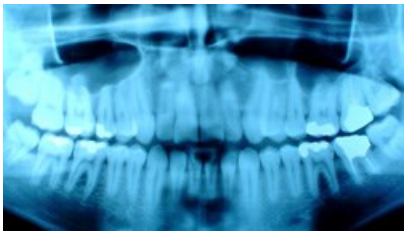
Why dental cover by SA's medical aid schemes are insufficient

The South African Dental Association (SADA) has said in a statement that the actual cover for dentistry by South Africa's Medical Aid Schemes in many instances does not even reimburse the costs of the actual material in dental treatments let alone pay for the professional time of dentists.

According to the statistics reflected in the annual reports of the Council for Medical Schemes (CMS), medical aid scheme payouts to dentists and dental specialists have declined from 8.4% in the late '90s to 3.5% in 2012.



Visits to dentists by medical scheme beneficiaries - at least once a year - decreased during 2011 from 233.2 per thousand to 227.6 per thousand. This translates to only 0.4% of medical scheme beneficiaries visiting a dentist at least once a year! This is particularly unnerving in view of the minimum recommendation of two visits a year required to maintain basic oral health.

Maretha Smit, chief executive officer of the South African Dental Association, says that despite the high percentage of GDP allocated to health in our country the health outcomes are extremely poor and there is an urgent need to focus attention on prevention and primary care in dentistry. "Very few patients understand the limitations of dental cover through their Medical Aid Schemes. In addition, scheme rates offered to dentists, in many instances, fall way below the actual costs of treatment and service. The inadequacy of current funding models to provide sufficiently for dental care might ultimately lead to the demise of the profession."

Having your teeth checked is important

Smit emphasised that it is time that medical scheme members - and, especially prospective members - start asking serious questions and demand that benefits in this area of basic medical care be re-structured. She further pointed out that, in the context of the current economy and the pressure brought about by medical schemes' insufficient cover for essential dental procedures, that the man in the street is placing dentistry low on the list of essential needs.

Statistics released by the Government Employees Medical Schemes recently revealed that 41% of women and 31% of men suffer from oral disease in South Africa, with 64% of women and 56% of men having lost some of their teeth. Such alarmingly high statistics underscores the urgent need for dental services to receive a higher priority by Medical Aid Schemes.

"It is extremely short-sighted of Medical Aid Schemes to ignore the irrefutable fact that there is a direct correlation between oral health and very serious systemic diseases, such as cardio vascular, pregnancy, respiratory as well as multitude of other serious ailments," says Smit. "These conditions, which in the long-run cost a fortune to treat, may very well be avoided if cover was provided for the relatively much lower costs of effective and preventative dental treatments."

Fees don't seem to be arrived at through scientific cost studies

Further complications arise in the dentist/ patient relationship when medical aid schemes, in their effort to offer a competitive package to their members, give the impression that their scheme benefit for dentistry is in fact a fair fee for the procedure. Says Smit: "Some schemes even go as far as to inform members that the practitioner is "overcharging" if he/she charges more than the scheme benefit!"

When considering a medical aid scheme, the prospective member must also be aware of the whole issue of network

agreements. These agreements state that the patient is obliged to go to a specified network of providers where he/she will be guaranteed a contracted low fee per procedure. Smit says that it is unfortunate that these fees mostly are not determined through any scientific cost studies and "network fees" in many instances are below cost price for the procedure. The practitioner is not allowed to refuse treatment on such contracts and is therefore often incurring losses on such procedures.

Smit adds: "During 2012 there has been a huge amount of publicity regarding the cost of private healthcare and the Minister of Health is on record for being very critical about the cost of private healthcare - to such an extent that he intended to launch an investigation into the cost drivers in the space."

SADA's response to the investigation is extremely positive. "We would welcome such an investigation as we very well know that it is not the coal face practitioner - your family doctor and dentist - who are driving the cost of private healthcare. The problem resides in the administration of healthcare and particularly in the bureaucracies of the hospitals, medical schemes, scheme administrators and, especially, in the commissions paid to brokers."

'A huge wastage in the system'

Smit backs up her statement by quoting from the 2011 annual report of the Council of Medical Schemes: "It is quite obvious where the money goes. Of the total R93.2bn spent by the schemes in 2011, it emerged that R34.1bn went to private hospitals and R12.124bn went to non-healthcare costs such as administrator and managed care fees. Medical specialists received R21.3bn, while general practitioners and dentists received a mere R6.8 and R2.6bn respectively of the total pie.

"There is huge wastage in the system especially the exorbitant funds paid to brokers. And, these brokers are not in effect bringing any significant number of new patients to the market but rather just move members around from scheme to scheme."

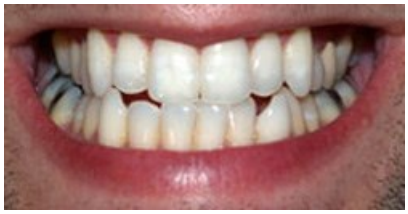
The Professional Provident Society (PPS) recently conducted a survey of dentists in which the professionals were also asked if they would remain in South Africa for the foreseeable future. Shockingly, there was a 4 percentage point decrease from a previous survey to 73% in 2012. When paired with recent data released by the Pondering Panda survey - which revealed that the overall number of youths between the ages of 18 - 34 who want to emigrate had increased from 25% to 36% over a period of three months - this change in outlook by dentists is most worrying and indicates an attitudinal shift which could cost the country dearly in the long-term.

"Dentists in South Africa are by no means being remunerated in line with the years of study and the excellent skills they are taught at universities," Smit continues. "The high outlay for basic equipment, and the staggering costs of materials, most of which are imported from abroad, leaves very little room for a fair profit. And, very few patients understand that their Medical Aid Schemes are responsible for this failure for basic dentistry to be made accessible and that the scheme rates offered to dentists, in the majority of cases, fall way below the actual costs of good average treatment and service."

Smit concludes: "It is time that the public is made aware that medical aid schemes in South Africa is not covering dentistry as a basic healthcare need. One only needs to do a quick internet search where websites such as Hellopeter.com lists a myriad of complaints from members in respect of insufficient cover for dentistry. And, without decent cover for dental services medical aid members are at risk of developing far more serious diseases which, in the end, cost the medical schemes a great deal more than sufficient dentistry and, which also put their members' health at the risk of serious and long-term impairment."

More about dental services

1. To understand the scope of dental services - and especially in a country such as South Africa where relatively few people have access to basic dental services - the public needs first understand the differences between general dentistry and cosmetic dentistry.



A smile like this is only part of the story... Good

dental care can be beneficial to your general health as well. (Image: Wikimedia Commons)

2. General dentistry focuses on your oral well-being and taking excellent treatment of your teeth so dental troubles do get a foothold. Essentially, general dentistry provides preventative procedures and a good dental care program and it is therefore essential for people to have regular dental check-ups and expert cleanings performed. A general dentist is also consulted for root canal treatment, tooth whitening, gum problems and the preparation and fitting of dental crowns, the application of dental sealants and, if all else fails, tooth extractions.

3. Cosmetic dentistry is a somewhat more specialised area of dentistry that requires innovative teaching that goes over and above the training of general dentistry. While it is not recognised as a separate specialty within dentistry - which means that there is no restriction on any dentist performing cosmetic dentistry - professional cosmetic dentists normally require extensive additional training that can take years. This means a heavy commitment of time, money, and energy for the dentist and, in terms of the actual profits made in South Africa through performing elective surgery on patients, it scarcely merits acquiring such additional skills.

4. Most people will go to a cosmetic dentist to improve the appearance of their smiles. Cosmetic dentistry treatment options consist of porcelain veneers, dental crowns, tooth whitening, tooth-coloured fillings and dental implants.

5. The single biggest difference between general dentistry and cosmetic dentistry is the variation and application of different technologies. For each of these areas of dentistry there exists state-of-the-art technology; for the former apparatus to assist in keeping your mouth functional and trouble-free and for the latter equipment to artfully craft tooth restorations.