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MEMORANDUM

ON A PROPOSED ORGANIZATION FOR PUBLIC
DENTAL SERVICE BY SICKFUNDS IN HOLLAND.

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Medical care to the mass of the people in Holland as a rule is procured by sickfunds. In fact these sickfunds are insurance societies offering their members medical treatment on a more or less extensive scale in exchange for a weekly fee. In almost any place of some importance these sickfunds are in existence. Four groups may be discriminated viz.,

- a. sickfunds founded by the Netherlands Association for Advancement of Medicine (Nederlandsche Maatschappij tot Bevordering der Geneeskunst);
- b. sickfunds called into life by general practitioners, so-called doctorsfunds, run by physicians for the benefit of their own patients;
- c. so-called management-funds, generally affiliated to a life insurance company;
- d. mutual funds, being the property of interested parties (labourers).

Beside these four principal types there are still a few others not worth while mentioning.

The Board of the funds mentioned under (a) are elected as follows; 3 doctors, 3 chemists and 3 insured members.

Those under (b) are run by the physicians themselves.

PROPOSED DENTAL SERVICE IN HOLLAND.

As a rule the third category is controlled neither by doctors, nor by chemists, but by the management of the life insurance Cy exclusively as far as the purely administrative character of the funds is concerned.

The funds mentioned under (d) have a Board consisting of insured members; doctors, chemists and dentists taking part in the work as „participants”, without any control on the management.

Consequently the friendly relation between the various groups interested in sickfunds is not always as it ought to be. Every once in a while conflicts arise between the Boards of the sickfunds and the collaborating doctors, chemists and dentists; sometimes those conflicts are of a serious character.

Needless to explain that such a state of affairs does not favour the purpose of sickfunds i.e. to procure adequate medical care to labourers and their families and to those who economically compare with them. Still conditions have materially improved in the last decades. The number of patients allotted to each doctor generally is too high. It frequently occurs that a doctor during a consultation hour receives 50 to 70 calls. In a case like this the inadequacy of medical care is evident. The specialist service is in course of development, so that in this respect there is still a deficiency. In fact this type of aid is being offered by sickfunds to a small extent.

As regards dental treatment, but very few sickfunds are providing this benefit.

A health insurance bill is in course of study for years and the draught was frequently amended. At the suggestion of the national dental organization a clause was inserted into the second draught to the effect of dental treatment (inclusive of conservative treatment) being made compulsory. Parliament has repeatedly adjourned the bill and consequently sickfund care remained unsatisfactory.

In various quarters the question was discussed as to how improvement could be brought about. The organizations

I SOCIAL PART.**ORIGINAL CONTRIBUTIONS.**

concerned were the following: Netherlands Association for Advancement of Medicine, Netherlands Association for Advancement of Pharmaceutics, National Federation for Promoting of Sickfund Service, and various trade unions. A committee was instituted to be composed of representatives of the participating organizations, whose task it was to inquire into the possibility of uniformity. The Netherlands Association for Advancement of Dentistry addressed a letter to this committee urging to be consulted on the subject and to appoint their representatives as well. The committee complied, and in connection therewith Drs. J. S. Bruske en H. G. Pitsch were appointed. Finally the Committee drew up a report called "Report of the Committee for Inquiry into the Possibility of Standardizing Sickfund Service in Our Country" (published at J. T. Swartsenburg's, Zeist, Holland).

This report is dealing with various items of importance to dentistry.

Chapter I is entitled: „Views on the Organization of Sickfund Service". The Committee arrived at the conclusion that there should be dental and medical representatives on the Committee, the majority however remaining insured members. It was thereby understood that the status and the interests of the participating doctors, chemists and dentists were adequately warranted.

Chapter II is dealing with sickfund care. As far as dental care is concerned the following is quoted:

Section 3. Surgical and Conservative Dental Treatment by Dentists.

Section 6. Supplying of all such articles as may serve for prevention, treatment or curing of illnesses and defects.

Spectacles and bandages to be supplied free of charge, other articles at a reduced price, (inclusive of artificial dentures).

Chapter III is dealing with membership. The Committee are of the opinion that membership should be compulsory

PROPOSED DENTAL SERVICE IN HOLLAND.

for the industrial classes that are subject to a Health Insurance Act. Independent parties financially comparing with labourers should have an opportunity of receiving the benefit too. It is estimated that their total number amounts to 80 % of the population. Free choice of dentists attached to the fund should be secured to the members.

Chapter IV is entitled: The Relation of Doctors, Chemists and Dentists with the Sickfund. The following is quoted:

The majority of the Commission was in favor of a liberal admission of doctors, dentists and chemists to the sickfund, this being in the interest of the members. Otherwise a free choice of dentist would not be insured and consequently it might also object a change of dentist.

It is not desirable to have sickfunds appoint their own doctors and dentists, with the exception of those funds in which this system is prevailing at present. However, they may be allowed to continue temporarily, under condition that no additional dentists be appointed. This would not hold in such places where organizations of dentists are unable to offer dental assistance.

With relation to the status of doctors, chemists and dentists the following is stated:

An agreement between the fund and the Netherlands Association for the Advancement of Medicine (Pharmaceutics, Dentistry respectively) for a certain number of years, should contain certain clauses, changes of which are subject to the approval of both parties. I quote the following clauses:

1. Members of the Netherlands Association for the Advancement of Dentistry are entitled to participate, unless both the fund and the Association agree on rejection.

4. Differences of a decisive dental character should be submitted to an arbitration board, to be appointed by both the Committees. If the trial is not approved of, either the sickfund or the dentist may appeal to a committee of dental experts, to be appointed subsequently.

I SOCIAL PART.

ORIGINAL CONTRIBUTIONS.

Remuneration. The committee recommends remuneration based on the number of treatments. The chances are, however, that in practice this is not feasible. The committee arrived at the conclusion that a subscription system would be preferable as is already prevailing frequently.

Regarding the number of members to be assigned each dentist the Committee expressed the idea that for an effective medical (dental) treatment it is essential to cut down this number to a reasonable extent.

Chapter VI is bearing on the nature of dental care. Only few funds are offering the benefit, the treatment being inadequate and failing of uniformity.

Still, the report goes on, good dental care is essential to public health. Therefore a reorganization of Sickfund Service should ensure an effective dental treatment of the mass.

The scope and nature of the treatment under such a scheme as recommended above may be defined as follows:

- A. treatments of a surgical nature such as extractions, treatment of gingiva and alveolus.
- B. treatments of a conservative nature such as scaling, preservation and restoration of affected teeth.
- C. prothetic dentistry i. e. provision of partial or complete artificial dentures.

It has been experienced that treatments enumerated in clauses B and C are taking up much time which make such aid expensive. In connection therewith dental care in sick-funds as a rule is limited to extractions.

Since 1918 at the suggestion of the Association for the Advancement of Dentistry certain sickfunds have appointed a limited number of dentists who if time allows are entitled to render conservative assistance. The amount of time, however, spent on such treatments was so small as compared to the demands that this could not meet the need.

It is of vital importance that dentistry can develop as a free profession without prohibitory secondary influences. Only

PROPOSED DENTAL SERVICE IN HOLLAND.

this principle will warrant effective dental sickfund care. It will appear *contrary* to this interest if wholtime salaried dentists are rendering assistance in clinics run by sickfunds.

According to the opinion of a certain number of members of the committee a dentist can only render good service if he stands free before the sickfund and concludes a contract under the auspices of the Netherlands Association for Advancement of Dentistry, which in turn conclude collective contracts with the sickfunds along the same lines as the Netherlands Association for the Advancement of Medicine. A scheme as outlined above is in force in certain sickfunds at the suggestion of the Netherlands Association, where it has proven its adequate character. In said agreements it may be stipulated that alle insured by free choice select a participating dentist, the total number of insured per dentist not to exceed a certain maximum. Furthermore the dentist to be half a day ($3\frac{1}{2}$ hours) per workday at the disposal of the fund.

Some members of the committee emphasized the maximum number per dentist should not exceed 6000. The majority, however, objected, and was also opposed to an annual rate of f 1.— per insured person, because it was expected that the demand for dental service would not be large. Finally it was decided upon by the greatest possible majority to have the sickfunds set aside an amount of f 0.50 (Dutch currency) per insured person for dental benefit per annum. This scheme to be in operation on trial during two years. A special committee shall inquire to what extent the demands will take up the available time of each dentist taking part in this work.

The remuneration was fixed at a minimum of f 6 (D. c.) per hour, based on the above calculation.

On completion of the trial period it should be defined:

- a. what shall be the maximum number of members to be assigned each dentist.
- b. which annual amount to be set aside per insured person.

I SOCIAL PART.**ORIGINAL CONTRIBUTIONS.**

The Committee almost unanimously adopted the following conclusions.

I. All insured persons are entitled to select by free choice a dentist taking part in this work, the number per dentist not to exceed 12.000.

II. The dentist to put a definite amount of time at the disposal of the treatment of sickfund members.

III. The dentist to supply room for a polyclinic, a waiting room, equipment, instruments and staff. During clinic hours sickfund patients solely may be treated.

IV. Sickfunds to set aside f 0.50 (D. c.) for dental benefit per insured person per annum.

V. Remuneration of dentists to be f 6 (D. c.) per daily work hour.

VI. The sickfund members are responsible to the fund for the cost of artificial dentures; the sickfund to make payment therefor to the dentist. Prosthetic treatment is undertaken separately after clinic hours. (The insured persons will be charged f 25 to f 30 (D. c.) for a complete upper or lower artificial denture, depending upon local conditions; f 3 (D. c.) per tooth for partial dentures or gold clamp).

VII. A committee of five members shall see to it that these regulations be carried out carefully. The Committee to comprize two representatives of the sickfunds two representatives of the Association, who together shall appoint an impartial chairman.

VIII. This scheme is liable to be amended after a trial period of two years.

The general regulations drawn up by the committee in relation to the status of doctors, chemists and dentists are to be attached to the above scheme.

Chapter VII is dealing with the costs of medical treatment. As already stated the cost of dental service per 1000 insured members is $1000 \times f 0.50$ (D. c.) or f 500 per 1000 members. In the recapitulation the total sum for sickfund

PROPOSED DENTAL SERVICE IN HOLLAND.

service per 1000 insured persons (inclusive of remuneration, drugs, obstetrical attendance etc. etc.) amounts to f 15.000. (Dutch currency).

Chapter VIII refers to contribution and subsidy. A sum of f 15,000 per 1000 insured persons per annum corresponds with f 0.30 (D. c.) per insured person. (The fee in Amsterdam is as high as f 0.25 (D. c.) per adult, f 0.05 per child, averaging f 0.17^s per insured person per week). The discrepancy to be met by subsidy from the State, Province or Municipality, in proportion to the predominating factor of the amount of work for the benefit of public health.

The following are a number of conclusions from the report:

3. It is undesirable to establish or keep up a sickfund with the object of gaining profit in any way.
5. A. Central Council to be instituted controlling all sickfunds and distributing the subsidies.

This Council to be composed of representatives of the sickfunds, trade unions, Association for Advancement of Medicine, Association for Advancement of Pharmaceutics,, Association for Advancement of Dentistry and of the organizations of nurses and midwives.

6. The Committee recommends that practitioners, specialists, chemist and dentists have representatives on the Sickfunds Committees; the majority, however, to be composed of insured members, provided the status of dentists etc. is sufficiently arranged for.

10. The sickfunds to procure medical aid to the greatest possible extent, through practitioners and specialists, and also pharmaceutical help, surgical and conservative dental assistance, obstetric help by midwives, and nursing in hospitals sanatories and at home.

12. The insured person to be free in selecting a dentist (chemist etc.) of his choice.

13. Sickfunds should be prohibited to appoint their own whole-time salaried doctors, dentists etc., excepting in some

I SOCIAL PART.**ORIGINAL CONTRIBUTIONS.**

such places where no medical, dental etc. assistance is available, however subject to the rules as specified above.

14. The status of doctors, dentist etc. to be fixed in an agreement to be concluded between the sickfund and the Netherlands Association for the Advancement of Dentistry (etc.).

16. The number of insured persons assigned each dentist not to exceed 12000.

Resumé.

In our mind the two dentists, represented on the Committee have attained satisfactory results in two senses. In the first place we appreciate that in every respect dentistry is being treated on an equal footing with any other detail of medicine. It will be increasingly clear to everyone taking notice of the conclusions of the report that dentistry is being recognized an important factor of public health which so far is too much neglected.

Resuming the conclusions referring to dental care I lay stress upon the following:

- a. free choice of dentist;
- b. a maximum number of insured persons per dentist proportionate to the time he is on duty;
- c. provision of surgical and conservative dental aid;
- d. benefit of dental treatment without the fee for medical treatment being increased.

Although the dental profession is considering those conclusions essential, still we are happy to see them inserted in some such report.
