TORONTO

REPORT FOR ACTION

Impact of the Implementation of the Integrated Healthy Smiles Ontario Program on Toronto Public Health Dental Program

Date: November 10, 2017
To: Board of Health
From: Medical Officer of Health
Wards: All

SUMMARY

On January 1, 2016, the Ontario government launched the 100% provincially funded Healthy Smiles Ontario (HSO) dental program for children and youth 0 to 17 years old who reside in Ontario and meet financial eligibility requirements, as defined by the province. This new program is the result of integrating six provincially funded dental programs for children and youth. The rationale for combining these programs was to expand eligibility and access, streamline enrolment for eligible families and standardize claims processing.

For Toronto Public Health (TPH), the introduction of the new HSO program resulted in the transfer of program administration functions (such as claims processing) from TPH to a provincially contracted agency and gave rise to different service requirements for dental programs provided by TPH as per the Ontario Public Health Standards (OPHS). There were also financial adjustments to the TPH dental program budget resulting from the creation of the new HSO program.

This report provides a summary of these administrative, service and funding changes and their impact on TPH's dental program.

RECOMMENDATIONS

The Medical Officer of Health recommends that:

1. The Board of Health request that the Minister of Health and Long Term Care re-establish a process for the consideration of special dental cases in the new Healthy Smiles Ontario program.

2. The Board of Health request that the Premier and the Minister of Health and Long Term Care implement a dental program for low income adults, including seniors.

3. The Board of Health adopt a pilot project in response to a request from the Association of Ontario Health Centres (AOHC) to extend the eligibility of the TPH dental program at Rexdale Community Health Centre (CHC), to include low income adults who are clients of the CHC, have urgent dental needs, and meet the current eligibility requirements of the TPH dental program. The purpose of the pilot is to collect data on the oral health needs of these Toronto residents.

FINANCIAL IMPACT

There is no financial impact resulting from the adoption of this report beyond what is included in the Toronto Public Health 2018 operating budget submission.

DECISION HISTORY

At the October 26, 2015 meeting, the Board of Health requested the Medical Officer of Health to report back on the impact of the new provincially funded Healthy Smiles Ontario dental program once implementation was complete and final decisions made by the Minister of Health and Long-Term Care.
HL7.7 Update on the Impact of the Integration of Provincial Children's Dental Programs on the Toronto Public Health Dental Program

COMMENTS

Prior to January 1, 2016 there were six provincially funded dental programs for children and youth from low income families. Some of these programs were cost shared with municipalities and others were funded 100% by the province.

Effective January 1, 2016 a new Healthy Smiles Ontario (HSO) dental program for children and youth 0 to17 years old, from low income families, was officially launched. This new program is 100% funded by the Ministry of Health and Long Term Care (MOHLTC). The program provides basic, emergency and essential dental treatment and preventive services for these children and youth through three streams:

- HSO Core;
- HSO Essential and Emergency Services Stream (EESS); and
- HSO Preventive Services Only.

This new program covers the cost of basic dental treatment for children whose families meet the financial eligibility requirements for a period of three years. Children whose families do not have documentation to meet the financial requirement but who can attest to the fact that paying for dental treatment services would be a financial hardship can be covered for one year.

The introduction of the HSO dental program also required changes to the Ontario Public Health Standards to reflect changes in the responsibilities of public health units**.** The protocol released in May 2016 requires boards of health to provide or ensure the provision of oral health services including:

- Assisting families and/or youth to access dental treatment including establishing a dental home.
- Actively assisting all clients known to the Public Health Unit in finding dental providers;
- Assisting clients to initiate and complete treatment;
- Liaising with providers to provide support and to improve awareness and access to the Healthy Smiles Ontario Program;
- Where board of health clinics are in operation – provide treatment to HSO-eligible children.

Since these program changes to HSO have been in effect for almost two years, TPH has had the opportunity to assess their overall impact.

Administration of and Enrollment in the HSO Dental Program

With the introduction of the new HSO program in 2016, the MOHLTC decided to contract out the program's administrative functions in an effort to standardize administrative and data collecting processes. Therefore, public health units (PHUs) no longer perform administrative functions for any provincially-funded dental treatment program for children. The upload of the administration of these dental programs resulted in the downsizing of the administrative unit and the loss of nine positions in the TPH dental program. The anticipation of these changes and the length of time it took for the implementation of the HSO program, allowed TPH to make adjustments to its staff complement without layoffs or termination of unionized staff. Only one supervisor was displaced.

There have been some changes in the enrollment process for the HSO program. For children who have enrolled and been approved for the HSO core stream they need to wait 15 days before they can access dental care. Furthermore, as some families are transitory the automatic renewal feature may not be beneficial to them.

A new feature of the HSO dental program is that families with private dental insurance can now access the HSO program, provided all other eligibility criteria are met and benefits are coordinated with their insurance carrier. Prior to the introduction of the HSO dental program, families with any third-party insurance coverage were not eligible for government-funded dental programs.[1]

However, despite the consolidation of program administration and enrolment, service providers and prospective clients are still reliant on TPH staff to assist with translation (the province only provides information in English and French), understanding the integrated HSO program, the enrolment process and the new procedure for the processing of dental claims. Hence, TPH staff continue to be actively involved with problem solving and appropriate referral of families and service providers to get their

issues addressed. While this is a service demand, it has not had a significant impact on TPH staff as eligibility assessment and enrolment in CINOT were functions performed by TPH prior to the implementation of the integrated HSO program.

Services Covered by HSO

The current basket of services covered by the HSO dental program reflects a compilation of services covered by the previous six dental programs. There was very little change to the services covered. One addition is that children may now receive maintenance care (i.e. they can see the dentist every six months for an examination and necessary care). Previously, children under CINOT were only eligible for one course of treatment and could only be covered again if they had an urgent condition requiring immediate care.

However, a gap in dental care provision for children has been created. There are some dental conditions that are not common and usually require special consideration. These conditions are not reflected in the list of covered services and the MOHLTC has not put a process in place for their consideration. For example, children of OW recipients who have handicapping malocclusions (i.e. their teeth are not aligned so they cannot bite or speak normally) were previously considered on a case-by-case basis for correction so as to restore function. This process has not been replaced under HSO. Therefore, under the new HSO program, these children do not have access to necessary treatment.

Case Management

Prior to the introduction of HSO, PHU's were required to follow up on enrolees in CINOT to ensure that these children received the dental care they needed and were not the subject of parental neglect. If a child was found not to be receiving adequate care, public health staff could work with the schools and the appropriate child protection service agency to address and correct the situation.

Under the new HSO program, claims are processed by a government-contracted agency. As a result, TPH staff do not have access to the information required to follow these clients. The current claims administrator provides health units with the unique HSO identifier of children who are enrolled in HSO but for whom a claim has not been submitted. This does not provide enough information to follow up these clients. Therefore, some children's dental needs may not be addressed.

HSO Oral Health Promotion Program

Under HSO, TPH applied for and received funding to develop and implement a community oral health promotion program to address the increase in early childhood dental caries in children aged 0 to five years. This program is called the Community Oral Health Outreach Program and hires peer workers to connect with parents, guardians and/or caregivers of children at risk of developing early childhood tooth

decay. This program is an integral addition to the prevention component of the HSO program and helps TPH meet the required oral health navigation requirement of the OPHS protocol for HSO. TPH Community Oral Health Outreach Workers (COHOW) are peer workers with an involvement in and understanding of their respective communities (e.g. language, cultural beliefs, practices, diet etc.). Therefore, when providing oral health information, COHOWs play an integral role in adjusting and customizing basic oral health preventive messages to make them understandable and applicable to their communities' practices. COHOWs also promote the HSO program and assist families with the enrolment process and finding a dental home, when required.

Toronto Public Health's COHOWs also offer and provide a quick visual assessment of preschool children to identify those children at risk for dental disease, or who already have dental disease. For these children, the COHOWs refer the family and assist with obtaining dental care for their children.

Outreach to physicians and other primary care providers to encourage them to include screening young children's mouths at the developmental examinations for the onset of dental diseases is also an integral part of the Community Oral Health Outreach Program's activities. These physician outreach activities will begin in late fall 2017 and coincide with the publishing of an article entitled "Identification of early Childhood Caries in Primary Care Settings " in *Paediatrics & Child Health*, the journal of the Canadian Pediatric Society. This article was co-authored by Hospital for Sick Children, University of Toronto, Faculty of Dentistry, St Michael's Hospital, University of British Columbia and TPH.

Financial Changes

Full implementation of HSO in 2016 resulted in all dental treatment and prevention programs being funded by MOHLTC. Therefore**,** the costs of the TPH CINOT and prevention dental programs were uploaded to the MOHLTC. As a result of this uploading**,** there was a net savings of $530,438.67. These funds were returned to the City and were put towards meeting the TPH reduction target for the 2017 operating budget.

Boards of Health are required by the province to bill back relevant government programs for treatment services provided to non-HSO clients in HSO dental clinics. All revenues collected are to be reported and be used to offset the expenditure of the HSO program.

For the period 2012 to 2016, TPH was reimbursing the MOHLTC up to $500,000 annually for dental services to Toronto residents, primarily seniors, who were not eligible for HSO but eligible for the city’s dental programs. In 2015, the BOH wrote to the Minister of Health requesting that these charges be waived as the seniors' dental program is 100% municipally funded and TPH does not charge or receive revenues for these services. The Minister of Health was also informed that if these charges were not waived, TPH would discontinue the practice of treating these clients in the HSO dental clinics. This request was denied. In May 2016, TPH discontinued the treatment in HSO dental clinics of Toronto residents who are eligible for the TPH dental program only.

This has reduced the $500,000 unsustainable budget pressure for TPH. These clients are now redirected to other 100% municipally funded TPH dental clinics. This has had an impact on seniors living close to HSO-funded dental clinics.

Unmet Needs of Low Income Adults and Seniors

Although the integrated HSO program expanded eligibility and streamlined enrolment for eligible children and youth in Ontario, low income adults, including seniors, are currently the group with the poorest access to basic dental care. Most do not even have access to emergency dental care. This has adverse impacts on their health, employability and social inclusion.[2,3]

In 2014, the Ontario government announced its intent to expand provincial dental programs to low income adults by the year 2025[4.] In July 2017, the Association of Local Public Health Agencies along with several Boards of Health across Ontario called upon the Ministry of Health and Long-Term Care to begin the process of developing a provincially-funded dental program for low income adults and seniors in Ontario.

In June 2017, the Association of Ontario Health Centres (AOHC) requested TPH to extend the eligibility of the TPH dental program to include low income adult clients of Community Health Centers (CHC's) who do not have third party dental insurance coverage and cannot afford to pay for dental care in the private sector.

Since amalgamation, TPH has partnered with 13 CHCs to provide dental care from these sites. The CHCs own the dental equipment and pay for space and utilities. Toronto Public Health pays the operating costs of these clinics, including dental clinic staff salaries, supplies and materials, and equipment maintenance and replacement. However, only clients who are eligible for the TPH dental program are currently treated by TPH staff. This excludes adults ages 18 to 64 years old. As there are no data on the oral health status of adult clients of CHCs, it is difficult to know how to respond to this request.

A pilot project is recommended to extend the eligibility for dental service at the Rexdale CHC site. To be equitable, services will be restricted to low income adults with urgent dental needs, which is consistent with the current basket of services for OW adults. This pilot will be run for one year, using TPH dental program's existing resources and current program structure. Toronto Public Health will monitor and evaluate this project to determine the demand for services, oral health status of the clients who use the program, treatment services provided, the cost of providing the service and the impact on wait times for other clients who are eligible for the TPH dental program. The pilot will be evaluated with support from the AOHC. Information from this pilot will be used as appropriate to further advocate to the province for resources to address this gap in primary care.

Conclusion:

Since the new HSO program has been in place for almost two years, most of the transition issues for Toronto residents who access HSO have been resolved. However, there are still some challenges with TPH informing, promoting and assisting residents to access the HSO dental program. Supporting service providers who are unfamiliar with the new processes continues to be necessary and some unintended consequences have created gaps in services.

Two major gaps have been identified in the HSO program. The MOHLTC needs to re-establish a process for the consideration of special dental cases in the new HSO program. Additionally, since low income adults are currently the group with the poorest access to basic dental care, a one year pilot project is recommended to extend the eligibility of the TPH dental program at Rexdale CHC to low income adult clients with urgent dental needs. TPH will continue to monitor the program to identify and address any program deficiencies

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SIGNATURE

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