



***Improving Cost Effectiveness  
and  
Program Efficiencies  
in  
First Nations and Inuit Health Branch,  
Non Insured Health Benefits Program***

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## EXECUTIVE SUMMARY

The Non Insured Health Benefits (NIHB) program of the First Nations and Inuit Health Branch (FNIHB) provides dental and dental hygiene services to eligible clients. Presently, dental hygienists in private business cannot be paid on a fee-for-service basis for NIHB clients, since there are no policies and procedures in place to allow reimbursement, unless dental hygienists are employed by a dentist. These NIHB policies and procedures have considerable negative impact on and discriminate against dental hygiene business owners, and give dentists a considerable competitive advantage.

Historically, the NIHB requirement for dentists to submit invoices for dental hygiene services was in keeping with the provincial or territorial dental hygiene legislation, which required that dentists supervise dental hygienists. However, dental hygiene legislation now exists in Alberta (2006), British Columbia (1995), Manitoba (2008), New Brunswick (2009), Nova Scotia (2007), Ontario (2007) and Saskatchewan (2000) which enables dental hygienists to establish private businesses and to work without a dentist's supervision. This legislation enables dental hygienists to compete for services in the marketplace. The Canadian Dental Hygienists Association (CDHA) wants to encourage the federal government to share the benefits of this competition.

CDHA calls on the federal government to create new federal program spending policies and procedures within FNIHB's program, NIHB to enable dental hygienists in private business to provide services to NIHB clients on a fee-for-service basis. One of the most important procedural changes is to include dental hygienists in the NIHB service provider roster, to enable dental hygienists to be reimbursed on a fee-for-service basis. In response to a desire to improve business practices, increase competition in dental services, create cost effective dental services, and improve access to care, a total of twenty nine dental health benefit plans are now reimbursing dental hygienists directly for their services. NIHB must follow the leading standards sets by these dental insurance plans.

Reimbursing dental hygienists for services will magnify existing program benefits for NIHB clients through increased access to care. It will also support NIHB efforts to magnify existing program benefits and realize additional cost and program efficiencies. CDHA demonstrates the following primary benefits of this recommendation:

- Remove barriers in access to care:
  - Increased ability to meet an unmet need in the market for dental hygiene services.
  - Improved oral health for First Nations and Inuit peoples.
  - Improved client choice in provider.
- Promote cost effective service delivery models:
  - Reduced dental restoration and transportation costs.
  - Increased efficiency in the use of health human resources.
  - Increased capacity for dental hygiene services now and into the future.
  - Improved quality of care.
- Increase competition in oral health services:
  - Increased cost efficiencies.
  - Improved access to care.
  - Stimulate the development of small dental hygiene businesses.

**Recommendation:** That the federal government amend federal program spending policies and procedures within the First Nations and Inuit Health Branch (FNIHB), Non Insured Health Benefits (NIHB) program to enable dental hygiene business owners to provide services to NIHB clients on a fee-for-service basis.

## **REALIZING THE BENEFITS OF DENTAL HYGIENE PRIVATE BUSINESSES**

CDHA, FNIHB, and NIHB share the common goal of better oral health for First Nations and Inuit peoples; our desire is to work collaboratively with NIHB to reach this goal in a cost effective manner. NIHB's existing policies and procedures are discriminatory and anticompetitive, since they allow dentists but not dental hygienists in private business to be reimbursed for services. CDHA recommends that the federal government amend federal program spending policies and procedures within NIHB to enable dental hygienists in private businesses to be reimbursed for services.

### **Barriers in Access to Care**

First Nations and Inuit people's poor oral health indicates an unmet need for, and a lack of access to oral health services. Surveys of First Nations and Inuit children's oral health in 1990-91<sup>1</sup> and 1996-97<sup>2</sup> showed no improvement in tooth decay rates between the two periods. Statistics from 1999-2000 indicate the dental decay rates for First Nations and Inuit people of all ages range from 3-5 times greater than the non Aboriginal Canadian population.<sup>3</sup> In 2006/07 a 36 per cent national utilization rate defined as "saw a dentist at least once a year" for FNIHB dental benefits<sup>4</sup> indicates a lack of access to care. The remainder of the Canadian population contrasts starkly with an accessibility rate slightly under double (60 per cent) the rate for NIHB clients.

Dental hygiene legislation in Alberta, British Columbia, Manitoba, New Brunswick, Nova Scotia, Ontario, and Saskatchewan enables dental hygienists to establish private business and meet the outstanding need for oral health services. Approximately 94 per cent of NIHB clients live in these seven provinces; therefore, dental hygienists in private business have the potential to provide services to the majority of NIHB clients.<sup>5</sup> This will in turn improve NIHB clients' access to the oral health provider of their choice. An increasing number of dental hygienists open private businesses each year, and appreciable growth will occur if the client base includes NIHB clients. Dental hygienists are positioned eighth in the size of health professional groups in Canada<sup>6</sup>, giving them significant potential to meet the oral health needs of First Nations and Inuit peoples.

Private dental hygiene businesses present an outstanding opportunity to address the First Nations and Inuit organizations calls for improved client choice, and access to care in rural, remote and northern communities where other oral health professionals are nonexistent, or scarce. CDHA's position paper on access to care documents a number of examples of communities with no dentists and the difficulties communities have with recruitment of dentists.<sup>7</sup> The Assembly of First Nations supported dental hygienists provider status in their 2005 Action Plan for Non Insured Health Benefits. The Action plan states, "The mechanism for reimbursing dental hygienists was identified as a barrier to dental health promotion. Dentists must submit billing for dental hygienists in the current system. This has meant that for remote communities that do not have regular outreach dental services, it is not possible to bring a hygienist into the community to perform basic prevention and health promotion work."<sup>8</sup> The Inuit Tapiriit Kanatami's dental policy is under development, and in principle, they support CDHA's recommendation, as it speaks to their concerns regarding access to oral health care.

### **Promoting cost effective, efficient service delivery models and improved quality of care**

NIHB policies and procedures that reimburse dental hygiene business owners will promote cost effective, efficient service delivery models and improved quality of care. Between 1997/98 and 2006/2007, dental expenditures grew by 51.9 per cent.<sup>9</sup> An increased investment in dental hygiene services which focus on prevention will result in a long term reduction in dental expenditures, since it will reduce costly restorative and surgery services. In 2006/2007, NIHB spent a modest 15.2 million on prevention, in contrast to 68.9 million on restorative and oral surgery.<sup>10</sup>

The NIHB 2006/2007 annual report indicates that medical transportation had the highest rate of growth for all expenditures, recording a 7.2 per cent increase over the previous year.<sup>11</sup> Of the total NIHB expenditures medical transportation was the second largest cost at 241.6 million. These high numbers come as no surprise given that verbal reports from some northern communities indicating the majority of First Nations children are flown into southern hospitals to receive oral surgery for dental decay. Over time, an increase in oral disease prevention will contribute to a decrease in the dental transportation costs, and reduce the need for general anesthesia, which may be associated with health risks for children. Oral diseases are for the most part preventable, therefore a solid prevention focus will decrease costs downstream.

CDHA's call for greater NIHB program efficiencies can be placed within the larger context of general health services, nationally and internationally. In the broader health system there is a push for increased health human resources efficiencies. In 2007, Federal, Provincial and Territorial Ministers of Health published a planning framework document calling for human resource efficiency. This document states, "The efficiency and effectiveness of service delivery depends to a great extent on the efficient and effective deployment and use of personnel."<sup>12</sup>

Efficient service delivery can result from increased innovation in dental hygiene service delivery. Dental hygienists have more flexibility and ease of transporting their equipment compared to dentists. Dental hygienists use several service delivery models, including stand-alone clinics, and mobile services, which provide services to under-served, northern, rural, remote populations and the homebound, frail elderly and disabled populations. Dental hygienists may also set up clinics in schools and long term care facilities.

Efficient service delivery and improved quality of care can also result from deploying the most appropriate professional for the job – ensuring the right fit for the right job. Manga<sup>12</sup> points out the difference in skill level between dentists and dental hygienists in the area of prevention services. He reports,

"Limiting the comparison of dentists and dental hygienists to the overlapping scopes of practice of the two professions, the evidence supports the following conclusions: dental hygienists are much better educated and trained in their scope of practice than are dentists for the services falling in the dental hygienists' scope of practice; dental hygienists provide a high quality of care; and dental hygienists pose no additional, and possibly lower, risk to patients than dental practices."<sup>13</sup>

Presently, there are restricted numbers of oral health professionals providing services in northern, rural and remote communities. As a result, NIHB clients are sometimes receiving prevention services, such as scaling and root planning from dentists and orthodontists. This is not the best use of dentists' or dental specialists' time or allocation of NIHB finances. In addition, NIHB clients may not receive prevention services from the best health care provider for the job. NIHB policies and procedures presently prevent dental hygienists in private business from providing services and NIHB clients from choosing which oral health professional is best suited for the job. Deploying the oral health professional with the greatest expertise in oral disease prevention and oral health promotion will improve quality of care for NIHB clients.

Dental hygienists can improve cost effectiveness and program efficiencies in FNIHB, NIHB dental services in a number of other ways:

- As of October 2007, the pan territorial dental therapist workforce had a 56% vacancy rate, which increased to 67% in 2008. In 2008, the Yukon was only able to fill 5 of 8 positions, North West Territories 3 of 11.5 positions and Nunavut 4 of 17 positions.<sup>14</sup> Adding dental hygienists to the service roster would partly resolve the health human resource shortage issue and make the best use of scarce human resources.
- Although the causes of severe dental decay are multifaceted, having direct access to dental hygienists will contribute to reduced NIHB flight expenditures associated with oral surgery and prevent pain and suffering for clients.
- A number of children in Inuit communities receive orthodontic treatment through NIHB. Some orthodontists do not have dental hygienists on staff, so NIHB clients either receive no dental

hygiene service or the orthodontist performs the dental hygiene service. In the first instance, a lack of dental hygiene services can result in decayed teeth which mar costly orthodontic treatment. The second instance does not make the best use of the orthodontist's expertise or NIHB finances, since the orthodontist's time is spent performing a service which a dental hygienist is qualified to perform. Dental hygienists could coordinate services for children undergoing orthodontic treatment, and ensure that adequate dental hygiene services are in place prior to and during orthodontic treatment.

- In some provinces NIHB clients are unable to obtain oral health services, since dentists require that NIHB clients pay for services up front, which they cannot afford. The option to obtain services from dental hygienists would increase access to care.
- NIHB owns, operates and supplies dental clinics in a number of rural, remote and northern towns. Although there are a number of dental hygienists living in these towns, few dental hygienists provide services in these clinics. Dental hygienists could increase service efficiency at these clinics by providing triage and treatment services and screen clients prior to their appointments with the dentist.

### **Increased Competition in Oral Health Services**

NIHB restricts competition and provides dentists with an unfair competitive advantage over dental hygiene business owners, by paying dentists and not dental hygiene business owners for the same dental hygiene services. NIHB should change these discriminatory policies and procedures and encourage the growth and development of new, small dental hygiene businesses, following an Industry Canada strategy for improving the economy.

The Competition Bureau Canada has been interested in these issues and has supported the dental hygiene legislative changes in various provinces, writing a number of letters in this regard that speak of the need to remove unnecessary barriers to competition.<sup>15</sup> Examining this issue within the international context, CDHA finds strong support for increased competition in health services, including support from the United States Department of Justice, the United States Federal Trade Commission<sup>16</sup>, the Competition Authority in Ireland<sup>17</sup>, and the Organization for Economic Co-operation and Development (OECD)<sup>18</sup>. These organizations support the direct payment of dental hygienists in private dental hygiene businesses, based on increased access to care, increased health benefits for the public, decreased expenditures on dental care and increased competition. When private dental hygiene businesses are restricted, the prices for dental hygiene services are 5- 11 per cent higher, suggesting that NIHB may realize cost savings from this new way of delivering services.<sup>16</sup>

In Canada, in response to a desire to improve business practices, increase competition in dental services, create cost effective dental services, and improve access to care, a total of twenty-nine dental health benefit plans are now paying dental hygienists in private business for their services, including three Government of Canada plans, four provincial government plans and twenty-two private plans (see Appendix A). These policy and procedural changes in these dental benefit plans have had a significant and positive impact on dental hygienists in private business, and on their clients. CDHA recommends that NIHB follow the leading standards sets by these dental insurance plans. NIHB must seize this opportunity for increasing competition for oral health services, which is now a reality in Canada.

## Appendix A

### Dental Insurance Plans

In response to a desire to improve business practices, increase competition in dental services, create cost effective dental services, and improve access to care, a number of public and private dental insurance plans added dental hygienists in private business to their service provider roster. The dates in the chart below indicate when dental hygienists in private business were first paid directly for their services.

| Dental Insurance Plan   | Administered by                      | Effective Date |
|---|--------------------------------------|----------------|
| Alberta Blue Cross  | Alberta Blue Cross                   | 2007           |
| Alberta government seniors dental benefits                        | Alberta Blue Cross                   | 2007           |
| Benecaid  | ESI                                  | 2008           |
| Chambers of Commerce  | Chambers of Commerce Group Ins. Plan | 2008           |
| Children In Need of Treatment Program (CINOT), Ontario government |                                      | 2006           |
| ClaimSecure   | ClaimSecure                          | 2008           |
| Co-operators Insurance  | NDC                                  | 2008           |
| Cowan Benefits Consulting   | ESI                                  | 2008           |
| Desjardins  | ESI                                  | 2008           |
| Equitable Life of Canada  | Equitable Life of Canada             | 2008           |
| Federal Pensioners Dental Plan                                    | Sun Life Financial                   | 2006           |
| Greenshield   | Greenshield                          | 2008           |
| Great West Life   | Great West Life                      | 2008           |

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|---|--|-----------|
| Industrial Alliance                       |  | 2008      |
| l'Internationale/Union                    | ESI  | 2008      |
| Manulife                                  | Manulife financial                               | 2008      |
| Nexgen RX                                 | Nexgen RX  | 2008      |
| Ontario Disability Support Program (ODSP) | Ministry of Community and Social Services (MCSS) | 2008      |
| Ontario Works                             | Ministry of Community and Social Services (MCSS) | 2008      |
| Ontario Ironworkers                       | Self-administered                                | 2008      |
| Pacific Blue Cross                        | Pacific Blue Cross                               | 2009      |
| Public Service Dental Care Plan (PSDCP)   | Great West Life Assurance company                | 2006      |
| RWAM Insurance                            | NDC  | 2008      |
| SFMM/FSMA                                 | ESI  | 2008      |
| Sun Life Financial                        | Sun Life Financial                               | 2003      |
| La Survivance                             | ESI  | 2008      |
| SSQ                                       | ESI  | 2008      |
| Sysco Dental Benefits                     | Green Shield Canada                              | 2008      |
| Veterans Affairs Canada                   | Blue Cross, Pacific Blue Cross (BC)              | 2008/2007 |

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