

Community Care Fund Elderly Dental Assistance Programme

Interim Evaluation

Purpose

This report sets out the findings of the interim evaluation of the Community Care Fund (CCF) Elderly Dental Assistance Programme (the Programme).

Background

2. The CCF was established in early 2011 to provide assistance for people with economic difficulties, in particular those who fall outside the social safety net or those who have special needs not covered by the safety net. The CCF also implements programmes on a pilot basis to help the Government identify measures which can be considered for incorporation into the Government's regular assistance and service programmes.

3. In April 2011, the then Steering Committee on the CCF approved a provision of \$100 million for subsidising dentures and related dental services for elders. It was subsequently endorsed in February 2012 that beneficiaries of the Programme must meet the following criteria:

- (a) Aged 60 or above;
- (b) Users of the Integrated Home Care Services (IHCS) or Enhanced Home and Community Care Services (EHCCS) subvented by the Social Welfare Department (SWD) as at 31 December 2011 and paying Level 1 or Level 2 fee charge when applying for the assistance of the Programme, but are not recipients of Comprehensive Social Security Assistance (CSSA);
- (c) Lose all or some of their teeth or suffer from dental illness and encountering difficulties in eating or chewing; and are willing to accept the subsidy and dental services under the Programme; and

- (d) Assessed by participating home-based service teams and dentists as in need of and suitable for dentures and related dental services, based on the guidelines drawn up by the Hong Kong Dental Association (HKDA).

4. The then Steering Committee commissioned the HKDA to implement the Programme. The Programme was officially launched on 24 September 2012 and is expected to run for two years.

Interim Evaluation

5. In July 2013, the HKDA completed the interim evaluation of the the Programme covering the first nine months of its implementation (i.e. from 24 September 2012 to 30 June 2013). The interim evaluation assessed the effectiveness of the Programme based on the following indicators:

- (a) number of beneficiaries;
- (b) average amount of subsidy granted to each beneficiary;
- (c) processing time required from the date of application to the first consultation; and
- (d) beneficiaries' satisfaction with the Programme.

6. In conducting the interim evaluation, the HKDA mainly based on the information provided by applicants, participating non-governmental organisations (NGOs) and dentists/clinics; comments from the benefited elders given in surveys conducted by NGOs as well as those collected through the enquiry hotline or briefing sessions of the Programme.

Findings

7. Based on the evaluation indicators mentioned in paragraph 5 above, the HKDA had conducted an analysis taking the position of 30 June 2013 as follows:

- (a) Number of NGOs and dentists participating in the Programme

8. The progress in the recruitment of NGOs and dentists was as

follows:

- (a) 26 NGOs providing home-based services (a total of 79 service teams) had participated to refer elders for the Programme; and
- (b) 259 dentists and 47 dental clinics operated by NGOs had participated in the Programme to provide dental services.

(b) Number of beneficiaries

9. Out of the 637 elders referred to the participating dentists/clinics for dental services, 343 had completed dental treatment, while treatments for the remaining 294 elders were yet to be completed. Among the afore-mentioned 637 elders, the largest age group was 80 or above (370 persons, 58.1%), followed by 75 to 79 (141 persons, about 22.1%). Most of these elders were users of IHCS (482 persons, 75.7%). Over half of them (353 persons, 55.4%) were paying the Level 1 fee charge of the home-based services when applying for the Programme. Most of them lived in Kowloon City (100 persons, 15.7%).

10. Among the 343 elders who had completed dental treatment, most of them received consultation in their respective districts (326 persons, 95%). Only a small number of elders were required to seek cross-district consultation. Most elders needed to attend 5 consultations (65 persons, 19%) and the average number of consultations was also 5. A total of 114 elders (33%) required accompanying service and the average number of accompanying service provided was about 4.

11. Among these 343 elders, 283 (82.5%) received dentures (full dentures for 234 elders (68.2%) and partial dentures for 49 elders (14.3%)). Twenty out of the 343 elders did not have their dental services fully completed because they were unwilling to continue to receive dentures or related dental treatment after undergoing check-up or receiving part of the dental treatment due to personal reasons.

(c) Average amount of subsidy granted to each beneficiary

12. The HKDA has disbursed subsidy of about \$2.3 million to participating dentists/clinics and NGOs for the 343 completed cases (including \$2.17 million of dental fees to dentists/clinics and

\$0.13 million of accompanying service fees to NGOs). The average amount of subsidy granted to each elder was about \$6,700.

(d) Processing time from application to the first consultation

13. Regarding the 343 completed cases, less than 20 days were required for most cases in processing an application for the first consultation (263 persons, 76.7%). Only a small number of cases (37 persons, 10.8%) required 31 days or more to process due to dentists' consultation schedule or elders' own preference.

(e) Elders' satisfaction with the Programme

14. Under the Programme, NGOs making referrals are required to conduct a survey with elders within six weeks upon completion of dental treatment to ascertain whether such elders find the dentures helpful and whether they are satisfied with the Programme. Relevant data must be properly recorded for submission to the HKDA.

15. Among the 343 completed cases, 342 elders have completed the survey. The remaining elder had passed away and did not conduct the survey. Among the 342 respondents, 94 (27.5%) and 230 (67.2%) were very satisfied and satisfied with the Programme respectively.

Other relevant information

(a) Comments of participating NGOs

16. The HKDA organised a series of briefings and sharing sessions on 28 June 2012, 20 September 2012, 16 November 2012, 9 April 2013 and 23 May 2013 to facilitate better understanding of the Programme and to enhance communication and exchanges of views and experiences among NGOs and service teams operating the IHCS and the EHCCS. Some NGOs suggested to adjust the accompanying service fees to enable the engagement of additional staff to cope with the extra work. They also asked for more flexible arrangements for dental appointments (appointments to be made by elders or their family), more thorough understanding of the Programme by participating dentists/clinics, support

for barrier-free provisions, expansion of the target beneficiaries, etc.

(b) *Comments of participating dentists/clinics*

17. The HKDA conducted a briefing and a seminar on the Programme for dentists/clinics on 17 September 2012 and 17 March 2013 respectively to give them a better understanding of the Programme so as to attract more dentists for enrolment. Participating dentists had also shared their experiences and exchanged views on the implementation of the Programme. Most enquiries were related to the workflow and guidelines, as well as issues concerning maintenance of dentures.

(c) *Public enquiries*

18. During the implementation of the Programme, a hotline and an e-mail account have been set up to receive enquiries from NGOs, dentists/clinics and the public. The HKDA has received a total of 1 969 enquiries during the period from 24 September 2012 to 30 June 2013.

Conclusion of the Interim Evaluation

19. The objective of the Programme is to subsidise elders for dentures and related dental services. Based on the statistics up to June 2013, among the 343 elders who have completed dental treatment under the Programme, 283 (82.5%) have received full or partial dentures and the average subsidy is \$6,700. This indicates that the Programme has provided appropriate assistance to elders who have financial difficulties and are in need of dentures. Most of the benefited elders found the dentures helpful and were satisfied with the services of the Programme.

20. Based on the experience in the first nine months, the Programme has been implementing smoothly. For instance, less than 20 days were required to process an application for the first consultation. The referral and appointment arrangements by NGOs have been effectively conducted. Besides, participating dentists/clinics are able to provide timely dental treatment to the elders. Most of whom (95%) could receive dental treatment in their respective districts, thus substantially reducing the inconvenience caused by cross-district referral. Taking into account the

progress of implementation and stakeholders' feedback, the HKDA has made continuous efforts to refine the operational arrangements of the Programme for better service delivery. For example, the accompanying service fees to NGOs have been adjusted on 3 June 2013 as proposed. Some NGOs suggested for elders or their family members to make dental appointments with dentists/clinics direct. Given that the existing arrangements have been smoothly conducted, and NGOs have played an important role in facilitating communication between elders and dentists, it is considered desirable to maintain the existing arrangement.

21. Under the Programme, applications must be made on a referral basis by service teams of the IHCS or the EHCCS under NGOs participating in the Programme. Before making referrals, the service teams will conduct initial screening for the elders based on the criteria listed in paragraph 3 above. The eligible elders will be referred to the participating dentists/ clinics for necessary dental treatment. NGOs will provide accompanying service for individual elders if required.

22. Based on the number of beneficiaries recorded for the first nine months of the implementation of the Programme, the initial response did not fully meet the expected result. Having considered the recommendations of the Task Force and its Working Group, the Commission on Poverty approved the following arrangements at its meeting on 2 May 2013 with a view to increasing the participation rate of the Programme:

- (a) **Adjusting the eligibility criterion of the Programme**– At the commencement of the Programme, beneficiaries must be using the two home-based services subvented by the SWD as at 31 December 2011. In view that some elders asked for relaxation of this requirement, the Commission on Poverty approved to adjust the date on which elders must be using the home-based services from 31 December 2011 to 31 December 2012 as so to benefit more elders.
- (b) **Adjusting the fees to NGOs** – Some NGOs have indicated difficulty in implementing the Programme because of manpower shortage. In order to provide NGOs with more resources for employing sufficient manpower to cope with operational needs so as to encourage them to refer more elders

for the Programme, the Commission on Poverty also endorsed the adjustment of fees to NGOs.

23. As per the adjustments mentioned in paragraph 22(b) above, the existing fees for NGOs and dental fees are set out in **Annex (1)**. As the adjustments have just been introduced on 3 June 2013, the impact on the Programme have yet to be ascertained. The HKDA will continue to monitor the implementation of the Programme and report progress to the Task Force periodically.

24. Notwithstanding that the initial response of the Programme did not fully meet the expectation, it has helped elders who cannot benefit from the CSSA dental grant or the Pilot Project on Outreach Primary Dental Care Services for the Elderly in Residential Care Homes and Day Care Centres in receiving subsidised dentures and related dental services. On the whole, the objectives of the CCF and that of the Programme have been achieved.

25. To benefit more elders who are in financial difficulties but not receiving CSSA, the HKDA suggests that the Task Force and its Working Group should continue to review the Programme and consider expanding gradually the eligibility criteria, taking into account the progress of implementation and the experience gained, as well as factors such as the number of participating dentists. Also, the implementation details of the Programme may be revised in order to cope with expansion of the programme to other target beneficiaries.

Follow-up Work

26. In expanding the target beneficiaries of the Programme, the Working Group considers it necessary to strike a balance between elders' demand for dentures and the capacity of the participating dentists/clinics. In this connection, the Working Group suggested the HKDA to consider revising dental fees of the Programme so as to attract more dentists to join the programme. In light of the experiences gained and after deliberation, HKDA proposed to -

- (a) allow participating dentists/clinics to reimburse on an accountable basis within a cap of 5 teeth each on fillings and

extractions (ceiling of fees at \$1,600 and \$1,725 respectively);
and

(b) include subsidy for X-ray checks (ceiling of fees at \$260).

27. The Commission on Poverty endorsed the above proposals at its meeting on 13 September 2013. The revised dental fees at **Annex (2)** will take effect from 21 October 2013.

28. The HKDA will conduct a final evaluation of the Programme. Apart from assessing the effectiveness of the programme, it will also consider the sustainability and suitability of the Programme for incorporation into Government's regular service.

Food and Health Bureau

October 2013

Community Care Fund Elderly Dental Assistance Programme

Existing fees to NGOs and dental fees

(I) Fees to NGOs

	<u>Fees to NGOs</u>
For each referral case not requiring NGOs to provide accompanying services	Administrative fee: \$ 50 Referral fee: \$ 50
For each referral case requiring NGOs to provide accompanying services	Administrative fee: \$ 50 Referral fee: \$ 50 Accompanying service fee: \$ 70 per hour

(II) Dental fees

<u>Dental treatment and service items</u>	<u>Ceiling of fees charged by dentists/clinics¹</u>
(a) Registration and check-up (including cases in which the elder is not suitable for/declines to have his/her teeth replaced with denture(s) after the check-up, and is not in need of other dental services i.e. scaling and polishing, fillings and tooth extraction)	\$ 55
(b) Dentures for both arches for an elder who is in need of and suitable for such service as confirmed after the check-up	\$8,000 ²

¹ Apart from the charge(s) specified in items (a) to (d), dentists/clinics participating in the Programme shall not charge the elders any other fee.

² Payment for items (b) and (c) apply as listed above regardless of the number of teeth being replaced by the denture.

(c) Denture for either upper arch or lower arch for an elder who is in need of and suitable for such service as confirmed after the check-up	\$4,005 ²
(d) Other dental service(s) i.e. scaling and polishing, fillings and tooth extractions provided by the dentist based on assessment of the oral conditions of the elder irrespective of whether denture(s) is / are involved ³	Scaling and Polishing (\$375)
	Filling (\$320)
	Tooth extraction (\$345)

³ Payments listed under item (d) shall cover other related dental services (e.g. pain relief, anaesthesia, X-ray checks, etc.). The ceiling of individual treatment items shall not exceed the respective payment ceilings so specified.

Community Care Fund Elderly Dental Assistance Programme

Dental fees with effect from October 2013

<u>Dental treatment and service items</u>	<u>Ceiling of fees charged by dentists/clinics¹</u>
(a) Registration and check-up (including cases in which the elder is not suitable for/declines to have his/her teeth replaced with denture(s) after the check-up, and is not in need of other dental services i.e. scaling and polishing, fillings, tooth extraction and X-ray checks)	\$ 55
(b) Dentures for both arches for an elder who is in need of and suitable for such service as confirmed after the check-up	\$8,000 ²
(c) Denture for either upper arch or lower arch for an elder who is in need of and suitable for such service as confirmed after the check-up	\$4,005 ²

¹ Apart from the charge(s) specified in items (a) to (d), dentists/dental clinics participating in the Programme shall not charge the elderly beneficiaries any other fee.

² Payment for items (b) and (c) apply as listed above regardless of the number of teeth being replaced by the denture.

(d) Other dental service(s) i.e. scaling and polishing, filling, tooth extractions and X-ray checks provided by the dentist based on assessment of the oral conditions of the elder irrespective of whether denture(s) is / are involved ³	Scaling and Polishing (\$375)
	Filling (\$320 per tooth, ceiling at \$1,600)
	Tooth extraction (\$345 per tooth, ceiling at \$1,725)
	X-ray check (\$65 per film, ceiling at \$260)

³ Payments listed under item (d) shall cover other related dental services (e.g. pain relief, anaesthesia, etc.). The ceiling of individual treatment items shall not exceed the respective payment ceilings so specified.