



# Adults with Disability– systematic or random access to dental care

Katariina Ylinen  
University teacher, Helsinki  
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**SUOMI – FINLAND**

**REPUBLIC**

**Population 5,5 million**

**GNP 49 146,65 (USD)**



# Dental care system in Finland

- ▶ Public / private sector about 50–50 %
- ▶ Public sector (PDS) is heavily subsidized by taxes
- ▶ PDS is provided by municipalities (kommuner), 320 municipalities with high autonomy in Finland

# Dental care system in Finland

- For adults, traditionally few statewide regulations
- No regulations for adult special care patients (SCP) either
  - ▶ Each municipality has had it's own rules
  - ▶ Most adults have visited the privat sector

# Municipalities 2014

**Altogether 320  
municipalities.**



# 2003 reform

- ▶ In 2003, to increase equity, PDS was opened for all inhabitants.
- ▶ Due to the low patient fees, long waiting lists followed.
- ▶ The aim of our study was to investigate access to PDS for adult special care patients (SCP) before and after the 2003 reform (Ylinen K, Suominen AL, Siivola M and Widström E).

# Access to PDS before 2003

Access to PDS free for children up to 19 years and nationwide for some adult special groups:

- Most municipalities included patients with mental retardation (84,4 %) and 31,8 % included psychiatric patients and other disabilities in PDS
- Pregnant women
- Sailors, students, rescue divers



# Access to PDS before 2003

- World War II veterans
- patients who had received radiation therapy to head and neck
- patients with money order from the social services
- Adult SCP have been treated by private clinics, some municipalities and by the third sector

# Access to PDS before 2003

- ▶ By years a diversity followed:
  - ▶ – referral from a doctor
  - ▶ – cancer patients
  - ▶ – reumatoid arthritis
  - ▶ – insulin treated diabetes
  - ▶ – the mates of pregnant mothers
  - ▶ – all adult population except for those aged between 55 – 65 years



# Methods

- ▶ A questionnaire to all chief dentists in PDS.
- ▶ Response rate 83,3 %
- ▶ The PDS Units were divided into small, medium size and big PDS Units, according to their population
- ▶ Questions included, for example, access to care before and after the reform, whether patients were actively recalled for check up and of outreach services

# Results

- ▶ Few SCP were actively recalled to visit the PDS both before and after the reform (about 30 % for the mentally retarded, less for other groups).
- ▶ SCP were put in waiting lists, together with all the other patients, with no one responsible for recalling them

# Results

When asked "Who should be responsible for calling SCP to dental care?"

The majority of the chief dentists did not consider this to be their duty

Recall responsibility	%
Personnel on nursing homes	74, 1
The relatives	73, 3
Patient himself	71, 9
Another health care personnel	62, 2
PDS Units	44, 4

# Results

- ▶ Of the PDS Units 38,1 % were not able to collect information on any SCP group, due to the patient journal system
- ▶ Privacy protection law is considered a hinder in recalling SCP

# Results

- ▶ Of the chief dentists, 41,8 % considered dental care for SCP not extensive enough in their own PDS Unit
- ▶ Majority of the respondents (60,6 %) wished nationwide guidelines for dental care for SCP.



# Results

- ▶ Of the respondents, 80,0 % found dental care of SCP more challenging than other patients; especially treatment of patients in nursing homes (63,7 %) or patients with mental retardation (52,6 %) was considered challenging.

# Results

- ▶ Medication (62,2), lack of co-operation (63,7) and comorbidities (76,3 %) were considered as the main problems
- ▶ Access to hospital specialist care was considered difficult by 67,7 % of the respondents.
- ▶ It was common to give SCP sedatives (80,0 %) and treat SCP in general anesthesia (67,4 %)

# Results

- ▶ Of the PDS Units, 60 % had outreach services (uppsökande tandvård)
- ▶ Only 15 % of the PDS had outreach services at patients homes
- ▶ When asked "Where should SCP be treated?", the most common answers were PDS or a specialist clinic for special care patients, like sjukhustandvård in the other Nordic countries

# Conclusions

- ▶ Access to dental care services for SCP has not improved after the dental care reform, contrary to the equity aim.
- ▶ Today, much responsibility is given to the patients themselves and/or their relatives.
- ▶ The diversity of access to care is a unique Finnish phenomenon, due to municipality independence

