Placing European patients and providers at the center of decision-making in oral health policies

Chairs: Ruth Waitzberg & Paula Vassallo
Presentations: Béatrice Durvy, Katharina Achstetter, Ave Põld, Stefan Listl

18th European Public Health Conference 2025 | Helsinki | 14 November 2025

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Overview

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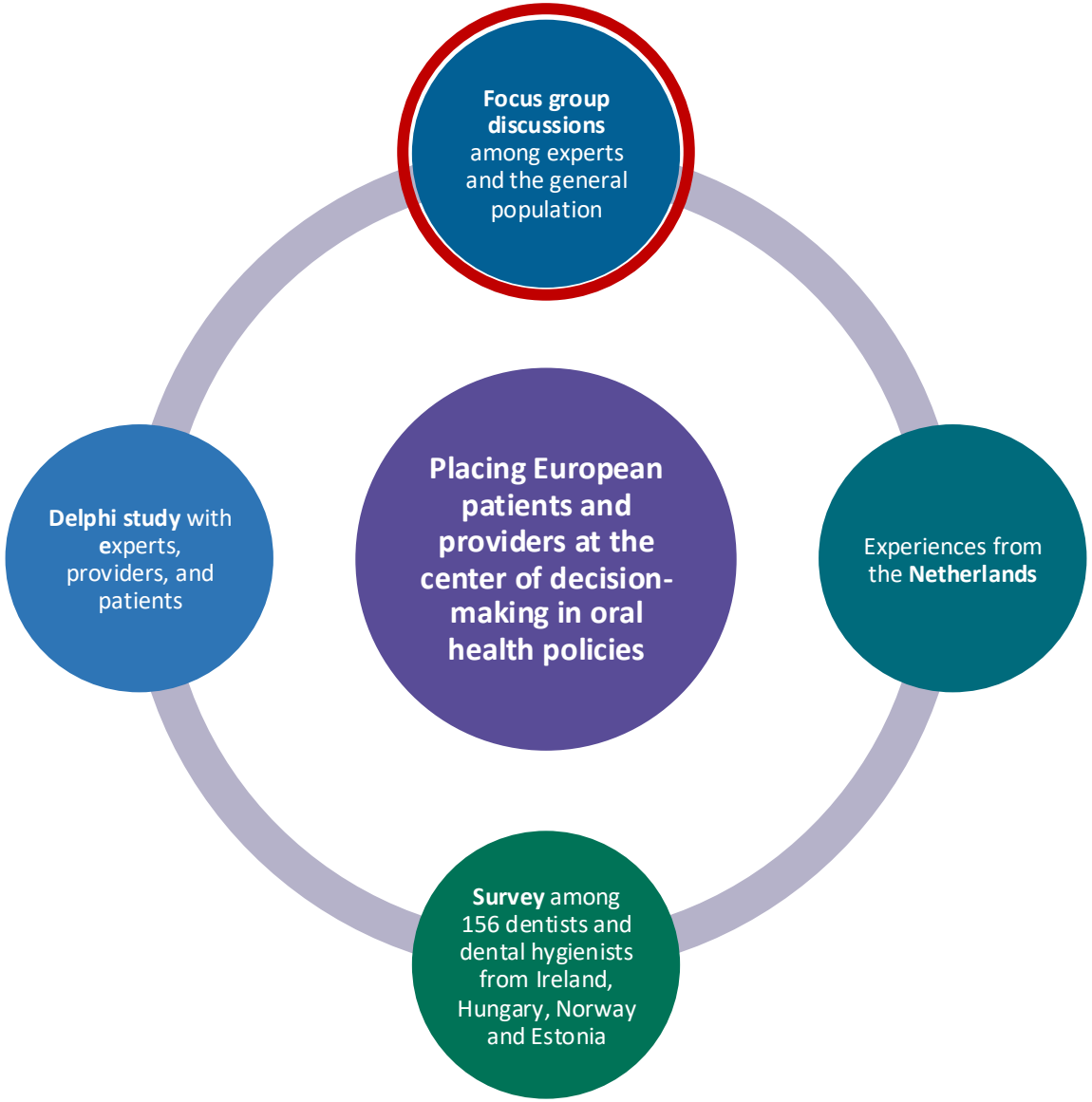

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Types of OH benefits and their associated OH services and procedures.

Type of benefit	Services and procedures
Population-wide and self-care prevention measures	Community water fluoridation, salt fluoridation, fluoridated toothpaste, and maintaining oral hygiene
Emergency and urgent oral health care	Infection, swelling, pain, or serious bleeding
Diagnostic and preventive oral services	Early detection, X-rays (bitewing, periapical, full-mouth), Oral cancer screening, Removal of plaque, calculus and stains from the tooth structures, Fluoride application (varnish, gel) Fissure sealant, Oral hygiene, Dietary or smoking cessation advice
Treatments for the most prevalent oral health problems	Most curative and basic restorative services including fillings and root canals, extractions, oral and maxillofacial surgery
Advanced oral health care	• Prosthetic or orthodontic services • Major restorative care, including dentures, bridges, inlays/onlays, and crowns
Cosmetic dental services	Teeth whitening, tooth bonding, Dental veneers

- Select the group of services you consider essential, and explain why.
- Who would you cover for these services under limited resources? Why?

Source: Winkelmann et al (2022) Oral health care in Europe –Health in Transition (HiT) Review 2022 https://tinyurl.com/OBSoralhealthHIT

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Conceptualising essential oral health benefits baskets: A qualitative analysis of public and expert perspectives

Béatrice Durvy, Technische Universität Berlin and European Observatory on Health Systems and Policies

11.K. Round table: Placing European patients and providers at the center of decision-making in oral health policies

EPH Conference | Helsinki | Veranda 3 | 14 November 2025

BACKGROUND

Countries across Europe are investing **efforts to enhance OH coverage**,

- but, still a **lack of consensus on defining 'essential'** in OH,
- and the process of **prioritisation** of OH services and populations for **public coverage's** benefits basket **lacks transparency and systematic approaches**.

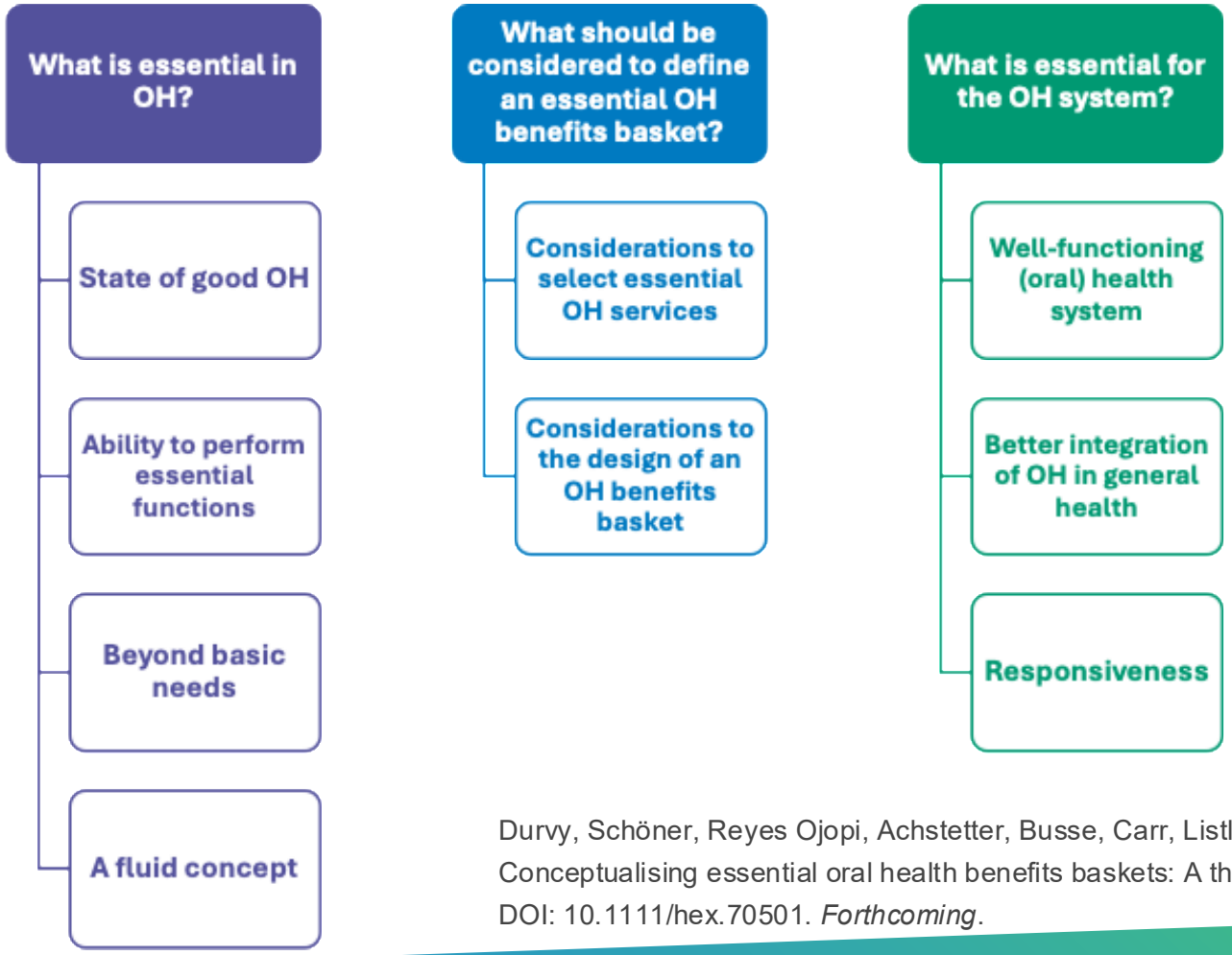
OBJECTIVES

- Conceptualise **what 'essential' means** in OH care for the general population and OH experts
- Identify **general populations' and experts' priorities** for groups of services and populations for **public coverage**

METHODS

- Data collected through in-person and online **focus group discussions (FGDs)** with the general population and OH experts
- Data analysed using:
  - ❑ **Thematic analysis** for conceptualising ‘essential’ oral health
  - ❑ **Content analysis** to assess prioritisation preferences over what should be covered and who should be covered

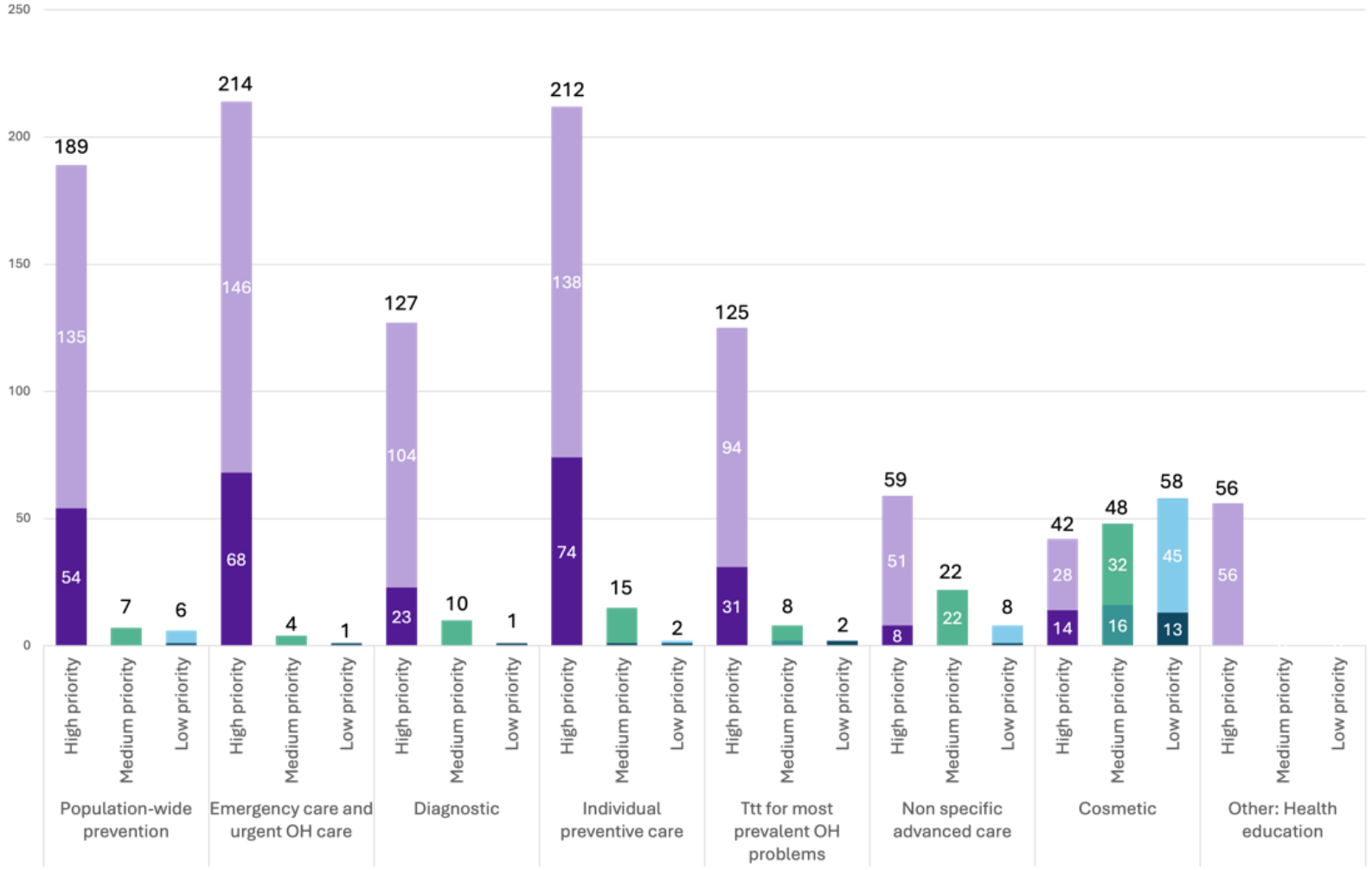
What is ‘essential’ in OH? What is an ‘essential’ OH service?



- **People’s expectations** vary but are **realistic**
- **OH** could be **better integrated into the general health system**, particularly in primary care
- **Embedding people’s expectations in decision-making** of OH coverage policies

Durvy, Schöner, Reyes Ojopi, Achstetter, Busse, Carr, Listl, Németh, Skandrani, Tubert-Jeannin, Vernazza, Winkelmann, and Waitzberg (2025). Conceptualising essential oral health benefits baskets: A thematic analysis of public and expert perspectives. Health Expectations Journal. DOI: 10.1111/hex.70501. *Forthcoming*.

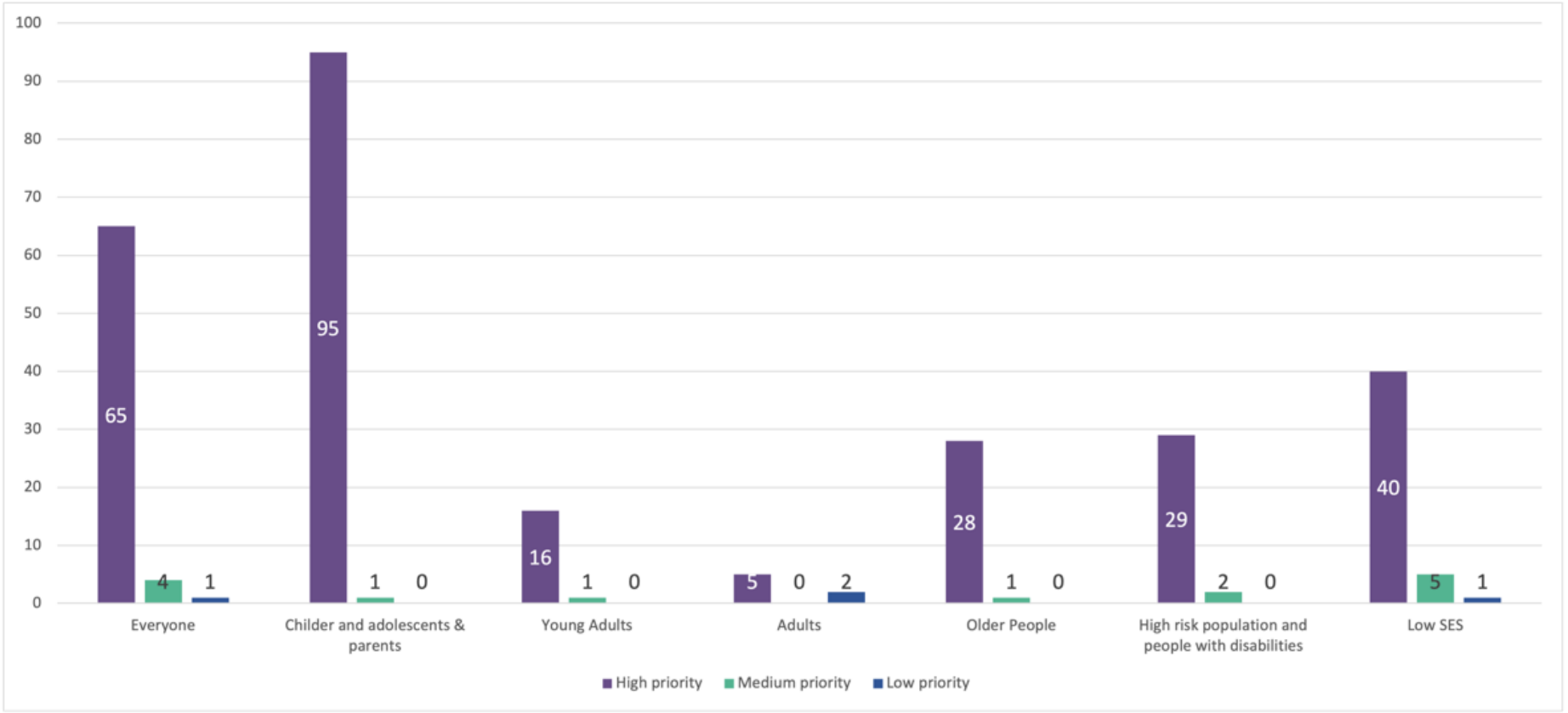
Which OH services should be publicly covered?



- **Preventive** and **emergency care** considered **essential**
- Followed by treatment of **prevalent OH conditions, diagnostics, and advanced oral services**
- But **no consensus regarding cosmetic**

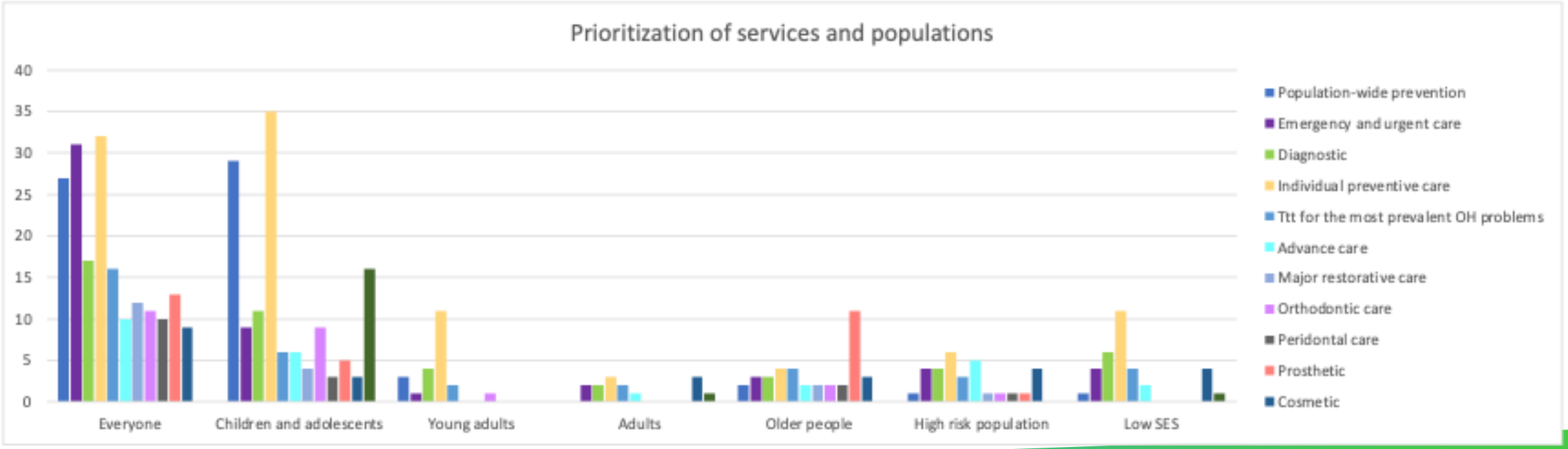
Who should be publicly covered?

- Consensus on **covering for everyone**
- When asked to prioritise, **children and adolescents** (some participants also extended this to young adults), followed by **vulnerable people**
- **No population group were de-prioritised**



What should be publicly covered for whom?

- **Everyone must be covered**, especially for prevention and emergency care
- **Preventive care and health education** often mentioned for **children and adolescents**
- **Advanced care** was mentioned as essential for **children and adolescents**, and **older people**
- **Cosmetic care** was the least mentioned, but **more often for low SES and high-risk populations**



Conclusion

The definition of **'essential' in OH** is a **multidimensional and fluid concept**, which should **ensure vital functions**, while also going **beyond basic health needs**.

OH care evolves in a broader health system, which is intertwined and should be **better integrated with the general health system**.

There was a **consensus on a broad coverage for everyone**, but especially for **prioritising preventive and emergency care for children**.

No population group was deprioritised, and **almost no services** either.

Although there were **high debates over the coverage of cosmetic services**, there was a **consensus over the role of oral aesthetics on psycho-social wellbeing**.

Illustrate the **importance of involving people in decision-making process**, ensuring that their **needs and expectations are reflected** in the public benefits basket.

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Deliberative prioritization of resources:

Case study on dental insurance in the Netherlands

Ziade Sarroukh[1], Patrick Jeurissen[2], Rob Baltussen[2], Shaila Akter[1,3], Jip Janssen[1], Stefan Listl[1,3]

[1]Department of Dentistry, Radboud University Medical Center, Nijmegen, Netherlands;
[2]IQ Health, Radboud University Medical Center, Nijmegen, Netherlands;
[3]Heidelberg Institute of Global Health - Section for Oral Health, Heidelberg University Hospital, Heidelberg, Germany

14-11-2025

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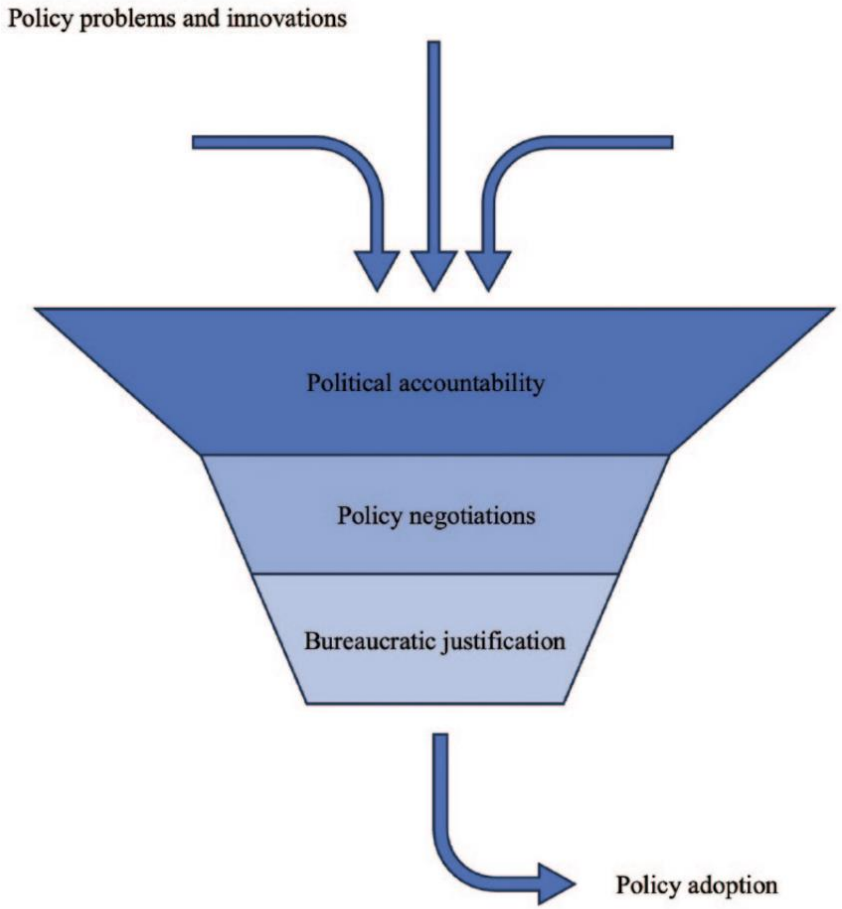
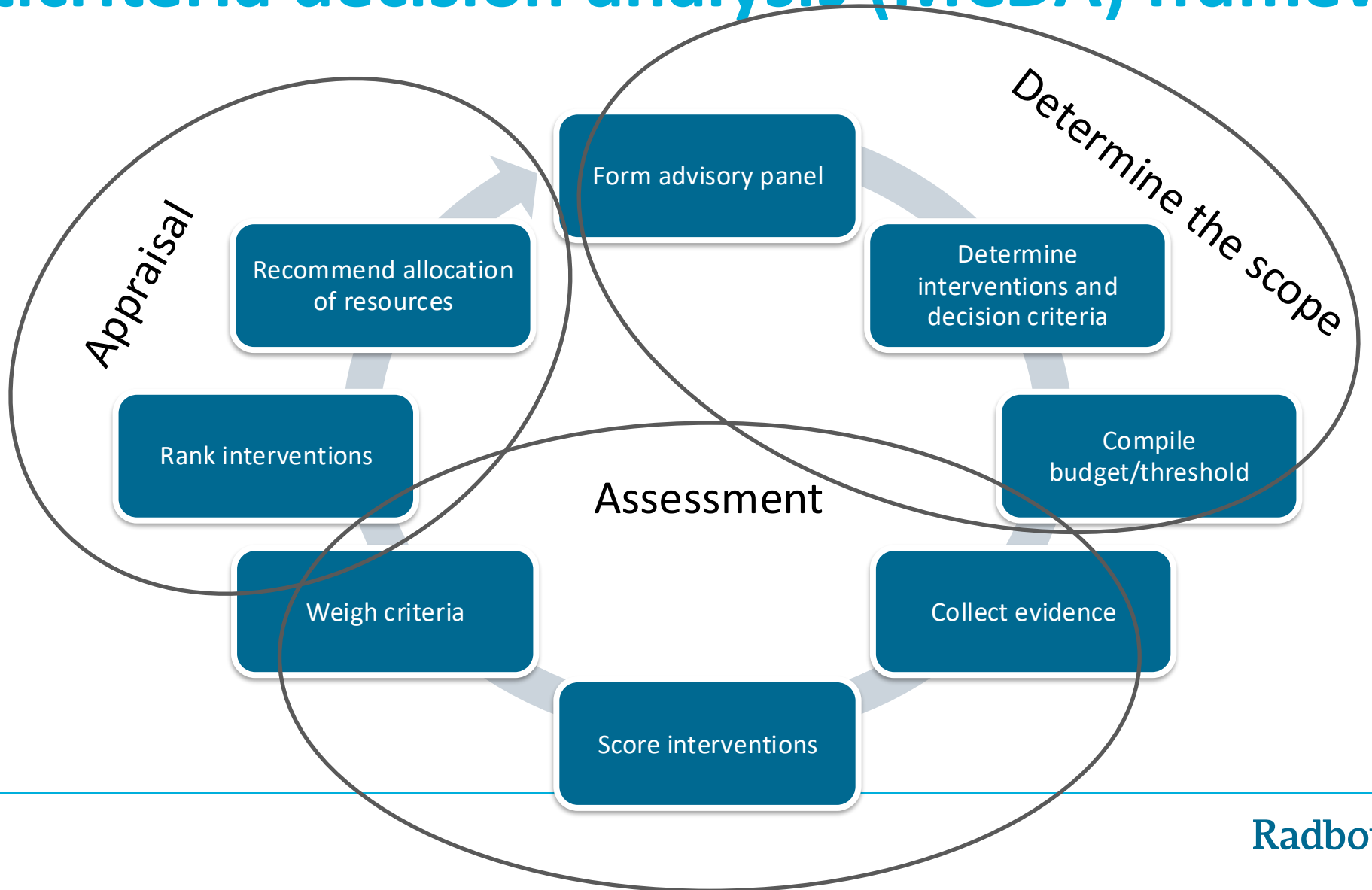
Political economy of oral health policymaking



Suboptimal choices

Sarroukh et al. JDR Clin Trans Res. 2025;10: 372-384.

Multicriteria decision analysis (MCDA) framework



Case study on dental insurance in the Netherlands

Voluntary insurance for dental care in the Netherlands

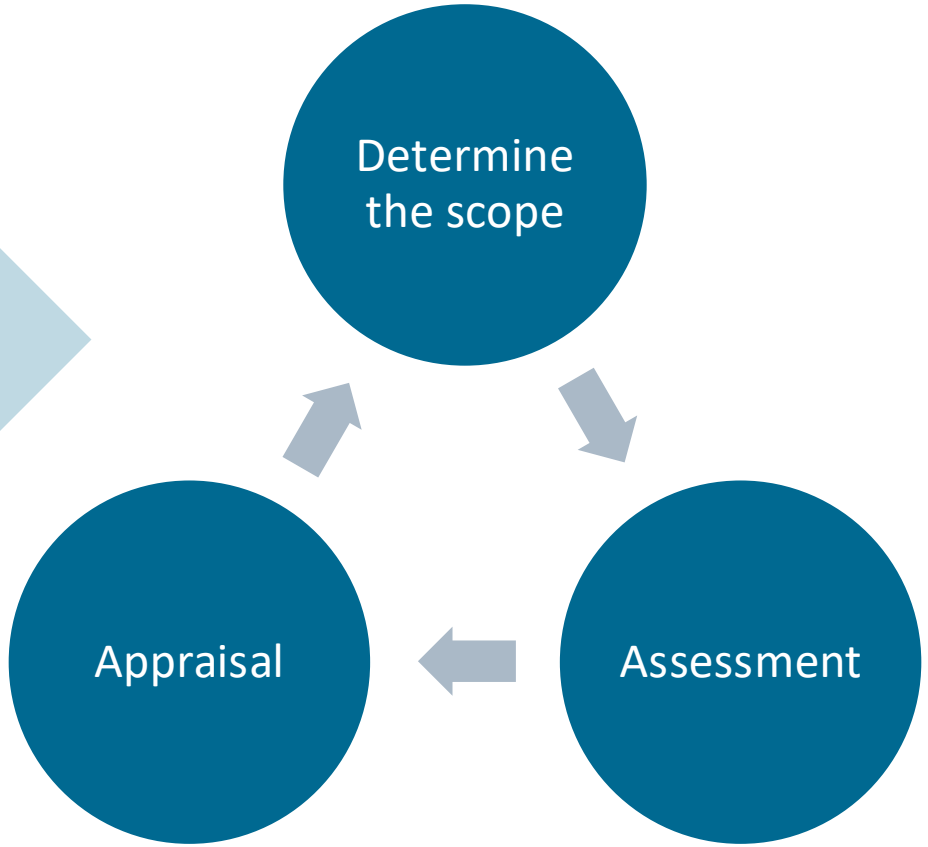
Engaging stakeholders in a shared evidence-informed recommendation

Value-based insurance design → optimizing packages based on evidence

Advisory panel

16 participants: Health insurers, dentists, patients, policymakers, health economists

Three 2-hour sessions



Evidence-informed deliberation

- Clinical efficacy
- Disease burden
- Patient safety
- Effect on QoL
- Insurability

Initial ranking of interventions based on cost-value ratio

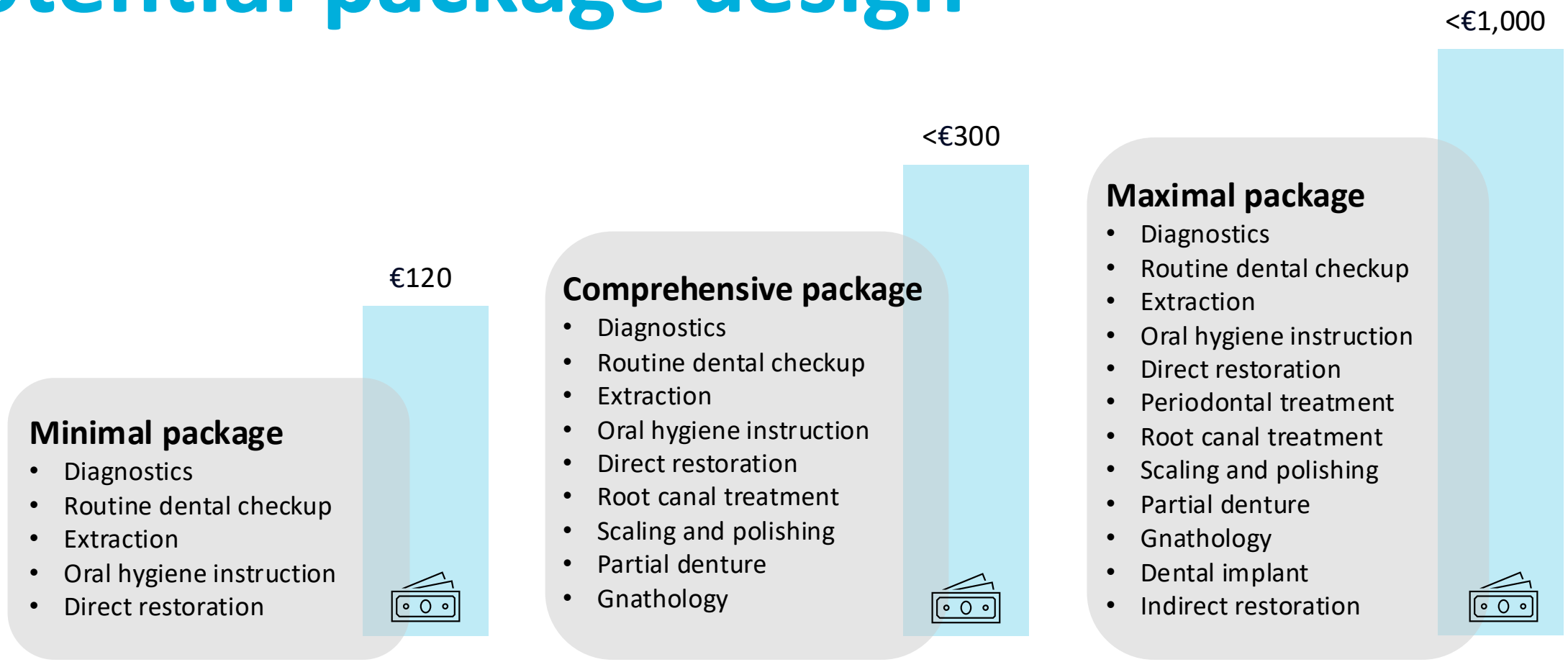
1. Extraction
2. Oral hygiene instruction
3. Routine dental checkup
4. Partial denture
5. Gnathology (occlusal splint)
6. Root canal treatment
7. Direct restoration (filling)
8. Scaling and polishing
9. Dental implant
10. Indirect restoration (crown)
11. Periodontal treatment

\+ Prevention
\+ Equity
\+ Elasticity of demand
\+ Uncertainty
\+ Model assumptions

Final ranking of interventions following deliberation

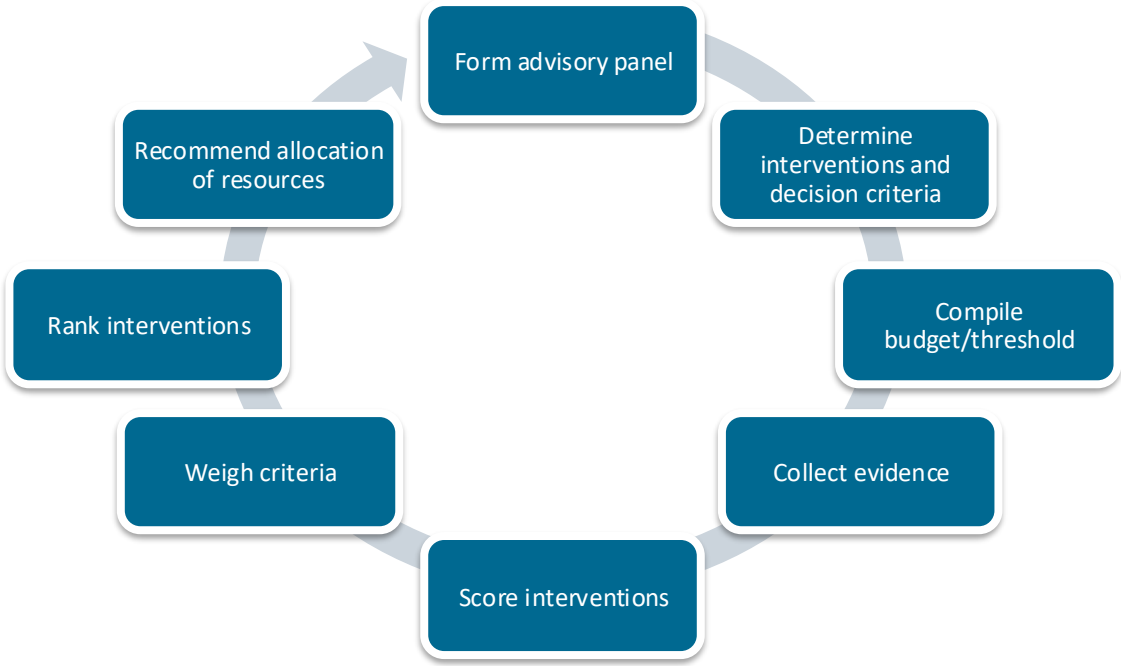
1. Routine dental checkup
2. Extraction
3. Oral hygiene instruction
4. Direct restoration (filling)
5. Periodontal treatment
6. Root canal treatment
7. Scaling and polishing
8. Partial denture
9. Gnathology (occlusal splint)
10. Dental implant
11. Indirect restoration (crown)

Potential package design



Conclusion

- Challenges of stakeholder negotiation and evidence
- MCDA can inform prioritization of dental resources
- Limitations of capturing value through decision criteria
- Essential to include deliberative components throughout assessment and appraisal



Acknowledgements

- Study team:
  - Ziade Sarroukh
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  - Prof. Dr. Rob Baltussen
  - Jip Janssen
  - Shaila Akter





- Funding:

DELIVER

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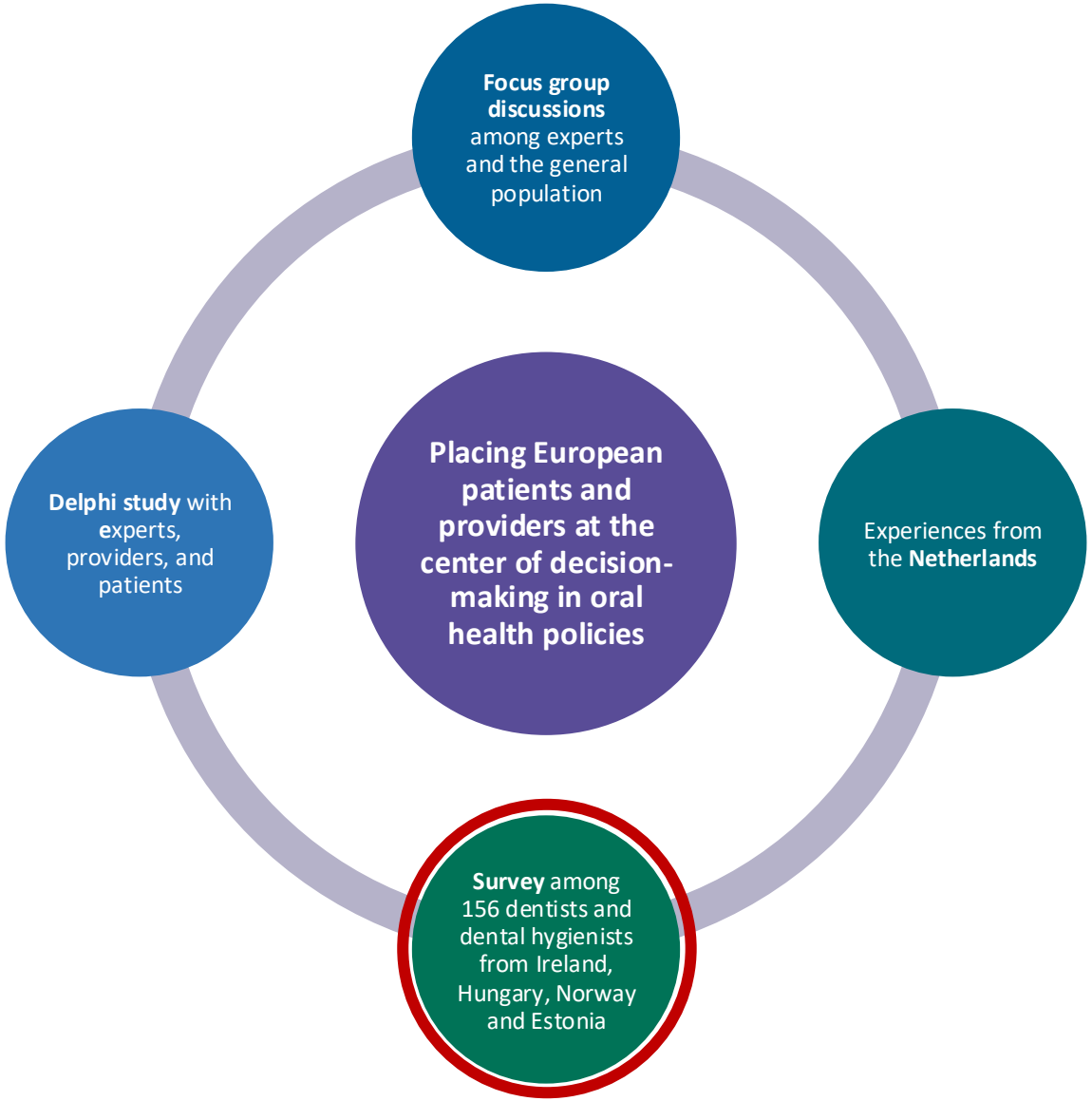
https://deliverproject.eu/



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Diversifying skill-mix in oral health workforce

Ave Põld, DDS, MSc

Estonian Dental Association

18th European Public Health Conference, Helsinki, Finland

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PRUDENT

How is the oral health workforce currently planned?

- Traditional healthcare workforce planning is based on stock-and-flow models:
  - forecasted demographic changes (size and age structure) are applied to current provider supply and service utilisation

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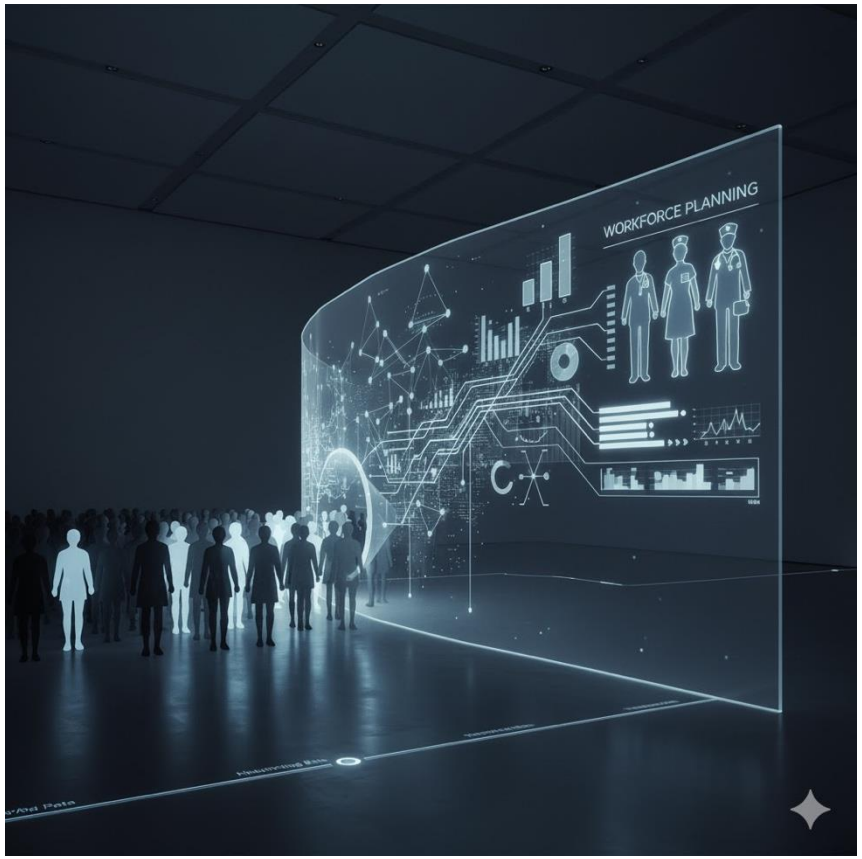
WHO NHWA Data Portal: Occupational Profile for dentists in the European region

PRUDENT

Planning for health seekers, not health needs

- Current health workforce planning is built on analysing who shows up for care.
- This approach completely ignores those who genuinely need care but are not accessing it (e.g., vulnerable groups)
- By identifying needs, we can plan the workforce to deliver targeted care and improve access for these groups.



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Needs-based workforce planning for oral health

- The WHO Working for Health Action Plan 2022-2030 calls for aligning investment and action with the needs of populations and health systems
  - A needs-based approach moves away from utilisation-based metrics toward models grounded in the health needs of populations
- Needs are difficult to assess due to constraints in data availability and quality on:
  - Health care needs and risk profiles
  - Information on the level of service for various population risk groups
  - The productivity of the workforce associated with the models of service delivery to be used
  - Policy opportunities for alternative skill-mix

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Birch S, Kephart G, Tomblin-Murphy G, O'Brien-Pallas L, Alder R, MacKenzie A. 2007. Human resources planning and the production of health: a needs-based analytical framework. Can Public Policy. 33 Suppl 1:S1–S16.

A broader oral health skill-mix could improve access to care

- Skill-mix in oral health entails dentists delegating selected tasks to trained team members such as dental hygienists, therapists, assistants and similar roles
- The adoption of skill-mix in various EU countries is hindered by:
  - variety in professional regulation
  - legislative barriers
  - limited professional acceptance by dentists

Image generated with Google Gemini.

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What is the status quo regarding skill-mix in oral health?

- We conducted a mixed methods study combining a rapid literature review and online survey among dental professionals from Estonia, Norway, Hungary and Ireland
- The study revealed that dentists' support for skill-mix often did not translate into practice change, with economic concerns and workforce dynamics influencing willingness to delegate tasks
- Expanding the scope of practice for dental care professionals could improve efficiency in oral healthcare, but this requires enabling legal, regulatory, and policy changes

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Can we adapt existing workforce classifications for skill-mix?

- International Standard Classification of Occupations (ISCO)-08 codes
  - Provide a common understanding of health professions and their scope of practice
  - Organised around traditional profession-based roles
  - Limited coverage of new professions such as dental hygienists
  - Interpretation needs to account for country-specific contexts
- Could skill-mix benefit from competency-based frameworks?
  - Cadre-specific (nursing) or purpose-specific (UHC)
  - No international frameworks exist for the oral health workforce

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Skill-mix can act as a policy enabler

- Needs-based workforce planning can help to demonstrate policymakers how skill-mix expands access to oral health services
- When oral health needs data are paired with new types of providers, policymakers gain new insights to shape policy:
  - UHC benefit package design
  - training and legislation for new professions
- Baseline data availability is key for modelling but once workforce reforms are introduced, continuous monitoring enables fine-tuning policy to changing health needs.

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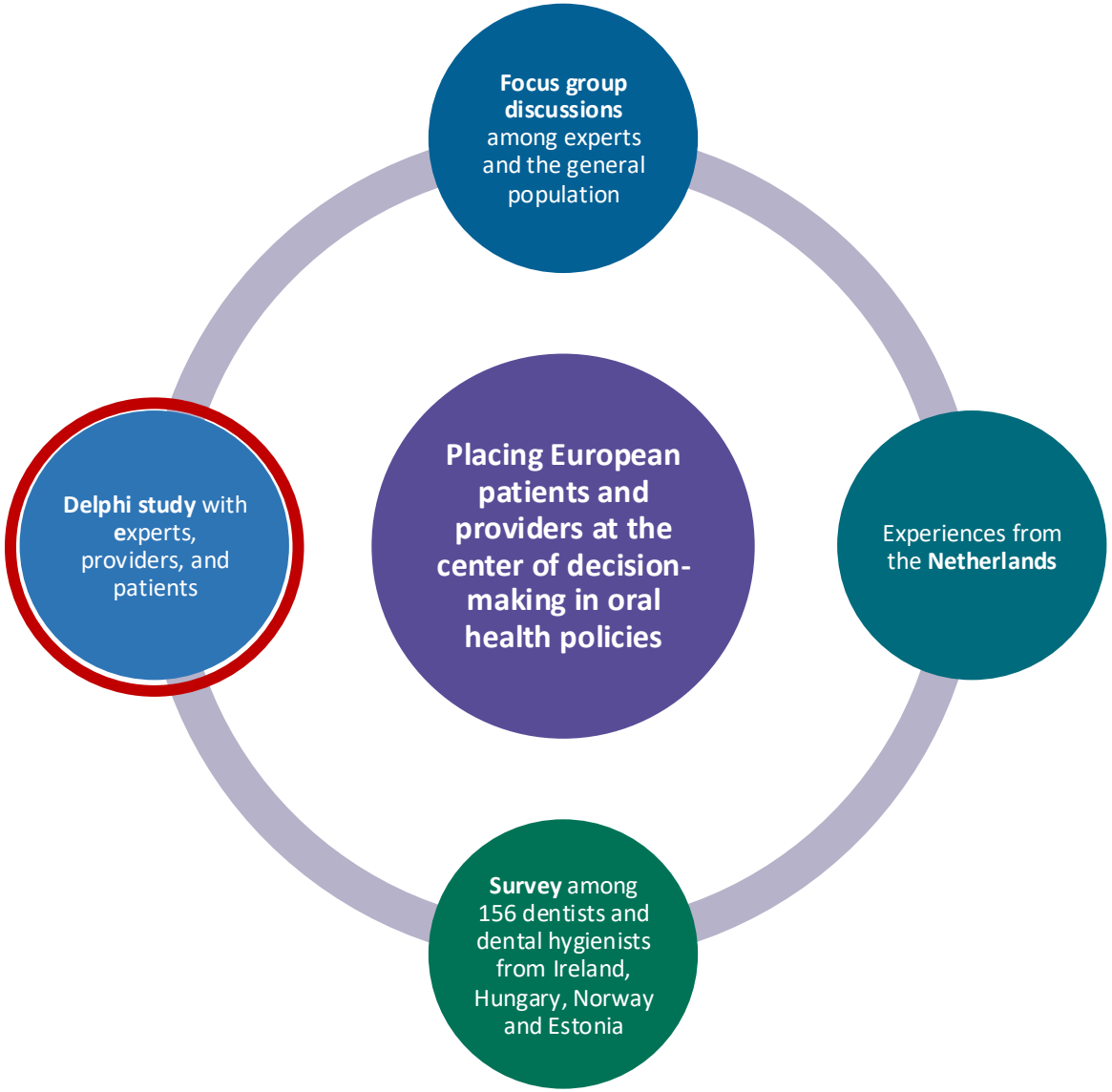

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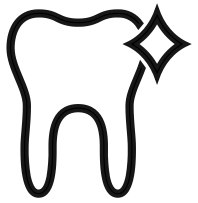
Aim and methods

Identification and consensus on **indicators** for assessing the performance of health systems in the field of **oral and dental health** in EU countries



Mapping exercise and modified **Delphi method**

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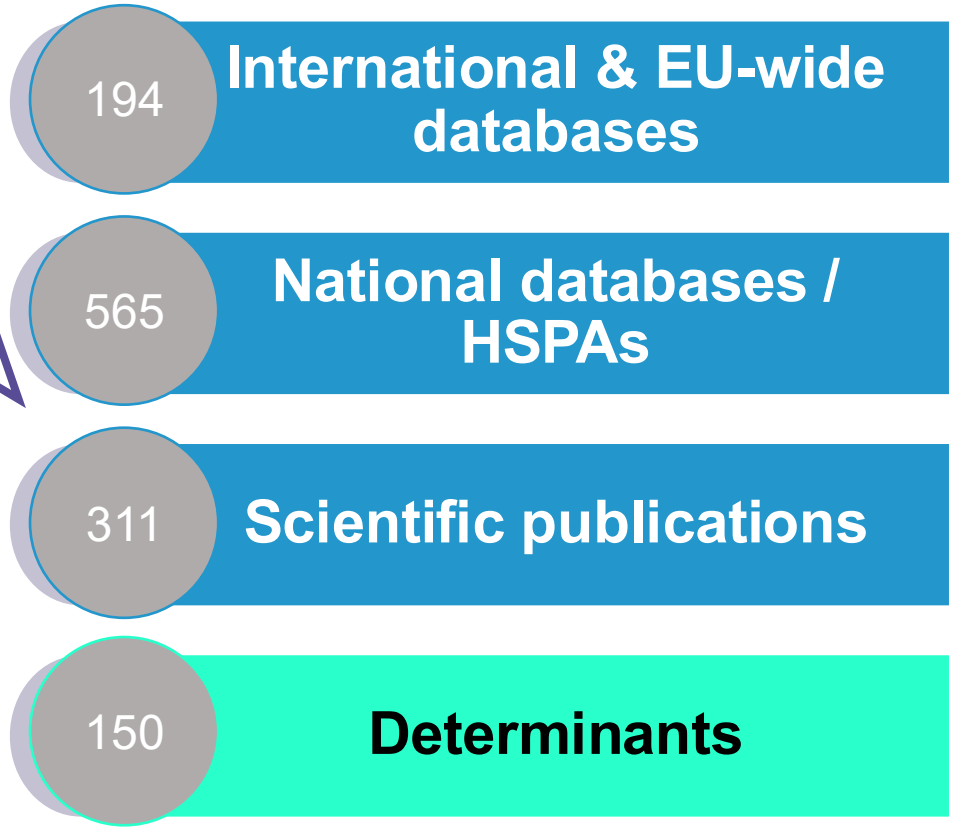
Mapping of indicators

Search terms identified based on:

- Public reports (e.g. by WHO)
- Scentific literature
- Dental experts
- Health system experts
- Experts on data & indicators



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Indicators categorized into WHO Framework

FUNCTIONS

15	Determinants of oral health
17	Service delivery
7	Health workforce
2	Health information systems
3	Medical products, Vaccines & Technologies
4	Financing
3	Governance

GOALS

8	Access and coverage
7	Quality and safety
21	Improved oral health
2	Responsiveness
3	Social and financial risk protection
0	Efficiency

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Delphi method participants

PRUDENT project:

- Project consortium
- Scientific advisory board

Experts with backgrounds in:

- Research
- National and international information management system
- Health policy

Representatives of:

- Patient organizations
- Provider organizations
- International organizations (e.g. Eurostat)

Covering all stakeholder groups and different EU countries

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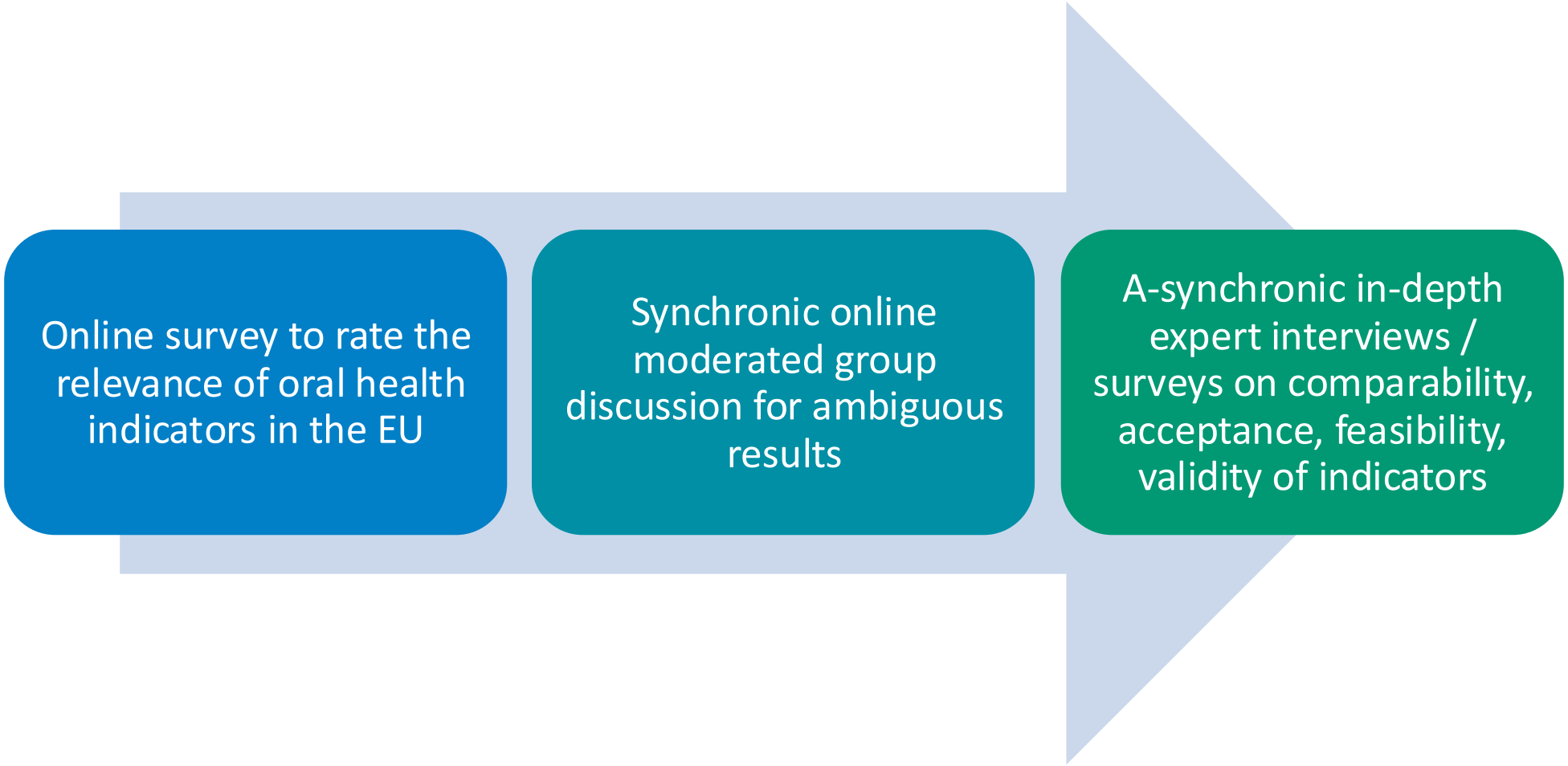
Delphi method 1st, 2nd and 3rd round



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Thank you!

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