

TITLE: Differences in organising children's orthodontic care in Finnish Public Dental Service

Introduction

In Finland, the Public Dental Service (PDS) has provided annual examinations and free care, including orthodontic care to all the young (<18 years) since 1972. The major reform in 1.1.2023 changed the organization and financing of the welfare and health care services. The Finnish Government established 21 welfare districts plus Helsinki and the Åland islands. The social- and healthcare services were transferred from the municipalities to the new Welfare Districts. This study aimed to survey differences in orthodontic care in the number of patients, length of orthodontic episode and work division among dental professions between five PDS units before the reform.

Methods

Using people's unique identifiers, data on patients, their dental visits, treatment measures and providers' profession were collected from the municipal databases in five PDS-units with about 320,000 inhabitants between years 2001-2013. The National Institute for Health and Welfare gave ethical approval. Permission to use local data was received from the directors in the PDS units. All patients that had orthodontic treatment provided were included. The number of orthodontic patients, the duration of orthodontic episode and time spent on orthodontic care were grouped by PDS unit, patient's year of birth and by provider profession (dentist, dental hygienist and dental assistant). Although dental casemix system was not available at the time of the research, the patients were grouped accordingly.

Results

About 40,000 children and adolescents visited the PDS each year and about 8000 were provided with orthodontic care. The percentage of children who received orthodontic care varied from 45% to 60% between PDS units (Fig. 1). The length of orthodontic care varied from 900 to 1500 days (Fig. 2). In treatment time there were great differences in work division between PDS units (Fig. 3)

Discussion

There were great differences between PDS-units in organising children's orthodontic care. New Finnish welfare districts should investigate with the means of casemix the care

processes of past organizations to achieve better quality, cost-efficiency, and equity among population.

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Figure 1. Percentage of children having had orthodontic care within the year of birth.

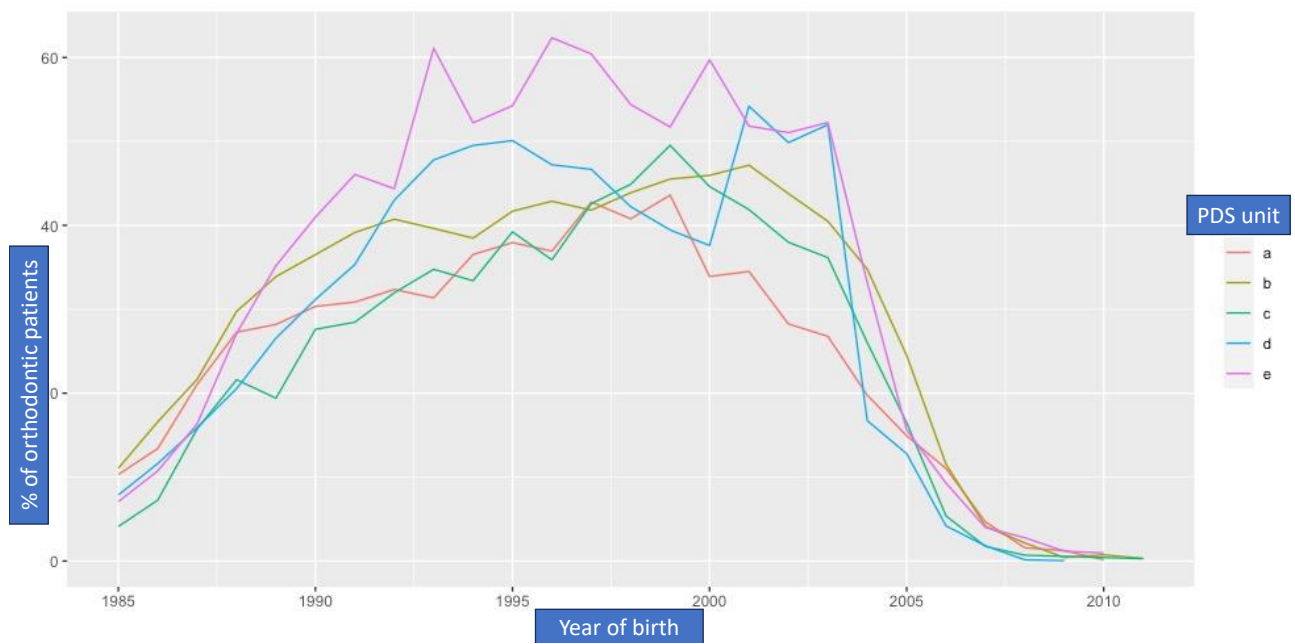


Figure 2. Mean of the length of orthodontic episode within the year of birth.

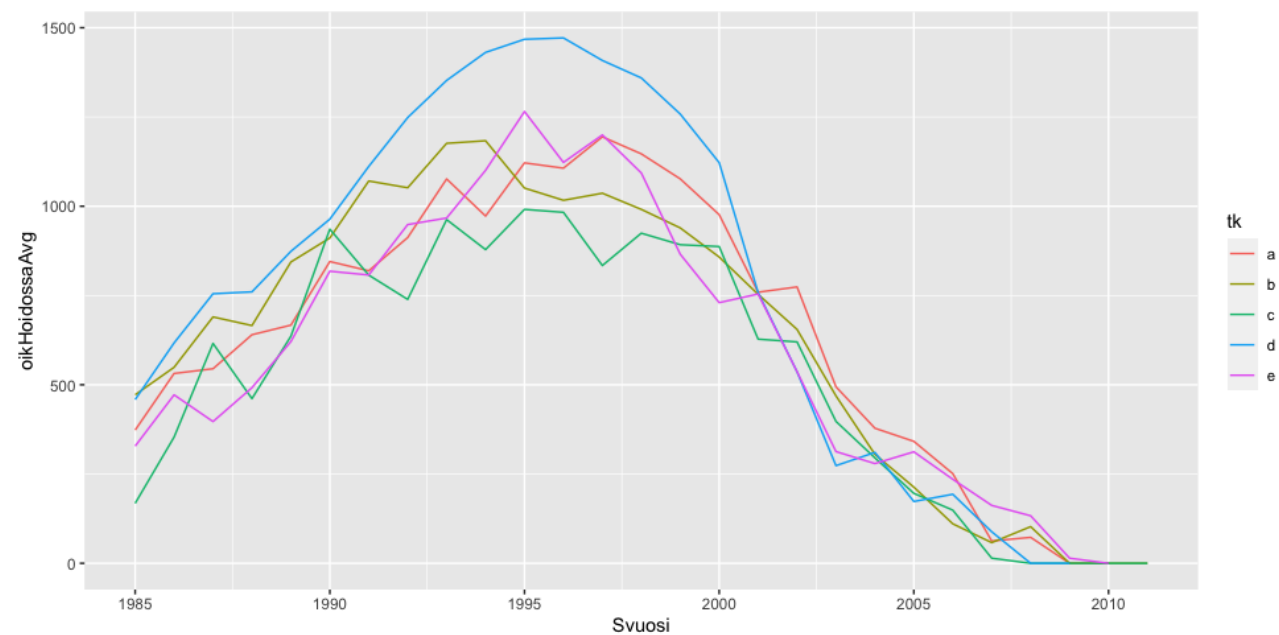


Figure 3. Percentage of treatment time on orthodontic care compared with the total treatment time within the year of birth.

