Perry, Nancy L HLTH:EX

From: Docs Processing HLTH:EX
Sent: Wednesday, August 1, 2012 12:54 PM
To: Manning, John HLTH:EX; Maksymetz, Richard HLTH:EX
Cc: Docs Processing HLTH:EX
Subject: MLA Ralph Sultan re BCDA Request for Contribution from Gov't to Enable Survey of BC Adults and Children (Dental Portion) (Cliff 937648/MLA Log #18)

The attached information has been prepared by Financial & Corporate Services and approved by Manjit Sidhu, ADM, and by Elaine McKnight, CAO, in response to the MLA's comments to Minister.


20120716092249.pdf


937648 - MLA Ralph Sultan re F...

Thanks,

Kathy Simonson
Program Coordinator / Documents Processing Unit / Ministry of Health
5-2 1515 Blanshard St. Victoria BC V8W 3C8
Telephone 250 952-1811

kathy.simonson@gov.bc.ca

BC Dental Association Funding Request for a Survey of BC Adults and Children

Bullets for CLIFF 937648

- The BC Dental Association (BCDA) is requesting a $300,000 contribution from the provincial government for an in-depth survey of BC adults and children. The total cost of the project is $600,000 of which BCDA, s.13
  s.13

- The Ministry of Health (the Ministry) has previously provided funding to BCDA for various education and public awareness initiatives, including dental awareness campaigns focusing on the prevention of early childhood dental decay.

- The Ministry does not have funding available to support BCDA's survey request.

- The Ministry launched Healthy Families BC in 2011 to invest in prevention initiatives to help British Columbians better manage their health, reducing chronic diseases, and ensuring that pregnancy and support programs are targeted to the province's most vulnerable families. Funding surveys for dental health research purposes is outside the scope of the BC Healthy Families initiative.

- The Ministry suggests BCDA contact the Michael Smith Foundation for Health Research (MSFHR) directly regarding potentially partnering on this project. MSFHR has previously funded research projects for oral cancer health. MSFHR can be contacted at:

  Michael Smith Foundation for Health Research
  Suite 200, 1285 West Broadway
  Vancouver, BC, V6H 3X8

West Vancouver-Capilano
409 - 545 Clyde Avenue
West Vancouver, B.C.
V7T 1C5

East Annex
Parliament Buildings
Victoria, B.C.
V8V 1X4

RALPH SULTAN, M.L.A.

To Hon. Mike de Jong

Mike This survey proposed seems worthwhile. Family first etc.

Ralph.

Telephone: 604 981-0050 Fax: 604 981-0055
e-mail: ralph.sultan.mla@leg.bc.ca
website: www.ralphsultanmla.ca

MINISTRY OF HEALTH
DOCS PROCESSING ASSIGNMENT FORM

RECEIVED
MINISTRY OF HEALTH
JUL 17 2012
REGIONAL GRANTS AND DECISION SUPPORT

MLA Log #18 July

DUE DATE: Monday, July 30th, 2012 CLIFF: 937648

ASSIGNED: FCS-ADM DATE: July 16, 2012

ISSUE: MLA Ralph Sultan re BCDA Request for Contribution from Gov't to Enable Survey of BC Adults and Children (Dental Portion)

☐ **MLA INFO REQUEST**

A. CONTENT & CONFIRMATION REVIEW:

Where assignment has cross-divisional impacts, please ensure appropriate approvals have been included.

POSITION	NAME	SIGNATURE	CHANGES Y/N	DATE COMPLETE
DRAFTER				
DIRECTOR	AURELEO REYES			July 29/12
EXECUTIVE DIRECTOR	for Gordon Cross		N	July 27/12

B. FINANCIAL REVIEW REQUIRED: ☐ NO ☐ YES

Budget Manager: _____ (Name) Approved ☐ YES _____ (Signature)

ADM: _____ (Name) Approved ☐ YES _____ (Signature)

C. DATA REVIEW REQUIRED (PLANNING & INNOVATION): ☐ NO ☐ YES

Reviewed by: _____ (Name) Approved ☐ YES _____ (Signature)

D. EXECUTIVE APPROVAL:

Where the assignment has cross-divisional impacts, please ensure that the appropriate approvals have been included.

POSITION	NAME	SIGNATURE	CHANGES Y/N	DATE COMPLETE
ADM	Manjit Sidhu			JUL 31 2012
COO / CAO (as required)	Elaine McKnight	appr via SHP		Aug 1/12
DEPUTY MINISTER				

Notes: July 31 - CAO SHP
Aug 1 - sid to MO.

19-31-01

British Columbia Dental Association

MEMBER OF THE CANADIAN DENTAL ASSOCIATION

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Vancouver BC Canada V6J 5C6
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March 15, 2012

FCG

MINISTER'S OFFICE
HEALTH
92454
DRAFT REPLY ☐ REPLY DIRECT ☑
FYI ☐ MAR 20 2012 FILE ☐
REMARKS xref 923703 922972
AA ☐ MA ☐ SA ☐
EA ☐ CCU ☐ DM ☐

Honourable Michael de Jong, Q.C.
Minister of Health Services
1515 Blanshard Street
Victoria, BC V8W 3C8

Dear Minister,

Subject: Prosthodontic Care for Patients with Facial Anomalies

The BC Dental Association (BCDA), BC Cancer Agency (BCCA), BC Children's Hospital (BCCH), and Vancouver General Hospital Oral Health Department (VGH) are requesting a one-time payment of $700k to reduce the current waitlist of 65 patients requiring extensive prosthodontic rehabilitation. By collaborating between these agencies and UBC, we capitalize on their collective expertise to ensure the best patient outcomes and the most efficient use of financial resources.

Trauma, genetics or head and neck cancer therapy can all result in the loss of teeth and supporting jaw structures, adversely affecting a patient's ability to chew and speak. The facial anomalies that result can a devastating impact on a patient's quality of life. Social isolation is not uncommon due to the esthetic defects left by the loss of teeth and supporting bone structures.

Of the 65 patients awaiting treatment, 45 are children with Ectodermal Dysplasia which is a genetic disorder that affects the child's appearance including significant facial anomalies. There are another five childhood survivors of cancer that are also waiting for care. Fortunately, targeted funds have been raised to address this small group, reducing the original request by $50k. For both patient groups, the psychological toll on these children is heavy and during their teen years suicide idealization is common. However, extensive prosthodontic care will enhance their appearance and help to minimize the psychological damage.

Prosthodontic rehabilitation, supported by oral surgery, is critical to improving a patient's function, esthetics, quality of life, self-esteem and confidence. While oral surgical services are covered under the Medical Services Plan, prosthodontic services are not. With little to no improvement to funding for these programs, the result is extensive waitlists.

To ensure the most efficient use of these funds, the four organizations listed would create a program of prosthodontic excellence, which would include a team of prosthodontists (including graduate students from UBC), oral surgeons, plastic surgeons, pediatric dentists, radiologists, ENT surgeons and others involved in the multidisciplinary care of these patients. The synergies created by centralizing this care would enhance treatment by expediting care and extending funds to ensure more patients are treated at a lower cost.

Timely access to critical prosthodontic care for these patients is a top priority for the BCDA and has been raised in the course of government discussions and MSP negotiations.

Attached is a detailed proposal that outlines both a long and short term strategy to addressing the need in these patient groups. As noted previously, the one-time request has been reduced to $700k to reflect the recent influx of funding through a charity event.

On behalf of these patients, we are requesting $700k to eliminate the waitlist, giving them the enhanced quality of life that this prosthodontic care will provide.

Yours truly,

Dr. Hank Klein
President

attachment: Complex Prosthondontic Program of Excellence Proposal

copy: Mr. Graham Whitmarsh, Deputy Minister, Ministry of Health
Ms. Nichola Manning, Acting/ADM, Medical Services and Health Human Resources Division

British Columbia Dental Association

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www.bcdental.org

COMPLEX PROSTHODONTIC PROGRAM OF EXCELLENCE

Proposal

EXECUTIVE SUMMARY

Trauma, genetics or head and neck cancer therapy can all result in the loss of teeth and supporting jaw structures, adversely affecting a patient's ability to chew and speak. The facial anomalies that result can have devastating impacts on a patient's quality of life. Social isolation is not uncommon due to the esthetic defects left by the loss of teeth and supporting bone structures. In extreme cases, suicide ideation becomes an issue.

Prosthodontic rehabilitation, supported by oral surgery, is critical to improving a patient's function, esthetics and quality of life. While oral surgical services are covered under the Medical Services Plan, prosthodontic services are not. Limited funding is currently available for certain conditions (e.g. ectodermal dysplasia) but, even in these cases, the funding does not meet the demand for care. As a result, waitlists are long and eligibility criteria have become more restrictive.

To address this situation, the BC Dental Association (BCDA), BC Cancer Agency (BCCA), BC Children's Hospital (BCCH) and Vancouver General Hospital Oral Health Department (VGH) are proposing the development of a collaborative model of care that would capitalize on the existing expertise within these organizations, to ensure best patient outcomes and the most efficient use of financial resources.

Each year, 30-40 British Columbians are identified as requiring prosthodontic treatment directly resulting from trauma, genetics or head and neck cancer therapy. The costs of treating these patients can range from $10,000 - $60,000 per case, depending on complexity. Without public funding, these patients are responsible for the costs of care. Even if the patient has private dental insurance, the treatment required is often not considered for any level of coverage.

As mentioned, there is public funding available for the surgical component of the care (through MSP); however, the only coverage for the prosthodontic care is limited through BCCH's Ectodermal Dysplasia Program, BCCA's Oral Oncology/Dentistry department and the BCDA's Severe Dentofacial Anomalies Program.

To adequately address the current needs of these patients and to eliminate existing waitlists, $750,000 of new funding is required and in subsequent years, $450,000 is needed annually. Currently, there are 60-65 patients wait-listed for this treatment.

To ensure the most efficient use of these funds, the four organizations listed would create a program of prosthodontic excellence, which would include a team of prosthodontists (including graduate students from UBC), oral surgeons, plastic surgeons, pediatric dentists, radiologists, ENT surgeons and others involved in the multidisciplinary care of these patients. The synergies created by centralizing this care would be enhance treatment by expediting care and extending funds to ensure more patients are treated at a lower cost.

British Columbia Dental Association

MEMBER OF THE CANADIAN DENTAL ASSOCIATION

Ectodermal-Ectodactyly Clefting Syndrome and Ectodermal Dysplasia Syndromes

The dental department at BCCH currently provides dental support for approximately 30 children and young adults, with 10-15 cases identified each year with Ectodermal-Ectodactyly-Clefting and Ectodermal Dysplasia (EEC). Due to funding shortfalls, 45 patients have been referred to the program.

EEC affects the appearance of a patient's teeth and facial bones, as well as affects hair, nails and sweat glands. Teeth are often congenitally absent or are malformed or pointed in the shape of pegs. As well, tooth enamel is defective. Some patients may also have malformed clefts and delayed appearance of permanent teeth. (See Photo 1a and 1b)

The psychological toll on these children is heavy and during their teen years suicide idealization is common.

Extensive prosthodontic care is important in enhancing the patient appearance and mitigating, in part, psychological damage.

In their late teens, when their facial structures mature, patients may begin comprehensive prosthodontic rehabilitation (implants, crowns, bridges, etc.).

Currently, BCCH receives $100,000 annually to assist in the cost of complex dental care. This level has remained unchanged since the program began in 2004. Originally, it was estimated that the funding would cover eight patients annually. Today, 10-15 patients require treatment each year. An additional 45 patients have been referred for care but have not been approved as there are insufficient funds. Interim funding of $50k has been raised through MSP negotiations.

It is estimated that an additional $500k is required to eliminate this waitlist and an additional $200k for subsequent years to meet the needs of future patients.

Ectodermal Dysplasia patient with peg-like teeth.

Photo 1a

Photo 1b

An additional annual funding of $50,000 would be required to treat these patients. There are currently five patients on the waitlist for such care.

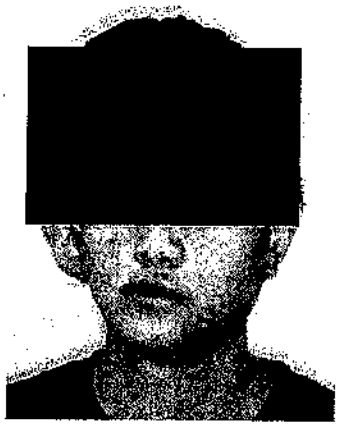

Photo 3a: adult survivor of cancer therapy

Photo 3b: adult survivor of cancer therapy

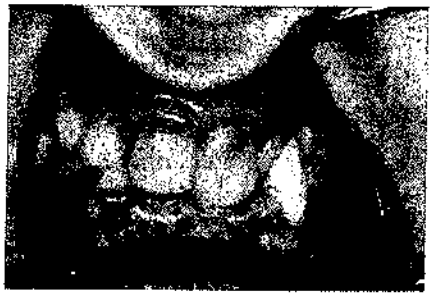

Photo 3c: dental problems (similar to Ectodermal Dysplasia)

Therefore, BCCA's Oral Oncology/Dentistry program requires $250,000 in total to eliminate the waitlist, and an additional $200,000 annually for ongoing treatment needs.

BCDA'S SEVERE DENTOFACIAL ANOMALIES PROGRAM

In 2007, Severe Dentofacial Anomalies Program (SDAP) was established through MSP negotiations between the Ministry of Health and the BCDA to specifically provide prosthodontic treatment for patients with:

- Severe dentofacial trauma (e.g. gunshot wounds); or
- Severe non-malignant craniofacial anomalies that require surgery of the facial-skeletal complex and extensive prosthetic rehabilitation.

Funding is negotiated as a single amount for the length of the contract. In the last round of negotiations, funding was provided based on treatment for three-five patients per year at an amount of $200k over three years.

The program receives applications for coverage that are first considered by a BCDA committee comprising five dentists. This committee ascertains if the application meets the criteria laid out in the program's terms of reference. If approved, the case is then forwarded to an expert panel at VGH for formulation of a treatment plan and estimate of costs. The treatment plan and cost estimate is then returned to the BCDA committee that will allocate the appropriate level of funding.

British Columbia Dental Association

MEMBER OF THE CANADIAN DENTAL ASSOCIATION

PROGRAM STRUCTURE

In keeping with the CLPPP structure, we are proposing the following:

1. Eligible patients are limited to those who currently meet the requirements of the existing programs: Ectodermal Dysplasia patients registered with BCCH or BCCA-registered cancer patients. For patients with severe facial trauma and dentofacial anomalies, the current BCDA program criteria would continue. There is no expectation to expand patients beyond those currently eligible.
2. All cases would be submitted and adjudicated through the established Multidisciplinary Treatment Planning Seminar. A prosthodontist would be appointed to serve as Chair of the Multidisciplinary Seminar.
3. The BCDA would undertake the financial administration for treatment plans discussed and approved by the Seminar.
4. The Seminar would develop a treatment plan including costs.
5. Working with the Seminar head, the BCDA would undertake the financial administration for the program by managing funds to maximize the number of patients treated.
6. The BCDA (in consultation with the Seminar) would ensure that the approved work is done within the program's budget.
7. The program would be the 'payer of last resort', meaning that funding from private insurers would be accessed first.
8. The BCDA would pay once the completed treatment claim form has been received along with specific information on the case outcome.
9. The BCDA would maintain all administrative records and provide on-demand program statistics for audit purposes.
10. The program would be evaluated every three years to review funding as well as to report on case outcomes.

Currently, existing funding sits with three organizations for funding prosthodontics care. Existing MSP funding would be directed to this new program and, in the case of BCCH, its targeted EEC funding would also be directed to the program for prosthodontics care.

NEW FUNDING REQUIREMENTS

Due to the current waitlist, there are two components to the BCDA funding request:

1. A one-time catch-up in the amount of $750K ($500K for BCCH's Ectodermal Dysplasia current referral list of 45; $250K for the BCCA's waitlist of 20).
2. Subsequent years would require 450K annually, which would be added to current SDAP program of $66K.

The BCDA would manage the funds, earmarking the following amounts for each program based on the proposal:

New Funding	BCCA	BCCH	Total New Funding	SDAP Existing Funding	Total Program Funding
First Year	$250k	$500k	$750k	$66k	$816k
Ongoing	$250k	$200k	$450k	$66k	$516k

7295556

230-20

2008 Aboriginal Expenditure Review

Ministry of Health

Answer Sheet for

Early Childhood Dental Programs

May 30 2008

Deputy Minister Signature _____

Section 1 – Program Purpose and Design

The Early Childhood Dental Health initiative is a universal program offered to all children 0-5 years in BC. Therefore, there are no specific targets set for aboriginal children.

No.	Question	Answer	Score
1.1	***Is the program purpose clear?***	YES=25 or NO=0	/25

Description: Yes. The goal of the Early Childhood Dental Health initiative is to provide programs that offer the best opportunity to improve the dental health and well-being of infants and children. The purpose is to:

- address the issue of early childhood caries,
- reduce the rate of early childhood dental disease,
- identify families at risk for dental caries,
- apply fluoride varnish, as appropriate,
- provide parent education and referral for care, and
- provide public education through marketing.

Evidence:

The evidence for early childhood dental programs is supported by the Core Public Health Functions for BC Evidence Review, Dental Public Health, September, 2006, and the *Model Core Program Paper: Dental Public Health*, October, 2006.

1.2	***Does the program address a specific and existing problem, interest or need?***	YES=25 or NO=0	/25

Description:

- Yes. Early childhood dental caries is a transmissible, preventable disease. Decay in primary teeth is a risk indicator for decay in permanent teeth if risk behaviours do not change. Dental decay causes pain, disfigurement, and may affect speech and language, health and growth.

Evidence:

1. Dental treatment is the most common surgical procedure for children in BC hospitals. Hospitalization rates for Aboriginal children aged 0-4 years, for dental procedures, was 68 per 1,000, ten times higher than the rate for other children[1].
2. Core Public Health Functions for BC Evidence Review, Dental Public Health, September, 2006, and the *Model Core Program Paper: Dental Public Health*, October, 2006.

[1] Model Core Program Paper: Dental Public Health, October, 2006.

1.3	***Is the program designed so that it is not redundant or duplicative of any other provincial, federal, local or private effort?*** Description: Yes. The early childhood screening initiatives are part of an integrated cross-ministry strategy for addressing dental, hearing and vision concerns in the early childhood years (birth to five years of age). Ministry staff (Health, MEIA), Health Authorities, First Nations Health Council, First Nations Inuit Health meet to discuss and provide feedback and recommendations on coordination of program planning and service delivery. Evidence: Ministry of Health, Health Authorities and First Nations Federal and Provincial representatives are coordinating service delivery for Aboriginal children living on and off reserve. While FNIH does provide some dental services for children on reserve, not all communities receive service. Health authority dental staff work collaboratively with FNIH to address aboriginal dental health issues.	YES=25 or NO=0	/25
1.4	***Is the program design effectively targeted so that resources will reach intended beneficiaries and/or otherwise address the program's purpose directly?*** Description: Yes. Funding for the early childhood screening initiatives is directed to the health authorities. Health authorities are responsible for ensuring the program is delivered. Evidence: Early childhood dental programs have been implemented in all health authorities. Fluoride varnish programs have been established for children at risk of dental disease. Caries Risk Assessment tools are used to monitor and assess dental health. Health Authority dental staff work collaboratively with FNIH.	YES=25 or NO=0	/25
Section 1 Score			**/100**

Section 2 – Strategic Planning

No.	Question	Answer	Score
2.1	***Does the program have a limited number of specific performance measures that focus on outcomes and meaningfully reflect the purpose of the program?*** Description: Yes. Provincial screening targets have been established and a program evaluation is being conducted. Health authorities have developed logic models and have completed a gap analysis and performance improvement plans. Targets for dental: o 85% of school-entry children in the health authority, aged 5-6 years, have been surveyed/assessed. o 60% of school-entry children in the health authority are caries free. Evidence: A provincial Dental survey was conducted in 2006/07. 91% of all kindergarten children were surveyed. 61% of children surveyed were caries free. Logic Models and HA Performance Improvement Plans were finalized in the Spring of 2008.	YES - 17 or NO - 0	/17
2.2	***Does the program have baselines, ambitious targets and timeframes for its measures?*** Description: Yes. Baseline data, targets and timeframes have been established for the Early Childhood Dental program. Evidence: These targets are included in the Health Authority Service Plans and Government Letter of Expectations, Health Authority Performance Requirements. Dental screening is included as an action item in the Transformative Change Accord, First Nations Health Plan.	YES=17 or NO=0	/17
2.3	***Do all partners (including grant recipients, contractors, cost-sharing partners, and other government partners) commit to and work toward the goals of the program?*** Description: Yes. Ministry staff (Health, MEIA) Health Authorities, First Nations Health Council, First Nations Inuit Health, have been working on an Evaluation Framework that will provide recommendations about service delivery and planning. Ministry of Health and First Nations representatives meet bi-monthly to discuss coordination of program planning and service delivery. Evidence: Bi-monthly planning session with First Nations Inuit Health, First Nations Health Council, Health Authorities and Ministry of Health to coordinate screening services for children attending schools on reserve and in First Nations communities. Evaluation Framework has been finalized. Dental Health data collection is underway to support the process.	YES=17 or NO=0 or N/A	/17

2.4	***Are independent evaluations of sufficient scope and quality conducted on a regular basis or as needed to support program improvements and evaluate effectiveness and relevance to the problem, interest or need?*** Description: Yes. A multi-year program evaluation is being conducted by University of BC Human Early Learning Partnership. Evidence: Program Evaluation Framework and Logic Models have been developed with short and long term outcomes.	YES=17 or NO=0	/17
2.5	***Are budget requests explicitly tied to accomplishment of the performance goals, and are resource needs presented in a complete and transparent manner in the program's budget?*** Description: Yes. Health authorities receive annual funding for these screening initiatives. Health authorities set their own program budget and allocate resources to meet the program targets and deliverables. Evidence: Dental health programs are delivered by health authority public health staff. HA performance indicators have been established and outcomes are monitored.	YES=17 or NO=0	/17
2.6	***Has the program taken meaningful steps to correct its strategic planning deficiencies?*** Description: Yes. We are actively working with First Nations groups to ensure all program materials are presented in a culturally sensitive manner. We are working with Health Authority staff and First Nations representatives to identify potential gaps and overlaps in service and coordinate resources. Protocols have been established for working with First Nations communities. We are currently addressing privacy and information sharing issues with Ministry and community partners. Evidence: Protocols established, training manuals established, culturally sensitive materials being developed. Privacy Impact assessments and information sharing agreements are in progress.	YES=17 or NO=0 or N/A	/17
Section 2 Score			**/100**

Section 3 – Program Management

No.	Question	Answer	Score
3.1	***Does the ministry regularly collect timely and credible performance information, including information from key program partners, and use it to manage the program and improve performance?*** Description: Yes. Dental program information is collected annually and will be used to review program practices and performance. Health Authorities provide interim updates at the request of the Ministry. Evidence: Provincial Kindergarten Dental Survey Report completed in 2008. School Dental health survey data collected and mapping is in progress.	YES=10 or NO=0	/10
3.2	***Are program managers and program partners (including grant recipients, contractors, cost-sharing partners, and other government partners) held accountable for cost, schedule and performance results?*** Description: Yes. Partners are accountable for cost, schedule and performance results. Timelines have been established for collection and reporting of survey/assessment data, interventions and outcomes. Evidence: Dental health programs are delivered by health authority public health staff. HA performance indicators have been established and outcomes are monitored.	YES=10 or NO=0	/10
3.3	***Are funds allocated in a timely manner, spent for the intended purpose, and accurately reported?*** Description: Yes. Health authorities receive annual funding for the early childhood dental program. Health authorities set their own program budget and allocate resources to meet the program targets and deliverables. Evidence: Health Authorities provide a status report annually to the Ministry. Health Authorities provide interim updates at the request of the Ministry.	YES=10 or NO=0	/10
3.4	***Does the program have procedures (e.g., competitive sourcing, cost comparisons, IT improvements, appropriate incentives) to measure and achieve efficiencies and cost effectiveness in program execution?*** Description: The dental program is delivered by Health Authorities public health staff including dental hygienists, public health nurses, and nutritionists. The health authorities determine their own efficiencies in the delivery of these programs. MoH does not request information from the health authorities on procedures to achieve efficiencies. MoH does monitor outcome indicators as established in the Government Letters of Expectation. Evidence: Not applicable.	YES=10 or NO=0	/10

3.5	***Does the program collaborate and coordinate effectively with related programs?*** Description: Yes. There is collaboration between dental health program and public health, federal dental programs and community dentists and Ministry Partners. Evidence: Ministry of Health, Health Authorities and Ministry of Income Assistance worked together to support and promote the Healthy Kids Program which provides assistance for low-income families to access basic dental care. First Nations Inuit Health, Ministry of Health and First Nations Health Council representatives are meeting to discuss service delivery for Aboriginal children living on and off reserve. Public health nurses provide information about dental care and caries prevention during well baby immunization clinics.	YES=10 or NO=0 or N/A	/10
3.6	***Does the program use strong financial management practices?*** Description: Yes. Funding is transferred to health authorities annually. Health authorities follow their own internal financial management practices. MoH Finance works with the health authority finance departments on overall financial management practices. Evidence: MoH Finance works with the health authority finance departments on overall financial management practices.	YES=10 or NO=0	/10
3.7	***Has the program taken meaningful steps to address its management deficiencies?*** Description: N/A Evidence: N/A	YES=10 or NO=0 or N/A	/10
3.8	***Are grants / transfer payments awarded based on a clear competitive process that includes a qualified assessment of merit?*** Description: N/A Evidence: N/A	YES=10 or NO=0 or N/A	/10
3.9	***Does the program have oversight practices that provide sufficient knowledge of grantee activities?*** Description: N/A Evidence: N/A	YES=10 or NO=0 or N/A	/10

3.10	***Does the program collect grantee performance data on a regular basis and make it available to the public in a transparent and meaningful manner?*** Description: N/A Evidence: N/A	YES=10 or NO=0 or N/A	/10
Section 3 Score			**/100**

Section 4 – Program Results

No.	Question	Answer	Score
4.1	***Has the program demonstrated adequate progress in achieving its performance goals?*** Description: Yes, a province wide kindergarten dental survey was conducted in the 2006/07 school year. An evaluation framework was finalized in 2008. Gap analysis and performance improvement plans were developed by the Health Authorities and submitted to the Ministry in spring of 2008. Evidence: Targets for caries free met as established in the *Model Core Program Paper: Dental Public Health*, October, 2006.	YES=50 LE=33 SE=17 NO=0	/50
4.2	***Does the performance of this program compare favourably to other programs with similar purpose and goals?*** Description: N/A. We are not aware of any other province that is comprehensively looking at dental health outcomes. Evidence: Core Public Health Functions for BC Evidence Review, Dental Public Health, September, 2006, and the *Model Core Program Paper: Dental Public Health*, October, 2006.	YES=50 LE=33 SE=17 NO=0 N/A	/50
Section 4 Score			**/100**

REG[illegible]NAL HEALTH SECTOR FUNDING [illegible]ETTER
2005/06 FUNDING ISSUE DOCUMENT

Dental

FUNDING ISSUE TITLE: Enhanced Treatment Services at ~~BC Childrens~~ and BC Cancer Agency

BRIEF DESCRIPTION:

Dental services provided at BC Children's Hospital and tthe BC Cancer Agency will be enhanced through additional support for service, education, treatment and research progrms that accomodate patients with significantly compromising medical conditions .

~~SOURCES OF FUNDING/~~
~~SPENDING PLAN REFERENCE:~~

FUNDING:	Current Year - 2005/06				2006/07	2007/08
	Retro	One Time	Base	Total Current	Amount	Amount
Fraser				-		
Interior				-		
Nisga'a				-		
Northern				-		
Van. Coastal				-		
Vanc. Island				-		
PHSA			60,000	60,000	200,000	200,000
TOTAL	$ -	$ -	$ 60,000	$ 60,000	$ 200,000	$ 200,000

* If the current year base is not the full annual amount, please indicate the annual amount in 2005/06 & 2006/07.

SOURCES OF FUNDING/ SPENDING PLAN REFERENCE: (Attach approved spending plan &/ budget transfer identifying source of funds.)

[illegible]OH, Population Health and Wellness, Healthy Children, Women and Seniors. Cabinet Submission "An Integrated Cross [illegible]inistry Strategy for early Childhood Screening" (2004)

LIST OF SUPPORTING DOCUMENTS ATTACHED:

as above

FUNDING LETTER NARRATIVE: (please indicate if attachments/appendices are required)

This funding is to support the hiring of two dental hygienists -1) one at BC Children's and the 2) other at BC Cancer Agency. 1) this funding will provide enhanced diagnostic and treatment services to the children of BC who require the unique tertiary and specialized care that is only available at Children's Hospital. It will facilitate enhancement of dental services for the very young, and those patients with significantly compromising medical conditions such as cancer, organ transplant, congenital heart diesaes, cleft lip/and or platate etc. 2)This funding will support a position that will proivde service, education and research support to the existing progrms that accomodate patients with medial compromise and medically induced oral needs who are seen through the dental clinics and wards of the Vancouver Cancer Centre and Vancouver General Hospital. Contact for BC Children's Hospital:Maryam Saeri, Administrative Manager, Pediatric Suregery, 604-875-3518 Contact for BC Cancer Agency: Peter Stevenson-Moore, Provincial Professional Practise Leader, Oral Oncology 604-877-6136

CONTACT NAME, POSITION, BRANCH, PHONE # & EMAIL (GEMS): Tessa Graham, Executive Director, Healthy Children, Women and Seniors, 952-1111; tessa.graham@gov.bc.ca

SUBMITTED BY: Tessa Graham (BB) **APPROVAL TO FUND:**

DATE APPROVED: Dec 14/05

FOR USE BY REGIONAL GRANTS ONLY

Bi-weekly Date:

Lump Sum Date:

____ Acute ____ Home & Community Care (Community) ____ Home & Community Care (Residential) ____ Mental Health & Addictions ____ Population Health & Wellness

____ Global ____ Targeted ____ Restricted

Appendix B
Details of Funding Allocation Adjustments

Overview

Provincial Health Services Authority

ENHANCED DENTAL TREATMENT SERVICES

Base funding of $60,000 is provided to hire two dental hygienists, one at BC Children's Hospital and one at the BC Cancer Agency.

The first position will provide enhanced diagnostic and treatment services to children who require the unique tertiary and specialized care that is only available at Children's Hospital. It will facilitate enhancement of dental services for the very young, and those patients with significantly compromising medical conditions such as cancer, organ transplant, congenital heart disease, cleft lip and/or palate, etc. The second position will provide service, education and research support to the existing programs that accommodate patients with medial compromise and medically induce oral needs that are seen through the dental clinics and wards of the Vancouver Cancer Centre and Vancouver General Hospital.

s.13,s.17

2005/06 HEALTH SECTOR FUNDING

Deibel

ISSUE: Enhanced Treatment Services **FUNDING LETTER:** Update #4

HEALTH AUTHORITY:	CURRENT YEAR AMOUNT	SECTORS:
☐ Fraser	$	☐ Acute
☐ Interior	$	☐ Home & Community Care (Community)
☐ Nisga'a	$	☐ Home & Community Care (Residential)
☐ Northern	$	☐ Mental Health & Addictions
☐ Vancouver Coastal	$	☐ Public & Preventive Health
☐ Vancouver Island	$	☐ **GLOBAL**
☑ Provincial Health Services	$ 60,000	☐ **TARGETED**
Current Year Total	$ 60,000	

FUNDING AMOUNT & TYPE:

☑ **ONGOING** **EFFECTIVE DATE** _____ **ANNUAL** _____

☐ **ONE-TIME** ☐ **RETRO** $ _____ **2005/06** ☐ **Same as annual or** $ _____

PAYMENT SCHEDULING:

Lump Sum Date: _____

Regularly Scheduled Catch up Date: _____

Other: _____

Issue Contact: _____ **Financial Contact:** _____

Checklist	Initials	Date	Notes
Spending Plan Approved			
Funding Issue Document Complete			
Relevant Background Documents attached			
Budget Allocation Completed			
Narrative Approved			

REGI. .AL HEALTH SECTOR FUNDING .ETTER
2004/05 FUNDING ISSUE DOCUMENT

UNDING ISSUE TITLE: Early Childhood Dental Screening/Enhanced Treatment Services

BRIEF DESCRIPTION:

1) Early Childhood Dental Screeing - Increasing community dental public health services will allow regional health authorities to increase early childhood caries prevention and improved identification of the higher risk, more vulnerable segments of the population. 2) Enhanced diagnostic and treatment services- A small number of children are born with a genetic condition which can involve teeth failing to develop and/or teeth appearing with anomalies. This funding to the PHSA (BC Children's Hospital) provides for effective treatment including both orthodontic and restorative dentisry.

EFFECTIVE DATE:

FUNDING:	Current Year - 2004/05			2005/06	2006/07
	Retro	One Time	Base	Total Current	Amount	Amount
Fraser		50,000		50,000		
Interior		-		-		
Nisga'a				-		
Northern		15,000		15,000		
Van. Coastal		77,560	*	77,560		
Vanc. Island		46,480		46,480		
PHSA		30,000		30,000		
TOTAL	$ -	$ 219,040	$ -	$ 219,040	$ -	$ -

* If the current year base is not the full annual amount, please indicate the annual amount in 2005/06 & 2006/07.

SOURCES OF FUNDING/ SPENDING PLAN REFERENCE: (Attach approved spending plan &/ budget transfer identifying source of funds.)

.binet submission "An Integrated, Cross Ministry Strategy for Early Childhood Screening"

LIST OF SUPPORTING DOCUMENTS ATTACHED:

as noted above

FUNDING LETTER NARRATIVE: (please indicate if attachments/appendices are required)

1) Early Childhood Dental Screeing - Funding to be used to increased hours of existing community dental public health services; purchasing supplies/equipment to support dental program; and staff development pertaining to screening, interviewing and risk asessment. Health Authority Contacts for this funding are the Public Heatlh Management Leaders in each HA: Cindy Anderson (VIHA), Debbie Ryan (VCHA), Kathy McDonald (NHA), Marilyn Barner (FHA), and Mary Bates (IHA) 2) Enhanced diagnostic and treatment services- Funding to be used to provide additional orthodontic and restorative dentistry for children who are born with a genetic condition that can involve teeth failing to develop and/or teeth appearing with anomalies.

CONTACT NAME, POSITION, BRANCH, PHONE # & EMAIL (GEMS): Tessa Graham, Executive Director, Healthy Children, Women and Seniors; 952-1111; tessa.graham@gems3.gov.bc.ca

SUBMITTED BY:

APPROVAL TO FUND:

DATE APPROVED:

FOR USE BY REGIONAL GRANTS ONLY

Bi-weekly Date:

Lump Sum Date:

_____ Acute
_____ Mental Health & Addictions
_____ Global _____ Targeted _____ Restricted
_____ Home & Community Care (Community)
_____ Home & Community Care (Residential)
_____ Population Health & Wellness

Jones, Holly HLTH:EX

From: Graham, Tessa HLTH:EX
Sent: Thursday, January 20, 2005 8:34 PM
To: Graham, Tessa HLTH:EX; Jones, Holly HLTH:EX
Cc: Boland, Blair HLTH:EX; Gregory, Tom HLTH:EX
Subject: RE: funding letter for dental

Dental Form 2004-05 tessa.xls...

-----Original Message-----
From: Graham, Tessa HLTH:EX
Sent: Thursday, January 20, 2005 8:15 PM
To: Jones, Holly HLTH:EX
Cc: Boland, Blair HLTH:EX; Gregory, Tom HLTH:EX
Subject: funding letter for dental

Hi - here is the revised funding letter form for dental - you should have them all now (POP, Hearing and dental) - I am away all day tomorrow at a staff retreat but can be reached at 480-6661 if it is urgent - thanks.

Tessa Graham, Executive Director
Healthy Children, Women and Seniors
Population Health and Wellness
tel: 250-952-1111/fax 250-952-1570
"Have the time for your life . . ."

Jones, Holly HLTH:EX

From: Graham, Tessa HLTH:EX
Sent: Thursday, January 20, 2005 4:38 PM
To: Gregory, Tom HLTH:EX
Cc: Boland, Blair HLTH:EX; Graham, Tessa HLTH:EX; Jones, Holly HLTH:EX
Subject: RE: Dental Spending Plan

ok - here is part of it - still waiting to hear back from 2 HAs - so I will send you the funding letter, Holly, tomorrow - even if I have to make up the numbers! (ok - just kidding Blair! don't panic!)

1. Community Dental Health Services -$127,560 BUT haven't heard yet from VIHA or NHA - FINAL NUMBERS STILL TO COME -
This funding will be used to support increasing dental staff time for dental prevention activities; strengthen infrastructure through providing staff development seminars to increase the skill set in interviewing which is a valuable tool used in screening and risk assessment tools surveys with parents - this process will support parents making positive preventive choices and intervention decisions for their child. Funds will also support supplies/equipment purchases.

2. Increased Dental Treatment Capacity -$50,000 - contract to UBC Dental Faculty
This funding will support the development of a draft paper/environmental scan that will identify those areas in the province where there access to private dental services is problematic. This scan will provide the information needed to place dental residents in 05/06.

3. Increased public awareness of preventive dental practises: $170,000 - grant to the BC Dental Association
They will develop materials and launch a public awareness campaign promoting good oral/dental health for young children/babies.

4. Enhanced coordination, technical support and evaluation: $0

5. Enhanced diagnostic and treatment services at BC Children's - $30,000
Funding will be used to provide orthodontic treatment of children born with anomalies.

Tessa Graham, Executive Director
Healthy Children, Women & Seniors
Ministry of Health Services
tel: 250-952-1111, fax: 250-952-1570
"Have the time for your life"

-----Original Message-----
From: Gregory, Tom HLTH:EX
Sent: Thursday, January 20, 2005 8:21 AM
To: Graham, Tessa HLTH:EX
Subject: Dental Spending Plan

Hi Tessa...will there be something today I can use to complete the dental part of this? Thanks.

<< File: 04-05 spending email.doc >>

Appendix B
Details of Funding Allocation Adjustments

Overview

Northern Health Authority

THE FOLLOWING ISSUES ARE IN ALPHABETICAL ORDER:

s.13,s.17

EARLY CHILDHOOD DENTAL SCREENING/ ENHANCED TREATMENT SERVICES – ONE TIME ONLY

One-time funding of $15,000 is provided to increase existing hours of public health dental services (dental hygienists and dental assistants) in order to increase early childhood prevention and improved identification of the higher risk, more vulnerable segments of the population.

Jones, Holly HLTH:EX

From: Graham, Tessa HLTH:EX
Sent: Tuesday, January 18, 2005 10:10 AM
To: Jones, Holly HLTH:EX
Subject: RE: Dental Screening

thanks - yes this looks fine . . .at the end of the day when all these funding letters are approved I will need a final copy! Thanks.

Tessa Graham, Executive Director
Healthy Children, Women & Seniors
Ministry of Health Services
tel: 250-952-1111, fax: 250-952-1570
"Have the time for your life"

-----Original Message-----
From: Jones, Holly HLTH:EX
Sent: Tuesday, January 18, 2005 10:07 AM
To: Graham, Tessa HLTH:EX
Subject: Dental Screening

I have edited the narrative for the funding letter below. Please let me know if you have any concerns. Thanks. P.S. I am not showing the outyear #s in the funding letter per Blair Boland.

Early Childhood Dental Screening/ Enhanced Treatment Services
(All Has)

One-time funding of $X is provided to increase existing hours of public health dental services (dental hygienists and dental assistants) in order to increase early childhood prevention and improved identification of the higher risk, more vulnerable segments of the population. Your contact for this issue is your Nursing Prevention Leader, Cindy Anderson (VIHA), Debbie Ryan (VCHA), Kathy McDonald (BHA), Marilyn Barners (FHA) and Mary Bates (IHA).

One-time funding of $30,000 is to provide additional orthodontic and restorative dentistry for children who are born with a genetic condition that can involve teeth failing to develop and/or appearing with anomalies. (PHSA)

Holly Jones
Financial Analyst, Regional Grants - Finance
Ministry of Health Services
holly.jones@gems1.gov.bc.ca
Phone: (250) 952-2333
Fax: (250) 952-1940

Geber, Joan HLTH:EX

From: Graham, Tessa HLTH:EX
Sent: Monday, January 10, 2005 6:48 PM
To: Williamson, Malcolm HLTH:EX
Cc: Emerson, Brian P HLTH:EX; Hazlewood, Andrew HLTH:EX; Gregory, Tom HLTH:EX; Geber, Joan HLTH:EX; Graham, Tessa HLTH:EX
Subject: Dental Screening followup

Thanks so much Malcolm for meeting with me today and discussing some of your ideas and brainstorming how/where we can allocate 04/05 dental screening funding in an appropriate and expeditious way as possible.

Here is a summary of our discussion, and the next steps that both you and I will follow up on accordingly. These are noted on page 8 of the cab sub.

1.Community Dental Health Services (infant and preschool screening) - $280,000 for 04/05
Action: You will talk to the health authority senior dental hygenists about them using this funding this year to provide additional hours for dental screening. I will ensure this funding requirement is included in the next funding letter.

2. Increased Community Dental Treatment Capacity - $140,000 for 04/05
Action: You will follow up with the Dean of UBC dental faculty regarding staff/students at UBC producing an environmental scan that would provide us with information on the areas/regions of the province where access to private dental services is a problem. This will allow us to more quickly place dental residents as they come available beginning April 2005.

3. Increased public awareness of preventive dental practices - $170,000 for 04/05
Action: You will follow up with the BC Dental Association about them and other partners (i.e. BC Children's Hospital and BC Dental Hygenists Association (?) launching a public awareness campaign on preventive dental practices

4. Enhanced coordination, technical support and evaluation- $380,000 for 04/05
Action: I need to discus with Andy re: option of hiring a "provincial dental coordinator" - this money likely will not be expended this year unless Andy/Brian have some other ideas

5. Enhanced diagnostic and treatment services at Children's Hospital - 30,000 for 04/05
Action: You will follow up with BC Children's hospital about us sending this money over to them in the next funding letter. The funds would be used for orthodontic treatment of children born with anomalies.

In summary, it appears that:

1. $280,000 will be sent to regional health authorities – how will this be divided.
2. $30,000 will be sent to the PHSA
3. there will be a contract of up to $170,000 most likely with the BC Dental Association
4. there will be a second contract of up to $140,000 with UBC

So hopefully, this accurately reflects our conversation and for the rest of you - you are now all in the loop!

Thanks again.

Tessa Graham, Executive Director
Healthy Children, Women and Seniors
Population Health and Wellness
tel: 250-952-1111/fax 250-952-1570
"Have the time for your life..."

280 + 30 = 310 ✓

530 – not going to be spent

140 Malcolm
170 ") TBD

Volk, Carol HLTH:EX

From: Graham, Tessa HLTH:EX
Sent: Thursday, December 16, 2004 12:56 PM
To: Williamson, Malcolm HLTH:EX
Cc: Geber, Joan HLTH:EX; Gregory, Tom HLTH:EX; Jones, Holly HLTH:EX; Volk, Carol HLTH:EX
Subject: Dental screening follow up - funding to regions

Hi Malcolm - s.22

I met on the teleconference with the PHN Leaders group (Fab Five!) and shared with them the main details in the childhood screening initiatives. I didn't go into alot of detail around dental though as I know that you would be doing that shortly.

I met with Andy a couple days ago and he indicated that there would be substantial work for my office as the lead office responsible for coordinating the funding that will go out to the regions/PHSA over the next little while as well as setting up the accountability and monitoring structure for each of the three iniatives (dental, vision and hearing). This of course, will be done in conjunction with many people and experts such as yourself in the various areas.

Of immediate urgency is how to spend in an accountable way the $1 million targeted for 04/05 for dental health screening - it looks like most of this will go to the regions with just $30,000 going to BC Children's hospital for enhanced diagnostic and treatments services. Can you please advise me on how you feel the remainder of the money should be divided among the health authorities? I will need this information so that we can give the HAs a heads up (which you and I have and will continue to do!) but also to include in the next funding letter that goes out to the regions.

I am away until Jan. 4th but upon my return will be working to move this money out very quickly to the HAs through the next instalment of the funding letter which is due January 10th! Can you get something to me by then or Jan. 5th at the latest? Thanks.

Tessa Graham, Executive Director
Healthy Children, Women & Seniors
Ministry of Health Services
tel: 250-952-1111, fax: 250-952-1570
"Have the time for your life"

2004/05 HEALTH SECTOR FUNDING

ISSUE: Early Childhood Dental Screening / Enhanced Treatment Services **FUNDING LETTER:**

HEALTH AUTHORITY:	CURRENT YEAR AMOUNT	SECTORS:
☐ Fraser	$ 50,000	☐ Acute
☐ Interior	$	☐ Home & Community Care (Community)
☐ Nisga'a	$	☐ Home & Community Care (Residential)
☐ Northern	$ 15,000	☐ Mental Health & Addictions
☐ Vancouver Coastal	$ 77,560	☒ Public & Preventive Health
☐ Vancouver Island	$ 46,480	☒ GLOBAL
☐ Provincial Health Services	$ 30,000	☐ TARGETED
Current Year Total	$ 219,040	

Hold for BB. OK per BB 1/18/05 tf

FUNDING AMOUNT & TYPE:

☒ **ONGOING** **EFFECTIVE DATE** _____ **ANNUAL** _____

☒ **ONE-TIME** ☐ **RETRO** $ _____ **2005/06** ☐ **Same as annual or** $ _____

PAYMENT SCHEDULING:

Lump Sum Date: _____

Regularly Scheduled Catch up Date: _____

Other: _____

Issue Contact: _____ **Financial Contact:** _____

Checklist	Initials	Date	Notes
Spending Plan Approved			
Funding Issue Document Complete	tf	1/21/05	
Relevant Background Documents attached			
Budget Allocation Completed			D'1 Pending
Narrative Approved	tf	1/21/05	

Appendix A1
Ministry of Health
Regional Health Authority Funding
2005/06 Fiscal Year
Summary of Funding Adjustments

Provincial Health Services Authority

2005/06 Funding Adjustments:

s.13,s.17

Enhanced Dental Treatment Services	60,000

s.13,s.17

Appendix B
Details of Funding Allocation Adjustments

Overview

Provincial Health Services Authority

ENHANCED DENTAL TREATMENT SERVICES

Base funding of $60,000 is provided to hire two dental hygienists, one at BC Children's Hospital and one at the BC Cancer Agency.

The first position will provide enhanced diagnostic and treatment services to children who require the unique tertiary and specialized care that is only available at Children's Hospital. It will facilitate enhancement of dental services for the very young, and those patients with significantly compromising medical conditions such as cancer, organ transplant, congenital heart disease, cleft lip and/or palate, etc. The second position will provide service, education and research support to the existing programs that accommodate patients with medial compromise and medically induce oral needs that are seen through the dental clinics and wards of the Vancouver Cancer Centre and Vancouver General Hospital.

s.13,s.17

REGIONAL HEALTH SECTOR FUNDING LETTER
2003/04 FUNDING ISSUE DOCUMENT

Initial Funding Letter

FUNDING ISSUE TITLE: General Anaesthesia for Non-Cosmetic Restorative Dental Services

BRIEF DESCRIPTION:

To establish a single provincial program to provide general anaesthesia for non-cosmetic restorative dental services to clients of MHR. MHR's clients are children and a small number of disabled adults. A base budget transfer from MHR was effective April 1, 2003.

EFFECTIVE DATE: April 1, 2003.

FUNDING:	Current Year - 2003/04				2004/05 Amount	2005/06 Amount
	Retro	One Time	Base	Total Current		
Fraser				-		
Interior				-		
Nisga'a				-		
Northern				-		
Van. Coastal				-		
Vanc. Island				-		
PHSA			1,000,000	1,000,000		
TOTAL	$ -	$ -	$ 1,000,000	$ 1,000,000	$ -	$ -

* If the current year base is not the full annual amount, please indicate the annual amount in 2004/05 & 2005/06.

SOURCES OF FUNDING/ SPENDING PLAN REFERENCE: (Attach approved spending plan &/ budget transfer identifying source of funds.)

PM - Stategic Init. - Regional Health Sector Funding/Transfer from BC Employment & Assistance effective April 1, 2003

LIST OF SUPPORTING DOCUMENTS ATTACHED:

Emails, Inter-Ministry Transfer & Briefing Notes Attached

FUNDING LETTER NARRATIVE: (please indicate if attachments/appendices are required)

The PHSA has agreed to manage a program designed to ensure access of elgible clients of the Ministry of Human Resources to non-cosmetic restorative dental services where general anaesthesia is required. These services are provided in hospitals in the province and in accredited private surgical facilities under contract to the PHSA. Base funding of $1,000,000 is allocated to PHSA to manage a program to reimburse private facilities for "facility fees" invoices in accordance with the contracts.

CONTACT NAME, POSITION, BRANCH, PHONE # & EMAIL (GEMS): Glynis Soper, Director, Finance and Decision Support, 250-952-1271, Glynis.Soper@gems5.gov.bc.ca

SUBMITTED BY: Holly Jones

APPROVAL TO FUND: [signature]

DATE APPROVED: April 23/03

FOR USE BY REGIONAL COMMITMENTS ONLY

Bi-weekly Date:

Lump Sum Date:

- ____ Acute Global
- ____ Acute Non-Global
- X Acute (PHSA)
- ____ Mental Health & Addictions
- ____ Public & Preventive Health
- ____ Home & Community Care (Community)
- ____ Home & Community Care (Residential)

Appendix B
Details of Funding Allocation Adjustments

Overview

Provincial Health Services Authority

s.13,s.17

General Anaesthesia for Non-Cosmetic Restorative Dental Services

Base funding of $1,000,000 is provided to the Provincial Health Services Authority (PHSA) to manage a program to reimburse private facilities for "facility fees" invoices in accordance with the contracts. The program is designed to ensure access of eligible clients of the Ministry of Human Resources to non-cosmetic restorative dental services where general anaesthesia is required, and which cannot be managed in hospitals.

Province of British Columbia

MINISTRY OF FINANCE
TREASURY BOARD STAFF

INTER-MINISTRY PROGRAM/FTE TRANSFERS

TRANSFER NUMBER ASSIGNED BY T.B.S.

This form documents agreements between ministries for program and/or FTE transfers.
See reverse for guidelines on completing this form.
ENSURE ALL AMOUNTS ARE IN THOUSANDS ('000) AND FTES ARE WHOLE NUMBERS.

1. TRANSFER FROM MINISTRY OF	2. TRANSFER TO MINISTRY OF
Human Resources	Health Services
3. TRANSFER DETAILS (VOTE NUMBER AND NAME)	**4. SUB-VOTE / PROGRAM NAME**
Vote 33 - Ministry Operations	BC Employment and Assistance/Supplementary Assistance
5. REASON FOR TRANSFER	**6. EFFECTIVE DATE OF TRANSFER**
Funding for general anesthesia for non-cosmetic restorative dental services for clients of the Ministry of Human Resources	April 1, 2003

7. OPERATING FUNDING

CURRENT YEAR BUDGET (2002/03)			FOLLOWING YEARS BUDGET (2003/04)			(2004/05)			(2005/06)		
FTEs	STOB	AMOUNT	FTEs	STOB	AMOUNT	FTEs	STOB	AMOUNT	FTEs	STOB	AMOUNT
	50			50			50			50	
	51			51			51			51	
	52			52			52			52	
	54			54			54			54	
	55			55			55			55	
	57			57			57			57	
	60			60			60			60	
	61			61			61			61	
	63			63			63			63	
	65			65			65			65	
	67			67			67			67	
	68			68			68			68	
	69			69			69			69	
	70			70			70			70	
	71			71			71			71	
	72			72			72			72	
	73			73			73			73	
	74			74			74			74	
	75			75			75			75	
	77			77			77			77	
	79	1,000		79	1,000		79	1,000		79	1,000
	80			80			80			80	
	81			81			81			81	
	83			83			83			83	
	85			85			85			85	
	86			86			86			86	
	88			88			88			88	
	89			89			89			89	
	90			90			90			90	
TOTAL OPERATING RE-ALLOCATIONS		1,000			1,000			1,000			1,000

Province of British Columbia

MINISTRY OF FINANCE
TREASURY BOARD STAFF

INTER-MINISTRY PROGRAM/FTE TRANSFERS

TRANSFER NUMBER ASSIGNED BY T.B.S.

This form documents agreements between ministries for program and/or FTE transfers.
See reverse for guidelines on completing this form.
ENSURE ALL AMOUNTS ARE IN THOUSANDS ('000) AND FTES ARE WHOLE NUMBERS.

1. TRANSFER FROM MINISTRY OF	2. TRANSFER TO MINISTRY OF
Human Resources	Health Services
3. TRANSFER DETAILS (VOTE NUMBER AND NAME)	**4. SUB-VOTE / PROGRAM NAME**
Vote 33 - Ministry Operations	BC Employment and Assistance/Supplementary Assistance
5. REASON FOR TRANSFER	**6. EFFECTIVE DATE OF TRANSFER**
Funding for general anesthesia for non-cosmetic restorative dental services for clients of the Ministry of Human Resources	April 1, 2003

8. CAPITAL FUNDING

	CURRENT YEAR BUDGET (2002/03)		FOLLOWING YEARS BUDGET (2003/04)		(2004/05)		(2005/06)	
	STOB	AMOUNT	STOB	AMOUNT	STOB	AMOUNT	STOB	AMOUNT
	A01A		A01A		A01A		A01A	
	A02A		A02A		A02A		A02A	
	A03A		A03A		A03A		A03A	
	A04A		A04A		A04A		A04A	
	A05A		A05A		A05A		A05A	
	A06A		A06A		A06A		A06A	
	A07A		A07A		A07A		A07A	
	A08A		A08A		A08A		A08A	
	A09A		A09A		A09A		A09A	
	A10A		A10A		A10A		A10A	
	A20A		A20A		A20A		A20A	
	A21A		A21A		A21A		A21A	
TOTAL CAPITAL RE-ALLOCATIONS		—		—		—		—

9. FINANCING TRANSACTIONS

	CURRENT YEAR BUDGET (2002/03)	FOLLOWING YEARS BUDGET (2003/04)	(2004/05)	(2005/06)
SUB-VOTE/PROGRAM NAME	AMOUNT	AMOUNT	AMOUNT	AMOUNT
TOTAL FINANCING TRANSACTION RE-ALLOCATIONS	—	—	—	—

RE-ALLOCATIONS TOTALS	(2002/03)	(2003/04)	(2004/05)	(2005/06)
FTES	—	—	—	—
OPERATING	1,000	1,000	1,000	1,000
CAPITAL	—	—	—	—
FINANCING TRANSACTION	—	—	—	—

TRANSFERRING MINISTRY DEPUTY MINISTER'S AUTHORIZATION	DATE SIGNED Y / M / D	RECEIVING MINISTRY DEPUTY MINISTER'S AUTHORIZATION	DATE SIGNED Y / M / D
R. Ciceri	02/12/12		02/12/13

Jones, Holly HLTH:EX

From: Soper, Glynis HLTH:EX
Sent: Tuesday, April 22, 2003 9:08 AM
To: Jones, Holly HLTH:EX
Subject: RE: General Anaesthesia for Non-Cosmetic Restorative Dental Services

Sounds fine to me and yes, it would be the acute sector.

Thanks.
G

Glynis Soper (nee Pope)
Director, Finance and Decision Support - Regional Grants
Strategic Initiatives and Corporate Services
Ministry of Health Services
Phone: 250-952-1271 Fax: 250-952-1282

-----Original Message-----
From: Jones, Holly HLTH:EX
Sent: Thursday, April 17, 2003 3:15 PM
To: Shewchuk, Jack HLTH:EX
Cc: Klippert, Lorne A HLTH:EX; Soper, Glynis HLTH:EX
Subject: General Anaesthesia for Non-Cosmetic Restorative Dental Services

Jack,
Last month I forwarded an email to you requesting that you fill gaps or make any additions the attached narrative. The initial funding letter was delayed - it is now set to go by May 2nd. Can you please review Lorne's text below and get back to me by mid-week (Wed ., April 23rd if possible)? Thank you.

Glynis - Since this is a hospital service - I'm assuming this will be part of the Acute sector? Any comments?

"The PHSA has agreed to manage a program designed to ensure access of eligible clients of the Ministry of Human Resources to non-cosmetic restorative dental services where general anaesthesia is required. These services are provided in hospitals in the province and in accredited private surgical facilities under contract to the PHSA. Base funding of $1,000,000 is allocated to PHSA to manage the program and to reimburse private facilities for "facility fees" invoices in accordance with the contracts."

Lorne had stated previously that he doesn't think it's useful to mention the role of Women's and Children's (CWHCBC) as PHSA is formally responsible even though CWHCBC will manage it for them.

Holly Jones
Financial Analyst
Regional Commitments, Ministry of Health Services
Email: Holly.Jones@gems1.gov.bc.ca
Phone: (250) 952-2333
Fax: (250) 952-1940

Jones, Holly HLTH:EX

From: Jones, Holly HLTH:EX
Sent: Thursday, April 17, 2003 4:17 PM
To: Williamson, Malcolm HLTH:EX
Cc: Shewchuk, Jack HLTH:EX; Soper, Glynis HLTH:EX
Subject: FW: General Anaesthesia for Non-Cosmetic Restorative Dental Services

Malcolm,
I understand you are the authority on this issue. Can you please review and edit the narrative below to ensure that it is complete? This narrative will go in the Regional Health Sector Initial Funding Letter to the PHSA due on May 2nd. We are hoping to have narrative complete by mid-week next week. Thank you.

Holly Jones
Financial Analyst
Regional Commitments, Ministry of Health Services
Email: Holly.Jones@gems1.gov.bc.ca
Phone: (250) 952-2333
Fax: (250) 952-1940

-----Original Message-----
From: Jones, Holly HLTH:EX
Sent: Thursday, April 17, 2003 3:15 PM
To: Shewchuk, Jack HLTH:EX
Cc: Klippert, Lorne A HLTH:EX; Soper, Glynis HLTH:EX
Subject: General Anaesthesia for Non-Cosmetic Restorative Dental Services

Phone call w/ Malcolm Apr 22/03 JS

Jack,
Last month I forwarded an email to you requesting that you fill gaps or make any additions the attached narrative. The initial funding letter was delayed - it is now set to go by May 2nd. Can you please review Lorne's text below and get back to me by mid-week (Wed ., April 23rd if possible)? Thank you.

Glynis - Since this is a hospital service - I'm assuming this will be part of the Acute sector? Any comments?

"The PHSA has agreed to manage a program designed to ensure access of eligible clients of the Ministry of Human Resources to non-cosmetic restorative dental services where general anaesthesia is required. These services are provided in hospitals in the province and in accredited private surgical facilities under contract to the PHSA. Base funding of $1,000,000 is allocated to PHSA to manage a program to reimburse private facilities for "facility fees" invoices in accordance with the contracts."

Lorne had stated previously that he doesn't think it's useful to mention the role of Women's and Children's (CWHCBC) as PHSA is formally responsible even though CWHCBC will manage it for them.

Holly Jones
Financial Analyst
Regional Commitments, Ministry of Health Services
Email: Holly.Jones@gems1.gov.bc.ca
Phone: (250) 952-2333
Fax: (250) 952-1940

Jones, Holly HLTH:EX

From: Jones, Holly HLTH:EX
Sent: Wednesday, March 12, 2003 3:51 PM
To: Klippert, Lorne A HLTH:EX
Cc: Pope, Glynis HLTH:EX; Shewchuk, Jack HLTH:EX; Poole, Kathryn HLTH:EX
Subject: RE: General Anaesthesia - Non-Cosmetic Restorative Dental

Thanks Lorne. I have spoken to Glynis Pope and she has informed me that it can wait until the April funding letter. I have also copied Jack Shewchuk as I understand he will be monitoring the program and dealing with PHSA, hence I will allow him to add or fill in any gaps in the narrative. Thanks so much to everyone for their speedy responses!!!

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-----Original Message-----
From: Klippert, Lorne A HLTH:EX
Sent: Wednesday, March 12, 2003 11:02 AM
To: Jones, Holly HLTH:EX
Subject: RE: General Anaesthesia - Non-Cosmetic Restorative Dental

Holly,

I am not sure what level of detail is required. A summary would be something along the following lines

The PHSA will (has agreed to) manage a program designed to ensure access of eligible clients of the Ministry of Human Resources to non-cosmetic restorative dental services where general anaesthesia is required. These services are provided in hospitals in the province and in accredited private surgical facilities under contract to the PHSA. Funding is allocated to PHSA to manage the program and to reimburse private facilities for "facility fees" invoiced in accordance with the contracts..

Note that I don't think that it is useful to mention the role of Women's and Children's. It happens that the "branch" of the PHSA that will actually manage this program is the Children's Hospital - but it is the PHSA that is formally responsible.

Is this sufficient?

Lorne K

-----Original Message-----
From: Jones, Holly HLTH:EX
Sent: Wednesday, March 12, 2003 10:22 AM
To: Klippert, Lorne A HLTH:EX
Cc: Poole, Kathryn HLTH:EX; Pope, Glynis HLTH:EX
Subject: General Anaesthesia - Non-Cosmetic Restorative Dental
Importance: High

Attached is our form used for insertion in the funding letter. Kathy has read some of the briefing material and had the following questions, but we thought it best to ask you to write the narrative for PHSA (in the attached): Is the $1M just for the facilities fees or is it also to establish a provincial program? What is Childrens & Womens role?

We are very short on time! Can you let us know if you can deal with this today and if not, are you okay with postponing this funding until the first update (funding letter) of 2003/04??? Glynis, any comments???
<< File: FITD Form 2003-04.xls >>

Outpatient Claims – Hospital File format

Note: The file is now a fixed length of 146 characters - ALL fields that are not used, should be filled with blanks

#	Element	Type	Start	Length	Remarks
1	Hospital code	Char	1	3	Standard hospital code.
2	Province code	Char	4	2	Province that is the insurer.
3	Insurance No	Char	6	12	Left justified. Do not pad with dashes, spaces or other characters. Format must correspond to province code.
4	Surname	Char	18	18	Last Name of Patient
5	Given name	Char	36	12	First Name of Patient
6	Date of birth	Numeric	48	10	yyyy/mm/dd
7	Sex	Char	58	1	M or F
8	Service Date	Numeric	59	10	yyyy/mm/dd
9	Service Code	Numeric	69	2	
10	Claim Amount	Numeric	71	7	*9999.99*
11	Note	Char	78	30	This field should not be used for cross-reference data. Should be filled with blanks if not used
12	Claim Number	Char	108	12	Free-format field for hospital use – should be filled with blanks if not used
13	**PHN Expiry Date**	**Numeric**	**120**	**10**	**yyyy/mm/dd – should be filled with blanks if not used**
14	**ICD10 Diagnosis Code**	**Char**	**130**	**7**	**Per ICD10 – no decimal points– should be filled with blanks if not used**
15	**CCI Procedure Code**	**Char**	**137**	**10**	**Per ICD10 – no decimal points– should be filled with blanks if not used**

Note: Items 13, 14 & 15 are new issues, effective July 1, 2003

I: Regional Health Sector: OOP: Format – expiry date – diagnostic code

Poole, Kathryn HLTH:EX

From: Jones, Holly HLTH:EX
Sent: Wednesday, February 12, 2003 9:26 AM
To: Poole, Kathryn HLTH:EX
Subject: FW: BN and Appendices

Dental stuff . . .

Holly Jones
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Fax: (250) 952-1940

-----Original Message-----
From: Stusek, Glen HLTH:EX
Sent: Wednesday, February 12, 2003 9:21 AM
To: Jones, Holly HLTH:EX
Cc: Pope, Glynis HLTH:EX
Subject: FW: BN and Appendices

Holly -

Here's a note which may provide some further info re: this program, which may help for the funding letter.....however, these may not be the final versions of the documents. As far as I am aware, the BN may not have been approved (this was the last note and version of this material I received, prior to the transfer form being received and approved - originally, we were of the understanding the BN had to be approved before MHR would initiate the transfer form; as it turned out, I got the transfer form from MHR but never did see or follow up on what happened to these documents).

Suggest you follow up with Lorne Klippert and/or Malcolm Williamson re: program details and latest status. Glynis, of course, and Jack Shewchuk also may be able to provide some info.

Glen Stusek, CGA
Budget Manager, Regional Grants
Finance and Decision Support
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e-mail: glen.stusek@gems4.gov.bc.ca

-----Original Message-----
From: Klippert, Lorne A HLTH:EX
Sent: Monday, December 09, 2002 2:52 PM
To: Wilkins, Colleen MHR:EX
Cc: Williamson, Malcolm HLTH:EX; Stusek, Glen HLTH:EX
Subject: FW: BN and Appendices

Colleen,

Thanks for your suggestions regarding the draft BN. I have included all of them. There has been some "fussing" about format, as the MOHS and MHR formats differ, but I gather that has been sorted out.

Attached is the final version of the BN and the two appendices (one of which is our earlier information BN providing details of the program, and the other is a flowchart provided by BCCH indicating the final implementation processes that are underway).

As of about an hour ago, this has been put into our "system" and we anticipate having the DMs approval within 48 hours. We will ship over the original to you (alternatively, there may be some way that two originals can be signed simultaneously, with faxed copies of the last page exchanged, if that would be OK with your shop).

Hope that this is OK

Lorne A. Klippert
Senior Medical Consultant
Performance Management and Improvement Division
Ministry of Health Services
Phone: (250) 952-1040

-----Original Message-----
From: Rheault, Juliana HLTH:EX
Sent: Monday, December 09, 2002 1:22 PM
To: Klippert, Lorne A HLTH:EX
Subject: BN and Appendices


430453 MHR and MOHS BN.doc


424052 MHR Dental BN Oct11 Nov...


430453 Dental InitiativeFlowch...

****

Juliana Rheault
Assistant Deputy Minister's Office
Performance Management and Improvement Division
Ministry of Health Services
6-2, 1515 Blanshard St.
Victoria BC V8W 3C8
Phone: 250-952-1047 Fax: 250-952-1052

MINISTRY OF HUMAN RESOURCES AND
MINISTRY OF HEALTH SERVICES/MINISTRY OF HEALTH PLANNING
DECISION BRIEFING NOTE

Cliff #430453

PREPARED FOR: Ms. Robin Ciceri, Deputy Minister, Ministry of Human Resources and Dr. Penny Ballem, Deputy Minister, Ministry of Health Services and Ministry of Health Planning
- FOR DECISION

TITLE: **A Program to Ensure the Availability of General Anesthesia for Non-Cosmetic Restorative Dental Services for Clients of the Ministry of Human Resources – Transfer of Funding**

BACKGROUND:

- In July 2002, the Minister of Human Resources and the Minister of Health Services agreed that the responsibility for the provision of general anaesthesia for non-cosmetic restorative dental services for clients of the Ministry of Human Resources should be transferred to the Ministry of Health Services, and that a provincial program incorporating both hospitals and private facilities would be developed. A funding transfer in the amount of $1,000,000 specifically to fund the provision of these services in was agreed upon. The Program would have sufficient flexibility to provide dental anaesthesia in the most cost effective manner for patients whose restorative dental treatment cannot be managed using local anaesthesia.

- The new program – to be managed by the B.C. Women's and Children's Hospital (a division of the Provincial Health Services Authority) – has been developed, in consultation with staff of both Ministries (see Appendix A).

- The PHSA is in the final stages of implementation – and is proceeding with the establishment of contracts with private facilities (see Appendix B). The planned start date of the program is April 1, 2003.

DISCUSSION:

- The planning of the new program has been based on the prior agreement that an amount of $1,000,000 would be transferred from the Ministry of Human Resources to the Ministry of Health Services for the first full year of operation of the program. This amount represents the expected costs of "facility fees" to private facilities that provide general anesthesia for non-cosmetic restorative dental services to MHR clients. Facility costs in public facilities (hospitals) will continue to be borne by the health authorities from within their global budgets.

- As the PHSA is now planning to negotiate and sign formal agreements with private providers, it is seeking, appropriately, confirmation of funding effective April 1, 2003.

- It is now timely that arrangements be made to transfer base funding in the amount of $1,000,000 from the MHR to the MOHS, effective April 1, 2003, representing the required funding for operation of the program

RECOMMENDATION:

- It is recommended that the MHR transfer base funding to the MOHS in the amount of $1,000,000, effective April 1, 2003 – representing the funding required for operation of a program to fund facility fees related to general anesthesia for non-cosmetic restorative dental services for eligible MHR clients provided in private facilities.

This funding amount is based upon anticipated utilization under current MHR policy, and may require review in subsequent years if changes in MHR policies significantly impact on anticipated utilization.

APPROVED BY: DATE:

Mariann Burka, Director
Social Policy Branch
Ministry of Human Resources — Date Signed

Andrew Wharton, ADM
Policy and Research Division
Ministry of Human Resources — Date Signed

Bert Boyd, ADM
Performance Management & Improvement Division
Ministry of Health Services — Date Signed

APPROVED/NOT APPROVED:

Dr. Penny Ballem, Deputy Minister
Ministry of Health Services and
Ministry of Health Planning — Date Signed

Ms. Robin Ciceri, Deputy Minister
Ministry of Human Resources — Date Signed

PREPARED BY:

Contact:	Lorne Klippert	Malcolm Williamson
Title/Division:	Medical Consultant/PMID	Senior Dental Consultant/MSP
Telephone:	952-1040	952-1541
Date:	December 9, 2002	
File Name with Path:	m:\executive\reg\lorne klippert\430453 MHR MOHS BN.doc	

MINISTRY OF HEALTH SERVICES/MINISTRY OF HEALTH PLANNING
INFORMATION BRIEFING NOTE

Cliff # 424052

PREPARED FOR: **Dr. Penny Ballem, Deputy Minister – FOR INFORMATION**

TITLE: **A Program to Ensure the Availability of General Anesthesia for Non-Cosmetic Restorative Dental Services – For Clients of the Ministry of Human Resources**

BACKGROUND:

The Ministry of Human Resources (MHR) funds required dental services for identified clients. Some of these clients, and particularly young children and persons with disabilities, require general anaesthesia to properly complete their restorative dental treatment. Restorative dental treatment is a non-insured Medical Services Plan (MSP) service, while the provision of general anaesthesia to manage the patient is an MSP insured service under certain criteria. Hence, for MHR clients requiring general anaesthesia to complete restorative dental treatment, the dentist is paid by MHR and the anaesthesiologist is paid by MSP for eligible clients.

On December 6, 2000, the Medical Services Commission (MSC) approved a new policy respecting MSP coverage of dental anaesthesia. The policy provides coverage for anaesthesia, for non-cosmetic and other non-insured dental procedures, for patients meeting specific eligibility criteria, whether the dental procedures were performed in or out of hospital. Under the policy if non-insured (MSP), non-cosmetic dental procedures are required for the appropriate management of medically required dental needs of children, persons with disabilities and people whose medical condition precludes the use of local anaesthesia, MSP will cover the anaesthesiologist's fee, regardless of the location in which the service is provided. It should be noted that since facility fees are not insured by MSP they were not considered or included when developing this policy. Therefore, at the present time, general anaesthesia for restorative dental treatment is provided in public hospitals at no cost to eligible patients, and in private anaesthetic clinics where an additional facility fee is charged to all patients.

For several years the Ministry of Human Resources has paid the facility fee on behalf of some of their clients. The decision on where the patient was treated had been left to the direction of the dentist and was dependent on variables such as, availability of private or hospital dental services, hospital wait lists, severity of dental condition, associated general health concerns and operator or patient convenience.

On July 1, 2002, the Ministry of Human Resources announced that they would no longer pay facility fees. It was agreed that the responsibility and budget for this service should be transferred to the Ministry of Health Services, and that a provincial program incorporating both hospitals and private facilities would be developed. The Program would have sufficient flexibility to provide dental anaesthesia in the most cost effective manner for patients whose restorative dental treatment cannot be managed using local anaesthesia.

DISCUSSION:

The joint Ministerial agreement to continue funding facility fees for some MHR clients was based on an understanding that the new program would adhere to a sound business plan in order to ensure controlled, but effective and efficient, use of the budget. Program development must ensure that existing hospital dental services are available and efficiently used, and that criteria are established to allow decisions on private facility use to be based on clinical requirements rather than patient or provider convenience.

The business plan for the new program will incorporate the following goals:

1. Development of clinical criteria (incorporating both medical and dental considerations) for eligibility for non-cosmetic restorative dentistry under general anaesthesia that can be applied consistently and equitably across the province.

2. Provision of equitable and timely access to required services across the province.

3. Maintenance of the volume of services currently provided by public hospitals, and, within available funding, provision of increased volumes of services in private surgical facilities, if demand warrants.

4. Establishment of a database that will support program operation, assist in monitoring achievement of program goals, and support planning for future program modification, if indicated.

5. Evaluation of program effectiveness, with further modification of the program as required in order to best meet clients' needs in the most cost-effective manner consistent with maintaining access and quality of care.

The program will be managed by the Children's and Women's Hospital – a division of the Provincial Health Services Authority (PHSA) – based upon a service agreement between the PHSA and the Ministry of Health Services (MOHS). Required services will be provided by:

- Children's and Women's Hospital
- Other designated hospitals in the province
- Approved private surgical facilities, based upon service contracts between each facility and the PHSA

Program funding has been clarified, and will be as follows

a. Dental services – dentists' fees within MHR specified limits will be funded, on a fee-for-service basis, by the MHR (no change from current practice)

b. Anaesthesia services – anaesthetists' fees will be funded, on a fee-for-service basis, by MSP (no change from current practice)

c. The costs of providing these services in the hospital setting will be funded as part of the global grant provided to health authorities annually by the MOHS (no change from current practice)

d. The costs of providing these services in private surgical facilities will be reimbursed by way of a facility fee (amounts to be determined)**

** *Funding for this component of the program will be transferred from MHR to MOHS, and, based on the terms of a performance agreement, to the PHSA. For the first full year of operation of the program, the amount will not exceed $1,000,000.*

In order to achieve the goals established for the program, a number of important issues have been, or are being, addressed

1. As this will be one of the first examples of "contracting out" of clinical treatment to private facilities, it is imperative that contracts between the PHSA and private facilities adhere to emerging government policy – with particular emphasis on quality, legal liability, and reporting requirements. A contract "template" is being developed in consultation with the PHSA to ensure that agreements between the PHSA and private facilities meet government requirements.

2. This will be the first time that formal eligibility based on clinical criteria for restorative dental services under general anaesthesia will be in place. Data collected during the first year of the program will be used to consider, in consultation with dentists, adjustment of criteria if required.

3. As a result of the establishment of clinical criteria and formalized contracts with private providers, it is expected that total program expenditures will be reduced, assuming the number of cases remains approximately constant.

4. The establishment of policies and clinically based eligibility criteria for this program highlight the need for corresponding policies and criteria for the general population. MOHS is also embarking a broader review of dental policy that will include a confirmation of the role of hospitals in offering dental services to the general population.

5. The MOHS Dental Consultant is working with the Children's and Women's Hospital to establish administrative process and procedures and to develop contracts with approved private service providers. This phase will be essentially completed by January 2003. In this context, specific requirements identified by MHR (including assurances that clients will not be extra billed, now or in the future, and that approval and other administrative processes are "user friendly" for dentists and clients) will be addressed.

CONCLUSION:

The program to ensure the availability of general anesthesia for non-cosmetic restorative dental services for clients of MHR is being put into place, to be overseen and funded by the Ministry of Health Services, and managed by the PHSA (Children's and Women's Hospital). It will be formally implemented on April 1, 2003.

One important component of the program is the public/private partnership resulting in the provision of clinical services by private surgical/dental facilities that are accredited by the College of Physicians and Surgeons.

Data collected in the first year of operation of the program will be used to assess and monitor performance and access, and to support planning for program modification and improvement as required.

Policies established for this program, specifically targeted to clients of MHR, will form a basis for further development of policies and eligibility criteria that would be applicable to the general population.

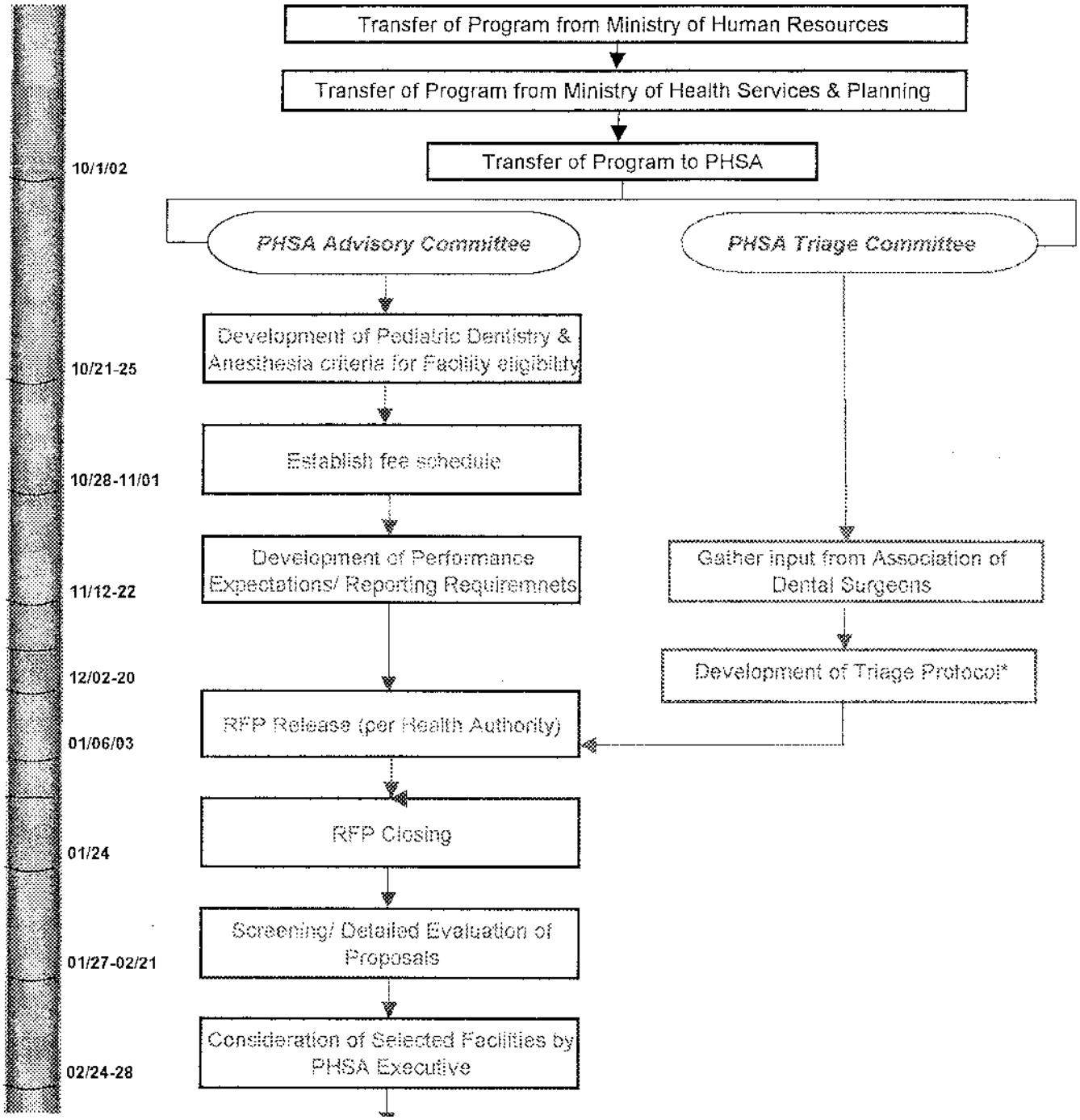
Contacts:

Dr. Lorne Klippert
Medical Consultant
PMID
952-1040

Dr. Malcolm Williamson
Senior Dental Consultant
PMID/MSP
952-1541

Date: November 1, 2002
File Name with Path: m:\executive\reg\Lorne Klippert\424052 MHR Dental BN Oct11 Nov 1 final.doc

Dental Initiative: Anaes..etic Facility Services for Non-Cosmetic Restorative Dentistry



GENERAL ANAESTHESIA FOR NON-COSMETIC RESTORATIVE DENTAL SERVICES (PHSA)

Base funding of $1,000,000 is provided to the Provincial Health Services Authority (PHSA) to manage a program to reimburse private facilities for "facility fees" invoices in accordance with the contracts. The program is designed to ensure access of eligible clients of the Ministry of Human Resources to non-cosmetic restorative dental services where general anaesthesia is required. These services are provided in hospitals in the Province and in accredited private surgical facilities under contract to the PHSA.

Contact: Glynis Soper, Director
Finance and Decision Support
(250) 952-1271
Glynis.Soper@gems5.gov.bc.ca

Malcolm Williamson

BRITISH COLUMBIA

October 9, 2002

419643

«Title» «FirstName» «LastName»
«JobTitle»
«Company»
«Address1»
«Address2»
«City» «State» «PostalCode»

Dear «Title» «LastName»:

Re: **A Strategy to Ensure the Availability of General Anaesthesia for Clients of the Ministry of Human Resources for Non-Cosmetic Restorative Dental Services**

As you may be aware, the Ministry of Human Resources (MHR) funds required dental treatment services for identified clients. These clients include:

- Children enrolled in the MHR Healthy Kids Dental Program (children whose parents/guardians receive MSP premium assistance are eligible), and
- A small number of disabled adults

Where it has been determined by the dentist that these services are best provided under general anesthesia, the services have been provided in the hospital setting or in private surgical facilities (where MHR has also paid a facility fee).

On July 1, 2002, the Ministry of Human Resources announced that they would no longer pay facility fees. It was agreed that the responsibility and budget for this service should be transferred to the Ministry of Health Services – and that a provincial program incorporating both hospitals and private facilities would be developed and managed by the Provincial Health Services Authority (PHSA). The program would be structured to provide PHSA, hospitals, and eventually other health authorities with sufficient flexibility to provide dental anaesthesia in the most cost effective manner for patients whose restorative dental treatment cannot be managed using local anaesthesia.

Our purpose in writing at this time is to notify you of this change. We would also ask you to pass on this information to those hospitals within your authority that are currently offering dental services under general anaesthesia.

To clarify, this program is focused only on non-cosmetic restorative dentistry (in layman's terms, mainly the filling of teeth for dental caries) – and only on one subset of the population, clients of the Ministry of Human Resources (primarily children).

. . . 2

Ministry of Health Services
Assistant Deputy Minister
Performance Management and Improvement Division
6-2, 1515 Blanshard St
Victoria BC V8W 3C8

One important element of the program is that a policy outlining clinical (medical/dental) criteria will be established to identify patients who will be eligible for general anaesthesia in both hospitals and private facilities. While, technically, this policy will be applicable to MHR clients only, it is likely that hospitals will find it a useful document for application to all children receiving restorative dentistry. In fact, the Ministry is also embarking on a broader "policy review" of dental services focusing specifically on the role of the Ministry (and of Health Authorities) with respect to the provision of dental services. It is our intent that the policy (or policies) established for this subset of patients will be consistent with evolving policy for all residents of the province.

We anticipate that the establishment of this program will have little direct impact on hospitals – indeed, for the program to work, we are counting on the fact that hospitals that offer general anaesthesia for restorative dentistry will maintain their current level of service. The PHSA, on behalf of the Ministry, will also be reviewing the implications of this program change with private surgical facilities that currently are providing these services.

As planning proceeds, you will be advised further by the PHSA of program details and the date of implementation. In the meantime, if you have questions, or require clarification, please contact either:

Dr. Lorne Klippert
Senior Medical Consultant
Phone: (250) 952-1040
Email: lorne.klippert@gems1.gov.bc.ca

Dr. Malcolm Williamson
Dental Consultant
Phone: (250) 952-1541
Email: Malcolm.Williamson@gems1.gov.bc.ca

Sincerely,

Original Signed By

Bert Boyd
Assistant Deputy Minister
Performance Management and Improvement Division

pc: Dr. Penny Ballem, Deputy Minister, Ministry of Health Services and Planning

Ms. Lynda Cranston, Chief Executive Officer, Provincial Health Services Health Authority

Mr. Michael Marchbank, Chief Operating Officer, Provincial Health Services Health Authority

Ms. Robin Ciceri, Deputy Minister, Ministry of Human Resources

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(HTH) Dental Services

DRAFT (#2, August 11, 2002)

A Proposed Program to Ensure the Availability of General Anaesthesia for Clients of the Ministry of Human Resources For Non-Cosmetic Restorative Dental Services

Objective

To establish, and manage on an ongoing basis, a single 'provincial' program to provide general anaesthesia for non-cosmetic restorative dentistry where clinically required, to clients* of the Ministry of Human Resources (MHR)

> * *MHR clients that are eligible for dental services are almost exclusively children, plus a small number of disabled adults. Children whose parents/guardians receive MSP premium assistance are eligible for the program (MHR Healthy Kids Dental Program).*

Background/Context

The Ministry of Human Resources has funded required dental services for identified clients (children and disabled adults) for the past several years. Where it has been determined by the dentist that these services are best provided under general anesthesia, the services have been provided in the hospital setting or in private surgical facilities. It has recently been agreed that the Ministry of Health Services (MOHS) will establish a "program" to provide this component of the service to eligible MHR clients.

With very few exceptions, restorative dental services are not defined as 'insured services' (within the definition of Hospital Insurance or Medicare legislation) – although, historically, the services associated with providing dentistry in the hospital setting (e.g. diagnostic, nursing, and anaesthetic services) have been provided at no cost to the client. The decision as to the necessity to provide dental services in the hospital setting has been made solely by the dentist involved (strongly influenced by the availability of hospital capacity in the dentist's practice locality). Provincial policy in the area of hospital dental services is limited.

The Performance Management and Improvement Division, Ministry of Health Services (MOHS) is embarking on a review of the roles of the MOHS and health authorities with respect to the provision of dental services – a major component of which will focus on the role and responsibility of hospitals in providing, or supporting the provision of, dental services - and the funding of these services. Although implementation of the program for MHR clients will precede the completion of this policy review, it is the intent that the policies established for this program will be consistent with anticipated policy regarding the role of hospitals in providing/supporting dental services to the general population and with emerging public policy with respect to partnerships with private service providers

Program Goals

1. To develop clinical criteria (incorporating both medical and dental considerations) for eligibility for non- cosmetic restorative dentistry under general anaesthesia, that can be applied consistently and equitably across the province,

2. To provide equitable and timely access to required services across the province

3. To maintain the volume of services currently provided by public hospitals, and, within available funding, to provide increased volumes of services in private surgical facilities, if demand warrants.

4. To establish a database that will support program operation, assist in monitoring achievement of program goals, and support planning for future program modification, if indicated.

5. To evaluate program effectiveness, and to further develop/modify the program in order to best meet clients' needs in the most cost-effective manner consistent with maintaining access and quality of care.

Program Management:

The program will be managed by the Children's and Women's Hospital – a division of the Provincial Health Services Authority (PHSA) – based upon a service agreement between the PHSA and the Ministry of Health Services (MOHS).

Required services will be provided by:

- Children's and Women's Hospital
- Other designated hospitals in the province
- Approved private surgical facilities

Funding

Funding to support this program will be as follows

a. Dental services – dentists' fees will be funded, on a fee-for-service basis, by the MHR (no change from current practice)

b. Anaesthesia services – anaesthetists' fees will be funded, on a fee-for-service basis, by MSP (no change from current practice)

c. The costs of providing these services in the hospital setting will be funded as part of the global grant provided to health authorities annually by the MOHS

d. The costs of providing these services in private surgical facilities will be reimbursed by way of a facility fee (amounts to be negotiated)**

** *Funding for this component of the program will be transferred from MHR to MOHS, and, based on the terms of a performance agreement, to the PHSA. For the first full year of operation of the program, the amount will not exceed $1,000,000.*

Estimated Program Volumes

Dental Procedures Performed in B.C. Hospitals 2000-2001
Children Aged 0 to 14 years (excluding newborns)

Location	Status Indians	MHR Eligible Clients	All Other Clients	Total
C & W Hospital	82	483	1218	1783

All other B.C. Hosps	633	919	1724	3276
Total Hosps	**715**	**1402**	**2942**	**5059**

Source: Hospital data - Information Support, MOHS (Procedures included are surgical short list procedures 041, 042, 043)

In addition, a substantial number of dental procedures are provided in private facilities with capability of offering general anaesthesia. Although total number of procedures is not known, the Ministry of Human Resources advises that, in 2001-02, the Healthy Kids Dental Program funded approximately 2200 dental procedures in private facilities.

Based on this information, it appears that the expected total volume of the program is in the order of 3600 procedures per annum.

Implementation Plan (as of August 12, 2002)

		Responsibility	Target
1	Obtain agreement in principle for program changes (MHR, MOHS, PHSA)		completed
2	Establish clinical criteria/protocols (and approval process for exceptions)	MOHS (Williamson) with input from PHSA and Dental Society	TBD
3	Advise participating hospitals of program change, and new expectations	MOHS (Klippert)	TBD
4	Advise dentists of program change, and new expectations	MOHS (Williamson)	
5	Identify and contact private facilities impacted	MOHS (Williamson) with info from MHR	
6	Develop draft performance agreement with PHSA - Accountability - Reporting requirements - Performance expectations	MOHS (Klippert) in consultation with PHSA	
7	Develop template for "contract with participating private facilities to include - required care/facility standards - requirements for clinical records - reporting requirements - etc.	PHSA (support from MOHS - Klippert)	
8	Arrange process for transferring funds from MHR to MOHS, and from MOHS to PHSA	MOHS (Jacobs with input TBD from MHR and PHSA)	
9	Establish program administrative procedures	PHSA (input from MOHS - Klippert)	
10	Implement program		1 Nov 02

BRITISH COLUMBIA

JUL 31 2002

412056

Jocelyn Johnston
Executive Director
Association of Dental Surgeons
of British Columbia
400 – 1765 W 8th Ave
Vancouver BC V6J 5C6

Dear Ms. Johnston:

Thank you for your previous correspondence regarding the recent changes to the Ministry of Human Resources' dental program. The Honourable Ministers of Health Services and Health Planning, Colin Hansen and Sindi Hawkins and the Honourable Murray Coell, Minister of Human Resources, have asked me to respond on their behalf.

Since our last letter dated July 3, 2002, the ministries of Health Services and Human Resources have made considerable progress toward resolution of a key concern raised by the Association of Dental Surgeons of British Columbia. Although our discussions are ongoing, we are pleased to provide you with an update on our progress and invite you to participate in the process of finding solutions to the concerns your organization has raised.

Earlier this month, the Ministers responsible met to explore opportunities for providing dental services requiring general anesthesia through both public and private facilities. The discussion covered a range of options including our desire to continue the current public/private partnership. As you know, government is facing significant fiscal challenges and it will be important for us to work at finding cost-effective solutions for this important area of child health. We will be contacting you in the near future to arrange a meeting with your organization.

In the interim, the Ministry of Human Resources will continue to provide facility fees to dentists who provide services for children and persons with disabilities requiring general anaesthetic. An additional $500 above the $700 cap for children or $500 cap for persons with disabilities, will be paid regardless of whether the services are performed in the hospital or a private clinic, as long as the patient requires a general anaesthetic.

. . . 2

5-3, 1515 Blanshard St
Victoria BC V8W 3C3

One important element of the program is that a policy outlining clinical (medical/dental) criteria will be established to identify patients who will be eligible for general anaesthesia in both hospitals and private facilities. While, technically, this policy will be applicable to MHR clients only, it is likely that hospitals will find it a useful document for application to all children receiving restorative dentistry. In fact, the Ministry is also embarking on a broader "policy review" of dental services focusing specifically on the role of the Ministry (and of Health Authorities) with respect to the provision of dental services. It is our intent that the policy (or policies) established for this subset of patients will be consistent with evolving policy for all residents of the province.

We anticipate that the establishment of this program will have little direct impact on hospitals – indeed, for the program to work, we are counting on the fact that hospitals that offer general anaesthesia for restorative dentistry will maintain their current level of service. The PHSA, on behalf of the Ministry, will also be reviewing the implications of this program change with private surgical facilities that currently are providing these services.

As planning proceeds, you will be advised further by the PHSA of program details and the date of implementation. In the meantime, if you have questions, or require clarification, please contact either:

Dr. Lorne Klippert
Senior Medical Consultant
Phone: (250) 952-1040
Email: lorne.klippert@gems1.gov.bc.ca

Dr. Malcolm Williamson
Dental Consultant
Phone: (250) 952-1541
Email: Malcolm.Williamson@gems1.gov.bc.ca

Sincerely,

Original Signed By

Bert Boyd
Assistant Deputy Minister
Performance Management and Improvement Division

pc: Dr. Penny Ballem, Deputy Minister, Ministry of Health Services and Planning

Ms. Lynda Cranston, Chief Executive Officer, Provincial Health Services Health Authority

Mr. Michael Marchbank, Chief Operating Officer, Provincial Health Services Health Authority

Ms. Robin Ciceri, Deputy Minister, Ministry of Human Resources

MINISTRY OF HEALTH SERVICES/MINISTRY OF HEALTH PLANNING
INFORMATION BRIEFING NOTE

Cliff #411582

PREPARED FOR: Honourable Colin Hansen, Minister of Health Services
Honourable Sindi Hawkins, Minister of Health Planning
Dr. Penny Ballem, Deputy Minister of Health Services and Health Planning

TITLE: **Implications for Health Authorities of Dental Program Changes Implemented by the Ministry of Human Resources, Effective July 1, 2002**

BACKGROUND:

- Until July 1, 2002, the Ministry of Human Resources (MHR) covered facility fees in private anaesthetic clinics for patients covered by their dental plans in order to assure access to care.

- Payment of facility fees by MHR required pre-authorization. Under the new regulations all pre-authorized services are no longer covered.

- The Association of Dental Surgeons of BC (ADSBC) has estimated that at least 2,000 more patients (children and some persons with disabilities) will require their treatment to be performed in hospital.

- The ADSBC also point out that, in addition to increasing already long waitlists, the cost implications of the new regulations to the hospital system will far outweigh the cost savings to the Ministry of Human Resources.

- The ADSBC estimates that if only 50 percent of the 2,000 were to be treated at BC Children's Hospital, the six month waitlist would soon increase to over one year. Many of these children will become emergencies and persistent toothache in a person with disabilities can produce chronic management problems for the person and their caregiver.

- ADSBC issued a press release on July 8, 2002, that outlined several of the recent cutbacks that have seriously affected the availability of free or low cost dental care for children in the lower mainland. These include:

    1. An announcement in May 2002 that the Ministry of Children and Family Development could no longer fund a program that brought more than 330 children from the lower mainland to the Faculty of Dentistry for dental care each year. Students provided approximately $280,000 worth of free treatment each year and the program had operated for almost 30 years. The grant was approximately $100,000.

- In the financial year 2001-2002, MSP paid $741,610 for out of hospital anaesthestists' fees related to dental procedures for children or persons with disabilities. Total anaesthetists' fees for all hospital and out of hospital dental services was $2,602,530 in the same period.

DISCUSSION:

- The recently announced changes by the Ministry of Human Resources and the reductions by health authorities impacting the availability of dental services, particularly for children, will be seen by parents, advocacy groups and dentists as a major cutback in the already low availability of low cost dental care.

- The dentists and their association, although having a genuine concern for the dental health of children, will push this issue to the limit in an attempt to embarrass the Government and specifically to try and persuade the Ministry of Human Resources to increase their payment for fees from the existing 1995 levels.

- If hospitals are to accommodate these extra patients waitlists will increase and some hospital may need to purchase dental equipment. Medical emergencies will occur.

- The immediate problem is the availability of treatment. The long term solution will require an increased focus on preventive dental health activities for children in families at risk for developing dental disease.

CONCLUSION:

There is a need for all Ministries involved in dental health to coordinate their activities and develop a single response to reducing the incidence of early childhood caries.

Consideration should be given to exploring, with the Association of Dental Surgeons of BC, the Health Authorities and particularly the Provincial Health Service Authority, how a public private partnership solution could be developed to resolve this problem.

ATTACHMENTS: Appendix 1

Contact: Dr. Malcolm Williamson
Title/Division: Senior Dental Health Consultant, Dental Health Services, MSP Claims Branch
Telephone: 952-1541

Date: July 9, 2002
File Name with Path: J:\Deputy\Minister\Briefing Documents\PENDING\411582 Implications for HAs of Dental Program Changes.doc

APPENDIX 1

WHO IS AFFECTED:

1. Ministry of Human Resources Changes

- The Ministry of Human Resources website states that their policy changes affect *"employable adult clients who require dental care after July 1, 2002"*

- This statement assumes that from July 1, 2002, approximately 2,000 patients per year, (98 percent are children in low income families covered under the Healthy Kids Dental Program and 2 percent are adults with developmental disabilities also covered by the Ministry of Human Resources dental plan) who previously did obtain needed dental treatment under a general anaesthetic in a private facility, will now be able to find a public hospital capable of accepting them in an appropriate time frame.

- In the Year 2000 – 2001, 2,641 children under the age of four were treated in hospital for dental care under general anesthetic.

- Children's Hospital treated at least 1,000 of these children.

- Children's Hospital dental department estimate that for every 100 children treated for dental care in hospital:

    - 20 to 30% are there because they have rampant dental decay and a serious medical condition;

    - 20 to 30% are there because they have rampant dental decay and their age requires a hospital-based anesthesia to manage the treatment; and

    - 40% are there because they have a rampant dental decay and their treatment cannot be managed without the assistance of a general anaesthetic.

- It can be assumed that the additional 2,000 children now looking for a placement in a public hospital require the general anaesthetic to facilitate the dental treatment due to their age and associated management problem and not because of an underlying medical condition.

2. Health Authority Changes

- The children accessing the Burnaby and Vancouver dental clinics were predominately kindergarten children whose parents' income was just above the limit to receive premium assistance and who were therefore not eligible for the Healthy Kids Dental Program.

3. Ministry of Children and Family Development Changes

- The grant for the bussing program enabled young children in low income families living in lower mainland areas other than Vancouver and Burnaby to obtain free dental treatment by dental students at UBC. The children were identified by community dental public health staff.

2003/04 HEALTH SECTOR FUNDING

ISSUE: General Anesthesia for Non-Cosmetic Restorative Dental Services **FUNDING LETTER:** Initial

HEALTH AUTHORITY:	CURRENT YEAR AMOUNT	SECTORS:
☐ Fraser	$	☐ Acute Global
☐ Interior	$	☑ Acute PHSA N67
☐ Nisga'a	$	☐ Acute Non-Global
☐ Northern	$	☐ Home & Community Care (Community)
☐ Vancouver Coastal	$	☐ Home & Community Care (Residential)
☐ Vancouver Island	$	☐ Mental Health & Addictions
☑ Provincial Health Services	$ 1,000,000	☐ Public & Preventive Health
Current Year Total	$ 1,000,000	

FUNDING AMOUNT & TYPE:

☒ **ONGOING** **EFFECTIVE DATE** Apr 1/03 **ANNUAL** 1,000,000

☐ **ONE-TIME** ☐ **RETRO** $ **2004/05** ☑ **Same as annual or** $

PAYMENT SCHEDULING:

Lump Sum Date: —

Regularly Scheduled Catch up Date:

Other: —

Issue Contact: Glynis ~~Wallace-Williamson~~ **Financial Contact:** Glynis Pope

Checklist	Initials	Date	Notes
Spending Plan Approved			
Funding Issue Document Complete	GP	Apr 22/03	w/ Harjit for signature
Relevant Background Documents attached	GP		
Budget Allocation Completed			pending
Narrative Approved	GP	Apr 22/03	per Glynis / Wallace-Williamson

Inserted in B April 29/03 Ag

Page 63 to/à Page 64

Withheld pursuant to/removed as

s.13

Page 65

Withheld pursuant to/removed as

s.14

White, Robyn S HLTH:EX

From: Bhalla, Munjeet HLTH:EX
Sent: Monday, August 18, 2014 10:43 AM
To: White, Robyn S HLTH:EX
Subject: FW: Contracting out of oral/dental surgeries

Here's some information from BCCH - sorry I missed passing this along to you. Margi

-----Original Message-----
From: Byron, Patti [mailto:pbyron@cw.bc.ca]
Sent: Friday, August 15, 2014 1:25 PM
To: [VCH] Keith, Patty [VA]; [VCH] Scrivens, Susan [VA]; Dormuth, Alison; Bhalla, Munjeet HLTH:EX; [FHA] Laukkanen, Cindy; [NHA] Hatcher, Shelley
Subject: RE: Contracting out of oral/dental surgeries

At BC Children's we have:

Community Dental Partners which is a program that provides anesthetic fee coverage for non-cosmetic restorative dentistry for clients of the Ministry of Housing and Social Development (MHSD). This program is established through partnership agreements between PHSA and five private facilities; BCCH administers the program on behalf of PHSA (the services are provided at BCCH).

Patti Byron MSN RN
Senior Director
Medical/Surgical & Hematology/Oncology
Inpatient & Ambulatory Patient Care Services BC Children's Hospital

-----Original Message-----
From: [VCH] Keith, Patty [VA]
Sent: Wednesday, August 13, 2014 1:29 PM
To: [VCH] Scrivens, Susan [VA]; Dormuth, Alison; Bhalla, Munjeet; [FHA] Laukkanen, Cindy; [NHA] Hatcher, Shelley
Cc: Byron, Patti
Subject: RE: Contracting out of oral/dental surgeries

Hi all;
I'm not aware of any contracts in VCH. I've cc'd my colleague Patti Byron at BCCH to see if she is aware of any.
Patty

Patty Keith, PhD, RN, RM
Regional Director of Planning, Maternal/Child, Regional Programs and Service Integration, Room 605- 6th Floor,
601 West Broadway,
Vancouver, BC., V5Z 4C2
604-875-4111, loc.67210 (Phone)
604-875-4883 (FAX)
patty.keith@vch.ca

-----Original Message-----
From: Scrivens, Susan [VA]
Sent: Wednesday, August 13, 2014 1:01 PM
To: Dormuth, Alison; 'Munjeet.Bhalla@gov.bc.ca'; [FHA] Laukkanen, Cindy; [NHA] Hatcher, Shelley
Cc: Keith, Patty [VA]
Subject: RE: Contracting out of oral/dental surgeries

Hi Margi
I'm fairly certain we don't contract out any oral or dental surgery; have copied my colleague for pediatrics, Patty Keith, to see if she's aware of any contracts.
Thanks,
Susan

Susan Scrivens, BSc, MHA
Director, Regional Surgical Executive Council _____
From: Dormuth, Alison [Alison.Dormuth@viha.ca]
Sent: Wednesday, August 13, 2014 12:55 PM
To: 'Munjeet.Bhalla@gov.bc.ca'; Scrivens, Susan [VA]; [FHA] Laukkanen, Cindy; [NHA] Hatcher, Shelley
Subject: Re: Contracting out of oral/dental surgeries

Hi Margi, we have in the past, and are currently contracting with 2 different private clinics to do pediatric dental procedures.

From: Bhalla, Munjeet HLTH:EX [mailto:Munjeet.Bhalla@gov.bc.ca]
Sent: Wednesday, August 13, 2014 12:04 PM
To: Dormuth, Alison; 'susan.scrivens@vch.ca' <susan.scrivens@vch.ca>; 'Cindy Laukkanen' <Cindy.laukkanen@fraserhealth.ca>; 'Hatcher, Shelley (Shelley.Hatcher@northernhealth.ca)' <Shelley.Hatcher@northernhealth.ca>
Subject: Contracting out of oral/dental surgeries

Hi,

Our MSP folks are wondering whether any of your health authorities are contracting out any oral and/or dental surgeries to private surgical centres? Please let me know as soon as you can for the last couple of years. Thanks, Margi.

Munjeet (Margi) Bhalla, PhD, MPA

Director, Surgical and Anaesthetic Services Health Services Policy and Quality Assurance Division Ministry of Health 6-2, 1515 Blanshard Street Victoria, BC V8W 3C8
Tel: 250-952-1040

White, Robyn S HLTH:EX

From: Bhalla, Munjeet HLTH:EX
Sent: Friday, August 15, 2014 3:48 PM
To: White, Robyn S HLTH:EX
Subject: nha response

No contracting out from NHA. I think that is all of them. Margi

Munjeet (Margi) Bhalla, PhD, MPA

Director, Surgical and Anaesthetic Services
Health Services Policy and Quality Assurance Division
Ministry of Health
6-2, 1515 Blanshard Street
Victoria, BC V8W 3C8
Tel: 250-952-1040

White, Robyn S HLTH:EX

From: Bhalla, Munjeet HLTH:EX
Sent: Friday, August 15, 2014 9:21 AM
To: White, Robyn S HLTH:EX
Subject: Dental/Oral Surgeries - FHA Response

No contracting out. Margi

Munjeet (Margi) Bhalla, PhD, MPA

Director, Surgical and Anaesthetic Services
Health Services Policy and Quality Assurance Division
Ministry of Health
6-2, 1515 Blanshard Street
Victoria, BC V8W 3C8
Tel: 250-952-1040

White, Robyn S HLTH:EX

From: Bhalla, Munjeet HLTH:EX
Sent: Wednesday, August 13, 2014 4:33 PM
To: White, Robyn S HLTH:EX
Subject: Dental Surgeries

Hi, Robyn
I've heard from VIHA and VCH – VIHA is contracting out some pediatric dental surgeries; VCH is not contracting out any dental or oral surgeries. Margi

Munjeet (Margi) Bhalla, PhD, MPA

Director, Surgical and Anaesthetic Services
Health Services Policy and Quality Assurance Division
Ministry of Health
6-2, 1515 Blanshard Street
Victoria, BC V8W 3C8
Tel: 250-952-1040

BRITISH COLUMBIA

MINISTRY OF HEALTH

POLICY COMMUNIQUÉ

COMMUNIQUÉ

TO: All Regional Health Authority & Provincial Health Services Authority Chief Executive Officers

TRANSMITTAL DATE: July 3, 2015

COMMUNIQUÉ NUMBER: 2015-23

CLIFF NUMBER: 1036659

SUBJECT: Amendments to Regulation – Oral Surgery Benefits

DETAILS: Medically necessary oral surgeries performed in an accredited health facility may now be provided as a benefit of the Medical Services Plan, where a contractual arrangement with a Health Authority or the Provincial Health Services Authority (PHSA) and the health facility for such services is in place.

The following limiting criteria must apply:

1. The oral surgical service is for a beneficiary who is a patient of a health facility that
   a. is accredited by the College of Physicians and Surgeons of BC, and
   b. has an agreement with one or more regional health boards or with the PHSA;
2. The service is provided in accordance with the agreement with the regional health board or PHSA;
3. Hospitalization is medically required for the safe and proper performance of the surgery; and
4. The services being provided by the health facility are equivalent to the services that would be provided in a hospital.

Please note, there has been no amendment to the definition of Dental and Orthodontic Services; this change does not represent an expansion of dental benefits.

EFFECTIVE DATE: Immediately

MINISTRY CONTACT: Stephanie Power, Executive Director, Medical Beneficiary Branch (250-952-2671)

Stephen Brown
Deputy Minister
Ministry of Health

Serving the Dentists of BC

British Columbia Dental Association

MEMBER OF THE CANADIAN DENTAL ASSOCIATION

Access to Care for Vulnerable Patient Groups

Improving access and enhancing patient care for British Columbians

A Message to the Minister of Health...

Good oral health is critical to the overall health and well-being of an individual. Healthy teeth are important for eating, speaking and enhancing an individual's self-esteem and confidence, traits essential to social interaction and employability. Improving access to dental care for vulnerable population groups not only provides better quality of life but reduces demands on the health care system.

REQUEST:

BC's dentists have undertaken a number of initiatives throughout the years to increase access to care and enhance oral health within their communities. The BC Dental Association (BCDA) is looking to government to partner and support initiatives that increase access to care and enhance dental services for vulnerable patients groups.

- **Not-for-Profit Clinics** – There are 18 not-for-profit clinics in BC that treat on average 4,000 patients per month, providing services ranging from emergency pain relief (extractions) to basic care such as hygiene, fillings and dentures. Lab fees make up a large portion of treatment costs for many of these clients and therefore a common concern among not-for-profit clinics. At $200,000 annually, existing and new clinics would be able to subsidize the lab costs of dentures for this vulnerable population.

- **Dental Plan for Low-income Seniors** – Due to early preventative care, seniors are keeping more of their teeth than past generations and will require ongoing daily mouth care and professional services. Without it, seniors are at risk of pain, infection, and deterioration of general health. It is difficult for this patient group to maintain good oral health as they face financial barriers and declining physical and cognitive abilities. Therefore, the BCDA recommends a government-supported basic dental plan for low-income seniors as recommended by the *Premier's Council on Aging and Seniors' Issues*. The estimated cost is $24 million annually.

OAS

- **Community Care Legislation** – A review of the oral health care component of the *Community Care and Assisted Living Act*: *Residential Care Regulation* is necessary to clarify what services need to be delivered (by care staff and dental professionals) to achieve good oral health for seniors. This includes reinstating a policy and procedure document to outline essential care requirements.

- **Community Dental Partners Program** – The Community Dental Partners Program continues to be fully utilized each year. Both dentists and contracted service providers regularly express concern that the demand for anaesthesia time is not being met by the current budget and geographic distribution of contracted GA facilities. At the same time, severe dental disease in young children is a serious health concern, with approximately 5,000 children being treated under general sedation each year in BC. BC Children's Hospital is reporting a substantive increase in emergency dental care for children, from under 300 cases in 2005 to over 1,200 in 2011. The BCDA is requesting improvements to the Community Dental Partners Program through an increase in funding and the number of facilities accepting Healthy Kids clients throughout BC.

↓ $/m into BCCH Global budget

400 – 1765 West 8th Ave
Vancouver, BC V6J 5C6
T 604 736 7202 or 1 888 396 9888 F 604 736 7588
www.bcdental.org

February 1, 2012

MINISTRY OF HEALTH
INFORMATION BRIEFING DOCUMENT

Cliff # 947024

PREPARED FOR: Honourable Dr. Margaret MacDiarmid, Minister – **FOR INFORMATION**

TITLE: BC Dental Association Meeting

PURPOSE: Prepared for the Minister's meeting with Dr. Richard S. Wilczek, President of the BC Dental Association (BCDA), scheduled for October 30, 2012.

BACKGROUND:
The BCDA and the Province have negotiated a tentative agreement for services. The agreement includes program funding for: (i) Cleft Lip and Palate Program; (ii) Severe Facial Trauma and Congenital Dental Anomalies Program; and (iii) Diagnostic Growth and Developmental Dental Conditions in Children and Cancer Patients Program. The agreement also includes establishment of a pediatric dentistry payment schedule and modest fee increases consistent with those negotiated with physicians. The BCDA does, however, have ongoing concerns regarding specific regulatory and program issues, many of which lie outside their provincial agreement.

DISCUSSION:
A. Regulatory Issues

Treating spouses – interpreting the provisions of the *Health Professions Act* and the bylaws of the College of Dental Surgeons of BC in a manner that allows dentists to treat their spouses.

- It is the responsibility of each professional college to provide guidance for its registrants in this area (See attached "*Dentist-Patient Relations Treating Spouses Fact Sheet*").

Health Professions Review Board (HPRB) – addressing BCDA's concerns that HPRB's primary focus appears to be on mediated settlements instead of reviewing regulatory College processes.

- HPRB is an independent tribunal and the Ministry of Health (MOH) has no role in how it applies its governing legislation. Objections to the manner in which HPRB exercises its jurisdiction should be pursued within the judicial system or with the Ministry of Justice.

B. Program Issues

Limitation Act – BCDA has sought to reduce the ultimate limitation period, which affects costs associated with retention of dental records.

- Bill 34, which repeals and replaces the current Limitation Act, was passed in May 2012. The new Act comes into force on June 1, 2013. Once brought into force, the new Act will move from a 30-year to 15-year ultimate limitation period.

Hospital Act - BCDA requested amendments to regulations under the *Hospital Act* to allow oral and maxillofacial dental surgeons to admit their own surgical and day patients.

- The regulations have been revised to enable admit and discharge privileges. These changes were made in September 2012.

Canadian Health Measures Survey (CHMS) – BCDA is seeking funding ($300,000) to help pay for a BC-specific version of the dental portion of CHMS in order to make comparisons with the national picture of oral health.

- In 2007-2009, Statistics Canada, with the support of Health Canada, collected key information relevant to the health of Canadians through CHMS. As part of CHMS, a clinical oral health examination was used to evaluate the association of oral health with major health concerns, such as diabetes and respiratory and cardiovascular diseases. BC residents were included in CHMS's sample population.
- BC currently has a large pool of dental health information. Since 1986, BCDA has collected health information on adults aged 17-79 every five years. In addition kindergarten children are surveyed every three years and, in 2011, First Nation's kindergarten children were also surveyed. The Ministry believes an additional survey would add little information to what is already available.

Funding for specific dental programs - BCDA requested new funding be made available in order to treat complex dental problems in patients whose dental issues are the result of specific medical conditions

- The Community Dental Partners Program was established in 2003 to ensure the availability of General Anaesthesia for Non-Cosmetic Restorative Dental Services for Clients of the Ministry of Social Development (MSD). $1 million for private facility fees was transferred from MSD to MOH and are now administered by the Provincial Health Services Authority. BCDA has raised concerns regarding waitlists and advised that more service could be provided to the MSD clients if additional funding were available.
- As part of the interim agreement the Province has agreed to allocate one-time funding of $700,000 to the Diagnostic Growth and Developmental Dental Conditions in Children and Cancer Patients Program in order to address a backlog of 65 cases.

Access to Care initiatives – BCDA would like annual subsidies to be made available to organizations that support not-for-profit clinics.

- MSD currently provides dental coverage to low income children and seniors who were disabled prior to age 65. Emergency dental care is also available to MSD clients. BCDA has advocated for expanding government-supported dental coverage to low-income seniors, but MSD has declined to institute such a program.
- Many low-income adults find it challenging to access dental care, particularly those whose employment package does not include a dental plan. BC currently has 18 not-for-profit dental clinics, ranging from small one-chair clinics located in church basements to larger four-chair clinics, such as Victoria's Cool-Aid Dental Clinic.
- The provision of such subsidies is at the discretion of Health Authorities, not MOH.

CONCLUSION:

BCDA and the Province have successfully negotiated a new agreement for dental services.

Program ADM/Division:	Nichola Manning, ADM, Medical Services & Health Human Resources
Telephone:	250- 952-3465
Program Contact:	Stephanie Power, Executive Director, Medical Services Daryl Beckett, Executive Director, Legislation and Professional Regulation
Drafter:	Beverlee Sealey
Date:	October 25, 2012
File Name with Path:	Y:\MCU\DOCS PROCESSING\Briefing Documents\2012\Pending\947024 - Dental Profession Issues - MO mtg Oct 30.docx

BC Children's Hospital Community Dental Partners Program
Utilization Summary as at February 2, 2012 (end of Period 11)

The annual budget for the Community Dental Partners Program for anesthesia services since the inception of the Program has been $844,000. On a regular basis for the past two years, both the contracted service providers and the dentists in the community who use the anesthesia services advise that they would be able to offer and utilize more services due if more funding was provided.

Current contracted service providers are located in Vancouver, Burnaby, Langley and Abbotsford.

Approximately 10% of the patients receiving anesthesia services through the Program are adults with developmental disabilities who are MHSD clients.

Province-wide data on this population, as well as information about the availability of anesthesia services for dentistry, would contribute to better understanding and anticipating demand for such services, both within and outside the Lower Mainland.

Utilization for the Program is as follows:

For fiscal year 2011/2012, April 1, 2011 to February 2, 2012

Number of Cases	Number of Minutes
1,122	98,811

For fiscal year 2010/2011, April 1, 2010 to March 31, 2011

Number of Cases	Number of Minutes
1,353	116,690

For fiscal year 2009/2010, April 1, 2009 to March 31, 2010*

Number of Cases	Number of Minutes
1,174	103,215

*Service provider withdrew; new provider not put in place until the last quarter of year

BC CHILDREN'S HOSPITAL

Williamson, Malcolm HLTH:EX

From: Jones, Holly HLTH:EX
Sent: Thursday, April 17, 2003 4:17 PM
To: Williamson, Malcolm HLTH:EX
Cc: Shewchuk, Jack HLTH:EX; Soper, Glynis HLTH:EX
Subject: FW: General Anaesthesia for Non-Cosmetic Restorative Dental Services

Malcolm,
I understand you are the authority on this issue. Can you please review and edit the narrative below to ensure that it is complete? This narrative will go in the Regional Health Sector Initial Funding Letter to the PHSA due on May 2nd. We are hoping to have narrative complete by mid-week next week. Thank you.

Holly Jones
Financial Analyst
Regional Commitments, Ministry of Health Services
Email: Holly.Jones@gems1.gov.bc.ca
Phone: (250) 952-2333
Fax: (250) 952-1940

-----Original Message-----
From: Jones, Holly HLTH:EX
Sent: Thursday, April 17, 2003 3:15 PM
To: Shewchuk, Jack HLTH:EX
Cc: Klippert, Lorne A HLTH:EX; Soper, Glynis HLTH:EX
Subject: General Anaesthesia for Non-Cosmetic Restorative Dental Services

Jack,
Last month I forwarded an email to you requesting that you fill gaps or make any additions the attached narrative. The initial funding letter was delayed - it is now set to go by May 2nd. Can you please review Lorne's text below and get back to me by mid-week (Wed ., April 23rd if possible)? Thank you.

Glynis - Since this is a hospital service - I'm assuming this will be part of the Acute sector? Any comments?

"The PHSA has agreed to manage a program designed to ensure access of eligible clients of the Ministry of Human Resources to non-cosmetic restorative dental services where general anaesthesia is required. These services are provided in hospitals in the province and in accredited private surgical facilities under contract to the PHSA. Base funding of $1,000,000 is allocated to PHSA to manage the program and to reimburse private facilities for "facility fees" invoices in accordance with the contracts."

Lorne had stated previously that he doesn't think it's useful to mention the role of Women's and Children's (CWHCBC) as PHSA is formally responsible even though CWHCBC will manage it for them.

Holly Jones
Financial Analyst
Regional Commitments, Ministry of Health Services
Email: Holly.Jones@gems1.gov.bc.ca
Phone: (250) 952-2333
Fax: (250) 952-1940

Williamson, Malcolm HLTH:EX

From: Stusek, Glen HLTH:EX
Sent: Tuesday, April 29, 2003 3:37 PM
To: Williamson, Malcolm HLTH:EX
Subject: Dental funding

Hi Malcolm -

As per our discussion, I'm sending you this note to confirm that the $1.0 million in funding for general anaesthesia for non-cosmetic restorative dental services was transferred from the Ministry of Human Resources and added to the budget for the Ministry of Health Services. This adjustment was made on a restated (retroactive) basis and is reflected in the #s seen in the province's 2003/04 budget materials. In particular, the $1.0 million is included in the funding for the "Regional Health Sector Funding" portion of the Ministry of Health Services budget; the financial briefing material prepared for the Regional Health Sector for the Estimates Debate briefing materials includes this as one of the reconciling items explaining how the 2002/03 Blue Book figure for Regional Health Sector Funding became the 2003/04 Blue Book figure....

Hope this helps!

Glen Stusek, CGA
Budget Manager, Regional Grants
Finance and Decision Support
Ministry of Health Services
6 - 2, 1515 Blanshard Street Victoria BC V8W 3C8
Phone: (250) 952-2100; Fax: (250) 952-1282
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Williamson, Malcolm HLTH:EX

From: Klippert, Lorne A HLTH:EX
Sent: Monday, July 25, 2005 3:08 PM
To: Petryshen, Patricia HLTH:EX; Ballem, Penny HLTH:EX; Knight, Craig HLTH:EX
Cc: Gee, Linda HLTH:EX; Henry, Effie HLTH:EX; Williamson, Malcolm HLTH:EX
Subject: Community Dental Partners Program – Annual Report 2004-05 (attached)

Community Dental Partners Program **- Annual Report 2004-05 (attached)**

The *Community Dental Partners Program* is the name of the program operated by BC Children's Hospital, on behalf of the Ministry of Health and the (former) Ministry of Human Resources. The program provides for the payment of facility fees in private clinics throughout the province for clients (children and persons with disabilities) of the Ministry of Human Resources, who require a general anesthetic to be able to mange their restorative dental needs.

By way of background:

- This was the first example of "contracting out" of clinical services undertaken under the Ministry of Health Services/Planning *Patient Service Delivery Policy Framework*, issued in October 2002.
- It remains the largest, and only, long-running contracting-out program in the province. The initial contract was reviewed and approved by the Ministry, in accordance with the policy, prior to implementation
- This is the second annual report provided by the program. Additional, and detailed, statistics are maintained by the program and available for monitoring of practice trends, and for planning.
- At the time of planning of the program, all estimates of required expenditures to meet the need for this service were in the range of $1 million per annum or more. The program has significantly improved access, at total expenditures substantially less than the original estimates.
- The program has been exceptionally well managed from its inception by the BC Children's' Hospital. Ministry officials (Malcolm Williamson and Lorne Klippert) were heavily involved in the initial design of the program and in initial process for awarding contracts to providers. The program includes ongoing monitoring of quality and patient satisfaction, as well as regular reporting to the Ministry.
- Initially, and at the end of the first one-year contract with providers, facility fees were 'seriously' negotiated (with the invited participation of Ministry staff), resulting in a substantial reduction from the fees previously paid on an *ad hoc* basis by the Ministry of Human Resources.
- Although firm data is not available from other health authorities, it appears that these fees are also significantly lower than those paid to private facilities in contracts subsequently signed by other health authorities. The high rates provided by other Health Authorities will make it exceedingly difficult for the PHSA to maintain the current rates in the future.

MHR Dental Ann Rep 4July8.doc

Lorne Klippert, M.D.
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Performance Management and Improvement Division,
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Victoria, B.C. V8W 3C8

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430453

DEPUTY MINISTER'S OFFICE
MINISTRY OF HUMAN RESOURCES

JAN 13 2003

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MINISTRY OF HUMAN RESOURCES AND
MINISTRY OF HEALTH SERVICES/MINISTRY OF HEALTH PLANNING
DECISION BRIEFING NOTE

Cliff #430453 Date: December 9, 2002

PROVINCE OF BRITISH COLUMBIA

PREPARED FOR: Ms. Robin Ciceri, Deputy Minister, Ministry of Human Resources and
Dr. Penny Ballem, Deputy Minister, Ministry of Health Services and
Ministry of Health Planning
- FOR DECISION

TITLE: **A Program to Ensure the Availability of General Anesthesia for Non-Cosmetic Restorative Dental Services for Clients of the Ministry of Human Resources – Transfer of Funding**

BACKGROUND:

- In July 2002, the Minister of Human Resources and the Minister of Health Services agreed that the responsibility for the provision of general anaesthesia for non-cosmetic restorative dental services for clients of the Ministry of Human Resources should be transferred to the Ministry of Health Services, and that a provincial program incorporating both hospitals and private facilities would be developed. A funding transfer in the amount of $1,000,000 specifically to fund the provision of these services in was agreed upon. The Program would have sufficient flexibility to provide dental anaesthesia in the most cost effective manner for patients whose restorative dental treatment cannot be managed using local anaesthesia.

- The new program – to be managed by the Children's and Women's Health Centre of British Columbia (a division of the Provincial Health Services Authority) – has been developed, in consultation with staff of both Ministries (see Appendix A).

- The PHSA is in the final stages of implementation – and is proceeding with the establishment of contracts with private facilities (see Appendix B). The planned start date of the program is April 1, 2003.

DISCUSSION:

- The planning of the new program has been based on the prior agreement that an amount of $1,000,000 would be transferred from the Ministry of Human Resources to the Ministry of Health Services for the first full year of operation of the program. This amount represents the expected costs of "facility fees" to private facilities that provide general anesthesia for non-cosmetic restorative dental services to MHR clients. Facility costs in public facilities (hospitals) will continue to be borne by the health authorities from within their global budgets.

- As the PHSA is now planning to negotiate and sign formal agreements with private providers, it is seeking, appropriately, confirmation of funding effective April 1, 2003.

- It is now timely that arrangements be made to transfer base funding in the amount of $1,000,000 from the MHR to the MOHS, effective April 1, 2003, representing the required funding for operation of the program.

RECOMMENDATION:

RECOMMENDATION:

- It is recommended that the MHR transfer base funding to the MOHS in the amount of $1,000,000, effective April 1, 2003 – representing the funding required for operation of a program to fund facility fees related to general anesthesia for non-cosmetic restorative dental services for eligible MHR clients provided in private facilities.

This funding amount is based upon anticipated utilization under current MHR policy, and may require review in subsequent years if changes in MHR policies significantly impact on anticipated utilization.

APPROVED BY: DATE:

Mariann Burka, Director
Social Policy Branch
Ministry of Human Resources

Date Signed

A. W. Wharton
Andrew Wharton, ADM
Policy and Research Division
Ministry of Human Resources

03/01/19
Date Signed

L. Klippert for
Bert Boyd, ADM
Performance Management & Improvement Division
Ministry of Health Services

9 Dec 02
Date Signed

APPROVED/NOT APPROVED:

Dr. Penny Ballem, Deputy Minister
Ministry of Health Services and
Ministry of Health Planning

Dec 17/02
Date Signed

R. Ciceri
Ms. Robin Ciceri, Deputy Minister
Ministry of Human Resources

03/01/20
Date Signed

PREPARED BY:

Contact:	Lorne Klippert	Malcolm Williamson
Title/Division:	Medical Consultant/PMID	Senior Dental Consultant/MSP
Telephone:	952-1040	952-1541
Date:	December 9, 2002	
File Name with Path:	m:\executive\reg\lorne klippert\430453 MHR MOHS BN.doc	

MINISTRY OF HEALTH SERVICES/MINISTRY OF HEALTH PLANNING
INFORMATION BRIEFING NOTE

Cliff # 424052

PREPARED FOR: **Dr. Penny Ballem, Deputy Minister – FOR INFORMATION**

TITLE: **A Program to Ensure the Availability of General Anesthesia for Non-Cosmetic Restorative Dental Services – For Clients of the Ministry of Human Resources**

BACKGROUND:

The Ministry of Human Resources (MHR) funds required dental services for identified clients. Some of these clients, and particularly young children and persons with disabilities, require general anaesthesia to properly complete their restorative dental treatment. Restorative dental treatment is a non-insured Medical Services Plan (MSP) service, while the provision of general anaesthesia to manage the patient is an MSP insured service under certain criteria. Hence, for MHR clients requiring general anaesthesia to complete restorative dental treatment, the dentist is paid by MHR and the anaesthesiologist is paid by MSP for eligible clients.

On December 6, 2000, the Medical Services Commission (MSC) approved a new policy respecting MSP coverage of dental anaesthesia. The policy provides coverage for anaesthesia, for non-cosmetic and other non-insured dental procedures, for patients meeting specific eligibility criteria, whether the dental procedures were performed in or out of hospital. Under the policy if non-insured (MSP), non-cosmetic dental procedures are required for the appropriate management of medically required dental needs of children, persons with disabilities and people whose medical condition precludes the use of local anaesthesia, MSP will cover the anaesthesiologist's fee, regardless of the location in which the service is provided. It should be noted that since facility fees are not insured by MSP they were not considered or included when developing this policy. Therefore, at the present time, general anaesthesia for restorative dental treatment is provided in public hospitals at no cost to eligible patients, and in private anaesthetic clinics where an additional facility fee is charged to all patients.

For several years the Ministry of Human Resources has paid the facility fee on behalf of some of their clients. The decision on where the patient was treated had been left to the direction of the dentist and was dependent on variables such as, availability of private or hospital dental services, hospital wait lists, severity of dental condition, associated general health concerns and operator or patient convenience.

On July 1, 2002, the Ministry of Human Resources announced that they would no longer pay facility fees. It was agreed that the responsibility and budget for this service should be transferred to the Ministry of Health Services, and that a provincial program incorporating both hospitals and private facilities would be developed. The Program would have sufficient flexibility to provide dental anaesthesia in the most cost effective manner for patients whose restorative dental treatment cannot be managed using local anaesthesia.

DISCUSSION:

The joint Ministerial agreement to continue funding facility fees for some MHR clients was based on an understanding that the new program would adhere to a sound business plan in order to ensure controlled, but effective and efficient, use of the budget. Program development must ensure that existing hospital dental services are available and efficiently used, and that criteria are established to allow decisions on private facility use to be based on clinical requirements rather than patient or provider convenience.

The business plan for the new program will incorporate the following goals:

1. Development of clinical criteria (incorporating both medical and dental considerations) for eligibility for non-cosmetic restorative dentistry under general anaesthesia that can be applied consistently and equitably across the province.

2. Provision of equitable and timely access to required services across the province.

3. Maintenance of the volume of services currently provided by public hospitals, and, within available funding, provision of increased volumes of services in private surgical facilities, if demand warrants.

4. Establishment of a database that will support program operation, assist in monitoring achievement of program goals, and support planning for future program modification, if indicated.

5. Evaluation of program effectiveness, with further modification of the program as required in order to best meet clients' needs in the most cost-effective manner consistent with maintaining access and quality of care.

The program will be managed by the Children's and Women's Hospital – a division of the Provincial Health Services Authority (PHSA) – based upon a service agreement between the PHSA and the Ministry of Health Services (MOHS). Required services will be provided by:

- Children's and Women's Hospital
- Other designated hospitals in the province
- Approved private surgical facilities, based upon service contracts between each facility and the PHSA

Program funding has been clarified, and will be as follows

a. Dental services – dentists' fees within MHR specified limits will be funded, on a fee-for-service basis, by the MHR (no change from current practice)

b. Anaesthesia services – anaesthetists' fees will be funded, on a fee-for-service basis, by MSP (no change from current practice)

c. The costs of providing these services in the hospital setting will be funded as part of the global grant provided to health authorities annually by the MOHS (no change from current practice)

d. The costs of providing these services in private surgical facilities will be reimbursed by way of a facility fee (amounts to be determined)**

** *Funding for this component of the program will be transferred from MHR to MOHS, and, based on the terms of a performance agreement, to the PHSA. For the first full year of operation of the program, the amount will not exceed $1,000,000.*

In order to achieve the goals established for the program, a number of important issues have been, or are being, addressed

1. As this will be one of the first examples of "contracting out" of clinical treatment to private facilities, it is imperative that contracts between the PHSA and private facilities adhere to emerging government policy – with particular emphasis on quality, legal liability, and reporting requirements. A contract "template" is being developed in consultation with the PHSA to ensure that agreements between the PHSA and private facilities meet government requirements.

2. This will be the first time that formal eligibility based on clinical criteria for restorative dental services under general anaesthesia will be in place. Data collected during the first year of the program will be used to consider, in consultation with dentists, adjustment of criteria if required.

3. As a result of the establishment of clinical criteria and formalized contracts with private providers, it is expected that total program expenditures will be reduced, assuming the number of cases remains approximately constant.

4. The establishment of policies and clinically based eligibility criteria for this program highlight the need for corresponding policies and criteria for the general population. MOHS is also embarking a broader review of dental policy that will include a confirmation of the role of hospitals in offering dental services to the general population.

5. The MOHS Dental Consultant is working with the Children's and Women's Hospital to establish administrative process and procedures and to develop contracts with approved private service providers. This phase will be essentially completed by January 2003. In this context, specific requirements identified by MHR (including assurances that clients will not be extra billed, now or in the future, and that approval and other administrative processes are "user friendly" for dentists and clients) will be addressed.

CONCLUSION:

The program to ensure the availability of general anesthesia for non-cosmetic restorative dental services for clients of MHR is being put into place, to be overseen and funded by the Ministry of Health Services, and managed by the PHSA (Children's and Women's Hospital). It will be formally implemented on April 1, 2003.

One important component of the program is the public/private partnership resulting in the provision of clinical services by private surgical/dental facilities that are accredited by the College of Physicians and Surgeons.

Data collected in the first year of operation of the program will be used to assess and monitor performance and access, and to support planning for program modification and improvement as required.

Policies established for this program, specifically targeted to clients of MHR, will form a basis for further development of policies and eligibility criteria that would be applicable to the general population.

Contacts:

Dr. Lorne Klippert
Medical Consultant
PMID
952-1040

Dr. Malcolm Williamson
Senior Dental Consultant
PMID/MSP
952-1541

Date: November 1, 2002
File Name with Path: m:\executive\reg\Lorne Klippert\424052 MHR Dental BN Oct11 Nov 1 final.doc

British Columbia Dental Association

MEMBER OF THE CANADIAN DENTAL ASSOCIATION

Persons with Disabilities

Coordinating improved access to care

The BCDA supports the efforts of our members and government to ensure Persons with Disabilities (PWD)—including those with developmental disabilities—reach and maintain an optimal level of oral health. The BCDA supports the ***Accessibility 2024*** recommendation to separate disability assistance from income assistance. In our view, this would result in a needs-based dental PWD program that focuses on the individual rather than the current entitlement-based program which is more appropriate for those on income assistance.

Although the PWD program provides basic dental care for these clients, it is not sufficient for many patients due to the financial limitations as well as limits on treatment. Their dental care is further complicated by the need for sedation, which could include treatment under general anaesthesia, GA, in a hospital setting. The BCDA would welcome the opportunity to work collaboratively with government and other stakeholders to broaden treatment options, including sedation options.

REQUEST:

- The BCDA requests government to work with stakeholders to find ways to expand options to coordinate care for persons with disabilities between healthcare providers.
- The BCDA requests government to develop a continuum of sedation options ranging from oral, to IV, to GA.
- The BCDA requests government to utilize the Community Partners Program as a means of expanding sedation options.

REASONS:

- According to the Ministry, persons with disabilities who have registered has increased by 77 percent between 2003 and 2013[1] from 48,879 cases to 86,595. This is a pressing concern as persons with disabilities and special needs children (disabled and/or with a medical condition), often require additional resources and support for the provision of dental care.
- With advances in medicine, greater numbers of persons with disabilities are able to live with more complex conditions. However, multiple care factors—medical, cognitive, physical—often make it challenging to receive care in a traditional dental office.
- Due to these multiple care factors and to ensure patient safety, persons with disabilities and special needs children often require sedation, and in some cases, GA in a hospital setting for the safe delivery of their dental care. This involves working in partnership with multiple stakeholders, including the patient's physician or specialist, and having hospital privileges to access operating room time.
- Due to high demand for OR services with the resulting limited access to OR facilities and anesthetists, these patients are on wait lists ranging from six to 18 months. Dental disease is progressive and does not resolve itself like a cold or the flu. Significant delays can lead to pain, infection and bleeding which can further impact the quality of life for these patients and ultimately lead to higher costs to the Ministry's plan.

[1] *BC Employment and Assistant Cases by Program – October 2014, Ministry of Social Development and Social Innovation, http://www.sd.gov.bc.ca/research/14/11-oct2014.pdf (accessed Dec 23, 2014)*

Serving the Dentists of BC

British Columbia Dental Association

MEMBER OF THE CANADIAN DENTAL ASSOCIATION

Children's Oral Health

Improving access to care and public awareness about importance of good oral health

INTRODUCTION

Good oral health is critical to the overall health and well-being of children. Despite advances in prevention, early childhood tooth decay (ECC)—a severe form of tooth decay that damages tooth structure—remains the most common childhood illness. Without early intervention and treatment, the decay progresses, eventually causing pain and infection.

Studies continue to highlight the impact of this preventable public health issue. The Canadian Paediatric Decision Support Network reports that pediatric dental surgery under general anesthesia is the most common day procedure preschool children undergo at hospitals and private facilities in Canada. In October 2013, the Canadian Institute for Health Information report, *Treatment of Preventable Dental Cavities in Preschoolers: A Focus on Day Surgery Under General Anesthesia,* highlighted that in BC, 13.8 children out of 1,000 under the age 5 were treated under GA. Of these, 27% were treated in private clinics.

The report cites 1,303 children were wait listed for dental care in June 2013, some waiting as long as six months for treatment. ECC contributes to pediatric wait lists overall and adds costs to the health care system. Prevention through education and early intervention is key to reducing the pressure on the hospital resources and personnel such as pediatric anaesthetists.

REQUEST - PARTNERSHIP WITH GOVERNMENT

Based on successful past collaborations (see page two for full details), the British Columbia Dental Association (BCDA) requests that the provincial government consider a renewed partnership to address the incidence of ECC. Recommended initiatives include:

Reactivate Province-wide Public Education Campaign (approximate cost, $550,000):
Television ads on ECC prevention – run the "Fears" and "Suckers" ads (created from a 2005 ECC campaign in partnership with Ministry of Health - also aired in 2007). A 13-week ad-buy on traditional province-wide media.

Media relations - Develop joint release addressing children's dental health and providing links to online resources, including the kidsmiles.ca and the BCDA's new yourdentalhealth.ca public education website (launched March 2013).

Translate parent/caregiver oral health resources: Consider funding to translate more oral health education materials into additional languages to further reach BC's diverse cultural population.

Improve Access to Private GA Facilities: Discuss potential for improved funding of the Community Dental Partners Program to help reduce wait lists for hospital-based pediatric dental surgery.

Engage Parents of Young Children through StrongStart BC: Discuss with the Ministry of Education the opportunity to provide oral education outreach to parents with children aged 0 to 5 through the StrongStart BC program. The Association has contacted the program regarding its *Brush to Win* early childhood program.

PAST COLLABORATION

The recommended activities are in line with many of the successful past-partnerships between the Association and the province of BC to reduce the prevalence of ECC. A summary of past initiatives include:

PROVINCE OF BRITISH COLUMBIA

ORDER OF THE LIEUTENANT GOVERNOR IN COUNCIL

Order in Council No. 244 , *Approved and Ordered* May 15, 2015

Lieutenant Governor

Executive Council Chambers, Victoria

On the recommendation of the undersigned, the Lieutenant Governor, by and with the advice and consent of the Executive Council, orders that the Medical and Health Care Services Regulation, B.C. Reg. 426/97, is amended as set out in the attached Schedule.

DEPOSITED

May 15, 2015

B.C. REG. 75/2015

Minister of Health

Presiding Member of the Executive Council

(This part is for administrative purposes only and is not part of the Order.)

Authority under which Order is made:

Act and section: *Medicare Protection Act*, R.S.B.C. 1996, c. 286, s. 51 (1) and (2)

Other: O.C. 1436/97

February 26, 2015 *R/78/2015/14*

Print Form

Regulatory Criteria Checklist

The purpose of the checklist is to demonstrate that legislative and regulatory changes have been developed according to the Regulatory Reform Policy, while still protecting public health, safety and the environment.

Name of authorizing legislation: Medicare Protection Act

Name of regulation, if applicable: Medical and Health Care Services Regulation

Purpose: Amend the Medical and Health Care Services Regulation to allow dental services in surgical facilities under contract with Health Authorities to be benefits of the Medical Services Plan.

Regulatory Criteria

☑ I certify that the Regulatory Reform Drafting Principles were considered and the following is true for this legislation or regulation:

1. Is needed and efficient

2. Is outcome based and will be regularly reviewed

3. Was transparently developed and will be clearly communicated

4. Is cost effective and evidence based

5. Is supportive of BC's economy and small business

If any of the above criteria are not true, please provide an explanation below:

(continued on page 2)

Number of Regulatory Requirements to be added: 0

Number of Regulatory Requirements to be eliminated: 0

NET CHANGE: 0

☐ Lake

Signature, Responsible Minister or Head of Regulatory Authority

Date: 21-Apr-15

Signator Name: Minister Terry Lake

Ministry/Agency Name: Ministry of Health

Contact Name: Ann Marr, Executive Director, Legislation 250-952-2281

BRITISH COLUMBIA

Ministry of Health

ORDER IN COUNCIL

SUBJECT:	MUST BE DELIVERED TO CABINET OPERATIONS BY:	
This Order would amend the Medical and Health Care Services Regulation to allow dental services in surgical facilities under contract with Health Authorities to be benefits of the Medical Services Plan.	LEGISLATION CONTACT: Ann Marr (250-952-2281)	CLIFF# 1028497
	OTHER CONTACT (IF ANY):	
	AUTHORITY (ACT AND SECTION): *Medicare Protection Act, s. 5.2, 51 (1) and (2)*	

EXAMINED BY		APPROVED	DATE
☐ ORIGINATOR *Legislation*	Sabryna Tes		
☐ DIRECTOR *Legislation*			
☐ EXECUTIVE DIRECTOR *Legislation & Intergovernmental Relations*	Ann Marr		
☐ OTHER STAFF *Program*			
☐ DIRECTOR / EXECUTIVE DIRECTOR *Program*	Stephanie Power		
☐ ASSISTANT DEPUTY MINISTER *Program*	Barbara Walman		
☐ ASSISTANT DEPUTY MINISTER *Health Sector Planning & Innovation Division*	Heather Davidson		
☐ ASSOCIATE DEPUTY MINISTER *Health Services*	Lynn Stevenson		
☐ ASSOCIATE DEPUTY MINISTER *Corporate Services*			
☐ DEPUTY MINISTER	Steve Brown		Apr-8/15

MINISTER'S OFFICE STAFF: On approval by Minister, signed Order must be forwarded direct to Cabinet Operations.

MINISTRY OF HEALTH
ORDER IN COUNCIL BRIEFING NOTE

Cliff # 1028497

PREPARED FOR: The Honourable Terry Lake, Minister – **FOR DECISION**

SUBJECT: Proposed Amendments to the Medical and Health Care Services Regulation.

AUTHORITY: *Medicare Protection Act, sections 5.2, 51 (1) and (2)*

PURPOSE: Authorize Dental Services in health facilities as a benefit under the *Medicare Protection Act*.

BACKGROUND:

The *Medicare Protection Act* (the Act) outlines the benefits and obligations for beneficiaries receiving insured health services from practitioners who bill the Medical Services Plan (MSP) for services. A benefit under the Act is defined as: a medically required service rendered by a medical practitioner, a required prescribed service or a medically required service performed in an approved diagnostic facility.

Section 19 of the Medical and Health Care Services Regulation (the Regulation) outlines dental and orthodontic services as benefits under the Act. In order for an oral surgical procedure to be a benefit, the beneficiary must be admitted to a hospital or be a patient under the Day Care Services Program and the hospitalization must be required for the safe and proper performance of the surgery. This aligns with the minimum standard set by the *Canada Health Act*, which requires surgical-dental services performed in a hospital to be provided as a benefit by all provincial health care plans.

DISCUSSION:

s.13

The proposed amendments to the Regulation will include a new subsection to section 19, which will outline the criteria in which an oral surgical procedure performed in a health facility may be a benefit. The changes are as follows:

- the dental service is for a beneficiary who is a patient of a health facility
  - that is accredited by the College of Physicians and Surgeons of BC,
  - that has an agreement with one or more regional health boards or with the Provincial Health Services Authority;
- the service is in accordance with the agreement with the regional health board or PHSA;
- hospitalization is medically required for the safe and proper performance of the surgery; and
- the services being provided by the health facility are equivalent to the services that would be provided in a hospital.

s.14

s.14 However, the current approach to the funding of dental benefits is distinguishable from the legislative approach to medically necessary physician and hospital services, given the limited basket of insured dental services and the approach and effect of partial funding of dental services.

Due to the fact that payments were made by the MSP without the technical legislative authority to do so, a report was made by the Ministry of Health to the Comptroller General, as required under the *Financial Administration Act*. Feedback received from the Comptroller General is that this amendment should proceed as quickly as possible to align the regulatory authorities with intended practice and policy. To ensure the least amount of impact to patients (many of whom are children with severe congenital disabilities), IHA has been permitted to continue to provide dental services through its contract and the MSP has continued to pay related claims, pending final direction by the Ministry of Health.

FINANCIAL IMPLICATIONS:

N/A

IMPACT ON REGULATORY COUNT: 0

RECOMMENDATION:

That the Minister signs this Order as drafted and forward it to Cabinet Operations for consideration at the next available Cabinet meeting.

ADM, Health Sector Planning & Innovation Division:	Heather Davidson	**Tel:** 250-952-2569
Executive Director, Legislation:	Ann Marr	**Tel:** 250-952-2281
Drafter:		
Date: March 18, 2015		
File Name with Path:	\\seal\lpr\MPRO\OIC\OIC 2015\1028497 Dental Services\1028497 OIC Package.docx	

Order in Council
Cabinet Summary Information

Ministry: Health

Date prepared: March 18, 2015 **Cliff #: 1028497** **Log #: R/78/2015/14**

Section	Detail
1. Type of OIC:	☐ BRDO appointment* ☐ Non-BRDO appointment ☐ Not a regulation ☒ Regulation – provide Regulatory Count: ___
2. Routine or For Attention:	☒ Routine ☐ For Attention because (select all that apply): ☐ REQUIRES DISCUSSION ☐ CONTROVERSIAL ☐ REVISES POLICY
3. Required Effective Date (Select all timing constraints that apply. Include Rationale.)	☒ **No Timing Requirements** **RUSH –** ☐ Legal requirement – Per Legislative Counsel's comments, the OIC must be deposited by the date specified. ☐ Communication Lag – In order to give stakeholders sufficient time to adapt to the proposed change, the ministry would like to provide _____ months of lead time. ☐ Media requirement. A Public Announcement is planned. ☐ Other _____
4. Processing Instructions after approval	☒ Process normally ☐ Hold because (select all that apply): ☐ Ministry requests hold until release by the Minister, no later than _____ ☐ Other _____
5. Authorizing Act and section number(s)	*Medicare Protection Act, section 5.2, 51 (1) and (2)*

6. Purpose, Content and Context (OIC "Essence")
What needs to take place (new or changed)? Why?
 	
How will that be accomplished (e.g., is something being added, removed, granted or amended)?
 	
Who requested this change?
 	
What constituencies/ electoral districts does this affect?
 	
What are the consequences if this OIC is not approved?
	• This Order would amend the Medical and Health Care Services Regulation to allow dental services in health facilities under contract with Health Authorities to be benefits of the Medical Services Plan. Currently, only dental surgeries performed in a hospital are benefits of the MSP.
	• The proposed changes to section 19(2) will include the following as a new subsection to of the Regulation:
	  o the dental service is for a beneficiary who is a patient of a health facility
	  ▪ that is accredited by the College of Physicians and Surgeons of BC,
	  ▪ that has an agreement with one or more regional health boards or with the Provincial Health Services Authority
	  o the service is in accordance with the agreement with the regional health board(s)
	  o if hospitalization is medically required for the safe and proper performance of the surgery; and
	  o the services being provided by the health facility are equivalent to the services that would be provided in a hospital.
	• The changes were requested by the Medical Beneficiary Branch at the Ministry of Health.
	• No specific constituency or electoral district is affected.
	• If this OIC is not approved the regulatory authority will remain out of alignment with current MSP policy and practice.

7. Fiscal Management Considerations **Cost** **Fine, Fee or Administrative Penalty**	N/A
8. Legislative Counsel Cautions (yellow or red tags) Please speak to each concern expressed.	s.14

9. Stakeholder and Affected Party Consultations	N/A
10. Trade Obligations ☒ Trade is not affected.	The OIC affects trade and ☐ BC, Alberta and Saskatchewan Trade Offices have been notified. ☐ Trade partners have not yet been notified because: _____
11. Prerequisites	N/A
12. Communication plan overview (or "N/A"). *Please provide a copy of ALL DM signed OIC Summary Information docs to Ryan Jabs.	• Health Authorities will be informed of this amendment if approved.

Steve Brown

April 8 2015
Date Signed

Contact Name: Ann Marr
Title: Executive Director
Phone Number: 250-952-2281

Prepared By: Sabryna Tes
Phone Number: 250-952-2251

☒ Distribution Form
☒ Regulatory Criteria Checklist
☐ Regulatory Criteria Exemption Form
☐ Map(s)
☐ Other:

Page 96

Withheld pursuant to/removed as

s.14