Non-Insured Health Benefits (NIHB) Program

Canadian Agency for Drugs and Technologies in Health (CADTH)
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Presentation Outline

• NIHB Program Overview

• NIHB Program Dental Benefit Overview

• Dental Public Health Program Challenges

• Collaboration with CADTH

• Looking Forward

• Questions?
NIHB Program Overview

Mandate

Health Canada's national, health benefit program that provides coverage for a limited range of medically necessary goods and services to registered First Nations and recognized Inuit, when they are not insured by private insurance plans, or provincial/territorial health or social programs.

Policy Basis

• No legislative base
• National consistency and portability of benefits
• Both on and off community
• No client premiums, co-payments or deductibles
• Based on medical necessity
NIHB Program Overview (cont.)

Demand-driven

• Benefit coverage to over 824,000 eligible First Nations and Inuit clients (March 31, 2015)
• Budget/expenditure: $1.029 billion (FY 2014-15)

Six Benefit Areas

• Pharmacy
• Dental
• Medical Supplies and Equipment
• Vision Care
• Medical Transportation
• Mental Health Counselling
NIHB Program Dental Benefit Overview

The NIHB Program recognizes the importance of good oral health in contributing to the overall health of First Nations and Inuit clients, and covers a broad range of dental services in an effort to address the unique oral health needs of this client population.

- Diagnostic services such as examinations and radiographs;
- Preventive services such as scaling, polishing, fluorides and sealants;
- Restorative services such as fillings and crowns;
- Endodontic services such as root canal treatments;
- Periodontal services such as deep scaling;
- Removable prosthodontic services such as complete and partial dentures;
- Oral surgery services such as extractions;
- Orthodontic services to correct significant irregularities in teeth and jaws; and
- Adjunctive services such as general anaesthesia and sedation.
NIHB Program Dental Benefit Overview (cont.)

- NIHB Dental expenditures totalled $201.9 million in 2014/15.
- The dental benefit accounts for the third largest Program expenditure.

![Pie chart showing total NIHB Dental Expenditures: $201.9 M]

- Fee-For-Service (HICPS), $178.4, 88.4%
- Contribution Agreements, $13.0, 6.4%
- Other Costs, $3.0, 1.5%
- Contract Dentists, $7.5, 3.7%
### NIHB Program Dental Benefit Overview (cont.)

**Fee-For-Service Top 5 Dental Sub-Benefits ($ Millions)**

- Restorative Services: $79.3
- Preventive Services: $22.9
- Diagnostic Services: $22.5
- Oral Surgery: $19.1
- Endodontic Services: $10.5
Dental Public Health Program Challenges

• Clients and dental providers expectations
  o Public programs dental coverage is expected to address all the oral health needs of their population.
  o Public programs need to make choices regarding their coverage – a continuing balance between funding levels and decisions based on evidence.

• Myths and trends in the dental profession
  o There are myths not supported by evidence that still rule dental profession.
    ▶ “People should go to the dentist twice a year for checkups”

• Dental profession environment
  o Dentistry is a fee-for-service profession.
  o New technologies are constantly emerging.
  o Constant pressure to consider coverage for any new material, dental procedure.
Collaboration with CADTH

• NIHB Program relies on CADTH’s evidence-based information to make informed policy and practice decision about drugs and dental procedures.

• NIHB Program’s Dental Policy Unit started an ongoing collaboration with CADTH in 2008.

• Collaboration included requests for reports, such as:
  
  o Reference List of the best available evidence with abstracts and links to full-text documents, if available.
  o Summary of Abstracts based on the abstracts of the best available evidence, and links to full-text documents, if available.
  o Summary with Critical Appraisal based on the evidence from full-text articles, with a critical appraisal and policy implications.
Collaboration with CADTH (cont.)

• To support the review of existing NIHB dental policies

Example: NIHB Removable Prosthodontic Policy

- NIHB policy on dentures is being challenged by dental providers
- In 2015, the NIHB Program requested that CADTH conduct a review of clinical evidence on the longevity of removable prosthodontics.
- Clinical evidence on the longevity of plastic partial dentures showed a survival rate ranging between 86.3% to 100% for five years or less.
- Based on these results, the NIHB Program implemented on January 1, 2016 a new frequency requirement for acrylic partial dentures from one in eight years to one in five years per arch.
Collaboration with CADTH (cont.)

• To support the NIHB dental benefit coverage through existing policies

Example: NIHB Crown Policy
- NIHB provides coverage for porcelain fused to metal (PFM) and metal crowns.
- All ceramic crowns are not part of the Program’s coverage (exclusions).
- NIHB is constantly challenged by clients and providers to include in its coverage all ceramic crowns.
- NIHB requested that CADTH conduct a review of clinical evidence of PFM and all-ceramic crowns. This review is updated yearly to ensure the best and most up-to-date evidence is used to support policies.
- NIHB’s decision to cover porcelain-fused to metal crowns is evidence-based and one that is supported by research showing that porcelain fused to metal crowns have a better record of durability over several years.
Collaboration with CADTH (cont.)

- To support coverage coordination between NIHB benefits

Example: Coverage for Periostat

- Periostat is a drug used to treat periodontal disease; it is usually prescribed in conjunction with dental procedures such as scaling and root planing.
- Prior to 2012, the NIHB Program would provide coverage for Periostat on a case by case basis; coverage requests would be reviewed jointly by NIHB dental and pharmacy units.
- NIHB requested that CADTH conduct a review on the use of Periostat, namely on its clinical and cost effectiveness, and guidelines for use.
- CADTH study found that the use of Periostat is not reducing significantly the periodontal disease.
- Based on these results, corroborated with an internal NIHB analysis, the NIHB discontinued its coverage for Periostat.
Looking Forward

• NIHB is establishing an external advisory body, NIHB Oral Health Advisory Committee (NOHAC), for the purpose of providing expert opinions, advice, and recommendations to the Program on its dental coverage.

• The advice and recommendations provided by NOHAC will follow an evidence-based approach, reflecting oral health and scientific knowledge, as well as current clinical best practices in the context of a public health program.

• New NIHB Oral Health Advisory Committee (NOHAC)’s activities will be supported with research conducted by CADTH, along with NIHB’s existing dental data.
Questions?