



The past six months have been busier than ever at the ODA, and the Canadian Dental Care Plan (CDCP) has been front and centre. Last November, I had to unfortunately report to you that the ODA had not properly been given a seat at the table. The CDCP was ready to roll out, and they had not even discussed it with the profession. Clearly, that was unacceptable, and we were not going to stand for it.

Our strategy worked — by sticking together as unified dental associations across the country, Health Canada came back to us and asked us to sit down.

The CDCP is truly a game changer in our profession. It presents the opportunity to help the almost one-quarter of Canadians who don't have access to dental benefits — if it is done right! I wish Health Canada had invited us to the table from the beginning. So much confusion could have been avoided. So many needless missteps would never have been taken. If the federal government had listened to us from the start, this program could have already rolled out more smoothly and properly.

But, as we are all aware, that's not what's happening. We were only able to enter into discussions — not negotiations — at the very last minute. They did not take our advice about a health spending account; instead, they adopted an NIHB-style plan. When we asked about sharing other style plans we had considered, they dismissed us.

As an organization as old as Canada itself, the ODA has pushed back — really pushed back — to protect our patients, our practices, and our profession. We worked in unity with every provincial and territorial dental association (PTDA) in Canada, alongside the Canadian Dental Association, to tell the government how to roll out a program that will work. For a while, it sure didn't seem like the federal government was listening to us.

As dentists became aware in February about enrolment requirements, contracts that could be changed unilaterally by the government and Sun Life, and undue administrative burden, many of us were angry and disappointed. The CDCP was going to take away patients' right to choose their own dentist. It was going to expose participating dentists to risky contracts and force already short-staffed practices to shoulder more paperwork.

Its preauthorization requirements meant patients might have to wait days, weeks, or even months in pain, while government officials decided what care would be covered under the program. When we surveyed dentists across the country earlier this year, seven out of 10 were unlikely to participate in the program, and in some provinces, it was as high as nine out of 10. Just this week, Health Minister Mark Holland said 6,500 oral health care providers had signed up. That includes dentists, independent dental hygienists, and denturists. Let me clarify: there are almost 26,000 dentists in Canada, 1,700 independent hygienists, and 2,500 denturists. These are not very good numbers for Health Canada.

Many dentists across Canada have decided not to sign up for the CDCP. The ODA didn't tell them not to — that's not our role — but we encouraged our colleagues to make sure they had all the details before making such a big decision. I'm hopeful that Health Canada is listening to us now; where we go from here is entirely up to them.

We met with Minister Holland in Vancouver for the Pacific Dental Conference and here in Toronto for the CDA's Annual General Meeting. We left both meetings hopeful, but unfortunately, we have seen very little in action. We want the Minister to deliver what he promised, but we can't make decisions until we've seen what we need to in writing.

While we have a commitment to a reduction of administrative burdens, an alternate pathway where a patient can choose their dentist, and dentists able to bill the program on a one-off basis, we have yet to see the details. If this alternative pathway still forces the dentist to agree to the same terms and conditions as they would if signing up, we are no further ahead.

While it seems the federal government has been turning a corner away from telling people that the CDCP means free dental care, it still misses the ears of some very important people. Prime Minister Justin Trudeau was seen describing the program as free just a couple of weeks ago in Victoria in a campaign-style event. Unfortunately, the damage has been done. This has put not only Ontario dentists but all dentists in Canada in a very difficult position. That is why another phase of our joint public- and government-relations campaign will be launched across the country in the coming weeks. With the help of the CDA and every other PTDA, our message will be put in front of all Canadians — that the CDCP is simply not free dental care.

The ODA has been delivering this message for months in media interviews and online. My PTDA colleagues, the CDA and I have been interviewed hundreds of times, raising your concerns, and this is not going to stop there. We are now working on an advertising campaign specific to Ontario to complement the national efforts. This campaign will highlight the role of the dentist and the critical importance of the dentist-patient relationship.



The ODA is also working hard to make sure our members have the information, tools, and resources they need to inform their staff, answer questions from patients, and make the best decisions for their practices. We have heard many times from members, "What do I tell my patients?" I encourage you to remind all members what we have shared in our Composite emails for many weeks — there is a tool kit on the website that is constantly being updated with frequently asked questions, posters, fact sheets, talking points for dentists to use with staff and patients, and other materials. There is also an area for the public to access online with frequently asked questions (oda.ca/cdcp).

We held a virtual Town Hall in February early this year. It was our most-attended webinar, with close to 2,000 members and their dental teams listening in. We also, at the last minute, added a session to the Annual Spring Meeting just a few weeks ago to update members and answer their questions. Approximately 2,000 members attended it. Looking out from the stage, it was standing room only; I cannot remember seeing any room at the ASM ever so full.

We've done three in-person town halls across Ontario to share details about the CDCP and answer questions and concerns, and we have more in the works in the weeks ahead. We are collaborating with the CDA and other PTDAs to develop practical tools and resources for practices across the country. We're also organizing another webinar, which will focus on the economic perspectives of the CDCP.

This period has been trying for everyone at every level in our profession. It's been disappointing to see a program with the potential to help so many Canadians get bungled from the start. Some of us have been extremely angry, and some of us have been afraid for the future of dentistry, for our patients, and Canadians.

Our profession has been tested and, many times, could have fractured, but we stood strong and together. Dentists from coast to coast to coast came together and forged a united front to pressure the government to listen to us. We have made huge strides; we convinced the government to allow balance billing, to protect patients' privacy and right to choose a dentist, and to commit to an alternative pathway so dentists don't have to enroll.

I said in November that if the government didn't come up with a program that would increase access to care and be sustainable for dental practices, it would see how strong our profession is. Well, I think we've made that clear. We have come a long way, but a long road is still ahead.

We are still pushing the federal government for agreements that cannot be unilaterally changed. We are still fighting for patients to be able to see the dentist of their choice and seek reimbursement from Health Canada. We are still demanding Health Canada to come up with a plan to safeguard third-party dental insurance. We don't want to see Sun Life conduct on-site audits of dental practices in Ontario.

The ODA has been at the forefront of the united effort to get a CDCP that works, and we'll stay there until the CDCP is the program that Canadians deserve.

Changing gears, the CDCP has been a major focus, of course, but not the only one. We've used our discussions with the federal government about the CDCP to also sound the alarm about the shortage of dental auxiliaries, specifically dental hygienists and dental assistants.

As we all know, these staff shortages are having a significant impact on patient care, leading to cancelled appointments, treatment delays, and reduced hours of service, but more importantly, on our own mental health. This is being addressed not only at the federal level but the provincial level, alongside the RCDSO in every single meeting we have with them, pushing to increase graduates and make it easier for oral health care staff to move from province to province, especially into Ontario.

Our Oral Health Human Resources Task Force is working hard to find other solutions. We're looking at ways to provide more training programs, recruitment and retention initiatives, and strategic partnerships with groups like the Ontario Dental Assistants Association. We've also been working with the CDA and other PTDAs to address what is a national problem.

We continue to work on improving provincial dental care programs. As you know, we've been at the table with the Ontario government, negotiating proper funding for programs like Healthy Smiles Ontario (HSO), the Ontario Disability Support Program (ODSP), and the Ontario Seniors Dental Care Program. We told the Ontario government for years that dentists were at their breaking point and couldn't continue to subsidize these programs to the tune of \$150 million a year. Finally, the government is listening and sitting down in negotiations with us.



There have been some victories on the provincial level that we can report. First, as noted last time you were here, we have agreed to an ongoing formal negotiation process with the provincial government, including an escalation mechanism. We recently confirmed the CDCP becoming first payer and the provincial government being second payer for ODSP and HSO. We are still sifting through the details, but this is a huge win for the ODA — dentists, in many situations, will be reimbursed their full fees for treating HSO and ODSP patients. As our negotiations team is still in a confidential process, we cannot disclose details of every meeting and submission that has been made, but I can tell you that they've worked very hard for the profession, and it is great to see these results.

There is the potential for more wins on another front — fraud. People are committing fraud with the HSO, misusing the emergency pathway while they can have their children under their insurance. The province is listening to us. We continue communicating with the Ministry of Red Tape Reduction and building stronger relationships. We will hear more detailed information when the Government Dental Programs Working Group presents later.

On another positive note, one of the goals I set out to do this year is to try and get around the province. So far, I have been able to visit 33 of our 39 component societies. The ODA has prided itself on being a representative organization. I can, without a doubt, let everyone know that whether you are the smallest, like Temiskaming Shores, or our largest, like Halton Peel, or from the west of Kenora to the east of Cornwall, you are represented. Our members bring up some of the greatest ideas, which I am honored to share with our Board and staff. On a personal note, it was an honour meeting our dedicated members and presenting so many awards. Nothing is better than hearing first-hand what our members are concerned about and building relationships in person.

We have also tried very hard to be more involved with our Ontario faculties. Understanding the importance of our students and how they represent the future of our profession is a must for the ODA. We must be front and center in every aspect of the student's life. I would like to thank all the Board members who assisted me with the student events, and a special thank you to Dr. Maneesh Jain.

And, of course, ASM 24! It was one of the best meetings yet, with new and old attendees and events, which has made it a great conference for over a hundred and fifty years. We had nearly 12,000 people attend this year — back to where we were before the pandemic — which was amazing to see. While other major conventions struggle with attendance, the ODA is flourishing. It was a real pleasure to meet so many colleagues and friends, old and new, as we came together to learn and celebrate our profession. I'd like to thank the staff and all our volunteers, who I know worked tirelessly in the weeks leading up to ASM to pull off such a great event. It was wonderful to see many of you there.

This year also marked a beginning where what was old is new. I am talking about the first-ever Legacy of Leadership Summit, where past ODA presidents came together and had open discussions about what worked during their time and what didn't. My favourite quote is by Sir Winston Churchill: "The farther back you look, the farther ahead you can see." I think it is fair to say that having that amount of wisdom in the room was eye-opening and a privilege.

Looking around the room two people caught my eye. Dr. Lisa Bentley, our outgoing Immediate Past-President — she prepared me for this year, and a thank you is really not enough. Dr. Maneesh Jain, our future President, your support and calmness during this year help keep the bull from destroying the china shop. I know you will carry on next year and push for our profession like your predecessors have done.

Once again, I'd like to welcome all our new and returning councillors and guests — thank you all for taking time out of your busy lives to be here and for your ongoing work to support your ODA. We've made it this far because we've done it together. And we'll keep working together on the common causes and challenges we face today, and those that will come in the future. Thank you very much.

