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REPORT

Meeting Date: October 27, 2011

Regional Council

DATE:

October 14, 2011

REPORT TITLE: UPDATE ON THE REGION OF PEEL SENIORS' LOW-INCOME DENTAL

**PROGRAM** 

FROM:

Janette Smith, Commissioner of Health Services

David L. Mowat, MBChB, MPH, FRCPC, Medical Officer of Health

#### RECOMMENDATION

That the proposed change to increase eligibility screening for the Peel Seniors' Dental program be approved;

And further, that staff report back to Regional Council regarding the impact of this change to the program and on additional options for program delivery.

### REPORT HIGHLIGHTS

- The Seniors' Dental Program was launched in late 2008 and has an annualized budget of \$1.2 million. To date 5,040 seniors have been enrolled into the program.
- A review of the program reach and future projections reveals that with a growing seniors' population and cost increases, the program will serve fewer seniors each year, and eligible seniors will continue to be on the waiting list for a long period of time.
- Relative to the budget, the demand for the program has been and continues to be high with a current waiting list of 5,000 seniors and a wait time of approximately 12 months to receive service.
- As directed by Council in April 2011, program feedback from dentists, denturists, hygienists and community stakeholders was solicited.
- There was unanimous agreement amongst stakeholders for an enhancement of eligibility screening processes to include formal confirmation of income and citizenship status.
- Once the impact of the proposed change to the eligibility screening is assessed, options for program delivery, within the existing budget, will be considered and recommendations brought back to Council.

#### DISCUSSION

# 1. Background

The Region of Peel Seniors' Dental program currently provides one-time oral health services to Peel seniors aged 65 years and older who have a very low income but who do not qualify for social services benefits.

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The Seniors' Dental program was launched in late 2008 and has an annualized base budget of \$1,200,000. Council approved 70 per cent reimbursement of the current fee schedule as set annually by dental practitioners. The program is 100 per cent funded by the Region; it is not a provincially-mandated program.

At present, the program is available to those who provide:

- evidence that they are 65 years of age or older,
- proof that they reside in Brampton, Caledon or Mississauga; and
- a signed declaration that they have a financial hardship that prevents them from paying for dental care themselves.

These criteria and the eligibility screening process were approved by Council in 2008 and reconfirmed in fall 2009.

Peel seniors who meet these criteria may contact Peel Public Health to confirm their eligibility and to be placed on the waiting list. Once they are removed from the waiting list, they can visit any participating dental provider for care. The providers are then authorized to deliver treatment that is covered by the program.

## 2. Current Program Operations

Since the program's inception, uptake has been significant. To date, approximately 5,040 seniors have been enrolled into the program, 4,082 of whom have completed treatment. The program's budget has seen one-time variable annual increases as well as allocation from surplus dollars, but the budget has been unable to accommodate the community need. A waiting list has been in place since the start of the program. Currently, the waiting list has approximately 5,000 individuals with an estimated 60 new seniors joining the list each week. A review of the program reach and future projections reveals that with a growing seniors' population and cost increases, the program will serve fewer seniors each year, and eligible seniors will continue to be on the waiting list for a long period of time.

Dental care providers in Peel have put forth a number of suggestions to Regional Councillors and to program staff on how to manage the program waitlist. They have also been forthcoming with their suggestions on general program operations.

As directed by Council (Resolution 2011-42), Peel Public Health staff arranged a meeting on September 30, 2011 where feedback on the Seniors' Dental program was solicited from dentists, denturists, hygienists and community stakeholders (Appendix I). As indicated in the Council Resolution, the Chair and Vice Chair of the Health Section of Regional Council and Councillor Mahoney attended the meeting.

While each stakeholder group had its own perspective on how best to address the program waiting list and on general program operations, there was unanimous agreement amongst the stakeholders for the need to enhance the eligibility screening process to include formal confirmation of income and citizenship status.

### 3. Proposed Change to Eligibility Screening Process

Peel Public Health is recommending that the current eligibility process be amended to include:

### Confirmation of Low-Income Status

Seniors applying to the program would be asked to provide a copy of their most recent Notice of Assessment from Canada Revenue Agency. Only those whose

income falls below the low-income "cut-off" as established by Statistics Canada would be considered eligible for the program. Specifically, the low-income limits are \$18,421 for a one person household and \$22,420 for a two person household. The income status of seniors who are above these limits will also be requested to estimate the number of seniors on the waiting list whose income is close to the low income "cut-off".

# Proof of Citizenship

Seniors applying to the program would be asked to provide evidence of their citizenship status, such as permanent residency card, citizenship card or Canadian passport.

It is anticipated that implementation of a more rigorous eligibility screening process will provide Peel Public Health with much better indication of the number of seniors who are most in need of the program. Equipped with this information, along with client and stakeholder feedback, Peel Public Health will consider potential changes to the current program delivery model and make recommendations to Council.

In order to effectively implement the eligibility changes within the current budget, staff will take steps to manage the program efficiently. Temporary staff will manage transition issues including: communicating the changes to seniors and dental providers; eligibility screening for the 5,000 seniors on the waiting list as well as the approximately 60 seniors who join the list weekly; and managing practitioner and seniors' concerns.

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# UPDATE ON THE REGION OF PEEL SENIORS' LOW-INCOME DENTAL PROGRAM

#### CONCLUSION

The Seniors' Dental program has successfully provided treatment to over 4,000 seniors who otherwise may not have received dental care. A recent meeting with stakeholders of the program revealed a need to increase the eligibility screening to identify those seniors who are most in need of the program. Using this information along with stakeholder and client input, Peel Public Health staff will report back to Council on the impact of this change and on any additional options for program delivery.

Janette Smith

Commissioner of Health Services

Jarette Smith

David L. Mowat, MBChB, MPH, FRCPC Medical Officer of Health

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**Approved for Submission:** 

D. Szwarc, Chief Administrative Officer

For further information regarding this report, please contact Gayle Bursey at extension 2617 or via email at gayle.bursey@peelregion.ca

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c. Legislative Services

### **APPENDIX I**

# SENIORS' DENTAL STAKEHOLDER MEETING SEPTEMBER 30, 2011, 10:00 TO 12:00 10 PEEL CENTRE DRIVE, MISSISSAUGA ROOM

# Minutes

Present:

Region of Peel: Councillor Elaine Moore (Chair), Councillor Richard Paterak, Councillor

Katie Mahoney, Janette Smith, Dr. Eileen de Villa, Gayle Bursey, Pat Bromby, Monica

Sodiya (Recorder)

Ontario Dental Hygienists' Association: Robert Farinaccia

Denturist Association of Ontario: Brian Carr

Halton Peel Dental Association: Dr. Steve Lipinski LAMP Community Health Centre: Bill Worrel Bramalea Community Health Centre: Mayo Hawco Ontario Dental Association: Frank Bevilacqua

Peel Poverty Action Group: Edna Toth

South Asian Dental Association: Dr. Neil Gajjar

Regrets:

David Colgan, Leanne Fernandes, Ray Applebaum

# Key Issues Raised/Discussed:

	AGENDA ITEM	DETAILS			
1.	Introduction and Overview of Program	Councillor Elaine Moore welcomed all to the meeting. The objective of the meeting is to discuss possible adjustments to Region of Peel Seniors' Low-Income Dental Program (SDP) so that the maximum number of eligible seniors can receive an appropriate level of care.  The SDP is a Regionally funded program. The proposed 2012 budget for the program remains \$1.2 million.  The goal of the program is to restore basic dental function to seniors and to contribute to their overall health.			
2.	Guiding Principles of the Program	<ol> <li>The guiding principles of the program are:</li> <li>To improve overall health</li> <li>To serve as many eligible seniors as possible</li> <li>To maximize efficiencies in the program (i.e. minimize administrative costs)</li> <li>To deliver a high standard of customer service, aligned with the Region of Peel's Service Commitment</li> <li>Councillor Moore added that she would like to see the program serve as a model for other municipalities and, ultimately, the Province. Councillor Paterak added that the program should also seek to enhance the dignity of seniors.</li> </ol>			
Ro	Roundtable discussion on Stakeholder Proposed Adjustments				
3.	Dr. Neil Gajjar	Dr. Gajjar spoke to the high demand for dental services amongst Peel Seniors. He briefed the stakeholders on the South Asian Mobile			

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		Dental Clinics and informed the group that dental screening programs for children are being accessed by seniors. He noted that the average senior seen in the South Asian dental clinics requires \$1500 of dental work, including approximately 8 extractions/fillings. He expressed concern re: seniors' ability to eat/chew food if the SDP is only able to treat emergencies and provide extractions but no dentures. He emphasized the importance of dental health to overall health.
4.	Edna Toth	Ms. Toth also spoke to the need for dental care for low income seniors in Peel. She suggested seeking funding for the SDP from the LHINs. She also suggested that Region of Peel staff speak to the Ministry of Health and Long-Term Care and ask for assistance/funding through OHIP.
5.	Bill Worrell	Mr. Worrell informed the group that the LAMP Community Health Centre has a mandate to provide services for seniors in need and find that dental care is an issue for this population.
6.	Mayo Hawco	Ms. Hawco indicated that Bramalea Community Health Centre has recently begun to provide dental services under the auspices of the provincial Healthy Smiles Ontario Program. While this program is geared toward youth from low-income families, Ms. Hawco noted that most of the calls received by Bramalea CHC for dental care are from seniors and that the CHC has recently started to provide dental services to seniors from the SDP.
7.	Dr. Steve Lipinski	Dr. Lipinski indicated that while dental care needs amongst Peel seniors are significant, he felt that the current budget allocated to the SDP allows for the provision of a program that includes only emergency dental care, as defined by the Ontario Dental Association (ODA).
8.	Frank Bevilacqua	Mr. Bevilacqua concurred with the view expressed by Dr. Lipinski. He noted that the ODA has a great deal of experience in establishing dental programs for particular populations, including seniors.  The ODA generally designs plans in a modular fashion, which can be adjusted to suit the target population's needs and the program budget. While the objective of ODA plans is to serve as many eligible clients as possible, ODA plans generally start with emergency services, reserving the addition of other non-emergency dental services when and if there are funds available. ODA is committed to working with the Region to ensure the success of the SDP.  The Region of Peel Seniors' Dental program covers 70% of standard dentist fees. The ODA estimates that dentists in Ontario are providing ~\$25 to \$30 million per year in free service to patients in need.
9.	Brian Carr	<ul> <li>Mr. Carr had 3 initial observations on the SDP to share with the group:</li> <li>1. He expressed concern that with the current program eligibility screen, there are seniors accessing the program who are either not in-need or less in-need than some who are on the waiting list.</li> <li>2. He indicated that the SDP reimbursement (at 70% of the standard dental fee) is generous relative to other programs</li> </ul>

	AGENDA ITEM	DETAILS
10.	Eligibility Screening	which do not cover the dental providers' costs (e.g. Ontario Works reimburses 40% of the standard dental fees).  3. He expressed concern that the current SDP stipulation that dental services be completed within a 6 month time window is insufficient for certain clients and circumstances (e.g. it may take longer than 6 months for gums to heal after extraction).  The group discussed the current eligibility screening process for the SDP and many expressed concern that the current process should be adapted to ensure that those seniors who are most in need can access the services.
		Proposal made: recommend to Council that proof of income and citizenship status be provided as part of the program's eligibility screening process. Clients would be required to provide their most recent Notice of Assessment. Statistics Canada's current cut-off for low-income: ~\$18,000 for one person and ~\$22,000 for a 2-person household.  There was agreement that the proposed change to the program's
4.4		eligibility screening process be recommended to Council.
11.	One Time Access	<ul> <li>Many stakeholders expressed concern regarding the SDP's current "one time access" provision.</li> <li>Discussion points:</li> <li>One-time access does not meet the needs of many seniors</li> <li>It is one method for limiting cost of the program and for distributing the available resources</li> <li>One-time access may also promote certain behaviours amongst clients and certain practices amongst providers — e.g. clients may delay care; providers may recommend additional services, etc.</li> <li>If the program allows for multiple entry, would need to consider how to prioritize clients: emergency, first-time access, subsequent access, etc. This adds an additional assessment step and, therefore, program administration cost. It may also create the need to establish a reserve fund (for those accessing the program more than once).</li> </ul>
12.	Dentures and Replacement Teeth	<ul> <li>Opinions on whether dentures should be included in the SDP were varied.</li> <li>Some stakeholders argued that the best method for meeting the most urgent dental needs with currently available resources is to focus solely on emergency dental care, which does not include dentures. Other stakeholders argued that an emergency program that included tooth extractions but did not include dentures (partial or otherwise) would have a negative impact on seniors' health.</li> <li>It was noted that one way to control costs associated with dentures would be to ensure that, where possible, existing dentures be repaired or realigned rather than replaced.</li> <li>ODA perspective: Agree that an "emergency dental care only" model is suboptimal. The objective should be to stretch the money for best program of care. ODA recommends a limited plan with a modular approach (emergency care module, basic care module,</li> </ul>

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		etc.) rather than placing a financial cap on services that can be provided to any one patient. Also suggests consideration of an approach that covers preventative care at 100% and restorative care at 50% as another method of containing costs.
13.	Role of the Provincial Government	<ul> <li>The Region of Peel's Intergovernmental Relations Committee has discussed the Seniors' Dental Program with other levels of Government.</li> <li>It was suggested that a letter be sent to the Premier, urging the Provincial government to provide funding for seniors' dental care</li> </ul>
		(similar to that which is being provided for children)
14.	Financial cap on Dental Services under the SDP	<ul> <li>In 2009, average cost of dental services per client was \$1173; in 2010, average cost was \$1550.</li> <li>Program staff indicated that consideration is being given to implementation of a financial cap of \$1000 for treatment and \$1500 for treatment and dentures (per client).</li> </ul>
15.	Client Assessment	<ul> <li>In the near future, there will be staff and facilities for dental assessment in the 2 Community Health Centres in Peel. This will allow them the ability to quickly assess clients and determine who requires urgent treatment.</li> </ul>
16.	Incentives for Dental Care Providers	<ul> <li>The group discussed potential methods to encourage the provision of dental care to low-income patients, including seniors.</li> <li>The ODA has been advocating for tax credits for services provided at reduced rates or at no charge – Support from the Region of Peel on this advocacy would be welcomed by the ODA.</li> </ul>
17.	Waiting Lists	<ul> <li>The group discussed methods to address the waiting list for the program. The current program functions primarily on a first come, first served basis.</li> <li>It was suggested that perhaps the SDP could be adjusted to allow for emergencies to be assessed and treated on a priority basis.</li> <li>The group was advised that a process which entails additional client assessment would hinder program efficiency and negatively impact the number of clients who are able to access service.</li> </ul>
18.	Adjournment and Next Steps	Councillor Moore thanked all for their time and contributions. The group agreed that the program is a model for the province and expressed an interest in continuing to work together to ensure the program's success.  Next steps:  1. Regional staff to meet with Councillors 2. Bring recommendations to Council in October or November 3. Pre-briefing for stakeholders just prior to the Regional Council