**OECD Health Statistics 2017**  
Definitions, Sources and Methods

Dentists consultations (in all settings)

Average number of consultations/visits with a dentist per person per year.

**Inclusion**
- Consultations/visits with an orthodontist  
- Consultations/visits with a stomatologist/dental surgeon  
- Consultations/visits at the dentist's office  
- Consultations/visits in the patient’s home  
- Consultations/visits in outpatient departments in hospital and ambulatory health care centres

**Exclusion**
- telephone and email contacts  
- visits for prescribed laboratory tests  
- consultations during an inpatient stay or a day care treatment

**Note:** If the source is administrative data, the rate should be calculated based on the average annual population.

**Sources and Methods**

**Australia**

**Source of data:**
- Data for 1979, 1983, and 1989-90 are from the National Health Survey conducted by the [Australian Bureau of Statistics](http://www.abs.gov.au).

**Coverage:**
- Persons aged 5 and over were surveyed, both dentate and edentulous. The mean number of visits is the total number of dental visits made in the last 12 months (where none, never and don’t know = 0) divided by the number in the sample. All data have been weighted by age, sex and sampling probability. Data are unpublished estimates.

**Austria**

**Source of data:** [Hauptverband der österreichischen Sozialversicherungsträger](http://www.hr-str.de) (Main Association of Austrian Social Security Organisations), Statistisches Handbuch der österreichischen Sozialversicherung (several issues).

**Coverage:** Dentist consultations for people having compulsory insurance in ambulatory centres and dentists’ offices.

**Belgium**

**Source of data:** [INAMI](http://www.inami.be), Institut National d’Assurance Maladie-Invalidité, données comptables (National Institute for Health Insurance).

**Canada**
- Dental visits per capita with dentist, dental hygienist or orthodontist in past 12 months.
- Data for 2011 only includes the province of Manitoba, therefore it was not reported.
- Provisional estimate for 2016.

Chile

Source of data: Ministry of Health (MINSAL), Department of Health Statistics and Information (DEIS).
Administrative registry from public health sector through the Monthly Statistical Summary (REM, Resumenes Estadisticos Mensuales). REM are consolidated at a central level in DEIS in the MINSAL.
- REM 2006-2011:
  http://deis.minsal.cl/deis/salidas06/rem2006_1.asp,
  http://deis.minsal.cl/deis/salidas06/rem2007v3.asp,
  http://intradeis.minsal.cl/Intradeis/menu_tree/tree.aspx,
  http://intradeis.minsal.cl/Intradeis/Reportes_2009/Menu_Tree_2009/Tree.aspx,
  http://intradeis.minsal.cl/reportesrem/Menu_Tree_2010/Tree_2010.aspx,
  http://intradeis.minsal.cl/reportesrem/2011/ODONTO_NIVEL/ODONTO_NIVEL.aspx,
  http://intradeis.minsal.cl/ReportesRemsas/2012/Odonto02/Odonto02.aspx
- Information for 2012 is updated, the information includes establishments belonging and not belonging to the National Service of Health Services, SNSS
  http://intradeis.minsal.cl/reportesremsas/2012/Odonto02/Odonto02.aspx
- Information for 2013-2014 is updated, the information includes establishments belonging and not belonging to the National Service of Health Services, SNSS.

Coverage:
- Data coverage is national. The population corresponds to people registered in the public health system.
- Data are automatically collected monthly from the health establishments’ information systems and validated and published by the Department of Health Statistics and Information (DEIS).
- Data refer to dental practices (general dentistry, specialty and emergency).
- 2006-2007 data include only the public sector. Since 2008, data include private and public sectors.

Break in time series: Since 2008, data include also dentist consultations in the private sector.

Czech Republic

Source of data: Institute of Health Information and Statistics of the Czech Republic, National Health Information System (survey on activity of health establishment in outpatient care).

Coverage:
- Data cover all stomatologist consultations in ambulatory health establishments and in ambulatory wards of inpatient health establishments.
- In 2014, data not available.

Denmark

Source of data: National Board of Health, The National Health Insurance Service Registry.

Coverage:
- Number of dental consultations per person aged 18 years old and over.
- Note that all the values from 2000 onwards have been changed in 2010 due to corrections from the data provider.

Estonia
Source of data:
- Data for 2000-2012 updated on the basis of revised population figures.

Coverage:
- Dentist’s consultations include dentist out-patient reception and home visits.
- Dentist’s consultations do not include telephone consultations.

**Finland**

Source of data: **National Institute for Health and Welfare (THL)**, Department of Information.

Coverage:
- The number of contacts made by dentists divided by the population.
- Contacts in public primary health care and in providers of private health care.
- Visits/consultations of patients at the ambulatory care dentist’s office and visits made to the patient’s home.

Break in time series: In 2011, the National Institute for Health and Welfare (THL) expanded the social welfare and health care reporting system so that the primary care community-based care is collected at the individual level information on the national register. This change affected the number of visits to the physician and to dentist. In 2011, visits to the doctor and dentist visits are for 2013 by March. AvoHILMO-register the information provided. In 2011, coverage of the information submitted from organizations at the time was the basic health care, and 99% of oral health care for 97%. From 2012 onwards the data is complete.

**France**

Source of data: Data are compiled from the following three sources:


Coverage: Total number of acts (consultations, visits, dental surgery, preventive care, prostheses) carried out by all independent dental surgeons as of December 31 of each year, applied to the average French population for the year considered.


Coverage: Institutions included irrespective of their legal status, categories, financing (e.g. private financing contributing to public hospital services) or size.

3) Data revised annually from the **INSEE (Institut national de la Statistique et des Etudes économiques)** census.

Break in time series:
- Break in 2000 due to the change of coverage, from Metropolitan France to Metropolitan France + D.O.M. (i.e. overseas territory).
- Break in 2001 due to the inclusion of hospital consultations. Before 2001, only ambulatory care consultations were taken into account. However, the share of dentist consultations performed in hospitals in the total number of consultations is so low that is does not affect the updated series.

**Germany**

Source of data: **Federal Ministry of Health**, KG 3-Statistics 2015 (statutory health insurance: accounts for practitioner and dental treatment, measures for the preventive examination/recognition of diseases, prenatal

Coverage:
- Included are dental services like conservative surgical services, orthodontic treatment and surgery, dentures, paradentosis treatment, early recognition for children, cases of compensation for dental visits among others in inpatient nursing care facilities according to § 87 Abs. 2i and 2j SGB V and integrated care (dental treatment and denture).

Deviation from the definition:
- Consultations with dentists represent only the number of cases of dental treatments according to reimbursement regulations under the Social Health Insurance Scheme. One case of treatment only counts the first contact in three months even if the patient consults his dentist more often.
- A substantial under-reporting has to be assumed.

Greece

Data not available.

Hungary

Source of data:

Coverage: Hungarian National Health Insurance Fund (OEP) database contains only cases financed by national health insurance, there is no information about cases at private sector.


Iceland

Data not available.

Ireland


Coverage:
- Data refer to the number of times during the past 12 months a person has consulted a dentist. Consultation with a dentist includes orthodontist and other dental care specialist (hygienist) visits.
- Data refer to adults aged 18 years old and over.

Israel


Coverage:
- National representative sample of non-institutionalised civilian population; excludes nomad population in the southern region (about 0.7% of the population).
- Survey participants were asked if (and how many times) any member of the household visited a dentist (including an orthodontist but not a dental hygienist or dental technician) during the last two weeks.
Note: The statistical data for Israel are supplied by and under the responsibility of the relevant Israeli authorities. The use of such data by the OECD is without prejudice to the status of the Golan Heights, East Jerusalem and Israeli settlements in the West Bank under the terms of international law.

Italy

Source of data: ISTAT, Istituto Nazionale di Statistica (National Institute of Statistics). Italian health interview survey “Health conditions and recourse to health services”.
Coverage: Sample survey.
- Data refer to dentist consultations self-reported by the patients.

Japan

Source of data: Ministry of Health, Labour and Welfare, Health Insurance Bureau survey.
Coverage:
- The number of dental contacts for individuals enrolled in the government-managed health insurance, society-managed health insurance or national health insurance divided by the total enrolment.
- Almost 90% of the population is covered by these public health insurance schemes.

Korea

Coverage:
- The Patient Survey had been conducted every 3 years until 2005. It has been changed to annual survey in 2008.
- Data only include patients who were diagnosed in the medical institutions.

Latvia

Data not available.

Luxembourg

Source of data: Fichiers de la sécurité sociale. Data prepared by Inspection générale de la sécurité sociale.
Coverage:
- Data refer to the total number of consultations performed in Luxembourg of the resident population covered by the statutory health insurance scheme outside hospitals or in outpatient departments in hospital.
- The rates presented in the database are calculated with the resident population covered by the statutory health insurance scheme (annual average number) in Luxembourg as the denominator (387862, 393113, 398462, 403996, 410708, 418182, 424037, 428457, 433424, 439628, 444738, 449972, 455752, 463179, 470660, 478720, 488268, 499276, 508712, 518167 and 526513 persons from 1995-2015).
- Simple visits and small interventions are included.
- The rates for 2014 and 2015 are preliminary. In 2016, data have been revised in order to exclude consultations and visits during hospitalisation.

Mexico

Coverage:
- Since 2004: Data include dentist consultations offered by Social Protection in the Health System of the Ministry of Health.
- Since 1994: Data include private facilities with inpatient service.

Netherlands
Source of data:
- Before 1997: Vademecum Gezondheidsstatistiek, table 8.5 and Maandbericht Gezondheidsstatistiek (several issues).
- 2005 onwards: Data from the Health Interview Survey.

Coverage:
- Visits made to persons in institutional settings such as nursing homes are not included.


New Zealand

Data not available.

Norway

Data not available.

Poland

Source of data: Central Statistical Office, ZD-3 report on ambulatory health care.
Reference period: Data as at 31st December.
Coverage:
- Consultations provided by dentists in out-patient health care.
- Since 2003, data on dentist consultations include data from the Ministry of National Defence and the Ministry of the Interior, which were not included before.
- Since 1998, consultations provided by dentists conducting a publicly funded medical practice are included.

Portugal

Source of data: Statistics Portugal - Health statistics (published annually).
Coverage:
- National coverage.
- The number of consultations includes visits/consultations of patients in hospitals (public and private sector) and in health centres. Consultations/visits that take place at private offices are not included.
- Between 1985 and 1998, data refers only to consultations/visits with stomatologists. From 1999 onwards, data includes consultations/visits with stomatologists, as well as consultations/visits with dental surgeons.
Deviation from definition: Consultations at private offices are not included.

Slovak Republic

Source of data: National Health Information Center (NHIC).
Coverage:
- In 2006, only 57% of statistical units submitted indicators regarding the number of consultations due to the reorganisation of the information system. 0.72 dentist’ consultations per capita were reported.

Slovenia

Data not available.

Spain

Source of data: Ministerio de Sanidad, Servicios Sociales e Igualdad (Ministry of Health, Social Services and Equality) and Instituto Nacional de Estadística - INE (National Statistics Institute).

**Coverage:**
- **Numerator:** Number of visits to the dentist in the past 4 weeks x 13.
- **Denominator:** Total population aged 16 and over.

- Question in **National Health Survey (up to 2006):** “During the last three months, have you visited a dentist for a check-up, advice or treatment for tooth or mouth problems?”; “If the answer is affirmative, how many times have you visited the dentist?”

- **European Health Survey in Spain, 2009.** Question: “When was the last time you visited a dentist, orthodontist or dental hygienist on your own behalf?” Those who answer “Within the last 4 weeks” move on to the next question where they answer the number of times in the last 4 weeks.

- **National Health Survey, 2011.** Question: “How long ago did you visit a dentist, stomatologist or dental hygienist for a check-up, advice or treatment for tooth or mouth problems?” Those who answer “Within the last 3 months” move on to the next question where they answer the number of times in the last 3 months.

**Estimation method:**
- Average number of consultations in one year per person.
- Figures computed exclude missing values.
- Since 2003, probabilistic sample.

**Break in time series:** 2009, 2011.

### Sweden

**Source of data:** Swedish Insurance Agency (Försäkringskassan).

**Coverage:** Number of dentist consultations (persons over 20 years old) divided by the total population of Sweden (persons over 20 years old) on 1 November. Children and adolescents have free dental care up to the age of 19 years. Statistics for young people under 20 years old is not available for Swedish Insurance Agency.

### Switzerland


**Coverage:** This survey only covers the population aged 15 years and older in private households, excluding collective households (retirement homes, institutions for the disabled, etc).

### Turkey

**Source of data:** General Directorate for Health Services, Ministry of Health.

**Coverage:**
- The data provided between 2000-2011 indicate the number of per capita visits to the Ministry of Health affiliated oral and dental health care services, dental care and prosthetic centres in public hospitals, out-patient clinics for dental care, and public and private dental care hospitals.
- From 2012 onwards, all sectors (MoH, university, private, other) are included.

### United Kingdom

**Source of data:**
Calculated by the NHS Digital using data from:

- 2007 onwards:
  - **England:** NHS Digital.
  - **Scotland (up to 2010) and Northern Ireland:** Office for National Statistics, Annual Abstracts.
  - **Scotland (2011 onwards):** NHS National Services Scotland.
  - **Wales:** Stats Wales, Welsh Assembly Government.
  - **Northern Ireland:** HSC Business Service Organisation ([http://www.hscbusiness.hscni.net/services/1805.htm](http://www.hscbusiness.hscni.net/services/1805.htm))


**Coverage:**
- 2012 onwards: Data for the UK.
- 2007-2011: Data for Great Britain only.
- 2003-2006: Data for the UK.
- Before 2003: Data for Great Britain only.
- 2007 onwards: Data do not include treatment provided privately.
- Data are the number of courses of treatment, which may span a number of individual consultations.
- Scotland data would exclude data on non-general dental service consultations/visits with dentists, orthodontists, stomatologists and dental surgeons, as well as data on outpatient departments in hospital.
- Data are for financial years.
- UK denominator is based on the corresponding year’s population estimates.

Break in time series:
- There is a change in the series in 1990 when a new dental contract was introduced. From 1990, figures refer to “paid” treatments only and therefore do not include any children’s consultations. The per capita rate is therefore probably underestimated in these later years. For comparison purposes, the rate for 1989 using only figures for adults would be 0.63 instead of 0.69.
- In 2017 data was revised for UK due to changes in NI’s reporting. Previously NI counted each treatment code as one treatment regardless of how many treatments had been carried out under that code. (For example a claim for a filling under treatment code 1401 that was carried out on 5 different teeth, NI would have counted it as one treatment. They now count that as 5 treatments.)

United States

Source of data: Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey (MEPS), various years. http://www.meps.ahrq.gov/mepsweb/

Coverage:
- The Medical Expenditure Panel Survey (MEPS) is conducted to provide nationally representative estimates of health care use, expenditures, sources of payment, and insurance coverage for the U.S. civilian non-institutionalized population. MEPS is cosponsored by the Agency for Healthcare Research and Quality (AHRQ) (formerly the Agency for Health Care Policy and Research) and the National Centre for Health Statistics (NCHS).
- MEPS is comprised of three component surveys: the Household Component (HC), the Medical Provider Component (MPC) and the Insurance Component (IC). The HC is the core survey, and it forms the basis for the MPC sample and part of the IC sample. Together these surveys yield comprehensive data that provide national estimates of the level and distribution of health care use and expenditures, support health services research, and can be used to assess health care policy implications.
- The sampling frame for the MEPS HC is drawn from respondents to NHIS, conducted by NCHS. NHIS provides a nationally representative sample of the U.S. civilian non-institutionalised population, with oversampling of Hispanics and blacks.

Estimation method:
- National representative sample of the U.S. civilian non-institutionalised population.
- Percent estimates were weighted to represent the U.S. civilian non-institutionalised population for each respective year.

Break in time series: No breaks in time series.

NON-OECD ECONOMIES

Lithuania

Source of data:
- Up to 2005: LHIC annual report data.

Coverage: All health care institutions should report, but quality and coverage of private health care institutions, especially having no contract with Compulsory Health Insurance Fund, reporting is not complete.