

Oral Health Prevention and the Current Healthcare System in Bulgaria

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Abstract

In the last 20 years, demographic development in Bulgaria has been characterized by population decline, a low crude birth rate, a low fertility rate, a high mortality rate and an ageing population. A stabilizing political situation since the early 2000s and an economic upsurge since the mid-2000s were important factors in the slight increase of the birth and fertility rates and the slight decrease in standardized death rates.

Keywords: Oral Health Prevention; Healthcare System; Bulgaria

Introduction

Traditionally, health for Bulgarians is one of the things commensurate with family values. Independent from the circumstances, there is a real relationship between the traditions and laws of the country. According to the Constitution of Bulgaria, all of the citizens have the equal right to healthcare services. The present healthcare system was founded during the years of Socialism (1945 - 1989), following the main bureaucratic structure of the regime and is still going through deep reforms to meet the modern needs of the population. The role of Copenhagen European Council in 1993 and its importance to share the idea that "the countries of Central and Eastern Europe that so desire shall become members of the Union. Accession will take place as soon as a country is able to assume the obligations of membership by satisfying the economic and political conditions". The radical political and economic changes in the countries - in transition including Bulgaria became constituent part of the integral process of enlarging Europe and adjusting the European establishments to the new order during the last decade of the 20th century [4,5].

The current population of Bulgaria is 6,981,297. Some 74% of the population is described as urban and the other 26% live in rural areas. The average age of the population is 43.5y. Life expectancy at birth reached 73.7 years in 2018 with the main three causes of death:

- Diseases of the circulatory system,
- Malignant neoplasms and
- Diseases of the respiratory system.

One of the most important risk factors overall is smoking, and the average standardized death rate for smoking-related causes in 2018 was twice as high as the EU15 average [1].

Then, following the adoption of a number of special laws, the health insurance funding was introduced. This changed the healthcare of the socialist period and initiated a new kind of relations in the supply and consumption of health services. The National Health Insurance Fund was established and charged with the funding of mandatory health insurance activities. Private health insurance companies were also launched to provide services frame of reference within the voluntary health insurance [2,3].

The current situation in Bulgaria

Bulgaria's health system faces several serious challenges at the same time. She has the second lowest life expectancy in the EU (after Lithuania) and some alarmingly high risk factors of behavior (smoking, drinking, increasing obesity) as well as a rapidly aging population, workforce shortage and low healthcare costs. On a positive note, a higher percentage of 15-year-old boys and girls in Bulgaria report regular physical activity than in other EU countries, although less than 25% report engaging in moderate-vigorous physical activity on a daily basis. Bulgaria should choose to strategically spend their limited resources and sustainability of health system. The health-demographic status of the population requires that Bulgaria has also defined national health objectives. They express the focus of health policy on the sustainable improvement of the health of Bulgarian citizens in all age groups:

- To decrease in children mortality aged 0 - 1 to 6.8 per 1000 live births;
- To decrease in children mortality aged 1 - 9 up to 0.24 per 1000;
- To decrease in adolescents mortality aged 10 - 19 years to 0.28 per 1000;
- To decrease in mortality among persons in economically active groups from 20 - 65 years to 4.19 per 1000;
- To increase the average duration of the upcoming experience of people after the age of 65 to 16.4 years.

These facts are more visible by the health policy makers and felt by the whole population in persistent low life expectancy. The attempts of some health ministers to increase the efficiency of the health reform over the past 20 years have been unsuccessful. Patients to these days are more vulnerable to the access and quality of accepted healthcare services than ever. Theoretically, the NHIF covers dentistry. However, oral health care for adults funded by NHIF is limited to one annual routine examination (check-up) and three items of treatment, comprising fillings (amalgam and composite restorations) and/or extractions under local anaesthesia. For children and adolescents under the age of 18 years, treatment may include up to two endodontic treatments, as well as the items that can be provided for adults. The oral and dental status of the Bulgarian patients can be assessed as average damaged with high treatment needs. To make it better a lot of health promotional and dental preventive activities are needed especially in the field of improving hygiene habits, use of additional funds for hygiene and more frequent dental visits of the whole population [4,5].

The leading responsible institutions for the Bulgarian healthcare

The implementation of health polices is a very difficult process. The Ministry of Health is the central institution which is responsible for it. The National health system is managed by the Minister of healthcare who is assigned by the government. Other leading responsible institution is a High Medical council, which includes representatives of the National health insurance fund, all Medical universities and the Bulgarian Red Cross, is elected by the minister.

From another side the High council makes decisions for the further national health priorities, draft legislation, the criteria for the admission of students in medical universities, scientific approach in the field of medicine and the annual draft budget for healthcare. The main institutions responsible for the health of the population are:

- The National Assembly;
- The Ministry of Health;
- The National Health Insurance Fund (NHIF) and
- The Supreme Medical Council.

The system itself has a three level structure and is characterized by limited statism:

- National - covers the territory and population within the whole country (Ministry of Health);
- Regional - covers the territory and population of an administrative area of the territorial division of the country (governed by the Head of the Regional Health Centre);
- Municipal - covers the territory and population within the different municipalities.

The main role of the Ministry of Health is to assure adequate national health policy and functioning of all it subsystems and also to coordinates all ministries with relevance to public health.

The key players in the insurance system are:

- Insured individuals,
- Health care providers,
- Third party payers, comprising the National Health Insurance Fund (NHIF),
- Single payer in the Social health insurance (SHI) system,
- Voluntary health insurance companies (VHICs).

The national healthcare system shall include the medical establishments under the Medical Treatment Facilities Act, the healthcare establishments under this Act and the Human Medicinal Drugs and Pharmacies Act, as well as the central, local and non-governmental bodies and institutions for organization, management and control of health-protection and building activities. The health insurance taxes are compulsory and out of pocket payments. The payments are calculated at 8% of the monthly remuneration of the insured individuals. The lack of funding for hospitals is obvious; the resources for treatment are unsatisfied, incapability of paying hospital debts and even bankruptcy and closure of the health institutions [6-8].

The dramatic changes in the outpatient sector and the insignificant alterations in the hospital sector created contradictions and conflicts in the healthcare system of the country.

Along with the cyclic shuffles in the political leadership of the state, the laws regulating the healthcare sector have been subject of incessant amendments over the past eighteen years.

All the medical establishments were registered under the Commercial Act and the special Act on the Medical Establishments. For the first time in the country's history, a primary healthcare system was set up organized by GPs in individual and group primary healthcare practices. Despite the change from public to private form of ownership and the reregistration under the Commercial Act as commercial companies, the healthcare reform caused the least changes in the functioning of the hospital sector.

Medical establishments are organizationally separate structures on functional principle, in which doctors or dental doctors, individually or with the assistance of other medical and non-medical specialists, carry out all or some of the following activities:

- Diagnostics, treatment and rehabilitation of patients;
- Care of pregnant women and provision of natal assistance;
- Care of chronically ill patients and persons threatened by disease;
- Prophylactics of diseases and early discovery of diseases;
- Measures for strengthening and protection of the health;
- Transplantation of organs, tissues and cells;
- Education of students and post graduate education of medical specialists;
- Scientific activity.

The act distinguishes three types of health care providers:

- (1) Outpatient care providers (single and group primary and specialized medical and dental practices, medical and dental centers, diagnostic laboratories),
- (2) Inpatient care providers (specialized and multi-profile hospitals, for active or long-term treatment and rehabilitation), and
- (3) Others: A group encompassing emergency care centers, mental health centers, comprehensive cancer centers, centers for dermato-venereal diseases, homes for medical-social care, hospices, dialysis centers and cell banks.

In the early years of its existence the health insurance system gave the impression of providing resources for a significantly better standard of the doctors as compared to the time prior to the year of 2000.

It is a specific character of the Bulgarian healthcare system that the state and municipal medical establishments as well as the private healthcare facilities are granted equal access to the market. They all have the same opportunities as regards the rules about concluding contracts with the NHIF and participating on the market of health services funded under the mandatory health insurance. The access to emergency healthcare, midwifery care, organ transplantations and follow up treatment, central procurement of pharmaceuticals for cancer diseases, rare disease, blood disorders, transplants and dialysis; immunization and vaccines, neonatal screening of genetic diseases; access to national, regional and community programs, transportation, mobile structures and outreach programs - all of these activities are financed by the state budget.

The current National programs targets are:

- Disadvantaged groups: people with mental disorders, minorities, people with rare diseases.
- Social important diseases: cancer, tuberculosis, HIV/AIDS.

The National budget spends money on:

- National, regional and communal programs;
- Health services for uninsured;
- Health services for specific vulnerable groups;
- National, regional and communal programs;
- Infrastructure.

External funding:

- The Global Fund to fight AIDS, tuberculosis and malaria;
- EU fund spending on specific projects, targeting minorities or diseases, affecting predominantly vulnerable groups;
- Regional development, human resources and other capacity [1,3,4,6].

Oral health is an essential part of general health

The teeth are the mirror of oral health; it is integral to general health and essential for well-being. It means be free of chronic oro-facial pain, some forms of oral cancers, difficult treated oral lesions, birth defects - cleft lip and palate, and other conditions that can affect the oral, dental and craniofacial tissues, collectively known as the craniofacial complex.

The EU Health Strategy has 3 main objectives:

- Fostering good health in an ageing Europe;
- Protecting citizens from health threats;
- Supporting dynamic health system and new technologies.

The interrelationship between oral and general health is proven by evidence. Severe periodontal disease, for example, is associated with diabetes. There are lot of studies which proves the significant correlation between several oral diseases and noncommunicable chronic diseases and are results of the common risk factors:

- A high relative risk of oral disease is related to the unhealthy style of citizens across the Europe.
- Even though prevention and health promotion in most countries lot of oral diseases exist;
- The political will differ reducing the social inequities in oral health.

Diseases of the mouth are highly prevalent noncommunicable diseases in European countries.

- The distribution of 6-years old dental caries is between 20 to 90%.
- The average of 0.5 - 3.5 teeth is affected by dental caries teeth at 12-years age.
- Severe periodontal disease is found in 5-20% of middle-aged (35 - 44 years) adults in Europe, and up to 40% of older people (65 - 74 years).
- 30% of adult Europeans (65 - 74 years) have no natural teeth and this affect their quality of life.
- The incidence of oral cancer ranges from 5 to 10 cases per 100 000 people.

In Eastern Europe, HIV/AIDS shows high prevalence of distribution. Most of people (40 - 50%) who are infected have also oral fungal, bacterial or viral infections.

The other studies present that dental trauma may affect up to 40% of schoolchildren due to unsafe exterior and worse playing and studying conditions. Birth malformations occur in about one per 500-700 of all births. It occurs more in different ethnic groups and geographical areas.

The fallen barriers give the challenges for many other professionals, dentists and other dental professionals to seek new opportunities to work and live in other countries. So, in recent days the dentists are upright to the prerequisites to start a job in a new, different place.

In most EU countries oral healthcare is assure through private practice, using "liberal" or "general" practitioners. Although entitlement for all to receive state or insurance funded health care is a constitutional right in some countries and a stated principle in others, it is rarely guaranteed.

The access for the most of the EU population to oral health care depends from:

- Geographical proximity of 'private' dental practitioners;
- Level of fees charged to patients for different treatments;
- Access by particular population groups (for example children) to special services.

Both doctors and dentists contract individually with the NHIF at a district level. Medical treatment for outpatient care may take place at one of the following locations, all of which have to be registered with the NIHF:

1. Outpatient offices for primary health care are:
 - a) Individual practices for primary health care;
 - b) Group practices for primary health care.
2. Outpatient offices for specialized health care are:
 - a) Individual practices for specialized health care.
 - b) Group practices for specialized health care.
 - c) Medical centers, dental centers, and combined medical and dental centers.
 - d) Diagnostic and consultative centers.
3. Clinical technical laboratories (including dental).

About 96% of dentists in Bulgaria are self-employed and work in their own/or rental general practices. The patients prefer that their dentist has a contract with National Health Insurance Fund. That's why, most of the Bulgarian dentists, over 6,300 had contracts with the NHIF in 2016.

The dental procedures are too expensive for the population, even though some of the payments are covered by NHIF. Probably, it is a result from the negative oral health as general. The children and adults pay different taxes for their payment.

Theoretically, the NHIF covers dentistry. However, oral health care for adults funded by NHIF is limited to one annual routine examination (check-up), fillings (amalgam and composite restorations) or/and extractions under local anesthesia (4 items per year).

Outpatients pay a user fee of 2.8 Lev (1.4 Euro) every time they visit their dentist. In addition, when treated within the NHIF, patients make co-payments to dentists up to 40% of the contracted fees. If the patients are treated privately, they pay the whole cost of their treatment.

Taking for the best practices in Bulgaria is due to mention the application of Fissure Sealants program. It involves the importance of applying sealants to the first permanent molars of all Bulgarian 6-year-old children. It is a national program for caries prevention which involves an example of public-private co-operation. And also is supported by the government (the government finances the services provided by registered private practitioners and also provides the necessary materials) [9-12].

Conclusion

1. The current healthcare system is still going through deep reforms to meet the contemporary requirements of the patients. The rich of them are oriented to the high specialized treatment such as implantology and orthodontics and also esthetical concerns. The poor one lives without teeth, suffers at home in emergency and never find the mistake in their pool.
2. Demography has been characterized by population decline, a low crude birth rate, a low fertility rate, a high mortality rate and an ageing population.
3. The insurance payments to 8% of the income are not enough to cover all of the needs of the population, especially the expensive procedures.
4. The oral health of the Bulgarian population as a whole is negative.
5. The patient should be in the center of contemporary evidence-based medicine.
6. The necessity of more prophylactic programs is obvious.

Bibliography

1. Atanasova E., *et al.* "Regional Disparities in All-cause Mortality in Bulgaria for the Period 2000-2012". *Scripta Scientifica Salutis Publicae* 2.1 (2016).
2. Lalic M., *et al.* "Oral Health Related Quality of Life and Dental Status of Adult Patients". *Balkan Journal of Dental Medicine* 21.2 (2017): 93-99.
3. National Statistical Institute. "Regions, Districts and Municipalities in the Republic of Bulgaria 2015" (2017).
4. Bulgarian Ministry of Health. "Actual health information. In: Plans (2017).
5. Patel R. "The state of oral health in Europe Report Commissioned by the Platform for Better Oral Health in Europe" (2012).
6. BAHPN. "Press Release on Mobility, Bulgarian Association for Health Care Professionals, in Bulgarian: БАПЗГ (2017).
7. IHME. "Global Health Data Exchange, Institute for Health Metrics and Evaluation, Sofia (2016).
8. Widström E and Eaton KA. "Health care systems in the extended European Union". *Oral Health and Preventive Dentistry* 2.3 (2004): 155-194.
9. Atanasova E., *et al.* "Out-of-pocket Patient Payments for Public Health Care Services in Bulgaria". *Frontiers in Public Health* 3 (2015): 175.
10. Brown LJ. "Future organization of oral health services delivery: from 2012 to 2042". *Journal of Dental Education* 81.9 (2017): eS1-eS10.
11. National Health Insurance Fund. "Annual Activity Report 2017. Sofia (2017).
12. "Romania and Bulgaria have EU's sickest health systems. By Alina Wolfe Murray. The Associated Press (2010).

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