Cross-Border Dental Care (Sweden, Finland)

Project term

Project partners
County councils of Norrbotten, Luleå (SE)
The community of Muonio and Enontekiö, Muonio (FI)

Summary
The scarcely populated Karesuando region along the border between Sweden and Finland is inhabited by 1,600 people, among them 490 children. Both countries are linked by a bridge. Both sides share common problems. These include long distances to the next dentist, staff recruiting problems as well as low patient numbers. On the Swedish side, a clinic was already existing before the project started but could not be operated over a long period of time due to lacking personnel.

Towards the end of 2002, the “Cross-Border Dental Care” project was therefore started under the Interreg Community initiative. The objective of the project was among other things to ensure the provision of dental care close to the patient’s place of residence, to step up efficiency by the joint usage of resources and to strengthen the development of the region. This was to be achieved by ensuring the operation of the clinic on the Swedish side and by opening it up both to the Swedish and Finnish inhabitants of the region.

The first project step consisted in recruiting staff members. In a second step, the population of the region was informed about the provision of dental services. Technological and legal aspects of the cooperation were also examined and verified under the project. In January 2005, the project was implemented into practice. The clinic is financed both by the Swedish and Finnish side. The project has been evaluated with the help of a questionnaire which was sent to all inhabitants of the region before and after completion of the project. The joint clinic will also be maintained in future. The project serves as a pilot project for other cross-border activities in the public health service. A follow-up project entitled “Cross-border digital dental care” was initiated in 2005.
Project background

Illustration 1: Geographical position of Sweden’s northernmost dental clinic in Karasuando

The Karesuando area in the northern part of Sweden and Finland is sparsely populated. There are about 1,200 people living in the Swedish area (of which 400 are children) and approximately 400 inhabitants (90 children) living on the Finnish side (illustration 1). The cross-border area is divided by the river Könkämä but connected by a bridge. Hence, the inhabitants of the region can easily cross the river (illustration 23). In the border region on the Finnish side, Swedish is one official language next to Finnish, so people living there usually speak both languages, Swedish and Finnish.

Both countries, Sweden and Finland shared common problems at their northernmost border:

- Long distances to dentists (80 to 200 km to the nearest dentist in Finland)
- Difficulty in recruiting staff
- A very small patient basis on each side of the border

In the Swedish part of Karesuando, there was a dental clinic, but for a long time there had been no dentist or rarely a dentist available because of a lack of dentists in the northern regions. Furthermore, the patient basis on each side of the border was too small for a dentist. Therefore, treatment and continuous treatment could not always be offered. People from the area had to travel long distances in their country to go to a dentist.

Hence, the dental nurse who worked at the clinic, together with the Director of the Public Dental Service in Sweden, set up contacts with the Finnish side in order to initiate a project which is aimed at establishing a joint dental clinic.
Description of the project

The project comprised the public dental service in the County Council of Norrbotten in collaboration with the Municipality Union of Muonio and Enontkiö. A cooperation agreement between the partners exists since the beginning of the project. The project group consisted of five persons: a managing director, a financial manager, the project manager from the Swedish side and a chief medical officer and a senior dentist from Finland. Started in 2002 and finished in 2004, the project received a grant of 110,000 € from Interreg III A Nord. All in all, the EU funded 60% of the project, Sweden 30% and Finland 10%. Funding from the two states was distributed in proportion to the patient basis.

Illustration 2: Project “Cross-border dental care” - The bridge which connects the Finnish and the Swedish side

Goals of the project

The overall goal of this project was the nearby provision of high quality dental care for the population in this area. The specific aims of the projects were:

- Providing treatment for Finnish and Swedish patients at the dental clinic in Karesuando in Sweden
- Recruiting a dentist for the clinic
- Improving the quality of life of the residents of the region
- Improving dental care for the inhabitants
- Cutting costs through cross-border cooperation
- Minimising travelling for patients and staff
- Strengthening regional development
The project activities

During the duration of the Interreg project (December 2002 until December 2004), different project activities were carried out, which will be described in the following sections.

Staff recruitment for the clinic

Working in this area far away from the bigger cities is often not very attractive to most physicians. There is therefore a general lack of dentists in the northern regions of Sweden and Finland. Several steps have been taken to recruit a dentist for the Karesuando clinic. In a cross-border approach, the recruitment process was undertaken based on a discussion of the best recruiting methods and on consultations with the dentists of the county council (150 dentists). In addition, consultation with the Dental Department of a University in Finland led to further information of how to best recruit a dentist to the northern area. By advertising a joint cross-border job offer, the assumption was to make the job position on the one hand cost-effective in terms of one dentist working in the whole region. On the other hand, the purpose was to make the job more attractive to dentists because of the patients coming from two different countries. The project group advertised the job offer in the media on both sides of the border to reach a bigger target group of dentists. After 6 months of job advertising and recruiting process, a dentist from Finland could finally be found as well as a dental hygienist.

Public relations

The population in the area (1,600 inhabitants) has been informed about the joint dental clinic through local newspapers, distribution of leaflets to all households and mouth-to-mouth information. On the whole, the population could easily be reached and informed because people living in the region know each other very well.

Technical and legislative aspects

In order to ensure a smooth operation of the clinic, the treatment routines of dental care in both countries had to be standardised and updated. Also, the health care systems and the differences in legal issues between Sweden and Finland had to be investigated. Especially with regard to treatment complications and medical malpractice, the laws of both sides that would apply had to be compared. Overall, the results of the juridical comparisons were quite simple and showed that if treating Swedish patients, Swedish law would apply and if treating Finnish patients, Finnish law would apply. In order to gain an in-depth insight into the Finnish health care system, especially for dental care, the project manager has worked in Finland to learn about the procedures regarding e.g. patient fees and patient statistics.

Shared administration

In the course of the project, efforts were made to establish a joint administration system for the clinic. One example: At the beginning of the project, two computers had to be used, one with the Finnish system and the other one running under the Swedish system because of different computer systems and telecommunication enterprises in the countries. It took several months before the computers could be connected. In the course of the project, adjustments could be made, so that one computer could be used. However, there are still
two existing computer systems for the Finnish and Swedish patients, which in a follow-up project shall be linked together into one system.

The dental clinic

Presently, the staff at the clinic comprises one dentist, two dental nurses and a dental hygienist. Treatment for children and young people up to the age of 20 years is free\(^1\), whereas adults have to pay for treatment\(^2\). To simplify the administration of payments, the clinic only handles cash payments in Swedish crowns. Finnish patients are invoiced. The treatment provided is standard dental care without specialized treatment.

Since January 2005, the project “cross-border dental care” has been implemented into practice. The transition between the project phase and the practical implementation of the clinic to provide regular services went without any problems because of the good cooperation between the two countries. Now, the dental clinic is entirely funded by the municipalities of both countries, 25% by the Finnish side and 75% by Sweden. The proportion depends on the number of patients who are treated at the clinic. There were 239 visits from Finnish patients to the clinic in 2005, whereas one patient may have had more than one visit.

Because of the operation of the dental clinic, the average distances to the dentists could be considerably reduced. For example, Finnish children now only need to cross the bridge to get to a dentist. Previously, the nearest clinic on the Finnish side was 80 km away. In Sweden, the nearest clinic was 180 km away. Now dental services are provided on a local level. The population enjoys an improved quality of life since safe dental care is now conveniently being provided locally. Dental health has also improved.

Evaluation

An evaluation has been carried out at the beginning and after completion of the project. A questionnaire was sent to the inhabitants of the area, with each form containing ten questions about their dental health in general, whether they know about the joint dental clinic, to which dentist they usually go, and about improvements in dental health.

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\(^1\) Dental treatment for children is provided free of charge for the patients. However, the dental clinic annually receives a fixed fee for each Swedish child, and for dental services for Finnish children the clinic is payed on a cost basis. The payments are made by the Swedish County Council of Norrbotten and the Finnish Municipality of Muonio by means of taxation.

\(^2\) Dental treatments of adults are mainly paid by the patients. Pricing is different between Sweden and Finland thus the clinic is using two price lists, one for Swedish patients and another for Finnish patients. The Swedish prices are full-cost-based. However, Swedish patients receive state subsidies which are deducted from the charge that the patient has to pay. The state subsidies are after deduction claimed by the clinic. The subsidies vary for various treatments. The prices paid by Finnish patients are fixed by the state government. The cost for dental services of Finnish patients that exceeds fixed prices is paid by the local municipality by means of taxation.
Prospects

In the Karesuando region, the northern part of Sweden and Finland, the need to open a joint dental clinic was obvious because of the small patient bases on both sides of the borders and the long distances to dentists. Now the idea of a joint clinic has been implemented into practice and will continue its work in future.

The project serves as a pilot project for other cross-border initiatives within the public service sector. A similar cross-border cooperation in dental care is being set up between the two project partners using, however, the Finnish clinic in Muonio as its basis for further cooperation. The Finnish side will offer treatment to Swedish children because there are only 20 children living on the Swedish side. Otherwise they would have to travel 100 km in Sweden to the next dentist. Now they can cross the border and are provided with dental health care at a distance of only 8 km.

A follow-up project: “Cross-border digital dental care”, also funded by Interreg III A, was initiated in 2005 with a duration of two years. The overall goal of the project is to link the Finnish and Swedish computer systems together into one joint system as well as to exchange X-ray pictures electronically. Before, regarding advanced X-rays, Swedish patients had to drive to Kiruna about 180 km away. Now the purpose of the follow-up project is that patients can go to Muonio in Finland (80 km distance) and the pictures will be electronically transferred to the clinic in Karesuando, Sweden. This was not possible before and with this project, travelling distances will again be reduced.

Website

A short description of the cross-border dental care project as well as of the follow-up project is provided in Swedish at: www.nll.se/hg2.aspx?id=8181.

Literature


Contact

Anna Marakatt
Folktandvården Karesuando
SE-980 16 Karesuando
Sweden
Phone: +46 (0)981-200 15
Fax: +46 (0)981-200 15
e-mail: Anna.Marakatt@nll.s