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Dental Health Insurance in India: Need of the Hour!

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ABSTRACT

India is a vast country of diverse cultures and languages. People of the Indian subcontinent lack sufficient knowledge about dentistry as a science, thus making it a necessity to provide dental care to the masses. High cost of dental treatment and lesser oral health practices among people in India predispose to altered oral hygiene. Dental Insurance in India is of great relevance in making oral care facilities available to one and all. However, it has just completed its first step, and only few insurance organizations are giving dental insurance provision, in contrast to the medical insurance companies which cover most of the Indian population. Therefore, the main objective of this review paper was to assess the provision of oral health insurance schemes in the Indian subcontinent and their knowledge and utilization by Indian public. For this, we studied the articles published in last few years from various sources regarding dental insurance in India. It was revealed that currently, there are only a few dental insurance policies, but with time and modern resources, dental insurance schemes in India will surely increase. As time progresses, a stage will be reached where each and every Indian will be protected by a trustworthy Dental Insurance scheme.

KEYWORDS: Dental Insurance, Dental health, Dental awareness

INTRODUCTION

India is a country with diverse customs and social rituals. Due to modern lifestyle and activities people are more prone to a number of health hazards. With decrease in the average life span of an Indian, over the years, it has become a basic necessity to provide good and basic health insurance coverage schemes to the public. These health insurance schemes not only provide emergency medical and dental care but also a sense of security and relief to the common man, in distress. Over the years many health insurance policies have been successfully launched in the Indian subcontinent. Oral health is a basic component of general health of the individual. However, oral health faces neglect and only a very few dental insurance schemes have been introduced till date, in India. The use of oral care services has aroused interest of many researchers, and several conceptual models have been proposed for this complex issue.

According to National Health Centre for Statistics in its 'National Health Interview Survey', having dental coverage is the single greatest factor in determining whether a person visits a dentist.[3]

People with dental benefits coverage are:
•More likely to visit a dentist in a year.
•More likely to have multiple dental visits in a year, and
•More likely to have had a checkup rather than treatment for a specific problem.

DENTAL INSURANCE SCHEMES IN INDIA

There are not many dental insurance schemes available in India. Fee-for-Service dental insurance accounts for specific percentage of savings on the charges claimed for every dental treatment. Hindustan Lever Limited(HLL) on 9th Oct 2002 had announced the launch of first of its kind dental insurance scheme. 'Pepsodent Dental Insurance', in partnership with New India Assurance launched a scheme wherein every purchase of Pepsodent toothpaste enabled the customer to get Rs. 1,000 worth of free dental insurance.[4]

ICICI Lombard Dental Insurance Cover is a plan included in the health advantage plus policy of general health insurance by ICICI Lombard.[5] It reimburses consultation fee and treatment

charges under Out Patient Treatment but the treatment charges can be claimed only once during the insurance period. Apollo DKV Health Insurance in its Easy Health Premium plan covers dental treatment on outpatient cover basis up to a maximum of Rs. 5000/-, along with a waiting period of 3 years.[6]

Dental services offered by the public sector are extremely limited including only extractions, pain treatment and oral surgery until the 1980s, when preventive care programs at schools were initiated.[7] Medicaid was established as an entitlement program in 1965 under the Social Security Act, Title XIX, to provide medical assistance to low-income people.[8] In 1967, Congress enacted establishing Medicaid's Early and Periodic Screening, Diagnosis, and Treatment service, which requires that states make provisions for preventive dental services.[9]

A primary indicator of access to oral health care is dental insurance. Literature shows that people with dental insurance visit dentists more frequently in comparison to the people without dental insurance. There are limited federal and state assistance programs for dental care.

Lantz et al. stated that provision of oral health care is a "necessary component of population health".[10] Braveman and Gruskin consider health care as "a key social determinant of health".[11] For dentistry, access to care may be more significant, because of its effectiveness in relieving pain and restoring function in oral infections (e.g., toothache), and in its ability to prevent disease with proven modalities.

INCOME AND DENTAL INSURANCE COVERAGE

Household income is assessed using a six-category ordinal variable ranging from "Less than Rs 20,000 per annum" to "Rs 120,000 or more." Respondents are asked how they paid for dental care with the response options being: "Through insurance obtained from employment," "Through someone else's employment insurance", "Through a public provincial program, social assistance or welfare" and "Pay out-of-pocket."

Use of dental services

Use of dental services is assessed by two questions; the usual pattern of seeking care and time since last dental visit. The former asks "How often do you visit a dentist", with the following response options: "Never", "Only for emergency care," "From time to time for a check-up", "Less than once a year for a check-up." The latter asks: "When was the last time you visited a dentist." The response options for this question are: "Never visited", "Five or more years ago","3 years to less than five years ago","1 year to less than 3 years ago."

Self-reported oral health status

This is assessed using single-item questions and a multi item scale. The single items are oral status (dentate/edentulous), wearing one or more dentures (yes/no), having lost a tooth or having a tooth taken out in the previous 12 months (yes/no), and self-rated oral health (excellent, very good, good, fair, poor). The multi-item measure used consists of two items representing each of the seven subscales comprising the source measure. The variables are regarding complexities of the oral structures and dental appliances, and are measured on a frequency scale with options in the increasing order, coded 0 through 4. These responses can be summed in different ways to produce estimates of the prevalence, extent, and severity of the functional and psychosocial impacts associated with oral disorders.[12]

Hypothetical Questionnaire:

A hypothetical questionnaire can be proposed as to how much knowledge the participants have regarding the value, rules, coverage and period of the dental insurance.

Dental insurance means delivering quality care at reasonable costs. The primary reason for the success of dental insurance is learning from and avoiding the mistakes that the medical hospital insurance had made in their formative years.[13] Employers and employees are not always interested in demanding and negotiating about dental insurance.[14]

Full dental insurance can obviously be very expensive and if one wants full coverage, they

must purchase a 'gold standard' health plan. Emergency restorations and extractions are included in standard health plans, but when it comes to more specialized treatment options like cosmetic treatment, crowns, bridges and other prosthetics, the costs escalate in a substantial manner.

Even the above mentioned 'gold standard' policies have limitations, with regard to content of filling materials used, the number of dental visits and the volume of work carried out in an year. Cosmetic procedures and children's orthodontic treatment are not included in most plans (if they are, the premiums are generally high). In spite of the high prevalence of oral diseases and the large amount of resources spent on dentistry, change of the dental care policy options was mostly ignored in public health policy discussion scenarios.[15]

Improvement of oral health is the ultimate aim and product of dental care which, in turn, indicates the overall performance level of the dental sector.[16] Financing of dental treatment, like other health services, is related to effective cost containment.[17]

Dental insurance allows protection from unexpected dental expenses thereby attempting to reduce or remove cost barriers. Depending on the social and political background of a country, the health insurance policy, dental services delivered to their beneficiaries, and their funding differs.[18] Most of the developing countries exercise systems focusing on treatment of teeth and supporting structures and pain relief. Several studies indicate that dental insurance coverage has a positive role to play in increasing the utilization of dental care.[19]

People living in rural and inner-city regions usually face significant barriers (such as lack of dental insurance, transportation problems and shortage of healthcare providers) in accessing dental care,[20-21] have greater unmet dental needs and consequently poor oral health status.[22]

Research on oral health service utilization in higher and lower socioeconomic areas usually aim on beneficiaries of insurance services and on variation in utilization rates, which is described as the fraction of people visiting the nearest dental OPD. These studies have reported profound disparities in utilization rates with residents of rural areas having significantly fewer visits to dentists.[23]

Variability in providing oral health treatments can be utilized as disparity measures in oral health care. As a matter of fact, less research has examined high v/s low socioeconomic status disparities in availability of oral health treatments.[24-25]

Enrollees of private dental insurance plans have higher utilization rates than the uninsured or publicly insured populations,[26] indicating better access to dental care. Insurance trustees in the private sector have equal reach to oral health care; but, rural persons and low socio economic strata of the society have lesser visits to a dental OPD.[27] Socio-economic status of an individual and his or her place of residence are closely in relation and independently affect the person's health, access to healthcare facilities and health outcomes.[28]

People living in areas with higher poverty levels definitely have lesser visits for preventive care and procedures compared to those who live in posh areas and have high income.[29] These disparities have been shown to persist even after adjustment of factors like health insurance status, bridging the gap in supply of providers, and having regular source of healthcare.[30]

CONCLUSION

Dental insurance coverage should be considered as an integral component of health care coverage and dental services should be provided with the same level of quality to the entire population as the general health care services. Selecting the right kind of dental insurance plan is a difficult procedure. As dental disease is very common, being protected by dental insurance and using it wisely is essential. Oral health insurance would provide an effective way in managing the rising costs of dental care, as it can remove many of the excuses people come up with, for, neglecting their dental health.

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