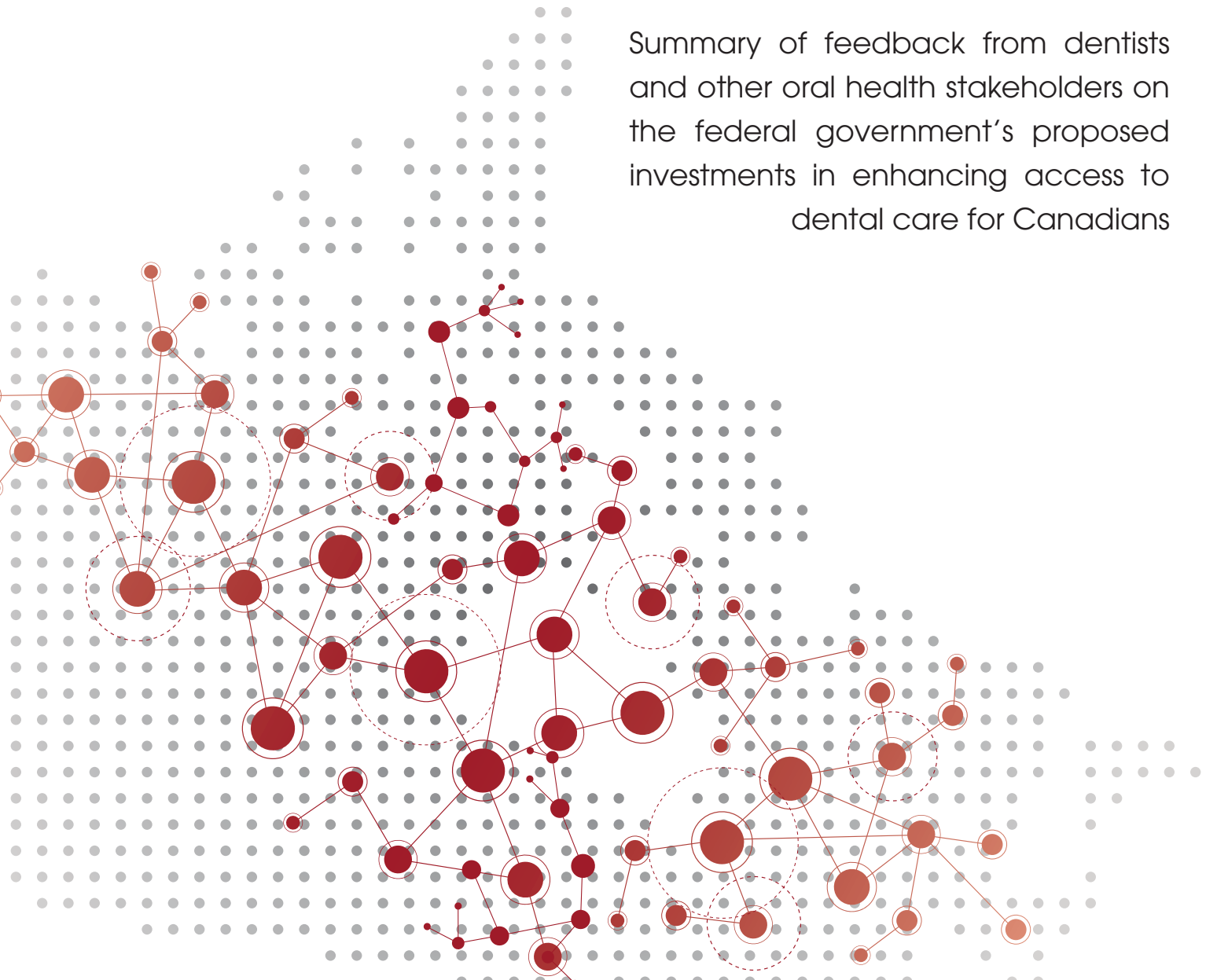


CANADIAN  
DENTAL  
ASSOCIATION

# WHAT WE HEARD REPORT

Summary of feedback from dentists and other oral health stakeholders on the federal government's proposed investments in enhancing access to dental care for Canadians



August 2022

## CONTEXT

Oral health is a vital part of overall health, and all Canadians have a right to good oral health. As the national voice for dentistry, the Canadian Dental Association (CDA) has long advocated to improve access to dental care for those who need it most, such as seniors, children, those with disabilities, Indigenous Peoples, racialized Canadians, and low-income families. In April 2022, the federal government tabled **Budget 2022: A Plan to Grow Our Economy and Make Life More Affordable** which included proposed funding of \$5.3B over five years to provide dental care for low-income Canadians.

Between April and August 2022, CDA held a series of virtual consultations with provincial/territorial dental association (PTDA) executives, dental specialty group leaders, and practising dentists across Canada to gather insight about current public dental plans and identify key principles that the government should consider as it develops a federal dental plan. This included over 20 virtual conversation sessions across a variety of provinces. Additional sessions were also conducted with specialty representatives, including pediatric dentists, dentists specializing in care to persons with disabilities, dentists specializing in geriatric dentistry, and public health dentists.

CDA is in the process of developing a policy framework to recommend to the federal government as it moves forward in designing and delivering enhancements in access to dental care. This is expected to be released in Fall 2022. That said, as part of CDA's commitment to be transparent in serving its member dentists, please find below a summary of what we heard during this engagement process.

**Note:** *This What We Heard Report reflects the views and opinions of individual dentists and other stakeholders and should not be taken as representing CDA's official views.*

## 1. FEDERAL APPROACH

**Primary objective.** *The government should work towards a solution for access to care for vulnerable Canadians who have unaddressed treatment needs.* In the current public system, there is a substantial portion of the population who need dental care but lack access. Access, equity, affordability, quality care and portability should be cornerstones of the federal government's policy approach. It should also be recognized that oral health is part of health care and that an integrated, broader approach to care is preferable, including working with other professionals in the health care system. Dentists say that one of the most urgent gaps in existing public dental care programs is a lack of coverage for low-income adults and they expressed concern about whether there will be enough funding for this population after the initial phases of the proposed program targeted at children, seniors, and those with disabilities.

**Remuneration levels.** *Ensure appropriate remuneration for dental services in line with provincial/territorial fee guides.* This is the most significant factor impacting the uptake of publicly funded dental programs and improving access to oral health care for Canadians. Inadequate reimbursement will lead to a widening, two-tiered oral health care delivery system. Ensuring that rates of remuneration reflect provincial and territorial fee guide levels is the most significant factor in determining dentists' participation rates. Inadequate reimbursement, particularly without the option of balance billing (billing a patient for the difference between the total cost of services being charged and the amount covered by the patient's dental plan(s)), could make it challenging for dentists to take on more than just a limited number of patients from such a program.

**Private dental coverage.** *Ensure that the existing system of employer-sponsored dental benefit plans, which has worked well for decades, remains intact.* Policy mechanisms should be in place prior to the implementation of new programming to avoid reductions in employer-sponsored dental coverage, which will result in significant impacts on access to dental care for Canadians and on the viability of dental practices. Disincentives need to be considered to prevent employers from dropping dental benefit coverage.

**Patient eligibility.** *Eligibility needs to be administered equitably and efficiently.* The mechanism for determining eligibility needs to be well planned and easy to understand. Dental office staff should be able to access patient eligibility and coverage information electronically, ideally while the patient is in the office, rather than waiting weeks or months for approvals. While using income tax returns is an equitable way to validate eligibility, dentists told us that consideration must also be given to the fact that many people this initiative is aimed at may not file tax returns, or do not fill them out properly, potentially rendering them ineligible. In addition to income-based means testing, eligibility should also take into consideration whether patients have either private or public pre-existing coverage. In the event an eligible patient does have some form of private dental coverage, public plans are the payor of last resort.

**Standardization of services.** *A set of minimum national standards should be established, and in the event of delivery by provincial or territorial governments, meeting these standards should be a requirement for federal transfers.* A core set of services needs to be based on restoration of physical and social oral health function and include both oral health promotion/ preventive services and surgical/treatment services. Many existing public programs have limited preventative coverage, and focus more on treating dental disease, which can lead to both poorer oral health outcomes and higher costs in the long run. Other gaps in existing public programs that were cited include night guards, space maintainers, crowns, implants, and dentures. There should nevertheless be flexibility in program design and delivery to address the best interests of specific populations, which may vary by region.

## 2. PLAN ADMINISTRATION

**Program infrastructure.** *Public dental care programs already exist in some form in every province and territory.* Existing program infrastructure currently in place should be used as much as possible to expedite implementation, and resolving challenges with poor-performing existing programs should be a priority. There should be accountability measures in place with respect to how funding dollars are being spent, ensuring that they ultimately go towards meeting Canadians' oral health needs and are not diverted elsewhere.

**Efficient payment processing.** *Efficient processing of payments is vital.* Any changes to dental billing and payment systems will create confusion and distract from dentists' efforts to see as many patients as possible. Dentists and their staff should be able to use familiar tools such as the Uniform System of Coding and List of Services (USC&LS),

CDAnet and iTRANS claims processing platforms, and standard dental claim forms. Coordination of benefits and coordination between different plans currently works well using such an approach. A full transition towards electronic payments for all publicly funded dental care programs should be a long-term goal.

**Provincial variability.** *In Canada, health care is generally administered via provinces and territories through delivery models unique to each jurisdiction. On one hand, there was a very strong message from Ontario dentists that there is little confidence that its provincial government can appropriately administer public dental plans. On the other hand, dentists in Prince Edward Island and Newfoundland and Labrador are pleased with their recently re-negotiated provincial public dental plans. Any resulting federal program will need to consider these distinct views.*

**Dental homes.** *Dental prevention and treatment plans are based upon individualized risk assessment and best practices. Patients need to have a dedicated dental home, where a dentist can work with them to provide an individualized treatment plan. Patients should not be forced to switch providers to have their treatment covered by publicly funded programs. This is best accomplished by ensuring that treatment provided by private dental offices is covered, rather than only covering care delivered by publicly funded dental clinics.*

### 3. PROVIDER ENGAGEMENT

**Dental expertise.** *Ensure there is input of dentists and other experts in the policy making and program design process as well as its ongoing evaluation. As professionals who are oral health system experts and understand the practice of dentistry, dentists need to be part of the decisions on the basket of services that will be included in any federally funded proposal, as well as other details such as the frequency with which patients are eligible for certain treatments. Dentists should have the authority to recommend individualized care plans for their patients that will help them obtain and maintain optimal oral health. Requirements for pre-determinations, which can delay treatment, should be limited.*

**Participation is a choice.** *Every effort needs to be made to encourage the full participation of dental providers. Trust will need to be established in jurisdictions where reimbursement levels have historically lagged behind current fee guides significantly. Dentists have been able to subsidize care treating a small minority of patients on low-paying government programs, despite incurring losses. However, with rising costs and a potential increase in patients with publicly funded dental coverage, this is not a viable option.*

### 4. POPULATION ENGAGEMENT

**Equity of access to oral health care.** *Improving access to oral health care is not only about funding, but there is also a pressing need to address the non-financial barriers to oral health care accessibility. This is the case for certain groups, including seniors in long-term care, persons with disabilities or mobility challenges, Indigenous populations and persons living in rural and remote areas. Additional funding is needed for complementary strategies to enhance or help ensure equitable access to oral health care for these patient populations.*

**Broad education campaigns.** *Government needs to allocate funds for public awareness campaigns about the programs and eligibility. Dentistry programs are poorly understood by the public, making them underutilized by those who need them most. There needs to be communication of simplified information about eligibility, coverage, payment and providers, so that the public understands how and when they can use it. Targeted funding for education campaigns promoting oral health habits upstream will also result in significant savings downstream. This work should not be left to the efforts of individual dentists.*

### 5. SUSTAINABILITY, EVALUATION AND ONGOING IMPROVEMENT

**Costing.** *The federal government's proposed investment in enhancing access to dental care for Canadians is a major step forward but funding levels need to be sustainable. Budget allocations should be re-evaluated annually and reflect increases in the cost of treatment over time. Beyond ensuring that initial funding levels are adequate, it*

is equally important to ensure that a process is implemented that adjusts funding on a regular basis. One approach is to index increases every year based on inflation and other factors by matching fee rate increases as determined for provincial and territorial fee guides.

**Data and Measurement.** *In parallel to financing the delivery of dental care, it is essential to build a framework to evaluate utilization and outcomes.* Key objectives and progress indicators must be set, and could include: number of eligible patients, percentage of eligible patients enrolled, and utilization rates. Collection of patient data and oral health outcomes should be built in from the start, including accurate statistics on usage and effectiveness. The development of tracking mechanisms and baseline data is necessary and it is essential to set up a system to collect this data and allow for analysis of outcomes. For example, this could be based on existing Canada Health Measures Survey indicators.

## 6. ORAL HEALTH WORKFORCE CAPACITY

**Human Resources Challenges.** *Many dentists are currently facing challenges in staffing their offices, which can contribute to delays in treatment.* Shortages of dental assistants is already a challenge in much of Canada, and concerns were expressed about whether there are enough dental assistants and dental hygienists to respond to an increase in patients seeking dental treatment. Concerns were also raised about the availability of dentists in rural and remote regions. A broader strategy is needed to address these challenges as any new federal initiatives are rolled out.

**Role of Dental Schools.** *Dental schools will need to play a role in enhancing the training of dentists to treat patients with complex needs.* Dental schools should be supported in expanding programs and outreach clinics to rural areas, including via satellite dental clinics in rural and remote areas where students can complete clinical rotations. Dental schools will also need more support in enhancing their curricula to provide dentists with the necessary skills to treat patients requiring complex care, such as seniors and those with disabilities.

## 7. CHILDREN'S DENTAL PROGRAMS

Dental care for children can be challenging and often takes more time. Pediatric dentists are increasingly overwhelmed by referrals of children on public dental plans from general dentists. Given the low reimbursement rates of many of these public programs, pediatric dentists have limited capacity to meet this demand while maintaining the financial viability of their practices. As a result, wait times are increasing, and parents are sometimes forced to drive long distances for their children to receive treatment. Hospitals are also over capacity, and there can be long wait times for access to surgical facilities required for treatment under general anaesthesia. Ensuring that programs cover sedation when recommended by a dentist to provide treatment, including outside of hospital where possible, is important. Coverage of routine preventative care could also help reduce the need for more complex treatment in the long term. Concerns were also raised that any new federally funded initiatives should not disrupt existing children's programs that are currently working well.

## 8. PERSONS WITH DISABILITIES

In 2020, over 6.2 million Canadians aged 16 and over reported living with a mild or moderate disability, and over 2.6 million Canadians reported living with a severe or very severe disability. It is important to understand and recognize that the more severe a disability and medically complex a patient is, the more challenging the delivery of dental care is, especially the length of time required to attain an acceptable outcome. Currently, many individuals with disabilities have difficulty finding a dental home. Without regular dental care, persons with disabilities disproportionately experience more oral disease than others. Additionally, certain special needs patients can only be seen in highly specialized hospital settings, therefore increasing hospital capacity should be part of the solution. This requires access to the necessary surgical facilities, while also ensuring comprehensive coverage for their treatment needs, and access to dentists with the skills required to treat these cases.

## 9. SENIORS' DENTAL PROGRAMS

In Canada, seniors outnumber children four to one and are a growing demographic; there is an immediate need to manage the oral health care of this population group. Seniors have some of the most challenging and complicated oral health needs to address, as in many cases care may need to be provided outside of a dental office (i.e., in a long-term care facility). An important consideration for seniors' programs is the difference in the level of support for oral health needed depending on whether they are seniors who are otherwise health living fully independent lives, seniors living independently with additional support in the community or seniors living in long-term care (LTC) settings. For all seniors, there should be training of family and caregivers to provide oral health care to seniors, as education and prevention services go beyond the dental office. This should be done at a grassroots level.

For seniors living independently, continuity of care should be the primary objective. They need to be able to see their preferred dental practitioner and not be required to travel long distances to public dental clinics. Particularly for seniors who rely more heavily on community support, coordination of oral health care must take place among all health care providers. This requires educating and engaging physicians, dieticians, nurses, teachers, and social workers.

On the other hand, for seniors in LTC facilities, the objectives need to be on keeping the patient healthy and functioning, as well as providing urgent treatment to manage pain, infection and trauma. Specific funding should be earmarked for oral health care for those seniors in LTC facilities. This would include funding and technical support for dental equipment and operatories. The suggestion was made that designated oral health professionals assigned to cover a specific group of nearby LTC facilities to enable better coordination in providing care. There also should be consideration for adding an "out of office fee guide section" for dentists treating seniors in LTC given the additional costs involved with providing off-site treatment.

There was also concern raised about the lack of coverage for dental implants as well as preventative care such as fluoride treatment in many existing publicly funded dental care programs for seniors. Dentists felt that a seniors' dental program needs to have adequate funding to ensure its more than just a denture program.

## 10. INDIGENOUS ORAL HEALTH

Dentists understand that they have important responsibilities in advancing reconciliation, including providing safe spaces for Indigenous patients to have their oral health needs met. Indigenous patients may fear dental office visits, especially from unfamiliar providers; better cultural awareness is critical for oral health providers. Accessibility challenges can also lead to more missed appointments or delayed treatment; these also need to be addressed. Providing Indigenous communities with increased access to Indigenous oral health providers should be a priority. The federal government's interest in enhancing access to dental care was seen as an opportunity to tackle two key challenges with respect to Indigenous oral health: social determinants of health and cultural safety within health care settings.