

why oral health matters



irish dental association

why oral health matters

Oral health is of vital importance to the well-being and general health of every individual. Diseases of the mouth and oral cavity have a significant impact in terms of pain, suffering, impairment of function and reduced quality of life. To a large extent, these diseases are entirely preventable. Yet when they occur, they can be among the most expensive to treat or cure. Prevention and early treatment substantially reduce the overall costs to the state and the individual patient.

The mouth is a gateway to the body and is an early warning system for health practitioners. Signs in the mouth indicate trouble in other parts of the body. An oral examination can reveal diseases, general health status and habits such as tobacco and drug use.

Oral diseases share common risk factors with chronic diseases such as obesity and diabetes. The Government has stated that tackling these diseases is a priority. The evidence to date highlights the need for greater integration of oral health preventive programmes with general health-promotion. Dentists are well-placed in the community to offer patients advice on reducing the risk factors and diagnosing health problems.

Key Messages for Good Oral Health

- Maintaining good dental health is easy
- Dental problems do not get better, or go away, without treatment
- Dental check-ups also include oral cancer screenings
- Gum (periodontal) disease affects your overall health
- Dental cleanings and check-ups are extremely important.

what is the state of our oral health?

The National Survey of Oral Health in Irish Adults 2000 – 2002¹ revealed that there were considerable improvements in the level of oral health amongst adults over the previous 20 years. This reflected the investment in the provision of oral health services for adults during that period and the very real benefits of fluoride and oral health promotion. Unfortunately, we are now beginning to see a rapid reversal of these advances because of draconian cuts in state support for dental patients.

There are two dental treatment schemes – one for insured (PRSI) workers called the DTBS scheme, and another for medical card holders, called the DTSS scheme.

PRSI Scheme

There are **1.7 million taxpayers and dependants** who qualify for treatment under the Dental Treatment Benefit Scheme (DTBS) arising from their PRSI contributions. This scheme is managed by the Department of Social Protection which contracts individual dentists to provide the treatment in their own practice.

Up to December 2009, this cohort of taxpayers could avail of the following treatments as part of their PRSI insurance entitlements:

- Prophylaxis treatment (scale and polish) free of charge every six months.
- Financial contributions towards the cost of basic dental treatment such as extended gum treatment, fillings, extractions, root canal therapy and dentures.

However, following cutbacks in Budget 2010, the treatment available was restricted to just one item – the annual oral examination.

Medical Card Holders

There are **1.2 million medical card holders** who are entitled to treatment under the Dental Treatment Services Scheme (DTSS). This scheme is operated by the HSE. Similar to the DTBS, the treatment is delivered by individual private dentists operating in their own dental practice.

Until the cuts of two years ago, medical card holders were entitled to scale and polish, extended gum cleaning, fillings, extractions, root canal treatment, X-rays, dentures and denture repairs. Today treatment is restricted to emergencies only; e.g. two fillings per year, extractions etc. Preventive treatments such as scale and polish and gum cleanings have been suspended.

¹ Whelton, H., Crowley, E., O'Mullane, D., Woods, N., McGrath, C., Kelleher, V., Guiney, H., Byrtek, M., (2007). Oral Health of Irish Adults 2000-2002. Department of Health and Children, Dublin.

the cost of dental neglect

It is a well-established principle in dentistry that an Ounce of Prevention costs less than a Pound of Cure. Good dental care begins with a periodic or comprehensive oral examination. Lack of preventive dental care can lead to costly stop-gap emergency treatment that typically provides only temporary pain relief through medication and, in some acute cases, surgical care or hospitalisation.

A recent US study by the California Healthcare Foundation looked at the cost of dental neglect and found that the 'ounce of prevention', by way of an oral examination, is outweighed by a 'pound of cure' (emergency dental visit with hospitalisation) as much as **123 times**.

Several studies have shown that treatment of gum disease results in a 10%-12% lower medical cost for patients with diabetes.²

With treatments now being denied to patients under the DTSS and DTBS, **patients and the state can expect to pay up to ten times the cost of preventive treatments where dental health is neglected** and teeth that might have been filled are ultimately extracted, dentures fitted and other treatments necessary also. This bill, and of course the decline in dental health, can emerge within twelve to eighteen months in some instances.

Aside from the direct financial costs, there is also the pain burden that is borne by the patients leading to a loss of wellbeing, and a loss of productivity.

² University of Michigan (2009, January 8), Treating Gum Disease Linked to Lower Medical Costs for Patients with Diabetes, Science Daily.

discrimination against dentistry

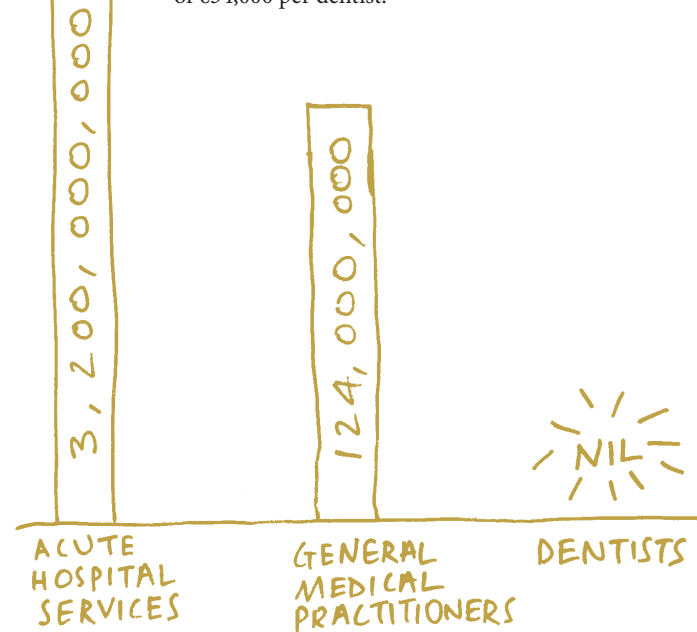
Dentists in Ireland do not receive any state support whatsoever, unlike their medical counterparts.

State Supports towards Capacity and Infrastructure (excluding salaries and professional fees)	Amount of Support
Acute Hospital Services	€3.2bn ³
General Medical Practitioners	€124m
Irish Dentists	NIL

State Support for Dentistry in the Republic versus Northern Ireland

The professional fees charged in this State are often unfairly compared with the cost of dental treatment in Northern Ireland.

Dentists in Northern Ireland receive an average annual Practice Allowance of €34,000 per dentist.⁴



³ Source: HSE Performance Report on NSP 2011 May 2011

⁴ Source: Department of Health, Social Service and Public Safety, Northern Ireland, Dental Branch Annual Report 2007/2008

the scale of the crisis...

Impact of Budget Cuts – PRSI Patients

Patient attendance has dramatically reduced. Patients who cannot afford private treatment are delaying treatment, or opting for cheaper treatment (e.g. opting for an extraction rather than saving a tooth with root canal therapy).

In 2010 there was a **52% decrease in the expenditure and a 47% decrease in the number of treatments** provided under the PRSI scheme compared to 2009. A cost-benefit examination of the Scheme undertaken by Dr Brenda Gannon, NUI Galway, on behalf of the Irish Dental Association confirmed that there is €2.85 benefit for every €1 spent on the Scheme. Clearly, these cuts represent a case of being “penny wise, pound foolish”.

Budget 2010 Cuts - Medical Card Patients

In 2010 the Government placed a cap on expenditure at €63 million. Given the increase in the numbers of medical card holders, this allocation has fallen far short of the demand on the scheme and we estimate that in fact the spend on the DTSS should in fact be 40% higher to keep pace with the increase in eligible patients retaining the agreed scheme benefits. According to the HSE, in 2011 so far there has been a **56% decrease in number of treatments** provided under the Scheme compared to 2010, and dentists all around the country are reporting poorer levels of oral health among medical card holders.

The Ombudsman included a complaint from a medical card patient who was refused dental treatment in her Annual Report for 2010, and described the situation as *‘a sad reflection on a system where a person with decaying teeth, who has no resources to fund private treatment, has to put up with decaying teeth until his annual entitlements recommence.’*

... in Irish dentistry today

Effect on Patients

Earlier this year the Association surveyed the impact of these cutbacks on dental care in Ireland.

- 99.5% of dentists reported that the cutbacks are causing patients to leave untreated decay and gum disease
- 82% of dentists reported an increase in patients presenting in pain
- 74% of dentists reported an increase in gum disease
- 74% of dentists reported an increase in patients presenting with loose teeth
- 56% of dentists reported an increase in patients presenting with broken dentures
- 11.5% of dentists reported that patients are aware of their entitlements under the DTSS.

Effect on Health Services

- 67% of dentists reported that they are referring more patients to hospitals as a direct result of the patient being unable to obtain treatment.

Effect on Dental Practices

- 64% of dentists decreased the number of staff in the practice
- 74% of dentists reduced the working hours of staff.

About 1,200 dentists are involved in treating patients under the PRSI scheme throughout the country. Each of these dental practices formerly employed just under four full-time and three part-time members of staff on average, including dentists, dental nurses, hygienists, secretaries, practice managers and administrative staff etc. **We estimate there have been 1,000 job losses in the dental profession since April 2010.**

what needs to be done

IDA Key Demand

The IDA seeks the restoration of scale and polish treatments under the Dental Treatment Benefit Scheme (PRSI Scheme), to ensure the improvements in oral health in Ireland can be maintained.

IDA Key Demand

The IDA seeks an increase in the Dental Treatment Services Scheme budget from €63 million to €80 million to meet the demands of the Scheme, and the restoration of preventive treatments for all medical card holders.

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Irish Dental Association

Unit 2, Leopardstown Office Park, Sandyford, Dublin 18

Telephone: 01:2950072, www.dentist.ie

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