

Appendix G

Dr. Gerry Uswak



Dr. Bernie White
Registrar
College of Dental Surgeons of Saskatchewan
201 1st Ave S
1202 The Tower at Midtown
Saskatoon, SK S7K 1J5

Dear Dr. White,

Re: Opinion on Access to Care and Independent Private Practice

There are several key reports that describe the oral health of Canadians and describe the access to care barriers faced by a quarter of the population who are most in need of comprehensive dental care but can't afford it and don't seek care.

The Oral Health Component of the Canadian Health Measures Survey 2007-2009

<http://www.caphd.ca/sites/default/files/CHMS-E-summ.pdf>

The Canadian Academy of Health Sciences Improving Access to Oral Health Care for Vulnerable People Living in Canada 2014

[https://cahs-acss.ca/wp-content/uploads/2015/07/Access to Oral Care FINAL REPORT EN.pdf](https://cahs-acss.ca/wp-content/uploads/2015/07/Access_to_Oral_Care_FINAL_REPORT_EN.pdf)

Inuit Oral Health Survey Report 2008-2009

<https://www.canada.ca/en/indigenous-services-canada/services/first-nations-inuit-health/reports-publications/health-promotion/inuit-oral-health-survey-report-2008-2009.html>

Report on the Findings of the First Nations Oral Health Survey (FNOHS) National Report 2009-2010

https://fnigc.ca/sites/default/files/docs/fn_oral_health_survey_national_report_2010.pdf

Indigenous Canadians have poorer oral health and require more comprehensive dental care than non-indigenous Canadians. Their access to care barriers are manifold despite having non-insured dental health benefits to cover much of the costs of the care.

For non-indigenous Canadians, the burden of oral disease is concentrated in a small but significant segment of the population, who, lack dental insurance, who lack public third-party dental benefits and cannot pay out of pocket for their dental care.

Here are the vulnerable populations in Canada (CAHS 2014):

- those with low incomes;
- young children living in low income families;
- young adults and others working without dental insurance;



- elderly people living in institutions or with low incomes;
- aboriginal peoples;
- refugees and immigrants;
- those with disabilities; and
- people living in rural and remote regions

A common thread runs through the vulnerable populations: lack of dental insurance and the inability to pay for care out-of-pocket which leads to partial or complete avoidance of dental appointments or seeking care only when pain becomes unbearable. Additional providers who charge fee-for-service will not reduce income inequality access to care barriers for these vulnerable populations.

In Saskatchewan, Dental hygienists, dental therapists and dental assistants who work for dental public health agencies and many First Nations practice independently but collaboratively in referral-consultant relationship with a one referral-consultant dentist to channel all patient consults and prescriptions through. The referral-consultant dentist will also do quality assurance assessments of care-provision mandated by the agency.

There are also dental hygienists working independently and collaboratively in the Saskatchewan Health Authority with a referral-consultant relationship with a dentist

In private practice, the hygienist and therapist practice independently save for billing in an employer-employee relationship with a dentist. Alternatively, some hygienists and therapists work as independent contractors in primary clinics or satellite clinics.

A dental hygienist or dental therapist can own a practice in Saskatchewan under the current Act. A collaborative practice agreement must be in place. Not unlike what is required by dental public health agencies.

Shouldn't active consultation and referral be an integral part of any alternative practice model so that the patient receives timely care from the best-trained practitioner?

Finally, while pro-independent practice opinion papers suggest that independent practice will increase access to care, there is no evidence in the literature demonstrating that that it actually does lower access to care barriers.

Sincerely,

A handwritten signature in black ink, appearing to read 'Gerry Uswak'.

Gerry Uswak, DMD, MPH
Associate Professor