Report of the State Comptroller of Israel | May

Ministry of Health

Dental Health Services Within the Healthcare Basket

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Background

In 1994, when the National Health Insurance Law was enacted (Health Insurance Law or the Law), it was not applied to dentistry, and the Health Maintenance Organizations (HMOs) were not responsible for providing dental services to their members, except for unique populations such as oncological patients. Therefore, households financed dental treatments. Dental health services expenditure in Israel was relatively high compared to OECD countries, and the rate of morbidity was even higher[1]. Due to the substantial cost of dental treatments, these services were not utilized by everyone but were mainly granted to people who could afford them. The total cost of dentistry services in Israel was NIS 5.3 billion in 2010, 7.5% of the national expenditure on healthcare services, and NIS 7.7 billion in 2020, 6.9% of the national expenditure on healthcare services.

According to the second amendment to the law, from July 2010 to January 2019, dental services for children up to 18 were gradually included in the healthcare basket (the basket). The services include, among other things, preventive and preservative dentistry services, X-rays, dental sealants, fillings, crowns, extractions, laughing gas, and for children under the age of 5 – treating under anesthesia. As of February 2019, dental services for the elderly (above 75), including preventive and preservative treatments, were also included in the healthcare basket. During the audit, in May 2022, the Minister of Health signed an order expanding dental treatment services for people above the age of 72. The order came into effect on July 1, 2022.

In 2021, about 3.1 million children and 480,000 elderly (above 75) (about 38% of the population) were entitled to services included in the basket. According to the Ministry of Health, in 2021, the budget allocated for dental treatments for children was about NIS 750 million, and the budget allocated for dental treatments for the elderly was about NIS 320 million. The budget allocated for dental health treatments is given to the HMOs as part of their overall budget, and the extent to which the HMOs use the budget depends on the volume of treatments they provide to their patients.

The two largest HMOs, Clalit Healthcare Services (Clalit) and Maccabi Healthcare Services (Maccabi), provide the service by affiliated firms, Clalit Smile[2] and MaccabiDent[3], respectively, and by private dentists who have an agreement with them: Meuhedet HMO (Meuhedet)

1 State Comptroller, **Annual Report 65c** (2015), "Dental Health Services", page 667.

2 Dental Clinic Chain. SHILA Brand Subsidiary of Clalit.

3 Dental Clinic Chain. Part of Maccabi Fund, an NGO affiliated with Maccabi HMO.

operates dental clinics on its behalf through private dentists; and Leumit Healthcare Services (Leumit) through private dentists.

The Dental Health Department within the Medical Division of the Ministry of Health is responsible for setting dental health policy. The Department advises the Licensure Division regarding the examination of corporations, handles planning and training of the professional workforce, sets standards, and supervises dentistry professions and dental services provided at different frameworks.

Key Figures

NIS 7.7 billion

the national expenditure on dental health in 2020 (6.9% of the total national expenditure on healthcare)

3.1 million children and 480,000 elderly people

the number of people entitled for services as part of the health basket – 38% of Israel's residents in 2021

30%

the average rate of children who were treated in HMOs' dental clinics in 2017–2021

5% and 2% only

dental treatments rate provided to the elderly in 2019–2020 – preventive and preservative treatments (5%); restorative treatments (2%)

65%

children rate whose waiting time for a dentist's appointment is over the maximum waiting time set by the Ministry (30 days), according to the State Comptroller Office's Public Participation survey

42%

parents rate who are dissatisfied with appointment availability for dentists examination and dental treatments, according to the State Comptroller Office's public participation survey

12

local authorities did not provide dental health services to pupils

30% vs. 10%

the Ministry has set a target of 30% dental specialists for 2030[4]; however, it is unlikely to meet this target. In 2020, the rate of dental specialists was 10% (1,240 out of 12,370)

4 Dentists who continued their studies in a designated field of specialization. Included in the Dentistry Regulations (approval of specialist status & examinations), 1977, which specify the various dentistry specializations, period of specialization and specialization program.

Audit Actions

From December 2021 to September 2022, the State Comptroller's Office audited dental health services. Some aspects were also examined in the previous State Comptroller's report from 2015[5] (previous report). The audit included reforms of dental treatments for children and the elderly over the age of 75, mainly on exercising their rights and waiting time for services; the HMO's provision of accessible information on dental treatments for children and the elderly; surveys reflecting the national level of dental morbidity and reforms effectiveness; duplicity of services – services included in the health basket, additional healthcare services and commercial dental insurance policies; dental health services that are not included in the health basket; dentists – studies abroad and specialization.

The audit was conducted at the Ministry of Health, at the four HMOs – Clalit, Maccabi, Meuhedet, and Leumit and governmental and Clalit hospitals. Supplementary audits were conducted at the Ministry of Education, Welfare and Social Affairs, the Federation of Local Authorities in Israel, several local authorities, and the Capital Market, Insurance, and Savings Authority. An inquiry was made at the Israel Dental Association, which is not an audited body[6].

The audit applied two public participation tools: representative sample[7] – appointment availability[8] amongst 312 parents of children under 18 and 72 people above the age of 75 or sons and daughters[9] of the elderly (examination of appointment availability); and a representative sample[10] survey amongst 479 parents of children under 18 and 218 people above the age of 75 or sons and daughters of the elderly[11] (internet survey).

5 State Comptroller**, Annual Report 65c** (2015), "Dental Health Services", page 667.

6 According to the State Comptroller Law, 1958 (Consolidated version).

7 Measurment based on reports, through sampling and application of the findings on the general population by means of statistical tools.

8 Sampling error – about 5.2% at the level of overall sampling; 5.8% for the children survey and 12.5% for the elderly survey. Sampling's participants were recruited online. The participants were asked to make an appointment with the dentist and hygienist at the HMO's dental clinic and to record the date of appointment. Appointments' availability between 26.6.22 and 17.7.22 was examined.

9 who are their parents' main caregivers.

10 A representative sample of Jews and Arabs. Sampling error – about 4.1% at the level of overall sampling; 4.9% for the children survey and 7.1% for the elderly survey. The survey was conducted online and the interviewees filled out an online questionnaire independently.

11 who are their parents' main caregivers.

Key Findings

The Reform to Incorporate Dental Treatments for Children Under 18

- **Exhaustion of Children's Rights –** according to HMOs data, the average rate of children treated in all four HMOs in 2017–2021[12] was about 30%. Examination of the 20 local authorities with the highest number of members in each of the HMOs (top 20) raised that the rate of rights exhaustion for non-Jewish children in Clalit, Meuhedet, and Leumit was lower than the rate amongst the Jewish population (14%–28% compared to 28%–39%). The rate of rights exhaustion in mixed local authorities across all HMOs was lower compared to Jewish ones. The highest rate of rights exhaustion of dental health services is amongst Jewish children who are members of Maccabi – 39%; and the lowest rate amongst non-Jewish children was found amongst Leumit's members – 14%. In local authorities with the ultra-orthodox majority, the rate of rights exhaustion is higher than the average rate in the "top 20" local authorities; for example, in Modi'in Illit, the rate is 47%, and in Elad – 49%.

- **Utilizing the Dental Health Services Budget –** according to data provided by all the HMOs, the total budget used in 2021 is higher than that specified by the Ministry of Health: NIS 850 million vs. NIS 639 million. According to the Ministry, in 2019 – 2021, it allocated NIS 2.18 billion to the HMOs which utilized NIS 1.6 billion (73%). According to Clalit, Maccabi, and Meuhedet, the budget utilization rate is higher than the rate specified by the Ministry of Health. It should be noted that the HMOs used budget surpluses to provide their members with various healthcare services.

- **HMOs Reports on Waiting Time for Dental Health Services –** the information that the Ministry of Health has regarding HMOs' compliance with the waiting time targets is based on their reports and, except for Clalit, which reports as required, the reports by the three other HMOs (Maccabi, Leumit, and Meuhedet) are based on surveys or samplings. Audits conducted by the Ministry of Health from January 2018 to September 2021 raise that Clalit, Maccabi, Meuhedet and Leumit did not meet the waiting time targets the Ministry of Health set and specified in the service standard circular.

- **Ministry of Health's Supervision over HMOs' Reporting on Waiting Time –** the Ministry does not check the HMOs' reports consistently – for instance, it does not check whether the waiting time is consistent with the waiting time specified in

12 At least one service out of the dental health services included in the healthcare basket.

the Ministry's service circular and does not analyze the data to verify whether there are no barriers that prevent the children from receiving dental treatments they are entitled for. Therefore, the HMOs' reports on waiting time are not a reliable tool for making decisions on dental treatments for children and the scope of using this service, and they are not complete, reliable information on which to base further planed steps to improve the service.

- **Appointment Availability and Parents' (of Children up to 18 Years) Satisfaction –** according to the State Complroller Office public participation survey, the waiting time for 65% of the children was longer than the maximum waiting time set by the Ministry – 30 days. In addition, 21% of the parents did not manage to schedule a dentist appointment for their children, and 42% of the parents were dissatisfied with the availability of appointments for dentist examinations, dental treatments, or dental hygienists. These data are inconsistent with Maccabi, Meuhedet, and Leumit's reports to the Ministry of Health, according to which they meet the level of service set in the service circular.

The Reform to Incorporate Dental Treatments to Elderly Above 75[13] Years Old

- **Utilization Rate of Dental Treatment Entitlement –** according to the Ministry of Health's review, in 2019–2020, the HMOs provided a minimal scope of dental treatments to the elderly: preventive and preservative treatments were provided to about 5% of the elderly entitled to them, and restorative treatments were provided to about 2% of them[14]. A review of the "top 20" local authorities, where the most significant number of members live, raised that in 2019–2020, about 103,000 of the elderly were treated, and the rate of rights exhaustion is low. Furthermore, in 2021, the most significant exhaustion rate was found among members of Clalit, at 15%, and the lowest rate was found among the members of Leumit, at 4%.

- **Budget Utilization Rate –** the total budget allocated to the HMOs in 2021 was NIS 322 million, and the HMOs utilized 18% of it – NIS 57 million. In 2021, Maccabi utilized the highest rate – 72% (NIS 18 million); in 2019 and 2021, Leumit utilized the lowest rate – 3% (NIS 1 million). Nevertheless, the highest budget was allocated to Clalit in 2019–2021 – NIS 174 million in 2021, and it utilized 20% of it, as the rate of elderly members in Clalit is higher than their rate in the other HMOs – up to 59% of all the elderly above the age of 75.

13 In May 2022, the Minister of Health signed an order which expands the scope of dental treatments for the elderly, according to which people above the age of 72 are entitled to dental treatments. The order came into effect on 1.7.22.

14 It should be noted that Covid-19 pandemic broke out in 2020 and affected the consumption of healthcare services.

- **HMOs Reporting on Waiting Time –** the Ministry of Health did not set service standards for any dental treatment for the elderly; hence, there are no targets to be met to provide dental treatments to the elderly within a reasonable time frame, as required by the National Health Insurance Law. Clalit and Meuhedet do not report the average waiting time between the date of referral and the actual treatment at the hospital; Clalit does not report the waiting time for a specialist appointment; Maccabi did not submit any data to the Ministry of Health, so its reports could not be reviewed.

- **Waiting Time and Satisfaction with Dental Treatment Appointments –** according to Clalit's reports to the Ministry of Health, the average waiting time between the first and second treatment is 22 days, which is the longest among all HMOs (Meuhedet – 10 days and Leumit – 14 days. Maccabi did not report on waiting time).

  During the audit, the State Comptroller conducted a public participation process and asked the participants to schedule an appointment with a dentist. It was raised that 1/4 of the elderly did not manage to do it. 37% of them managed to schedule an appointment after waiting over a month; 28% did not manage to make an appointment with a dental hygienist, and about 39% managed to schedule an appointment for over 2 months.

  The State Comptroller's Office also conducted an online survey. The Survey raised that the waiting time for a dentist appointment scheduled for 20% of the participants was longer than a month (the waiting time specified in the service standard circular), and the waiting time for other dental treatments scheduled for more than a 1/3 of the participants was longer than a month as well. Only 40% of the survey participants reported that they could schedule an appointment for a date they were satisfied with and were also satisfied with the waiting time at the clinic.

HMO's Provision of Accessible Information on Dental Treatments, Included in the Healthcare Basket, for Children and the Elderly – the State Comptroller's online survey raised that 48% of the parents whose children did not utilize their entitlement were unfamiliar with the reform. Furthermore, less than a third (29%) of the participants above the age of 75 or their family members amongst the Jewish population were aware of their entitlement to free or discounted dental treatments, and 61% of them did not utilize their entitlement because they were not aware of the reform. In addition, although the 2011 circular decided that websites providing information and services to patients must be translated into Arabic, Russian, and English, the information on Clalit, Maccabi, and Meuhedet's websites on dental treatments for members is not available in Arabic; on Leumit's website the information is available in Arabic, but it is not up to date; and on Meuhedet and Leumit's websites, the data is not available in Russian. Moreover, Clalit is the only HMO that translates the information into English, and following the audit, it has added information in Arabic, Russian, and Amharic to its

website. The HMOs do not make the information about entitlement for free dental services accessible to the public or the needy populations. Moreover, despite various committees' recommendations and the Ministry's position, according to which community physicians – pediatricians and family doctors – should become more involved in caries prevention, the Ministry did not instruct the HMOs accordingly.

- **The National Level of Dental Morbidity and Reforms' Effectiveness –** the Ministry of Health did not systematically perform epidemiologic dental surveys focusing on the level of dental morbidity amongst the general population to assess morbidity trends. The Ministry did not examine the effectiveness of the reforms to evaluate the quality of treatments provided and the return on investment. It did not set any targets to minimize dental morbidity. Furthermore, the Ministry did not set KPIs for the HMOs regarding dental services.

- **Duplicity of Services – Services Included in the Healthcare Basket, Additional Healthcare Services, and Commercial Dental Insurance Policies –** the health insurance reform from March 2022 and the committee that convened in April 2022 to regulate the public and private healthcare systems did not address the duplicity of services that might be provided as part of group dental insurance or as part of the healthcare basket and additional healthcare services. In 2021, the turnover of additional healthcare services provided by the HMOs was about NIS 5.8 billion, and the related expenses to lawsuits following dental treatments constituted 18% of the total above (the second highest expenditure), I.e., about NIS 1 billion. The budget for dental treatments for children and the elderly was about NIS 1 billion (NIS 750 million for children and NIS 320 million for the elderly), and the total dental insurance premium was NIS 517 million. The total of all relevant resources in the healthcare basket, additional healthcare services, and group dental insurance is about NIS 2.5 billion a year.

- **Dental Health Services not Included in the Healthcare Basket and Provided at Different Institutions –** contrary to the policy on dental treatments in psychiatric hospitals, Clalit's Shalvata Mental Health Center and the governmental mental health center in Be'er Ya'akov/Nes Ziona, dental treatments were not provided to chronic patients. Furthermore, the service to prevent caries amongst toddlers in well-baby clinics provided by public health nurses at only 87 clinics out of 1000 was almost wholly terminated at the end of 2022 due to a dispute between the Ministry of Health and the nurses regarding the nurses' compensation. The pilot intended to expand and improve the service through dental hygienists, which took place at 45 clinics, was also terminated at the end of 2022. Moreover, there was only partial implementation at 237 local authorities that provide preventive services as part of the dental health services for students through 2 vendors. For instance, the rate of training outside of the target performance of vendor A at schools during the school year was 47%, and the rate of training provided by vendor B in the same year was 62%. The rate of training of vendor A in kindergartens was 40%, and the rate of training of vendor B was 73%. 12 local authorities do not provide this service at all.

Dentists – Studies Abroad and Specialization – many Israeli dentists studied abroad (61% in 2020 – 267 out of 440). Unlike general medicine, for which there are specific rules, instructions, and criteria set by the Ministry of Health to recognize the studies abroad and the demands to receive a license to practice medicine, the Ministry did not regulate similar terms for dentists. Thus, the State of Israel relies heavily on dentists who were trained overseas without being involved in their training or adjusting it to the Israeli healthcare system.

The number of interns doubled from 2015 (from 57 to 113); however, since 2020, the number of specialists was 1,240 (about 10%) out of 12,370 dentists; it is unlikely that the increase would meet the target set for 2030 by the Dental Health department – 30% specialists out of the total number of dentists.

Dental Treatments for Elderly Patients Living in Various Institutes – the State Comptroller Office commends the Ministry of Health's decision to provide mobile services in institutes with at least 150 residents; thus, some elderly patients living in institutes benefit from dental health treatments. Nevertheless, there are about 12,000 elderly who need ongoing nursing support or mentally frail people in institutes with less than 150 residents. Although the medical and functional condition of some of the elderly does not prevent them from getting treated, they cannot utilize their rights since they cannot reach the clinics. The Ministry of Health assists such elderly only if they meet specific economic-social criteria set by the Ministry.

The Ministry of Welfare and Social Affairs Providing Dental Treatments for Needy Senior Citizens – the State Comptroller Office commends the Ministry of Welfare and Ministry of Health's initiative to provide dental treatments to needy senior citizens who are not entitled for dental treatments included in the healthcare basket.

Key Recommendations

The Reform – Providing Dental Treatments to Children Under 18 – it is recommended that the Ministry of Health examines whether the HMOs meet the level of service set by the Ministry and the reasons for the long waiting time. The Ministry of Health should supervise the HMOs and ensure the waiting time does not exceed the maximum waiting time set by the Ministry's service standard circular. The Ministry should instruct the HMOs to set a target to improve each clinic regarding dental treatments for children and a time frame for reaching the waiting time target set in the circular. It is further recommended that the Ministry consider forming guidelines to measure waiting time and instruct the HMOs to measure waiting time for dental treatment satisfaction surveys. The

Ministry should establish an online reporting system to optimize the HMOs reporting process.

It is further recommended that the Ministry follow up on the rate of children who exercise their right for dental treatments included in the healthcare basket and on the HMOs' utilization of the budget allocated for dental treatments for children, analyze the barriers, and guide the HMOs so that the barriers are removed. It is further recommended that the Ministry set targets to gradually increase the level of budget utilization by each of the HMOs and encourage the HMOs to meet these targets. The HMOs should form a plan that includes gradual targets for increasing rights exhaustion and meeting them.

It is recommended that the Ministry instruct the HMOs to focus on rights exhaustion amongst the non-Jewish population and encourage this sector to receive dental treatments through the schools or the community, for instance, through the HMOs' clinics, particularly pediatricians and family doctors. It is further recommended that the HMOs consider sending text, voice, or emails to parents in different languages to remind them to exercise their children's right to dental services.

The Reform – Providing Dental Treatments to the Elderly Above the Age of 75 – it is recommended that the Ministry of Health set a service standard for dental services provided to the elderly, including maximum waiting time for each of the services and treatments the elderly is entitled for. Once the standard is set, the Ministry should follow up on the HMOs' performance to ensure they meet it. Given the low rate of budget utilization and rights exercised by the elderly, it is recommended that the Ministry set targets for each HMO to gradually increase the utilization rate and assist the HMOs in meeting these objectives. It is recommended that if the allocated budget is not fully utilized, the surplus will be used to increase the number of elderly people entitled to dental or other medical services, as the Ministry did in 2022. The HMOs must provide the Ministry of Health with all the required data, and the Ministry should ensure they meet this requirement. It is recommended that the Ministry and the HMOs address all the elderly who stay at various institutes and are mentally frail or in need of ongoing nursing support and provide the dental services they are entitled for and the elderly who are home-bound.

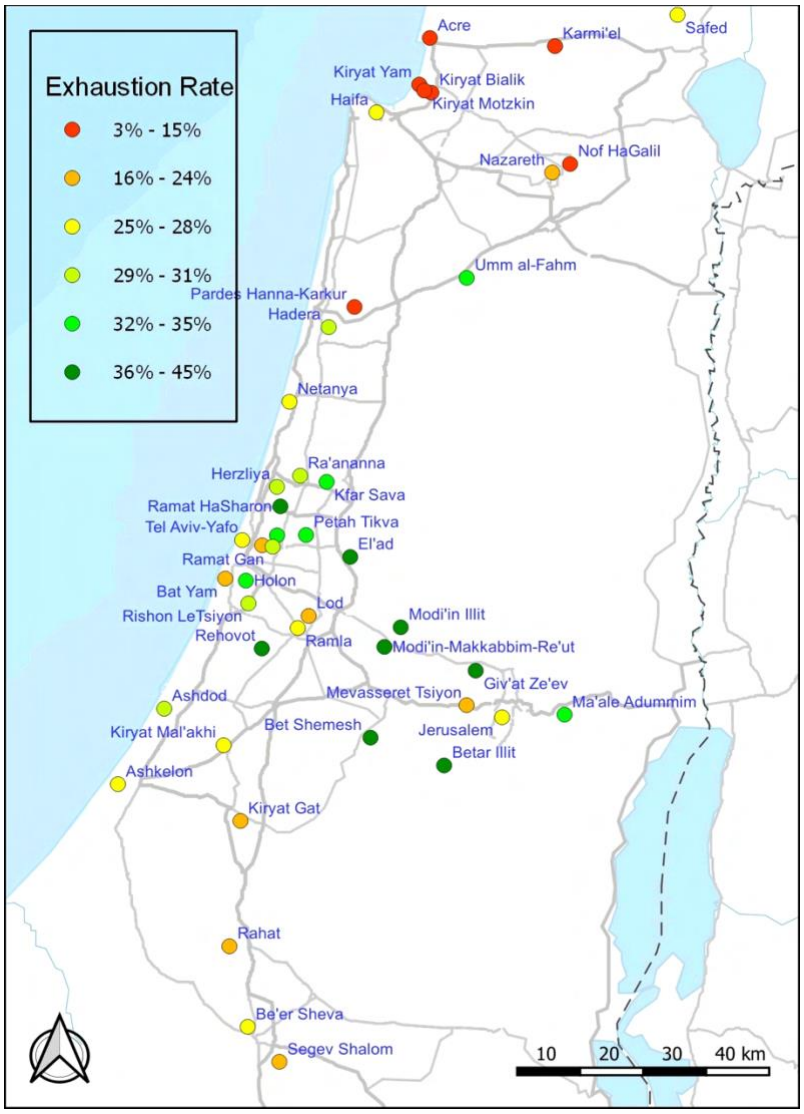
Making Information About Dental Treatments for Children and Elderly Accessible – the public is not sufficiently aware of the reforms related to children and the elderly's entitlement to dental services; therefore, the HMOs and the Ministry of Health should prepare a plan to familiarize these populations with the reforms. All HMOs must make the information about dental health services included on their websites available in Arabic, Russian, and English. The HMOs should increase the awareness of entitlement and should ensure that the information is available in the relevant languages and culturally adjusted to the appropriate groups. It is recommended that the HMOs consider using marketing tools adapted to the above populations, such as "change agents" and NGOs, that provide cultural accessibility of information.

- **National Situation Report of Dental Morbidity and Effectiveness of Reforms –** it is recommended that the Ministry of Health, and the HMOs, conducts periodic surveys to assess the state of dental morbidity and the effectiveness of the reforms. It is further recommended that the Ministry and the HMOs set quality measures to decrease the scope of morbidity, create a mechanism to follow up on the outcomes and incentivize the HMOs to meet the targets. This would lead to conclusions and recommendations to improve the quality of care at the national level, decrease the scope of dental morbidity, evaluate the effectiveness of the reform, and assess the effectiveness of the HMOs' actions.

- **Dental Health Services not Included in the Healthcare Basket –** Psychiatric hospitals must provide all their chronic patients with dental services as specified by the Ministry of Health, and the Ministry should ensure that the services are provided as required. It is recommended that the Ministry of Welfare and the Ministry of Health consider expanding the dental healthcare basket services to other populations by reducing the age limit from 75 to 72 or providing services to specific needy people. It is recommended that the Ministry examine the recommendation of the Public Health Services Unit to include preventative services in the set of services provided at well-baby clinics as part of the program designated for infants and consider a plan integrating these services with an emphasis on low socio-economic populations and peripheral areas. It is recommended that the Ministry of Education and the Ministry of Health expand the dental health services for students so that they apply to all kindergartens and all local authorities, emphasizing the Arab sector. It is recommended that the Ministry, the Local Government Economic Services Ltd., and the vendors increase the participation rate in prevention programs amongst the general population, including the Ultra-Orthodox sector.

- **Studies Abroad and Dental Specialists –** it is recommended that the Ministry of Health applies the same criteria of acknowledging medical degrees pursued abroad on dentistry degrees. In addition, it is recommended that the Ministry of Health and the Council for Higher Education examine the needed rate of additional dentistry students who study in Israel and accordingly form a plan. Moreover, it is recommended that the Ministry of Health form a plan to meet the targets set for 2030 regarding the desirable rate of specialist dentists and reach it.

Rate of Utilizing Dental Health Services Amongst Those Entitled for the Services (children and the elderly over 75 years old), According to the Healthcare Basket, in 20 Local Authorities with the Highest Number of Members in Each of the HMOs in 2017–2021



Source: "WORLD_Basemap_v2" processed by the State Comptroller Office (including additional layers).

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Summary

Dental treatments for children in the healthcare basket include dentist examinations, X-rays, teeth scaling, fluoride treatments, teeth extractions, fillings, etc. Dental treatments for the elderly in the health basket include dentist examinations, dental imaging, teeth scaling, teeth extractions, first aid, reconstruction, crowns and implants for denture support, etc.

Teeth that are not appropriately maintained influence people's general function and might lead to extensive health damage and increase the economic and medical burden due to diseases related to dental health, including gum diseases and caries.

In recent years, the Ministry of Health enacted some dental health reforms and added multiple treatments for children under 18 and the elderly above 75 to the basket (during the audit, the age limit was updated to 72). More than 3.5 million people are entitled to these treatments. In 2017−2021, the rate of rights exhaustion amongst children was 30%. In 2021, the highest rate of rights exhaustion amongst the elderly was in Clalit (about 15%), while the lowest rate was in Leumit (4%). The utilization rate of the budget allocated to the HMOs for dental health services for the elderly was partial and added up to 18% in 2021.

The audit raised deficiencies in the implementation of dental health reforms, including meeting waiting time targets for appointments for children under 18 and the elderly above 75, HMOs' reporting on waiting time to the Ministry Of Health, Ministry of Health's supervision of HMOs' reports, patients' satisfaction with the waiting time and the level at which the services are accessible to the public.

The Ministry of Health and the HMOs should rectify the deficiencies noted in this report and examine the recommendations to extend and improve the dental health services provided to the public.