SADA
THE SOUTH AFRICAN DENTAL ASSOCIATION

PRESS RELEASE

TITLE:
SOUTH AFRICAN DENTAL ASSOCIATION'S RESPONDS TO CARTE BLANCHE EPISODE "THE NHI BILL – UNIVERSAL HEALTH CARE A STEP CLOSER', AIRED ON THE EVENING OF SUNDAY, 1 SEPTEMBER, 2019.

STATEMENT:
SADA believes comments are a gross misrepresentation and bring the dental profession into disrepute

PARKTOWN, JOHANNESBURG - 12 September 2019

The South African Dental Association (SADA) would like to affirm that comments made by Dr Nicholas Crisp during a Carte Blanche Episode aired on 1 September, 2019, are a gross misrepresentation and bring the dental profession into disrepute.

Dr Crisp is setting up the administrative and operational capacity for the National Health Insurance (NHI) for the National Department of Health and made the comments in relation to his view that the "fee-for-service" billing practice in the private sector is driving up costs, as opposed to an outcomes-based payment structure. We would like our right of reply as the industry body representing dentists in South Africa.

SADA would also like to place on record that we support the principle of NHI and fully believe that the pursuit of universal health coverage is a noble one. It is our sincere hope that the execution of South Africa's universal healthcare will be efficient, effective and mutually beneficial to both providers and the public alike.

We have communicated this clearly with the National Department of Health, and as stakeholders in the profession, we are willing and able to provide support and share our on-the-ground expertise to support efforts to realise universal healthcare.

During the interview, Dr Crisp alluded to a dental quote provided to a relative. The quote of R33,000 was for "a dental procedure" including "removing two teeth and doing a whole list of itemised things". After seeking advice from a trusted friend in the profession, he says "the procedure was done, finished, for R1,800".

This statement is problematic and needs to be interrogated.

Firstly, removing two teeth in itself is one procedure, the outcome of which is no longer having these two teeth. Given the current medical rates, the approximate fee for this procedure could range anywhere from R600 to R1,200 depending on the clinical presentation. We can confidently state that no dentist or dental specialist would ever charge R16,000 for the extraction of a tooth, and therefore it would appear the quote must be based on more than one procedure or outcome, rather than "a whole list of itemised things", which implies there is only one outcome being billed.

Every treatment plan will present multiple treatment options at various costs. SADA affirms that one cannot compare quotes without commenting on the details of the treatment plan.

That being said, based on the numbers described one can only assume that the quotations are therefore for replacement of these two teeth as well.

The “Rolls-Royce” for tooth replacement would be implant-supported crowns, and in this case would very likely cost in the region of R33,000 or more. However, teeth can also be replaced by a simple plastic removable denture which at current medical aid rates would amount to approximately R1,800. There are several other treatment options available. One could opt for a tooth-supported bridge, single implant-supported bridge or a metal framework partial denture, among others, with costs that range between the two extremes quoted by Dr Crisp. All these options will result in the same outcome - replacement of the two teeth.

SADA holds the view that an outcomes-based payment system will not work in dentistry because the various levels of care are too vastly different in cost. However, it could be even more complicated, and to demonstrate why quoting figures out of context is problematic, consider the next example.

The patient described by Dr Crisp has two compromised teeth that are still present in the mouth. The “outcome” the patient must “pay for” is not necessarily replacement of these two teeth with a prosthesis (of which there are several options as listed above). It could be restoration of these two teeth through root canal treatments, post and core build-ups, if needed, and crowns.

The “outcome” in this case is restoration of these two teeth. Again, one cannot simply decide on a fixed fee for the outcome one labels “restoration of tooth” when this outcome could be the result of very different diagnoses requiring very different treatment steps.

For instance, a decayed tooth that has no pulpal involvement would only require a simple filling and this would satisfy the outcome “restoration of tooth”. If that decayed tooth, however, has pulpal inflammation then “restoration of tooth” involves root canal therapy prior to a filling, the cost of which, to the dentist, increases at least threefold.

On the other hand, if that decayed tooth has pulpal inflammation and is badly fractured, the outcome “restoration of tooth” will require root canal therapy, post and core preparation and crown placement, inflating the cost to the dentist tenfold.

Dr Crisp’s comments were designed to illustrate that fee-for-service billing drives costs higher than outcomes-based payments. Ironically, the example he used has only proved that in an NHI environment as currently envisaged, the South African public will be expected to accept that they must abandon the gold standard of dental care outcomes for more compromised treatment options in order to reduce costs to allow for equitable access.

In the current context of private healthcare, patients are free to choose the level of care they are able and willing to pay for.

It is unsubstantiated to insinuate that R33,000 for some aspect of dentistry is excessive. Accordingly, we invite Dr Crisp to provide us with evidence of the two quotes to give the profession an opportunity to defend itself against his disparaging remarks. We also welcome any further engagement to support the National Department of Health in the development of universal healthcare.

SADA has always been available to work with anyone regarding coding and pricing procedures, and we continue to be available. We have invested in a RVU (Relative Value Unit), which is in use internationally, as well as in medicine in South Africa. We are confident this will help both the profession and the incoming NHI in terms of tariff determination.

#Ends

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About SADA:
The leading professional industry membership body for dentistry in Southern Africa, the South African Dental Association (SADA) represents over 80% of registered dentists in the country's private and public sectors. Membership is open to industry professionals from dental students to retired dentists.

The Association is committed and engaged in processes relating to setting industry standards and formulating policies. Learn more about us at http://www.sada.co.za

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