

## **A Brief History of The Work of The Delivery Of Care Taskforce By Dr. Lynn Tomkins**

It is my pleasure to present a brief history of the origin and work of the Delivery of Care Task Force.

At the 2018 CDA AGM the CDA's Task Force on the Future of the Profession delivered its report entitled "Canadian Dentistry 2032".

The report included four overarching vision statements for the Canadian dental profession to achieve over the next 15 years.

1. That oral health will be recognized as a valuable component of overall health.
2. That dentistry will fulfill its social contract through universal access to oral healthcare.
3. That Canadian dentists, as lifelong learners, will be well prepared to meet the changing needs of society.
4. That Canadian dentists will be ready to embrace new technologies and models of practice.

28 Recommendations were made for specific actions that would be required to achieve these goals by 2032.

At the June Planning Session of that year the CDA Board reviewed the report in detail and deliberated on which of the recommendations could or should become priorities for the association and what the timelines for their implementation might be.

The Board prioritized 12 recommendations and these were presented, discussed, and agreed upon by the Corporate Members at the Presidents and CEO's meeting in Charlottetown in August.

At the October 2018 Board Meeting, the 12 prioritized recommendations were equally divided between two Board Teams.

- Priority Team I, the Patient Team, with the overall Goal of Optimal Oral Health Care for all Canadians and
- Priority Team II, the Dentist Team, with the overall Goal of Supporting the Dentist of the Future

And the 6 recommendations for each team were further sorted into Category A and Category B.

Category A priorities were to be addressed expeditiously over a 2-year period and the Category B priorities were given a 2 to 4 year timeframe for completion.

One of the first actions arising out of that Board meeting was the establishment of a small task force that would begin to work immediately on two key recommendations.

1. That the Canadian dental profession should articulate and promote a clear definition of oral health that enables the measurement of oral health and systemic health outcomes and that helps to demonstrate the value of oral health care
2. That the Canadian dental profession should determine what constitutes a "basket" of medically necessary oral health care services.

And so began the work of what was originally called the “Basket Task Force” comprised of 3 members and a chair and supported by Dr. Aaron Burry.

The Task Force was also supported by an Advisory Panel with good cross country Corporate Member representation that could be called on to review the work to date and provide feedback.

The Task Force considered several definitions of oral health and after lengthy discussion decided to recommend to the Board that the CDA adopt the FDI definition of oral health, which had been approved earlier in the year with considerable Canadian input.

The Board recommended the adoption of this definition at its February 2019 meeting and for it to be presented at the AGM in April.

As work began on defining the basket of medically necessary services, and reviewing the current literature and research, it quickly became evident that this was going to be a complex task and was not simply a matter of deciding what codes should be covered in a basic dental care plan.

Several areas of research were proposed.

1. To survey the dental landscape worldwide, particularly OECD countries with universal access to dental care,
2. To find out what is important to Canadians, and
3. To determine the role that dental care plays in improving oral health.

A tremendous amount of work was done by CDA Staff, and the Task Force and the Advisory Panel met over several meetings.

During the CDA AGM of 2019 the Task Force led the Canadian Oral Health Roundtable and presented on two topics.

1. The FDI definition of oral health and what it would mean to various stakeholders, the Canadian public, and the dental profession and,
2. The elements of essential dental care. This term was used instead of a basket of services to encourage a discussion about principles, not codes and procedures.

The attendees at the Canadian Oral Health Roundtable included a broad cross section of representation from non-dental groups such as nursing, social work, teaching, medicine, pharmacy, advocacy groups for diabetes, heart and stroke, retired persons, indigenous groups, persons with disabilities etc.

and the dental groups included our Corporate Members, and representatives from dental hygiene, dental assisting, dental therapy, dental technology, and denturists.

There was broad support for the definition of oral health and the suggestion was made that it be further tailored for each intended audience.

The presentation on the Elements of Essential dental care covered the following:

1. A clear definition of oral health (the FDI definition),
2. The concept of Person-Centered Care from conception to end of life, and
3. The concept that Essential Dental Care includes a spectrum of care.

The information was very well received and there was a tremendous amount of discussion in the room with many ideas, questions, and comments.

The feedback and suggestions were recorded and analyzed and have been very useful in guiding the next phase of the work.

The groundwork had been laid for the support and engagement of internal and external stakeholders in the process of defining essential dental care for all Canadians and how that might be achieved.

By then we were beyond simply trying to decide on a basket of fees and codes. What we were discussing was what a high functioning oral health care system would look like in the context of universal access to dental care for all Canadians.

At that point we became the Delivery of Care Taskforce, and the rest of 2019 was spent working on the remaining three recommendations we had been assigned.

1. The determination of the essential oral healthcare services that everyone in Canada should be able to access.
2. The determination of what steps would have to be taken to ensure that the basic oral health needs of the entire Canadian population are met, regardless of geography or individual socioeconomic circumstances, and
3. The determination of how the profession could embrace the principle of person-centered care and its delivery to vulnerable patient groups in locations and by methods that are most appropriate for these groups.

We were well underway on this work right into the first few months of 2020 with the goal of presenting at COHR in the spring when the pandemic struck.

And so, our work on essential dental care was essentially put on hold!

As we now look forward with hope to a post pandemic world, we are resuming the work on this project in preparation for a discussion on policy recommendations and the advocacy that will be needed to support it.