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REVIEW ARTICLE

Dental healthcare reforms in Germany and Japan: A comparison of statutory health insurance policy

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Summary This article aims to compare statutory health insurance policy during the dental healthcare reforms in Germany and Japan. Germany and Japan have categorized their statutory health insurance systems. People in both countries have been provided with a wide coverage of dental treatment and prosthetics. To compare the trends of the indicators of oral healthcare systems over time, it has been suggested that the strategic allocation of dental expenditure is more important than the amount of expense. German dental healthcare policy has shifted under political and socio-economic pressures towards a cost-effective model. In contrast, Japanese healthcare reforms have focused on keeping the basic statutory health insurance scheme, whereby individuals share more of the cost of statutory health insurance. As a result, Germany has succeeded in dramatically decreasing the prevalence of dental caries among children. On comparing the dental conditions of both countries, the rate of decline in replacement of missing teeth among adults and the elderly in Germany and Japan has been interpreted as indicating the price-conscious demands of prosthetics. The difference in the decline of DMFT in 12-year-olds in Germany and Japan could be described as being due to the dental health insurance policy being shifted from treatment-oriented to preventive-oriented in Germany. These findings suggest that social health insurance provides people with equal opportunity for dental services, and healthcare reforms have improved people's oral health. A mixed coverage of social health insurance coverage for dental care should be reconsidered in Japan.

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Contents

1. Introduction	110
2. Materials and methods	110
2.1. Healthcare reforms during the last quarter of the 20th century and current trends	110
2.2. Trends of oral health in childhood	112
2.3. Trends in the oral health of the general population	112

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3.	Results	112
3.1.	Healthcare reforms during the last quarter of the 20th century and current trends	112
3.1.1.	German dental healthcare system	112
3.1.2.	Reforms in German oral healthcare	112
3.1.3.	Japanese dental healthcare system	113
3.1.4.	Healthcare reforms in Japan	113
3.1.5.	Comparison of the macrostructure of oral healthcare systems	113
3.2.	Trends of oral health in childhood	114
3.3.	Trends in the oral health of the general population	115
4.	Discussion	115
4.1.	The utilization of statutory health insurance in oral health	115
4.2.	Political and socio-economic circumstances of oral healthcare policy	116
	Acknowledgement	116
	References	116

1. Introduction

This article aims to compare statutory health insurance policy during the dental healthcare reforms in Germany and Japan. Health economics studies have differentiated dental care from general medical care based on uncertainty and asymmetric information [1]. Individuals can become familiar with the usual procedures and qualities of dental care from several of their experiences of undergoing dental treatment. Dental care is not considered an emergency care except in case of accidents or serious dental conditions. Therefore, unlike general medical treatment, individuals take their time to decide the timing of a dental visit and choice of procedures in dental treatment. This consideration has supported the market mechanisms in dental care. On the other hand, the RAND health insurance experiment, which was the largest and most intimate social experiment in health insurance, showed that demand for dental services is related to dental expenses [2,3]. A high coverage dental insurance plan has a stimulating effect on increasing the number of dental visits among low income groups, which is the basic role of statutory insurance in dental healthcare. Both Germany and Japan have representative statutory health insurance systems and are more widely covered for dental care, e.g. denture and other prosthetic treatments, than other countries.

In 1981, the World Health Organization (WHO) and the Fédération Dentaire Internationale (FDI) proposed the global goals of oral health for 2000 [4]. The WHO called for a reduction in the prevalence of paediatric dental caries and a decrease in the rate of total tooth loss in adults and the elderly, and represented concrete numerical targets for several indicators of oral health. Since then, policy makers and dental professionals have acted consciously according to those indicators.

Nomura et al. reviewed the performance of the global goals among selected Organization for Economic Cooperation and Development (OECD) countries with different dental healthcare systems—Australia, Finland, Germany, Japan, the United Kingdom and the United States [5]. The outcome for Germany and Japan indicated a similar dental healthcare policy, which was oriented towards saving of total tooth loss rather than prevention of dental caries. The outcome of dental caries prevalence between Germany and Japan indicates the difference in oral healthcare policy during the healthcare reforms of the 1990s.

The new global goals for oral health presented by the FDI, WHO and the International Association for Dental Research (IADR) in 2003 [6] augmented a systematic review of oral health systems, which gained importance in terms of clinical applications and cost effectiveness. In this article, the author has tried to systematically review the healthcare reforms in Germany and Japan during the 1990s, from the viewpoint of oral healthcare policy.

2. Materials and methods

Since the WHO/FDI goals for oral health were propounded in the early 2000s, monitoring the performance of oral healthcare systems has become prevalent. Several indicators have been proposed for monitoring. In 2005, the European Global Oral Health Indicators Project (hereinafter referred to as the EU project), supported by the Health and Consumer Protection Directorate-General of the European Commission, published “A Selection of Essential Oral Health Indicators” [7]. The indicators are listed in Table 1. These indicators are categorized into four parts: the oral health of children and adolescents, the oral health of the general population, oral health systems and the oral health quality of life. Indicators of each part are structured as “determinant,” “process” and “outcome.”

This study aims to compare the outcome of the reformed healthcare system process between Germany and Japan, using several indicators selected from the EU project to compare the oral health of children, the oral health of the general population and oral healthcare systems.

2.1. Healthcare reforms during the last quarter of the 20th century and current trends

The social health insurance systems in both Germany and Japan are shaped based on their socio-economic background.

First, features of both systems have been outlined in their funding and payment systems.

Second, the healthcare reforms since the mid-1970s, which redefined the state welfare policy, have been briefed. Germany and Japan have struggled with a slowing down of economic growth, an aging population and advances in medical sciences. Each social health insurance system has thus been reformed several times since the mid-1970s to secure

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