立法會
Legislative Council

LC Paper No. CB(2)477/13-14(04)

Ref : CB2/PL/HS

Panel on Health Services

Background brief prepared by the Legislative Council Secretariat for the meeting on 16 December 2013

Dental care policy and services for the elderly and people with disabilities

Purpose

This paper gives an account of the Government's policy on dental care and the past discussions by the Panel on Health Services ("the Panel") on dental care services for the elderly.

Background

Dental care policy and public dental services

2. At present, the Government's policy on dental care is to seek to raise public awareness of oral hygiene and oral health and encourage proper oral health habits through promotion and education. The Oral Health Education Unit of the Department of Health ("DH") is responsible for implementing various oral health promotion programmes targeted at different age groups and disseminating oral health information through different channels. DH also carries out a territory-wide Oral Health Survey every 10 years starting from 2000 to monitor the oral health status of the population and assess their oral health behaviours and habits. The second survey was conducted between May 2011 and February 2012. According to the Administration, the preliminary findings of the survey showed that the oral health of Hong Kong population, in terms of tooth loss, was satisfactory as compared with most developed countries. The report of the survey is expected to be completed by mid-2014.

3. In line with the above policy, the Government's dental services focus on emergency dental treatment. DH currently provides specialist and emergency dental services to referred hospital inpatients and patients with special oral healthcare needs (such as mentally handicapped persons) in the Oral

Maxillofacial Surgery and Dental Units of seven public hospitals. It also provides free emergency dental services (i.e. pain relief and extraction) to the public through the general public sessions ("GP sessions") at 11 government dental clinics. The service sessions and the maximum number of disc allocated per GP session of these government dental clinics are in **Appendix I**. In 2012-2013 (up to January 2013), the average utilization rate of the GP sessions was 88.8%.

Measures to assist the elderly and people with disabilities in receiving dental care services provided by the private sector and non-governmental organizations

4. General dental care services, such as scaling and polishing and fillings, are mainly provided by the private sector and non-governmental organizations ("NGOs"). As at September 2013, there were about 2 100 registered dentists in the territory providing services for the public.

5. For elderly persons aged 60 or above, disabled persons and persons medically certified to be in ill-health who are on Comprehensive Social Security Assistance ("CSSA"), they are eligible for the dental grants under the CSSA Scheme to cover the expenses of dental treatments (including dentures, crowns, bridges, scaling, fillings, root canal treatment and extraction). Eligible recipients can approach the 57 dental clinics (including two mobile clinics) designated by the Social Welfare Department ("SWD") for dental examination and cost estimation. They may choose to receive the relevant dental treatment from either the designated dental clinics or any registered dentists at non-designated dental clinics. The amount of grant payable will be based on the exact fee charged by the non-designated clinic, the cost estimated by the designated clinic or the ceiling set by SWD, whichever is the less. In 2012-2013 (up to the end of December 2012), a total of 9 135 claims were approved, and the average claimed amount was $4,828.

6. The Government has introduced three initiatives in recent years to strengthen the dental services provided for the elderly. Under the Elderly Health Care Voucher Pilot Scheme ("the Voucher Scheme") launched since 2009, all elderly persons aged 70 or above can make use of the vouchers to access, among others, dental services in private dental clinics and dental clinics run by NGOs. As at mid-September 2013, a total of 392 dentists have participated in the Voucher Scheme. With effect from 1 January 2013, the annual voucher amount per eligible elderly person has been increased from $500 to $1,000. The Voucher Scheme will be converted into a recurrent support programme for elderly persons in 2014.

7. The Community Care Fund ("CCF") has also set aside $100 million to subsidize needy non-CSSA recipients aged 60 or above, who are users of Integrated Home Care Services ("IHCS") or Enhanced Home and Community Care Services("EHCCS") subvented by SWD and paying the Level 1 or Level 2

fee charge of the above two services, to receive dentures and other necessary dental services (including scaling and polishing, filings and tooth extractions) under its Elderly Dental Assistance Programme ("the EDA Programme"). The EDA Programme, administered by the Hong Kong Dental Association ("HKDA"), was rolled out on 24 September 2012 for two years, expecting to benefit about 9 500 elderly persons. Applications must be made on a referral basis by service teams of IHCS or EHCSS under NGOs participating in the Programme. The participating dentists will be reimbursed at fixed rates.

8. Apart from the above, the Administration launched the three-year Pilot Project on Outreach Primary Dental Care Services for the Elderly in Residential Care Homes and Day Care Centres ("the Pilot Project") in collaboration with 13 NGOs in April 2011 to provide outreach primary dental care (including dental check-up, polishing, pain relief and other emergency dental treatments) and oral health services to elderly persons residing in residential care homes ("RCHEs") licensed by SWD or receiving services in day care centres ("DEs") subsidized by SWD. For those elderly persons in need of follow-up curative treatments, such as denture-fixing or tooth-filling, participating NGOs will provide the necessary treatments and, where necessary, arrange to apply on their behalf for dental grants under the CSSA Scheme or to provide financial assistance to cases in need. The Pilot Project is expected to provide services for about 100 000 attendances, and participation is voluntary for RCHEs and DEs as well as the elderly they serve. A total of $88 million has been earmarked for implementation of the Pilot Project. A breakdown of the cost estimate is in **Appendix II**.

Deliberations of the Panel

9. The Panel held four meetings from 2011 to 2013 to discuss issues relating to the dental care policy and dental care services for the elderly. The deliberations and concerns of members are summarized below.

Dental care services for the elderly

10. Members expressed a strong view that the existing scope of public dental care service, which was confined to emergency dental treatment, was far from adequate to meet the dental care needs of the elderly. They questioned whether the limited scope of service was due to the lack of adequate manpower in the dental profession or the substantial resources required for providing other dental treatments. Members urged the Administration to uphold the pledge made by the Chief Executive in his election manifesto of providing additional resources to develop public dental services for the elderly. A number of measures were suggested to improve the dental care services for the elderly in the interim. These included increasing the number of disc allocated per GP sessions at the government dental clinics; purchasing dental services from the private sector

with co-payment features; and providing elderly persons with separate vouchers for dental care services under the Voucher Scheme. Members considered that in the longer term, the Administration should provide primary dental care services for all elderly persons.

11. The Administration advised that a risk-based approach was currently adopted for the provision of public dental services, and priority was accorded to needy elderly persons. While agreeing to consider the various suggestions, the Administration explained that manpower was an issue of concern when determining the scope of dental services to be provided to the pubic. At present, about 260 out of the 2100-odd registered dentists were working in the public sector viz. DH and the Hospital Authority. The number of new dentists trained locally was about 50 each year.

The EDA Programme

12. Members were concerned that administrative expenses had accounted for about 70% of the total expenditure incurred for the Programme. Noting that only about 300 private dentists and dental clinics operated by NGOs join the EDA Programme and 570 elders had received treatment or had their dental appointment scheduled, members also had expressed concern about the low enrollment rate of private dentists and dental clinics, and the low take-up rate by the eligible elders.

13. According to the Administration, feedback from the participating NGOs suggested that the relatively low take-up rate was due to the reluctance and unwillingness of the eligible elders to accept dental treatment and the fact that some of them had already had their own dentures. As a measure to boost the participating rate, the payment terms applying to NGOs for the provision of referral and accompanying services under the Programme had been modified to provide more incentives for the frontline staff of NGOs to encourage the elders to come forward for dental services. The CCF Task Force had also been working closely with HKDA to recruit more dentists to join the EDA Programme.

The Pilot Project

Coverage of the Pilot Project

14. Whilst expressing support for the Pilot Project, members were concerned that only 11 731 among the 46 000 elders served by the outreach dental teams had received dental treatments. This was partly due to the reason that frail elders were generally reluctant to have dental extractions and new dentures, possibly due to concerns over their health conditions. On the other hand, the outreach dental teams were mindful of the potential risks of such treatments to elders because of their complicated medical conditions and poor cognitive status.

Some members doubted whether public money should be better spent on taking care of the dental care needs of other groups of elderly persons.

15. The Administration advised that priority should be given to improving the oral health of and dental care for needy institutionalized older persons and service users in DEs as the physical conditions of these frail elderly had made it difficult for them to access dental services outside RCHEs. As revealed from the interim review of the Pilot Project covering the project period of 1 April 2011 to 31 March 2013, it was considered highly desirable to provide regular basic dental check-up for institutionalized elderly in order to facilitate early intervention of the oral health problems of the elderly concerned. The Administration would conduct a full evaluation of the Pilot Project in mid 2014. Subject to the outcome of the evaluation, it would consider whether the Pilot Project should be extended to other groups of elderly persons by phases having regard to the experience from the Pilot Project, such as whether access to primary dental care could lead to an improvement in the health and quality of life of the elderly, as well as the availability of financial and manpower resources. On the question of whether the Pilot Project would be converted into a recurrent support programme for elderly persons, the Administration advised that the issue would be considered under the review.

Service scope of the Pilot Project

16. There was a view that the most common oral health problem facing the elderly was tooth loss. The non-inclusion of teeth replacement services in the on-site dental care services demonstrated a mismatch of resources in meeting the need of the elderly.

17. The Administration advised that apart from providing free primary dental care services to IOPs and DE service users, the selected NGOs were also required to provide necessary assistance to those in need of and suitable for further follow-up curative dental treatments. Given that over 70% of elderly persons residing in RCHEs were CSSA recipients, the costs incurred by these elderly persons for receiving follow-up curative treatments would be covered by the dental grant under CSSA. Where the curative treatments required more sophisticated support and had to be undertaken in dental clinics, the selected NGOs would provide or arrange to provide suitable transportation and escort services for the concerned IOPs and DE service users. As at the end of March 2013, more than 1 800 elderly had received curative dental treatments that fell outside the scope of the Pilot Project by making use of the CSSA dental grants or financial assistance from various charitable funds.

18. Members were concerned that the low participation rate of private dentists in the Voucher Scheme (i.e. around 20%) might render it difficult for elders to make use of the healthcare voucher provider under the Voucher Scheme to seek curative dental treatments that feel outside the scope of the Pilot Project. The Administration stressed that there had been an increase in the number of

participating dentists since the launch of the Voucher Scheme. With the increase in the annual voucher amount to $1,000 per year from January 2013 and the launch of promotional activities, it was expected that there would be an increase in the enrolment of primary healthcare providers, including dentists.

Participation of NGOs

19. Concern was raised about the participation of NGOs in the Pilot Project and the adequacy of the financial resources provided to the selected NGOs for the implementation of the Pilot Project. The Administration advised that about 20 NGOs were currently operating dental clinics and/or providing outreach dental services to the public, and there should be sufficient interest from NGOs to participate in the Pilot Project. For the selected NGOs, each outreach dental team would be provided with: an operating sum of about $900,000 subject to its meeting the minimum target of serving 2 000 IOPs and/or DE service users and conducting 30 seminars each year; an annual subsidy of about $180,000 subject to the engagement of a dentist meeting the prescribed requirements for each outreach team; as well as a one-off capital grant of up to $150,000 and capped at 50% of the dental and computer equipment purchase cost. NGOs had also expressed willingness to provide their own charity funding to fund, partly or fully, the costs for providing further curative treatments to non-CSSA, needy elderly people.

20. On the availability of a sufficient pool of registered dentists for the formation of outreach dental teams, the Administration advised that there were at present some 50 local dentist graduates each year. In addition, there was a yearly supply of about 10 overseas graduates who had passed the licentiate examination. Noting that the selected NGOs were encouraged to give priority in engaging dentists who had three years' working experience or less with a view to enhancing the training opportunities for young dentists, some members considered that the existing level of annual subsidy provided to each outreach dental team for employing the dentist was far from adequate to attract dentists to join the outreach team. Members also urged the Administration to plan ahead for the supply of registered dentists to facilitate the future expansion of the scope of the Pilot Project.

21. Some members were concerned that while 669 RCHEs and DEs had participated in the Pilot Project, about 180 RCHEs and DEs remained reluctant to allow the outreach teams to provide services at their premises despite various efforts made by the Administration and NGOs. The Administration advised that efforts would continuously be made to encourage these remaining RCHEs and DEs to join the Pilot Project. This apart, the Code of Practice for Residential Care Homes (Elderly Persons) had been revised in March 2013, stipulating that RCHEs should design oral health care plans for their residents in accordance with their oral care needs and self-care abilities, and monitor or assist them to perform oral care as appropriate.

Recent development

22. HKDA completed an interim evaluation on the effectiveness of the EDA Programme covering the first nine months of its implementation (i.e. from September 2012 to June 2013) in July 2013. As at 30 June 2013, 26 NGOs providing home-based services involving a total of 79 service teams, 259 dentists and 47 dental clinics operated by NGOs had participated in the Programme. Among the 637 elders referred to the participating dentists or clinics for dental services, 343 had completed the treatment. The treatment received by the large majority of these 343 elders (i.e. 82.5%) was full or partial dentures. The amount of subsidy disbursed during the evaluation period was about $2.3 million, which included $2.17 million to the participating dentists or clinics to cover the dental fees and $0.13 million to the participating NGOs for the provision of accompanying services. The average amount of subsidy granted to each elder was about $6,700.

23. To attract more dentists to join the EDA Programme, the Commission on Poverty has endorsed the proposal made by HKDA to revise the dental fees of the Programme with effective from 21 October 2013. The revised dental fees, as well as the fees to NGOs participated in the Programme, are in **Appendix III**.

Relevant papers

24. A list of the relevant papers on the Legislative Council website is in **Appendix IV**.

Council Business Division 2
Legislative Council Secretariat
10 December 2013

Appendix I

Dental Services at General Public Sessions Provided by the 11 Government Dental Clinics under the Department of Health

Dental clinics with General Public Sessions	Service sessions	Maximum number of discs allocated per session
Lee Kee Government Dental Clinic	Monday (AM)	84
	Thursday (AM)	42
Kwun Tong Jockey Club Dental Clinic	Wednesday (AM)	84
Kennedy Town Community Complex Dental Clinic	Monday (AM)	84
	Friday (AM)	84
Fanling Health Centre Dental Clinic	Tuesday (AM)	50
Mona Fong Dental Clinic	Thursday (PM)	42
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	42
Tsuen Wan Dental Clinic	Tuesday (AM)	84
	Friday (AM)	84
Yan Oi Dental Clinic	Wednesday (AM)	42
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	42
	Friday (AM)	42
Tai O Dental Clinic	2nd Thursday of each month (AM)	32
Cheung Chau Dental Clinic	1st Friday of each month (AM)	32

Source: Extracts from the Administration's reply to the oral question in relation to government dental services raised at the Council meeting of 22 May 2013.

Appendix II

Cost estimate for implementation of the pilot project on outreach primary dental care services for the elderly in residential care homes and day care centres

	Financial provision ($ million)
(a) Subvention to non-governmental organizations ("NGOs") for operating outreach dental teams (a total of 24 teams)	65
(b) Subsidy to NGOs for employing young dentists (one dentist post per team)	13
(c) One-off capital grant for each team for purchasing outreach dental and computer equipment (on a matching basis)	4
(d) Administrative costs (including software enhancement for NGOs' computer system)	6
Total	**88**

Source: The Administration's written replies to Members' supplementary written questions in examining the Estimates of Expenditure 2013-2014

Elderly Dental Assistance Programme

Dental fees

Dental treatment and service items	Ceiling of fees charged by dentists/clinics [1]	
(a) Registration and check-up (including cases in which the elder is not suitable for/declines to have his/her teeth replaced with denture(s) after the check-up, and is not in need of other dental services i.e. scaling and polishing, fillings, tooth extraction and X-ray checks)	$55	
(b) Dentures for both arches for an elder who is in need of and suitable for such service as confirmed after the check-up	$8,000 [2]	
(c) Denture for either upper arch or lower arch for an elder who is in need of and suitable for such service as confirmed after the check-up	$4,005 [2]	
(d) Other dental service(s) i.e. scaling and polishing, filling, tooth extractions and X-ray checks provided by the dentist based on assessment of the oral conditions of the elder irrespective of whether denture(s) is / are involved [3]	Scaling and polishing :	$375
	Filling :	$320 per tooth, ceiling at $1,600
	Tooth extraction :	$345 per tooth, ceiling at $1,725
	X-ray check :	$65 per film, ceiling at $260

Fees to NGOs

	Fees to NGOs
For each referral case not requiring NGOs to provide accompanying services	Administrative fee : $ 50 Referral fee : $ 50
For each referral case requiring NGOs to provide accompanying services	Administrative fee : $ 50 Referral fee : $ 50 Accompanying service fee : $ 70 per hour

Source: Interim evaluation report for the Elderly Dental Assistance Programme

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[1] Apart from the charge(s) specified in items (a) to (d), dentists/dental clinics participating in the Programme shall not charge the elderly beneficiaries any other fee.

[2] Payment for items (b) and (c) apply as listed above regardless of the number of teeth being replaced by the denture.

[3] Payments listed under item (d) shall cover other related dental services (e.g. pain relief, anaesthesia, etc.). The ceiling of individual treatment items shall not exceed the respective payment ceilings so specified.

Appendix IV

Relevant papers on dental care policy and services for the elderly and people with disabilities

Committee	Date of meeting	Paper
Panel on Health Services	10.1.2011 (Item IV)	Agenda Minutes CB(2)1185/11-12(01)
	20.10.2011 (Item I)	Agenda Minutes
	21.1.2013 (Item IV)	Agenda Minutes CB(2)891/12-13(01)
	17.6.2013 (Item IV)	Agenda Minutes
Subcommittee on Poverty	15.10.2013*	CB(2)59/13-14(01)

* Issue date

Council Business Division 2
Legislative Council Secretariat
10 December 2013