EDITORIAL

Oral Health Services Provided in Private Sector: How Much of it Fits in with the National Oral Health Strategy and National Oral Health Needs?

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An important thrust of the National Oral Health Strategy is the formulation and implementation of public health promotion and prevention strategies, and the provision of basic oral health care services, provided mainly at the district level with support from the provincial and national levels. The basic oral health care package, although to be locally decided, should at a minimum ensure the provision of appropriate disease prevention and health promotion measures, and basic treatment services involving an examination, bitewing radiographs, scaling and polishing, simple (1-3 surface) fillings and emergency relief of pain and sepsis - including dental extractions.

The recent (1999-2002) national children's survey showed that dental caries was low but most caries, in excess of 80%, was untreated. In the permanent dentition the bulk of these caries occurred on the occlusal surfaces of the 1st and 2nd molars. The presence of calculus was the most common periodontal problem among 15-year-old children, with few exhibiting shallow or deep pocketing. The survey showed that the most common oral health treatment needs were preventative (fissure sealants and caries arresting care), simple restorations and extractions.

Whilst the national oral health strategy is for the public oral health sector, nationally the majority of oral health services are provided by private dental practitioners, dental therapists and oral hygienists. It is estimated that in excess of 80% of the oral health personnel (approximately 5000 dentists, 500 dental therapists and 1000 oral hygienists) are located in the private sector. Data from five provinces (Free State, Western Cape, Northern Cape, KwaZulu Natal and Gauteng) show that the public sector employs 204 dentists, 51 dental therapists and 76 oral hygienists. There are also 105 community service posts in these provinces.

This editorial reports on the provision of oral health services to members of a medical aid insurance scheme younger than 21 years of age in relationship to the national oral health strategy and the national oral health needs. The claims data of a large South African medical scheme were analysed for the period 1 January 2005 to 31 December 2005. The data were at an individual claim level and included the National Health Reference Price List code for the procedure carried out and the claim cost for the procedure. A sub-set of the dental claims was created from the full claims data set by isolating claims for preventive (scaling and/or polishing, fluoride applications, OHI, dental sealants), simple restorative (1 to 4 surface amalgam and composite restorations) and minor extraction services provided to members and dependents younger than 21 years of age. This age group was selected as the national strategy places particular emphasis on children and the most recent national oral health data only included children up to the age of 15 years.

Just under than a third (31%) of the total membership of 181,000 was younger than 21 years of age. A quarter of the total dental costs ($105.5 million) were paid for services to this age group, totalling $26.5 million. The three types of services analysed comprised 5.2% of the total dental cost and 20.8% of the total age group dental cost - the bulk of this being for simple restorative services (57.4%). Of the simple restorative services provided, posterior composite restorations comprised 72% of the costs. Preventive services only comprised 7.1% of the total age group dental costs. Simple extraction services comprised 1.7% of the age group dental cost. The findings show that only a fifth of all claims were for preventive, simple restorative and extraction services. The emphasis in the private sector is not preventive-oriented although being a specific emphasis in the national oral health strategy. The type of services provided, furthermore, does not match that highlighted in the national survey assessing the oral health status and needs of children.

There is an urgent need for a collaborative effort between the private sector oral health personnel represented by the various professional associations, the Department of Health (national and provincial Oral Health Directorates) and the private health care insurance industry to increase the provision of evidence-based oral health preventive services to the children of South Africa.

REFERENCES
