Conceptualising ‘essential’ in oral health as a basis for defining an essential oral healthcare benefits basket in EU countries

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Background

• The better integration of Oral Health (OH) in public health systems is gaining momentum, and many countries are investing efforts to enhance OH coverage.

• Yet, there is a lack of consensus on defining ‘essential’ in OH, which represents a challenge when deciding on a public benefits basket that promotes universal health coverage.

Objective

• To address this research gap by conceptualising the notion of ‘essential’ OH care from the perspectives of both OH and health system experts and the general population across Europe.
Method

- Exploratory study applying a **qualitative approach**. Ethically approved by Newcastle University (Ref: 33388/2023).
- Data collected through in-person and online **Focus Group Discussions (FGDs)** among **OH and health system experts** and the **general population** from eight European countries. **Purposefully sampled** to reach **maximum variation in perspectives** (different country characteristics, roles, ages, and gender).
- **Semi-structured interview guide**:
  1. What is ‘essential’ in OH?
  2. What is an ‘essential’ OH service?
  3. Which OH services should be publicly covered?
  4. Who should be publicly covered?
- Data were examined through **thematic analysis** based on an **inductive approach**.
Results

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Results

What is essential in OH?
- State of good OH
- Ability to perform essential functions
- Beyond basic needs
- A fluid concept

What should be considered to define an essential OH service?
- Contribution to OH
- Morbidity
- Economic considerations
- People-centred
- Societal values
- Feasibility

What is essential for the OH System?
- Good integration between OH and general health
- Well-function (oral) Health System
- Responsiveness
Results

What is essential in OH?

- Absence of symptoms
  - State of good OH
    - Ability to perform essential functions
      - Beyond basic needs
        - A fluid concept
          - Essential is individual-specific
            - Psychosocial dimension
              - Based on WHO definition
                - Absence of illness
                  - Feeling healthy
                    - Based on the basic needs of Maslow’s pyramid
                      - Aesthetic and psychosocial dimensions are intertwined
                        - Essential is context-specific
                          - Essential varies throughout life
                            - “[It is essential that] if I want to do something [I am] able to do [it] without any limitations.” [General population, UK]

- No impact on daily life

- Self-confidence & wellbeing

- “I think health is not just the absence of sickness or disease. It’s a complete social and physical wellbeing” [Expert]

- “There is a need for individualization. It can’t be [one] rule for everybody. It should be tailor-made.” [General population, Germany]

- “I think that the essential differs from different parts of the society and in different countries too, of course.” [Expert]

- “[Maybe you have to start with [Maslow’s] pyramid, in which you must have a home, food, etc. Go to the essential needs [...] There are fundamental needs, and this is the basis.]” [Expert]

- “[... talking about the psychosocial dimensions, it could be really important to have these beautiful teeth to maybe also feel confident.” [General population, Germany]

- “[I want to stay as healthy as possible for as long as possible.” [General population, Hungary]
Results

What should be considered to define an essential OH service?

- Maintain OH and essential functions
- Contribution to OH
- Morbidity
- Economic considerations
- People-centred
- Societal values
- Feasibility
- Population-based care
- Based on individual responsibilities & behaviours
- Social determinants
- Equity & solidarity
- Resource availability

“If there is clear evidence that [an OH service] is doing more harm than good, then [it] should be excluded.” [Expert]

“At the level of society as a whole, when examining [OH] financing, it is necessary to look at the incidence of these diseases.” [General population, Hungary]

“Detecting early some diseases or problems can save health expenditure later on.” [General population, Germany]

“We want to, of course, ensure that the distribution of health care is based on population need.” [Expert]

“If you’ve been given all the advice in the world on how to brush your teeth and still don’t do it, then should you have priority?” [Expert]

“Obviously financial situation can be a good starting point [for prioritization] by helping those who are more disadvantaged.” [General population, Hungary]

“One big problem is that resources are obviously becoming scarcer and the demand for care is increasing, so sustainability is the issue.” [General population, UK]

“To maximize health gain, essential should be defined as to the [patients] in need, but with the largest potential gain from receiving services.” [Expert]
Results

“Good integration between OH and general health and well-functioning (oral) Health System are essential for the OH System.”

“Early negative experiences in childhood lead to a decrease in the frequency of visits to the dentist in later life. So if we can gain the patient’s trust, they will probably pay [more] attention to visiting the dentist [regularly].” [General population, Hungary]

“We need to move to a point where we include OH in our considerations of overall health care and how much are we willing to pay for our healthcare system. Our willingness to pay shouldn’t be for General Healthcare separately and then for oral health care separately.” [Expert]

“Responsiveness” is crucial for the OH System.

“Patients’ trust in OH care and professionals” is important for the OH System.

“A transparent system, I think, is very important.” [General population, Hungary]

“Early negative experiences in childhood lead to a decrease in the frequency of visits to the dentist in later life. So if we can gain the patient’s trust, they will probably pay [more] attention to visiting the dentist [regularly].” [General population, Hungary]

“We need to move to a point where we include OH in our considerations of overall health care and how much are we willing to pay for our healthcare system. Our willingness to pay shouldn’t be for General Healthcare separately and then for oral health care separately.” [Expert]

“[OH] has to be affordable.” [General population, UK]

“Responsiveness” is crucial for the OH System.

“Patients’ trust in OH care and professionals” is important for the OH System.

“A transparent system, I think, is very important.” [General population, Hungary]
Discussion

This work underscores the **multidimensionality** and **fluidity** of ‘essential’ OH care.

There is a **duality** in the definition of essential OH care, as it should ensure **vital functions** while also **going beyond** the basic health needs.

Participants’ consensual views about the **role of oral aesthetics on psycho-social wellbeing** reveal a **potential discrepancy** between current **OH coverage** and **populations’ concerns**.

There is a **myriad of criteria** that can help define ‘essential’ **OH service** and each country should **choose those that best fit** its values.

Responses reaffirmed that **OH care evolves in a broader health system**, which is **intertwined** and should be **better integrated** with the **general health system**.
Thank you

Join Lukas Schöner at 9:30 tomorrow in Room 6 for the second part!

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