



**PRUDENT: Prioritization, Incentives and Resource use for sUstainable DENTistry**

## Case study in France

Stéphanie Tubert-Jeannin, Laetitia Benezet



Funded by  
the European Union

## The French Oral healthcare system

- Population covered by public/social health insurances (SHI)
- Voluntary health insurances (VHI) : 89% private, 7% public (CSS ), 4% no VHI
- Dentists mainly in private practice, no dental hygienists
- Fee for service payment system
- Three categories of treatments
  - Essential (restorative...) : fixed fees, covered by SHI (70%\*) + VHI (30%)
  - For prosthetics : extra fees allowed, patient out-of-pocket (OOP)
  - Non essential treatments (Implants...) : not covered by SHI

\* At the time of this survey, now =60%

## The “100% santé” reform

Emerged from the 2017 French (E Macron) presidential campaign  
Result of a negotiations between dentists’ unions, SHI, VHI, Government

- Rise of fixed fees for “essential” dental care
- New SHI coverage for preventive treatments
  - Periodontal care for diabetic patients, Fluoride varnishes...
- Extended coverage of prosthetic treatments
  - Price ceiling to limit patient out-of-pocket
  - Extra coverage by VHI (private) insurances
  - Patients offered solutions with
    - no out-of-pocket (RACO)
    - moderate out-of-pocket (RAC modéré)

## Research question

- ***Did the reform achieve the set goals? :***
  - « improve access for all, by removing financial barriers to prosthetic care"»
- **Effect of the « 100% santé » reform on the consumption of dental care between 2019-2023 as compared to the period 2015-2018**

# National Health Data System (SNDS)

The **National Health Data System (SNDS)** integrates health insurance data (DCIR)

DCIR (*Datamart de consommation inter-régime*) is the French National claims **database from the SHI insurance system**. It includes information from the claims of all public health funds in France

The purpose of the SNDS is to make these **data available in order to promote studies, research or evaluations in the public interest** with the following purposes: health information, implementation of health policies; knowledge of health expenditure...

<https://www.snds.gouv.fr/SNDS/Accueil>

# Time frame

## Changes within 100% santé reform

01/06/2014: CCAM codification system

01/04/2019 : Price ceiling for fixed prosthetic treatments (RAC modéré)

01/11/2019 : New scheme for low income earners (CSS)

01/01/2020 : Fixed prosthetic solutions with no out-of-pocket (RACO)

01/01/2021 : Removable prosthetic with no out-of-pocket (RACO) (+ inlay onlay)

01/01/2022 : Rise of the fixed rates for restorative treatments

01/01/2023 : Rise of the fixed rates for dental sealants and oral surgery

## COVID Pandemic :

Pandemic : 11/03/2020 to 14/03/2022

Lockdown 1 : **17/03/2020 to 11/05/2020 (dental offices closed)**

Lockdown 2 : 30/10/2020 to 15/12/2020

Lockdown 3 : 3/04/2021 to 3/05/2021

Immunization : 09/08/2021 to 14/03/2022 (compulsory to access hospitals)

## Descriptive results

- Number of dental treatments per week during the study period
  - Dental visits
  - Oral surgery
  - Prophylaxis treatments
  - Restorative treatments (slight increase of fixed fees)
  - Periodontal treatments for patients with Diabetes (New)
  - Complete dentures (100% santé)
- Identification of time slots related to
  - The implementation of the « 100% santé » reform
  - The COVID19 pandemic periods



Future analyses

Preliminary descriptive results

Need for ITSA / CITSA Models

Covariates : COVID periods, seasonality,  
CSS status, age, sex, geographical location...