The

INSIDE STORY®

MAY 2017

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TIME TO LISTEN TO WHAT OUR MOUTHS ARE TELLING US

WE NEED TO GIVE ORAL HEALTH CARE THE ATTENTION IT DESERVES

There's no debate, the facts definitely speak for themselves—the connection between good oral health and overall health is well-documented in the scientific evidence (…as you may recall from the March 2014 edition of *The Inside Story*). With a solid body of evidence about the importance of good oral health, why is it that our approach to health care in Canada seems to favour health issues below the neck? What's going on? Let's break it down…

For good overall health, open wide

Oral health care rarely gets the spotlight even though good oral health enables us to breathe—not to mention, eat, drink, speak, and smile. So instead of the underdog, why isn't oral health care a "top dog" right up there with other medically necessary services?

The scientific evidence reveals various links between good oral health care and disease prevention and disease management. For example, in addition to an association between good oral health and identifying cavities and gum disease, links have been found between oral health care and oral cancer, as well as a range of other conditions:

What is oral health?

Your teeth are just part of oral health. The World Health Organization defines oral health as "a state of being free from mouth and facial pain, oral and throat cancer, oral infection and sores, periodontal (gum) disease, tooth decay, tooth loss and other diseases and disorders."[1]

And the Fédération Dentaire Internationale (FDI) World Dental Federation describes oral health as multi-faceted and that it "includes the ability to speak, smile, smell, taste, touch, chew, swallow and convey a range of emotions through facial expressions with confidence and without pain, discomfort and disease of the craniofacial complex."[2]

- → **Cardiovascular disease:** People who have gum disease, or a history of it, also tend to have coronary heart disease. Research is also investigating the association between oral bacteria and blood clots, and the relationship between gum disease and stroke.[3]
- → **Diabetes:** The presence of dental issues can lead to investigating whether the patient may have undiagnosed diabetes or pre-diabetes.[4]
- → **Respiratory illnesses:** Research has shown a link between some patients with an above-average number of gum problems and a higher pneumonia rate.[5]
- → **Osteoporosis:** Bone loss in teeth can sometimes indicate the first stages of osteoporosis.[6]

Premature labour, low birth-weight babies, and even Alzheimer's disease are other examples. Research continues to find links between oral health and overall health, but oral care continues to take a backseat to other health care issues.

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This may in part be due to Canada's approach to health care that often considers the head as separate from the rest of the body—if the head is considered at all. We also see this head/body disconnect regarding mental health (which fortunately is increasingly getting the attention it deserves). By contrast, oral health is still disembodied—its role continues to be under-emphasized.

The trend in health care toward a holistic approach may help get the head firmly affixed on the body with more attention paid to oral health care. You can think of a holistic approach as focusing on the whole person rather than on just a specific illness or body part. The idea is that an issue with one element of the body can be far reaching—physically, mentally, emotionally, and spiritually.

Oral health care is becoming more frequently viewed as a medical necessity, and various dental associations and public health organizations internationally have recognized oral health as a basic human right. For example, as one researcher put it, "Dental care was recommended in the 1964 Royal Commission on Health Services that helped shape our current health care system but has yet to become a part of publicly funded health care. This has left almost one third of Canadians without dental insurance, leading to poor health outcomes and stark inequalities. Evidence indicates that dental care should be incorporated into Canada's existing system as it is medically necessary, will decrease long term costs, and its inclusion will promote accessibility and comprehensiveness in our system." [7] So what is the state of the nation; do *all Canadians* have access to good oral health care?

The state of oral health care in Canada

The situation is definitely nothing to smile about as approximately 32% of Canadians have no access to dental coverage.[8] Here's why…

Unlike health issues below the neck—that are mostly publicly covered—by contrast, oral health care issues are mainly privately covered. For example, Canadians access dental benefits through their employers' dental plan or they have private dental insurance that is not employment related. Others pay directly out-of-pocket for oral health care services as needed.

Publicly funded oral health care services

- → **Federal government programs** are designed for Canadians who meet eligibility requirements related to Indigenous status, military personnel, veterans, federal prisoners, refugees, and the Royal Canadian Mounted Police.
- → **Provincial/territorial government programs** are designed for Canadians who are eligible for surgical dental services that require hospitalization, or the procedure is associated with a medical need or a medical issue that developed before birth (a congenital anomaly). In addition, there are programs that target Canadians who meet eligibility requirements related to social assistance recipients and their dependents, as well as certain child, adult, and senior citizen populations (e.g., low-income families), and some disabled and institutionalized populations (e.g., those in long-term care), certain individuals with developmental disabilities, and provincial prisoners.
- → **Municipal government programs** are also sometimes available—depending on various issues like cost-sharing arrangements with the provinces—for social assistance recipients and their dependents, certain child and adult populations (e.g., low-income families), and some disabled and institutionalized populations (e.g., those in long-term care).

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And although a small number of publicly funded programs do exist, the inequities are obvious. Some governments—not all of them—offer programs for certain vulnerable groups, but not other groups. For example, some offer services for children from low-income families, while others don't, and in turn, some offer services for certain seniors, while others don't. Even when programs are available, they typically cover a limited range of basic services. This lack of consensus on standards of oral health care provision among Canada's federal, provincial, territorial, and municipal governments is often cited as a major issue.

The result is that a significant number of Canadians are not getting oral health care: a breakdown of this private/public approach to providing oral care reveals that approximately 62% of Canadians have private dental coverage and just 6%[9] of Canadians are covered by publicly funded programs.

The 32% with no access to dental coverage represents some of the most vulnerable Canadians. Although many in this group may be working, they don't have an employer-sponsored benefits plan—and are often just making enough to survive—so private insurance is not an option; meanwhile their income level may be above the threshold to qualify for a publicly funded dental program. Others may be contract workers or self-employed and facing similar challenges. In fact, experts explain that "in some cases, the working poor now have worse access to oral health care than their lowest income counterparts, as the latter have access to public insurance while the former do not."[10] And some unemployed people—who could qualify for assistance—do not access it, for a range of complex reasons.

Overall, experts describe the situation as a "patchwork of basic dental programs" that doesn't appear to be getting the job done. The Canadian Dental Association (CDA) explains that "in particular, Canadian families and individuals with lower incomes and of lower socioeconomic status, those without dental insurance, older Canadians and Indigenous Canadians experience worse overall oral health outcomes than the general population."[11]

Canada's reliance on private dental insurance—with just a limited part played by publicly funded programs—means that it's not just those we traditionally consider as vulnerable who are increasingly at risk. "Research shows that access to dental care may be getting more difficult for the middle-income segment of the Canadian population as well. Middle-income workers have experienced significant changes in their work environments, which includes decreases to both the amount and availability of employment-based dental insurance."[12] In addition, "As jobs become less secure and more part-time in nature, benefits are eroded and more and more people in Canada have significantly reduced dental coverage, or none at all."[13]

Dental care is anything but cheap…

Scanning the provincial dental fee guides—that most dentists base their fees on—reveals that the costs can really add up, especially for families. Some examples:

- → **Recall exam:** $55
- → **Scaling (removal of tartar up to 15 minutes):** $45
- → **Two X-rays (bitewing):** $25
- → **Two-surface composite (white) filling; permanent bicuspid:** $195
- → **Two-surface amalgam (silver) filling; permanent molar:** $125
- → **Root canal therapy (one root):** $500
- → **Complete upper denture:** $1,180 including lab fees
- → **Metal crown:** $990 including lab fees

…And if you need major services, like bridge procedures or root canals followed by crowns, the pricing can be in the thousands of dollars.[15]

Even for those with a health benefits plan, dental coverage varies by employer and may be quite basic—plus many plans require a co-pay or other cost sharing. For example, the CDA explains that "some plans are also taking other approaches to limit plan spending: setting annual deductibles, capping the dollar amount, or limiting the number of visits covered within a year."[14]

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Beyond just availability and affordability…

Even when publicly funded programs are available, not all those who could meet eligibility requirements take advantage of the programs. And even when affordability is not an issue—as is the case with employer-sponsored dental plans—some plan members don't access their plan for regular checkups. Why aren't people getting the oral health care they need?

- → **Low awareness of the importance of good oral health:** As we've established, good oral health needs a major public relations boost; people may simply not be aware of the mouth/body connection and the importance of good oral health.
- → **Unaware of availability of oral health programs:** With oral health care taking a backseat in our health care system, many people may not know that publicly funded programs exist.
- → **Complicated processes:** There is often a complicated and time-consuming process for both patients and dentists to access public dental programs that may be a deterrent for both groups.
- → **More immediate priorities:** Vulnerable people are typically coping with tackling immediate issues like food, shelter, and mental and physical health, as well as challenges regarding language and cultural barriers or isolation. And regarding people with private dental insurance, being time poor may be the biggest culprit, or dare we suggest, are we often just lazy?
- → **Fear of going to the dentist:** Some people suffer from anxiety triggered by even the thought of going to the dentist. This can stem from many issues like fear of pain or having had a bad experience. Dental dread can also be due to a distaste for the dental office—like the sound of drills.

In terms of barriers, the same way social determinants—like income and working conditions, social status, education and literacy, and physical environments—negatively impact overall health, these factors also negatively affect oral health care even when there is some degree of coverage available. For example, research reveals that the elderly, people living and working in poverty, young children, people living in rural areas, recent immigrants, refugees, Indigenous people, and disabled people have both the highest level of oral health problems *and* the greatest difficulty accessing oral care.

To learn more, watch this short video:

Inequalities in Oral Health Care and Access to Dental Services among Canadians

https://www.youtube.com/watch?v=y_mxYIY08WY

Fortunately, improving the state of oral health care in Canada is possible. Although tackling the issues is anything but simple—and it can't happen overnight—the bottom line is that everyone deserves a healthy mouth and smile plus the overall health and quality-of-life benefits that go along with it.

All Canadians should have access to good oral health care

The scientific evidence is telling us to listen to what our mouths are telling us: Dental care is a medical necessity. Of course, with GSC's mission—to create innovative solutions that improve access to better health—we've never been ones to sit back while those in need struggle. "In fact, we're the exact opposite," explains Steve Moffatt, GSC's chief strategic growth officer. "We're always looking for ways to take action. Regarding the challenges around good oral health care, we've made a commitment to provide the necessary leadership to become a catalyst for change. We recognize that this will be a long-term process, but our goal is to build on the scientific evidence and make a difference in the lives of millions by ensuring all vulnerable Canadians have access to essential oral health care services."

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Steve also explains that to accomplish this goal, GSC's main strategy is collaboration. "We are engaging with everyone we can to look at the issues from all perspectives and gather this combined wisdom regarding what direction to take and what kinds of initiatives to pursue. We're aiming for a long, long list of collaborators—from federal, provincial, territorial, and municipal governments to dentists, dental professional regulatory bodies, professional associations, dental educators, and other health care professionals and researchers, as well as advocacy groups and vulnerable people themselves."

We'll be reporting back on GSC's overall plan of attack regarding improving the state of oral health care in Canada, but until then Steve encourages everyone to…

"As they say these days, join the conversation!"

> The Canadian Dental Association "believes the provision of equitable access to care is an important goal for professional dentistry organizations. Collaboration between dentistry, health professional colleagues, charities and the federal and provincial governments continues to improve access. In addition to maintaining existing professional, charitable and nongovernmental programs, new models should also be developed to further strengthen our oral health delivery system."[16]

Sources:

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[15] 2017 Provincial dental fee guides; approximate costs rounded up.

COMMUNITY GIVING PROGRAM

HERE'S HOW WE **ADD** TO THE **GREATER GOOD**…

Paving the way for a brighter future
Take a look at how our grant recipients are making a difference

Frontline care—like dental services, vision care, prescription drugs, disease management, and mental health supports—can act as a catalyst for change. That's why the GSC Community Giving Program is focused on supporting organizations and initiatives that provide frontline care for underinsured or uninsured populations. And all grant recipients include a navigator component—this means ongoing positive change as clients are referred to any additional services they may need.

GSC frontline care™

Frontline care in action

The Umbrella Multicultural Health Co-operative – Umbrella Welcome Clinic

British Columbia has the second-highest poverty rate in Canada, and immigrants experience a higher degree of poverty than the general population. The percentage of Vancouver residents born outside of Canada is over 40%. In addition to issues of affordability, these newcomers to Canada often have difficulty accessing health care due to barriers related to language and culture. Fortunately, since 2010, the Multicultural Health Co-operative in Vancouver has been helping the working poor and people who are on social assistance—many who are newcomers—to access affordable health care services. Last year, the Co-operative launched the Umbrella Welcome Clinic: a family practice that provides primary health care to immigrants and refugees using the innovative approach of cross cultural health brokers (CCHBs).

CCHBs bridge language and cultural barriers

CCHBs are community navigators—each one is a bilingual and bicultural health worker. They provide one-on-one support to clients attending the Umbrella Welcome Clinic to help them overcome barriers to accessing health care services. In addition to the primary care at the clinic, assistance includes connecting clients to other services that support their health, such as dental services. For example, the CCHBs:

- → Schedule clinic and outside appointments that take into consideration cultural, religious, and practical concerns like transportation
- → Remind clients about appointments and check they know the location and how to get there
- → Provide language interpretation and cultural context during appointments
- → Accompany clients to fill prescriptions and make sure they understand medication instructions
- → Do community outreach and home visits, facilitate group activities, and provide assistance with other social needs through referrals to community agencies

Giving newcomers a healthy start

GSC funding is helping the clinic continue to expand. Recent progress includes hiring an additional doctor and doubling the clinic's hours, establishing referral relationships with several other clinics, and improving the clinic's effectiveness in connecting clients to a wider range of medical and social services. The clinic is right on track to meet its goal of doubling its patient load by July 1, 2017. To learn more, visit www.umbrellacoop.ca/.

What's UP...

2017 ONTARIO BUDGET PROPOSES PHARMACARE PROGRAM FOR CHILDREN AND YOUTH

The Ontario government tabled its 2017 budget on Thursday, April 27. In it was a policy and spending commitment that will impact our industry, namely universal, public drug coverage for all Ontarians age 24 and under, regardless of family income, effective January 1, 2018.

Called "OHIP+," the public benefit will completely cover the cost of all drugs funded through the Ontario Drug Benefit (ODB) program (over 4,000 drugs in all). There will be no deductible and no co-payment, and according to the Canadian Life and Health Insurance Association (CLHIA), it appears the program will match the ODB formulary. The program will act as the primary payor (whether or not private coverage exists) providing full reimbursement of eligible drugs. The budget estimates the cost for this program to be $475 million.

GSC will keep you updated in the weeks and months to come.

For more information on the 2017 budget, visit the government of Ontario website at http://www.fin.gov.on.ca/en/budget/ontariobudgets/2017/index.html.

SIGNIFICANT SAVINGS POSSIBLE WITH HYPERTENSION CARE BY PHARMACISTS

Although evidence is available supporting the health benefits of pharmacist care in hypertension management, there is limited evidence—especially in Canada—specifically about the economic benefits. However, a new study published in the *Canadian Pharmacists Journal* provides evidence that comprehensive long-term pharmacist care for Canadians with hypertension can lead to significant benefits in terms of health outcomes *and* cost savings when compared to usual hypertension care.

The study—called the *Cost-effectiveness of pharmacist care for managing hypertension in Canada*—looked at how using the full scope of pharmacists' skills—including patient education and prescribing—affects health outcomes and costs related to hypertension. Findings include that the rates for cardiovascular disease and kidney failure were lowest with the full scope of pharmacist care and highest under the usual care regime. The results also highlight the relatively low costs of the program, particularly the costs of treating cardiovascular disease or kidney failure.

Adding to the body of evidence regarding the cost/benefit of pharmacist health counselling…

A 2013 study by the Ontario Pharmacists Association and GSC also showed that when pharmacists take a leadership role in supporting people living with chronic disease, they can make a difference—by improving the health of patients *and* delivering significant savings to the health care system.

A friendly reminder, GSC's *Pharmacist Health Coaching Cardiovascular Program* is a counselling service delivered by pharmacists and focused on cardiovascular health, including blood pressure and cholesterol management. The program's main goal is to empower plan members diagnosed with hypertension and elevated cholesterol to take ownership and responsibility for their overall health. It focuses on nutrition, exercise, smoking cessation, drug adherence, and personal health monitoring.

To learn more, download the study at http://journals.sagepub.com/doi/full/10.1177/1715163517701109.

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PUBLIC POLICY PAPER ABOUT NATIONAL PHARMACARE PROGRAM

A recent policy paper put out by the University of Calgary School of Public Policy investigates the question: Has the time come for national pharmacare? *National Pharmacare In Canada: 2019 or bust?*—reviews the key considerations associated with moving toward a national pharmacare program, such as degree of public and stakeholder support, role of federal versus provincial and territorial governments, and potential cost/benefit. Based on a consideration of all the issues, the report concludes "not yet"—the time has not come for national pharmacare "at least not within the current mandate of the federal government."

Since Canada introduced medicare for hospital and medical coverage, discussion of universal coverage of prescription drugs has been a popular topic. Recent developments like various proposals for a drug program—and the pan-Canadian Pharmaceutical Alliance's success in lowering prices of brand-name and generic prescription drugs for government-funded drug plans—has prompted renewed discussion around a national pharmacare program.

The paper identifies one of the biggest issues is that the term pharmacare can mean so many different things to different people: "There is virtually no consensus on what would even be the appropriate Canadian system, particularly in light of how significant a factor private coverage already is in Canada. A pharmacare plan might include anything from the drastic step of eliminating all private coverage and subsidizing all prescription medicine for all patients regardless of income, to a much narrower program that covers some portion of the cost of only some drugs, for some income levels. There are also countless different possible models between those two. The matter of how much each level of government, provincial/territorial or federal, would be responsible for funding drugs is a whole other, rather thorny matter."

What does pharmacare *really* mean?

As discussed in the March edition of *The Inside Story*, "Overall, it really depends on what is meant by pharmacare. If it means a much more integrated mix of our public and private systems—one where we work collaboratively around pricing and access to drugs—then yes, we should move in that direction. For example, countries like the Netherlands, Germany, Japan, and Korea, have knit together a private and public system where they aren't hung up on 'public' versus 'private', instead they've just built a system that works. By contrast, the New Zealand system, where they have nationalized everything and pared back what they can offer is too restrictive."

Stephen Frank, Senior Vice President of Policy
Canadian Life and Health Insurance Association

To learn more, you can download the report here:
http://www.policyschool.ca/wp-content/uploads/2017/03/National-Pharmacare-Adams-Smith.pdf.

OUT & ABOUT... *Events not to miss*

We're still on the road with the GSC 2017 Health Study: *Come Health or High Water*

Don't forget to come out and learn what the data is saying about strategies to keep health benefits plans afloat in the wake of numerous industry developments. The latest and greatest claims data analysis and research will provide important insights. Email health.study@greenshield.ca if you are interested.

We look forward to seeing you there.

MONTREAL	**MAY 11**
HALIFAX	**JUNE 6**
TORONTO (AGAIN!)	**JUNE 22**

The Value of Generics and Biosimilar Medicines – May 15, 2017

Ritz-Carlton Hotel, Toronto, Ontario
http://www.benefitscanada.com/microsite/value-of-generic-and-biosimilar-medicines/2017/
Ned Pojskic will be speaking about optimal listing strategies from a payor perspective.

Healthy Outcomes Conference – June 13-14, 2017

Shangri-La Hotel, Toronto, Ontario
http://www.benefitscanada.com/conferences/healthy-outcomes-conference
Peter Gove will be speaking about inspiring employers to move towards healthier outcomes. GSC is an event sponsor.

May Haiku

What is oral health?
More than we have thought it is
Starting a movement

FITBIT WINNER

Congratulations to **D. CALDOW**, of **Kelowna, BC**, the winner of our monthly draw for a Fitbit. Through this contest, one name will be drawn each month from plan members who have registered for Plan Member Online Services for that month.

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