

Advancing Access to Dental Care

*Sané Dube, Alliance for Healthier Communities
RCDSO Access to Care Symposium*

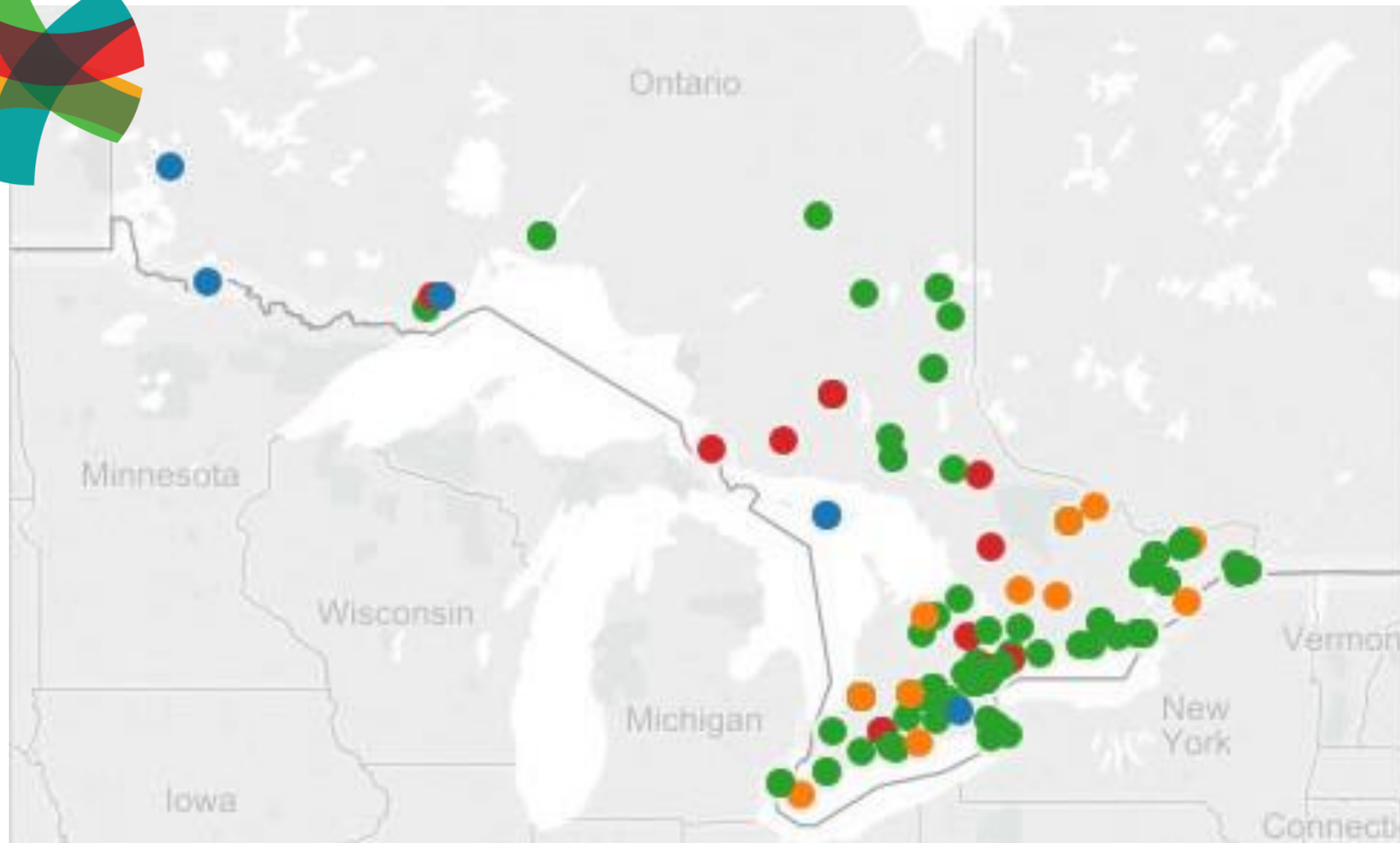


Alliance for Healthier Communities
Alliance pour des communautés en santé

Healthier people, healthier communities, a more inclusive society, and a more sustainable health care system.



Community Led Primary Care Health Orgs in Ontario



Center type

- AHAC
- CFHT
- CHC
- NP

“The conditions in which people are born, grow, live, work, play and age.”

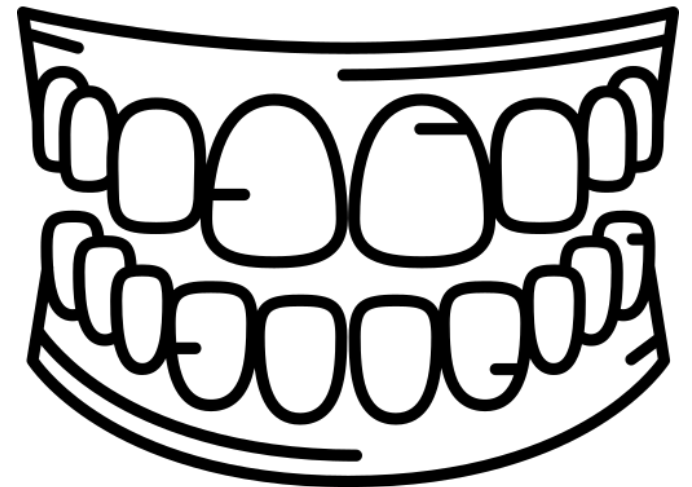


Why Public access to care Matters:

- Cost effective
- Wide allocation of services (reach)
- Access based on need, not ability to pay
- Access to care for marginalized populations
- Care for the whole person (health + wellbeing models)
- Commitment to addressing both health concerns + social factors

Access to Dental Care

- Every year, **6 million people in Canada avoid visiting the dentist** because they can't afford it.
- **Lack of dental care** = pain, discomfort, speech problems, reduced social interaction & poor nutrition.
- **The most marginalized have the worst access to oral health care.**



Key Issue: Lack of Public Dental Coverage

- Only 6% of dental care in Canada is publicly funded.
- No public dental programs = paying for services out of pocket or relying on private insurance.
- Low income and a lack of insurance play dominant role in limiting people's ability to access oral health care.
- Without insurance or income to pay for services out of pocket, people avoid going to the dentist all together.

Key Issue: Deep Inequality in Access

- Oral health care in Canada is marked by deep inequalities.
- Closely linked to SDOH.
- Most marginalized also least likely to have access to affordable care.
- Indigenous and racialized populations, rural and underserviced communities, refugees, newcomers, the uninsured, and people living in poverty deeply impacted by inaccessible dental care.

ON Seniors Dental Care Program

Goal: Provide public & accessible dental care to 100,000 low income seniors in need of care.

- Services available through Public Health Units, Community Health Centres & Aboriginal Health Access Centres.
- Cost effective & Accessible.
- Responsive to patient needs.
- Stage 1 rolling out in Fall/Winter 2019.

We need a new story

- Everyone should be able to get the **oral health care** they need to be pain free, healthy and well.
- **Accessible dental care** should be available for all low income adults and seniors, including people on social assistance.
- We need greater recognition of dental care as a health issue and actionable commitments to **close the gap** experienced by 1 in 6 people in Canada.

RCDSO Access to Care Symposium

Dr. Peter V. Cooney

Asst Prof, University of Toronto
Dental Consultant, Northwestern
Health Unit, Akwesasne First Nation

Challenges in Northern/Remote
Communities

November 13, 2019

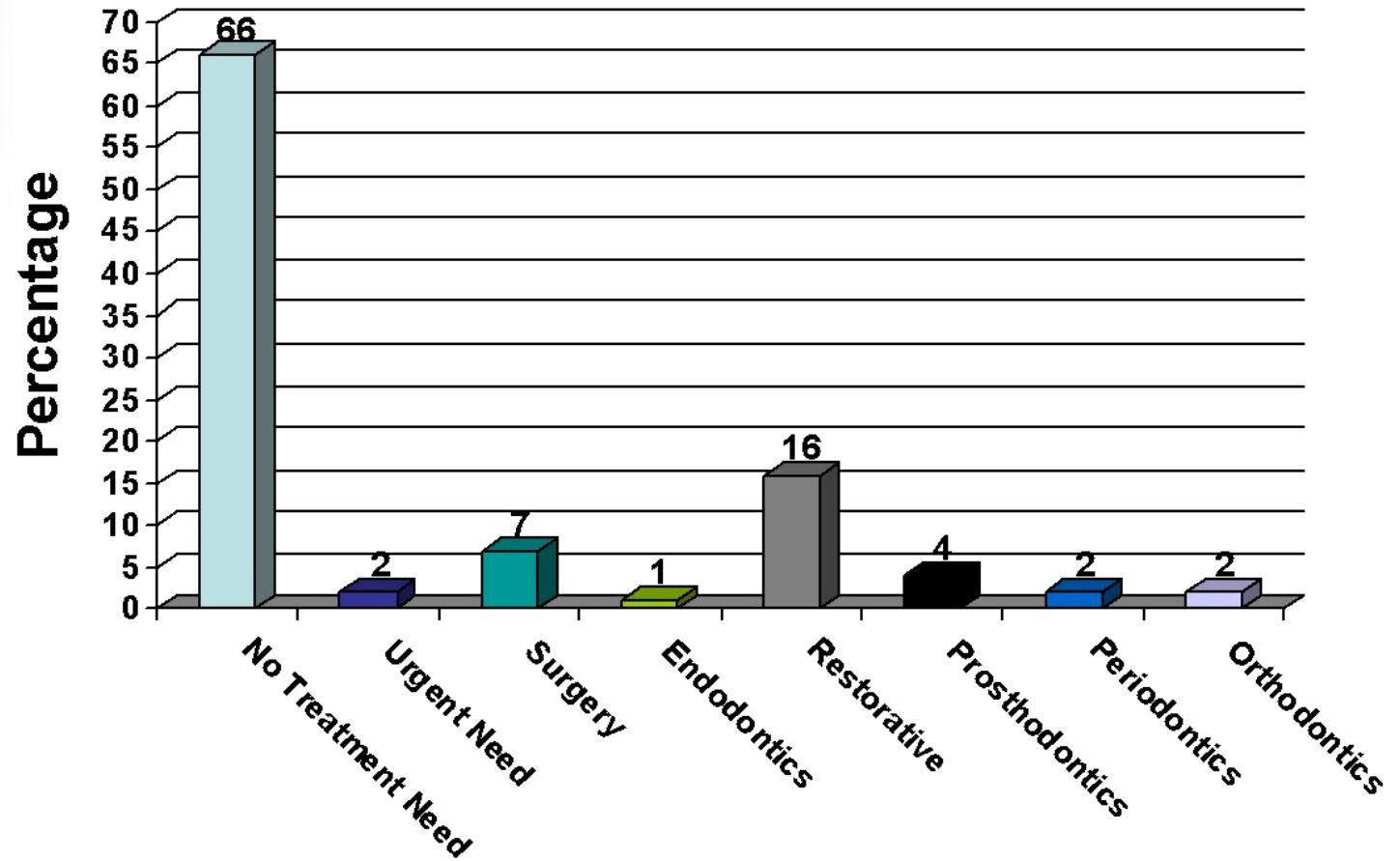


Outline

- Size of access problem
- Identifying component we could discuss today
- Problems associated with access in remote areas
- Looking at possible solutions



Needs Assessment and Surveillance



Report on the findings of the oral health component of the Canadian Health Measures survey

- <http://publications.gc.ca/site/eng/369649/publication.html>

Conclusions of CHMS

- Generally, Canadians oral health status is good;
- 3 out of 4 Canadians attend annually for dental care;
- 2 out of 3 Canadians have no dental needs;
- 1 out of 3 Canadians has a need and 1 out of 6 say they cannot address this need because of financial reasons;
- Of those with need, 50% has restorative need, 25% has a surgical need and the remaining 25% has needs in prosthodontics, periodontics, urgent conditions and orthodontics respectively;
- Canada compares well to other similar Organisation for Economic Cooperation and Development (OECD) countries in terms of caries and periodontal diseases.
 - <http://publications.gc.ca/site/eng/369649/publication.html>




Barriers/Challenges to Access in Northern/Remote Areas

- Financial (50% of the problem)
- Geographic (Our example shows a population density of ½ person per square km)
- Lack of providers (24 offices in Northwestern Ontario)
- Cultural issues (many First Nations, Metis patients)
- Dental awareness (many life threatening priorities)
- Mobility issues (elderly, homebound, transportation issues)
- Mentally/physically challenged (these folks often on lower fee guides.
- Phobias (bad experiences)



How Dentists View the Problem



| Service | Description | Ministry of Community and Social Services Rate (2018) | Ontario Dental Association Rate (2019) |
|---------|---------------------------------------|---|--|
| 02142 | 2 Bitewings | \$16.33 | \$34.00 |
| 11111 | 1 Unit of Scaling | \$38.01 | \$57.00 |
| 23325 | 5 Surface Molar Restoration | \$123.66 | \$358.00 |
| 33111 | Root Canal - Single Canal | \$253.39 | \$511.00 |
| 71101 | Single Uncomplicated Tooth Extraction | \$38.01 | \$160.00 |

Dentists are concerned that MCSS pays them 40 cents on the dollar while their expenses are 65 cents on the dollar

How Governments View the Problem

| Service | Description | OHIP - Ontario Schedule of Benefits (2019) | Service | Description | Ontario Dental Association Rate (2019) |
|-------------|--|--|---------|-----------------------------|--|
| M157 | Donor Heart and Lung Removal | \$906.45 | 33141 | Root Canal - Four Canals | \$988.00 |
| E140 | Cataract, by any procedure including insertion of lens | \$397.75 | 23325 | 5 Surface Molar Restoration | \$358.00 |
| Z433 | Replacement of Pacemaker Pack - Single or Multiple Leads | \$146.45 | 71201 | Surgical Extraction | \$247.00 |
| P018 | Caesarean Section | \$579.80 | 27211 | Crown Professional Fee | \$769.00 |

Governments are concerned that the degree of difficulty may not warrant the fees suggested for dentists

Example to Bring Services to Low Income People (Ontario Seniors Programs)

- Ontario's commitment to fund a program for low income seniors
- Government parameters
 - Funding to public health units
 - To community health centres
 - To Aboriginal health access centres
- In the north, too large an area to deliver without help from private practice
- Use of mobile dental office is key



Northwestern Health Unit



- $\frac{1}{5}$ of Ontario
- 171,288 sq KM
- POP 82,231
- $\frac{1}{2}$ person per sq KM

One Type of Mobile Unit - 4WD Winnebago



Current Situation

- No new clinic construction but 3 clinic upgrades and 1 new mobile dental office
- Dentists involved through dental society/health unit steering committee
- Request to local providers to work with health unit
 - 3 dentists in MDO/community clinics
 - 2 dentists will screen in retirement homes
 - 4 private practices in area on-board
- Remuneration: sessional rates (daily; hourly)
- Health unit staff providing preventive care
- Need for prevention strategies



Conclusions

- We have identified the primary problem (50% of the issue)
- We have considered how priorities can be identified to address the problem
- We will discuss how to move this forward as government and providers need to find a compromise



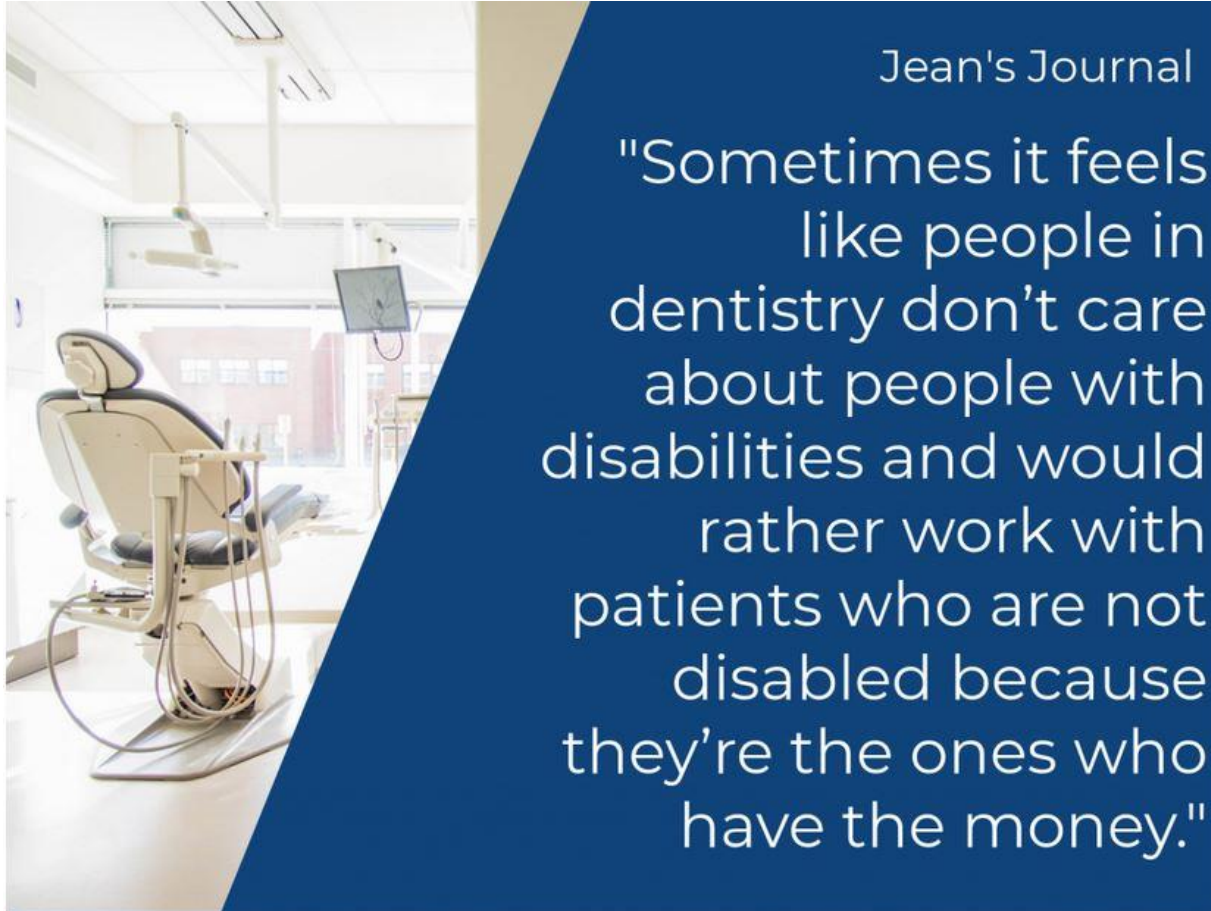
Royal College of Dental Surgeon's

Kyle Vose

Agency Co-Chair ODSP Action Coalition

Interim Service Access Manager PWA Toronto

Dental Care and Disability

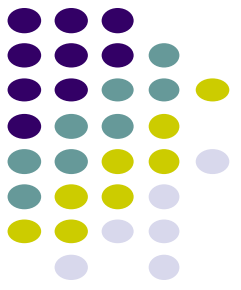


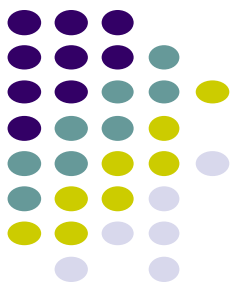
Jean's Journal

"Sometimes it feels like people in dentistry don't care about people with disabilities and would rather work with patients who are not disabled because they're the ones who have the money."

ODSP Action Coalition

Who We Are

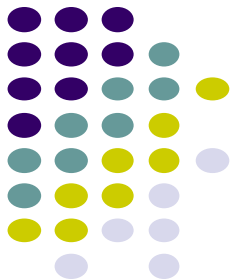




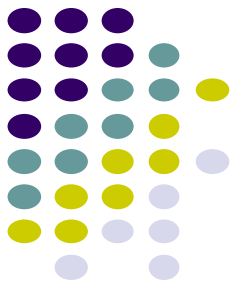
Victories from our Advocacy

- Advocate for yearly increase
- Special Diet
- Work Related Benefit
- Medical Reviews
- Stopped the merging of OW and ODSP
- Regular meetings with the Ministry of Community and Social Services
- Improved language in form letters
- Advocate for zero claw-back on child support and Ontario Child Benefit
- Child Transitional Benefit

Mandatory Dental Benefit



Benefits: Mandatory



Dental Benefit

- A dental card is provided to:
 - All recipients, their spouses and dependent children from 0 to 17 years old
 - If not covered (for example, dependent child 18 or over) can apply for OW discretionary dental coverage
 - An emergency dental card can be issued in exceptional circumstances
 - Talk to dentist about services that are available and what you may require.

What now

What is working well now!

- ODSPAC Knowing your Benefits
- Mobile Dental Clinics
- Agencies providing Financial Support
- Student Clinics (long wait times)

How we can work together?

- Advocate
- Educate
- Petition
- Meeting with Community, Media, or Government

SENIORS IN ONTARIO ACCESS TO ORAL HEALTH CARE

RCDSO ACCESS TO CARE SYMPOSIUM

November 13, 2019

Presented by Abby Katz Starr, Consultant,

'Not Another Box of Chocolates'

SENIORS: ONTARIO'S FASTEST GROWING AGE GROUP

- In 2016, 16.4% of Ontario's population was 65 or older
- By 2041, it's projected that 25% of Ontario's population will be 65 or older, almost doubling from 2.3 million seniors to 4.6 million
- Ontario's seniors are the most diverse in Canada, between 2011-2016, the number identifying as visible minorities increased by 44%.
- Seniors represent the fastest growing demographic of internet users: approx. 70% go online every day
- Rural areas of Southern Ontario and urban areas of Northern Ontario have the highest proportion of seniors in the province
- But the fastest growth of seniors will be in the GTA and suburbs
- In the 2012 Canadian Survey on Disability, 37.1% of seniors reported suffering from a disability

THE CHALLENGES

- Older adults have a mixed history of dental care prior to age 65
- Oral health care has not been top of mind or a priority for the working poor when food, daycare, and shelter costs were barely managed
- At least two thirds of low-income seniors do not have access to dental insurance
- Poor oral health care generally leads to poor nutrition, multiple health issues, low self- esteem and with seniors, increases risk of vulnerability and leads to social isolation
- Transportation is major barrier across the province, even where there is para transit service available
- Rural areas of Southern Ontario and Northern Ontario have unique access issues, with smaller thresholds of population and large distances to find services
- Money/finances is a highly emotional consideration and has significant implications for self-esteem, engagement and activity level

CHALLENGES CONT.

- Access to oral health care is only one aspect of aging well
- From early childhood, there needs to be improved awareness and affordable and accessible services
- Better coordination amongst all health and social services professionals to promote better overall care
- Buildings have to be accessible, transportation available
- Housing and food security can't compete with health care
- Cost of cleaning, regular check ups and dental maintenance is out of reach for many seniors—with low income seniors and LTC residents suffering the highest level of oral health issues
- An understanding of the cultural and language issues that complicate design and implementation of health services

THE NEW GOVERNMENT PROGRAM

- Spring, 2019, the Ontario government announced an annual investment of \$90M for publicly funded dental care for low income seniors
- Single seniors with an income of \$19,300 or less or a couple with a combined income of \$32,300 or less and do not have dental benefits will qualify
- It is expected that the services will be accessed through public health units, community health centres and Aboriginal health access centres with a one window application process either online or by mail
- The program will be rolled out in two stages, the first using existing resources and the second phase will see new dental services including an increased number of dental suites in public health units and the addition of mobile dental clinics to reach more remote areas

WHAT CAN WE DO?

- While we know that there will be capacity constraints during the transition from regional/local services to a provincial plan, it's a good start
- Right now there is no mention of private dental offices in this program but that doesn't mean that can't be part of the design long term and current community clinics can still be part of the overall care plan
- There are many community partners that the College/dental professionals/ community health centres could partner with that know where seniors are, what the local issues are and may even have programs that are aligned with health care
- Need strong education and promotion to reach the intended audience which includes family members, caregivers and care professionals

RESOURCES AND POTENTIAL PARTNERS

- Seniors Active Living Centres, over 300 around the province
- Older Adult Centres Association of Ontario
- AdvantageOntario
- 70 Active Living Fairs yearly around the province
- Participate in municipal designs of seniors strategies



Moving the Dial Towards Improved Access to Care An Example of a Collaborative Dental Program

RCDSO Access to Care Symposium
November 13, 2019

Dr Patricia Abbey
Director Oral Health Division
Durham Region Health Department



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My plan for this presentation

- Provide an example of a collaborative dental program for Ontario Works adults
- Review our data from this program to support using a collaborative model
- Provide my insights into what could help move the dial towards improving access to care.



Workability

- Began about 10 years ago
- The program was developed to assist OW recipients to obtain employment
- 3 week facilitated course that includes job search skills, resume writing, tips on how to be successful in an interview
- Participants are chosen by their case workers and also by request from client



How did we become involved

- In Durham Region, Health and Social Services are Departments
- The Oral Health Division has worked collaboratively with Social Services to implement their dental coverage through case management and claims payment
- They realized that their participants were hindered in obtaining employment due to the state of their teeth.



So what is our role

- We go to the Social Services office with portable equipment
- I screen every client with a dental assistant; each screening takes between 15 and 20 minutes
- I review their risk factors and counsel them re: sugar, alcohol and tobacco for example
- Assess their dental needs and review them with the patient, and offer suggestions as to where they could go for care
- We provide a written summary of what we will pay for
- Each person then sees a dental assistant who spends about 15 minutes with them to do personalized OHI
- A third dental assistant does an hour long session with the group to discuss common risk factors and the relationship between oral health and general health

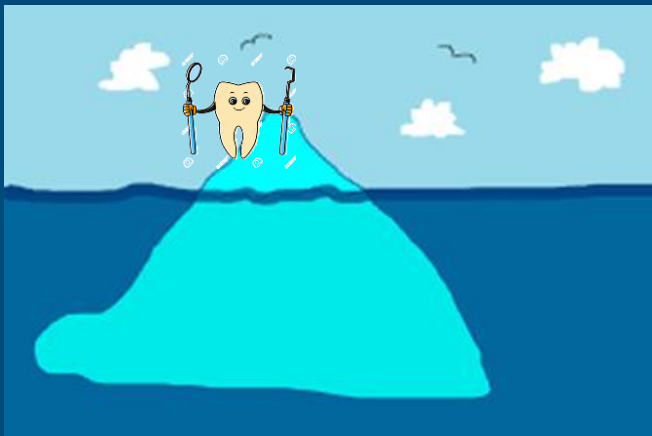


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What we have found over the past 10 years



- We have seen over 3000 people;
- This is only the tip of the iceberg as there are more than 30,000 in DR on OW;
- 47% of patients had urgent needs
- 60% were smokers
- Of the Urgent's 70% were smokers
- 52% had mod- severe perio
- 66.6% required extractions
- 90% had decay
- 30% required dentures







A picture is worth a thousand words...





People with poor oral health, tend to have the following issues:



-  Poor nutritional status and digestive problems related to inability to chew well and eat a wide variety of healthy foods
-  type 2 diabetes
-  low self esteem

Social Determinates of Health play an important roles in oral health: with lower socio-economic people suffering a disproportionate burden of illness related to their teeth.



Dental disease is a significant problem for this population

Average DMFT per person by risk factors.

DMFT (D=Decayed; M=Missing; F=Filled; T=Teeth) is an indicator we use to assess oral health and access to dental care.



| Risk Factor | number of decayed permanent | number of missing permanent | number of filled permanent | Ave DMF |
|-------------------------|-----------------------------|-----------------------------|----------------------------|-----------|
| Methodone | 7 | 8 | 4 | 19 |
| Marijuana | 4 | 4 | 3 | 11 |
| All other substance use | 4 | 2 | 6 | 12 |
| Smoker | 4 | 4 | 4 | 12 |
| E-cigarettes | 4 | 2 | 3 | 9 |
| Diabetes | 4 | 4 | 4 | 12 |
| No risk factors | 2 | 2 | 4 | 8 |



Lessons Learned

- Meet patients where they are;
- Most people have anxiety related to dental care;
- Most people report having bad dental office experiences; they don't feel respected;
- Make the process easy for the patient;
- Make the process easy for the dentists;



What more could we do...

- Create a multi-disciplinary environment
- Use a salaried model where patients and practitioners can feel comfortable
- As a profession we need to espouse the value of access to dental care
- We need to have a clear understanding of what “the standards” are



...What more can we do

- The RCDSO needs to become involved in making access to dental care a right that people can expect similar to medical care
- RCDSO and ODA need to recognize and work to decrease barriers within the profession
- We need to improve undergrad and continuing education to include the needs of this patient population
- We need to support government funded programs



Thanks for Listening



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