立法會
Legislative Council

LC Paper No. CB(2)1900/13-14(02)

Ref : CB2/PL/WS

Panel on Welfare Services

Updated background brief prepared by the Legislative Council Secretariat for the special meeting on 30 June 2014

Dental care policy and services for the elderly

Purpose

This paper gives an account of the Government's policy on dental care and the past discussions by the Panel on Health Services and the Subcommittee on Poverty 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.

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 ("the GP sessions") at 11 government dental clinics. In 2012-2013 (up to January 2013), the average utilization rate of the GP sessions was 88.8%.

Measures to assist the elderly 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 June 2014, there were over 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 58 dental clinics (including two mobile dental 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 end-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 end-November 2013, more than 400 dentists have participated in the Voucher Scheme. With effect from 1 January 2014, the Voucher Scheme has been converted into a recurrent support programme and the annual voucher amount per eligible elderly person has been increased from $1,000 to $2,000.

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, 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 EDA Programme. The participating dentists will be reimbursed at fixed rates. As at end-May 2014, 1 127 eligible elders have been referred to receive the dental services under the EDA Programme and the amount of subsidy disbursed was about $6.3 million.

8. Apart from the above, the Administration implemented the 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 from April 2011 to March 2014. The Pilot Project provided outreach primary dental care (including dental check-up, polishing, pain relief and other emergency dental treatments) and oral health services for elderly persons residing in residential care homes ("RCHEs") licensed by SWD or receiving services in day care centres ("DEs"). 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. As at end-February 2014, around 62 000 elders in about 740 RCHEs and DEs have been served under the Pilot Project involving about 100 000 attendances. In the 2014 Policy Address, the Chief Executive announced that the Administration would convert the Pilot Project into a regular programme, and expand the scope of services to include fillings, extractions and dentures.

Members' deliberations

Dental care services for the elderly

9. Members expressed a strong view that the existing scope of public dental care services, which was confined to emergency dental treatment, was far from adequate to meet the dental care needs of the elderly. They were of the view that the Administration should consider expanding the scope of services of the government dental clinics to include free annual dental check-up for the elderly as well as extending the clinics' opening hours and the network of the clinics to 18 districts in the territory. They further questioned whether the limited scope of service was due to the lack of manpower in the dental profession or the substantial resources

required for providing other dental treatments. Members considered that in the longer term, the Administration should provide primary dental care services for all elderly persons. They suggested a number of interim measures to improve the dental care services for the elderly. These included increasing the number of disc allocated per GP session 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.

10. 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 for the public. As at December 2013, 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. Having regard to the existing manpower resources, the public dental services provided by the 11 government dental clinics could not be expanded. Nevertheless, DH was exploring enhancement measures to the current public dental services, such as implementing the telephone booking service to improve the crowded queuing conditions at government dental clinics.

The EDA Programme

11. Considering that the EDA Programme was not effective as it covered only a small number of elders, Members called on the Administration to relax the eligibility criteria of the Programme to benefit more elderly. The Administration advised that the CCF Task Force had set up a working group to consider expanding progressively the eligibility criteria of the EDA Programme, taking into account the progress of implementation and the experience gained, as well as factors such as the number of participating dentists.

12. Members expressed concern about the low take-up rate by the eligible elders and the low enrollment rate of private dentists and dental clinics. According to the Administration, there were three main reasons for the low usage of the EDA Programme. Firstly, only about 200 dentists had participated in the Programme. Secondly, there was a serious manpower shortage of NGO home service teams to provide escorting services for elderly persons to seek dental consultations. Thirdly, the eligible elders were generally reluctant to accept dental

treatment and some of them had already had their own dentures. To boost the participation rate, the payment terms applying to NGOs for the provision of referral and accompanying services under the EDA Programme had been modified to provide more incentives for the front-line staff of NGOs to encourage the elders to come forward for dental services. In addition, the dental fees of the Programme were revised with effect from 21 October 2013 to attract more dentists to join the EDA Programme.

13. Members noted with concern that the administrative cost had accounted for about 70% of the total expenditure incurred for the EDA Programme. The Administration advised that the administrative cost for a CCF programme was targeted to be within 5% of the estimated disbursement of subsidy for the programme. Since the actual number of beneficiaries of the EDA Programme was far below the estimation, the administrative cost was proportionally high. The CCF Task Force would strive to enhance the EDA Programme to benefit more elders and lower the proportion of administrative cost.

The Pilot Project

Coverage and service scope of the Pilot Project

14. Whilst expressing support for the Pilot Project of which the targeted beneficiaries were the elderly residing in RCHEs or receiving services in DEs, Members expressed concern about the dental care needs of other groups of elderly persons. The Administration advised that priority should be given to improving the oral health of and dental care for needy institutionalized older persons ("IOPs") and DE service users as the physical conditions of these frail elderly had made it difficult for them to access dental services outside RCHEs. 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.

15. Members considered 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.

16. The Administration advised that apart from providing free primary dental care services to IOPs and DE service users, the participating 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 grants under CSSA. Where the curative treatments required more sophisticated support and had to be undertaken in dental clinics, the NGOs would provide or arrange to provide suitable transportation and escort services for the concerned IOPs and DE service users. As at end-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.

17. 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 vouchers to seek curative dental treatments that fell outside the scope of the Pilot Project. The Administration advised 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 and the launch of promotional activities, it was expected that there would be an increase in the enrolment of primary healthcare providers, including dentists.

Resources for participating NGOs

18. Members raised concern about the adequacy of the financial resources provided to the participating NGOs for the implementation of the Pilot Project. The Administration advised that each outreach dental team formed by the NGOs 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.

19. Members were concerned about the availability of a sufficient pool of registered dentists for the formation of outreach dental teams. Members also 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. They urged the Administration to plan ahead for the supply of registered dentists to facilitate the future expansion of the scope of the Pilot Project. The Administration advised that there were at present some 50 local dentist graduates and about 10 overseas graduates who had passed the licentiate examination each year. The Administration had set up a Steering Committee to conduct a strategic review on healthcare manpower planning and professional development which covered, among others, dentists. Upon the availability of findings by the end of 2014, the Steering Committee would advise the Government on measures to ensure an adequate supply of health professionals in Hong Kong.

Relevant papers

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

Council Business Division 2
Legislative Council Secretariat
25 June 2014

Appendix

Relevant papers on dental care policy and services for the elderly

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)
Subcommittee on Poverty	24.5.2013 (Item II)	Agenda Minutes
Panel on Health Services	17.6.2013 (Item IV)	Agenda Minutes
Subcommittee on Poverty	15.10.2013*	CB(2)59/13-14(01)
Panel on Health Services	16.12.2013 (Item IV)	Agenda
Subcommittee on Poverty	17.12.2013 (Item I)	Agenda Minutes
Finance Committee	4.4.2014	Administration's replies to members' written questions in examining the Estimates of Expenditure 2014-2015 Page 610

* Issue date

Council Business Division 2
Legislative Council Secretariat
25 June 2014