

SERVICES



Competition in dental services

Is competition in dental services the answer to providing quality, affordable dental services for consumers?

AT A GLANCE

Oral health.

Price.

Advertising.

Report by
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A 2007 report by the Competition Authority looked at key competition issues in the dental profession, and made recommendations on how the profession should be reformed to benefit consumers. It suggested that information on price, availability and entitlements to dental services would be more widely available than at present if its recommendations were implemented.

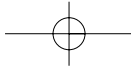
The Department of Health and Children is currently developing a new national oral health strategy, which is

expected to be complete in July 2008. The main areas for examination include a revised regulatory regime for the dental sector in Ireland, integration of oral health in the wider healthcare delivery system, manpower planning and specialisation, service delivery in areas such as orthodontic services and special needs dentistry, and streamlining the current state funded schemes for dental services. Declan Purcell, the director of the Advocacy Division at the Competition Authority says "The

Competition Authority is involved in the new national oral health strategy and it is confident that the recommendations made will be taken on board."

Ireland's oral health

Published in 2007, the Survey of Oral Health of Irish Adults 2000-02 found that overall our oral health is improving. Since the last survey in 1989-90, the percentage of Irish people who have lost all of their teeth has declined dramatically. We also have more of our



own teeth. The number of 35-44 year olds who have all of their own teeth increased from 96% in 1989-90 to 99% in 2000-02. This can also be attributed to patterns of treatment changing, with fewer teeth being extracted.

In the Oral Health survey, frequent consumption of foods with added sugar was found to be significantly associated with high levels of dental cavities in adults. Sugar is added to an increasing number of foods so we may now consume more hidden sugar than we are aware of. Ireland has an aging population and as we get older and want to retain our own teeth, more care needs to be taken of them. Although there is still room for improvement,

Irish consumers are more aware of the importance of oral health than in the past and visit the dentist more regularly for a greater range of treatments. These factors combined are likely to put greater pressure on dental services in the future.

Cost of dental care

Most of us, but not all, are entitled to some free dental treatment under the government dental treatment schemes. Up to 52% of the adult population are entitled to some free and subsidised dental services under the Dental Treatment Benefit Scheme (DTBS) and around 27% are eligible for free dental treatment under the Dental Treatment Services Scheme (DTSS). The DTBS entitles people who have made the required number of PRSI contributions to cover some of the cost of dental treatment. The DTSS entitles medical card holders to certain dental treatments free of charge and others at a reduced rate. Children up to age 16 are also eligible for free dental treatment at HSE dental clinics.

The Competition Authority report highlights that it is difficult to quantify the exact number of people who are not entitled to treatment under the available State schemes. It is estimated that those who are not entitled to any free treatment is in the region of 750,000 to 1 million people.

The adult consumer must pay the full cost of specific dental services that are not subsidised. These include fissure sealants, advanced restorative treatments such as crowns, bridges and veneers. However, tax relief is available for some of these treatments. Cosmetic dentistry treatments, such as tooth whitening are not subsidised.

Private dental treatment can be expensive. Based on data from the Central Statistics Office, it is noted in the Competition Authority report that the price of private dental services has increased above the general rate of inflation for health services. While health service costs increased by 147%, dental fees increased by 171%.

The survey of Oral Health of Irish Adults 2000-2 did not find cost the main barrier for infrequent attendance at the dentist, with more subjective issues rated higher, such as fear and not seeing the need to go. However, cost was a significant barrier with 17% identifying it as a factor in their

infrequent attendance at the dentist. Cost was a greater barrier at 22% for those who were not eligible for funded dental services. In 2007, the Combat Poverty Agency suggested in its report 'Poor Prescriptions: Poverty and Access to Community Health Services' that those in higher income groups visited the dentist more frequently. Also, an increasing trend sees consumers travelling to the UK and further afield to access dental services at a lower cost than at home.

Too many teeth, too few dentists?

Consumer demand for dental services has increased in recent years, but the number of dentists has not increased in line with demand. In its report on dentists, the Competition Authority found that the number of dentists trained in Ireland has not kept up with the increase in population and demand for dental services. Dentistry is the most expensive university training course at €35,000 per student per year, while training a business student costs €7,000 per student per year.

The undersupply of dentists trained in Ireland has led to a reliance on dentists trained outside of Ireland. Dentists who have not trained in the European Economic Area (EEA) must pass the Dental Council's examination to enable them to practice dentistry in Ireland. But places are limited. Forty applications were approved in 2007 and there is already a full quota of candidates for 2008. Reliance on dentists from overseas is not seen as a sustainable solution to the shortage problem, as these dentists eventually may wish to return home.

Access to dental services is one crucial part of looking after our oral health. In the survey of Oral Health of Irish Adults 2000-02, most people (80%) had no difficulty finding a dentist to treat them. However, the number of consumers regularly attending the dentist is not what it should be. About 32% of 16-24 year olds, 29% of 35-44 year olds and 34% of the over 65s attended the dentist less frequently than every two years.

In addition, 24% of 16-24 year olds went only when they were in pain or had a problem and a further 24% went when they felt they needed treatment. Regular dental check-ups could prevent the need for more expensive dental treatments in the future.

If we all went to the dentist as often as

Useful contacts

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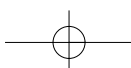
The Dental Council
57 Merrion Square
Dublin 2
tel (01) 676 2069
fax (01) 6762076
email
info@dentalcouncil.ie
www.dentalcouncil.ie

Treatment Benefit Scheme
Letterkenny Social
Welfare Office
St. Oliver Plunkett Road
Letterkenny
Co. Donegal
1890 400 400
www.welfare.ie

Useful websites

The Competition Authority
www.tca.ie

Office of the Revenue Commissioners
www.revenue.ie



we should, how would this affect access to dental services? It is hard to say. There is no consensus on what the ideal ratio of dentists to population should be. In the 2004 EU Manual of Dental Practice the ratio of population to active dentists in the European countries was measured. The EU average is one dentist to about every 1,500 people. Ireland was found to have one dentist to every 2,200 people. However, other EU countries have a better ratio. Greece has one dentist to every 900 people.

New oral healthcare professionals

The Competition Authority report highlights that Ireland is out of step with most other developed economies in how dental services are provided. It might seem like an obvious statement, but the dentist is the route to most dental services in Ireland, such as getting dentures and having teeth cleaned. In many other countries there are a greater range of oral healthcare professionals who can practice independently of dentists, such as clinical dental technicians and advanced dental hygienists.

If a consumer needs dentures, they must first go to the dentist who will order them from the dental technician. The Competition Authority recommends that a new oral healthcare profession be set up: clinical dental technicians, who could then provide dentures to the public without the dentist's involvement. At present, if consumers buy dentures directly from a dental technician, this service is being provided illegally and there are no guarantees that the provider has adequate training. The Competition Authority has highlighted that there is no register for dental technicians and therefore consumers have no way of checking their qualifications. It recommends that a register of clinical dental technicians should be established in Ireland as a matter of urgency.

The Irish Dental Association (IDA, see *Useful contacts*) has raised a number of issues in relation to patient protection and the creation of the clinical dental technician as an oral health profession. Only the dentist is trained to fully assess the patient's oral condition and advise on all of the patient's options in relation to missing teeth.

In Ireland, dental hygienists cannot provide treatment to patients without

the patient first being examined by the dentist. Dental hygienists can operate independently of dentists in Sweden, Finland, Denmark, Norway and the Netherlands. Establishing a separate dental profession would provide consumers with greater access to basic dental services. The Competition Authority recommends that the profession of advanced dental hygienist be set up as a new oral healthcare profession in Ireland.

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The creation of two new oral healthcare professions aims to make the best use of available oral healthcare resources and therefore provide better access for consumers to the services of oral healthcare professionals. Training dentists is costly. Training these new healthcare professionals would be less costly and time-consuming than training a dentist. The IDA have welcomed the move to broaden areas of practice, but suggest this has to be matched with appropriate technical qualifications and training to ensure patient safety and standards are maintained. They have also questioned if such training would actually be less costly and lengthy than training a dentist.

The need for both of these dental professions was found in the survey of Oral Health in Ireland 2000-02, which found a high level of periodontal (gum) inflammation and disease in the adult population in Ireland. It is suggested that dental hygienists could provide the treatment needed for these conditions. Problems surrounding the provision and quality of dentures were also found. About 48% of older adults who wore dentures were found to be wearing

dentures that were too old (at least ten years). Partial dentures were found to have adverse effects on the surrounding tissues in over 33% of people wearing them. Furthermore, 41% of older adults who wore dentures were not satisfied with the appearance, comfort or fit of their upper and/or lower denture.

The Competition Authority has recommended that the Dental Council be given the powers to deal with 'fitness to practice' issues for all dental workers. This would provide more protection for the consumer if such new professions were introduced.

Advertising and price

Dentists in the UK are permitted to advertise, but must only use advertising material that is legal, decent, honest, truthful and has regard for professional propriety. In Ireland, under the Dental Council guidance on professional behaviour and ethics, dentists are not permitted to advertise their services or prices. New dental practices can advertise, but are limited to six press notices during their first year of existence.

The Competition Authority argues that removing advertising restrictions will make dental services more consumer-focused and encourage dentists to compete on price. They also say restrictions on advertising limit consumer awareness of the availability of dental services in their area.

If dentists are permitted to advertise, the nature of this advertising is important. The Competition Authority recommends that only false or misleading ads be restricted. Advertising should also be truthful and informative so that it can empower consumers to make informed decisions about their oral health.

The Dental Council raised the concern that if advertising restrictions are lessened this must not result in any lowering of the quality of dental care. The Competition Authority provided evidence that advertising healthcare services in other countries did not have a negative impact on the quality of care provided, but in fact it lowered prices, without lowering the quality of care.

The IDA voiced reservations that if advertising is permitted the consumer may choose the best advertised dentist, rather than the best qualified and most appropriate clinician for their needs. Advertising may affect choice of dentist, but so do other factors. The

Competition Authority suggests that word of mouth, professional reputation and previous personal experience are more valued sources of information for consumers of professional services.

If advertising restrictions are removed, advertising for specific dental services, such as cosmetic dentistry, may need more strict regulation.

Discount dentists

Dentists cannot currently offer discounts and the Competition Authority recommends that this restriction be removed: "the Dental Council should only be concerned with ethical behaviour and the clinical practice of dentistry and not with the economics of how dentists carry out their businesses." But the economics of dentistry as a business has to interact with the ethics of dentistry as a clinical practice.

In relation to removing advertising restrictions, the Dental Council raised the issue of supplier-induced demand, where the patient is not in a position to judge what level of treatment is necessary and may result in over-treatment. The Competition Authority suggests that this 'information asymmetry' is common in relation to the supply of professional services and consumers are at no more risk of this in dentistry than other professional services.

Research by the Economic and Social Research Institute has suggested that information asymmetry is a distinctive feature of healthcare markets. The patient often relies on the provider for information and to act in their best interests when providing treatment. This means that suppliers of health services can also have an influence on demand for their service. The patient cannot evaluate the quality of dental services until they have used the service. This leaves concern surrounding how competition may affect professional norms in dentistry.

Caution is advised with regard to applying a purely economic approach to healthcare services. With reform on the way, competition should become part of how dental services are provided in Ireland. Other accompanying measures are also crucial, that will protect the consumer and change our attitude towards attending the dentist.

PREVENTION IS BETTER THAN CURE (AND COSTS LESS)

It is vital to have routine check-ups to keep your teeth in good shape. A 2003 review of Oral Health Promotion/Education Activity in Ireland found that priority was placed on treatment, rather than prevention of oral health problems. Limited structures and resources are allocated to this area, with low priority placed on oral health promotion in the past.

This is reflected in the reasons why people did not make visiting the dentist a regular event. The survey of Oral Health of

Irish Adults 2000-2 found the main barrier for infrequent visits to the dentist was that people did not see the need to go (67%), with fear the second most common barrier (27%).

In the Competition Authority report it is noted that the IDA have suggested if the ban on advertising is removed, this should be accompanied by an information campaign on oral health that includes information on dental procedures and consumers' entitlements under State schemes.

STATE DENTAL TREATMENT SCHEMES

If the cost of a dentist visit is putting you off and you haven't made use of free entitlements to dental services, then money should not be a barrier. Currently, use of state dental treatment schemes is not at its highest. A 2005 report by the Oral Health Services Research Centre at University College Cork looked at utilisation of the Dental Treatment Services Scheme (DTSS) and found that only around 25% of eligible persons used the scheme. The survey of Oral Health of Irish Adults 2000-2 found that medical card holders were not always aware of their entitlements. The Competition Authority report suggests that consumers may be unaware that these services are available and fail to use them.

The survey of Oral Health found a high level of awareness of the Dental Treatment Benefit Scheme (DTBS), with over 90% aware of their eligibility. But this does not measure use. Given the findings discussed earlier on the frequency of our visits to the dentist, utilisation is most likely not at its best.

In May 2006, a review group was set up

to look at the DTSS. An issue arose with regard to professional fees and subsequently a number of dentists have withdrawn from the scheme. In April 2007, the IDA raised concern that the DTSS scheme was on the verge of collapse, and 92% of dentists voted for the IDA to remove support for the DTSS (see 'Dental fees', *Consumer Choice*, July 2007, p245).

In October 2007, the IDA again raised concern: because of the decrease in the number of dentists participating in the scheme, pressure on public dental clinics has increased. This has an effect on patients who most regularly use public dental clinics, such as children and those with special needs. The IDA give the example of Meath, where 31 dentists operated in the DTSS in 2006, but only six in 2007.

It seems likely that existing state-funded dental schemes may be combined as part of the national oral health policy reform. These schemes are crucial to allow consumers access to financially assisted dental treatment in the current costly environment.

choice comment

There are benefits to the consumer from competition in dental services. If it can reduce the already sky-high costs of dental treatment, while making consumers more aware of the availability of, and access to, quality and safe dental services, then it must be encouraged.

However, along with competition, accompanying changes also need to be put in place. An oral health promotion strategy needs to be devised by the Government, with focus on the benefit of regular check-ups to avoid more costly treatments in the future.

Oral health promotion will assist consumers overcome the fear factor that too often leads to putting off that dreaded visit to the dentist. Encouraging citizens to avail of their dental treatment entitlements would also be essential to assist consumers overcome the cost barrier. Bottom line – we must do more and the Government already knows this.