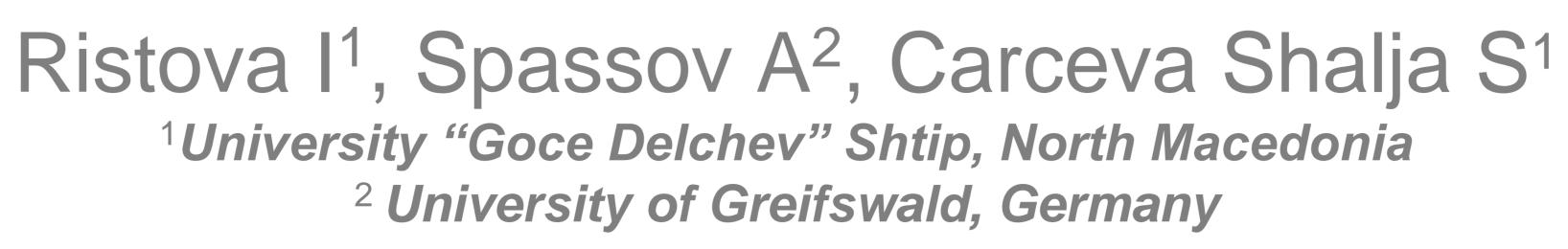
BAOS 2019

Provision of Orthodontic Services in the Public Health Care Systems of North Macedonia and Croatia



Introduction

Regulation of the health care sector is paramount for the quality of care. A quality assurance program or a regulative framework for provision of health services should consider and implement various issues as:



In both North Macedonia and Croatia, orthodontic treatments are paid on a fee-for-service basis. The table below shows other similarities between

- **1. Defining quality of care;**
- 2. The payment method;
- 3. Development of quality criteria;
- 4. Monitoring the quality of care;
- 5. Identifying the target population for certain services;
- 6. Improvement strategies;
- 7. Evaluation of health care;
- 8. Fair processes for allocating medical benefits.

Thus, a general aim of a health care policy program is to achieve **clear** defined health goals with minimum harm and maximum benefit.

The purpose of this research is to review and compare the quality of the regulation of orthodontic services in the public health care systems of North Macedonia and Croatia as related to criteria such as:

access to treatment, quality control, and payment method.

the two systems.

Similarities in the two Systems

Public Health Care funding is available to individuals up to 18 years of age.

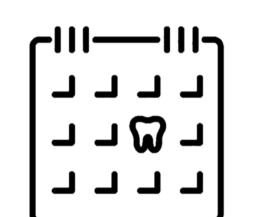
Both systems do not use objective criteria for measuring the outcome of the orthodontic treatment





The main difference between the two Systems lies in the assessment of eligible patients for publicly funded orthodontic treatments. The table below shows further differences between North Macedonia and Croatia.

Criteria	North Macedonia	Croatia
Eligibility	 Currently, no official index or criteria exist; 	 Index of Orthodontic Treatment (IOTN DC) Grade 4 or 5:







Methods

A review of the legal regulatory framework governing the provision of orthodontic services in the public health care systems of North Macedonia and Croatia was undertaken.

The criteria used for comparison were as follows:

- Access to Orthodontic treatment;

for publicly funded orthodontic treatment	 All patients under 18 years of age are eligible; Orthodontists make the decision subjectively on an individual basis. 	 Grade 3 covered if associated with Grade 8-10 according to AC of IOTN.
Payment method	 Payment per service (appliance); Public Fund covers the entire amount at once; Maximum of 3 appliances. 	 Payment depends on IOTN Grade; Payment delivered in 3 equal amounts.

Key Conclusions

The present regulatory structures in North Macedonia and Croatia have advantages and disadvantages yet both need improvement.

As a conclusion based on the above findings, we propose the following changes to the regulations of orthodontic treatment in North Macedonia:

- Payment Method;
- *Treatment Outcome;*
- Quality assurance: guidelines, recommendations, mandatory regulations for diagnostic/treatment.



- 1. Defining Quality of orthodontic services in terms of aims
- 2. Developing Quality Control criteria;
- 3. Creating a link between Quality of treatment and Payment Method;
- 4. Use of an objective index to determine the eligibility for treatment;
- 5. Strengthen the patient's right to decide for or against treatment;
- 6. Use of an index to control treatment outcome and link it to payment;
- 7. Development of evidence based guidelines for diagnostic and *treatment procedures;*
- 8. Development of instruments for quality control and improvement.



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