

Lack of access to dental care: The costs to our healthcare system

Facts and figures on visits to emergency rooms and physicians for dental problems in Ontario

- About 1 in every 5 people in Canada avoids visiting a dentist because they cannot afford the cost, according to a report by the Canadian Academy of Health Sciencesⁱ.
- In Ontario, the College of Dental Hygienists estimates that between two and three million people have not seen a dentist in the past year, mainly due to the cost.ⁱⁱ

Every 9 minutes someone goes to an ER in Ontario because of dental pain

- Across the province in 2017 there were almost 60,000 visits to hospital Emergency Rooms (ER) for oral health problems. *
- The most common complaints were abscesses and dental pain.
- This is evidence that many people are using costly acute care ER for dental problems because they cannot afford private dental treatment.
- However, at the ER, people can only get painkillers or a prescription for an antibiotic, not treatment to solve the problem. So many will return to ER.
- Lack of access to dental care contributes to the problem of hallway medicine.
- Our research found that more people visit the ER for dental problems than for problems related to diabetes.

This is a costly and inappropriate use of hospital services

- At a minimum of \$513 per visit, the estimated cost for dental related visits to ERs in Ontario was at least \$31 million in 2017.
- Everyone in Ontario should be able to receive affordable preventative dental care in their communities. But OHIP does not cover our teeth and gums.
- The high cost of private dentistry, the limitations of employer dental benefits and the lack of public dental programs mean that too many people cannot get the dental care they need to be pain free and healthy.

Every 3 minutes someone goes to a doctor's office in Ontario because of dental problems

- People are also visiting physicians' offices for dental problems. In 2014, there were almost 222,000 visits for dental complaints.
- But physicians are not trained to deal with diseases affecting teeth and gums so they cannot provide treatment.
- At a minimum cost to OHIP of \$33.70 per visit, the total estimated annual cost to the system was at least \$7.5million, with no effective treatment provided.

Need to expand public dental programs for people living on low incomes

- The Ontario government has committed to improve healthcare and end hallway medicine. They want to build a sustainable system that delivers better value for taxpayers' dollars.
- Yet lack of access to affordable oral health care is costing taxpayers at least \$38 million per year -- without offering effective treatment for people's dental problems.
- Dental visits to ER and doctors' offices are avoidable. We need government investment in public dental programs that provide preventative care and treatment for low income adults and seniors.
- Research shows that people living on low incomes prefer to be treated in public dental clinics where they are welcomed and valued, and that many private dentists are frustrated because low income people cannot pay and often miss appointments.ⁱⁱⁱ
- If people living on low incomes could get their oral health needs met at public clinics and Community Health Centres, they would not be clogging up their local ER or visiting their physicians.

- The Ontario government should redirect the \$38 million (minimum estimate) spent on acute care for oral health in ERs and physician offices, and add to these funds to ensure a properly funded public program that would provide oral health care for low income adults and seniors who cannot afford private dental care.

Dental Care for All

- The Ontario Oral Health Alliance calls on the Ontario government to extend existing public oral health programs for low income children to include low income adults and seniors. The program should be delivered through a mixed model of public and private dental care.
- To ensure services are truly accessible for low income people extend funding to expand dental services offered by public health units, Community Health Centres and Aboriginal Health Access Centres who already serve many vulnerable people in our communities.
- To ensure value for taxpayers’ money focus new investment on cost-efficient Community Health Centres, public health units, and Aboriginal Health Access Centres where salaried staff work within a defined budget to deliver health and social services to vulnerable people.
- Invest in public dental buses and innovative uses of technology so that people living in long term care homes, rural and remote communities have equitable access to dental care.

Number of Patient Visits for Oral Health Problems to ER and Physician offices in Ontario*		
Local Health Integration Network	Visits to ER (2017)	Visits to Physicians (2014)
CENTRAL	4,162	27,696
CENTRAL EAST	6,035	25,745
CENTRAL WEST	2,606	18,916
CHAMPLAIN	5,817	17,888
ERIE ST. CLAIR	2,799	11,070
HAMILTON NIAGARA HALDIMAND BRANT	6,114	23,018
MISSISSAUGA HALTON	2,572	19,041
NORTH SIMCOE MUSKOKA	3,458	7,689
NORTH-EAST	6,465	10,936
NORTH-WEST	2,280	4,267
SOUTH EAST	3,941	8,902
SOUTH WEST	7,098	18,747
TORONTO CENTRAL	3,464	17,400
WATERLOO WELLINGTON	2,675	9,527
other	297	934
Total	59,783	221,776

*Reasons for visits: disease of oral cavity, salivary glands and jaws. Most common complaint: abscess, toothache.

Source of data: Ministry of Health & Long Term Care IntelliHEALTH ONTARIO



Costing:

ER: According to St. Michael’s Hospital in Toronto, the average cost for a visit to their Emergency Room to see a physician about a dental emergency is at least \$513. This does not include the cost for those people who will require hospitalization.

Using this figure, OOHA estimates the total cost of visits to Ontario hospital Emergency Rooms for oral health problems was at least \$31 million in 2017.

Doctors’ offices: The minimum cost of a 15-minute visit to a physician is \$33.70. Using this figure OOHA estimates the total cost of visits to physicians’ offices in Ontario for 2014 for dental complaints (latest available data) was at least \$7.5 million.

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ⁱ [http://cahs-acss.ca/wp-content/uploads/2015/07/Access to Oral Care FINAL REPORT EN.pdf](http://cahs-acss.ca/wp-content/uploads/2015/07/Access_to_Oral_Care_FINAL_REPORT_EN.pdf)

ⁱⁱ <http://www.cdho.org/otherdocuments/OHSReview.pdf>

ⁱⁱⁱ [https://www.researchgate.net/publication/44577682 Public preferences for seeking publicly financed dental care and professional preferences for structuring it](https://www.researchgate.net/publication/44577682_Public_preferences_for_seeking_publicly_financed_dental_care_and_professional_preferences_for_structuring_it)