



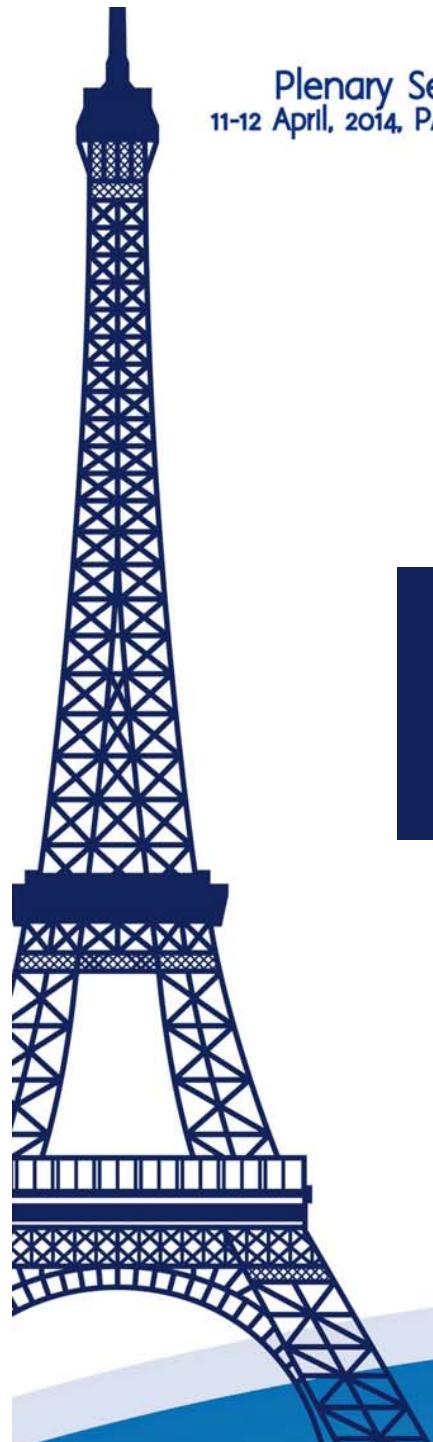
## Plenary Session

11-12 April, 2014, PARIS France



European Regional Organisation of  
the Fédération dentaire internationale





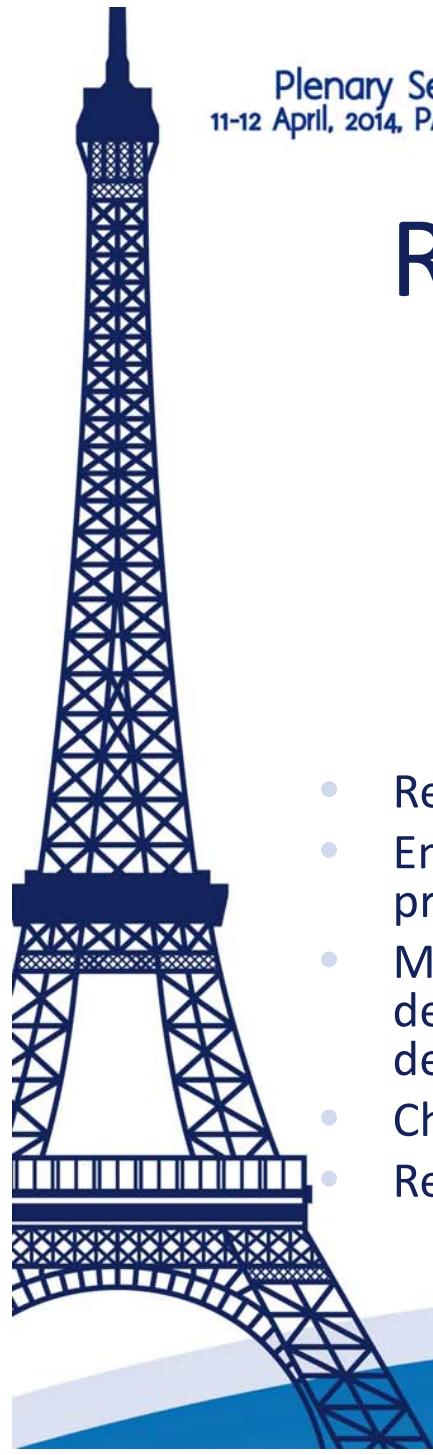
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# Representation of the French dentists



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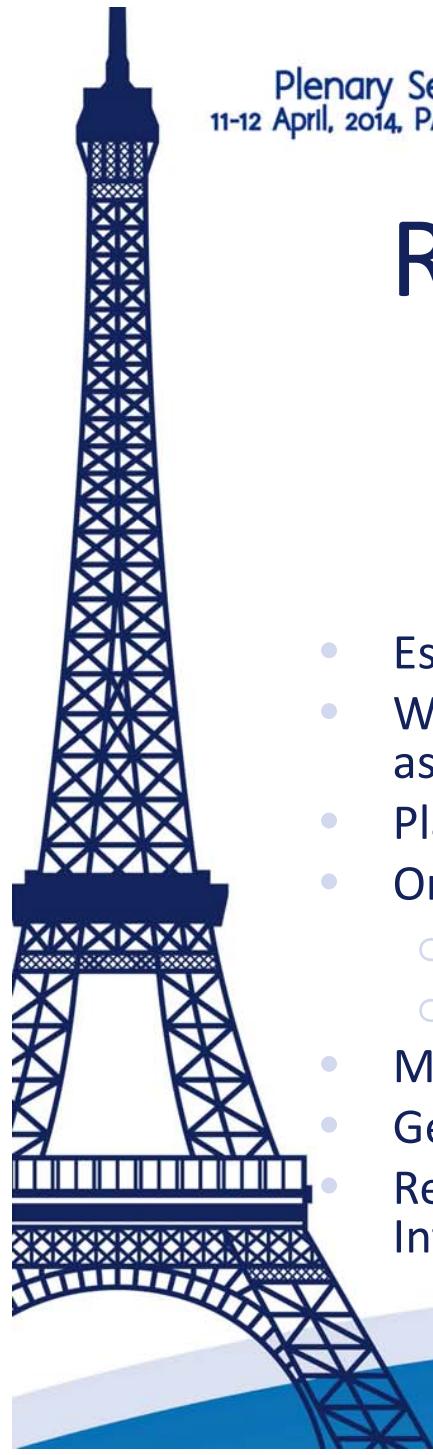


# Representative Organisations



**Conseil de l'Ordre des chirurgiens-dentistes**  
General Dental Council

- Regulatory body established in 1945
- Embraces all dentists who must mandatorily registered to be able to practice
- Mission: to ensure that all principles necessary for the practice of dentistry are respected: morality, integrity, competence and dedication
- Chair: Dr Christian COUZINOU
- Represents France in the FEDCAR



# Representative Organisations



## Association Dentaire Française

- Established in 1970
- With more than 30 000 dentists and 26 member organisations: associations, unions and scientific societies
- Place of encounter, dialogue and reflection
- Organizes an annual Congress
  - 400 exhibitors / 40000 visitors on 22000 m<sup>2</sup>
  - 600 speakers / 7500 delegates
- Major player in continuing education
- General Secretaries: Drs Joël TROUILLET et Jean-Patrick DRUO
- Represents France in FDI and ORE through the Commission of International Affairs (Chairman Dr Roland L'HERRON)

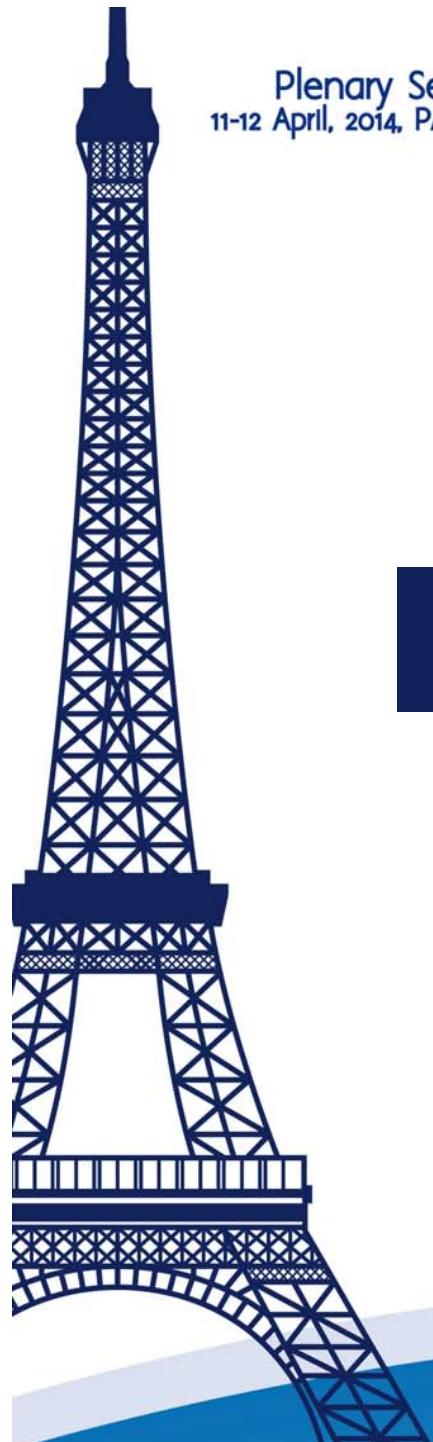


# Representative Organisations



## Confédération Nationale des Syndicats Dentaires

- Founded in 1935
- Most representative union for liberal dentists (15,000 members out of 36000 liberal dentists)
- Defends the interests of dentists
- Negotiates with State and Health Insurance (Assurance maladie) the conventions governing the practice of dentistry
- Chair: Dr Catherine MOJAÏSKY
- Represents France in the CED



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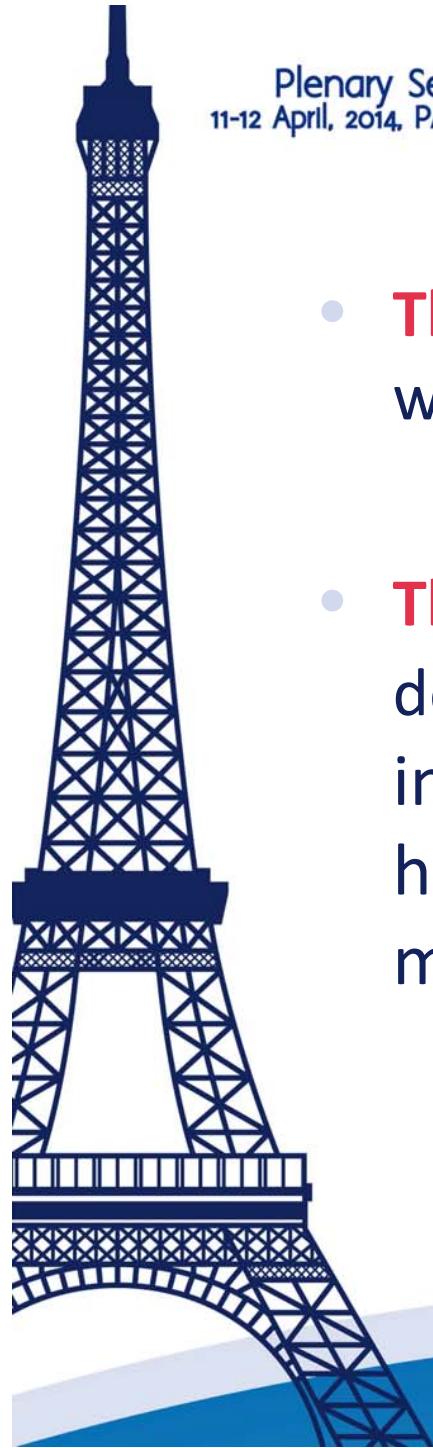
## The French Health System



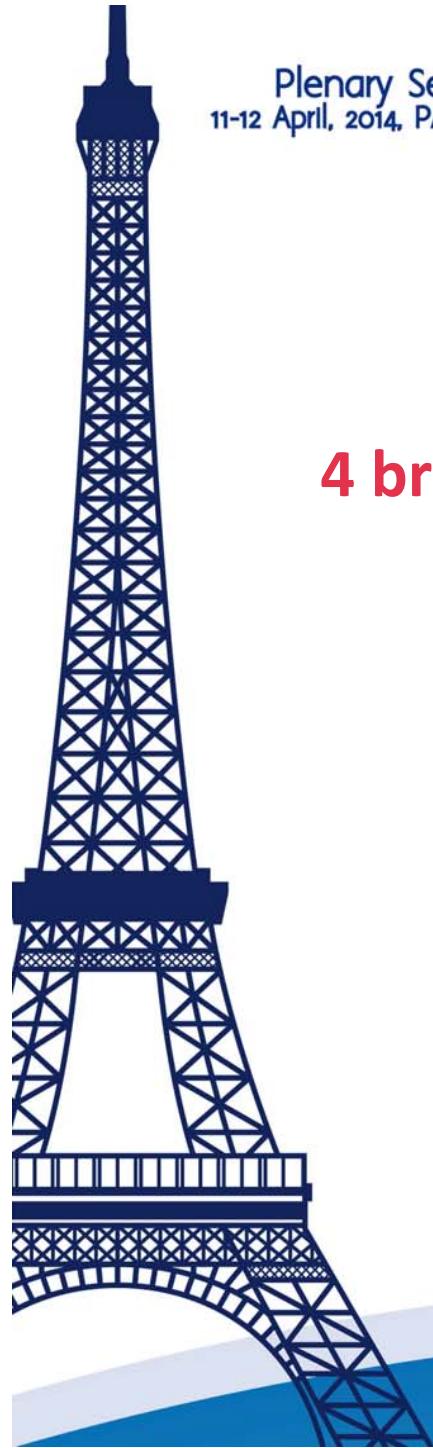
**National public system** funded by **social contributions** and **taxes** which ensures social protection and access to health care for all citizens

Based on solidarity

**“Everyone contributes according to its means and receives according to his needs”**



- **The State** is responsible for the organisation on the whole territory (France and overseas)
- **The Health Regional Agencies** (Agences Régionales de Santé, ARS) are the holders of State intervention in the regions: the new public health laws give them progressively more and more powers



# Social Security

## 4 branches

- Sickness
- Work accidents
- Pension
- Family



# Mandatory Health Insurance

- Covers **all residents in France**, whether they contribute or not
- Managed by the social partners **under State supervision**  
**President + board** : little power  
**General Director** : much power
- Provides **basic health coverage** to the insured and their entitled (families)

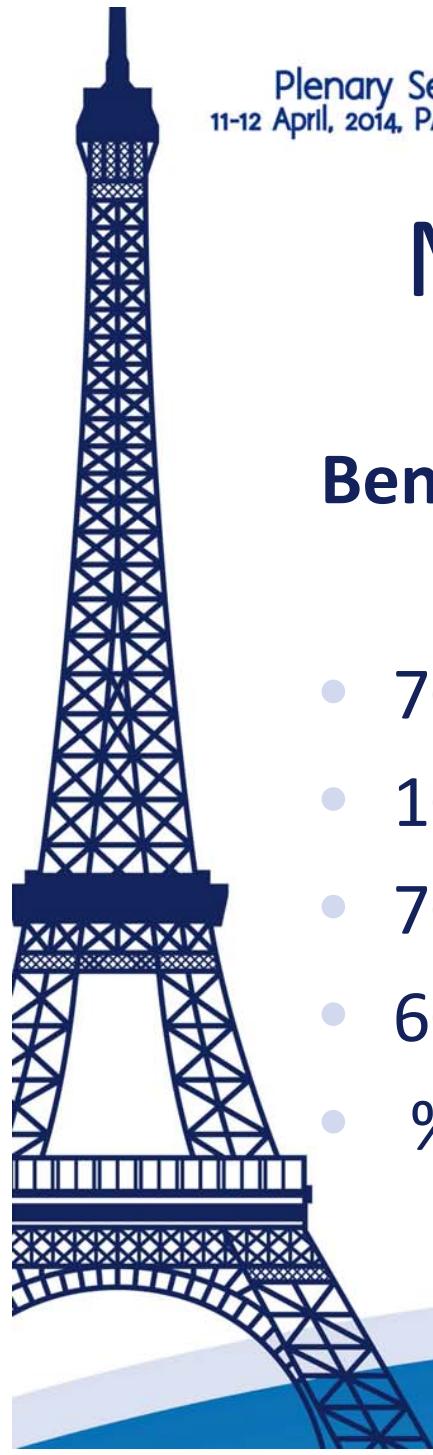


# Mandatory Health Insurance

**Funding** is provided by:

- **Contributions** paid by workers and employers (based on wages or earned income)
- **Taxes**  
“Generalized social contribution” **CSG**  
“Repayment of social debt” **RDS**

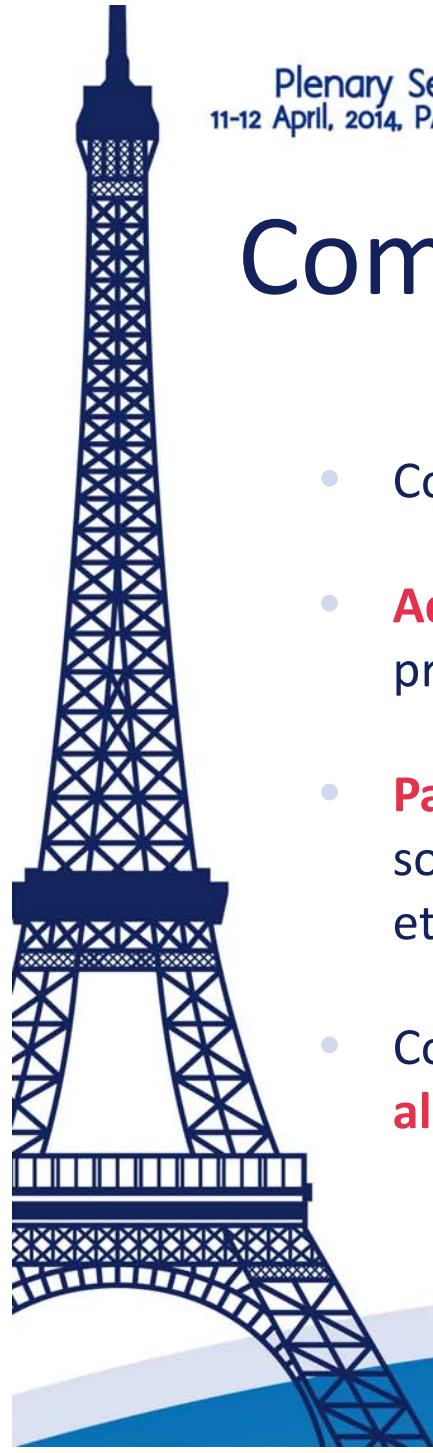
Based on all revenues (property, investments, stock etc. ...)



# Mandatory Health Insurance

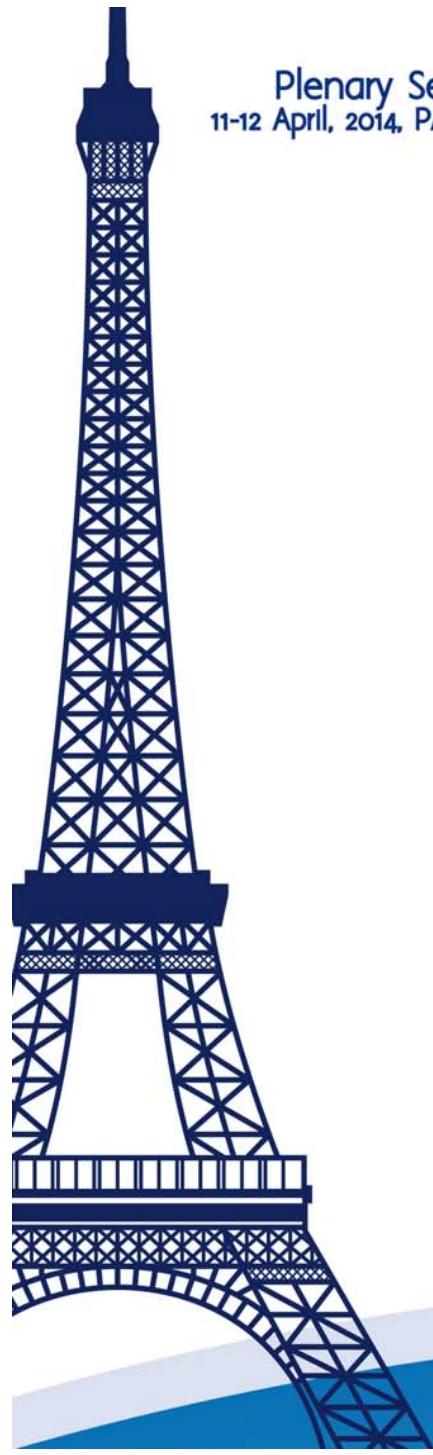
## Benefits: **Coverage**

- 70% medical procedures and hospital stay
- 100% for long term diseases
- 70% dental care with set rates
- 60% medical auxiliary care
- % variable for medicines



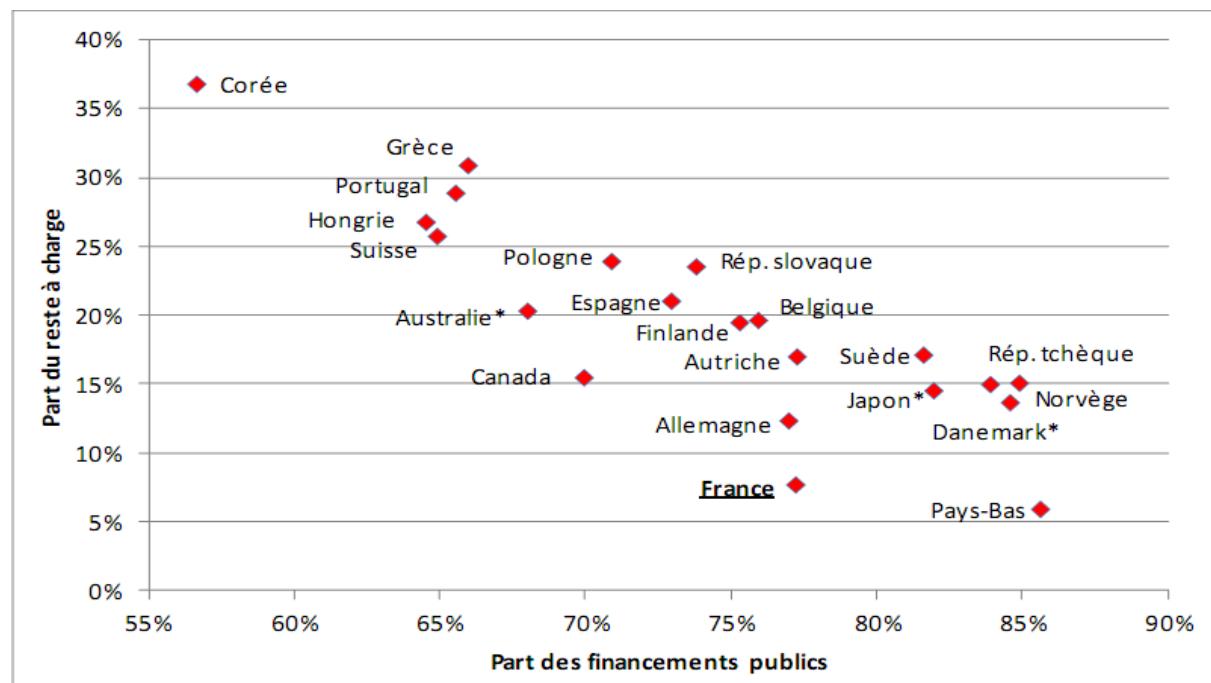
# Complementary Health Insurance

- Collective or personal **subscription**
- **Adds to the repayment by mandatory health insurance** for procedures with set rates (care, surgery)
- **Partially** covers the **complementary fees** charged by institutions, some doctors, optical, dental prostheses or **non reimbursed care** etc. ..
- Coming soon: collective complementary insurance **mandatory for all employees**



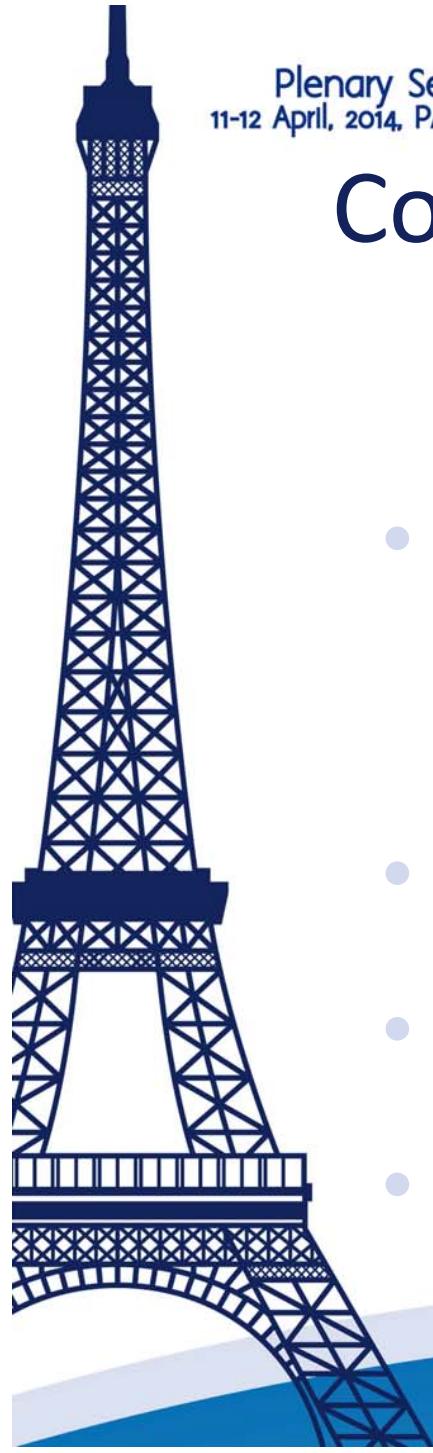
# Remaining costs / public funding

Public funding and remaining costs in the current health expenditure in 2011



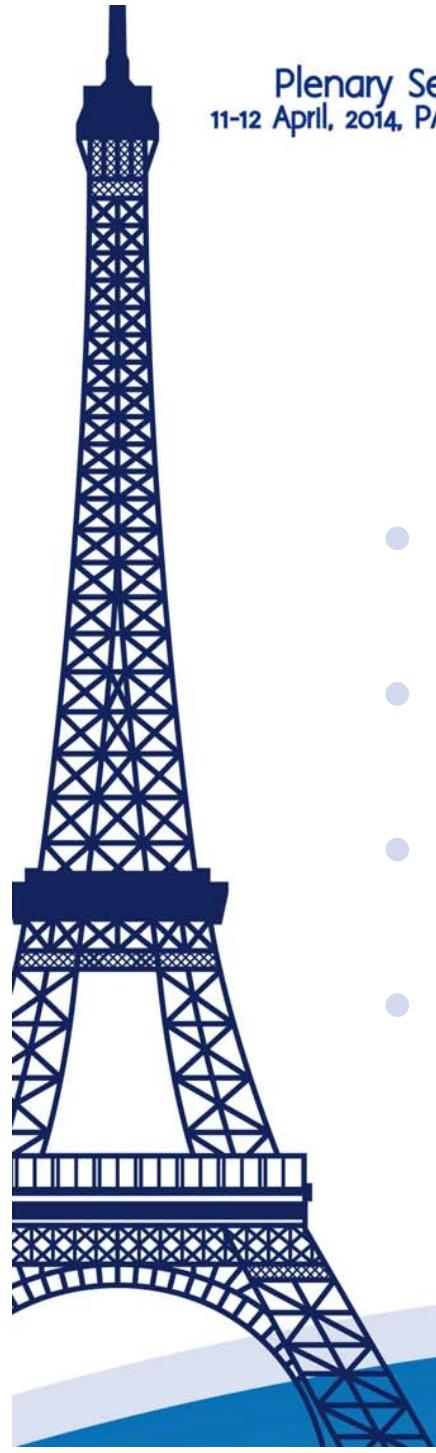
\* Données 2010.

Sources : Éco-santé OCDE 2013, juin 2013.



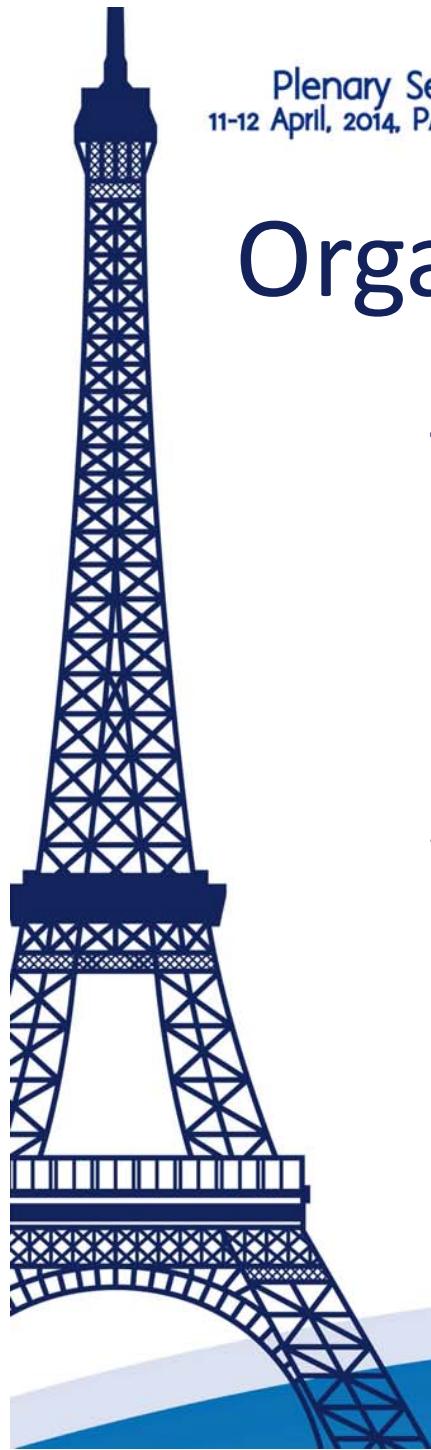
# Complementary Universal Sickness Insurance (CMU-C)

- Special provisions to allow people with lowest income to have supplementary health insurance and access to care
- Funding by complementary insurers and tax
- Objective: no remaining costs
- 5 million beneficiaries (7% of the population)



# State medical aid (AME)

- For irregular migrants in low-resource
- Funding by State and Health Insurance
- Coverage 100% of care
- 270,000 beneficiaries



# Organisation of care and expenses

Total of expenses for care and medical goods 2012      183 Bn €

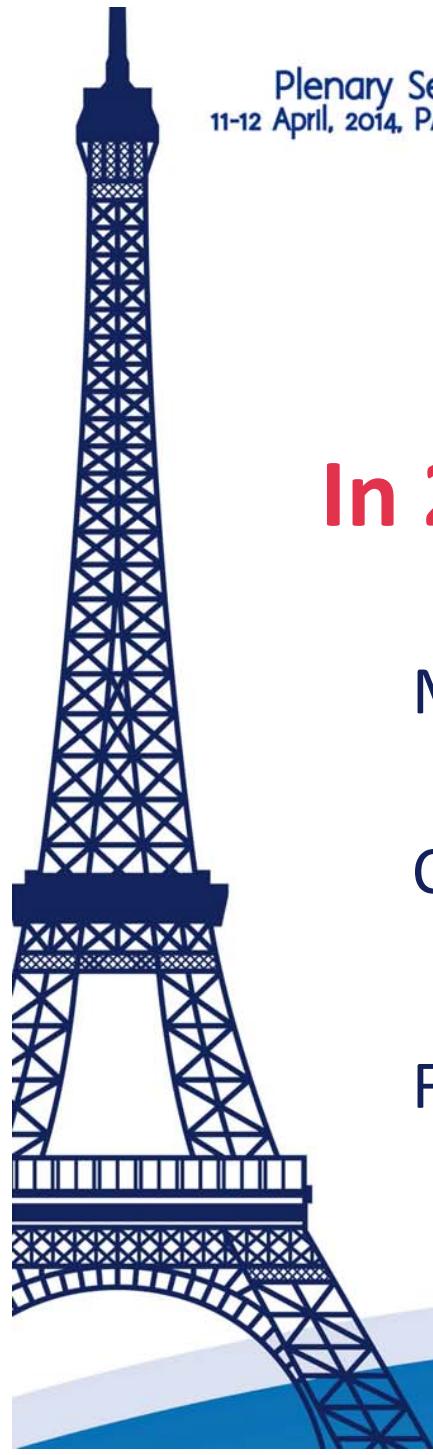
Hospital      85 Bn €

**Public sector** – 3/4 of activity

**Private sector** – 1/4 of activity

Ambulatory care : **mostly liberal sector**

- Doctors      19,7 Bn€
- Dentists : 92% liberal practice      10,5 Bn €
- Medical auxiliaries      11,5 Bn €
- Biology      4,4 Bn €
- Medicines      34,6 Bn €



# Dental expenses

In 2012 : 10,5 Bn €

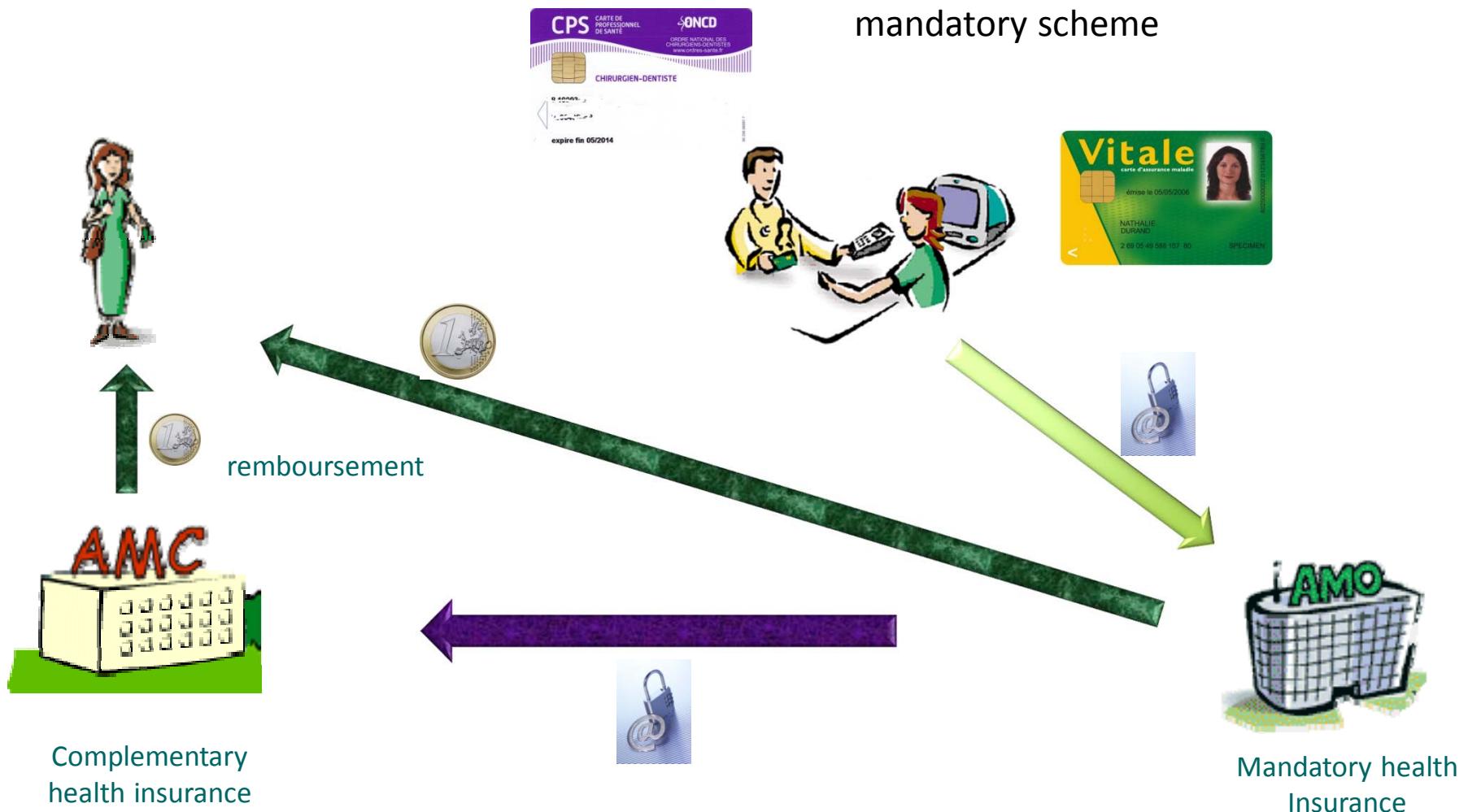
Mandatory scheme : 3,3 Bn € **32,2%**

Complementary scheme : 4,1 Bn € **39,2%**

Families : 2,76 Bn € **26,2%**

# How does it work?

The patient pays for his care  
A « care sheet » is sent to the mandatory scheme





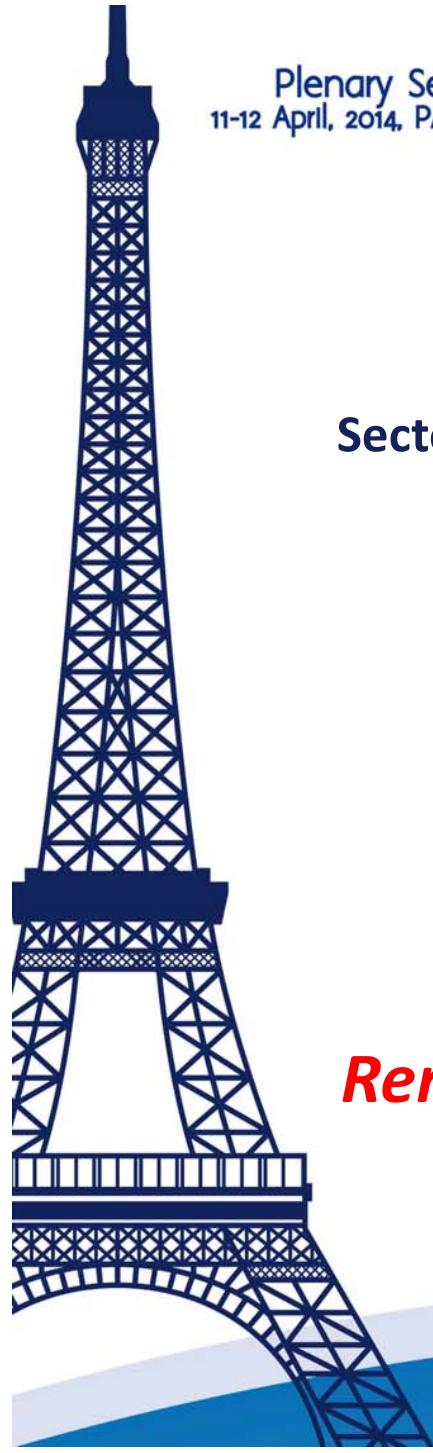
# How does it work?

## Sector with **regulated fees**:

The fees are set by the Mandatory health insurance and supported 70%

The Complimentary insurance will reimburse the remaining 30%

- Conservative care, surgery, scaling, endodontics
- Prevention: "free" examinations for children 6 years, 9 years, 12 years, 15 years and 18 years and pregnant women
- "Free" care after these examinations
- Prostheses and orthodontics for CMU-C beneficiaries



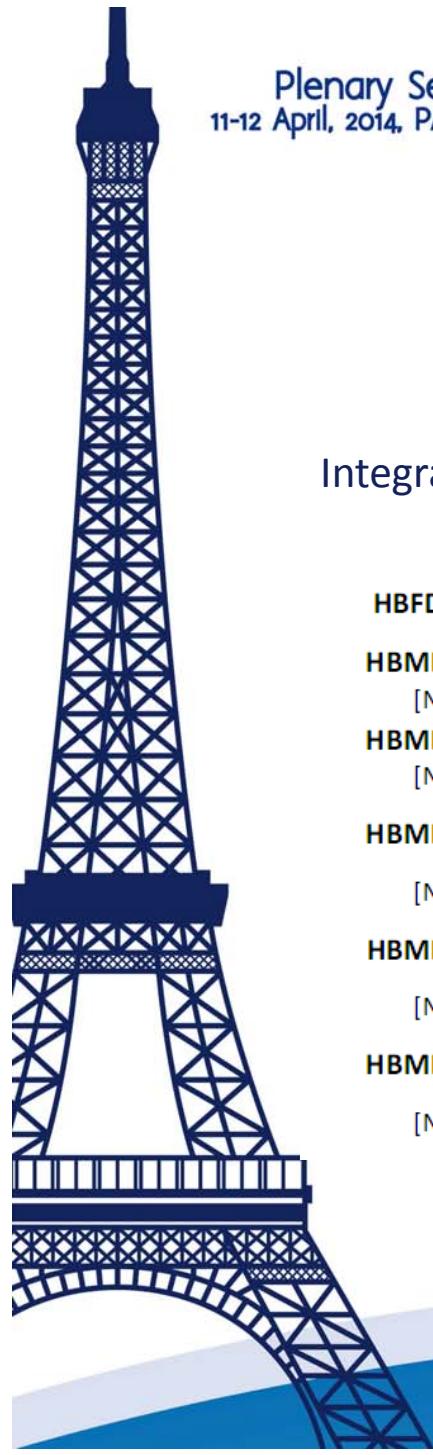
# How does it work?

## Sector with **free fees** :

- Very low participation by mandatory insurance (prostheses)
- Medium (children orthodontics)
- Zero (Parodontology, implantology...)

Variable participation by complementary insurance (depending on contracts)

***Remaining fees sometimes significant for patients !!***



# New classification

01/06/2014

Integration of dental procedures in the joint classification of medical procedures

	<i>Par lésion on entend : perte de substance quelle que soit son étiologie</i>	
HBFD010	<b>Parage de plaie de la pulpe d'une dent avec coiffage</b>	Non pris en charge
HBMD043 [N]	<b>Restauration d'une dent sur 1 face par matériau incrusté [inlay-onlay]</b> (ZZLP025, HBQK061)	19,28 €
HBMD046 [N]	<b>Restauration d'une dent sur 2 faces par matériau incrusté [inlay-onlay]</b> (ZZLP025, HBQK061)	33,74 €
HBMD055 [N]	<b>Restauration d'une dent sur 3 faces ou plus par matériau incrusté [inlay-onlay]</b> (ZZLP025, HBQK061)	40,97 €
HBMD058 [N]	<b>Restauration d'une dent d'un secteur incisivocanin sur 1 face par matériau inséré en phase plastique, sans ancrage radiculaire</b> (ZZLP025, HBQK061)	19,28 €
HBMD050 [N]	<b>Restauration d'une dent d'un secteur incisivocanin sur 2 faces par matériau inséré en phase plastique sans ancrage radiculaire</b> (ZZLP025, HBQK061)	33,74 €



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