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Research

CUTTING EDGE EDUCATION: DENTAL HEALTH INSURANCE

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Abstract

Dental insurance is vital for ensuring access to affordable dental care, yet the awareness and understanding of dental insurance among dental practitioners is inconsistent. This study aims to assess dental practitioners' awareness of dental insurance in Chennai, India.

AIM: To educate about the importance of dental insurance and to provide practical advice for choosing and using dental insurance to cover the costs of dental care

OBJECTIVE:

To educate about the importance of dental insurance and to provide practical advice for choosing and using dental insurance to cover the costs of dental care based on the gender

To educate about the importance of dental insurance and to provide practical advice for choosing and using dental insurance to cover the costs of dental care based on the year of the study

Methods: A cross-sectional study was conducted to dental practitioners selected via convenience sampling method. Data was collected through an online questionnaire and analysed.

Keywords: Dental payments, dentists, co-payment, deductible, pre-authorization.

1. INTRODUCTION

Dental insurance is essential for ensuring that patients can access affordable dental care. However, the awareness and understanding of dental insurance among dental practitioners can vary significantly. This knowledge gap can impact the quality of care provided to patients and may hinder a practitioner's ability to recommend or effectively guide patients through available insurance options. In India, dental insurance is typically included as part of broader health insurance plans. These policies help individuals and families manage the costs of routine dental check-ups, cleanings, and other treatments, as well as cover unexpected dental emergencies. Dental insurance in India often covers procedures such as fillings, extractions, root canals, and orthodontics, but may exclude cosmetic treatments, pre-existing conditions, and injuries from high-risk activities. In developing countries like India, the "fee-for-service" payment model is still the predominant payment mechanism, and many people cannot afford regular dental care. Most individuals visit dentists only for curative treatments, often neglecting preventive care due to its high cost, resulting in a low percentage of the population seeking dental services. This situation has led to a review of the various payment mechanisms used in other countries. The "fee-for-service" model was the first method of payment for dental services and continued to be the main form of payment for many years before other payment systems emerged. Choosing the appropriate dental insurance plan is an important decision, as it can help manage the costs of dental treatments. Factors to consider include coverage, premiums, waiting periods, and the claims process. While dental insurance helps cover treatment costs, maintaining good oral health through regular check-ups, International Journal of Applied Dental Sciences. As demand for affordable dental care grows, understanding dental practitioners' awareness and attitudes toward dental insurance becomes increasingly important . This study aims to assess the level of awareness and knowledge of dental insurance among dental practitioners.

METHODOLOGY

1. Study Design

The study is a cross-sectional survey conducted among dental practitioners in Chennai to assess their awareness of dental insurance.

2. Objectives

- To educate about the importance of dental insurance and to provide practical advice for choosing and using dental insurance to cover the costs of dental care based on the gender
- To educate about the importance of dental insurance and to provide practical advice for choosing and using dental insurance to cover the costs of dental care based on the year of the study

3. Data Collection Methods

- A self-administered online questionnaire with questions was used to collect data.
- The questionnaire was distributed via Google Forms.

4. Data Analysis

- Descriptive statistics, including frequencies and percentages, were used to analyse the responses.
- IBM SPSS Statistics for Windows, Version 26.0 was used for data analysis.

5. Ethical Considerations

- Ethical clearance was obtained from the Institutional Review Board.
- Informed consent was obtained from participants to ensure confidentiality and privacy.

6. Limitations

- The study used convenience sampling, which may introduce bias.
- The study focused on dental practitioners in Chennai, so results may not be generalizable to other regions.

RESULTS:

A total of 221students took part in this with females (64.1%) and male of (34.1%). Age of the participants ranging from 18-25 years. In this study females were more likely to demonstrate perception in dissection room experiences than male. Significantly INTERNS showed greater familiarity with advanced applications than first, second, third year and final year students.

AGE

	N	Minimum	Maximum	Mean	Std. Deviation
Age	211	18	24	21.45	1.203

GENDER

	Frequency	Percent	Valid Percent
male	74	35.1	35.1
female	137	64.9	64.9
Total	211	100.0	100.0

	Frequency	Percent	Valid Percent
I BDS	31	14.7	14.7
II BDS	59	28.0	28.0
III BDS	25	11.8	11.8
IV BDS	53	25.1	25.1
INTERNS	43	20.4	20.4
Total	211	100.0	100.0

Distribution and comparison of responses based on gender

Item	Response	Males		Females		Chi-Square value	P value
		n	%	n	%		
Q1	1	12	32.4	25	67.6	0.687	0.876
	2	32	33.6	63	66.3		
	3	15	40.5	22	59.5		
	4	15	35.7	27	64.2		
Q2	1	11	35.4	20	74.5	0.469	0.493
	2	23	31.9	49	68.1		
	3	28	31.4	61	68.5		
	4	2	22.2	7	88.8		
Q3	1	10	23.3	33	76.7	6.490	0.090
	2	11	26.8	30	73.2		

	3	19	39.6	29	60.4		
	4	34	43	45	57		
Q4	1	17	43.6	22	55.4	6.262	0.100
	2	13	22.8	44	77.2		
	3	11	32.4	23	67.6		
	4	33	40.7	48	64.9		
Q5	1	7	35	13	65	1.759	0.624
	2	7	35	13	65		
	3	8	25	24	75		
	4	52	37.4	87	62.6		
Q6	1	24	42.9	32	57.1	6.351	0.096
	2	7	33.3	14	66.7		
	3	8	57.1	6	42.9		
	4	35	29.2	85	70.8		
Q7	1	16	37.2	27	62.8	8.634	0.035*
	2	23	48.9	24	51.1		
	3	12	21.4	44	78.6		
	4	23	35.4	42	64.6		
Q8	1	10	41.7	14	58.3	1.065	0.785
	2	7	38.7	11	61.1		
	3	5	41.7	7	58.3		
	4	52	33.1	105	66.9		
Q9	1	6	60	4	40	4.871	0.182
	2	8	50	8	50		
	3	8	33.3	16	66.7		
	4	52	32.3	109	67.7		
Q10	1	11	61.6	7	38.9	8.534	0.036*
	2	4	21.1	15	78.9		
	3	8	47.1	9	52.9		
	4	51	32.5	106	67.5		
Q11	1	10	58.8	7	41.2	7.518	0.05*
	2	8	47.1	9	52.9		
	3	9	42.9	12	57.1		

	4	47	30.1	109	69.9		
Q12	1	8	47.1	9	52.9	1.176	0.759
	2	7	33.3	14	66.7		
	3	5	33.3	10	66.7		
	4	54	34.2	104	65.8		
Q13	1	29	34.1	56	65.9	0.947	0.814
	2	15	41.7	21	58.3		
	3	8	30.8	18	69.2		
	4	22	35.1	42	65.2		
Q14	1	10	58.8	7	41.2	5.477	0.140
	2	7	43.8	9	56.2		
	3	4	33.3	8	66.7		
	4	53	31.9	113	68.1		
Q15	1	2	22.2	7	77.8	3.268	0.352
	2	12	46.2	14	53.8		
	3	7	46.7	8	53.3		
	4	53	32.9	108	67.1		

Distribution and comparison of responses based on year of the study:

Item	**Response**	**I BDS**		**II BDS**		**III BDS**		**IV BDS**		**INTERN**		**Chi-Value**	**P-Value**
		n	%	n	%	n	%	n	%	n	%		
Q1	1	4	10.8	13	35.1	5	13.5	8	21.6	7	18.9	8.154	0.744
	2	4	9.5	14	33.3	4	9.5	10	23.8	10	23.8		
	3	4	10.8	12	32.4	5	13.5	11	29.7	5	13.5		
	4	19	20	20	21.1	11	11.6	24	25.3	21	22.1		
Q2	1	3	16.6	15	83.3	11	7.9	35	25.2	25	18	10.528	0.036*
	2	8	11.1	14	19.4	14	19.4	18	25	18	25		
	3	17	48.5	18	51.4								
	4	3	60	2	40								
Q3	1	3	7	20	46.5	2	4.7	7	16.3	11	25.6	29.919	0.003*

	2	3	7.3	15	36.6	4	9.8	10	24.4	9	22		
	3	5	10.4	13	27.1	8	16.7	16	33.3	6	12.5		
	4	20	25.3	11	13.9	11	13.9	20	25.3	17	21.5		
Q4	1	5	12.8	12	30.8	3	7.7	8	20.5	11	28.2	17.598	0.128
	2	6	10.5	22	38.6	5	8.8	15	26.3	9	15.8		
	3	6	17.6	12	35.3	2	5.9	10	29.4	4	11.8		
	4	14	17.3	13	16	15	18.5	20	24.7	19	23.5		
Q5	1	3	15	3	15	12	5	5	25	8	40	10.737	0.552
	2	3	15	6	30	5	10	3	15	6	30		
	3	3	9.4	10	31.2	1	15.6	7	21.9	7	21.9		
	4	22	15.8	40	28.8	17	12.2	38	27.3	22	15.8		
Q6	1	7	12.5	16	28.6	5	8.9	19	35.8	9	20.9	5.907	0921
	2	2	9.5	6	28.6	4	19	4	7.5	5	11.6		
	3	3	21.4	3	21.4	2	14.3	3	21.4	3	21.4		
	4	19	15.8	34	28.3	14	11.7	27	22.5	26	21.7		
Q7	1	9	20.9	9	20.9	2	4.7	14	32.6	9	20.9	9.196	0.686
	2	7	14.9	14	29.8	4	8.5	13	27.7	9	19.1		
	3	8	14.3	18	32.1	9	16.1	10	17.9	11	19.6		
	4	7	10.8	18	27.7	10	15.4	16	24.6	14	21.5		
Q8	1	3	12.5	9	37.5	3	12.5	4	16.7	5	20.8	14.232	0286
	2	0	0	6	33.3	4	22.2	4	22.2	4	22.2		
	3	3	25	1	8.3	2	16.7	1	8.3	5	41.7		
	4	25	15.9	43	27.4	16	10.2	44	28	29	18.5		
.Q9	1	2	20	3	30	0	0	3	30	2	20	9.492	0.660
	2	1	6.2	4	25	2	12.5	6	37.5	3	18.8		
	3	4	16.7	8	33.3	4	16.7	1	4.2	7	29.2		
	4	24	14.9	44	27.3	19	11.8	43	26.7	31	19.3		

Q10	1	3	16.7	8	44.4	2	11.1	2	11.1	3	16.7	10.656	0.559
	2	1	5.3	4	21.1	3	15.8	7	36.8	4	21.1		
	3	4	23.5	5	29.4	2	11.8	1	5.9	5	29.4		
	4	23	14.6	42	26.8	18	11.1	43	27.4	31	19.7		
Q11	1	3	17.6	6	35.3	1	5.9	3	17.6	4	23.5	8.343	0.758
	2	1	5.9	5	29.4	3	17.6	3	17.6	5	29.4		
	3	4	19	6	28.6	3	14.3	2	9.5	6	28.6		
	4	23	14.7	42	26.9	18	11.5	45	28.8	28	17.9		
Q12	1	2	11.8	6	35.3	1	5.9	4	23.5	4	23.5	11.371	0.497
	2	0	0	8	38.1	4	19	5	23.8	4	19		
	3	2	13.3	2	13.3	4	26.7	3	20	4	26.7		
	4	27	17.1	43	27.2	16	10.1	41	25.9	31	19.6		
Q13	1	16	18.8	25	29.4	11	12.9	17	20	16	18.8	6.234	0.904
	2	5	13.9	11	30.6	2	5.6	11	30.6	7	26.9		
	3	2	7.7	7	26.9	3	11.5	7	26.9	7	20.3		
	4	8	12.5	16	25	9	14.1	18	28.1	13	20.4		
Q14	1	1	5.9	7	41.2	2	11.8	4	23.5	3	17.6	7.818	0.799
	2	1	6.2	5	31.2	1	6.2	5	31.2	4	25		
	3	4	33.3	2	16.7	2	16.7	2	16.7	2	16.7		
	4	25	15.1	45	27.1	20	12	42	20.5	34	20.5		
Q15	1	1	11.1	2	22.4	2	22.4	1	11.1	3	33.3	10.189	0.599
	2	0	0	9	34.6	4	15.4	8	15.1	5	19.2		
	3	2	13.3	4	26.7	1	6.7	3	20	5	33.3		
	4	28	17.4	44	28	18	11.2	41	25.5	30	18.6		

DISCUSSION

The study reveals important insights into the awareness, attitudes, and challenges faced by dental practitioners regarding dental insurance in India. While the findings reveal a baseline level of awareness, they also highlight significant gaps in knowledge, misconceptions, and participation in professional development related to dental insurance. This **disconnects** between awareness and participation suggests that while practitioners recognize dental insurance as an important tool for promoting oral healthcare, barriers such as limited understanding of insurance policies, skepticism about their benefits, or procedural challenges may hinder **engagement. In** comparing our study with findings from other research on dental insurance awareness and attitudes among dental practitioners, several similarities and differences emerge. Our study found that while 75.2% of practitioners were somewhat familiar with dental insurance plans, only 5% actively participated in dental insurance schemes, despite 89.4% acknowledging its importance. This finding is inconsistent with the previous online surveys conducted by Shulman et al.(2001) in which 57% of Louisiana dentists were not satisfied with Medicaid reimbursement rates, 38% of dentists felt that Medicaid patients were more likely to receive lower quality care compared to private insurance patients and 69% of the dentists indicated that they would reduce their in the Medicaid program due to many **significant challenges** and Nebeker et al. (2014) in which 46% of Michigan dentists reported dissatisfaction with Medicaid reimbursement rates, 58% of dentists supported an alternative public dental insurance system for children and 72% expressed concerns about the administrative burdens of in the Medicaid program. These comparisons highlight potential regional or demographic differences in attitudes toward dental insurance and may point to areas for further investigation or intervention. This contrasts with Joshi et al. study, where 100% of private dental practitioners in Jaipur considered dental health insurance essential for family oral health protection, and 62% felt that cashless treatment facilities significantly influenced insurance **uptake. Similarly**, Lee et al. reported that 92.2% of respondents agreed that a course on dental health insurance should be offered at universities, and 80.6% were willing to participate in supplementary training on the subject, highlighting the need for more structured education-something our study revealed was lacking, with 97.45% of practitioners not having attended any professional development courses on dental International Journal of Applied Dental Sciences insurance in the past year. Gupta et al. found that 79.4% of dental practitioners did not have professional indemnity insurance, and 35.6% felt it was not mandatory, reflecting the general lack of understanding observed in our study, where many practitioners had misconceptions, such as 34.8% believing all insurance plans offer the same coverage and 28.6% equating dental insurance with medical insurance .The awareness level in our study (75.2%) aligns closely with Prayan et al. who found 77.31% awareness, suggesting a similar regional pattern. Furthermore, our study identified that 46% of practitioners believed insurance companies made dental insurance more accessible, which is consistent with Joshi et al. finding that cashless treatment was a major influencing factor for health insurance subscriptions in India. However, a notable discrepancy emerged when practitioners in our study, like those in Gupta et al. research, struggled with a lack of clarity regarding what insurance plans covered and how claims were processed. This points to a significant gap in knowledge that could be addressed through government collaboration with insurance companies, as suggested by 44.4% of our participants. Similarly, Jogu and Kalla's literature review underscored that dental insurance could alleviate the financial burden of dental care, encouraging preventive measures-an opinion shared by our study participants, 51.6% of whom believed that increasing patient awareness of dental insurance would positively impact oral health care**.** Ultimately, the comparison reveals that while there is some recognition of the value of dental insurance, significant gaps remain in practitioners' understanding, misconceptions about coverage, and a lack of professional training, all of which need to be addressed through more structured educational initiatives, clearer communication from insurance providers, and greater government involvement.

CONCLUSION

Overall, the study reveals that while there is a general awareness of dental insurance among dental practitioners, significant gaps in knowledge, misconceptions, and a lack of formal education on the subject persist. The role of government, better training for practitioners, clearer communication from insurance providers, and increased patient awareness are all critical factors in improving the integration of dental insurance into dental practice.Addressing these issues can lead to better utilization of dental insurance, enhanced patient care, and ultimately, greater access to affordable dental care for the population.

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