

# REGIONAL EUROPEAN ORGANISATION OF THE FDI

## NATIONAL REPORT

Country: REPUBLIC OF SLOVENIA

Association: SLOVENIAN DENTAL ASSOCIATION (SDA)

Venue: Paris, France, 2014

### I. Changes in the association and its organisation.

No changes in the association and its organisation. All positions remain the same: dr. Sajko Gorazd as president, dr. Aleksander Velkov as secretary general and ass. prof. dr. Marjan Premik as officer responsible for educational and scientific matters. Personal changes are foreseen for the year 2015 when new elections will take a place.

### II. Trends and developments

#### In professional politics:

Within the framework of the Slovenian Dental Association our response to the new political and economic situation will be to discuss and prepare a joint strategy in cooperation with all the dental health organizations (the Chamber, the Union, associations of specialists etc.). With the strategy which is arising we wish to preserve essential values and the socio-economic status of dental profession and set some long-term goals.

In Slovenia we have currently 66 active dentists on 100 000 inhabitants. We are noticing that the trend in number of dentist is still slowly growing.

#### In health politics:

Actually we have a public discussion about the boundary between public and private practises, financing and health programs. Slovenia faces dilemmas and uncertainty in the development of health care, but these do not differ essentially from those encountered in most European countries and other industrialized countries. These include the questions of how to preserve health and social security in the light of a situation that will be even more marked by the problems of an ageing population and a related increase in chronic degenerative diseases and growing needs and requirement for dental health services. The situation is going to change in the future if national goals for oral health in the next decade are set up. A new preventive dental care program with well-defined responsibilities of all parties concerned should be adopted. Such a program could improve the situation, reduce the differences between people and the regions, and improve oral health. A serious problem is that is not clear what is the role and function of Health centres as public institutions at the primary health care level, which in the previous system had a role of proactive (preventive oriented) health care activities especially for children, youth and women (including dental health care for youth) and which has been financed by public funds.

We are expecting a new law of health services at the end of this year. Yet we do not know what kind of impact a new law for the insurance system will have.

### In educational politics:

Continuing education is becoming important and mandatory. The SDA organizes every year at least one general (from practice to practice) and several (5-6) specialised courses for postgraduates. Records of participation of each dentist is accurately kept in Medical Chamber and used for the renewal of their licenses.

### In the insurance system:

Actually all Slovenian citizens have compulsory insurance. All compulsorily insured persons are among other health care benefits entitled to dental care. The Health Insurance Institute of Slovenia covers all expenses for dental care of children and students. For adults, however, the compulsory insurance system covers 80% of costs of dental care and oral diseases treatment and 10% for prosthetics. The rest of costs for services (up to 100%) is covered through direct copayments or voluntary insurance copayment. Reimbursement to dental care providers is based on combined method of capitation and fee for service system. The costs for dental care in 2014 represented under 4% of the total public compulsory health insurance expenditure (around 82 mio €).

According to the estimates of the Commission for Dental Care in the Medical Chamber of Slovenia the actual workload of a dentist, measured in time unit, is too big.

### III. Further information:

In Slovenia, there is no information system in the field of dental public health. Project EGOHID represents a valuable selection of oral health indicators, and the guidelines how to obtain, measure and evaluate them, are precisely written. But additional information and experiences from other countries on how to put these indicators into practice could be appreciated.

This year we are planning to celebrate publicly the World Oral Health Day (20. March 2014).

Ljubljana, 12. 03. 2014