



Canadian Dental Association Association dentaire canadienne

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March 7th, 2024

The Honourable Mark Holland, P.C., M.P.
Minister of Health
House of Commons
Ottawa, ON
K1A 0A6

Dear Minister Holland,

Thank you for the opportunity for continued collaboration on the Canadian Dental Care Plan (CDCP). The Canadian Dental Association (CDA) appreciates the constructive and open dialogue we have maintained since the beginning and particularly over the past year as CDCP has evolved. Working together with you and Deputy Minister Stephen Lucas, we have made progress towards our common goal of ensuring the best possible dental care program for eligible Canadians. However, as you know, concerning gaps remain in our view.

In continuing our ongoing dialogue on improving CDCP, the intent of my letter today is to share the results of a recent survey conducted with nearly 4,000 dentists.

The results raise concerns and show low levels of support and intent to participate in CDCP, even following the release of more program details in early February. **Over 7 in 10 dentists oppose the CDCP. This is double the initial reaction recorded in December of 2023 when limited details were available.**

CDA is concerned with the continued signal of low provider participation, which will compromise the success of this plan. Without adequate participation by providers, eligible Canadians cannot receive the care they need.

With provider participation being set to launch this coming Monday, March 11, 2024, time is of the essence to ensure we get this right and achieve the best possible outcome for Canadians. We have already shared a comprehensive capture of the survey results with your office. However, to summarize the key findings, I present the following alarming statistics to you.

When asked if they had to decide now if they would participate:

- 61% responded they would not participate
- 35% responded that they would participate but would balance bill their patients for the difference
- 5% responded that they would participate and would not balance bill.

When asked of their reaction to CDCP thus far:

- 2% Strongly Support
- 10% Somewhat support
- 16% Neither Support nor Oppose
- 72% Somewhat Oppose or Strongly Oppose

It would be a disservice to you and your team to deliver these results without solutions. CDA and Provincial and Territorial Dental Associations (PTDAs) have been sharing recommendations over the past months and year that will improve CDCP, promote better access to care, and encourage dentists to participate in the program. CDA respectfully urges Health Canada to:

1. **Reduce the administrative processes of CDCP not found in other dental plans:** This is an important issue for dentists. On aggregate, the most common reason dentists say they are unwilling to participate in CDCP is the administrative burden. The program administration and preauthorization process should prioritize simplicity and flexibility. More time spent on unnecessary administrative issues is less time spent on patients. However, we are encouraged and acknowledge the government's willingness to understand the administration burden for dentists. Our hope is that the *Health Canada Preauthorization and Administrative Efficiencies Working Group* can make significant improvements before older adults and vulnerable Canadians need to access the essential care they need. If left unaddressed, unnecessary administrative processes will result in longer wait times for approval of routinely needed care. Furthermore, administrative burden will have a significant impact on already overburdened and overworked staff due to healthcare sector shortages.
2. **Allow patients the option to be reimbursed directly by the CDCP:** Canadians should be able to choose their preferred oral healthcare provider even if the dentist does not have a Claims Processing and Payment Agreement with the Government. Most dental offices in Canada already offer electronic submission to Sunlife. In accordance with our advice from last summer, we continue to recommend the inclusion of an option for patients to be reimbursed directly by SunLife and for dental offices to have the ability to submit claims on behalf of patients. This is currently the reality of Canadians with other dental benefits. Why should older adults or low-income Canadians not benefit from the same options as the majority of the population? This will reduce barriers in access to care and expand the number of providers who offer care to CDCP patients. For smaller communities, this is even more prominent where patients may not find a dentist participating in CDCP and thus having to travel long distances or even not be able to access care at all. Our understanding is that Health Canada contends that allowing patients to be reimbursed undermines the program's objective of ensuring vulnerable populations receive timely care without financial barriers. However, finding a balance is crucial.
3. **Ensure that patients are fully covered for the cost of oral health care:** While fee discussions are within the jurisdiction of the PTDAs, we want to provide some context to the survey results where 42% of dentists say the main reason they are unlikely to participate in the CDCP is because the fee grids do not match provincial and territorial fee guides. Dental clinics, unlike Canada's medical healthcare system, rely on private financing, and dentists charge fees based on the hard costs involved in maintaining a clinic, such as support staff, infrastructure, clinical materials, equipment, etc. While we understand the financial constraints faced by the federal government, it is imperative to find a solution that matches the CDCP fee grids to PTDA fee guides beginning in

2025. This will ensure fair treatment for dentists and truly eliminate out-of-pocket expenses for CDCP patients, ensuring full coverage for their oral health care costs.

4. **Ensure that program details are effectively communicated to the public:** Currently, there is widespread confusion and myth regarding the actual coverage of the CDCP. Eligible older adults are contacting dental offices and CDA to express their surprise at the cost involved with the program, which they believed would be free. The Government's lack of direct communication and clarity on this issue is causing frustration among dentists. We acknowledge that through the *Working Group for Communications* there has been some progress, but providers continue to field questions from patients as to why the program is not free. Patients are directing their frustrations towards the providers and, as a result, more providers may choose not to participate. We call on the government to step up their efforts in dispelling the belief that CDCP as it stands will provide complete coverage for patients. By managing patient expectations, trust in the program can be fostered.

5. **Provide clarity on how CDCP integrates with other coverage:** We understand that the Federal Government intends to be first payer and that discussions with the Provinces and Territories are ongoing. At a practical level, dental offices need clarity on how CDCP will work with existing provincial programs or other benefits plans given reimbursement limitations. On a day-to-day basis, dental offices will seek opportunities to limit balancing billing and optimize the care covered for financially vulnerable patients. But dentists require clear guidelines as they consider participating in the program to ensure seamless integration with existing frameworks. Without this clarity, dentists may hesitate to participate, further exacerbating patient access issues and administrative challenges.

In conclusion, we are concerned about the survey trends and level of provider interest. The recommendations proposed would go a long way in improving the perceptions of the program.

Thank you for your attention to this matter. I trust that you will consider the viewpoints of dentists in finding equitable solutions to these challenges.

I look forward to meeting you and discussing these matters in Vancouver on March 8th, 2024 at the Pacific Dental Conference.

Sincerely,



Dr. Heather Carr
President

c.c. Stephen Lucas, Deputy Minister of Health