FALL 2016
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OF SPECIAL INTEREST TO
ALL HEALTH CARE PROFESSIONALS

OF INTEREST TO
DENTAL PROFESSIONALS

OF SPECIAL INTEREST TO
VETERINARY PROFESSIONALS

OF SPECIAL INTEREST TO
EYE CARE PROFESSIONALS
On April 6, 2016, ROI Corporation, Brokerage along with a number of other sponsors (see list below) hosted a dental student night at the University of Western Ontario (UWO). Dental students primarily in their last two years of study attended to listen to industry leaders impart their knowledge and expertise. It was a spirited event with a number of very good questions asked and answered. Food and beverages were served and several samples and information handouts were given to the students present.

Christopher Chan, 26, a student in his third year was in attendance and agreed to be interviewed.

Why did you choose dentistry as your future profession?

I chose dentistry because I was always working with detailed projects with my hands and dentistry seemed to fit my preferences. In addition, being a dentist allows me to learn a specific skill set that not many have and I can use that skill set in medical missions globally to help those who may not be able to receive care otherwise.

What area of dentistry would you like to specialize in?

At this point, I am undecided.

What are 3 words that describe you?

1) Calm
2) Kind hearted
3) Disciplined

Describe a typical day for you at UWO.

I wake up at 6:45 am to get washed up, do brief exercises and stretches, and dress to go to the clinic. I arrive to change into scrubs around 7:20 am and set up my cubicle before morning class from 8-9 am. Then morning clinic session begins from 9-12 pm and this cycle repeats for the afternoon, typically using the lunch hour to clean up the previous cubicle and prepare for the afternoon appointments from 2-5 pm. Once afternoon clinic is complete, there is lab work, extra practice, or studying to do until bed time which is around 11 pm for me.

What information/ideas/advice did you take away from the sponsored presentation in the Great Hall at UWO on April 6, 2016?

An important piece of advice I received from the presentation at the Great Hall is that it is crucial to have the proper team in place to support...
Members of this team include accountants, lawyers, bankers and a broker. By utilizing your team and focusing on what each team member is specialized to do, one would be able to become more efficient in one’s practice.

What is your plan of action after you graduate from UWO?

I plan to become an associate outside of London and the Greater Toronto Area (GTA) for several years before considering whether or not I would like to open my own practice around the GTA. My short-term goal is to find a base of operation while exploring different medical mission trip organizations. I’d also like to look for a community that I can actively be part of but also be somewhat close to family so I have the option of visiting them. Long-term, I would like to either be an influential member in mobilizing resources for global medical missions or collaborate with some colleagues to open a medical centre. Being able to use my skill set to help others in a way not many can has been my motivation to persevere through dental school and is the focus of my career. This is also why I’m contemplating opening my own place or not as the amount of time and effort invested into a practice could be placed in something else.

I, along with the other sponsors, was impressed by the energy, enthusiasm and overall positive demeanour of the students. The future for these young professionals and for Canadian dentistry looks bright.

Sponsors of the UWO Dental Student Night: ROI Corporation, Brokerage; Bank of Montreal; Procter & Gamble; Zavitz Insurance; Lerners Law Firm; MNP LLP and Dr. Ajay Gupta.

Timothy A. Brown, Publisher
CEO ROI Corporation, Brokerage
Content Notes, Epiphanies, Giving Back And Much More

BY JAMES RUDDY

As always, Profitable Practice would like to highlight the good work of health care professionals giving back to local, national and international communities alike. The word “epiphany” often brings a smile to the faces of people who hear it. They know that something good is coming—an insight worth sharing, a moment of truth and possibly enlightenment. Steven Spielberg, in an interview in the July/August 2016 issue of Zoomer was asked—at his stage of life if it was still possible to have life changing moments in his work? Spielberg responded, “Oh my God, absolutely.” He went on to say, “We all age according to the laws of nature but we change according to the epiphanies that we have on a daily basis. We all have them and age isn’t a barrier to change.” Many professionals, after a successful career still want more—a greater sense of well-being and fulfillment. Ken Morrison and the Provision Charitable Foundation provide an excellent example of professionals who satisfied the need for more by giving back to the less fortunate in Tanzania. They are providing much needed dental care and dental education, as well as support on a number of other issues. Ken and others are following the lead of the earlier work done Dr. Louise Jilek-Aall, who provided medical assistance to the less fortunate of Tanzania.

ODA ASM DENTAL CONVENTION MAY 2016

Congratulations to Vicky Hatzopoulos, the exhibits and sponsorship coordinator for the Ontario Dental Association, for organizing another successful ODA ASM. Next year’s ASM will be the 150th anniversary (1867-2017).

DENTAL CONVENTION VIEWPOINT

Having attended two major dental conventions in 2016 (one in Vancouver and another in Toronto), a number of observations can be made. One is that the dental community reflects Canada’s (especially Toronto and Vancouver’s) multicultural makeup. Another is that there is a strong female presence in the dental profession. While these are not new observations, they are now a clearer and more visible reality than they were just a few years ago.

The ROI Corporation, Brokerage booth on the convention floor was visited by many young women enquiring about...
purchasing dental practices and/or finding associate opportunities with an eye to a future partnership or purchase.

There were a number of dental staff in attendance not only to participate in continuing education programs but as a way to build a staff team and to promote camaraderie and collegiality.

From a practice management point of view, there were the usual enquiries about retirement and starting the process of preparing for a practice sale.

All of the above with a background of the latest technology on display, the professional services available and class instruction on improving and perfecting dental procedures.

MORE CONTENT NOTES

The following is a list of our regular and guest columnists with a brief account of the message they bring to this issue of Profitable Practice.

- **Andrea Chan**, one of Profitable Practice’s long-standing columnists, provides an analysis of the recent federal budget and the impact it may have on health care practitioners.

- **Brian Gottheil** outlines and explains the legal aspects and benefits of having employee contracts for all your employees regardless of their length of service.

- **Lloyd Wright** and **Maria Castro** share information on health care benefits (PHSP) for your staff.

- **Dr. Milan Somborac** of Monday Morning Millionaire once again makes a case for health care professionals looking after their own investment portfolios.

- **Graham Ruddy** relates some good news on the training of aboriginal health care professionals, and in another article provides an interesting look at the versatility of pigs.

- **Pauline Blachford** provides a concise primer for buying and selling a health care practice.

- **Ron Barsotti** explains the importance of a recall system in a health care practice, especially today when we are experiencing the highest concentration of dentists per capita in Canadian history.

FEATURE INTERVIEWS

In addition to our interview with **Ken Morrison** and Dr. **Jeff Hackett** and the charitable work they are doing in Tanzania, Profitable Practice features interviews with the following: Dr. **Michael Vo** a Québec based dentist located in L’Île Perrot, **Irene Spedelaire**, an entrepreneur and the founder of bodyFood™ Dental Serum; **Ardra Cole** who is the founder of ElderDog Canada and Dr. **Gilbert Genouel** who created a line of homeopathic health products for dogs and cats called Animacare.

THINGS TO REMEMBER

Subscription information can be found on the inside back cover of the magazine. Profitable Practice encourages our readers to send us comments and suggestions; if you would like to write for us or have a story to tell, contact: editor@profitable-practice.com.

For back issues of the magazine go to: profitable-practice.com/magazine

LETTERS TO THE EDITOR

*My letter is for Mr. Graham Ruddy whose article “Happy Year of the Rooster, 2017... Happier Hens” appeared in the summer 2016 edition of your magazine.*

I appreciate Mr. Ruddy’s piece pointing out social responsibility in the poultry industry in our society. However, I believe that he failed to mention the other side of the issue. Animal rights activists have a certain agenda that they want to push. The industry and animal scientists look after animal welfare—how best we treat our animals and at the same time being able to produce a healthy, safe, and affordable food product to consumers.
Many aboriginal communities are the subject of discouraging news. Given the violence against women issue, the alarming teen suicide rates and the many other various abuse cases (some of which were recently addressed by two levels of government) there is some good news to report.

The Supreme Court’s recent decision with regard to the Métis and Non-status Indians promises to provide some relief and clarification of a major and troubling issue for Canada’s Aboriginal peoples. More good involves a news story from the University of British Columbia (UBC).

UBC’s plan to graduate fifty Aboriginal doctors by 2020 has already been met and the goal is an impressive five years ahead of schedule.

In 2002, the university set forth the objective to surge its representation of indigenous people within medical fields, and so far 54 students have graduated through the Aboriginal Admissions program; however, it doesn’t stop there—as 35 students are currently enrolled in the program and another 17 are expected to join the school in the coming fall.

A recent graduate, Roisin Dooley is aspiring to be an example for her family, hoping her cousins residing in Northern Ontario see her achievements and are inspired to seek higher education. She cites that early in her own life she viewed Aboriginal doctors as positive role models and their chosen career path allowed her to believe she too could find success in a medical field.

According to James Andrew, UBC’s Aboriginal Student Initiatives Coordinator, less than one per cent of doctors in Canada are Aboriginal and that fact should be seen a serious problem. Andrew believes it is important to have and encourage a higher population of Aboriginal medical students and would-be doctors, because it is vital that doctors can relate to clients on more specific social and cultural levels.

Though there is still much work to be done nurturing the idea of Aboriginal youth seeking higher education, the realized goal of the University is still a success. A success Roisin Dooley can be proud to be a part of as she goes forward with her residency in London, Ontario specializing in obstetrics and gynecology.


Graham Ruddy
Graham Ruddy is Profitable Practice’s Editor’s Assistant, illustrator and photographer. He writes and reports for the magazine regularly.
Employers understand the value of professional, dedicated employees; a great way to attract and retain them is by offering benefits such as health and dental insurance. As an alternative to traditional group health insurance, employers should consider using a private health services plan (PHSP).

A PHSP is a health plan approved by the Canada Revenue Agency (CRA) that allows employees to incur eligible medical expenses which are paid for by the employer. In order for a plan to constitute a PHSP, contributions must be for the benefit of an employee, the employee’s spouse or any related member of the employee’s household. Furthermore, this plan can be extended to shareholders as long as they are employees.

Advantages that may be realized by using a PHSP are:

- The employer can deduct the contributions to the plan on behalf the employees;
- It is not a taxable benefit for the employees;
- Medical expenses are turned into tax deductible corporate expenses for shareholders; and
- Flexible structures can be created.

According to CRA, a plan is a PHSP as long as all or substantially all of the premiums paid under the plan relate to medical expenses that are eligible for the medical expense tax credit. *The plan must contain the following:

- An undertaking by one person (employer);
- To indemnify another person (employee);
- For an agreed consideration (the employee provides services to the employer. In exchange for those services, the employer provides PHSP benefits and other compensation such as salary and vacation);
- From a loss or liability in respect of an event (medical expenses covered under the insurance plan); and
- The happening of which is uncertain (an employee’s right to coverage under a PHSP may be changed as part of a process of negotiating the employment contract).
A plan that does not satisfy the criteria above could lead to negative income tax consequences. Per CRA guidelines, the employer contributions must also be reasonable and consistent. The contributions are also restricted to covering only expenses that would otherwise qualify as medical expenses.

There are different structures and funding methods for a qualified PHSP, but generally a PHSP operates through a third party/self-insured plan, a health & welfare trust, and an insurance provider.

**THIRD PARTY / SELF-INSURED PLAN**

The most common structure is third party/self-insured plan where the employer enters into a contract with the PHSP provider, and it is usually set up as a cost plus plan. This means the employees pay the medical expenses they incur and submit their receipts to the plan administrator. The employer pays the PHSP provider for the amount of the claim plus administration fees, which are typically 10 per cent. The PHSP provider reimburses the employee for the actual cost and keeps the administration fee. The employer cannot deduct the contributions until the employee's claims are paid. Using a third party does not change the employer's obligations to its employees. The employer remains responsible for delivering the benefits and retains the insurance risk. Only the administration of the PHSP is transferred to the third party.

**HEALTH AND WELFARE TRUST**

An employer may use a health and welfare trust (HWT). The employer transfers the legal liability to pay the claims to a trust that the employer would fund. The employer’s contributions to the trust are tax deductible. HWTs are unique and they need to comply with certain administrative policies. These trusts provide opportunities to save costs that would otherwise be incurred in the cost-plus plan; however, one must be aware there will be additional costs incurred such as accounting and/or legal fees.

**INSURANCE PROVIDER**

Under the insured plan, the employer transfers the legal liability to pay the employee's claims to an insurance company. Employers are allowed to deduct annual premiums that they pay to the insurer.

**SHAREHOLDERS VS. EMPLOYEES**

To reiterate, owners and shareholders can use PHSPs, but it is critical that the individual receives benefits in their capacity as an employee, not as a shareholder. This may be difficult in situations where the owner manager is the only employee who is covered by the PHSP. If the following CRA guidelines are adhered to, the benefits will be derived by the owner's or shareholder's capacity as an employee:

- The owner and shareholder is actively involved in the business activities.
- The benefits must be reasonable and consistent.
- The benefits must be comparable to employees who are not owners or shareholders performing similar services to another business/corporation.

In order to be considered an employee, the shareholder should have an employment contract with the corporation, meaning that they would have employment income from the corporation. If the shareholder’s compensation is only dividend income, then CRA would determine that the benefit was received by the individual’s position as a shareholder. The contributions made by the corporation will not be tax deductible and will be added to the shareholder’s income as a taxable benefit resulting in double taxation.

**SUMMARY**

- PHSP can serve as an alternative to traditional group health insurance to provide supplemental health coverage to attract and retain employees.
- There are some potential tax savings at the corporate and personal level, meaning contributions to the plan are tax deductible for the corporation and employees will not incur a taxable benefit.
- Various structures for PHSP should be considered depending on the circumstances.
- PHSP must comply with the applicable tax rules and CRA administrative policy to avoid creating a shareholder benefit or an unfavourable tax situation.
- PHSP must be offered to all employees.

An employee’s coverage would be determined per the employment contract.

Prior to implementing any employee health benefit plans, employers should always consult an accountant for professional advice tailored to their situation.

*Refer to the following link for further information on eligible medical expenses. [http://www.cra-arc.gc.ca/medical/#medcl_xpns](http://www.cra-arc.gc.ca/medical/#medcl_xpns)*

**BOTTOM LINE:** Health benefits are becoming more important to employees, as care and medication costs keep rising. Consider using a PHSP to provide tax-free benefits to your employees, but always seek professional tax advice prior to setting up a PHSP to ensure it meets CRA’s requirements.

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**Maria Castro**

Maria Castro is an accounting and assurance manager and valuable member of the BDO health care team. She can be reached at mcastro@bdo.ca.

**Lloyd Wright**

Lloyd Wright is partner and national Professional Services leader for BDO. He can be reached at 519.576.5220 or lawright@bdo.ca.
One of the tenets of Monday Morning Millionaire is that non-financial professionals should be do-it-yourself (DIY) investors. Dental, veterinary and optometry associations throughout the country have financial planners and stockbrokers actively seeking to add association members to their client base. Nevertheless, non-financial professionals can easily do better on their own.

As one example, in the April 14th edition of Oasis Discussions, JCDA editor Dr. John O’Keefe interviews Mr. Ron Haik who has been with Canadian Dental Services Plans Inc. (CDSPI) for 20 years. (Follow http://oasisdiscussions.ca and then search for The Blueprint for Building a Million Dollar Portfolio.) This enticing title promises to show the secrets of how financial advisors help clients achieve financial independence. Using words like “wealth management”, “specialty”, “expertise”, and more, CDSPI is making its own marketing effort.

Oasis Discussions invites comment which are moderated and then published.
Following the above interview, I wrote:

“Wealth management, specialty, expertise, hmm…..

“I invite Mr. Haik to take me up on a bet, payable by the loser to the winner’s favourite charity, if any of the CDSPI mutual funds beats the no brainer strategy of buying and holding a low-cost S&P 500 index fund ETF over the course of the next decade.

“Over the last decade, not one of the 22 CDSPI mutual funds has equaled such a strategy. Not one! Building a million dollar portfolio outside CDSPI is much more promising.

“The central tenet of book MONDAY MORNING MILLIONAIRE, to be distributed by ROI Corporation, Brokerage later this year, is that dentists, veterinarians and optometrists should be do-it-yourself investors.”

Mr. Haik did not take me up on my bet which would have been nearly a certain loss for him but he did respond as follows:

“Thank you for your comments.

“After having developed thousands of comprehensive and customized financial plans for dentists and their families across Canada, CDSPI has rarely seen situations where one single investment is suitable for every investor.

“CDSPI respects the fact that investment approaches can vary for each individual. As such, we do not advocate that any one solution or one investment is appropriate for all individual investors. Before making any investment recommendations, it is our fiduciary responsibility, and in our clients’ best interests to understand their personal situa-

tion – to develop a financial plan. Important considerations such as investment objectives, risk tolerance, rate of return requirements and tax minimization objectives are unique considerations to each investor before contemplating an appropriate investment plan. Investment recommendations may then include combining active and passive investment styles, geographic, sector and asset classes to reduce volatility, factor in the impact of foreign currencies to a Canadian investor, and other tax efficient solutions if appropriate.

“There are many different approaches and philosophies to investing and we wish you good fortune as you pursue your own personal philosophy.

“Sincerely,

“Ron Haik”

I responded by writing:

“Mr. Haik’s is a smoke and mirrors response to the naked truth that investing outside managed portfolios gets better results. For an in-depth understanding of this fact, well known within the investment community, CDA Oasis followers can read the works of John Bogle, the widely respected founder of the Vanguard Group of mutual funds.

An apples-to-apples comparison needs to measure managed portfolio performance over an extended period against the no-brainer strategy of buying and holding a low-cost S&P 500 index fund ETF. For the purpose of this discussion, investing should be separated from other aspects of wealth management.

“A study by Bergstresser, Chalmers, and Tufano found that the weighted average return of equity funds held by investors who relied on advisors (excluding all charges paid up-front or at the time of redemption) averaged just 2.9 per cent per year, compared with 6.6 per cent earned by investors who took charge of their own affairs. (From John Bogle’s recently published DON’T COUNT ON IT) Many other studies support my statement, based on personal experience, that building a million dollar portfolio outside CDSPI is much more promising.”

While spreadsheets are more accurate, the rule of 72 is a handy investor tool for mental calculations of investment effectiveness.

The annual earnings percentage divided into 72 shows how may years it takes for a lump sum to double in value. So a DIY investor would double a lump sum in a little less than 11 years. (72 divided by 6.6) Using the services of an advisor would double a lump sum in about 25 years! This is not a misprint – 25 years! Financial advisors and brokers are better at marketing than at investing.

BOTTOM LINE: Be a do-it-yourself investor. Future columns and Monday Morning Millionaire will show how.

Dr. Milan Somborac
Dr. Milan Somborac practi-
ices dentistry in Collingwood, Ontario and is the author of Your Mouth, Your Health and Monday Morning Mil-
lionaire. He also serves as the editorial consultant for this magazine. He can be reached at 705.441.4566 or at milan@drmilan.com.
One of the mandates of Profitable Practice is to highlight the charitable work being done for the health care of the less fortunate. Ken Morrison of the Provision CPAs and Dr. Jeff Hackett joined to address, among other problems, the dental health care of the people of Tanzania. Ken Morrison answered the following:

**How did you and the Provision CPAs get involved in Tanzania?**

My wife Nancy and I were very privileged to become friends with and be inspired by Dr. Louise Jilek-Aall. In 1960, as a single white woman, Louise went to then Tanganyika and alone in the bush cared for the indigenous people. She discovered that the level of epilepsy in East Africa was many times higher than in the West.

Even later, as Louise and her husband worked around the world as cultural psychiatrists, she remained a faithful advocate to the clinic for epileptic people she founded in Mahenge Tanzania in 1960. Louise also worked with the UN during the uprising in the Congo in the 1960s and spent time with Dr. Albert Schweitzer at his famous clinic.

She finished her career as a professor at the University of British Columbia and lives in Vancouver. Now in her eighties, she still advocates for her people in Tanzania. Louise is a talented, inspirational woman, who was always ahead of her time. For example, she began reforestation projects in Africa long before it was fashionable to do so. More details of her life are available on our website.

**What is the main goal of this project?**

The need for competent dental care in East Africa is enormous. The World Health Organization statistics state that there is one dentist for 170,000 people who live there. In Canada, an area is under-serviced if there is one dentist for 3,500 people. My fourth trip to Tanzania in 2015 was my first travelling with a dentist, Dr. Jeff Hackett, and I was shocked by the amount of dental pain I saw.

**What is your plan of action?**

We are going to address both the short-term and long-term needs. Firstly a
team of volunteer dental professionals are going to Tanzania in October, 2016 to provide immediate care. This will be the first of continuing trips. Secondly, in partnership with the government and St. Francis University at Ifakara, Tanzania, we are immediately beginning a program teaching oral health in rural areas. Finally we are working towards opening a new dental school at St. Francis University, Tanzania by 2018.

**What prevents you from providing proper dental care?**

There are five problems that make providing dental care very difficult:

1. Lack of qualified dental personnel and adequate facilities.
2. Lack of training facilities to increase the trained personnel.
3. Difficulty of access to the few existing facilities.
5. Changes in diet have lead to tooth decay and later-in-life diabetes.

**What should people know about your organization?**

Provision Charitable Foundation (Provision) was formed by the partners of Provision CPAs out of our sense of responsibility to assist, where possible, the issue of poverty. Our focus has been on Tanzania and its epileptic people as inspired by the work of Dr. Louise Jilek-Aall.

Provision is a fully registered Canadian charity able to issue tax receipts for all donations received. Our commitment to our donors is that all administrative and related costs are covered by the accounting firm and that 100 per cent of all donations received are forwarded to Africa to be used in the designated project.

The long-term plan is to address the real problem while working to alleviate the symptoms. Once the symptoms are relieved, the education can be absorbed and implemented allowing the normal issues of life to be addressed.

**BOTTOM LINE:** This is a ‘giving back’ account that was inspired by the work of Dr. Louise Jilek-Aall.

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Ken Morrison
Ken Morrison is a Chartered Professional Accountant and partner at Provision CPAs. The partners at Provision have established a charitable foundation that focuses on making life better for the citizens of Tanzania in East Africa. He can be reached at kmorrison@provisiongroup.ca or 604.786.0616
Has your staff signed written employment contracts? A growing number of Canadian dental practices are providing contracts for their hygienists, assistants and other staff members for good reason.

Without employment contracts, staff whose employment is terminated will be legally entitled to a severance package which could approach, or even exceed, one month’s pay per year of service. If your staff has been with you for a long time, termination costs can be very expensive, and older workers are entitled to larger packages as well. An employment contract, by contrast, can limit your termination costs to the minimum amounts required by your province’s employment standards laws—in most cases, no more than eight weeks’ pay and benefits—or a higher amount upon which you and the employee agree.

In addition, without employment contracts, there is nothing to prevent your hygienists from moving to a competing practice and soliciting your patients to join them. Contracts can help protect your practice through non-solicitation clauses, which prohibit former employees from pursuing your patients or hiring away your staff.

To some dentists, these do not sound like significant concerns. You’ve known your staff for years; you know you won’t have to fire them; and you don’t mind treating them generously if you do. Your hygienist has been by your side for most of your career and would never compete with you. Even if this were true, employment contracts are still significant for two reasons: first, as employment lawyers, we have long since learned to expect the unexpected in workplaces. Loyal employees leave unpredictably; hard-working staff
develop performance issues and refuse to try to improve, making it necessary to let them go. Second, these issues will be extremely important to potential purchasers of your practice.

In spite of all the due diligence available to potential purchasers, from their perspective staff is a wildcard. Until the purchaser has worked with your staff for several months, they will not know whose work styles mesh with theirs, which employees they will want to keep, and which employees they will want to let go. With such uncertainty, the prospect of assuming liability for termination costs can be quite daunting to a purchaser, especially if there are older, long-service employees working in the practice.

Purchasers are also acutely aware that patient relationships are the most valuable assets they will acquire when they purchase your practice; they realize that patients’ closest relationships are often with your hygienists. Purchasers are understandably worried that a hygienist, who may have worked with you for many years but has no relationship yet with the purchaser, might leave the practice for a competitor, taking valuable patients along.

For these reasons, implementing employment contracts is one of the simplest yet most important things dentists can do to increase the value of their practices. By limiting employee termination costs, and by protecting the practice’s patients from solicitation by former employees, contracts will make your practice significantly more attractive to purchasers.

However, Canadian law also recognizes the hardship that contracts can sometimes place on employees. Because of this, courts have laid out strict conditions for employment contracts to be legally binding. To help you navigate these conditions and ensure that your employment contracts will truly protect your practice, we offer the following tips:

- Make sure new employees sign the employment contract before their first day of work. Otherwise, courts may refuse to enforce the contract.

- If you would like an existing employee to sign a contract, you will need to give something in exchange (called “consideration”): a signing bonus, a raise, a promotion, etc.

- Have employees sign a new employment contract whenever they change positions.

- If the employment contract refers to policies (e.g., a clinic code of conduct or staff handbook), make sure the employee has an opportunity to review the policies before signing.

- If an employee is hired for a fixed term contract with a specific end date, and you intend to renew the contract, have the employee sign the new contract before the old one expires. If you do not intend to renew it, tell the employee before the contract expires. Do not let an employee continue to work under an expired contract.

- Have an employment lawyer prepare your employment contracts or provide you with contract templates. If you want to change or remove something that is in a template, ask for legal advice first—minor changes can have major impacts.

- Have your employment contracts reviewed regularly to ensure that they have kept up with changes in the law.

- When terminating an employee, consider offering extra notice or pay in addition to what the contract requires, in exchange for a release. Paying the amounts in the contract may protect you from wrongful dismissal claims, but a release can protect you from other sorts of claims as well (human rights, defamation, etc.).

- Keep non-solicitation clauses (which prohibit an employee from soliciting your patients or staff after they leave) as narrow as possible while still protecting your practice. A non-solicitation clause, which applies for 12 to 18 months post-employment, within a 5-kilometre radius will normally be upheld.

... implementing employment contracts is one of the simplest yet most important things dentists can do to increase the value of their practices.

- Implementing employment contracts and keeping these tips in mind are a simple way to help protect your practice and preserve and increase its value.

BOTTOM LINE: It may seem onerous to go to the trouble of creating employment contracts for those with whom you may have worked for years, but employees’ lives or attitudes change, sometimes necessitating an unexpected workplace change. It is better to take the prudent path, and protect yourself and your practice with employment contracts for all employees, regardless of length of service.

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Brian Gottheil
Brian Gottheil is a Lawyer and Human Resource Advisor with the boutique employment law firm Bernardi Human Resource Law LLP. He has experience representing both unionized and non-union employers in all areas of employment and labour law, including wrongful dismissal, grievance arbitration, human rights and workers’ compensation. He can be reached at 905.274.9086 | bgottheil@hrlawyers.ca | hrlawyers.ca.
**FEATURE INTERVIEW**

**Dr. Michael Vo**

WITH PASCALE GUILLON

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“I always go above and beyond for my patients. If the clinic is closed and a patient calls with a problem, I go in and help alleviate their pain.” - DR. MICHAEL VO

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Pascale Guillon, a ROI Corporation, Brokerage representative, consults with Dr. Michael Vo on a regular basis. She recently interviewed Dr. Vo in order to provide our readers with an insight into his unique and successful dental practice.

**What were the factors that influenced you to become a dentist?**

I wanted to work in the health sciences. Dentistry appealed to me because of its for profit and entrepreneurial opportunity.

**What is your present position and describe how you got there?**

I’m a general dentist today owning my own clinic with my wife. I graduated in 2001 then went on to work near Ottawa then in Edmonton for six years. My wife and I decided to return to Montreal to be close to family. We started a family soon after and we are thrilled to be near our parents.

**You chose to practice in L’Île Perrot. Why?**

We loved the small community spirit with lots of young families in the area. We promote this culture within our clinic with our patients by throwing a yearly Christmas party in the Community Hall and inviting about 300 of our patients and hiring local talent.

**I always go above and beyond for my patients. If the clinic is closed and a patient calls with a problem, I go in and help alleviate their pain.**

**Describe a typical day for you.**

I work six days a week and enjoy the work tremendously. I might do an extraction, then implants or a crown followed by a gum or bone graft. My wife treats patients four days a week and handles the clinic’s administration two days a week. We complement each other very well. She is great at manag-
What are you passionate about?

Personally
I’m very passionate about my family, my children who are six and eight. I want to enjoy watching them grow and creating great memories with them. It was my daughter’s birthday party recently. She wanted to have it in a local indoor play area where they have a trampoline. She invited 12 friends to join her.

Professionally
I thrive on technology, the latest and greatest, as well as on continuing education. I am always trying to stretch myself and my abilities as a clinician in order to improve the quality and type of dental care I deliver to my patients.

I see patients sometimes come into my clinic with their hand in front of their mouth to hide their teeth and it disturbs me. When we complete their treatment and I see them smile with no hand up, I feel like I’ve made a significant difference in their lives and I’m very passionate about this.

What three words would your friends and family use to describe you?

a) Passionate  
b) Reliable  
c) Hard worker

What do you do to unwind?

I play computer games and sports with my children, mostly my son.

What type of food do you like and do you have a favourite restaurant?

McDonald’s is my top restaurant because I always know what it’s going to taste like so I’ll never be disappointed. I also really enjoy sushi.

What are your favourite pastimes?

I train and study Jiu-Jitsu at a reputable martial arts school.

What are the challenges Canadian dentists are now facing and especially in the province of Québec?

There are no challenges. Dentists are thriving more than ever today. Generalists are able to develop skills in specializations that were historically only available through specialists. Through continuing education, they are able to offer more services within their clinic and diagnose and discuss possibilities with patients a lot more. I notice that dentists in Québec do more extractions than out West. CAD/CAM, rotary files, 3D imaging, the Piezo, and implant technology allow dentists to do so much more today.

Thanks to my 3D printer, I build study models, surgical guides for my implants and simulation models for my ortho cases.

Your practice office is very well equipped and includes a 3D printer as you just mentioned. How has technology changed and defined your practice?

Technology combined with continuing education has enabled me to offer most of the services in-house that my patients typically need. This gives me the unique advantage of having a complete 360-degree view of all of their dental problems and treatment done first hand.

Describe how your team works and why they are so successful.

My wife is very good at managing our people. Together, we try to meet their individual needs and acknowledge their situation to decide how we can help. We respect them and offer our senior staff preferred work hours.

Where do you see yourself in the next five years?

I want to focus more on my family and spending more time with them. I don’t set goals, my wife does. I want to build out the surgical component of my clinic and continue learning and expanding the choice of dental services offered by our clinic.

If you were giving advice to a graduating class of dentists, what would that be?

I would say that they must actively and always pursue continuing education to grow into a solid clinician. This way, they’ll develop skills and confidence to do more, which will fuel their passion to learn more. As an owner, I have the responsibility of coaching those who come to work in my clinic and help them grow and handle more complex and bigger cases so they can find greater rewards in their profession and earn more.

Any regrets or final words?

I wish I had invested in a microscope a long time ago to save my back. Today, I have back issues. I think this will be the year when I will buy a microscope and help myself physically to heal.

BOTTOM LINE: Dr. Michael Vo is a Québec-based dentist who uses updated, proven technology and applies the knowledge he has gained from continuing education programs to provide a wide variety of dental services.
When it comes to structuring your business and planning your income, leveraging tax advantages is always a wise course of action. The 2016 federal budget reminds us there also needs to be sound business reasons for these decisions.

With an emphasis on fairness and the integrity of the tax system, the budget, announced on March 22nd, demonstrates the government’s determination to close loopholes and prevent abuse.

For dentists who own practices, changes to regulations in four areas may impact how you structure your business and pay yourself.

1. **EVEN-HIGHER MARGINAL TAX RATES SUGGEST VIGILANT WITHDRAWALS FROM CORPORATION**

Top marginal income tax rates are significantly higher this year. The federal government added a new tax bracket, raising the top rate by 4 per cent to 33 per cent on income above $200,000. Combined with increases at the provincial level, the threshold is now above 50 per cent in several provinces: 58.75 per cent in New Brunswick, 53.53 per cent in Ontario and 53.31 per cent in Québec.

This increase points out the value of having a professional corporation (PC). First, a PC enables you to retain professional income in the corporation and thereby defer significant tax. In Ontario, the first $500,000 of active business income earned inside a corporation is generally taxed at 15 per cent—much lower than personal tax rates. This allows a tax deferral or tax savings opportunity of 38.53 per cent!

As well, establishing a professional corporation provides remuneration flexibility. As a shareholder and employee of a PC you have the option of taking money out of the corporation as dividends and/or salary, enabling you to reduce taxes. For example, you can draw sufficient salary to make the maximum contribution to a Registered Retirement Savings Plan (RRSP) and the Canada Pension Plan.

Being mindful of the specific rules of your province, you may be able to add other shareholders to your professional corporation. In Ontario, if you are supporting a spouse, parents, and/or children over 18 years old, you could consider paying them dividends to lower your family’s overall taxes.

There are, in fact, several other strategies you can use to meet cash flow requirements without drawing more funds from the corporation. For example, you can maximize Tax-Free Savings Account (TFSA) contributions and then take funds out of this account as needed, replacing them at a later date. You can also maximize RRSP contributions and draw...
on them as needed. Or you can establish an Individual Pension Plan or a Personal Pension Plan, which has deductible contributions.

2. CHANGES TO WAYS YOU CAN USE CORPORATE-OWNED LIFE INSURANCE POLICIES

Many dentists own a life insurance policy through a corporation for a variety of purposes: key person or loan protection, funding buy-sell transactions. Premiums can be paid with dollars taxed at the small business rate.

When a corporation is the owner and beneficiary of the policy, it receives the death benefit tax-free when the insured person dies. The corporation could then add the value of the benefit, less the adjusted cost base, to the capital dividend account. Capital dividends can be paid out tax-free to shareholders.

Until now, where a life insurance policy was held personally, the individual had the opportunity to transfer it to the corporation at fair market value. Basically it allowed the shareholder to pull out the fair market value of the life insurance policy from the professional corporation tax free.

To prevent a corporation from receiving excessive amounts tax-free as a consequence of this strategy, the budget introduced measures to significantly reduce the tax benefit from the transfer. These amendments are effective March 22, 2016.

You may wish to discuss the potential impact on any corporate-owned life insurance policies with your business advisor.

3. ASSESS IMPACT OF RESTRICTIONS TO MULTIPLE SMALL BUSINESS DEDUCTIONS

By establishing a professional corporation, a dentist can access the small business deduction, enabling you to reinvest more funds back into your practice. Current rules, however, enable business owners to establish complex partnership and corporate structures specifically to multiply access to the $500,000 small business deduction limit.

The federal government has introduced measures to end this practice for taxation years beginning after March 22, 2016. If you have a structure using management or technical services corporations or a second professional corporation, you may be impacted by the new budget. Going forward, if you have one professional corporation that provides services to another corporation, generally it will not be able to claim multiple small business deductions. Similarly, if a corporation performs services for a partnership and the shareholder of the corporation is a member of the partnership, the small business deduction may be reduced.

Dentists who are members of a partnership or who are joint shareholders in a professional corporation should discuss the potential tax impact of this new regulation with your advisor. It may be necessary, for example, to monitor cash flow more carefully since the corporate tax rate is about 10% higher without the small business deduction.

In some cases, even though multiple deductions may not be available, it may still make sense for some dentists to have more than one corporation. For example, if you are a joint shareholder in a professional corporation but wish to save and invest funds in a PC while having sole control over how those funds are invested, you may prefer to establish another PC where you can personally make those investment decisions.

4. NEW GOODWILL TAX TREATMENT REQUIRES CAREFUL PLANNING FOR PRACTICE PURCHASE/SALE

Thinking of selling your practice? New rules introduced in the budget will have a significant impact on the approach you use.

Goodwill is often the most valuable asset when a professional practice is purchased or sold. Considered to be eligible capital property for tax purposes, its tax treatment differs from that of depreciable property. Only half the amount goodwill sells for is taxable as business income, which may also be eligible for the small business rate.

The sale of goodwill essentially becomes investment income rather than business income, which eliminates the advantage of a deferral. Since this change comes into effect at the beginning of next year, if you’ve been preparing to sell your practice, 2016 might be the best year to do so.

If selling your practice is not a current priority, it will be more important than ever to plan ahead and carefully strategize the future sale since there will be less flexibility in structuring assets.

The federal government will be releasing more details about these proposed changes in the coming weeks. For now it may be helpful to keep in mind that while the budget clamps down on loopholes and unintended consequences, it also promotes clarification and simplification. Most important, professional corporations continue to offer dentists significant financial benefits—and that’s a good thing.

BOTTOM LINE: An accountant’s view of the 2016 budget changes and its goal to reduce tax loop holes and prevent abuse. This article presents a prudent, cautious approach for dentists and other health care professionals to follow in light of these recent changes.

Andrea Chan
Andrea Chan, CPA, CA, (andrea.chan@mnp.ca / 416.596.1711) is a partner of MNP LLP (www.MNP.ca) who works with dentists and other professionals to enhance the profitability of their practices and to achieve personal financial wellbeing for themselves and their families.
How do you deal with a sliding economy combined with the effects of the highest concentration of dentists per capita in Canadian history?

**THE ANSWER IS SITTING IN YOUR OFFICE.**

Nowhere are these challenges more evident than in Calgary, Alberta. With the fall in oil prices, Calgary’s downtown core is littered with empty office towers and the hardest hit are practices located in these towers.

With the effects of the downturn now fully ‘kicking in’, practices are concerned about the future and ability to make ends meet—but, not all practices face this challenge. There are pockets of dentists in these towers who are doing well, and literally running busy practices in empty buildings.

**WHAT FACTORS ARE AT PLAY?**

Without doubt, practices that consistently provide patients with high standards of treatment, service and care are practices that sustain the highest levels of patient participation and retention. In today’s challenging times, this is the price of entry.

However, this does not explain why practices that have consistently delivered high standards are struggling with empty chairs.

In our experience, with all else remaining equal, the single most important factor that differentiates the financial
viability of practices in difficult times is patient recall.

WHAT IMPACT DO RECALL SYSTEMS HAVE?

We’ve worked with dozens of practices in Calgary’s downtown core—including practices located in office towers—that are doing well. In addition to providing high standards of care to their patients, the other factor these practices have in common is that they all had strong recall systems in place long before the downturn in oil prices.

What we see in these practices is that openings and cancellations have not increased; they are still maintaining high levels of hygiene and recall visits; even though comprehensive and cosmetic treatments are not at boom time levels, the slack is being picked up by basic restorative treatment.

The worst-case scenario for these practices under the circumstances is slow growth or no growth—a far cry from what other practices are experiencing.

WHAT IS THE OPPORTUNITY FOR PRACTICES?

What we see at play here is the power that well-run recall systems have to insulate and protect practices; nowhere does this become more evident than in tough economic times.

Recall is not only a “recession equalizer” for practices, it’s also a powerful practice-building tool, the importance of which has gone underutilized in the profession for far too long.

WHY FOCUS ON RECALL?

The sky is not falling and fortunately, the Alberta economic situation is not mirrored across the country.

At the same time, there are practices in every economic region that are struggling or not doing as well as they could. These practices are turning to marketing and other external solutions, over which they have no control to enhance their productivity—while the solutions they are looking for are sitting in their practices, fully under their control.

Although marketing is important, there are hundreds of thousands of dollars in untapped revenues, and countless numbers of recoverable patients sitting in the charts of practices across the country. Very few of these resources are being realized.

The information has enabled us to quantify in concrete terms the untapped revenue and recoverable patient potential that is sitting in practices.

How do we know?

We’ve heard it all before and up until now, it’s been difficult to quantify the untapped revenue potential that is sitting in practices—but times have changed.

With the advancements in recall technology we introduced to the profession over five years ago, we have monitored the hygiene and recall scheduling behaviour of more than 2 million patients involving millions of appointments; the data is in.

The information has enabled us to quantify in concrete terms the untapped revenue and recoverable patient potential that is sitting in practices; the results have been eerily consistent across the country.

Whether situated in Vancouver or Halifax, more than 50 per cent of patients do not have their next hygiene appointment scheduled, and a full 33 per cent of patients are due and overdue for their appointments. This represents hundreds of thousands of dollars in lost revenue opportunities—more than enough to impact the financial viability of virtually every practice in the country.

These statistics apply equally to high functioning practices as well—no practice is immune to recall system problems, all of which are quantifiable.

WHAT DOES THIS MEAN FOR PRACTICES?

Whether you are trying to economically recover or grow your practice, the central message is this: Your productivity and success does not exist outside of your practice and out of your control—it exists within your practice and fully within your control.

HOW DO YOU TAKE ADVANTAGE OF THESE OPPORTUNITIES?

Recall is undermanaged in 99 per cent of the practices we are exposed to. For practices interested in not only surviving but also thriving, it’s simply time to take action and focus on your recall.

Make recall a priority in your office; give it the time and attention it needs. Empower your staff with the resources and tools they need to get the job done and stick to it.

A consistent focus on recall will not only insulate your practice against economic challenges, but will also transform the productivity and growth of your practice like no other enhancement.

BOTTOM LINE: This article examines the importance of a patient recall system and how and why it is essential to your practice’s success.

Ron Barsotti
CEO of Recall System Pro. Prior to founding Recall System Pro, Ron spent over 20 years assisting practices to maximize productivity and growth as a leading management consultant.

Add he can be reached at 1.800.651.8603.
bodyFood™ Dental solution is 100 per cent natural product blended from organic essential oils and botanical extracts, each specifically chosen for their restorative properties and notable oral health benefits. Initially developed for those with sensitivities to the chemical components in ordinary tooth-pastes. bodyFood™ Dental solution is unlike any other dental care product available to consumers today, and is registered with Health Canada.

We reached Irene in her Mississauga, Ontario office.

To start things off, please tell us where you went to school and what you studied.

After graduating from high school in St. Catharines, I went to Humber College where I took a pharmacy technician course, which was a long time ago!

How did your career unfold?

My first job was in the cancer clinic at Sunnybrook Hospital in Toronto, where I was compounding chemotherapy treatments for patients. After Sunnybrook I worked for a company that compounded on a bigger scale for the home care industry—I became very good at mixing and producing IV preparations of all kinds. Working in an environment where you are trying to help people stay alive made me reflect on my own life—I wanted to stay healthy. Medicine was originally produced in patch form, and it made me aware of our skin as an organ, and what it absorbs really has an overall effect on the body. So I decided to start using more naturally healthy products on myself but had a hard time finding anything really good. I developed a natural body care line called bodyFood but I wanted to scent it naturally. I discovered essential oils and their power, became a certified Aromatherapist, quit my pharmaceutical job and have never looked back.

How did you come to develop bodyFood™ Dental?

I created it specifically for one woman who had chronic dental issues, was at her wits end and who was using a lot of homeopathic medicine. She needed (and continues to) so much work done that she had arranged to be on a monthly payment plan to pay for procedures. She wanted all her teeth pulled and replaced with dentures, but her dentist told her she didn’t produce enough saliva to hold the dentures in.

It was she who actually introduced me to the idea of brushing your teeth with oil. She had been using oils to brush her teeth, and asked me if I could create something for her with essential oils to keep her teeth clean and reduce her ongoing gum and dental issues. She wanted an alternative to toothpaste, and found the daily demands of coconut pulling (swishing coconut oil around the mouth for at least 15 minutes every day) to be unrealistic. Having first-hand experience in the healing power of essential oils, I researched which oils had been used historically for dental health, and I created my formula.

This woman used my product for one month, then went back to her dentist who told her she was producing more saliva;
he also noticed that her gums were in very good shape. He of course wanted to know what she was doing and she told him about the product. Because I had sent samples of oneDrop Dental (now bodyFood™ Dental) to holistic dentists across the country, he was aware of the product. But an overall poor response made me even more determined to bring the product to the public and let the users tell their story about whether it works or not. The product was launched in June 2015 and continues to grow.

What is the mission of bodyFood™ Dental?

Our mission is to help eliminate dental issues naturally and safely by replacing toothpaste with pure oils that have been used historically to prevent dental disease, gingivitis, bleeding gums and tooth decay.

How is the bodyFood™ Dental solution different from traditional toothpaste, other than it is an essential oil-based product? How does it work?

Firstly, I will state that people who visit dentist twice a year, floss regularly and brush twice daily still have major dental issues. In fact it is estimated that there are over 16 million root canals alone performed in North America annually. Brushing your teeth with bodyFood™ Dental is a very different experience, since it contains no chemicals such as sodium fluoride, saccharin, sodium lauryl sulphate or glycerin; there are also no foaming agents. You place one drop of the serum on a dry toothbrush and brush as usual. The essential oils prevent plaque buildup, which is the root problem of most dental issues.

I did a study with 30 people, which included naturopathic doctors, along with people of various ages. I gave them a 30-day supply and waited for the results. After the first week I was getting comments from people who could not believe how clean their teeth/mouth felt. I’ve adjusted the formulation a few times but now I’ve got it just right! There is a peppermint free version for those on homeopathics, and a peppermint version for those who enjoy that clean fresh tingle.

And the results of your study?

They were phenomenal. Honestly, people did have to get used to the taste and concept but it’s been a really good, positive change. I and others have been able to reduce our dental cleanings to every six months from every three months because we had minimal plaque accumulation, no gum bleeding, no inflammation; those with pockets noticed that the pockets were healing, and bad breath problems were also reduced.

What has the reception been like by the dental community to such an unusual product in a business, which is so established around the use of toothpaste?

Well, I have my work cut out for me without question. This product is a game changer in the dental industry and people are looking for a change, especially baby boomers and seniors. There is more curiosity now on the part of dentists and hygienists because they are seeing the results in their patients. Dr. Estrabillo in Ancaster was the first dentist to carry the product and recommend it to his patients. So I am hopeful that at least holistic dentists will open up to the product concept and try it for their patients and themselves. They have nothing to lose, and will really help their patients in a natural, healthy way. I know that if a dentist bought one bottle and used it for three months, he would have no trouble recommending it to clients.

How has the general public responded?

Obviously the product is not for everyone—no product is—some people don’t like the natural taste and miss the sweeter aspect of toothpaste. Every day your mouth feels as clean as if you’ve just had a dental cleaning. I am not saying that people can completely eliminate plaque, and of course people must still floss and have regular dental checkups, but users are saving money on their dental bills because they are improving their dental health. You produce more saliva, which is more alkaline; in fact, you may not even need mouthwash because the oil does such a great job.

Where can people purchase bodyFood™ Dental?

They can purchase online, at trade shows and from health food stores and dentists listed on my site.

How effective are trade shows?

I sell out of the large bottle first at every trade show, mostly to product users. I was completely unaware of how many people don’t go to the dentist because they can’t afford it, or for some other reason, so they avoid it.

Are you working on any other new products?

I am working on one right now—it contains coconut oil and you can pump it out of a container. This is the transition from a toothpaste to a solution product.

Do you have any spare time?

As a busy entrepreneur, not much! When I’m not compounding or running my business, I enjoy gardening, travelling, hiking, spending time with family and friends and plan to take up golf some time soon!

BOTTOM LINE: Every industry must adapt to changing times and consumer demand; bodyFood™ Dental is a natural evolution in the world of dentistry.

ROI Note: Publisher Timothy A. Brown is a minor stakeholder in the company. “He is amazed with the product and his hygienist was impressed with his periodontal tissue even after a lengthy gap between visits.”

Irene Spedaliere
Irene Spedaliere is the founder of both bodyFood™ Dental and bodyFood™ Inc. You can reach her through her web site www.bodyfooddental.com.
ElderDog Canada Inc. is a national, community-based, non-profit organization dedicated to the well-being of older people and older dogs. The national office is located in Lunenburg County, Nova Scotia, which is where I spoke with Ardra Cole.

Please tell us why you started ElderDog.

ElderDog came out of a convergence of three things. The first was a research program I carried out for ten years based around caregiving and Alzheimer’s disease. We travelled across the country several times, talking with family members to try and get a sound understanding of what caring for someone with this disease looked like. We gave the caregivers cameras and asked them to take pictures of what care looked like for them. We also asked them to come forward with some artifact that symbolized care. One of the things that really surprised us was how many people told stories about, took pictures of and presented artifacts all relating to the family dog. This intrigued us to the point where it became a whole area of research that I have since delved into.

The next was I had a dog that worked with Therapeutic Paws of Canada; for years we regularly visited seniors in care facilities, particularly in palliative care. It was amazing to see how my dog Tattoo was able to provide comfort just through his presence. The third thing, on a personal level, was that my brother died very suddenly of a heart attack at home, where he lived with an old chocolate Lab suffering from terminal cancer. After his death, one of my first thoughts was what was going to happen to his dog Mr. Brown. I of course took him because I knew how hard it would be to find a new home for an aged, ill pet. The big question for me became: What happens to all the Mr. Brown’s of the world who lose their companions? Another thing hit me—my mortality—and what good could I do in the short time I have left on this earth? ElderDog emerged as the cause that I would devote all my energies to.

What is ElderDog’s mission?

ElderDog is dedicated to older people and older dogs. Our focus is on helping seniors maintain their canine companions at home for as long as possible, and also help to provide long-term care for older dogs that lose their companions.

How are you organized?

At the national level, we are governed by a board of directors; we have an executive and I work closely with the vice-chair. We also have committees set up in charge of communications, marketing, fund raising, etc. At the community level, we are organized in Pawds, each with an executive and group of volunteers to carry out ElderDog’s work in the community. At that level, I work closely with the Pawd leaders. I am involved in pretty much everything! Nobody is paid.

Tell us about your four programs.

The first is dog care support for seniors, where our volunteers help those who may have mobility challenges or driving
problems by taking them to veterinary appointments or helping administer medications. The second program is our care for older dogs; here we re-home older dogs that have lost their human companions because of illness, death or relocation to a care facility. We try and place these dogs with other seniors. Our third program is education and outreach; we try to support research and educate the public about the critical role that dogs play in seniors’ lives. Finally, the fourth program is our bereavement support and commemoration program where we offer support to seniors who have lost their companions due to a dog’s death or a move which means losing their dog. We also have a virtual site where we invite people to commemorate their dogs online. At our national office we hold an annual memorial service and a release of butterflies in memory of dogs that have passed away. In August of this year, we will open a chapel-like facility where we will also commemorate dogs.

**You depend heavily on volunteers. How do you recruit them?**

We are 100 per cent volunteer-run so we have to spend a fair amount of time in recruitment. In addition to our web site, we have a pretty strong Facebook presence. ElderDog is organized into Pawds or chapters in communities made up of groups of volunteers who hold information sessions at libraries, host tables at local events to recruit, and reach out to pet stores and veterinarians; we also do mailings to communities where we want to establish Pawds. The most effective recruitment tool is media attention; whenever we are featured in a story, we get a lot of attention, which results in a flurry of inquiries about getting involved in ElderDog. We also hold sessions at universities so we can get students involved.

**If somebody wants to set up a Pawd, what do they need to do?**

They need to contact me, then they go to the web site where they will find a helpful booklet they can download. It takes a minimum of three people who are committed to the startup, and willing to take on leadership and coordination roles.

We have Pawds in Nova Scotia, Ontario, Alberta and PEI at the moment; there is one starting up in Québec. I need to mention that when we start up a Pawd, we establish a relationship with local veterinarians. This is critical because it allows us to get some reduced rates for our dogs, and the veterinarians can steer family members to us when they may need to euthanize the dog of a loved one who has died.

**How are you funded?**

We are completely funded through donations and our fund raising efforts.

**Tell us how your sponsorship program works.**

We are inviting people to sponsor or “adopt” a dog that may be ill or need care. Other donations in memory primarily go to our bereavement support and commemoration programs; however, the vast majority of money that comes in goes to veterinary care.

**You have a commitment to provide education and educational opportunities related to the human-animal bond. How does this work?**

We support a lot of students in university and community college programs—gerontology, vet tech and assistant or therapeutic recreation. We support school projects and papers, and those doing related theses. We have applied for charitable status; once this kicks in this year, we will establish a scholarship program for graduate students who want to do research in the area of human-animal bond.

**You have a store on your site; what do you sell?**

Of course we sell branded products—ElderDog hats, scarves and t-shirts, along with dog scarves, toys and treats. We also have a program called Wool and Woodworkers—for knitters, fabric artists, woodworkers—where we invite these creative people to make something and donate it to ElderDog to raise funds for our programs.

**Are there similar programs across Canada?**

No. We are unique; the only program I am aware of that is close to ElderDog was established in San Francisco. It is called PAWS or Pets Are Wonderful Support; it started out supporting pets for members of the HIV/AIDS community. I believe it has expanded to include seniors and people with disabilities.

**Finally, please tell us about the Dignity Project.**

We partnered with a photographer named Rob MacLellan, who primarily photographs animals, and was interested in using his lens to gain a much closer understanding of older dogs. He contacted me in 2014 to do a photography project as a volunteer, so he could shine a positive light on older dogs to show them at their very best. To date we have photographed over 60 older dogs; after our last shoot, we will work with the images to create a book, an exhibit and calendars to raise awareness and funds for our cause.

**BOTTOM LINE:** There are many reasons to adopt and love an older dog—they are already trained, they are less demanding, they provide instant companionship and with the right care can be taught new tricks! They deserve a second chance, as we all do.

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**Ardra Cole**

Ardra Cole is a university professor with a background in applied educational psychology, teaching and learning, ethics and research, and adult education and community development. Currently she is a professor at a Nova Scotia university and was recently named by the Urban Animal Foundation as the Urban Animal Innovator of 2015 for creating ElderDog. She can be reached at elderdog.ca.
The humble hog has had quite a journey to this point in time. The pig, or *sus scrofa* was believed to be domesticated about seven thousand years ago, but fossils related to the modern animals have been discovered alongside human dwellings dating back eleven thousand years. The modern pig originally developed in areas throughout Eurasia and Africa, and continued to move throughout the world as a result of human migration. The word ‘pig’ comes from the Old English word “fearh” that is derived from the word ‘furrow’ or ‘dig’. It is this trait, along with the pig’s delicious taste (pork meat is 38 per cent of the global diet) that has led to the domestication and extensive use of pigs.

Pigs are very similar to humans biologically, and like many animals are the unsung heroes of medical testing. Pigs being susceptible to parasites and diseases similar to humans meant that tests involving pigs have allowed scientific achievements, and medical breakthroughs. However, the use of pigs for scientific research has come under considerable scrutiny. Animal rights activists have been successful in limiting and/or preventing the use of pigs and other animals in scientific and medical research labs.

Until recently, paint and ink brushes incorporated the bristle or hair of pigs. Some artists today still prefer brushes with natural hair to the synthetic alternatives. The human/pig relationship is really one of adaptability (pig toilets are just one example—a discussion for another day), and humans as a species seemed to have shared a lot of common ground with pigs over the last millennia—including some common faults. Pigs like humans can sometimes be prone to gluttonous behaviour and other destructive habits. Humans introduced domesticated pigs and wild boars to North and South America and Australia, and these introductions resulted in some negative outcomes. Pigs can be destructive on native vegetation because of their overgrazing and their digging habits. In many places in the past and today’s feral pigs have become pests to the surrounding flora and fauna and they are hunted like vermin, not as game.

Not all pigs find themselves in trouble-some situations, and thanks to their keen sense of smell, a select group of pigs are doing a remarkable job of helping to prevent violence and saving lives. When we think of a pig having its nose to the ground with a handler following eagerly close behind, we think of truffles—a culinary delicacy harvested mostly in France and Italy. Some pigs are using their noses in a more unusual way; they are keen to sniff out bombs rather than aromatic fungi. Since 2003, efforts were made to bring wild pigs into the West Bank to be trained by Israeli defense forces to seek out caches of weapons and explosives hidden in both rural and urban areas. Having a better sense of smell than dogs, and being natural rooters, pigs seem like a logical and likely fit for this experiment. The defense forces came up with this idea after a young dog trainer sought permission to train pigs in lieu of dogs.

Other government agencies and officials took notice, and the use of bomb sniffing pigs gained momentum. Using pigs in battlefield conditions to detect improvised explosive device (IED) poses difficulties depending on the country’s religious beliefs or if the climate includes high heat. Using the pigs in an airport security setting seems like a necessary next step in an anti-terrorism career for pigs. They are also used in natural disasters and emergencies, or if there is a lack of properly trained dogs. Being a little “nosey” in this case isn’t a bad thing.

Sources:

Graham Ruddy
Graham Ruddy is Profitable Practice’s Editor’s Assistant, illustrator and photographer. He writes and reports for the magazine regularly.
Dr. Gilbert Genouel, thank you very much for agreeing to this interview. I know Profitable Practice readers will find your work very interesting. Please tell us a little about yourself – where you were born, and where you studied veterinary medicine.

I was born in Paris in the 20th arrondissement, near the butte of Montmartre. I graduated in 1975 from the École Nationale Vétérinaire in Lyon, a leading teaching institution founded in 1762.

Why did you become a veterinarian?

Ironically, that’s a question I never really asked myself, as if becoming a veterinarian was always a foregone conclusion. Looking back, I assume that by May of 1968, I must have grown to feel a general unease with urban life, and felt a yearning to return to the rural land my parents had left behind. In fact, at the time moving back to the country was a popular choice among new graduates in Paris. Rural life just had a lot of appeal in that “rock and folk” era. Brittany is also an attractive region, with an abundance of land and sea. It’s an extremely culturally rich region, and it’s where my roots are. Animals are also an integral part of the Breton reality and of the Breton culture. Because the economy was largely based on agriculture/food production, opportunities at the time centered primarily around breeding, which was becoming more and more efficient. As such, playing a part in the region's development in a caregiver capacity was extremely attractive to me. Today I feel very privileged to have been able to combine business with pleasure.

Please tell us about your practice—where you practiced and the types of animals you cared for.

I first practiced in Brittany, in Vitré, then in Josselin until 1991, and then finally began a homeopathic-centered practice in the Rennaise region. My clientele were primarily house pets such as cats and dogs, as well as farm animals that included “industrial” poultry and pigs, as well as dairy herds. Our breeding approach was classic or organic one, and I also cared for race and riding horses.

What led you to your interest in homeopathic medicine for animals?

Each case is completely unique. There really is no template. Treatment is case-specific and individualized. Homeopathy also allowed me to have options other than anti-inflammatories and antibiotics whenever possible, which turns out to have been a lot of the time. And this in spite of the fact that the animals that came in for a consultation were just as sick as those that would have received conventional care. Further, the search for etiology and when the symptoms began, which are necessary components of the homeopathic approach, allows for better treatment. It also improves animal maintenance, and limits—if not completely eliminates—risk factors and preserves the integrity of the animal's health.

Tell us about the products you have developed.

These are complex preparations (Animacare.ca), that is to say they are combinations of homeopathic medicines, which are compatible with each other, that suit a specific clinical picture and set of symptoms, and can be used as an alternative, or adjunct to other treatment modalities.

Profitable Practice is particularly interested in your Animacare-Behaviour product. Your website says it helps maintain balance and proper functioning of the nervous system. How exactly does this product work for the benefit of the animal?

Irritability and depression in pets are troublesome behavioural manifestations that are generated by physical difficulties or related in some way to the pet’s social life. Homeopathic medicines help balance metabolic functions, which in turn help contribute to a “healthy mind in a healthy body”. Such is the case with the homeopathic remedy “Nux vomica” in the formula, which exerts a balancing effect on symptoms of a digestive nature. The other remedies in Animacare act on the

“Dr. Gilbert Genouel, D.V.M.

WITH KAREN HENDERSON

“The traditional French medical model is founded on physiopathology. As such, my work consists of elucidating the modern homeopathic model, via proofs of a biochemical and immunological nature.”

- DR. GILBERT GENOUEL D.V.M.
Of Special Interest to Veterinary Professionals

About 30 veterinarians use homeopathy as a modality, which is largely influenced by the lack of a recognized status for homeopathic medicine in Québec.

Is homeopathic medicine for animals more prevalent in France/Europe than Canada/North America?

Yes, absolutely. Many homeopathic veterinary schools exist both in France and in other European countries, Germany for example. Homeopathy is a medical tradition in Europe.

Where do you see the future going for homeopathic medicine for animals?

Homeopathy, like other techniques, is a medical approach that has its own very specific scope of action. It is an alternative to prescription drugs that needs to be adequately managed, just as antibiotics do, so the remedies remain effective for a long period. I believe the future of homeopathy is dependent on the availability of easy to apply remedies, for use by practitioners that are trained in the technique. The two must go hand in hand.

Let's change direction here; as a retired veterinarian, what was the best piece of advice you received at the beginning of your career?

"Les raisonnables ont duré, les passionnés ont vécu"—Chamfort. (Roughly translated: "The reasonable lasted. The passionate truly lived"). That said, common sense should always apply. When an animal is not eating, it is both more useful and effective during the preliminary consultation to look inside its mouth, rather than temperature taking and examining by auscultation looking for some kind of infectious disease.

The Rudyard Kipling quote below was often repeated to me by my clinical professor:

I keep six honest serving men (They taught me all I knew); Their names are What and Why and When And How and Where and Who.

What question do you wish people would ask you about your work?

That question would be: When did homeopathic veterinary care begin? It was in fact introduced to the world in 1823, by professor Wilhelm Lux, at the École Vétérinaire de Berlin. This new medical technique continued to grow, despite people's usual reservations and lack of "belief" in the approach, which ultimately always amounted to simply "not understanding" the approach.

The traditional French medical model is founded on physiopathology. As such, my work consists of elucidating the modern homeopathic model, via proofs of a biochemical and immunological nature. Though the language may differ given the different era, much of the same dialogue has persisted through the years, from 1816 to 1975. For example, take Hahnemann's Chronic Diseases alongside Hypersensitivities by Gell and Coombs, and you'll notice that both described the very same immune reactions. This could lead to interesting discussions on points of view among practitioners from opposing therapeutic realms.

"Every doctrine goes through three phases: It is attacked for being "absurd"; its evidence is then recognized, but refuted as "insignificant", it's importance is finally recognized and everyone wants to claim its discovery as their own." ~ W. James.

Time will surely tell. Thank you.

BOTTOM LINE: As with humans, there is a growing interest in the use of homeopathy in animal care, a welcome evolution for some pet owners.

Dr. Gilbert Genouel
D.V.M.
Dr. Genouel, working with Canadian-based Distripharm, has created a line of homeopathic health products for dogs and cats called Animacare. Dr. Genouel is now retired, lives in France and does not speak English. Pascal Frochisse, President of Distripharm which distributes Animacare holistic products, very kindly offered to translate Dr. Genouel's answers to our questions. To learn more about Animacare products, please visit animacare.ca or call 877.431.2121.

Animacare homeopathic medicines are fairly new to the Canadian market. They can be found in natural health food stores, some pharmacies, through certain holistic veterinarians or in specialized pet shops. Of course they are available online.

I understand you often travelled to Québec to teach veterinarians about animal homeopathic medicine. How were these experiences?

I wish to thank my colleagues for the many wonderful exchanges we had during this period. While I taught them about homeopathy, they also taught me enormously through their clinical common sense and various detailed observations. I’m certain that their medical reasoning and insights on pathology also helped me in my practice down the road in myriad ways.

How prevalent is homeopathic medicine for animals in Québec?

Homeopathic practice appeared in Québec in the 1990’s. In this same period, we saw the approach begin to grow among physicians and pharmacists. Currently only...
What To Consider When Selling Or Buying Your Practice

BY PAULINE BLACHFORD

Dr. Toby Vallance sold two clinics in Calgary in 2013 after he and his family decided to move to Victoria. Instead of winding down his hours or cutting costs on business development and modernization prior to selling, he ramped them up. “The extra time and money that I put into my practice leading up to selling came back to me several times over in the sale price,” Dr. Vallance told me.

While important, cash flow is not the only factor that influences sale price. To find out some of the other more subtle factors, I surveyed a number of optometrists who have recently sold their clinics. I also spoke with Timothy A. Brown, President and CEO of ROI Corporation, Brokerage.

ROI has provided health professionals with appraisal, brokerage and consulting services since 1974. From his decades of experience in the field, here are five recommendations Tim makes to all of his optometry clients:

**BUSINESS OWNERS NEED TO SECURE THEIR PREMISES FOR LONG-TERM USE**

Approximately 98 per cent of suitable commercial space is only available for lease and not for purchase. This is one of the reasons many optometry practice owners are renting the location of their business. While leasing has its advantages, it can also come with a variety of terms and conditions meant to protect the landlord, not the lessor.

Tim advises business owners—and their lawyer or property professional—to review a lease or lease renewal for clauses related to demolition, sale of property and tenant relocation that could disrupt your business. Depending on the lease, your location may not be part of the business you sell when it comes time to do so, a fact that can severely impair the value of your practice.

Securing your premises can also mean purchasing commercial space. Dr. Alain Desjardins owned the building in which he practiced in New Brunswick, and says it was an “ideal scenario” from an investment perspective: “Any money you tie up in renovations or leasehold improvements can put you at high risk of having the owner increase your rent under the assumption that you have no choice but to stay, due to how much you’ve invested,” he explained.

Dr. Desjardins also added that owning your space gives you the option of selling the practice with or without the building. Other benefits of owning your own space include paying down mortgage while building equity rather than paying rent, and removing landlord hassles. However, depending on where you can find a location to purchase, you may have to consider sacrificing location and moving away from a space that may be convenient to patients.

**ENSURE ALL EMPLOYEES HAVE WRITTEN CONTRACTS**

Tim says that a practice for sale with properly written employee contracts will always yield a higher value than one without, because contracts mitigate the purchaser’s risk in the advent of future termination. Without properly written employment contracts, and in the event of a termination, an employment lawyer could argue that a business owner is liable for one to two years of earnings.

That’s a big risk for a potential purchaser to take on, and according to Tim, it’s a liability that regularly has purchasers and their advisors concerned.
Employment contracts do not eliminate employees’ rights, but they generally reduce termination costs to within Canadian employment standards guidelines—which are significantly less than one to two years’ salary.

ENSURE YOUR ASSOCIATES HAVE CONTRACTS TOO

Buying a practice that has associates who are not on contract is concerning for purchasers and their lawyers because of the risk of the associate leaving post-sale and soliciting patients and staff. Also, Canadian banks frequently demand proper contracts as a condition of financing because associates and partners on contract reduce loan risk. For these reasons, a practice with proper associate and partnership contracts will sell for more than one without.

As part of the sales contract, you may agree to stay on and provide your optometry services for a certain number of years, post-sale. This can be a great asset to the purchaser and thereby increase the price you are able to negotiate for your practice. However, if agreeing to such an arrangement, Dr. Desjardins says, “To be sure that you enter into a contract that outlines your obligations and guarantees your interests moving forward.”

BREAKDOWN, CLEAN-UP AND CHAMPION YOUR PERFORMANCE DATA

Presentation at the time of sale is your chance to make a strong first impression that showcases the opportunities made available by your business. Tim says that the proper breakdown of revenue sources is crucial, because a lack of performance data will impress neither the purchaser nor their banker.

One element of this performance data that is often overlooked is documentation regarding the services that you and your team have referred out. If 10 per cent of patients are asking for a certain service that your practice refers out—eyewear sales, or pre- or post-surgery care, for example—a record of these statistics will demonstrate value to a buying optometrist who might like to provide those services in-house.

Tim also says, “Buyers want to know what type of recalling system is in place, and its success rate.” In Tim’s experience, 20–40 per cent of patient databases include patients who are overdue for their eye health exams. Savvy purchasers will try and purchase these practices for a low price and then capitalize on the seller’s missed opportunity by recalling the overdue patients.

I recommend practice owners implement a rigorous recalling strategy as early as possible so that it’s you who benefit from this opportunity, rather than the purchaser. Such a strategy increases your bookings and cash flow, plus it ensures that your patient information is up-to-date. Your database is your golden goose; it’s the greatest asset the clinic possesses, and it’s what the buyer is purchasing.

GET YOUR CORPORATE STRUCTURE IN ORDER

Making sure your corporate structure is in order is also known as “calling your accountant and business lawyer,” according to Tim. This applies to clarifying your real estate holdings, resolving your responsibilities to your shareholders, having an accurate balance sheet, identifying items that will not be sold with the practice, removing personal assets from the corporation (and the tax implications of doing so), handling redundant assets—those that generate income but aren’t tied to the fundamental operations of your business—and a variety of other accounting and legal nuances that will come under scrutiny at the time of sale.

When it came time for Dr. Barry Simpson to sell Timmins Family Eyecare, he had professionals review everything. In fact, he said his “lawyer and accountant were invaluable.” Whether for business advisory services, accounting and record-keeping, tax advice or auditing, a call to an accountant and business lawyer you trust is a strong first step, whether you’re considering a sale now, or in the future.

EVEN IF YOU AREN’T READY TO SELL, BE READY TO SELL.

You may not yet be thinking of selling your clinic, but the above recommendations are great practices to adopt so that you are ready to sell when the time is right. The more time you have to prepare for a sale is to your benefit. It is typical for potential buyers to ask for three consecutive years of accountant prepared financial statements. If a business owner can reduce all of their costs over this fiscal period, these statements will show a higher profit margin, which is attractive to prospective buyers. Finally, should you ever decide to purchase a practice, the advice and recommendations above should provide you with factors to consider when looking at investment opportunities.

BOTTOM LINE: This article provides smart advice when buying or selling a professional practice.

Editor’s Note: This article was originally published in the Canadian Journal of Optometry and we publish it here for our readers with permission.

Pauline Blachford consults with optometrists on how to reduce un-booked appointments, increase eyewear sales and improve employee engagement and productivity. She coaches optometric staff on the strategies and techniques for effectively recalling patients who are due and overdue. She can be reached at www.paulineblachford.com or at 604.722.1415.

2. Ibid.
Exploring A New Treatment
For Age-Related Macular Degeneration

Not too long ago, receiving a diagnosis of age-related macular degeneration (AMD) was devastating. Nothing could be done. Blindness was imminent. Today, there are a variety of sight-saving treatments for the wet form of AMD that can prevent vision loss and even restore some sight. Currently, these “anti-angiogenic” drugs are the only commonly used therapy for wet AMD, which is the leading cause of vision loss in Canada afflicting ~1.4 million people. These drugs work in the eye by seeking out and blocking the action of a molecule known as vascular endothelial growth factor (VEGF). VEGF causes AMD by instigating the growth of abnormal, “leaky” blood vessels under the retina which leak fluid, obscuring central vision.

At the Foundation Fighting Blindness (FFB), they invest in research that is critical to the development of new therapies. Although anti-VEGF therapies are very effective, there is still room for improvement! (Especially because these drugs need to be injected into the eye on a regular basis—something that is very difficult for many affected individuals.)

Dr. Larriveé—an FFB-funded scientist at the Université de Montréal—has been studying the proliferation of blood vessels within the eye during AMD with the hopes of identifying additional therapeutic targets. His research team has identified Bone Morphogenic Protein-9 (BMP9) as a potent inhibitor of blood vessel growth within the retina, which means that it is a potential therapy for AMD and other similar diseases (such as diabetic retinopathy). In contrast to the “anti-VEGF” drugs, which act by blocking VEGF-induced proliferation of vessels, BMP9 directly signals to blood vessels, telling them to stop growing. BMP9 also alters the response of these blood vessel cells to VEGF, stopping the additional growth of blood vessels. Dr. Larriveé’s team is currently working to evaluate the effects of long-term treatment with BMP9 in experimental models of AMD to determine the safety and efficacy of the compound as a precursor to potential future clinical trials. “We’ve found that, on its own, BMP9 is at least as potent as the VEGF inhibitors. Furthermore, when used in combination with VEGF inhibitors, the anti-angiogenic effect is significantly enhanced”, explained Dr. Larriveé.

In addition to its other benefits, BMP9 based treatments for AMD would not require injection into the eye as is typical for the anti-VEGF therapies. As described by Dr. Larriveé, “In addition to being unpleasant for patients, repeated intravitreal injections are associated with other risks. Our research clearly shows that BMP9 is as potent as VEGF inhibitors, but does not need to be injected in the eye to be active.” The FFB hopes Dr. Larriveé can help these potentially revolutionary treatments reach patients as quickly as possible.

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