SUBJECT: Dental Clinics PH06003 (City Wide)

RECOMMENDATION:

(a) That staff be directed to utilize the low income cut-off (LICO) to determine Upper Ottawa dental clinic eligibility for all new clinic clients, providing, with no fee for service:
   - dental treatment to clients whose incomes are below LICO and who are not eligible for dental services through the Ontario Works, ODSP (Ontario Disability Support Program) or the low income dental program, and
   - dental prevention to all clients with incomes below LICO

   with “grandfathering” of existing clients without review of their eligibility for service

(b) That staff be directed to reallocate staff and resources from the closure of the NHCHC (North Hamilton Community Health Centre) dental clinic to increase the full operation of the Upper Ottawa dental clinic from four days per week to five days per week; increase dental treatment on the Community Health Bus from three days per week to four days per week, and reduce dental prevention service on the Community Health Bus from two days per week to one day per week.

Dr. Elizabeth Richardson
Medical Officer of Health
Public Health Services

EXECUTIVE SUMMARY:

Various programs are provided by the City in conjunction with the Province to fund dental treatment services for low income clients. In addition, in order to reduce the hardship for
low income families not eligible for such programs, the City, in previous years, elected to provide direct clinic services to these families. Clinical dental services are currently provided by City of Hamilton staff at three sites: 1447 Upper Ottawa, the Community Health Bus, and, in a partnership, at the North Hamilton Community Health Centre (NHCHC). However changes to the program are needed to ensure that the services focus on the individuals in greatest financial need, that eligibility for the services is clearly and consistently determined and that the programs align with funder requirements.

Over the years, the demand for service at City clinics has been affected by various factors. As poverty rates have increased, the number of people struggling to pay for dental service has also increased. In the past, City-run clinics provided a high proportion of service to Ontario Works and ODSP recipients because of the difficulties some had in identifying private dentists willing to provide service through publicly funded programs. That situation has been addressed, through changes to the fee structure and billing process, making access to private dentists easier for these clients. Current clients at the Upper Ottawa clinic are primarily families that are not Ontario Works or ODSP recipients and have no other source of dental insurance.

In response to client changes over the years, and to recommendations made in the 2004 internal audit of dental services, staff reviewed current practices and discussed eligibility criteria options with NHCHC. This report recommends that the low income cut off (LICO) be used to determine clinic eligibility, and that those clients eligible to receive services through private dentists do so. Given that other options for treatment are now available to the majority of NHCHC clients, the NHCHC Board and City staff have agreed that closing that clinic site is the preferred course of action. It is recommended that the resources from the NHCHC clinic be reallocated to the clinic at 1447 Upper Ottawa and the Community Health Bus in order to continue to provide the same level of service to those who depend on the City’s dental treatment program.

At the same time, provincial directives regarding the use of provincial dollars have become increasingly clear that these dollars are not permitted to be used to cover the costs of dental treatment programs beyond mandated provincial programs. It is therefore recommended that the net levy contribution to dental clinics be increased by $188,800, as recommended in the 2006 budget. This will allow service levels to be maintained while meeting criteria for provincial funding eligibility.

**BACKGROUND:**

The longstanding focus of City dental clinic services has been clients in financial need who are unable to access other financial support for dental care, for example youth not receiving financial support from their families. Over the years, the demand for service has evolved and now most clients are adults.

Clients receiving financial benefits through Ontario Works, ODSP or low income programs are eligible for dental treatment through the related dental programs. Children up to Grade 8, with dental needs and financial hardship, are able to receive service through the CINOT (Children In Need Of Treatment) program. Currently clients within
these programs may either receive service at City clinics or through private dentists, who then submit claims for payment to the City.

In addition, each year, City staff provide approximately 2,500 dental clinic visits at the Upper Ottawa clinic, 2,000 clinic visits at the NHCHC clinic and another 1,400 clinic visits on the Community Health Bus. The average waiting time for an office appointment is approximately three weeks. Service on the Community Health Bus is provided on a “first-come first-serve” basis.

A 2005 survey of clinic records show that clients are primarily 18 years of age or older, rarely have any form of dental insurance, live in rented accommodations (75%) and sometimes use food banks (20% had used a food bank in the previous month). In addition, staff gathered income information from clients during a two week sample period and found that 90% of clients have incomes that fall below the low income cut off (LICO).

The current clinic application procedure does not require disclosure of exact income. Instead, clients are asked about indicators of financial hardship; for example, if they have had difficulty in paying their utility bills, and if they access food banks. While this approach appears to have been fairly effective in limiting service to those in most need, with an estimated 90% of clients having incomes below LICO, clearer criteria would be useful both for ensuring the services are provided to those most in need, and for supporting consistency in eligibility determination for all clients.

A recent customer satisfaction survey of the three dental clinic sites showed high levels of satisfaction with all areas of service at all three sites, particularly in the areas of staff friendliness, politeness of staff, satisfaction with dental care and overall satisfaction.

The clinic at NHCHC is operated through a partnership, with NHCHC providing office space and salary costs for the 0.6 FTE Dental Assistant and the City paying the Dentist and Dental Hygienist salaries. The clinic operates three days per week. This partnership was formed in 2001 in order to provide dental service to the NHCHC clients that were having difficulty in accessing dental care. At that time, many private dentists were reluctant to provide service through the Adult Ontario Works dental program, because the fees paid for these treatments were very low. Also, some private dentists had complained about the slow claims payment provided by the external agency hired to process Adult Ontario Works dental claims. These problems have been resolved.

NHCHC has been unable to provide the reception function as initially agreed. The lack of a receptionist has proven to be particularly challenging given the physical layout of the clinic, and has resulted in health and safety concerns. Although temporary funding has at times been secured to provide a receptionist at the NHCHC clinic, there is no permanent budget for this position.

While clients at the Upper Ottawa clinic are rarely eligible to receive dental treatment through Ontario Works or ODSP dental programs, 65% of the clients at NHCHC are recipients of Ontario Works or ODSP, and a further 14% have private insurance and are therefore eligible to receive treatment through private dentists. Fees recovered through related claims are retained by NHCHC and used to cover dental supply costs.
ANALYSIS/RATIONALE:

It is recommended:

(a) That staff be directed to utilize the low income cut-off (LICO) to determine Upper Ottawa dental clinic eligibility, providing, with no fee for service, dental treatment only to clients who have incomes below LICO and are not eligible for dental coverage through the Ontario Works, ODSP (Ontario Disability Support Program) or the low income dental program; and dental prevention only to clients that have incomes below LICO, with “grandfathering” of existing clients without review of their eligibility for service.

The LICO provides a clear, consistent measure to support consistency in eligibility determination; it is based on the average cost of housing, food and clothing, with an additional 20% added to cover the cost of all other basic necessities. The LICO varies according to family size. As an example, for a single person in Hamilton the LICO is $16,979 annually.

Residents with incomes over the LICO would not be accepted as new clients at the Upper Ottawa clinic. These people would have to pay for private dental treatment and prevention or seek dental service on the Community Health Bus. A formal eligibility determination process is not utilized or proposed for the Community Health Bus, due to the “first-come first-served” nature of the service and the fact that service is already targeted to neighbourhoods in need. Other options for preventive service include the Hamilton Urban Core Community Health Centre, and the Canadian Institute of Dental Hygiene.

Residents eligible for Ontario Works and ODSP dental programs would need to seek dental treatment from private dentists. Approximately two thirds of Hamilton’s 330 private dentists are willing to provide service to clients through these programs. City staff would continue to assist clients in identifying private dentists. These clients would still be able to receive preventive service at the Upper Ottawa clinic, or on the Community Health Bus. If exceptional circumstances prevented recipients of Ontario Works, ODSP or low income dental programs from receiving treatment through private dentists, then treatment would be provided through the City clinic.

(b) That staff be directed to reallocate staff and resources from the closure of the North Hamilton Community Health Centre dental clinic to increase the full operation of the Upper Ottawa dental clinic from four days per week to five days per week; increase dental treatment on the Community Health Bus from three days per week to four days per week, and reduce dental prevention service on the Community Health Bus from two days per week to one day per week.

The access issues that prompted the opening of the NHCHC clinic have been resolved. There is mutual agreement between the NHCHC Board and City staff that closing the clinic is the preferred course of action. City staff would work with NHCHC staff to implement strategies to assist NHCHC clients in accessing City dental services as required.
Annual office clinic visits would be reduced from 4,500 per year (at Upper Ottawa and NHCHC) to an estimated capacity of 3,120 per year (Upper Ottawa only). The recommended changes in eligibility criteria would reduce the number of eligible client visits to match this decreased capacity.

Reaching the forecasted capacity would require converting an available room at the Upper Ottawa clinic into an additional treatment room to improve productivity, for a one-time cost of approximately $50,000. It is recommended that these costs be covered through gapping within the Public Health Services budget in 2006. The increase in service hours and productivity would mitigate the reduction in service capacity created by the closure of NHCHC.

Provincial public health funding currently supports a portion of the budget for the City dental clinics, but only the CINOT program is eligible for subsidy funding. This situation developed over a period of years and is the result of several factors. The Ministry of Health and Long Term Care has become very clear that provincial funds are to be used only for provincially mandated programs.

**ALTERNATIVES FOR CONSIDERATION:**

**Maintain net levy at current level**
Service levels would have to be severely reduced in order to stay within budget, without using provincial funds for municipally mandated service. Clinic hours would be reduced to two days per week at the Upper Ottawa clinic. Approximately 1,040 clinic visits could be provided each year, instead of the 2,500 provided currently at Upper Ottawa or the 3,120 that are forecast for Upper Ottawa with increased hours and an additional treatment room.

**Close Upper Ottawa Clinic**
If both the Upper Ottawa and NHCHC clinics were closed and the funds removed from the budget and this would result in a total savings to the net levy based on the 2006 budget of $469,000. Clients not eligible for dental services through Ontario Works, ODSP and low income programs would have to pay for treatment from private dentists. Since these services target families who lack funds for private dental care, the result would be people experiencing pain and increased dental problems. It is well known that oral health is linked to other health issues, such as diabetes and coronary heart disease. As well, good oral health is important to maintaining nutritional foods, through the ability to chew hard fruits and vegetables.

**FINANCIAL/STAFFING/LEGAL IMPLICATIONS:**

**Financial**
The overall costs of this discretionary dental treatment program is $469,460. As these programs are not eligible for provincial subsidy, the cost to the net levy would increase by $188,800 in 2006. These costs have been included in the proposed 2006 budget as
an offset to the levy reduction due to increased provincial funding for public health services.

**Staffing**
Closure of the NHCHC clinic would involve a reduction in Dental Hygienist and Dentist hours, and an increase in Dental Assistant hours, in order to maximize the potential efficiencies of a second treatment room. Because of a current vacancy, no layoffs of unionized staff would be required. One Dentist would have his part-time hours reduced by one day per week.

Health and safety concerns currently experienced at the NHCHC would be addressed through closure of that clinic site.

If the net levy is not increased, clinic hours would be reduced to two days of clinic service per week, and staffing would be reduced accordingly through layoffs.

**Legal**
The City is required to utilize the provincial grant for public health programs in keeping with the requirements of the province. Failure to do so would result in withdrawal of funding by the province.

**POLICIES AFFECTING PROPOSAL:**
Not applicable

**RELEVANT CONSULTATION:**
The following were consulted in the preparation of this report:
- Beth Beader, Executive Director, and Board of Directors, NHCHC
- Kerry Lubrick, Manager – Special Supports, Community Services Department
- Dr. Peter Wiebe, Manager - Dental Program, Public Health Services
- Daina Mueller, Manager - Community Health Bus, Public Health Services

Program Planning and Policy staff provided analysis of client records, a client satisfaction survey and a literature review.

**CITY STRATEGIC COMMITMENT:**
- Community Well-Being is enhanced. ☑ Yes ☐ No
- Environmental Well-Being is enhanced. ☑ Yes ☐ No
- Economic Well-Being is enhanced. ☑ Yes ☐ No
- Does the option you are recommending create value across all three bottom lines? ☑ Yes ☐ No
Do the options you are recommending make Hamilton a City of choice for high performance public servants?

☑ Yes ☐ No