

Considerations for Aligning Federal and Provincial Dental Programs to Improve Oral Health

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Executive Summary

As the Canadian Dental Care Plan (CDCP) is designed to provide coverage for one-third of uninsured low-income Canadians, we will only improve access to oral health care if the CDCP complements strong provincial oral health services including public dental programs and existing third-party insurance. This will entail addressing the need and opportunity to align all public dental programs available to Ontarians.

The Ontario Dental Association (ODA), Ontario Dental Hygienists' Association (ODHA), and Ontario Association of Public Health Dentistry (OAPHD) came together around the common purpose of aligning public dental programs to improve the oral and overall health of Ontarians with a focus on increasing equity, improving access, and promoting sustainability.

To achieve this alignment and address existing gaps and challenges in oral health care, the ODA, ODHA, and OAPHD propose the following considerations for the Ontario Ministry of Health:

1. Streamline the coordination and administration of all public dental programs to ensure simple and accessible processes for both patients and providers.
2. Build the capacity of the health and social system to improve oral health access and increase health equity.
3. Safeguard and sustain the capacity of oral health care through a mixed-model system.
4. Promote provider participation by ensuring oral health professionals receive fair and equitable payments for oral health services across public programs.
5. Include a strong communication strategy and knowledge translation plan to enhance public and provider understanding and navigation of federal and provincial dental programs.
6. Foster relationships across levels, sectors, and communities to strengthen collaborative health care that includes oral health.
7. Continue to invest in Public Health to provide upstream health and oral health services to all Ontarians.
8. Administer an effective oral health data framework and evaluation plan that measures and reports on process, quality of care, and outcomes.

The considerations also include recommendations for provincial oral health stakeholders.

Oral Health is Health

Good oral health is a vital component of one's overall health and quality of life. Yet oral health has traditionally been disconnected from the health system despite its impact on health. Oral health issues can cause pain and infection, are associated with chronic health issues, and can have physical, social, and psychological consequences. Further, oral health outcomes are influenced by overall health disparities.

Ontarians need strong public dental programs and oral health care to improve health. We currently spend only \$4.99 per person on public dental services, far below the national average of \$15.53.¹ The Canadian Dental Care Plan (CDCP) is a major step forward in providing access to care to uninsured Canadians. However, it is imperative that the provincial government continue to invest in and align public dental programs to ensure vulnerable populations do not fall through any gaps. Expanding oral health care access removes significant pressures on other parts of the health system and more effectively and efficiently uses Ontario's oral health human resources.

The Ontario Dental Association (ODA), Ontario Dental Hygienists' Association (ODHA), and Ontario Association of Public Health Dentistry (OAPHD) have collectively drafted considerations for both the Ontario Ministry of Health and provincial oral health stakeholders to use when planning for this alignment.

Purpose and Principles of Public Dental Programs

Firstly, a clear purpose that includes foundational principles for oral health care can guide successful implementation of public dental programs (provincial and federal). The ODA, ODHA, and OAPHD believe the overarching **purpose** of public dental programs is to improve the oral and overall health of Ontarians with a focus on increasing equity, improving access, and promoting sustainability.

Building on the core truth that oral health is an essential part of overall health, ODA, ODHA and OAPHD agreed on **foundational principles** for oral health care:

- Recognizing the interconnectedness of oral health with the broader health system, with other health professional teams, and across disease prevention and treatment services.
- Promoting access and choice across the oral health sector (private and public).
- Matching patient needs with the appropriate care provider and delivery model for increased utilization.
- Providing person-centred care that is grounded in dignity and respect.

¹ National Health Expenditure Database, Canada Institute for Health Information and Statistics Canada

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- Meeting the needs and improving the health outcomes of vulnerable populations through targeted health investments and supports.

Goals for Public Dental Program Alignment

The ODA, ODHA, and OAPHD identified five **overarching goals** that need to be met for successfully aligning public dental programs:

- Improve program integration and seamless service delivery by leveraging federal and provincial dental programs in a mixed-model system.
- Increase integration of health equity into existing and future dental programs by identifying and mitigating barriers to accessing care for hard-to-reach populations.
- Improve access to care by increasing public dental program capacity through optimized patient and provider experiences.
- Ensure program sustainability by ensuring that existing access to care among insured patients is maintained through a strong third-party insurance system.
- Increase surveillance capacity of the oral health sector by incorporating an oral health data framework and program evaluation plan.

Below are **proposed considerations** the group believes will help achieve these goals and address the issues and gaps in oral health care in Ontario.

Proposed Considerations

- 1. Streamline the coordination and administration of all public dental programs to ensure simple and accessible processes for both patients and providers.**

Recommendations for the Ontario Ministry of Health:

- Provide clear and timely directions on the coordination and administration of public dental programs, given that they will be running simultaneously.
- Identify and address the inconsistencies (e.g. application criteria, services rendered, delivery model) between publicly funded dental programs, and adjust provincial programs accordingly to allow seamless service administration and delivery.
- Remove barriers to patient utilization by:
 - streamlining the application process regardless of the program with multiple ways and platforms for patients to apply, submit and receive oral health benefits and services (e.g. patients with no computer, fixed address, or documentation);
 - supporting navigation through a no wrong door approach;

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- ensuring programs are culturally responsive and meet diverse patient needs;
- addressing financial barriers to patients; and
- addressing travel and geographic barriers (e.g. travel grants).
- Remove barriers to provider participation in public dental programs by:
 - streamlining reimbursement processes;
 - expanding who can deliver services and the locations for service delivery; and
 - ensuring the government maintains responsibility for the administration and coordination of all public dental programs and does not download administrative tasks to providers.

Rationale:

- The current publicly funded dental programs (federal and provincial) have inconsistencies and restrictive regulations and policies that hinder program alignment and create confusion among the public and providers.
- Restrictive criteria such as who can deliver services and the physical location of service delivery limits provider participation and creates unnecessary barriers to access.
- Aligning federal and provincial programs with simple, low-barrier administrative processes that are culturally sensitive and span all aspects of care (e.g. registration, utilization) promotes access and enhances patient and provider experience.

2. Build the capacity of the health and social system to improve oral health access and increase health equity.

Recommendations for the Ontario Ministry of Health:

- Monitor, connect, and leverage existing oral health infrastructure and capacity in communities when planning public dental programs.
- Explore policies, initiatives, and incentives to ensure that the availability and distribution of oral care providers promotes access for all Ontarians, with a focus on rural and remote areas. This can include re-instating and targeting training programs for oral health roles that support remote communities, funding community-based oral health navigator roles, and providing travel grants for patients. Some initiatives may require collaboration with other Ministries (e.g. the Ministry of Colleges and Universities).

Recommendations for other stakeholders:

- Public Health: Incorporate existing community-based oral health infrastructure and human resources in planning and implementation at the local level.

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- Provincial associations and Public Health: Promote a common understanding of and value in health equity by enhancing the knowledge, skills, and attitudes of providers and front-line staff to work with vulnerable populations. This includes providing education and training on stigma, bias, and trauma-informed care; enhancing understanding of the unique needs and challenges faced; and developing skills to build relationships over time.
- Post-secondary institutions: Incorporate health equity into all oral health professional training programs to strengthen the role of the oral health sector in addressing equity. Enhance the knowledge, skills, and attitudes of providers to work with diverse populations including patients who are medically and socially complex.
- Post-secondary institutions: Incorporate oral health training in other health professional programs to strengthen the oral health capacity of the health sector (e.g. base oral health knowledge, making referrals).

Rationale

- Communities have existing infrastructure and human resources that can be better connected and leveraged to support public dental programs.
- Improving oral health care access requires identifying and mitigating barriers spanning geography, infrastructure, and human resources.
- The availability and distribution of provider roles (e.g. dentists, dental hygienists, dental assistants, denturists, specialists) needs to meet the demand of expanded program access, especially in rural and remote areas of Ontario. Availability and distribution are impacted by the supply of human resources (e.g. lack of training programs in remote areas) and portability (e.g. restrictive policies that limit provider movement).
- Oral health facilities and equipment in communities can be made available to more oral health providers (e.g. general anesthetic suites for medically and socially complex patients).
- The role of Public Health and local stakeholders is dependent on the community context for how to best address unique needs and to expand access using existing infrastructure and human resources.
- Meeting the needs of complex and vulnerable patients requires building the health equity capacity of the oral health sector. Public Health Units and Community Health Centres have expertise in these areas, which can be shared and built on.
- Enhancing oral health knowledge amongst other health care providers can improve patients' access to care.

3. Safeguard and sustain the capacity of oral health care through a mixed-model system.

Recommendations for the Ontario Ministry of Health:

- Fund a mixed-model approach to ensure that access to oral health providers and models of care align with the needs of patients.
- Include targeted interventions for medically and socially complex patients, with considerations for the appropriate provider, equipment, and location.
- Monitor and, if necessary, mitigate threats to the sustainability of public dental programs and oral health services as the CDCP is rolled-out.

Rationale

- A mixed-model system refers to the range of funding models (e.g. private and public), service delivery (e.g. private offices, community clinics, mobile units, hospitals), and care teams (e.g. who provides services). A mixed-model approach provides options to better meet the diverse needs of Ontarians.
- A properly funded program must consider and address the needs of complex patients, including the potential need for oral health services in hospital.
- Potential unintended consequences of implementing the CDCP may over time impact the quality and coverage of current private insurance (e.g. de-insurance) and/or public programs (e.g. dismantling of programs). Access to quality oral health services for all Ontarians needs to be monitored and protected.

4. Promote provider participation by ensuring oral health professionals receive fair and equitable payments for oral health services across public programs.

Recommendations for the Ontario Ministry of Health:

- Address policy and regulatory barriers to provider involvement and leverage federal and provincial programs to ensure oral health services for uninsured Ontarians are properly funded and providers are paid fairly and equitably for the services provided.

Rationale

- Properly funded programs with fair and equitable compensation for providers is an incentive for involvement. Increasing provider involvement supports patient access and choice by increasing service availability, program sustainability, and ultimately improving health outcomes.

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- Currently, provincial dental programs have policy and regulatory barriers such as restrictions on billing and procedure codes that disincentivize provider involvement, limiting numbers offering public oral health services.
- Provincial dental programs have not incorporated adjustments for inflation since 2009 and funding does not cover the costs of delivering care.

5. Include a strong communication strategy and knowledge translation plan to enhance public and provider understanding and navigation of federal and provincial dental programs.

Recommendations for the Ontario Ministry of Health:

- Target communication and support to the public for better understanding of public dental programs, covering application, access and receiving care. This includes information on administrative processes (e.g. eligibility, application, renewal, transitions) and service availability (e.g. coverage, delays in care, dealing with urgent issues).
- Communication and support should be culturally appropriate and integrate a no wrong door approach.
- Provide resources with patient information that can be distributed by oral health providers.
- Target communication and support to providers to promote participation in public dental programs. This can include a guidance document and open lines of communication (e.g. to receive feedback and provide timely responses to issues raised).

Rationale

- Communication and knowledge translation with targeted information and support for patients and providers increases understanding of and engagement in the program roll-out (e.g. knowing what services are covered, ensuring access to the right services, navigating the processes).
- The support and guidance needs are different for patients and for providers and must consider factors such as language, culture, and health literacy.
- A no wrong door approach can support patients' understanding and navigation of public dental programs.

6. Foster relationships across levels, sectors, and communities to strengthen collaborative health care that includes oral health.

Recommendations for the Ontario Ministry of Health:

- Foster connections across health stakeholders (e.g. connecting oral health and the broader health system) as well as beyond health (e.g. connecting oral health and social services).

Recommendations for provincial oral health stakeholders:

- At the provincial level, collaborate and maintain good relationships across provincial associations and other key stakeholders.
- At the community level, provide support to members to build and strengthen trusting and collaborative relationships among oral health providers, Public Health Units, community leaders (e.g. newcomer associations), and community members.

Rationale:

- Collaboration with stakeholders across and beyond the oral health sector is important to increase integration of oral health as part of health and wellbeing.
- Strong relationships between Public Health and oral health providers can improve access to support and resources, such as building capacity to work with vulnerable populations.
- Strong relationships between oral health providers and hospitals can improve integration and capacity for complex patients on public dental programs.
- Positive interactions and ongoing relationships between providers and patients through person-centred care can foster positive patient experience. Patient-centred care is grounded in dignity and respect, and ensures patient perspectives, backgrounds and situations are taken into account as providers and patients are active and collaborative partners in health care.

7. Continue to invest in Public Health to provide upstream health and oral health services to all Ontarians.

Recommendations for the Ontario Ministry of Health:

- Continue investing in provincial public dental programs for patients who do not qualify for CDCP, have urgent dental needs (based on financial hardship) and benefit from existing public dental infrastructure.
- Continue and enhance investments in upstream Public Health programs and services and leverage Public Health Units to plan and implement programs

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based on the local context. This can include protecting community water fluoridation, implementing health promotion interventions, expanding screening programs, and increasing prevention services.

Rationale:

- Continued provincial investments in public dental programs are essential to ensure vulnerable groups do not fall through the gaps with the federal plan.
- Multi-faceted approaches to oral health are more cost-effective in improving overall population health. This means balancing treatment needs (routine and urgent) with upstream investments in health promotion and disease prevention, including primary and secondary prevention.
- Health promotion and disease prevention can include (but are not limited to): community water fluoridation, screening programs (e.g. expanding to daycares, additional grades in schools, congregate settings, long-term care), prevention services (e.g. providing dental sealants and fluoride varnish to vulnerable groups in non-traditional settings), navigation support to vulnerable groups, and access to comprehensive wrap-around services and support.

8. Administer an effective oral health data framework and evaluation plan that measures and reports on process, quality of care, and outcomes.

Recommendations for the Ontario Ministry of Health:

- Design a data framework and evaluation plan with input from key stakeholders (e.g. academics, professional associations, Public Health) during planning to ensure the evaluation plan is implemented at program outset.
- Collect meaningful and appropriate data on process (e.g. patient experience), quality of care (e.g. consistency across the province), and outcomes (e.g. health status) that align with identified program goals and can be disaggregated for the local level and with equity considerations.
- Develop feedback mechanisms as part of continuous quality improvement with regular and transparent reporting. This includes processes for providing feedback and responding to issues, and the ability to revise the programs as data is collected (ongoing) during implementation.
- Establish an external evaluation committee to ensure accountability and transparency.
- Share data with key stakeholders in a timely manner to promote local utilization that informs program changes and targeted approaches (e.g. data can be disaggregated to the local level and by social determinants).

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Rationale:

- Ongoing and transparent data collection and monitoring can be used to inform and improve public dental programs toward identified goals (e.g. improved access and health outcomes).
- Plans are more effective when developed during program planning and implemented at program outset.
- Data is more useful when based on meaningful indicators that measure process, quality of care, and outcomes. For example, the number of patients accessing care (utilization rates) is more meaningful than the number of patients registering for the program; health status and issues are more meaningful than procedure codes.
- The planning and roll-out of the CDCP is an opportunity to address the oral health data gap in Ontario through improved data surveillance that can inform broader health system goals (e.g. oral health status, health system costs, chronic disease rates).

Conclusion

The CDCP is a welcome and needed opportunity to expand access to care for all Ontarians. Provincial government investments in oral health are imperative to safeguard and sustain public dental programs and oral health services as the CDCP is rolled out. Expanding oral health care access removes significant pressures on other parts of the health system, including physician and emergency department visits, and more effectively and efficiently uses Ontario's oral health human resources.

To ensure that the overarching purpose of oral health care is achieved especially amongst vulnerable groups, there are existing challenges and gaps that need to be addressed when aligning the CDCP with provincial programs. The ODA, ODHA, and OAPHD worked collectively on identifying considerations to support this and are available to collaborate further with the Ontario Ministry of Health and other provincial oral health stakeholders to continue with program alignment at the provincial and local level.