



3RD CONGRESS OF THE BALKAN ASSOCIATION OF ORTHODONTIC SPECIALISTS
4TH CONGRESS OF THE MACEDONIAN ORTHODONTIC SOCIETY



“THE HIGHS AND LOWS OF ORTHODONTICS – OUR LEARNING CURVE”

BOOK OF ABSTRACTS



SEPTEMBER 12-15, OHRID, NORTH MACEDONIA



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Dear colleagues and friends,

On behalf of the Organizing and Scientific Committees of the joined 3rd Congress of BAOS and 4th Congress of MOS, let me wish you a sincere and cordial welcome in the city of Ohrid, one of the grandeur UNESCO heritage sites.

Let's be as numerous as the grains in a pomegranate – the fruit we have chosen as a logo for the Congress.

Why the pomegranate?

Because it is beautiful, reminding of the beautiful colors of the Balkan under the crown of the sun. Because it consists of chambers and many vivid grains inside them – just as the countries and the nations of the Balkans – divided in one way, but also unseparately living together. The pomegranate symbolizes health, fertility and eternal life. Let's all of us gather under the “crown” of BAOS, as numerous and vivid as the grains of the pomegranate; let's fruitfully foster the orthodontic science and bring healthier life to our patients!

Let's smile together.

Sincerely yours,

Prof. Gabriela Kjurchieva Chuchkova
President of the Congress

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PP 53: PROVISION OF ORTHODONTIC SERVICES IN THE PUBLIC HEALTH CARE SYSTEMS OF MACEDONIA AND CROATIA

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Understanding the regulation of orthodontic services in public health care systems is critical to ensuring quality of care.

Aim: The aim of this research is to review and compare the regulation of orthodontic services in the public health care systems of Macedonia and Croatia related to access to treatment quality control and payment method.

Material and Method: A review of the legal regulatory framework governing the provision of orthodontic services in the public health care systems of Macedonia and Croatia has already been done. In addition, personal communication with decision-makers was undertaken to more fully understand the regulatory frameworks of interest. In both Macedonia and Croatia access to orthodontic treatment is granted to individuals up to the age of 18.

Results: Whereas in Macedonia treatment need is measured by subjective criteria of the orthodontist in Croatia individuals are eligible for treatment if the Index of Orthodontic Treatment Need is Grade 4 or 5. Grade 3 is covered only if it's associated with Grade 8-10 from Aesthetic Component of IOTN. Fee-for-service is the main payment method in Macedonia as well as in Croatia. Whereas in Macedonia the orthodontist is reimbursed up to maximum of three removable appliances in Croatia each diagnostic or treatment procedure has a distinctive code with related imbursement. Variation in the regulation of orthodontic services in the Macedonian and Croatian Public Health Care Services points to different degrees of regulatory intensity. However, the lack of instruments of quality control is a challenge for both Macedonia and Croatia.

Conclusion: By the virtue of comparison between two different systems the study of the above subjects should estimate the impact of different regulatory mechanism and associated processes have on the quality of care provided to patients.