



RNAO

Registered Nurses' Association of Ontario
L'Association des infirmières et infirmiers
autorisés de l'Ontario

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RE: RNAO feedback on priority-setting exercise for oral health programs

Dear Dr. Quiñonez,

Thank you for the opportunity to provide a response on behalf of the Registered Nurses' Association of Ontario (RNAO) to the questions posed by the Dental Service Schedule Review Expert Panel. Please find our responses below:

1. The Canadian Dental Association defines oral health as "a state of the oral and related tissues and structures that contribute positively to physical, mental and social well-being and the enjoyment of life's possibilities, by allowing the individual to speak, eat and socialize unhindered by pain, discomfort or embarrassment."¹ This definition is appropriate to use as in its recognition of multiple kinds of well-being to enable life's possibilities, it is consistent with the World Health Organization's description of health as "a resource for everyday life."²
2. The Expert Panel has placed particular emphasis on a health outcomes approach, which "would include services that maintain or improve the population's oral health." The RNAO is in agreement with this approach if it includes a particular emphasis on addressing oral health inequities through targeted programs as well as working to improve everyone's oral health through universal approaches. The evidence of inequities in oral health and inequities in access to oral health services is well documented and needs to be urgently addressed as both a consequence and cause of poverty in our province.^{3 4 5}

The question as framed mentions a focus on economics which "would consider the impact of cost when assessing which services should be included." Cost is a critical factor but this discussion must take place in the context of Ontario having the lowest

per capita public sector spending on dental services of any jurisdiction in Canada. The \$5.67 per person spent in Ontario is a small fraction of the \$20.59 per person spent in Quebec, \$27.67 per person spent in British Columbia, and \$40.95 per person spent in Alberta.⁶ Just as with other parts of Ontario's health care system, decisions about cost must be informed by evidence of effectiveness, impact on health outcomes, and equitable access to further the triple aim of "better health, better care, and better value."⁷

An important component of better value is public administration of public expenditures for oral health care. RNAO was alarmed to hear that the Ministry of Health and Long-Term Care had put out a Request for Bidders for administration for the Healthy Smiles Ontario program. When health programs are administered by a private company and not in the public realm it is much more difficult to access data to conduct evaluation of public programs. The province may not be able to get data from a private administrator to evaluate the performance of the Healthy Smiles Ontario program to ensure value for public funds. Moreover, our concern comes in the wake of the Auditor General of Ontario expressing significant concerns regarding the cost-effectiveness of alternative financial and procurement schemes (public-private partnerships).⁸

The government of British Columbia has experienced the challenges of holding the private company which administers their health benefits accountable. In 2004 they contracted out administration of their Medical Services Plan and PharmaCare. This was the first time in Canada that a significant portion of health administration services has been transferred to the private sector. According to the BC Auditor General, the decision has failed to bring the expected results and, despite several controls, the Ministry of Health does not know if the service provider is fully complying with the contractual agreement.⁹ The public does not know what is being achieved at what cost.

Experience clearly shows that increasing the presence of the private sector in health service delivery and/or the administration of health service delivery will fail to deliver both optimal health outcomes and system cost-effectiveness. RNAO urges the Expert Panel to protect the integrity of Ontario's publicly-funded and not-for-profit health-care system by speaking out against privatizing the administration of Ontario's public dental programs.

3. Vulnerable Ontarians who are experiencing economic and other forms of marginalization are at higher risk for poor oral health and have a harder time accessing needed oral health services. Targeting those most in need should not be an excuse to retreat from universal preventative oral services and decreasing access to urgent dental services for those living with low income. It is not acceptable, for example, that 15,600 children just in Toronto would lose access to provincially funded prevention services due to changes to eligibility for services under the Ontario Public Health Standards.¹⁰ It is also not conscionable to decrease access for children with urgent dental conditions with proposed eligibility changes to the Children In Need of Treatment program.¹¹ RNAO supports the recommendations of Toronto Public Health to the Ministry of Health and Long-Term Care that progress

toward universal publicly funded children's dental care be maintained by: a) keeping current eligibility for preventative dental services under the Ontario Public Health Standards; and b) maintaining access to one full course of treatment for children with urgent dental conditions.¹²

4. While it was good news to hear in 2014 that the provincial government was planning to extend public dental programs to low income adults and seniors, they cannot wait a decade until 2025. RNAO joins other community members in urging the provincial government to keep this promise faster. Addressing the urgent oral health needs of Ontarians living with low income will have physical, mental, and social benefits so that people can live in health, dignity, and hope for life's possibilities. And, it will save the nearly 58,000 adult visits to Ontario emergency rooms for dental problems thereby leaving \$30 million a year for other priorities.¹³

Thank you once again for the opportunity to participate in this consultation and for your work to improve the health of Ontarians.

Sincerely,

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References

¹ Canadian Dental Association (2015), http://www.cda-adc.ca/en/about/position_statements/

² World Health Organization (2015). <http://www.who.int/trade/glossary/story046/en/>

³ King, A. (2012). *Oral Health--More than Just Cavities: A Report by Ontario's Chief Medical Officer of Health*. Toronto: Ministry of Health and Long-Term Care, 17.

http://www.health.gov.on.ca/en/common/ministry/publications/reports/oral_health/oral_health.pdf

⁴ Sadeghi, L., Manson, H., & Quiñonez, C. (2012). *Report on Access to Dental Care and Oral Health Inequalities in Ontario*. Toronto: Public Health Ontario.

http://www.publichealthontario.ca/en/eRepository/Dental_OralHealth_Inequalities_Ontario_2012.pdf

⁵ Canadian Academy of Health Sciences (2014). *Improving Access to Oral Health Care for Vulnerable People Living in Canada*. Ottawa: Author.

http://www.caahs-acss.ca/wp-content/uploads/2014/09/Access_to_Oral_Care_FINAL_REPORT_EN.pdf

⁶ Canadian Centre for Policy Alternatives (2011). *Putting Our Money Where Our Mouth Is: The Future of Dental Care in Canada*. Ottawa: Author, 36-37.

<http://www.policyalternatives.ca/sites/default/files/uploads/publications/National%20Office/2011/04/Putting%20our%20money%20where%20our%20mouth%20is.pdf>

⁷ Institute for Healthcare Improvement (2015). *Triple Aim for Populations*.

<http://www.ihl.org/Topics/TripleAim/Pages/default.aspx>

⁸ See: http://www.auditor.on.ca/en/reports_en/en14/305en14.pdf

⁹ See: <http://www.bcauditor.com/pubs/2013/report11/health-benefits-operations-are-expected-benefits-being-a>

¹⁰ Toronto Public Health (2014). *Impact of Removing Clinical Preventive Oral Health Services from Ontario Public Health Standards*. Toronto: Author. <http://www.toronto.ca/legdocs/mmis/2014/hl/bgrd/backgroundfile-72538.pdf>

¹¹ Ibid.

¹² Ibid.

¹³ Gallant, J. (2013). Ontario ERs ill-equipped to handle dental pain. *Toronto Star*, October 30, 2013.