Improving access to care – the Finnish experience

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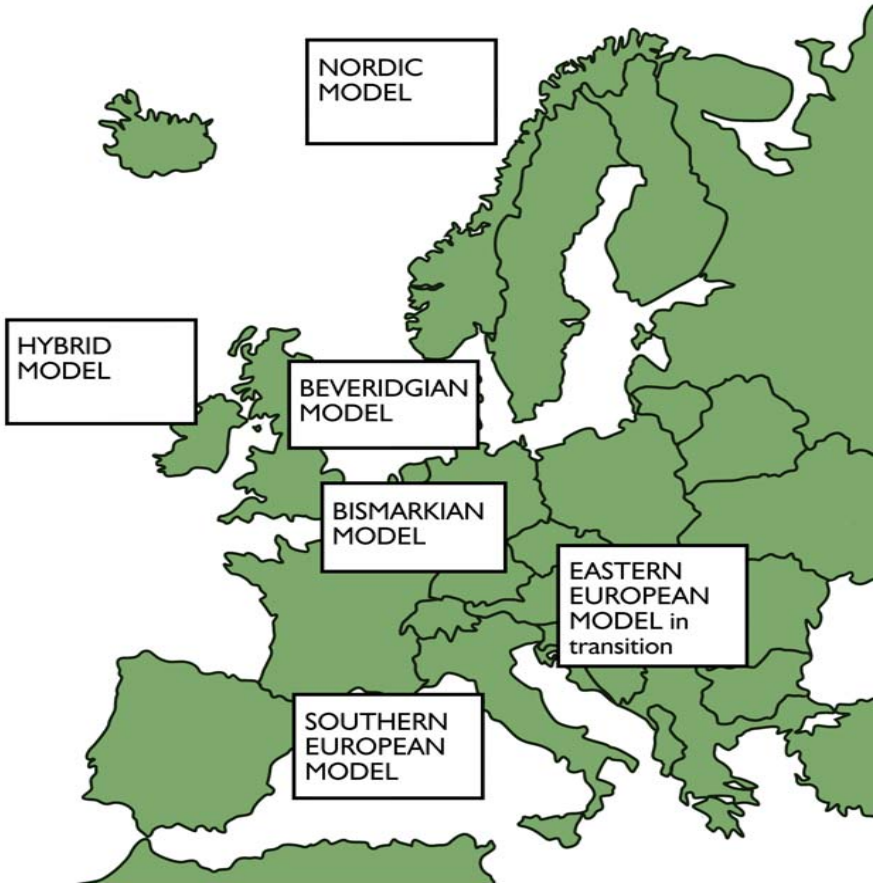
Organisation and financing dental care in Europe



Widström E, Eaton K.A. “Oral health care systems in the Extended European Union“. Oral Health Prev Dent 2004; 2: 155-194.

Nordic Model

Typical for the sparsely populated Nordic countries is a large **public sector with salaried personnel** financed by general or local taxation and patient fees and the **state having a central role in guidance and supervision.** There is a private sector that is or is not subsidised through a public health insurance

In Finland

- Private dental services exist since 1850’s
- Public services started in 1950’s as free school dental service organized by municipalities

Access to public services and subsidation of private services expanded slowly

Year	Public Dental Service	Private practice
1970-1979	Expansion in coverage from 0-1 -year and 6-12 -year-olds to 0-18 -year-olds	Subsidised care when necessary for general health
1980-1989	Expansion to 19-31 -year-olds. Some special needs groups included: Pregnant women, students, seamen	Basic dental care* subsidised for 19-31 year-olds
1990-1999	Expansion to 32-43 -year-olds. Some special needs groups included: Patients with radiation therapy to head and neck, World War II veterans	Expansion of the remunerations to 32-43 -year-olds. Some special needs groups included: Patients with radiation therapy to head and neck, World War II veterans (prosthetic care also included)

1956?

A dental care reform in 2001-2002

Opened the Public Dental Service (PDS) for all adults and extended state subsidies for private dental services (basic services) from young adults to all adults

Health political aims of the reform

- To improve access to care for adults
- To improve equity in use of services by reducing cost barriers
- To integrate oral health care in the general health care provision system

Why?

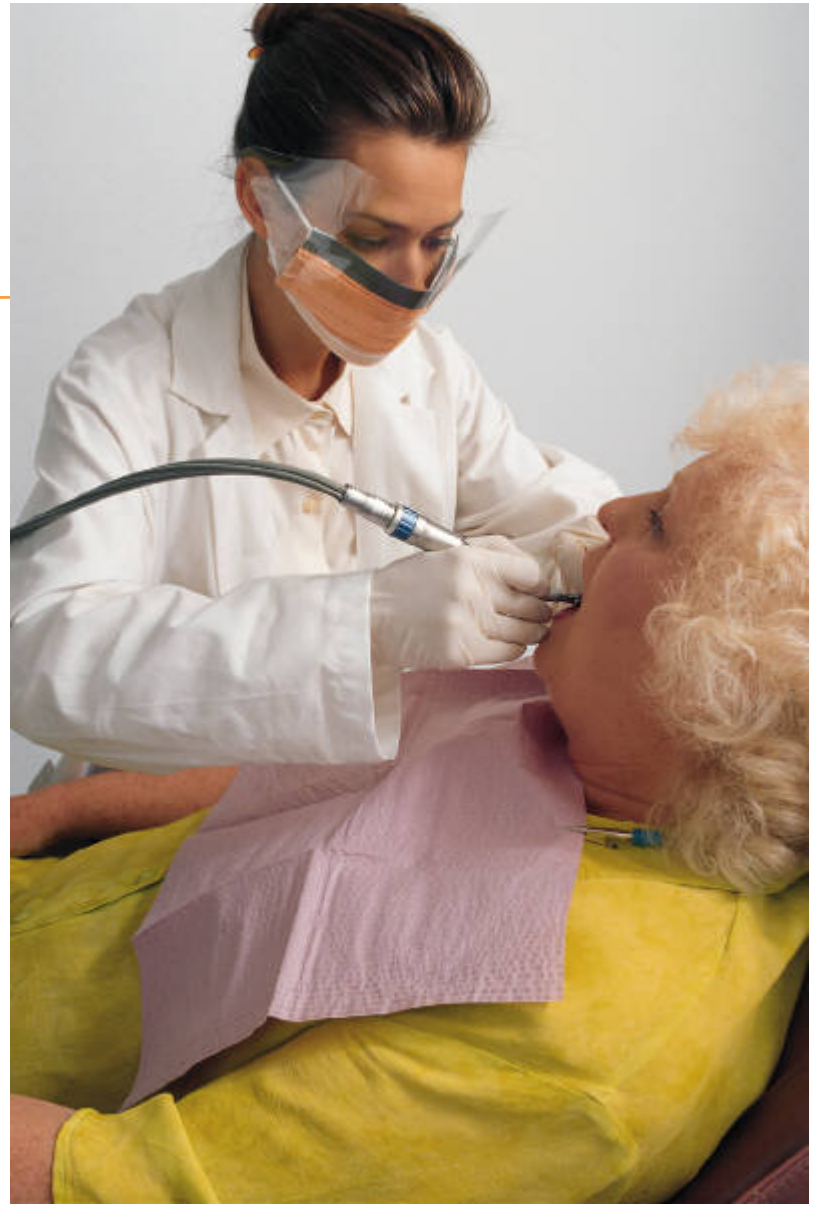
Changes in treatment needs

- Those under 40-45 years dentally fit
- Great treatment needs in the 50-60 year - olds
- Less edentulous elderly
- Changes in population structure

Why?

Older people

politically important



Tools used by the government in the reform implementation in 2002-2004

- New laws
- More money to local municipalities
- More money to the national health insurance
- Steering via information

What happened?

- Adults' demand for dental care increased considerably
- As all adults became free to choose between health centers or private practices
- Long waiting lists emerged in bigger health centres
- The reform put the private and public sectors in competition

According to national statistics

PDS	More patients treated (11 %) More dentists employed(15 %) Higher total costs (15 %)
Private sector	Same amount of patients, but somewhat fewer dentists Higher total costs (18 %)

Implementation of the reform in the PDS

- New dentists employed
- New hygienists employed
- Delegation of tasks from dentists to hygienists and assistants increased
- Contracts with private dentists in some bigger cities

Private practitioners

experienced little competition from each others or from the PDS, although the reform had abolished restrictions hindering adult's use of public services and in principle all private patients could have moved to the cheaper public sector

Private dentists

- used regular recall of their existing patients as the most important marketing procedure and did not consider other types of marketing necessary
- Recall services for a selected clientele can lead to overtreatment

New governmental tool for steering the municipalities in 2005

Care quarantee legislation

Immediate access to first aid and urgent treatment
Faster access to non-urgent treatment

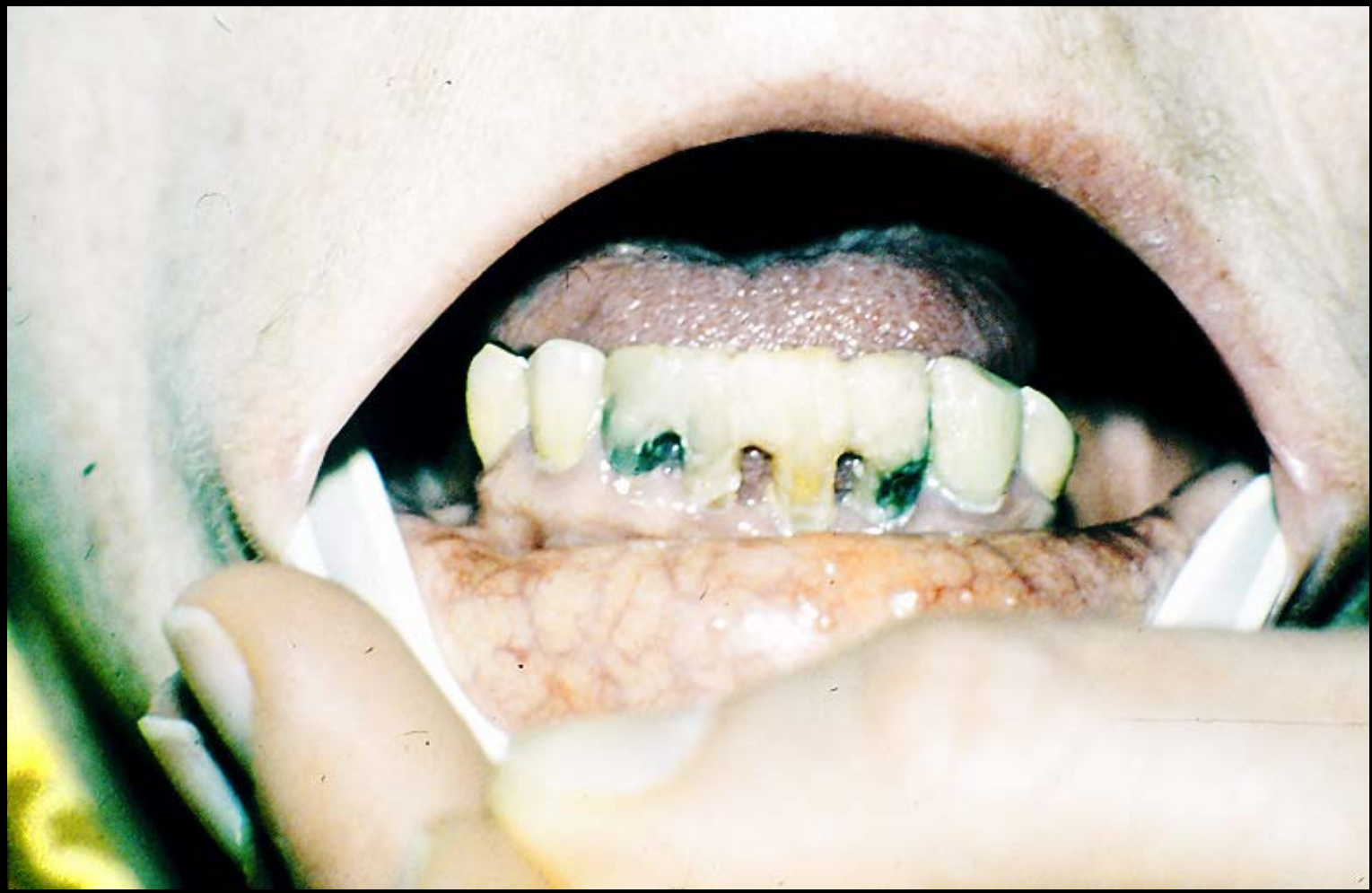
From the beginning of March 2005, non-urgent examinations and treatments at health centres and hospitals must be provided within clear timeframes

Oral health care

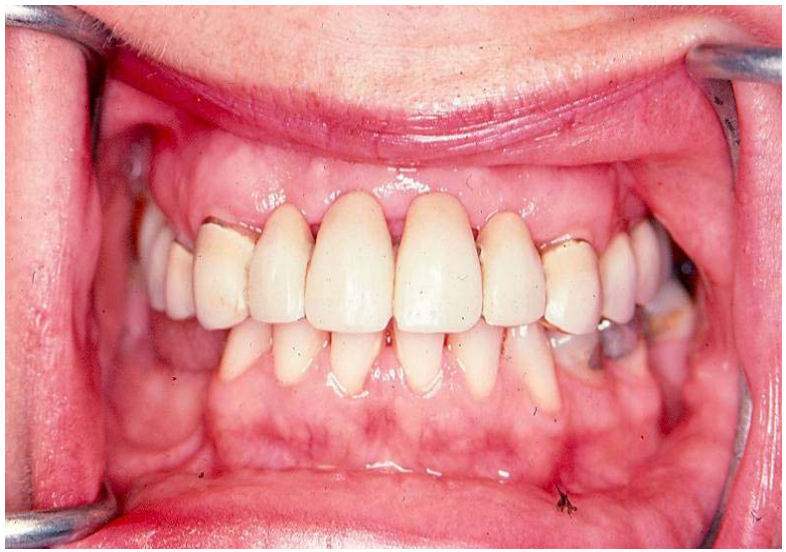
- Patients must be able to contact their health centre immediately by phone during office hours
- During this initial contact (usually) a dental nurse will assess the urgency of treatment needed
- Any treatment that is considered odontologically necessary must be provided, within six months at the latest
- Penalty sanctions

Has oral health care become better and for whom?

- Emergency services have definitely become better for the whole population
- Access to non-urgent care has become better for the ”middle-class”



Future challenges



- Lack of dentists and hygienists in the PDS
- Improving specialist services
- Making better use of the private sector
- Financing services

Conclusions

A substantial reform, that changed the traditionally defined tasks of the public and private sectors proceeded slowly, was expensive and would have required more stringent steering than was the case in Finland 2001 - 2004. However, the equity and fairness of the oral health care provision system improved and access to services and cost-sharing improved slightly