Potential Impacts of Direct Access and the Financial Model

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Direct Access

- Rooted in a report that predicted a shortage in manpower (Lapré, 2000)

- Training of DHs extended from 3 to 4 years and to BA-level (2002)

- Scope of Practice was extended (2006):
  - referral no longer necessary
  - authorised to treat primary cavities
Regulation of the profession

- Ministry of Health has two roles:
  - Regulator for all dental clinicians
  - Determines capacity and undertakes workforce planning
    (http://www.capaciteitsorgaan.nl/)
Data Collection

- 10 face-to-face semi-structured interviews conducted
- 5 Focus Groups
- 33 participants

Participants’ role:
- 1 Ministry of Health
- 2 Insurance
- 3 Professional Associations
- 5 Hygiene Students
- 6 Dental Students
- 6 Dentists
- 6 New Style Hygienists
- 3 Old Style Hygienists
- 1 Periodontist
- 4 Prevention Assistants
1. Attitudes to Direct Access
2. Historical issues
3. Models of practice
4. Training
5. Role boundaries
6. Care quality
7. Public attitudes to direct access
8. Regulation, monitoring and outcome measures
9. Remuneration
10. Scope of practice
11. Gender
12. Workforce
13. Relationships-within a practice
14. Relationships-between practices
15. Relationships-between professions
16. Relationships-external
Attitudes to Direct Access

• .....I'm very much pro Direct Access because you reach a group of patients you normally wouldn't get into your office.... (Hygienist)

• .....I think we had a force against us, a big force, and we ended up with this mal-deformed baby.... (Old Style Hygienist)

• .....it is what it is. And we don’t suffer for it, and we’re not very happy with it, and it just happens and nobody complains about it and nobody is very happy about it.... (Dental Association)
Relationships between professions

- ...the dentists, they were not amused at all about the development.... ....they stepped out of the group and then we had a fight.... .... we still have this fight until now.... (Hygiene Association)

- .....I’m not sure why they introduced it. Probably because they wanted it, the oral hygienists had a good lobby for it, and maybe the Government wanted to have more market competition.... (Dentist)

- .....the Dutch Dental Association were not happy with the lobby that the oral hygienists have with the Government.... (Dental Association)

- .....but we do have a bridge connecting the two buildings!.... (Hygiene Association)
Models of practice

• .....there are all sorts of practices in the Netherlands where DCPs hire dentists...there’s all sorts of people do that, and see the benefits.... (Hygienist)

• .....I’m not happy with those free practices, because very often they treat patients and they treat and they treat and they treat and they treat and they refer their patients too late, and if you ask them they say oh well, it wasn’t that bad.... (Dental Association)

• .....when the dental hygiene therapist is not in the same practice you cannot see how they work, so after a while it's a big problem and the patient will come to the dentist and then most of the time you are too late to do something or you need root canal....(Dentist)
Remuneration

- I think 30 per cent of the whole turnaround of this office is by hygienists. So this is really good because it’s also a stable a floor in your revenue (Dentist)
- But because we are cheaper and have a more social focus, we have more time which for the dentist is very pleasant because they can refer anxiety patients and children to us (Hygiene Student)
- The dentist are, at the end of the day, they want to make money (Hygienist)
- I also think it's a little bit being afraid of losing the business (Hygienist)
- Of course it’s about costs maybe, because they’re cheaper, they can say well, look at the whole then dental healthcare will be cheaper if we outsource things to hygienists (Dentist)
- we have a problem, who is doing what for what money (Dentist)
- And they’re looking purely at treatments and not at who’s doing it. So for the hourly tariff of prevention is now set for next year of 140 euros, which is nice. If I put a hygienist here I can make 23 per cent margin, which is nice’ (Dentist)
Training

• ….so you need good qualified people and these people are very much able to give dental care for a long period of time to patients that are not in a very high risk situation…. (Hygienist)

• ….they are allowed to drill. They are allowed to make x-rays…. ….the old school didn’t. And I guess, some of them think that the old school work has gone below their level, so they’re kind of embarrassed to do what they should do…. (Dental Student)

• ….we have all these very easy, new, freshly educated girls. Mainly girls. And I must say they know more about medicine, they know more about dentistry. I must say the quality is better than I can remember in the beginning. And you can also have a conversation on quite a good level about treatment…. (Dentist)
Role boundaries

• .....we see the patients every three months, four months, five months, six months and we also say, when you come to us and it’s okay, then you have to go less to the dentists, because he’s the last part, we are the first.... (Dental Hygienist)

• .....every time when you see them what you, what you, what you read on them is prevention, prevention, prevention and they really have a point there. Because for the dentist are still, even now, more focused on treatment than on prevention.... (Dentist)
Gender

• ....now there are many males on the School, because they want to
drill and, I think, it’s not the way, when dental hygienists… (Old
Style Hygienist)

• ....as soon as you earn more money with it male come in, and as
soon as you have to have care taking, the soft side of it, female
taking in..... (Dental Association)

• ....no, people think he is the dentist. It's funny. He's young but bald
so he looks old. He is referred to as 'the dentist' that's what patients
think.... (Practice Owner with New Style Hygienist)
Public attitudes

• ….so most of the time they will say, I am glad to come to you six times a year instead of going once to the dentist…. .....because early years ago in Holland there was a lot of butchery…. (Hygienist)

• .....I think there is a group of patients who come and who has found the dental hygienist and are very satisfied and keep coming, but there’s a whole group who need it probably the most are not coming; that’s the problem. That’s a problem I think…. (Insurance)

• .....people think it’s good as long as it is paid for. If they have to pay for it themselves, they don’t go…. (Dentist)

• .....I don’t know if the Dutch citizens know that they have free access to the oral hygienist. That’s one thing…. (Dental Association)
Conclusions

- Direct access is not a magic wand that will fix all oral health problems
- Direct access can have many outcomes and impacts
- These outcomes may not be those intended by policy makers
- Outside factors must be considered
- Outcomes will vary for each stakeholder
Conclusions

• Direct access can be successful

• What do you want from direct access?

• What role should DCPs play?

• How can direct access make this happen?

• Regulate accordingly