

**For discussion
on 17 June 2013**

LEGISLATIVE COUNCIL PANEL ON HEALTH SERVICES

**Dental Care Policy and
Pilot Project on Outreach Primary Dental Care Services
for Elderly in Residential Care Homes and Day Care Centres**

PURPOSE

This paper briefs Members on the Administration's dental care policy and the major findings of the interim review of the Pilot Project on Outreach Primary Dental Care Services for the Elderly in Residential Care Homes and Day Care Centres (the Pilot Project).

BACKGROUND

2. At the Panel meeting on 10 January 2011, we briefed Members on the implementation plan of the Pilot Project vide LC Paper No. CB(2)729/10-11(03) and undertook to conduct an interim review one year after the launch of project and inform the Panel of the findings.

3. The Pilot Project was launched on 1 April 2011. We have conducted an interim review of the Pilot Project up to end-March 2013. The major findings are set out in paragraphs 11 to 23 below.

DENTAL CARE POLICY

4. The Government's policy on dental care seeks to raise public awareness of oral hygiene and oral health and encourage proper oral health habits through promotion and education. The Government has been allocating resources primarily to promotion and preventive efforts. To enhance the oral health of the public, the Oral Health Education Unit of the Department of Health (DH) has, over the years, implemented oral health promotion programmes targeted at different age groups and disseminated oral health information through different channels. In addition, primary school children can join the School Dental Care Service of DH to receive an annual check-up at a designated school dental clinic,

which covers oral examination and basic / preventive treatment. The annual enrollment fee is \$20. It also seeks to educate our school children on the importance of maintaining good oral hygiene and preventive care at the early stage.

5. At present, the Government focuses its efforts on providing emergency dental services for the public. Free emergency dental treatments (generally referred to as “General Public Sessions”) are provided by DH through 11 government dental clinics. Dental services at General Public Sessions cover treatment of acute dental diseases, prescription for pain relief, treatment of oral abscess and teeth extraction. The dentists will also give professional advice with regard to the individual needs of patients. In addition, specialist oral maxillofacial surgery and dental treatment are provided by the Oral Maxillofacial Surgery & Dental Units (OMS&DUs) of DH in seven public hospitals for the referred hospital in-patients, patients with special oral health care needs and dental emergency. The specialist dental care services in OMS&DUs are provided through referral. Members of the public in need of these services can be referred through hospitals / out-patient clinics / centres under the Hospital Authority (HA) or any registered dentists or medical practitioners. OMS&DUs will arrange appointments for them according to the urgency of their conditions. Patients with emergency needs, such as cases of dental trauma, will be provided with immediate consultation and treatment.

6. Curative dental care services, such as scaling and polishing and fillings, are mainly provided by the private sector and non-governmental organizations (NGOs). At present, there are 2 060 registered dentists in the territory providing services for the public, of whom about 270 are working in the public sector viz. DH and HA. The number of new dentists trained locally is about 50 each year.

DENTAL CARE FOR THE NEEDY ELDERLY

7. In April 2011, we launched the Pilot Project in collaboration with participating NGOs to provide free outreach primary dental care and oral health care services for elders residing in residential care homes (RCHes) or receiving services in day care centres (DEs) (see paragraphs 11 to 23 below).

8. In parallel, the Community Care Fund (CCF) has also set aside \$100 million for an “Elderly Dental Assistance Programme” to be administered by the Hong Kong Dental Association to provide eligible elders, who are users of the two home care services schemes subvented

by the Social Welfare Department (SWD) as at 31 December 2011, with free dentures and related dental services. The participating dentists will be reimbursed at fixed rates. Since the launch of the Programme in September 2012, about 300 private dentists and NGO dental clinics have joined the Programme. The carers of the 25 participating NGOs have visited some 3 500 eligible elderly, of whom 570 elders have received treatment or have had their dental appointment scheduled. Feedback from the participating NGOs suggests that the relatively low take-up rate is due to the reluctance and unwillingness of the eligible elders to accept dental treatment and the fact that some of them have already had their own dentures. With a view to boosting the participating rate, the CCF Task Force under the Commission on Poverty has recently extended the specified date for having been users of SWD's home care services schemes from 31 December 2011 to 31 December 2012 so as to expand the pool of eligible elders which is expected to increase the number of eligible elders by about 1 500. The payment terms applying to NGOs for the provision of referral and accompanying services under the Programme have also been modified to provide more incentives for the frontline staff of the NGOs to encourage the elders to come forward for dental services. Following these revisions, the Programme is expected to benefit about 9 500 elders in two years.

9. In 2009, we launched the Elderly Health Care Voucher Pilot Scheme to provide financial subsidies for elders aged 70 or above to use private healthcare services that suit their needs, including dental services. As at end-March 2013, more than 360 dentists had enrolled in the Scheme. Starting from 1 January 2013, the annual voucher amount has been doubled from \$500 to \$1,000 and the Scheme will be converted from a pilot project into a recurrent support programme for the elderly in 2014.

10. As for elderly people with financial difficulties, currently, dental grants are available under the Comprehensive Social Security Assistance (CSSA) Scheme to recipients who are aged 60 or above, disabled or medically certified to be in ill-health. Eligible CSSA recipients can approach the 54 dental clinics (including 2 mobile clinics) designated by the SWD for dental examination and estimate of cost, and then choose to obtain the relevant dental services (including tooth extraction, dentures, crowns, bridges, scaling and polishing, fillings and root canal treatment) from either the designated dental clinics or any registered dentists at non-designated dental clinics. The grant will be paid to meet the cost charged by the non-designated clinic, the cost estimated by the designated clinic or the ceiling amount set by the SWD, whichever is the less.

THE PILOT PROJECT: INTERIM REVIEW

(a) Objectives and Scope

11. In April 2011, we launched the three-year Pilot Project to provide dental care for elders residing in RCHEs or receiving services in DEs. These elders are generally physically weak with frail conditions, hence making it difficult for them to receive dental care services at dental clinics. Thirteen NGOs (list at **Annex A**) have participated in the Pilot Project with a total of 24 outreach dental teams to provide the following free services on-site –

- (a) primary dental care services, including dental check-up, scaling and polishing and any other necessary pain relief and emergency dental treatments, to –
 - (i) elders residing in RCHEs licensed by SWD (including subvented / contract, private and self-financing care homes);
 - (ii) both full-time and part-time service users of DEs (including subsidized and self-financing centres);
- (b) oral care training to caregivers of RCHEs and DEs to enhance their knowledge and capabilities in providing daily oral care services to the elders concerned; and
- (c) oral health education talks to these elders, their family members and caregivers to promote the importance of oral hygiene and oral health education.

12. We have reserved a sum of \$88 million for the Pilot Project. NGOs will receive the following financial support for each outreach dental team –

- (a) an annual grant of \$900,000 for meeting operating expenses (for providing outreach dental services and conducting seminars / talks);
- (b) an annual grant of \$180,000 for employing one young dentist (i.e. with three years' post-qualification experience or less) with the objective of providing training and clinical experience for young graduates; and

- (c) an one-off capital grant of up to \$150,000 for purchasing outreach dental and computer equipment (on a matching basis).

13. An outreach dental team normally comprises a registered dentist and a dental surgery assistant. Given the special nature of outreach services, the NGOs need to make arrangements with each RCHE / DE on the timing and duration of their visit and arrange transportation of the portable dental chair and other equipment (e.g. cleansing machine and dental tool kits) to the concerned premises. Where necessary, the NGOs will arrange suitable transportation and escort services for the elders concerned to receive treatment in their respective dental clinics.

(b) Project Progress

14. As at end-March 2013, there were about 850 RCHEs and DEs in Hong Kong. Between April 2011 and March 2013, the 24 outreach dental teams approached all qualified RCHEs and DEs within their assigned geographical districts (details at *Annex B*) and those which are under the management of their respective NGOs. About 46 000 elders in 669 RCHEs and DEs received various dental care services under the Pilot Project, during which the dentist will first conduct a check-up and where appropriate, give individualized oral hygiene instructions, recommendations on self-care and professional preventive treatment to the concerned elders. This represents a penetration rate of about 70% in terms of elder population in RCHEs / DEs¹. During this two-year period, the outreach teams conducted 863 on-site oral care training sessions for caregivers and oral health education talks for elders and their families. The cumulative project expenditure was \$63 million.

15. Each of the 46 000 elders served by the outreach dental teams has received at least one annual dental check-up during this period. On the recommendation of the visiting dentists and with the consent of the participating elderly or their families, 11 731 elders have also received dental treatments, including scaling and polishing, denture cleaning and fluoride / x-ray -

¹ While these 850 RCHEs and DEs provide about 81 700 places, the actual number of elders served in these premises depends on the ingress and egress of eligible elders for various reasons (e.g. health conditions of elders and new in-take). Hence, the number of elders in RCHEs and DEs is not static and the average number is estimated to be around 66 000.

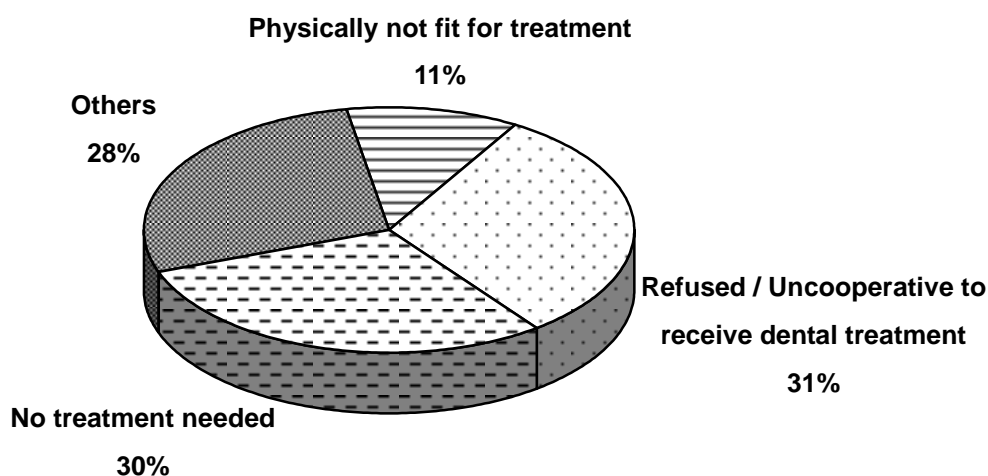
Types of dental treatment received	No. of elders ^(Note)
(i) Scaling and polishing	9 332
(ii) Denture cleaning	2 065
(iii) Fluoride / X-ray	1 410

Note: More than one type of dental treatment may be received by the same elder.

Depending on the circumstances, these treatments are either provided immediately after the check-up or the outreach teams will arrange a second visit to the same RCHE / DE to follow-up with individual elders.

16. Among those who only receive basic dental check-up, about 11% are assessed to be physically not fit to receive the recommended dental treatments (e.g. elders who are under anticoagulant therapy, suffering from Chronic Obstructive Airway Disease or poorly controlled Parkinson's disease). Another 31% of elders decline offer of dental treatments after the dental check-up, despite explanation and counseling from the outreach teams. About 30% are considered to be not requiring further treatment, for example, elders who have no teeth (edentulous), since adaption of new prosthesis may be too stressful for frail elders as that may cause more pain and discomfort than functional improvement. These also include those who have existing prosthesis in replacement of missing teeth such as removable dentures or fixed prosthesis (e.g. crowns and bridges). For those with difficulties in swallowing, water sprays used in dental treatment may cause choking or aspiration of water into the lungs resulting in aspiration pneumonia. The remaining 28% of elders cannot proceed with the recommended treatment mainly due to lack of consent from their family members.

Elders who only receive basic check-up



17. Where individual elders are assessed to require further curative treatments that fall outside the scope of the Pilot Project (e.g. fillings and extractions), in accordance with the project requirements, the outreach dental teams have taken the initiative to arrange for the necessary treatments to these 1 843 elders by making use of the CSSA dental grants or financial assistance from various charitable funds (e.g. existing funds under their respective NGOs) to meet the cost.

(c) Feedback and Observations

18. Providing outreach dental services is a relatively new service delivery mode in Hong Kong. Possibly due to concerns over the lack of space and operational constraints of the RCHEs and DEs, the initial response of the RCHEs and DEs to the approach by the outreach dental teams was slow. Between April and October 2011, the outreach teams were only able to secure the consent of 168 RCHEs and DEs (20%). With the assistance of SWD and the continuous efforts of the NGOs, the outreach dental teams have been able to reach out 460 RCHEs and DEs (54%) by March 2012. The participating rate has picked up gradually and 669 RCHEs / DEs (79%) were covered by end-March 2013. The outreach teams are expected to re-visit these RCHEs and DEs in the coming 12 months to follow-up on elders who have received dental check-up / treatments as well as approaching those who have not participated in the Pilot Project in the past. About 180 RCHEs and DEs remain reluctant to allow the outreach teams to provide services at their premises despite various efforts, such as distribution of publicity leaflet and poster, issue of appeal letters by Food and Health Bureau and SWD, and appeal by the Elderly Services Association of Hong Kong. We will continue to make an effort to encourage these remaining RCHEs and DEs to join the Pilot Project.

19. The feedback from the participating NGOs has been positive. Whilst the scope of the Pilot Project is limited, the outreach teams consider it highly desirable to provide basic dental check-up for such elders on an annual basis and where possible, take early steps in managing the detected oral / dental diseases, be it within or outside the Pilot Project. It should help to reduce pain and discomfort to the elders as well as general health consequences which may induce costly and complex dental / medical treatment in due course.

20. The experience of the Pilot Project so far shows that the willingness of elders to receive dental care services is a key factor. Possibly due to concerns over their health conditions, frail elders are generally reluctant to have dental extractions and new dentures. On the other hand, the outreach dental teams are mindful of the potential risks of such treatment to elders because of their complicated medical conditions and poor cognitive status. The outreach dental teams have also encountered difficulties in securing consent from the family members of frail elders for dental treatment to proceed.

21. Another difficulty encountered in continuing and expanding the Pilot Project is manpower shortage. Many NGOs have experienced difficulties in recruiting dentists to form the outreach teams, which also partly accounted for the slow start of the Pilot Project. A few NGOs had to redeploy serving dentists from their respective dental clinics to the outreach teams before successfully recruiting new dentists.

22. Overall the Pilot Project has met its objective to address the dental care needs of elders in RCHEs and DEs who may not otherwise be able to receive dental care and treatment. Through the outreach dental teams, the Pilot Project has successfully brought dental services into RCHEs and DEs. The experience gained also helps establish a routine service framework for providing regular dental check-up for elders in RCHEs and DEs and for facilitating early intervention of the oral health problems of the elders concerned. It also gives a clearer understanding of the oral and other medical conditions of these elders and the dental services they need most. The training sessions and seminars are considered helpful to enhance the awareness of caregivers and elders' families. We will ask the outreach dental teams to step up such education and promotional activities in the remaining pilot period.

23. We will conduct a full evaluation of the three-year Pilot Project in mid-2014 taking full account of the feedback from the outreach teams and consider the need for revising the scope of the services, target beneficiaries, level of support to the NGOs and its long term implementation.

ADVICE SOUGHT

24. Members are invited to note the content of this paper.

**Food and Health Bureau
Department of Health
June 2013**

List of Non-governmental Organizations Participating in the Pilot Project

1. The Hong Kong Tuberculosis, Chest and Heart Diseases Association
(香港防癆心臟及胸病協會)
2. Yan Chai Hospital (仁濟醫院)
3. The Lok Sin Tong Benevolent Society, Kowloon (九龍樂善堂)
4. Yan Oi Tong (仁愛堂)
5. Christian Family Service Centre (基督教家庭服務中心)
6. Pok Oi Hospital (博愛醫院)
7. Hong Kong St. John Ambulance (香港聖約翰救護機構)
8. Caritas Dental Clinics (明愛牙科診所)
9. Haven of Hope Christian Service (基督教靈實協會)
10. Tung Wah Group of Hospitals (東華三院)
11. United Christian Nethersole Community Health Service
(基督教聯合那打素社康服務)
12. H.K.S.K.H. Lady MacLehose Centre (香港聖公會麥理浩夫人中心)
13. Chi Lin Nunnery (志蓮淨苑)

**Distribution of Outreach Dental Teams by
Administrative Districts of the Social Welfare Department**

Service District	Name of NGO	No. of Outreach Dental Team(s)
Central, Western, Southern and Islands	香港聖約翰救護機構 Hong Kong St. John Ambulance	1
	東華三院 Tung Wah Group of Hospitals	2
Eastern and Wan Chai	香港防癆心臟及胸病協會 The Hong Kong Tuberculosis, Chest and Heart Diseases Association	1
Kwun Tong	基督教家庭服務中心 Christian Family Service Centre	1
	基督教聯合那打素社康服務 United Christian Nethersole Community Health Service	1
Wong Tai Sin and Sai Kung	志蓮淨苑 Chi Lin Nunnery	1
	基督教靈實協會 Haven of Hope Christian Service	1
Kowloon City and Yau Tsim Mong	志蓮淨苑 Chi Lin Nunnery	1
	九龍樂善堂 The Lok Sin Tong Benevolent Society, Kowloon	1
	東華三院 Tung Wah Group of Hospitals	1
Sham Shui Po	香港聖公會麥理浩夫人中心 H.K.S.K.H. Lady MacLehose Centre	1

Service District	Name of NGO	No. of Outreach Dental Team(s)
Tsuen Wan and Kwai Tsing	明愛牙科診所 Caritas Dental Clinics	1
	博愛醫院 Pok Oi Hospital	1
	仁濟醫院 Yan Chai Hospital	1
	仁愛堂 Yan Oi Tong	1
Tuen Mun	仁愛堂 Yan Oi Tong	2
Yuen Long	博愛醫院 Pok Oi Hospital	2
Sha Tin	明愛牙科診所 Caritas Dental Clinics	1
	仁愛堂 Yan Oi Tong	1
Tai Po and North	基督教聯合那打素社康服務 United Christian Nethersole Community Health Service	1
	仁愛堂 Yan Oi Tong	1
Total:		24