintain financial support from the CDSS.

- 3) The initial development of a council/committee assessment tool must be completed to confirm that all councilors and committee members are following the CDSS strategic plan. This will improve financial control, make committees more effective and strengthen regulatory practices and policies. The development of committee chair TORs, the modification of the annual council cycle and the re-development of the PEP program were initiated from discussions around these assessment tools.
- 4) Continue to standardize the board task/activity calendar, constant evaluation and development of good governance and finalize the new operational framework of the CDSS including the updating of the Strategic Plan.
- 5) Senior management should be task with constant improvements to cyber security and development of web site applications to improve communication to CDSS members and the public.
- 6) Continue to evaluate standards and compare Saskatchewan to other similar jurisdictions. le) New Brunswick is currently developing a standard for Neurotransmitters. This will continue to advance our regulation of dentists and strengthen our government relations which will all help to secure dentistry as the leader of oral health care in Saskatchewan.
- 7) And last but not least be good leaders..... Accept all discussion, withhold judgement and criticism, talk straight, be honest about limitations and concerns, always work to align actions with thinking and feelings, clarify expectations and deliver on promises!

Always remember **Trust** is the residue of promises kept!

Respectfully submitted,

Dr. Todd Graham
CDSS President