

Children's Health Insurance Program

Differences Between Medical and Dental Care: Implications For Public Policy Decisions

Dental disease does not have the essential characteristics of an insurable risk:

- there is near- universal incidence of dental disease — everyone needs professional care
- apart from trauma and pain, the patient has total control over when, and if, treatment will be given and the nature and amount of that treatment. The patient has considerable effect on the outcome of treatment
- the financial implications of dental treatment are not catastrophic

Unlike many diseases, dental disease does not heal without therapeutic intervention; it is chronic, progressive, and destructive, becoming more severe over time.

Dental disease is highly preventable, at a minimum cost. Dental disease generally progresses slowly and treatment can be postponed and accumulated without symptoms.

The onset of dental disease occurs early in childhood.

The dental delivery system is different from medicine:

- the great percentage of dental care is done by one practitioner at one site
- almost all dental care is done on an out-patient basis
- 80% of dentists are general practitioners and primary dental care providers
- there are a small number of categories of dental auxiliary personnel [and probably a relatively small number of auxiliaries/dentist]
- dentists own, equip and operate their own "hospital," i.e., their dental office, without public subsidy

"High-tech" advances in dental care generally are not very costly, add to the efficiency and capability of care, and have not resulted in severe inflation of dental costs.

The average annual amount of money spent per person for dental care in the U. S. is relatively small.

Dental care expenditures account for less than 5% of annual healthcare expenditures in the U. S. - and that share is decreasing.

The annual increase in dental care costs in the U.S. has been moderate.

Costs of a dental plan can be estimated quite accurately, so dental plans are really not "insurance," but pre-payment plans.

Artificially low annual maximum benefits for dental plans result in an accumulation of treatment needs; this often results in an increase in the ultimate cost of treatment.

Cost-sharing by patients is important to reinforce the need for long-term patient cooperation to achieve and maintain successful dental treatment outcomes.

There should be no barriers to entry into the dental care system. Charges to patients for entry level services, although they may be successful in limiting utilization will increase the eventual cost of dental care.

Preventive services should be reimbursed at 100% and should be an essential part of every dental plan, especially for children.

Patient cost-sharing should reflect the degree of patient cooperation required for long-term success of the therapy, and the relative incidence of therapy; basic services that are commonly utilized should be reimbursed at 80% of costs, while services that are less common and/or require a high level of patient compliance should be reimbursed at 50% of costs. Dental treatment should not be excluded from any plan based on patient age.