



Converge3

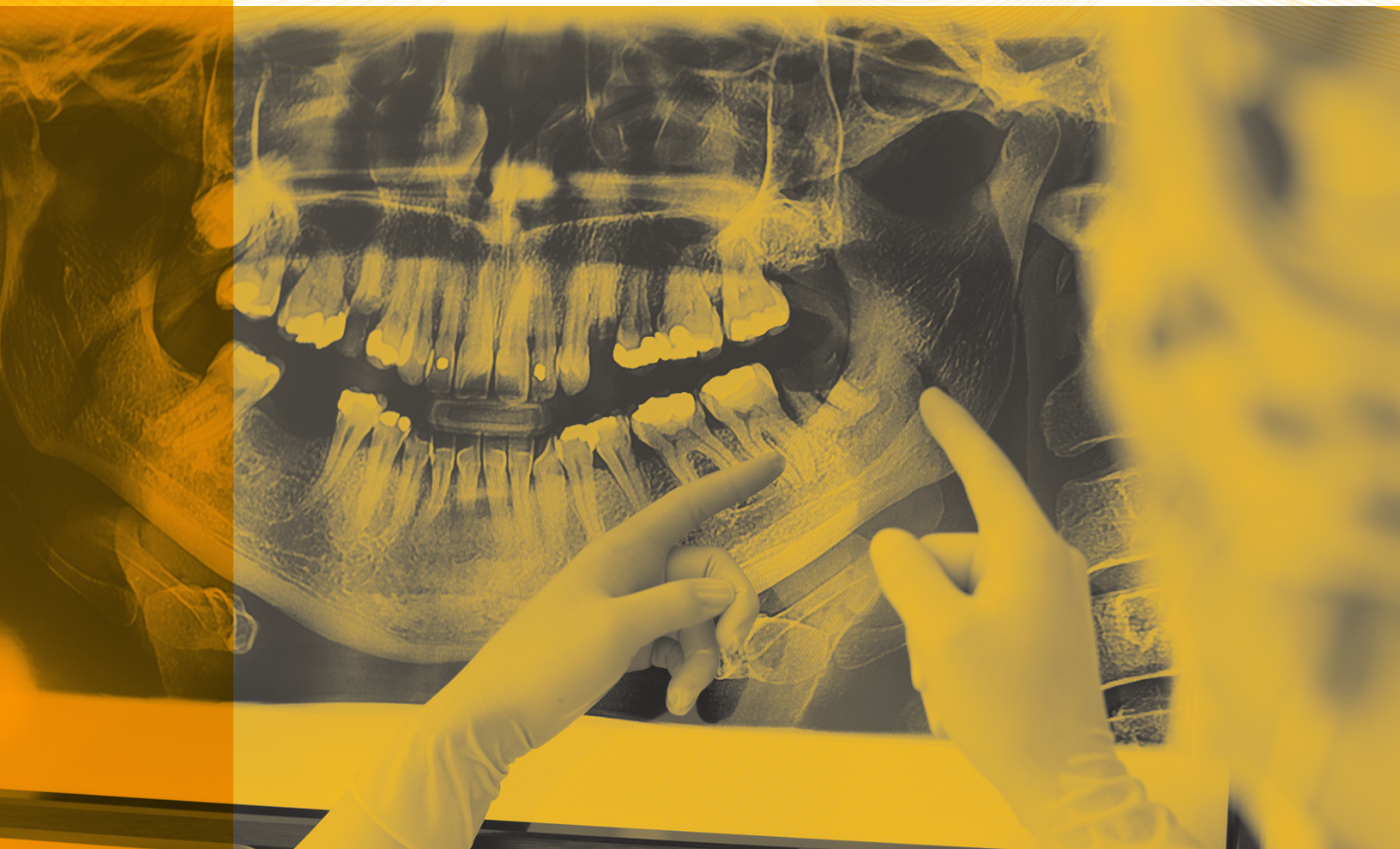
Integrating health, economic and equity evidence to inform policy

Toward a Strong Oral Health Care System

A Converge3 Guidance Synopsis

**GUIDANCE
SYNOPSIS**

August
2019



About this Report

This report was prepared by Converge3. Converge3 receives funding from the Province of Ontario. The views expressed in this report are those of Converge3 and do not necessarily reflect those of the Province of Ontario.

Suggested Citation

Converge3. *Toward a Strong Oral Health Care System: A Converge3 Guidance Synopsis*. Converge3: Toronto, Canada. 30 August 2019. Available from: <https://converge3.ca/publication/guidance-synopsis-toward-strong-oral-health-system>.

About Converge3

Converge3 is a policy research centre based in the Institute of Health Policy, Management and Evaluation at the University of Toronto that focuses on integrating health, economic and equity evidence to inform policy. The Centre is funded by the Province of Ontario and includes multiple partner organizations, including Li Ka Shing Knowledge Institute at St. Michael's Hospital, McMaster University, Ottawa Hospital Research Institute, ICES, Health Quality Ontario, Public Health Ontario, and the Ontario Ministry of Health.

© Converge3 2019

Contact Information

Converge3
Institute of Health Policy, Management and Evaluation
Dalla Lana School of Public Health
University of Toronto
155 College Street – 4th Floor
Toronto, Ontario M5T 3M6 Canada



<https://converge3.ca>



info@converge3.ca



[@converge3_ca](https://twitter.com/converge3_ca)

Background

Access to oral health care in Canada remains inequitable. However, researchers and policy makers have highlighted the relationship between oral health and overall health, nutrition, quality of life and self-esteem. Emergency dental care has high associated costs. Accordingly, expanding access to oral health care, including preventive services, may offer opportunities to enhance health, equity, and perhaps efficiency.

In Ontario, most dental care is funded by private insurance or out-of-pocket spending, while public funding covers community care for specific sociodemographic groups and emergency dental care provided in hospital. Recent policy initiatives in Ontario have expanded access to dental care, with programs for low-income children (Healthy Smiles Ontario, launched in 2016) and low-income seniors (funding announced in 2019). Ontario also provides dental insurance for individuals and families receiving social assistance from Ontario Works and the Ontario Disability Support Program, with the range of insured dental services for those receiving social assistance varying by municipality.

To support the improvement of the oral health care system in Ontario, Converge3 worked with health system stakeholders to identify the following policy research questions: “what models of dental care services exist for seniors, what models of dental care services are currently offered in Ontario for social assistance, and what is the cost-effectiveness of these models?”

Converge3 commissioned several Ontario-based research teams to conduct research addressing various aspects of these questions:

- The North American Observatory on Health Systems and Policies (NAO) performed a literature review and jurisdictional review presented in the Converge3 evidence report entitled “Dental care coverage for older adults in seven jurisdictions”
- The Faculty of Dentistry at the University of Toronto performed a jurisdictional review of services available to social assistance recipients across Ontario by municipality, presented in the Converge3 evidence report entitled “A review of dental care services for adults in receipt of social assistance in Ontario”
- The Canadian Centre for Health Economics (CCHÉ) performed a data analysis and economic modelling exercise to assess the cost-effectiveness of various potential public oral health insurance schemes, presented in the Converge3 evidence report entitled “Evaluating the Cost Effectiveness of Dental Care Insurance for Low-Income Seniors and Social Assistance Recipients in Ontario: An Application of Microsimulation Modelling”

Based on these evidence reports, Converge3 developed this guidance synopsis in collaboration with our faculty and advisors to outline policy options relevant for Ontario.

Evidence report summary

Dental care coverage for older adults in seven jurisdictions

The jurisdictional review examined models of dental care coverage for adults 65 years and older in seven comparable jurisdictions: Canada (Alberta – selected as it has the longest standing dental program for older adults), Australia (New South Wales), England, France, Italy, Germany, and Sweden.

The report identified three broad models of coverage, as described below. A universal program is one for which the entire population is eligible. Targeted programs refer to those with an eligibility requirement, such as income. Deep and shallow coverage refers to the extent that services are covered.

Coverage models	Jurisdiction(s) where model is used	Per cent of total dental care spending from public sources*
Universal and deep coverage of a comprehensive basket of services (including major fillings, such as crowns and bridges, and dentures)	Germany	69.9
Universal and shallow coverage of a comprehensive set of services (including major fillings and dentures), with some financial protection alongside individual user fees	England	39.8
	France	60.8
	Sweden	38.9
Targeted and deep coverage, which provides full financial protection for a subset of the population that are considered most vulnerable in terms of age, clinical need, and/or financial need	Alberta (Canada)	6.0
	New South Wales (Australia)	18.7
	Italy	8.6
	Ontario (Canada)	6.0

*Data from OECD except for Italy (provided by ISTAT). Data for provinces not available, therefore values shown for Alberta, Ontario and New South Wales are for Canada and Australia, respectively.

The report found that Germany offers the most dental coverage to its population. Ontario's recent program for low-income seniors will bring it up to a similar level of coverage as some other jurisdictions. Overall, public spending on dental care in Canada is far less than in comparable jurisdictions.

The literature review found limited evidence on the performance and equity impacts of different public dental coverage models. Overall, high income earners tend to visit the dentist more frequently than low income earners across all jurisdictions. These differences appear to be greater in jurisdictions with targeted coverage compared to universal coverage; yet, cost barriers for older adults are prevalent in all jurisdictions. Finally, there is some evidence to suggest that restricting scope and depth of coverage may decrease use of dental care among older adults.

[A review of dental care services for adults in receipt of social assistance in Ontario](#)

This evidence report provided a descriptive analysis of the current state of dental programs and benefits for adults receiving social assistance through Ontario Works across the province. The report found substantial variation in how benefits are accessed, how they are administered, what eligible services are included or excluded, what maximum annual limits apply, and the levels of reimbursement included.

The report found that some jurisdictions have developed local initiatives to address access to dental care challenges by expanding clinics, either within Community Health Centres or as part of the local Public Health Unit infrastructure. These clinics are funded through a combination of provincial grants, local grants and contributions

from charitable organizations. Transparency was an important concern. In a 2017 survey of Ontario municipalities, in only one in four did clients and potential dental providers have a clear indication of what will be covered or paid for by the municipal administrator.

[Evaluating the cost effectiveness of dental care insurance for low-income seniors and social assistance recipients in Ontario: An application of microsimulation modelling](#)

In this report, a simulation model was developed to assess the cost effectiveness of several dental coverage scenarios in Ontario. Input data were drawn from surveys, observational data, cost databases, and fee guides. The model was analyzed assuming two scenarios: one in which there was a relationship between dental insurance and oral health, and one in which there was no relationship. While previous research has demonstrated a correlation between oral health and overall health, a causal relationship has not been established.

The economic evaluation found that providing a basic set of dental care services for low-income seniors was cost effective if oral health was assumed to have a positive relationship with overall health, but not otherwise. It is important to note that copayments or reduced dental fees were not modelled, which may have an impact on costs.

The evaluation also found that coverage of basic dental services for Ontarians receiving social assistance was not cost effective. This may be due to the short-term and periodic nature of social assistance programs, which limits the ability of dental care to have long-run or lasting effects.

Summary of key evidence report findings

- Comparator jurisdictions typically provide dental coverage for adults 65 years and older, with variation in whether this coverage applies to the entire population or just to those with low incomes, and the types of services that are covered. Canada typically spends less on oral health and has less coverage than comparator jurisdictions.
- Provision of dental coverage to individuals receiving social assistance through the Ontario Works program is highly variable by municipality and the range of coverage is typically not transparent for dentists or recipients.
- Dental coverage for low income seniors may not be cost effective, depending upon assumptions about health gains from improved oral health. Harmonization of dental coverage for social assistance recipients may also not be cost effective.

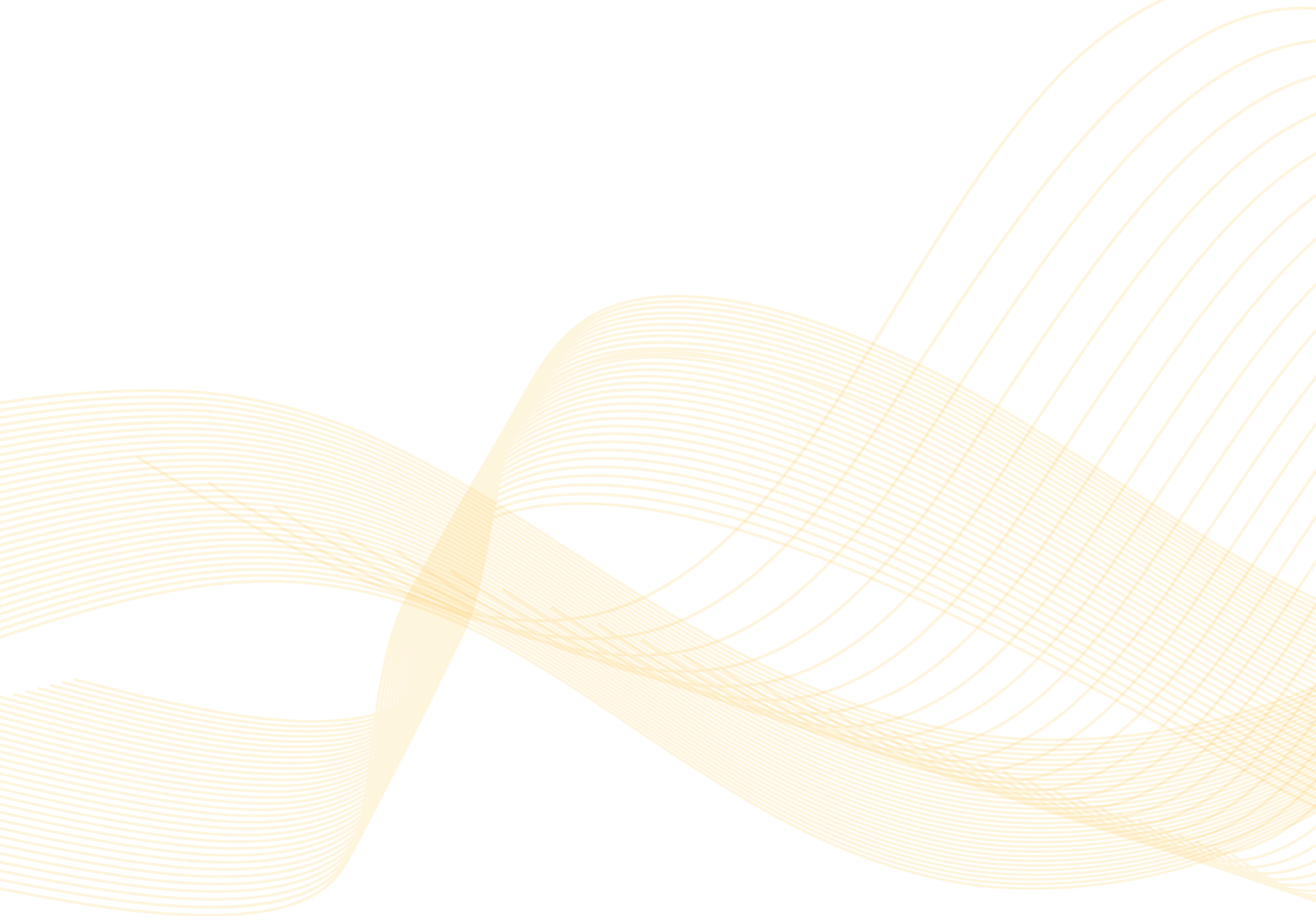
The findings from the three evidence report that Converge3 commissioned could help guide the

consideration of policy options to improve oral health care in Ontario. In particular:

- 1. Variations in oral health coverage for Ontarians receiving social assistance raise equity concerns that can be addressed through direct guidance or through developing better standards.** Such variations could be addressed by direct guidance from the province regarding how these services are to be organized, financed, and delivered. Alternatively, Ontario could set and enforce standards for the delivery of oral health care to social assistance populations, including benchmarks organizational, financing, and delivery. Such guidance would make clear what services are mandatory to deliver. While a guidance approach may be more directly enforceable, a standards approach may encourage local innovation and contextualization. A centralized claims processor, as is currently done with the Healthy Smiles Ontario program, may enhance efficiency.
- 2. Ontario may benefit from consideration of the role of public health clinics to support oral health for low income populations.** Both the review of services across the province and the economic analysis highlighted concerns related to linking receipt of dental care to social

assistance for individuals with low incomes, particularly because social assistance is often temporary. Thus, there is a need to provide consistent services to low income people not receiving social assistance. Increased access to public clinics is one mechanism to support public oral health more broadly than targeted programs. The City of Ottawa model, in which the municipality provides direct services for all Ontario Works recipients and Healthy Smiles Ontario patients through their public health units, may be informative for other municipalities considering similar programs.

- 3. Ontario may benefit from a establishing an office for a provincial chief dental public health officer or a similar role.** Such leadership can help to address concerns about inequity in oral health services and maximize the potential for efficient use of resources in public dental care programming.



Converge3

Integrating health, economic and equity evidence to inform policy

Institute of Health Policy, Management and Evaluation
Dalla Lana School of Public Health
University of Toronto
155 College Street – 4th Floor
Toronto, Ontario M5T 3M6 Canada



<https://converge3.ca>



info@converge3.ca



[@converge3_ca](https://twitter.com/converge3_ca)