



Casemix in evaluating contents and performance in oral health care, case Finnish Public Dental Service (PDS)

Jari Linden, Leading Consultant, FCG Finnish Consulting Group Ltd
Eeva Widström, Professor, Arctic University of Norway

29th May, 2024, Bled Slovenia



Background in the Finnish Public Dental Service (PDS)

- Until 2002, only part of the population (under 46yrs) would have access to public services
- Costs out of pocket among adults dental care are higher than in general health care
- According to epidemiological studies (1980, 2000, 2011), the oral health of adults is poor, although slowly improving
- Oral health habits are weaker than in other European countries
- In 2002 the entire population had access to public dental care

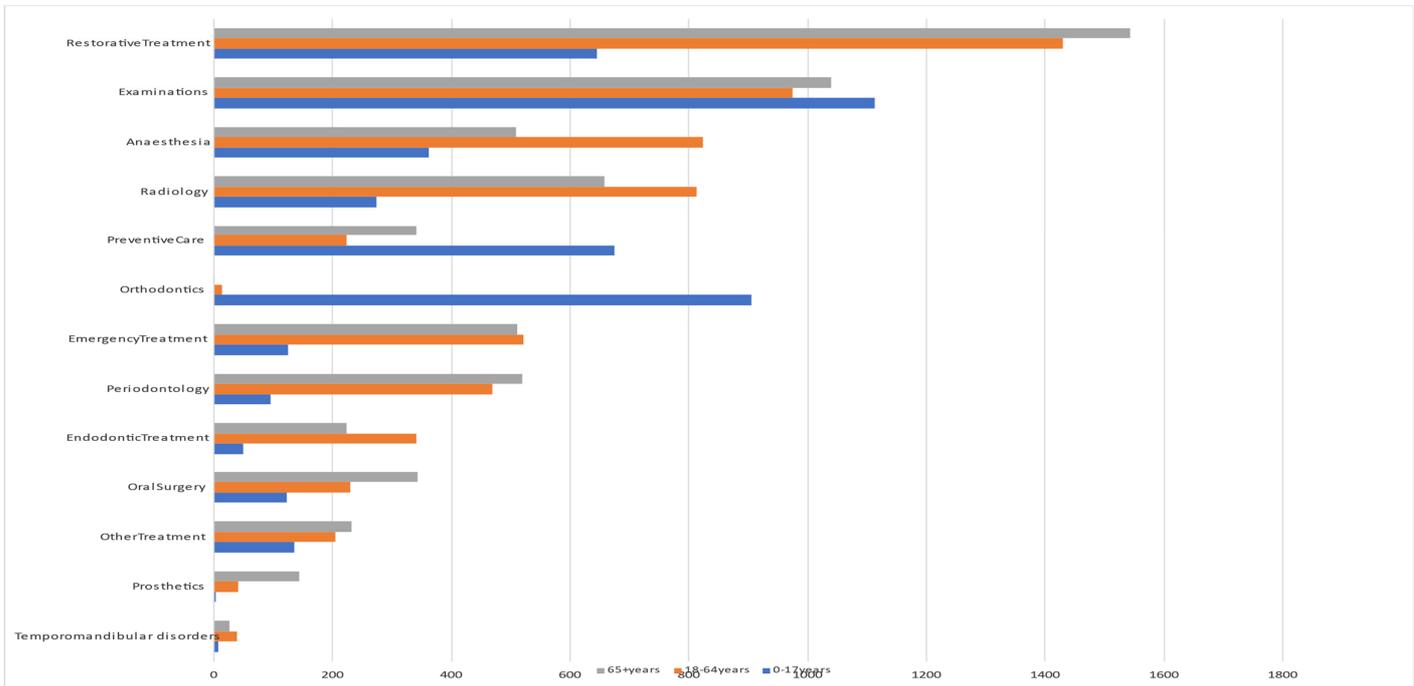
Aims

What are the treatment patterns of patients
Oral examinations of those visited,
Need for treatment,
Treatment provided and
Treatment and examination intervals
On national level and changes during 13 years

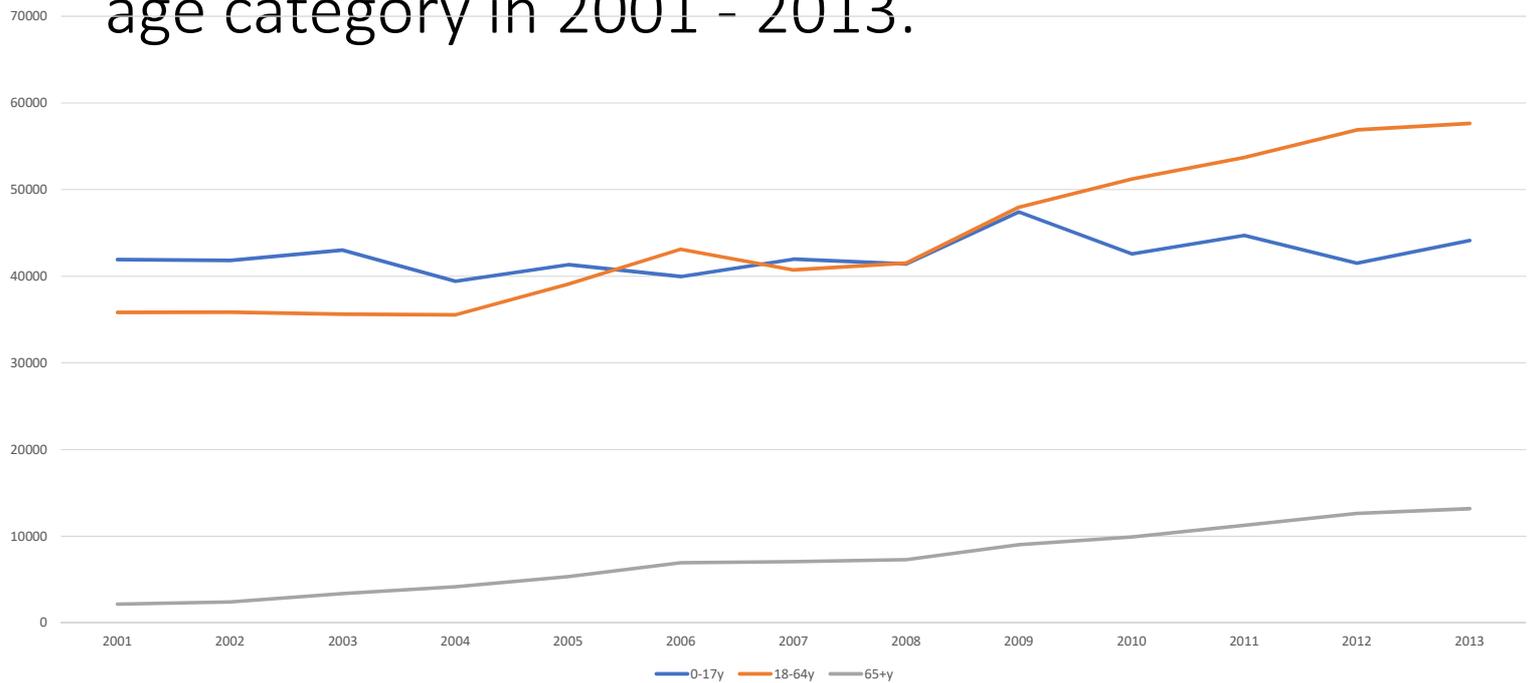
Material from registers

- **Longitudinal 2001-2013**
 - Five PDS units, one patient registry system (population 271 000 yr2001 and 320 000 yr2013 (+15.2 %))
 - Those visited
number of total patients = 295 000, visits = 3,2milj, examinations = 702 000
 - Age categories 0-17yr, 18-64yr, 65+yr
 - Oral health indicators, need for treatment
caries, parodontitis (CPI)
 - Treatment according to national treatment categories

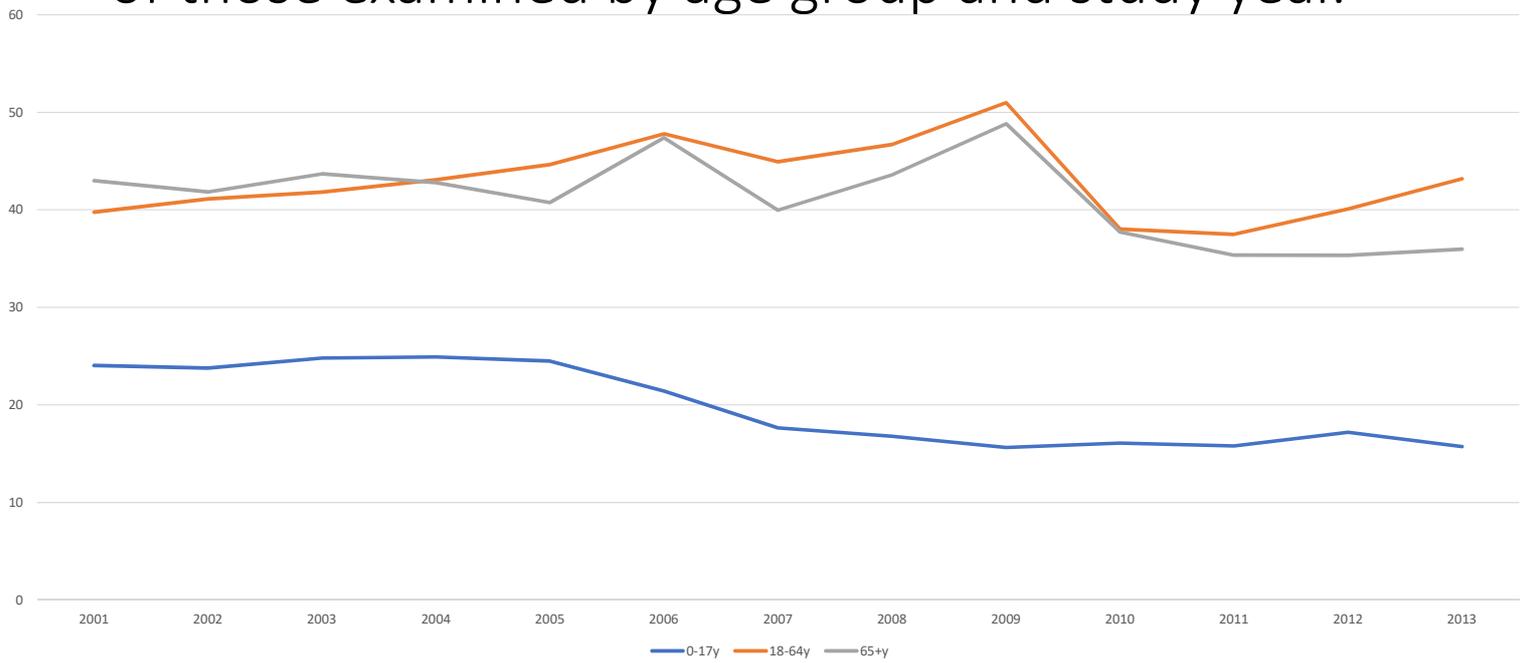
Treatment categories 2001-2013



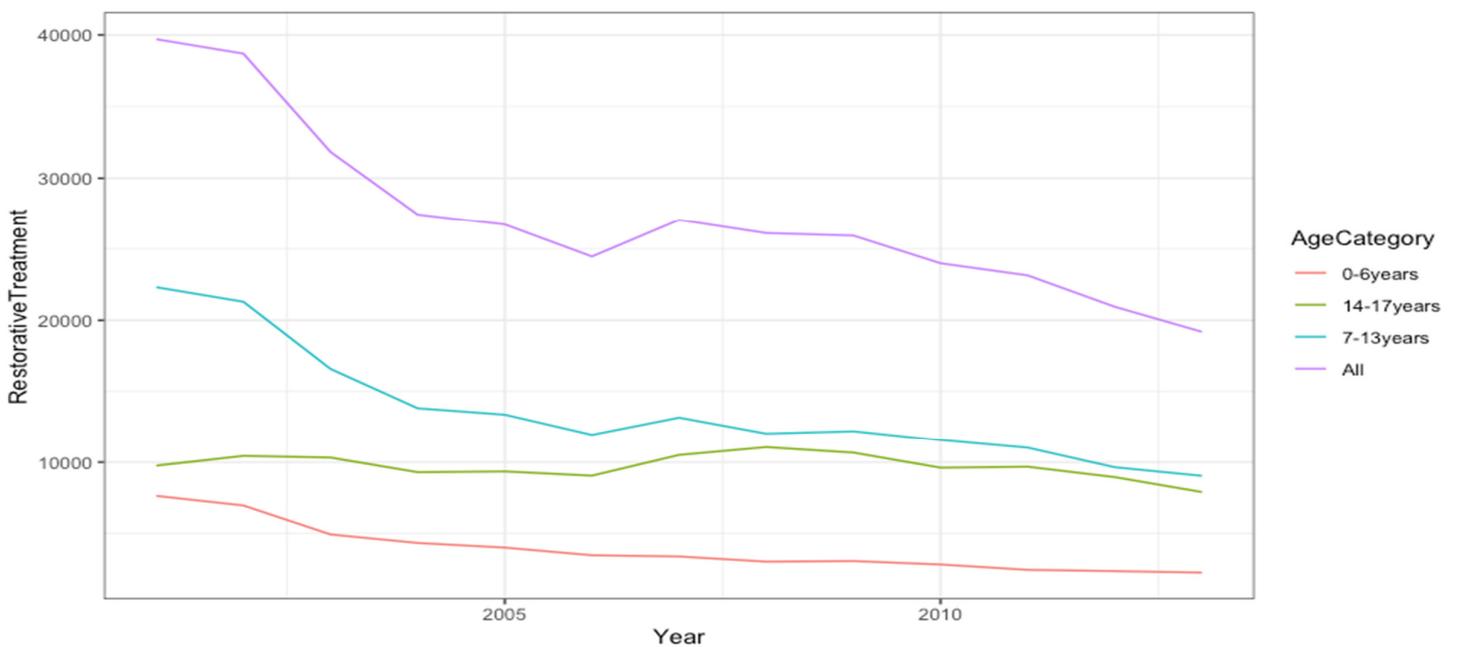
Numbers of visitors to the five PDS units by age category in 2001 - 2013.



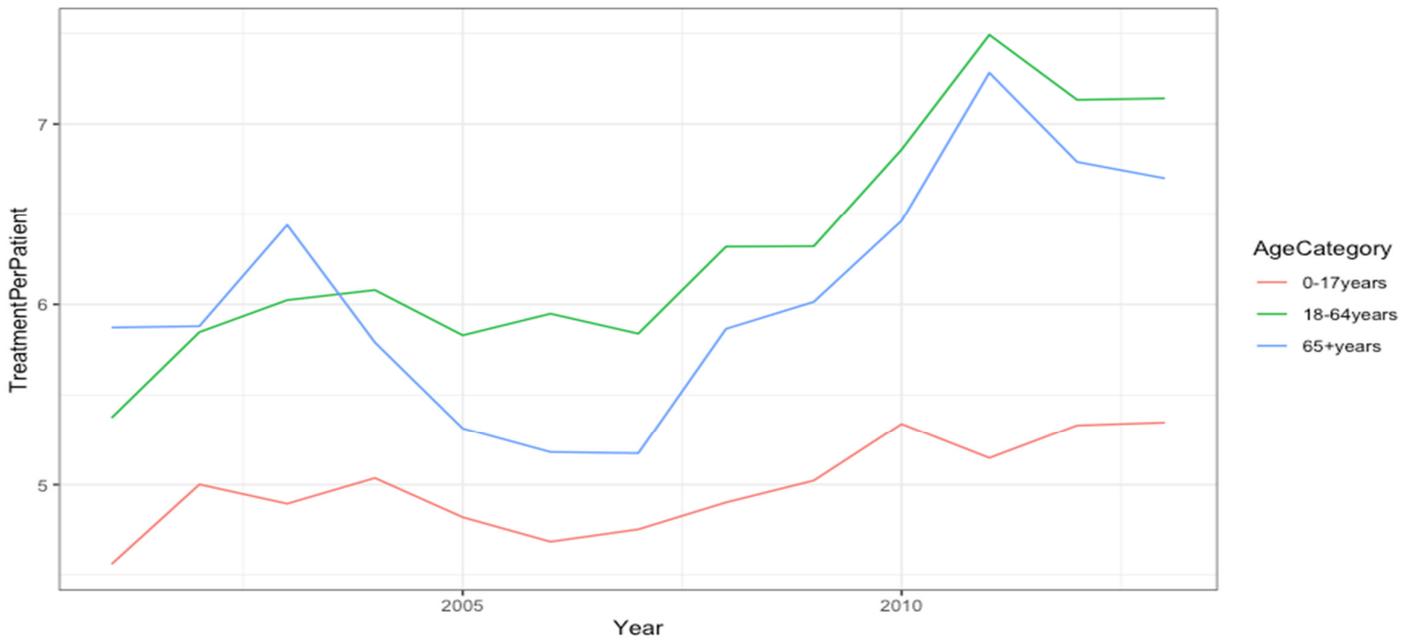
The shares of the visitors (%) in need of treatment of those examined by age group and study year.



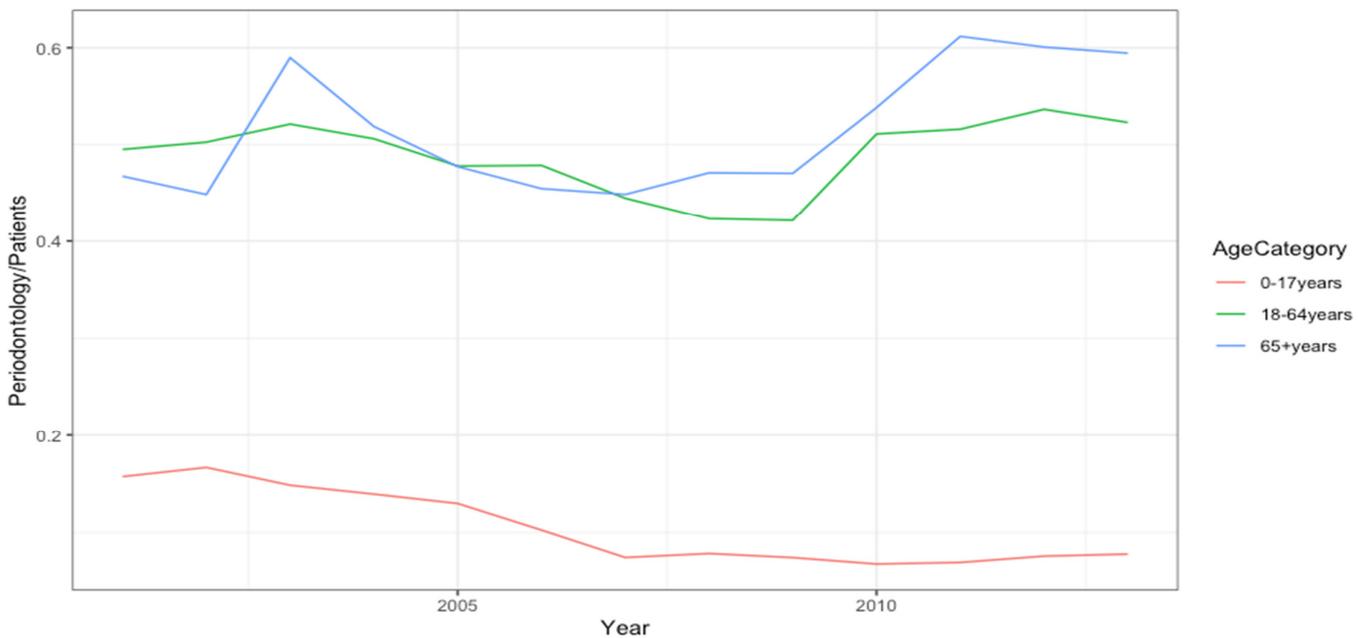
Restorative treatment children <18years



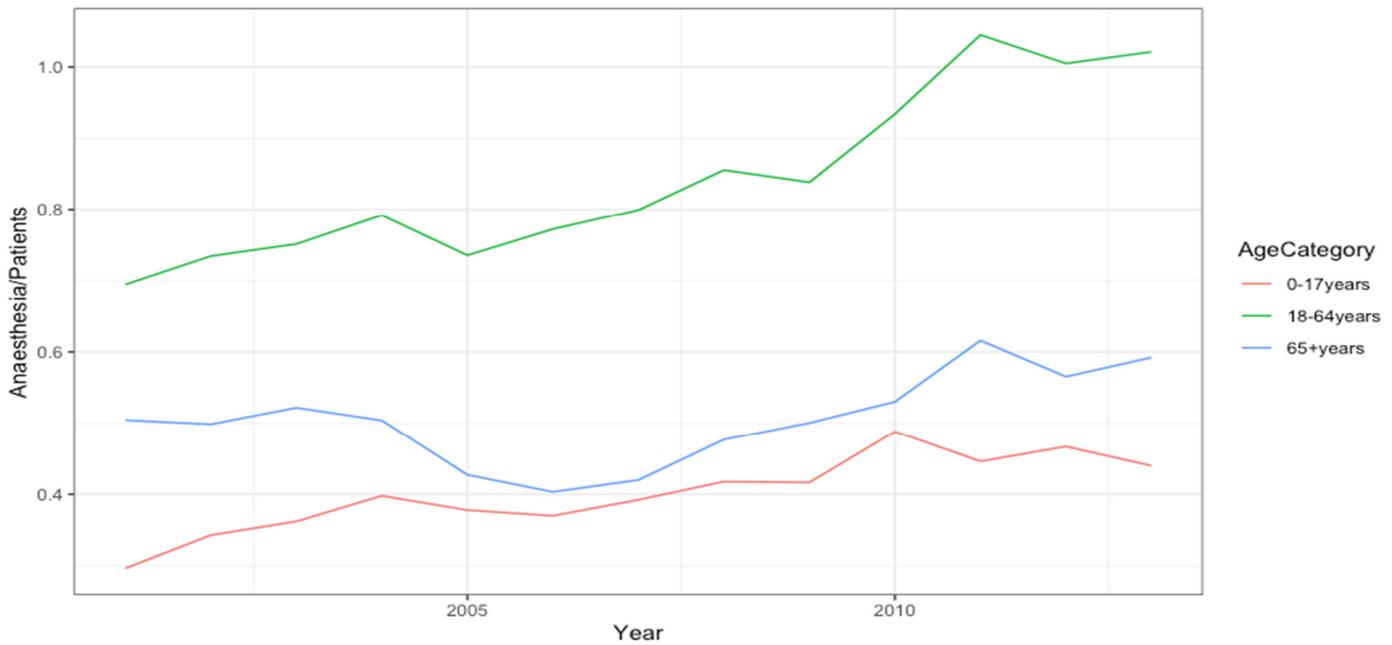
All treatment measures per 1000 patients.



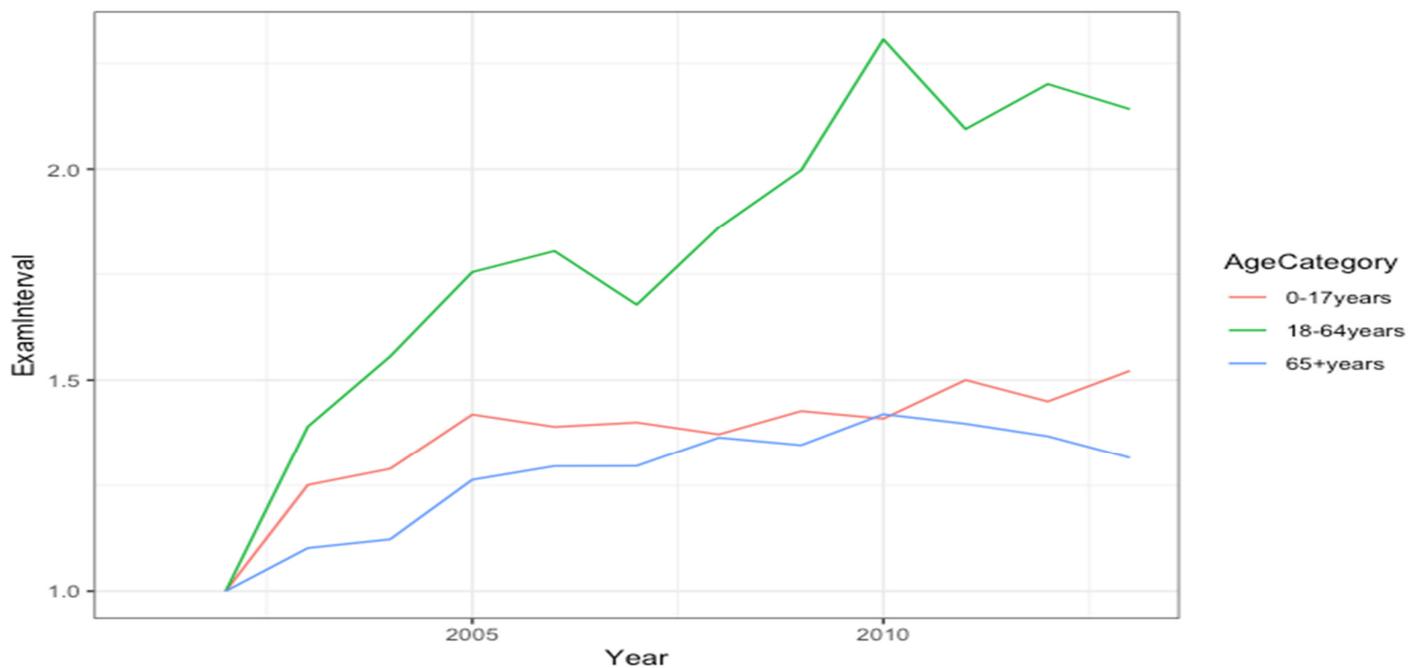
Periodontological treatments per 1000 patients



Anaesthesiological treatment per 1000 patients



Mean examination intervals in 2002-2013 by age group.



- The share of children in need of care decreased, while that of adults remained the same.
- Examination intervals became longer; For the young and the elderly, the change was from one year to eighteen months, for the working-aged from one year and three months to over two years.
- Adults' treatment was strongly focused on caries and its consequences. Examinations, restoration treatment, root canal treatment and emergency care accounted for half of all treatment and took up two-thirds of the staff's total treatment time.
- Prevention, periodontics and prosthetics were minimal.
- The main findings among the children were a decrease in restorative care and an increase in the total number of treatment procedures.

Conclusions

- Periodontology and prosthetics among adults did not meet the high treatment needs observed nationally.
- The examination intervals for children and the content of treatment in general corresponded to international recommendations, whereas the examination intervals for adults were too long, and adults do not have a recall system.
- New ideas, methods and incentives are needed in health promotion to improve the oral health habits of the Finnish population to the level of the rest of the European Union.

FCG.

Thank you for your
attention, questions