

January 24, 2020

Ms. Julia Douglas, Clerk
Standing Committee on Finance and Economic Affairs

Re: Pre-Budget Consultations

I am writing to request your support for Ontario's dental care programs. The lack of funding for government sponsored dental programs has been problematic for decades, but it has now reached a crisis. The funding shortfall is having a negative impact on access to dental care and will continue to do so at an increasing rate. We need your help.

During the 45 years that I practiced dentistry in the Niagara Region, I have seen an increasing number of dentists struggling to treat all the patients on government sponsored dental programs. Today, dentists provide care to children from low-income families through the Healthy Smiles Ontario program, adults through the Ontario Disability Support Program and Ontario Works, and patients requiring emergency and complex care in hospitals through the Ontario Health Insurance Plan.

Currently, dentists are reimbursed at an average of 42% of their normal fees while their office overhead is up to 75%. To put this in perspective, dentists get reimbursed \$42 for a \$100 filling, while they pay \$75 to cover overhead expenses. The reimbursement is \$33 dollars less than the cost of doing the treatment! In spite of this, we know that 75% of Ontario dentists do participate in the Healthy Smiles Ontario program and treat over 250,000 kids every year.

Without your support many dentists may not be able to continue to provide the service demanded by the 500,000 kids eligible for the program. In some municipalities, like Port Colborne, it is very difficult to receive treatment.

This is to be expected. It is estimated that dentists subsidize the Healthy Smiles Ontario program by in excess of \$50 million per year (and that calculation just covers overhead costs)! When you consider the other programs, the number could be as high as \$150 million.

The sad thing is, this lack of funding actually means even more money wasted. Without properly funded government programs, we can expect to see an increase in dental emergencies seen in hospital emergency rooms and physicians' offices. In January, 2017, a report of the Ontario Oral Health Alliance stated:

“Every 9 minutes someone goes to an ER in Ontario because of dental pain”

- “Across the province in 2015 there were almost 61,000 visits to hospital Emergency Rooms (ER) for oral health problems.”
- “The most common complaints were abscesses and dental pain.”
- “However, at the ER, people can only get painkillers, not treatment to solve the problem. So they will return to the ER.”

“This is a costly and inappropriate use of hospital's Emergency Medicine resources”

- “At a minimum of \$513 per visit, the estimated cost for dental complaint visits to ERs in Ontario was at least \$31 million in 2015.”

“Every 3 minutes someone goes to a doctor's office in Ontario because of dental problems.”

- “People are also visiting physician's offices for dental problems. In 2014, there were almost 222,000 visits for dental complaints.
- “But physicians are not trained to deal with diseases affecting teeth and gums so they cannot provide treatment.”

- “At a minimum cost to OHIP of \$33.70 per visit, the total estimated annual cost to the system was at least \$7.5 million, with no effective treatment provided.”

To be clear, patients on government sponsored dental programs are going to hospitals and physicians’ offices for dental emergencies that they admit they are not prepared to treat. They not only clog up the system, but sadly receive **no** comprehensive care. At the 2014 rates for visits to hospitals and physicians’ offices, this has cost the health system almost \$200 million over the past 5 years, to only treat symptoms and not fix the actual problems.

To be honest, the introduction of the Ontario Seniors Dental Care Program (OSDCP) is a good first step but could add challenges as far as access to care and funding. For the Niagara Region, the expected utilization of the OSDCP will be 3,789 seniors, with operational funding of \$2.1 million. The approach to capital proposals is to convert preventive clinics to restorative clinics, expand into unoccupied spaces of Public Health Units and Community Health Centres, and relocate services to create space for dental operatories. Two stated challenges of the Niagara Region are: the ability to address access issues in underserved areas where there is no or limited dental structure of any type and the ability to demonstrate an efficient and economical approach to dental infrastructure.

Only one Community Health Centre and Niagara College are presently equipped to do restorative dentistry. Public Health Units in Thorold, Welland, Niagara Falls, Fort Erie, and the mobile unit will have to be upgraded. The Community Health Centre in Port Colborne has no physical capacity to leverage. Considerations must be given to architectural drawings, HARP Certification to operate X-ray units, availability of salaried dentists, wheelchair accessibility, transportation, emergency services and patients’ choice of provider.

I appreciate that public health has its part to play, but there are over 5,000 community based dental offices in Ontario ready to deliver care. Has there been an examination of access to care and cost of delivery of basic dental services delivered in Public Health Units and Community Health Centres, as compared to dentistry being delivered in existing community based dental offices with fair reimbursement to dentists?

As a member of the Seniors Dental Stakeholders’ group of Niagara Region’s Public Health Unit, and a retired dentist, I have no pecuniary interest in the funding government sponsored dental programs! I only want the disadvantaged to receive the treatment they need in the most timely, cost efficient and sustainable manner.

In a separate email, I shall supply a document from the Ontario Dental Association (ODA) that explains the problems with the dental programs. The ODA is asking for a \$50 million investment phased in over a two-year period to at least fix the HSO program, so that government can help ensure that all of the 500,000 eligible children and youth get the care that they need. This is a reasonable first step.

Respectfully yours,

Jim Jeffs DDS
Fenwick, ON

c Sam Oosterhoff, MPP (Niagara West)

KEY MESSAGES

- Ontario dentists work on the front lines of government-funded dental programs, delivering care to those who need it.
- We are frustrated and disappointed by the severe funding gap, which has led to dentists subsidizing government programs by \$150 million each year.
- After more than a decade of inaction, we are asking for your support in finally fixing this growing problem.

The ISSUE

Dentists across the province provide high quality, timely care to children from low-income families through **Healthy Smiles Ontario (HSO)**, adults through the **Ontario Disability Support Program** and **Ontario Works**, and patients requiring emergency and complex care in hospitals through the **Ontario Health Insurance Plan**.

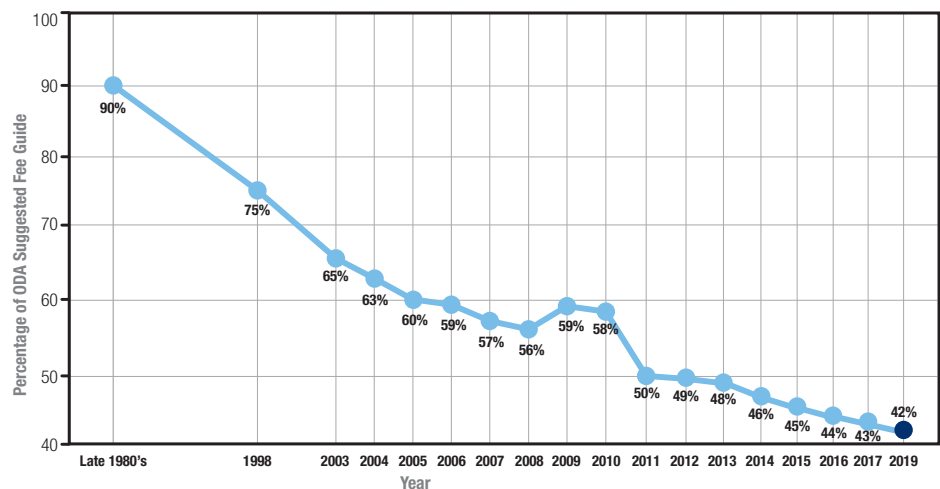
Government-funded dental programs in Ontario are simply **underfunded and unsustainable**, putting the oral health of hundreds of **thousands of Ontarians at risk¹**, **clogging hospital emergency rooms²**, and **keeping kids from school** each and every day³.

Currently, dentists are reimbursed at an average of 42 per cent of their normal fees, meaning that dentists subsidize the government dental programs **by approximately \$150 million each year**.

The government's commitment to low-income seniors is admirable, but **seniors need a dental program that works**. Public health⁴ accepts that community-based dentists are the most cost-efficient way to deliver care and reduce geographic and mobility barriers, and to ensure medically compromised patients have access to dental specialists.

We also support initiatives to save time and money, and the decision to better use dental specialists so that patients can get the care they need is a good first step. There are nearly 61,000 unnecessary visits to emergency rooms, and nearly 222,000 visits to physicians' offices, for dental problems costing taxpayers in excess of \$38 million each year.⁵

Decline in Fees Reimbursed to Dentists Under Provincial Government Programs
2019



Starting with the HSO program for children, a \$50 million investment phased in over a two-year period would demonstrate a commitment to dental care and help ensure that all of the 500,000 eligible children and youth get the care that they need.

1 Quiñonez, C., DMD MSc PhD FRCD(C), Sadeghi, L., DDS, MSc, & Manson, H., MD, FRCPC, MHSc. (2012). Report on Access to Dental Care and Oral Health Inequalities in Ontario (pp. 2-3, Rep.). Toronto, Ontario: Public Health Ontario. doi: https://www.publichealthontario.ca/en/eRepository/Dental_OralHealth_Inequalities_Ontario_2012.pdf

2 No access to dental care: Facts and figures on visits to emergency rooms and physicians for dental problems in Ontario (Issue brief). (2017). Toronto, Ontario: Ontario Oral Health Alliance. Retrieved April 10, 2017 from https://www.aohc.org/sites/default/files/documents/Information-ER-DR-visits-dental-problems_Jan-2017.pdf

3 Jackson, Stephanie L et al. "Impact of poor oral health on children's school attendance and performance." *American Journal of Public Health*. vol. 101,10 (2011): 1900-6.

4 OAPHD. (2019). Ontario Seniors Dental Care Program: Recommendations to Ensure Program Effectiveness.

5 Lack of oral care leads to needless pain. *The Toronto Star*. Feb. 28, 2017.