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Health Reform Monitor

Ten years since the 2008 introduction of dental vouchers in the Portuguese NHS[☆]

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ABSTRACT

Since the creation of the National Health Service (NHS) in Portugal, in 1979, dental care is neither provided nor funded by the NHS. Thus, most dental care is paid through out-of-pocket payments, either by patients themselves or through voluntary health insurance or health subsystems. In 2008 the government created the dental voucher targeting children, pregnant women, elderly who receive social benefits, and certain patient groups (HIV/AIDS patients and those who need early intervention due to oral cancer), to be used in private dentists who contracted with the programme. The reform was well received by the different stakeholders, especially dentists and beneficiaries, and the impact of the dental voucher in access and coverage of dental care in Portugal is positive: from May 2008 until December 2017, dental voucher reached 3.3 million NHS users in Portugal and dental care indicators have dramatically improved over the last ten years. Aiming to implement dental care provision within the NHS, the Ministry of Health has announced the foreseen integration of dentists in primary healthcare units, although the current budget constraints might hamper this possibility.

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1. Policy background

The Portuguese National Health Service (NHS) was established in 1979 to meet the principle of every citizen's right to health, embodied in the new democratic constitution of 1976 [1]. The NHS was meant to provide universal, comprehensive and free-of-charge healthcare. However, dental care is one of the areas where public provision has been very limited. Before the establishment of the NHS, dentists were self-employed, a trend that remains until today.

Recognizing the need for promoting oral care, in 1986 outreach school-linked preventive oral care programmes were introduced to promote oral hygiene, and increase nutritional awareness and resistance of teeth to external factors [2]. These programmes were provided by NHS primary healthcare units and targeted school-aged children, focusing on primary prevention of dental caries. The programmes are still active with primary healthcare units across the country having dental hygienists who carry out activities in collaboration with school health programmes.

However, the population other than school-aged children remained with no NHS coverage for dental care. Important inequalities in access have become evident throughout the years. Patients covered by health subsystems (special insurance schemes for certain professions and companies) or private voluntary health insurance (VHI) used private dentists according to their schemes [1]. Each plan or subsystem defines its own list of eligible treatments and fees. Nevertheless, the plafond is considered low in terms of number of treatments covered or reimbursement/co-payments. Patients not covered by health subsystems nor VHI must pay out-of-pocket for dental care treatments [1]. Poor oral health indicators and growing unmet needs for oral healthcare made it necessary to improve access to this type of care [2,3].

In 2005, the National Programme for Oral Health Promotion (NPOHP) was created to reduce the incidence and prevalence of oral diseases in children and adolescents, improve knowledge and behaviours regarding oral health, and promote equity in oral health provision to children and adolescents with special needs [4]. Nevertheless, in 2007 Portugal still recorded large inequalities in unmet dental care needs between high and low income groups [5].

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Table 1
Access to the dental voucher, by target group.

Project	Date of onset	Target group	Maximum number of dental vouchers by patient	Treatments included
Pregnant women	27 Feb 2008	Pregnant women followed at the NHS (by GP referral)	3 per pregnancy (first voucher offered to all pregnant women; the next two vouchers are offered only to those who require further treatment)	Treatment of active caries
Elderly	27 Feb 2008	Elderly who receive social benefits (by GP referral)	2 per year (first voucher offered to all elderly, the second voucher is offered only to those who require further treatment)	Treatment of oral health problems and preparation to dental prosthesis
Child Health	09 Jan 2009	Children aged 6 years (by GP referral in acute situations)	1 per year (maximum of 20,000 children per year)	Treatment of 2 temporary decayed teeth
Children and Adolescents (7, 10 and 13 years)	09 Jan 2009	Children and adolescents aged 7, 10 and 13 years old who attend public schools or social institutions	2 (7 and 10 years old) 3 (13 years old)	At age 7: first voucher – treatment and application of fissure sealants in 2 teeth (first molars); second voucher – treatment of other oral diseases affecting permanent teeth and application of fissure sealant in the remaining healthy molars. At age 10: first voucher – treatment and sealant application in 2 premolars; second voucher – treatment of other oral diseases affecting permanent teeth and application of fissure sealant in the remaining premolars. First voucher – treatment of 2 permanent teeth or sealant application in 2 second molars; second voucher – treatment of other situations affecting third or fourth permanent tooth or sealant application in healthy second molars; third voucher – treatment of all other situations affecting permanent teeth which demand curative or preventive intervention. Treatment of 2 permanent teeth with caries.
Children and Adolescents (intermediate ages)	20 Apr 2010	Children and adolescents aged 8, 9, 11, 12, 14 and 15 years old (by GP referral in acute situations)	1 per year	The six vouchers include, overall, the treatment of 11 teeth, or 9 teeth if the treatment plan includes endodontic treatments. Patients infected by HIV/AIDS already reached by NPOHP and who have not received treatments for more than 24 months. Sealant application in healthy molars and premolars and treatment of caries in permanent teeth Clinical diagnosis of malignant or potentially malignant lesions.
HIV/AIDS patients	27 Oct 2010 (1st Phase)	1st Phase: Patients infected by HIV/AIDS	6 per patient	
	01 Mar 2016 (2nd Phase)	2nd Phase: Patients infected by HIV/AIDS	2 every 2 years	
Children and Adolescents (16 years)	01 Aug 2013	Adolescents aged 16 years who have completed the treatment plan at the age 13	1 per year	Clinical diagnosis of malignant or potentially malignant lesions.
Early Intervention for Oral Cancer	01 Mar 2014	Risk group (opportunistic screening): smoker males aged ≥ 40 years and with drinking habits and patients with lesions in the mouth identified by GP, stomatologist, dentist or patient	2 diagnostic vouchers and 2 biopsy vouchers per year	
Children and Adolescents (18 years)	01 Mar 2016	Adolescents aged 18 years who have completed the treatment plan at the age 16	1 per year	
Children and Adolescents with special needs	01 Mar 2016	Children and adolescents with special needs, mental illness, brain paralysis, Down Syndrome, among others, who have not been reached by NPOHP	2 (7 and 10 years old) 3 (13 years old)	Same as Children and Adolescents (7 and 10 years old) Same as Children and Adolescents (13 years old)

Source: NPOHP.

2. Content of the reform

In 2008, the dental voucher programme was launched as an important reform within the NPOHP [6]. The programme entailed the provision of a voucher targeting specific patient or population groups, which could be used to receive care from private dentists who contracted with the NHS for that purpose. Initially, the programme targeted pregnant women and elderly who received

social benefits [7]. In the following years it was extended to other groups (Table 1). Currently, besides elderly and pregnant women, the programme targets children and adolescents under 18 years old (including those with special needs) who attend publicly funded schools, HIV/AIDS patients, and patients in need for early intervention due to oral cancer. These groups were chosen given their vulnerability to oral disease or future impact of oral disease on their overall health status.

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