Ontario Oral Health Alliance response to "Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario"

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Oral Health: An essential component of primary care

The Ontario Oral Health Alliance (OOHA) is a network of public health professionals, community health workers and local oral health coalitions from communities across the province. We share a vision of a health system which includes primary care for the entire body including the mouth.

We welcome the opportunity to respond to the MOHLTC discussion paper "Patients First" and support the goal of this endeavor: to develop a plan that successfully builds a high-performing, better connected, more integrated patient-centred health system that responds to local needs while delivering high quality, consistent and integrated health services to all Ontarians. We would however like to bring to your attention the glaring inequity in the health care system that affects approximately 17% of Ontarians: the lack of primary care for the mouth. Primary care for every organ in the body except the mouth, is included in the Ontario Health Insurance Plan (OHIP). The lack of primary care for those affected impedes their ability to achieve and maintain general health and wellbeing.

OOHA acknowledges that the focus of the MOLHTC proposal is on making structural changes to address inequities. To achieve this goal we believe that the structural changes proposed in "Patients First" must be based on a broader concept of health care that recognizes the importance of good oral health and so includes oral health as a component of primary health care.

The "Patients First" plan needs to ensure equitable access to oral health services so that vulnerable people can get the care they need from public dental programs delivered in their communities. This will result in better health outcomes for patients who are struggling with oral diseases.

OOHA recommends that the proposed new responsibilities for the LHINs to take on primary care planning and performance management include the responsibility for ensuring access to oral health services for vulnerable populations. To do this in a cost efficient manner OOHA is recommending extending public dental programs to low income adults and increasing the number of publicly funded dental clinics.

In short, OOHA supports MOHLTC's resolve to undertake health system reform to ensure population health needs are met, but this work can no longer ignore oral health services. Our teeth and gums are part of our body, and poor oral health affects our overall health and wellbeing.

We need to bring the planning and delivery of oral health care services into the mainstream of policy discussions on Ontario's health care system if we are to achieve better health outcomes for all Ontarians.

The Challenge: Gaps in Care

The "Patients First" proposal identifies a number of challenges for Ontario's health care system, all of which hold true for oral health care in Ontario.

"Not all Ontarians have equitable access to services" (p.2)

- 2-3 million people in Ontario have not seen a dentist in the past year. The cost of oral health services is the largest barrier to access. Other barriers include geographic barriers (for First Nations, Inuit and Metis communities in the north, for people living in rural and remote communities, and for people in long term care home), and lack of awareness of the importance of oral health (College of Dental Hygienists of Ontario, 2014).

"Too often our system is not delivering the right kind of care to patients who need it most" (p.2)

- In 2014, there were 61,000 visits to hospital emergency rooms across Ontario by people with dental problems. But they could not receive treatment there, only painkillers. Similarly there were approximately 218,000 visits to physician offices for dental problems in one year, but doctors could not provide treatment. The estimated cost to the Ontario's health care system for these visits is at least $37 million annually, with no treatment provided for the problem (Association of Ontario Health Centres, 2014).
- The most common surgical outpatient procedure for young children at children's hospitals in Canada is dental restoration under general anesthetic (Rowan-Legg, 2015). Prevention programs are clearly not reaching their target.

"Some Ontarians-particularly Indigenous, Franco-Ontarians, newcomers and people with mental health and addictions challenges, are not always well-served by the health care system"(p.2)

- There are systemic oral health inequalities in Canada. The most vulnerable groups who experience the highest level of oral health problems and greatest barriers to oral health care are: low income people, elderly people in institutions or on low income, Aboriginal people, refugees and immigrants, people with disabilities, and people living in rural and remote communities (Canadian Academy of Health Sciences, 2014).

"Population health is not a consistent part of health system planning" (p.2)

- "… if we are to improve population oral health and decrease differences in health between rich and poor, we will need to do things differently", Dr Carlos Quinonez, President of Canadian Association of Public Health Dentistry (in Mosaic, Spring 2015)

"Health services are fragmented in the way they're planned and delivered. This fragmentation can affect patient experience… and can result in poor health outcomes" (p.4)

- The vast majority of oral health care is delivered by the private sector in Canada with Ontario government spending on dental services accounting for only 1.3%, the lowest in Canada (College of Dental Hygienists of Ontario, 2014).
- Private sector dentistry is not a good model of health care provision for the vulnerable groups who suffer the highest levels of oral health problems (Canadian Academy of Health Sciences, 2014).
- Ontario has a patchwork of public dental programs but there is no sense "that they form part of a coordinated and efficient oral health system, and even less that they are an integrated part of the overall health system" (King, 2012).
- "In many communities across Ontario there are few and, in some cases, no private dentists who will accept new adult patients who are in receipt of social assistance. So, despite having access to social assistance health benefits, people are being turned away. Overall, people struggling on a low income, whether they are in receipt of social assistance or old age security, or working a low wage job with no health insurance, cannot get the oral health care they need – this harms their health, they can't eat properly, they can't look for a job, and many end up in ER unable to function because of extreme dental pain" (Maund, 2016).

Responses to Proposals to Strengthen Patient-Centred Care

The "Patients First" discussion paper seeks input on four proposals concerning the LHINs, CCACs and public health units. It also asks for advice on how to integrate other improvements to healthcare, such as community mental health and addictions services.

The Ontario Oral Health Alliance recommends that "access to oral health services" be included in MOHLTC's thinking on how to improve health care and reduce gaps. Our responses are based on the following premise:

- MOHLTC's definition of health care must include oral health care: the prevention, diagnosis and treatment of dental decay, periodontal disease and other oral diseases of the mouth.
- To improve health equity MOHLTC should require local health service planning to ensure access to oral health care for all, with a particular focus on vulnerable populations.

Oral Health and Primary Health Care

Oral health is integral to overall health, yet dental care has not been included traditionally in the concept of primary health care.

There is a direct link between poor oral health and a number of health conditions. For example, there is a link between diabetes and gum disease, poor oral hygiene and pneumonia, gum disease and cardiovascular disease, and poor oral health and poor nutrition. Having gum disease when pregnant may

contribute to low birth weight babies. Management of gum disease has a beneficial impact on symptoms of rheumatoid arthritis (King, 2012).

Given this evidence many groups are calling for better integration of dental care and medical care. There is a growing body of literature that sees oral health as an essential component of primary care and is developing clinical practices to increase the integration of oral health into primary health care (Qualis Health, 2015).

Interprofessional primary care teams which serve vulnerable people provide an ideal model to deliver integrated primary health care including oral health care.

In short, while looking at structural changes to health service planning and delivery in Ontario, the MOHLTC concept of health care must include oral health care.

MOHLTC Proposal 2: Timely access to primary care, and seamless integration between primary care and other services

"Bring the planning and monitoring of primary care closer to the communities where services are delivered. LHINs, in partnership with local clinical leaders, would take responsibility for primary care planning and performance management. Set out clearly the principles for successful clinical change, including engagement of local clinical leaders."

We agree that primary care should act as a person's "medical home" offering comprehensive, coordination and continuous services and working with other providers across the system to ensure that patient needs are met. This concept of the "medical home" must include access to oral health services – they should be considered part of the continuum of care that a person needs to be healthy and function in society.

The role of the LHINs and the proposed sub-regions, as the proposed focus for primary care planning and performance management, must include planning for the provision of oral health services for vulnerable populations who cannot access services in private dental offices due to cost, geographic and other barriers. For example, the LHIN's proposed planning role to improve access to interprofessional teams, facilitate health care plans and support an integrated, coordinated patient-centred experience should incorporate access to oral health care services for vulnerable people in their area.

As the College of Dental Hygienists of Ontario noted in their review of oral health services in Ontario, there is a need for better integration between oral health services and the health system. LHINs should recognize oral health services as an important component of overall health services and facilitate planning for oral health services in their regions (College of Dental Hygienists of Ontario, 2014)

More specifically, the Ontario Oral Health Alliance recommends that as part of their expanded role the LHINs be responsible for ensuring an adequate number of public dental clinics via Community Health Centres and Aboriginal Health Access Centres (which already serve many of the most vulnerable people in the community who cannot afford private dental care), and public health units.

We urge the LHINs and public dental providers to follow the recommendations of the Canadian Academy of Health Sciences to explore and implement appropriate delivery models such as: mobile dental vans, teledentistry, outreach dental care for people in long term care residences, as well as encouraging the use of dental therapists and dental hygienists to provide cost effective care (Canadian Academy of Health Sciences, 2014).

This recommendation echoes the findings of the College of Dental Hygienists of Ontario which notes that the integration of oral health and primary care services could be facilitated through LHIN support of Community Health Centres and Aboriginal Health Access Centres, which serve at-risk people and have developed some innovative programs to incorporate dental services into primary health care.

MOHLTC Proposal 4: Stronger links between population and public health and other sectors

"*Integrate local population and public health planning with other health services. Formalize linkages between LHINs and public health units"*

The Ontario Oral Health Alliance supports the call for increased collaboration between LHINs and public health units to ensure that population health and primary care priorities inform local health care planning, funding and delivery.

Public health units play an important role in oral health promotion, screening of school-aged children and delivery of public dental programs for low income children and people receiving social assistance. They know that population oral health outcomes vary across communities and across populations. But most oral health services are delivered by private sector providers so there is very little data on oral health at the individual or local level. The lack of comprehensive, quality, comparable data on oral health in Ontario is a significant issue according to Ontario's past Chief Medical Officer of Health (King, 2012).

Greater collaboration between LHINs, public health units and organizations such as Health Quality Ontario to collect and track data on underserved populations, trends in oral health service utilization and health outcomes would support effective health care planning by the LHINs that includes oral health services.

Role for MOHLTC

The Patients First paper proposes changes in the roles of LHINs and CCACs, as well as formalized links between LHINs and public health units with the aim of ensuring all Ontarians have equitable access to services so that our health care system delivers the right care at the right time at the right place.

In our response the Ontario Oral Health Alliance has argued that MOHLTC should include oral health in the definition of health care and task LHINs with the planning responsibility for ensuring access to oral health care services, with a particular focus on vulnerable people who cannot afford or have difficulty accessing services in private dental offices.

At present Ontario offers public dental programs only for low income children (Healthy Smiles Ontario), and a limited patchwork of dental programs for people receiving social assistance. Too many people in

Ontario clearly do not have access to the right oral health care at the right time and at the right place. Therefore they seek care at hospital emergency rooms for dental pain - at the rate of one person every nine minutes (Association of Ontario Health Centres, 2014).

If MOHLTC is serious about tackling health inequities the Province needs to move much faster on the commitment to extend health benefits to low income people. More specifically, the Ontario Oral Health Alliance urges MOHLTC to:

(a) Address the uneven allocation of dental benefits where some people receiving Ontario Works can only get teeth pulled but people on the Ontario Disability Support Program (ODSP) are eligible for basic dental care. As recommended by the Commission for Review of Social Assistance in Ontario, harmonize adult dental benefits and ensure they are provided consistently so that all social assistance recipients in all municipalities receive the same basic dental coverage as those currently on ODSP (Commission for the Review of Social Assistance in Ontario, 2012).

(b) Extend the current public dental program for low income children to low income adults and seniors.

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