

The Impact of the Implementation of Healthy Smiles Ontario Dental Program

Date:	June 16, 2014
To:	Board of Health
From:	Medical Officer of Health
Wards:	All
Reference Number:	

SUMMARY

After reviewing the capacity and utilization of the Toronto Public Health (TPH) managed dental clinics in the context of the addition of five Healthy Smiles Ontario (HSO) dental clinics and the mobile dental coach, the Medical Officer of Health (MOH) is recommending that all clinics be maintained at this time. There continues to be a high demand for dental care, with wait lists ranging from three months to three years, in the TPH managed dental clinics. The Ministry Of Health and Long-Term Care (MOHLTC) recently announced that it will be removing dental prevention services from the Ontario Public Health Standards (OPHS), integrating the six provincially funded children's dental programs and prevention services into one new dental program and uploading the costs and administration of the newly formed dental program. The full effect of the proposed integration of these dental programs on the municipally funded TPH dental program is not known at this time. Therefore, it is recommended that the MOH report back to the BOH when the effect of these decisions is understood.

RECOMMENDATIONS

The Medical Officer of Health recommends that:

1. The current number and configuration of the municipally funded Toronto Public Health (TPH) dental clinics be maintained;
2. The Medical Officer of Health identify and pursue any future opportunities for consolidation of dental clinics which would improve service delivery to meet community needs;

3. The Medical Officer of Health report on the impact of the planned consolidation of provincial dental programs for children as soon as it is known;
4. Adults on Ontario Works and other provincially funded dental programs be served in all Toronto Public Health-managed dental clinics in order to improve service access; and
5. The Board of Health and St. Michael's Hospital request the provincial government to fund emergency dental care for clients that attend St. Michael's Hospital emergency department without dental insurance or the ability to pay for dental care.

Financial Impact

There are no financial implications arising from this report.

DECISION HISTORY

In 2010, the Province introduced the Healthy Smiles Ontario (HSO) dental program for children 0-17 years old whose families meet defined financial eligibility criteria. Five new dental clinics were approved for construction in Toronto. These clinics are operating in partnership with St. Michael's Hospital and the following community health centres: Anishnawbee, Unison, Parkdale, and Stonegate. In addition, a mobile dental coach was purchased using provincial funding. This coach operates in partnership with agencies that serve under-housed and street-involved youth and adults who are eligible for government funded dental programs. The BOH requested that the Medical Officer of Health review the capacity and utilization of all dental clinic sites operated by TPH, or sites in which TPH is a principal partner, to determine the optimal configuration of the City funded dental infrastructure with respect to client access and service efficiency.

ISSUE BACKGROUND

The addition of five new dental clinics to the complement of existing dental clinics serving low income residents has increased access to dental care in Toronto. However, due to promotional activities to increase awareness of the new HSO dental program, wait lists in the clinics continue to persist as more residents become aware of the services offered by TPH.

The implementation of the HSO dental program brings the number of provincial dental programs for children to six. These programs have different benefit packages and serve different segments of the child population. Given the complexity and cost of managing these dental programs, the BOH, at its meeting on September 13, 2011, adopted the motion to urge the provincial government to improve service access and efficiency by consolidating provincially funded dental programs for low income children into one coherent, comprehensive basic dental prevention and treatment program with common services and eligibility requirements. In addition, the Chief Medical Officer of Health, Dr. Arlene King, in her report titled "Oral Health- More Than Just Cavities" (April 2012), recommended that opportunities be explored "for better integration and/or alignment of low income and oral health services in Ontario including integration and alignment with the rest

of the health care system. This relates predominantly to the client journey, including making it easier for the client to access the care that is needed, when it is needed."

In December 2013, the MOHLTC announced that all six provincially funded children and youth dental programs will be integrated into one. In addition, mandatory prevention services will be removed from the OPHS and included in the new provincially funded, fee for service, dental treatment program. This new program will be 100% funded by the Province and centrally administered. Currently, provincially funded children and youth dental programs are cost shared between the Province and municipality as follows: Children in Need of Treatment (CINOT) and CINOT expansion for youth 75:25, Ontario Works dental program for dependent children 80:20 and Ontario Dental Program for Children with Severe Disabilities/dental services for children in foster care/HSO 100% provincial. The Minister also announced that effective April 1, 2014, the financial eligibility for HSO will increase to include 70,000 more children provincially. This increase in financial eligibility was implemented and there has been a modest increase in the number of clients accessing the HSO dental program. Access to affordable dental care remains a challenge for Toronto residents, especially adults, who do not have dental insurance and/or enough disposable income to pay for care in the private sector.

COMMENTS

Since 1911, Toronto Public Health has provided dental care for children whose parents are unable to afford dental care. Currently, Toronto residents who are eligible for the municipally funded TPH dental program include children and youth whose families are not eligible for provincial or federal dental programs, low income seniors, and perinatal clients enrolled in TPH Family Health programs. In addition there are 2 pilot programs, one for young adults at the City Adult Learning Centre and one for perinatal clients enrolled in parenting programs at the Unison CHC located at Flemington Road. All eligible residents for the TPH municipally funded dental programs must meet financial eligibility criteria approved by the BOH. Over the past three to five decades, the Province has funded dental care for special populations of children and adults (e.g. children with severe disabilities, cost shared funding for discretionary dental benefits for adults on social benefits programs and the Children in Need Of Treatment (CINOT) dental program for children 0-13 years old with urgent dental conditions whose families declare financial hardship).

After sustained advocacy efforts, the Province announced in 2008 that it would allocate \$45 million for a dental program for low income families as part of its poverty reduction strategy.

In 2009, the Province announced the expansion of the Children in Need of Treatment dental program (CINOT) to include youth 14-17 years old.

In 2010, the MOHLTC announced the implementation of the new Healthy Smiles Ontario (HSO) dental program for children 0-17 years old. This program, unlike the CINOT program, requires families to meet financial eligibility criteria without the child having an urgent dental condition. In the first year of the HSO program, public health units could access capital funding to build dental clinics in partnership with other agencies in their

community. TPH received capital funds to develop five dental clinics in partnership with CHC's and St. Michael's Hospital and one mobile dental coach in partnership with agencies serving homeless and under-housed youth.

During the implementation of the expanded CINOT and HSO dental programs, public health units were allowed to use provincial funding to promote these dental programs in their local communities. TPH engaged in promotional campaigns in the TTC, bus shelters, community newspapers, etc. which resulted in increased awareness and uptake of both the provincial and municipal dental programs. As a result, municipally funded TPH dental clinics continue to experience long wait lists, specifically for seniors. This is partially due to the fact that children are the priority population in the TPH dental clinics. It is anticipated that as the senior population grows, the demand for dental care in TPH clinics will increase. This is because most seniors lose health benefits, including dental benefits, when they retire. In addition, there are no provincially funded dental programs for low income, independent living seniors.

TPH Dental Clinic Infrastructure

Following City of Toronto amalgamation in 1998, TPH was directed to harmonize the dental program across the City. Based on this directive, all school-based dental clinics in the former municipalities of North York and York, and one prevention clinic in East York, were closed. In addition, the dental clinics at the Parkdale and Christie TPH offices in the former City of Toronto were closed. These resources were used to support the harmonization of the dental program citywide. Only \$800,000 in new funding was allocated for the harmonization of the municipally funded TPH dental program. This is remarkable given that only two municipalities, the former City of Toronto and Etobicoke, had dental treatment programs that included seniors. All other municipalities administered the provincially mandated programs for children, with North York, providing care to children up to grade 6 whose families were not eligible for the CINOT program. With respect to the dental program, TPH applied the principle of efficiency, opportunism, and partnership to harmonize the dental program and therefore, increase access to dental care for vulnerable residents across the City.

To harmonize services, one dental clinic was opened at the North York Civic Centre, one at the Scarborough Civic Centre, and the clinic at the Etobicoke Civic Centre was provided with additional staffing. These dental clinics are located in City-owned facilities where other City services are provided and are well-used. Therefore, it is recommended that these sites be maintained for service delivery.

In addition, at the time of amalgamation and prior to the introduction of the HSO dental program, five dental clinics in partnership with other CHC's were established. These partnerships were structured on the agreement that if the Ministry of Community and Social Services provided the capital funds for these clinics to be established in the CHC's, and the CHC's maintained the facilities without charge to TPH. TPH would provide the operating resources (i.e. staffing, dental supplies, maintenance of equipment, etc.). These partnerships assisted TPH with harmonization and improved access to dental services across the City. These clinics serve some of the most vulnerable families in Toronto and complement the

other health and social services provided by CHC's for these families. It is recommended that these clinic partnerships continue.

It is also recommended that the five provincially funded HSO dental clinics where TPH partners with CHC's be maintained since these clinics are 100% funded by the Province.

There continues to be a high demand for services at all TPH dental clinic locations, with current wait lists ranging from three months to three years.

The attached map (see Attachment 1) shows the locations of the TPH dental clinics in Toronto. All of the clinics are well-utilized. Based on the aging population and the change in employment practices with an increased number of employees on contract and short term employment, current utilization of the TPH dental program will continue to increase in the foreseeable future with more seniors requiring dental care.

The following table itemizes the location, funding arrangement, leasehold expiry dates where applicable, and appointment wait times, for all TPH managed dental clinics:

TPH Managed Dental Clinics – 2014

Location	Expected Lease Expiration	Wait Time (Appointments for non-urgent conditions)	Status
95 Lavinia Avenue	City Owned	1 year; 115 people	City owned buildings (e.g. Civic centres and community centres with other city services). No direct leasehold costs to TPH. Heavily utilized by residents who do not qualify for provincial dental programs.
5100 Yonge Street		3 years; 650 people	
160 Borough Drive		3 years; 918 people	
399 The West Mall		1 year; 125 people	
2340 Dundas Street East	December 2016 <i>At the end of previous lease, plans to relocate this office were not realized. If and when relocation of this office occurs, consolidation of dental clinics in the West should be considered</i>	1 year; 345 people	Major TPH so other TPH services are provided at the site. Long established dental clinic which is well-utilized and easily accessed from other regions of the City by clients travelling using the Bloor/Danforth subway line.

791 Queen Street East	January 2018	1 year; 210 people	Located at Fontbonne Ministries, which provides supportive services to displaced women and is part of St. Michael's Hospital Urban Outreach Network. This clinic is in a high needs area. Serves the Chinese community.
2398 Yonge Street	December 2015	6 months – 1 year; 200 people	Anne Johnston Health Station. Priority population is seniors. A daycare program for vulnerable seniors is located at this site. These seniors have ready access to dental services as part of their supportive care.
235 Danforth Avenue	October 2016	1 year; 100 people	Only clinic servicing former municipality of East York including Crescent Town.
277 Victoria Street	City Owned	1 year; 68 people	TPH head office. Students from U of T's Faculty of Dentistry complete clinical placements at this site. Clients who cannot pay for specialist services get specialist care from students in specialty programs.
340 College Street	March 2014 <i>Expired – renewal in progress.</i>	8 months - 1 year; 30 people	Very busy location Mainly serves the Portuguese and Chinese communities.
Partnerships			
8 Taber Road	Not Applicable	1.5 years; 320 people	Partnership with Rexdale CHC.
185 Fifth Street	Not Applicable	2 months	Partnership with L.A.M.P CHC.
1651 Keele Street	Not Applicable	1 year; 380 people	Formerly York Community Services. Merged with New Heights Community

			Health Centres to form Unison Health and Community Services.
12 Flemington Road		1.5 years; 151 people	Formerly New Heights Community Health Centre through merger with York Community Services is now Unison Health and Community Services.
540 Finch Avenue East		2 years; 253 people	Satellite site for Unison CHC.
1541 Jane Street		2 years; 190 people	HSO funded satellite site for Unison CHC.
1229 Queen Street West	Not Applicable	1 year; 65 people	HSO funded partnership with Parkdale CHC. Serves the Roma community. Through partnership with George Brown College, provides dental hygiene services and dental care to adults who are not eligible for provincial and municipal dental programs.
27 Tapscott Road	Not Applicable	2 years; 580 people	Partnership with Taibu CHC. This CHC has leadership status for health issues in the Black community citywide.
179 Gerrard Street East	Not Applicable	2 years; 370 people	HSO funded partnership with Anishnawbee CHC. Serves the Aboriginal community.
2660 Eglinton Avenue East	Not Applicable	3 years; 667 people	Partnership with West Scarborough CHC. Only CHC in the southwest area of the former municipality of Scarborough.

5 Fairview Mall	Not Applicable	1-2 years; 234 people	Partnership with Fairview CHC. Serves mainly the Persian and South East Asian communities.
150 Berry Road	Not Applicable	3 months; 110 people	HSO funded partnership with Stonegate CHC. Serves the Eastern European community.
80 Bond Street	Not Applicable	6-9 months; 55 people	HSO funded partnership with St. Michael's Hospital. The only HSO dental clinic located in a hospital.

Treatment of Ontario Works Adults in Municipally Funded Dental Clinics

One aspect of client eligibility for treatment in HSO dental clinics has implications for the municipally funded TPH dental program. The MOHLTC guidelines for clients who can be treated in the HSO dental clinics includes all residents who are on government funded programs, including adults on Ontario Works. These adults were never eligible to be seen in the TPH dental clinics because they should be able to access dental care in the private sector. However, because of longstanding complaints from residents on government funded programs regarding access to care in the private sector, the MOHLTC extended eligibility for treatment in HSO dental clinics to improve access to care for these clients. Difficulties in accessing care may be due in part to the relatively low fees that dental care providers are paid for their services under these programs. The fees paid for CINOT, OW and HSO services are approximately 63% of the 2009 Ontario Dental Association (ODA) fee guide. The ODA fee guide is used by most private dentists. It is the MOHLTC's expectation that health units will bill the various provincial and federal dental programs to recover the cost of providing care for these clients in HSO dental clinics. Any revenues collected in the HSO dental clinics are then credited against the public health unit's HSO provincial allocations.

The MOH recommends that adults on the OW discretionary emergency dental program be deemed eligible for care in all dental clinics managed by TPH. Opening access to adults on OW could further increase appointment wait times for seniors and other clients served by the municipal dental program. However, this would relieve the frustration for CHC and TPH staff and OW clients who have to be sent to HSO clinics that might not be close to their residence. Adults on OW are eligible for emergency treatments only and therefore do not require many appointments.

Allowing clients on government funded programs to access dental care in all clinics managed by TPH would improve access and remove the stigma experienced when these clients attempt to access dental care in the private sector. TPH could then bill the OW emergency adult dental program for services provided to these clients. Recent research

indicates that most clients who are eligible for government funded programs prefer to obtain care in publicly funded clinics.¹ Revenues obtained from treating these clients could be reinvested to increase clinical staff and extend the hours of the clinics to minimize the impact on wait times. With reference to current wait lists, seniors are complaining of the inordinate wait times to receive treatment in TPH clinics. Similarly, HSO dental clinics located in CHC's are already experiencing high patient volumes due to utilization by adult OW clients.

Treatment of Clients Referred from St. Michael's Hospital Emergency Department

The HSO dental clinic located in the St. Michael's Hospital Family Health Team has helped improve access to dental care for eligible clients, especially those who are medically compromised. However, because the dental clinic is located in the hospital, adults who are seen in the emergency room with acute dental conditions are referred to the dental clinic. Sometimes these clients do not meet the eligibility criteria for either provincial or municipal dental programs. In the opinion of both St. Michael's Hospital and TPH staff, it is unethical to deny relief of pain and infection to these residents because they do not meet eligibility criteria. As an interim measure, staff are treating these patients and providing the minimum care required to relieve pain and to treat the infection. The MOH recommends that the BOH partners with St. Michael's Hospital to inform the Province of this situation and obtain agreement from the MOHLTC that these patients can be treated at no cost to the municipality or the patient, at the St. Michael's HSO dental clinic if they meet the following criteria: they are referred by St. Michael's emergency room staff, do not have dental insurance, and cannot afford to pay for care in the private sector. Treatment would be limited to the immediate condition and to alleviate the acute infection that could lead to systemic infections and increased costs to the health care system.

CONCLUSION

The aging demographics of Toronto and changing employment practices where more working adults are on temporary or contractual employment and so do not have dental benefits from employment have contributed to heavy demand for dental care in TPH dental clinics. The MOH therefore recommends that the current configuration of TPH managed dental clinics be maintained. As community needs and publicly-funded program evolve, the MOH will identify and pursue any new opportunities for dental clinic consolidation which would improve service access. In addition, when the full impact of the recent announcement from the MOHLTC regarding integrating provincial dental programs for children and youth is known, the MOH will report back to the BOH on these changes. It is anticipated that these changes will mainly affect the 2016 dental budget and program operations.

¹ Quiñonez, Carlos, et al. "Public preferences for seeking publicly financed dental care and professional preferences for structuring it". *Community Dentistry and Oral Epidemiology* 38 (2010): 152-158. Print.

CONTACT

Dr. Hazel Stewart
Director, Dental and Oral Health Services
Toronto Public Health
Phone: 416-338-7834
E-mail: hstewart@toronto.ca

SIGNATURE

Dr. David McKeown
Medical Officer of Health

ATTACHMENTS

Attachment 1 – Toronto Public Health Dental Clinics