

## IT'S NOT ALL ABOUT MONEY



Recent news about federally funded dental care has certainly attracted a lot of attention.

This program could potentially benefit a great number of people, including those from vulnerable populations. Many both inside and outside of the dental industry predict this change will lead to improved dental care for uninsured patients and an increase in the number of people seeking treatment. At a high level this will certainly happen, but I will be very surprised if the program has nearly as much impact as is being promised.

These predictions assume that the benefits will be easy to access, and there won't be incredible waste in the bureaucracy of administering the benefits. For reference, the government website begins by outlining the 8 different criteria children must meet in to access benefits from the interim program (which is capped at \$650 per child, per period).

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### The current situation

I will again acknowledge there are many people struggling to make ends meet, and these people are sometimes required to make difficult decisions regarding dental care particularly for their children.

While current government-funded dental programs are especially poor for adults in Ontario, programs for children are typically funded at a more reasonable reimbursement level, and most offices would treat these children, especially if they are in pain. There are certainly children who fall through the cracks for a variety of reasons, but not so many as to warrant billions of dollars in new funding.

### What is a NEED, really?

There is a love affair with the word 'need' amongst dentists.

Frankly, there is no other word that causes more problems between dentists and patients. While admittedly a very literal interpretation, there are almost no true 'needs' in dentistry (with the exceptions of acute pain and rare life-threatening infections). People can live without teeth, and unfortunately many people live with varying degrees of pain or cosmetic deficit, regardless of their socio-economic background. And while most would agree that life is better with a full set of attractive, functioning teeth, it begs the question why do so many people who can afford dental care choose to avoid dentistry altogether?

### Is access to care that simple?

Dental hygienists and their professional organizations have been very vocal about this program, and for decades have championed the notion that independent clinics and



increasing the number of controlled acts they can perform will lead to an increase in people receiving care. This seems intuitive, but in those jurisdictions where independent hygiene has been operating the longest, one cannot easily find any reference to support an appreciable change in the access to care outside of individual anecdotal stories (e.g. senior care facilities, remote and mobile clinics). If this were the answer, it seems that there would be plenty of clear measurable evidence in large populations that there had been a significant impact from the many legislative changes that have already occurred.

### **Why do people really avoid the dentist?**

So, in relating this back to the new government dental care funding, there remains a fundamental and almost universal lack of understanding as to why most people don't go to the dentist. Most assume it's about money – which is an easy and obvious answer and does apply to some. Dentistry is expensive, and nobody wants to pay for dental care out of pocket - especially for unexpected problems the patient didn't even know existed.

However, even when finances are an issue, most people avoid dental visits due to fear and values. Money is a safe answer that is hard to question further because doing so requires discussing an individuals' personal finances. People don't like to admit they are afraid, and some people just aren't concerned about their teeth outside of being pain-free.

### **It's about choices**

Most practices have plenty of patients who could easily afford care yet never undergo treatments or procedures that are not covered by their benefits. They simply don't value this level of care – and there is nothing wrong with that.

People have to make choices about how to spend their discretionary income and many would rather travel, or have a nicer car, or spend it on their kids and grandkids.

Conversely, there are patients with little money who will beg, borrow, and steal to avoid ending up in dentures like their parents – they place tremendous value on their teeth. This program will benefit these people immensely and rightly so. Unfortunately, based on my own experience I predict this group is a small slice of what is being targeted by this program.

Like any new program, the devil is in the details, and very few details have been provided to date. The program is not expected to be fully active until 2025, and there is little information on the reimbursement levels or services that will be covered.

The interim program currently requires either the parents to pay for services up front and apply for reimbursement, or the dental professional to wait to be paid for services rendered. Given that the target population is made of those who are most likely to be struggling financially, this will place an additional financial burden somewhere.

Ultimately, one would expect that billions of targeted dollars will achieve some degree of success, however many questions remain in terms of delivering this program – with the current labour shortages, can the industry handle a potentially large influx of patients? Will bureaucracy and mismanagement impact the realization of the expected outcomes?

As a retired dentist, it is easy to poke holes in what we currently think we know about this program, and I am happy to be proven wrong.

Perhaps, we can use this lead time before the program is fully implemented as a springboard for all dental professionals to learn how to help patients overcome their fears, and educate the public on the benefits of proactive dental care. If that were to happen, then the funding could be used in life changing ways for millions of Canadians.

Written by:



Dr. Drew Markham,  
Sales Representative  
705-985-7253



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