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## **Patient Information | Infection Prevention and Control Standards Impact on Dental Offices**

Issues with the cleaning and sterilization of medical equipment, as well as infection prevention and control, were identified in the East Central Health Region in March 2007. Dave Hancock, Minister of Health and Wellness, immediately ordered an investigation of the situation by the Health Quality Council of Alberta, and a review of infection prevention and control policies, practices and procedures province-wide. The findings of both reports indicated a need for provincial infection prevention and control standards for all facilities providing health care services.

Although Infection Prevention and Control standards within dental offices have always been at a high standard, the Minister directed Alberta Health and Wellness to include the provincial standards into the Alberta Dental Infection Prevention and Control Strategy.

As a result of the Alberta Infection Prevention and Control Strategy and Standards, the Alberta Dental Association and College has developed standards for dental offices in Alberta. These new standards have required time and the rethinking of office procedures in delivering dental treatment. Many of these standards have been quite extensive and expensive as new equipment and training has been required which has increased costs and brought about an increase in dental fees.

Alberta dentists have always been able to set their own fees, for the services they provide, based on their individual practice situation.

The Alberta Dental Association (ADA) used to print a “suggested Fee Guide”. Many dental plan carriers, including insurance companies, used this guide to set their schedule for payment of the services covered by their plan.

The Alberta Dental assists the public, dental plan carriers and dentist by conduction an Annual Survey of Dental Fees in Alberta. The Association has also provided practice management information and courses to dentists to help them determining costs and how to set fees. These fees are to be based on the individual dentists review of cost factors, such as the time needed to provide a service, the value of the service to the patient and the overhead costs of staff, materials, rent, loans, bank financing, insurance, and utilities among others. The fee should not be based on whether or not the patient has a dental plan, insurance or what fee the carrier of the dental plan with pay.

Decisions on dental plans are usually made during meetings with employers or plan sponsors and employees. Dental plans often do not cover all the services a patient may need or the entire fee for services. Dental plan carriers will now have to use different means, such as the ADA’s Annual Survey of Dental Fees in Alberta, in setting the level of payment for covered services.

Some plan carriers are still paying their clients based on the 1997 ADA. “Suggested Fee Guide”. Even though these fees may no longer cover present costs. Thus there could be a difference between what your dentist is currently charging and what the dental plan carrier will pay you to cover the cost of the services provided. For example, if you plan states it will cover 100% of a service, it could mean 100% of the 1997 “Suggested Fee Guide”. As dental costs have gone up over the last three years, the 100% coverage stated may not cover your dentist’s fee.

You should also be aware that it is difficult for a dental office to know the details about the services covered and each and every insurance company’s schedule of fees for their dental plans. Try to get as much data as you can from your company or organization’s plan administrator or carrier before visiting the dentist. As there are dozens of companies selling dental plans, you cannot expect dentist and dental office staff to know the details about your plan and the coverage that you carry. Dental offices are not agents or brokers for any dental plan carrier.

Some plan carriers in the past have said that dentists were assessing fees to patients based on their level of dental plan coverage. These companies indicated the dentists should charge all patients the same fee for the same service. The same companies are now asking dentists to charge fees for their clients based on the schedule set up by the plan carrier rather than the dentists normal fees. They are now suggesting a multi-level fee structure among dentists. The Alberta Dental Association recommends to the dentists to base their fees on economic factors and the value of the service to the patient and costs and not on the type of coverage or dental plan a patient has.

If you are not pleased with the level of payment or coverage your dental plan carrier is giving you for the services you should inform your human resource officer, union leader or employer. These are the people who work out the dental contact with your carrier and they may not be fully aware of your concerns.

It is unlikely that any dental plan would cover every service that you may need. But to leave the choice of you dental treatment to only what is covered in your dental plan, rather than what you and your dentist feel is appropriate, leaves your dental health and general well being in the hands of your plan carrier instead of you and your dentist.