Why oral health matters

Prior to the Budget, the Association is making a forceful case on the effects of recent cuts to the State dental schemes and calling for a reinstatement of preventive treatment for patients. Chief Executive Fintan Hourihan outlines the points he will be putting to the decision makers.

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.

Oral health is of vital importance to well-being and general health. 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. Preventive treatment and early treatment substantially reduce the costs to both the State and the 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 the greater integration of oral health preventive programmes with general health.
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, comprehensive oral examination. A lack of preventive dental care can lead to costly stop-gap emergency treatment, which 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. 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. This bill, and of course the decline in dental health, can emerge within 12 to 18 months in some instances. Aside from the direct financial costs, there is also the pain burden that is borne by patients, leading to a loss of wellbeing and a loss of productivity.

News feature

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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)

<table>
<thead>
<tr>
<th></th>
<th>Amount of support</th>
</tr>
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<tbody>
<tr>
<td>Acute hospital services</td>
<td>€3.2bn¹</td>
</tr>
<tr>
<td>General medical practitioners</td>
<td>€124m</td>
</tr>
<tr>
<td>Irish dentists</td>
<td>NIL</td>
</tr>
</tbody>
</table>

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

Scheme benefits. According to the HSE, in 2011 so far there has been a 56% decrease in the 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.

In her Annual Report for 2010, the Ombudsman included a complaint from a medical card patient who was refused dental treatment. She 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”.

“Gum disease affects your overall health.”

Effect on patients

Earlier this year the Association carried out a survey on the impact of these cutbacks on dental care in Ireland. It found that:

- 99.5% of dentists reported that the cutbacks are causing patients to leave tooth decay and gum disease untreated;
- 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; and,
- 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 reduced the number of staff in the practice; and,
- 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 1

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

IDA Key Demand 2

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

References