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Динамика стоматологической помощи населению Рязанской области в условиях пандемии COVID-19

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АННОТАЦИЯ

Актуальность. Выявление заболеваемости (по обращениям) и потребности населения в стоматологической помощи оптимизирует планирование и распределение средств обязательного медицинского страхования (ОМС) между медицинскими организациями на региональном уровне. Однако, в связи со снижением обращаемости населения за медицинской помощью в условиях новой коронавирусной инфекции (англ.: *Corona Virus Disease 2019*, COVID-19) изменилась динамика оказания стоматологической помощи и структура учитываемой в системе ОМС стоматологической заболеваемости.

Цель. Изучить структуру и динамику оказания стоматологической помощи в период 2018–2021 гг. (допандемийный и период пандемии COVID-19) на основе оплаченного в системе ОМС объема стоматологической помощи, оказанной гражданам Рязанской области (РО).

Материалы и методы. Анализ проведен на основе принятых к оплате реестров счетов, представленных медицинскими организациями, с учетом результатов проведенных контрольно-экспертных мероприятий. Для изучения были отобраны все законченные случаи лечения застрахованных лиц со стоматологическими заболеваниями в медицинских организациях РО за 2018–2021 гг. по территориальным программам ОМС.

Результаты. В структуре амбулаторной первичной медико-санитарной помощи в 2021 г. случаи ее оказания по профилю «Стоматология» составили 7,40 ± 0,10%, заняв 3 место; общее количество случаев оказания медицинской помощи пациентам с данной патологией снизилось на 5,60% по сравнению с 2018 г. Несмотря на сокращение объемов первичной стоматологической помощи объем стоматологического обследования населения РО увеличился на 30,46%. Установлено также сокращение законченных случаев лечения хронического пародонтита на 34,08% ($p < 0,02$). За период 2018–2021 гг. было проведено 73 049 медико-экономических экспертиз (МЭЭ) и 1626 экспертиз качества медицинской помощи (ЭКМП) и выявлено 1966 нарушений (1316 — по результатам МЭЭ и 650 — по результатам ЭКМП). Подавляющее большинство из них касалось *несоблюдения стандартов медицинской помощи и клинических рекомендаций*.

Заключение. Полученные результаты исследования свидетельствуют о сокращении случаев обращения застрахованных лиц за медицинской помощью по поводу стоматологических заболеваний в период пандемии COVID-19. Благодаря утверждению приказа Минздрава России от 19.03.2021 № 231н, обязующего страховые медицинские организации проводить контрольно-экспертные мероприятия в каждой медицинской организации в определенном объеме от числа принятых к оплате случаев оказания стоматологической помощи, увеличилось количество экспертиз, и, как следствие, выявление нарушений оказания стоматологической помощи.

Ключевые слова: *законченный случай оказания медицинской помощи; стоматологическая заболеваемость; застрахованные лица; COVID-19*

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Dynamics of Dental Care for the Population of the Ryazan Region in COVID-19 Pandemic

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ABSTRACT

INTRODUCTION: Identification of morbidity (based on requests) and the population's need for dental care optimizes the planning and distribution of compulsory health insurance (CHI) funds between medical organizations at the regional level. However, due to a decrease in the population's demand for medical care in the context of the new coronavirus infection (*Corona Virus Disease 2019*, COVID-19), the dynamics of the provision of dental care and the structure of dental morbidity taken into account in the compulsory medical insurance system, have changed.

AIM: To study the structure and dynamics of the provision of dental care in the period 2018–2021 (pre-pandemic and COVID-19 pandemic period) based on the volume of dental care paid for in the compulsory medical insurance system provided to citizens of the Ryazan region (RR).

MATERIALS AND METHODS: The analysis was carried out on the basis of registers of bills accepted for payment submitted by medical organizations, taking into account the results of control and expert measures. All completed cases of treatment of insured persons with dental diseases in medical organizations of the Ryazan Region for 2018–2021 were selected for study according to territorial compulsory medical insurance programs.

RESULTS: In the structure of outpatient primary health care in 2021, cases of its provision in the 'Dentistry' profile amounted to 7.40 ± 0.10%, taking 3rd place; the total number of cases of providing medical care to patients with this pathology decreased by 5.60% compared to 2018. Despite the reduction in the volume of primary dental care, the volume of dental examinations of the population of the RR increased by 30.46%. There was also a 34.08% reduction in completed cases of treatment of chronic periodontitis ($p < 0.02$). For the 2018–2021 period 73,049 medical and economic examinations (MEE) and 1,626 examinations of medical care quality (EMCQ) were carried out, and 1,966 violations were identified (1,316 based on the results of the MEE and 650 based on the results of the EMCQ). The vast majority of these concerned *non-compliance with standards of care and clinical guidelines*.

CONCLUSION: The results of the study indicate a reduction in the number of cases of insured persons seeking medical care for dental diseases during the COVID-19 pandemic. Owing to the approval of Order No. 231n of the Ministry of Health of Russia of March 19, 2021, obliging medical insurance organizations to carry out control and expert measures in each medical organization in a certain amount of dental care cases accepted for payment, the number of examinations has increased, and, as a result, the identification of violations in the provision of dental care.

Keywords: *completed case of medical care; dental morbidity; insured persons; COVID-19*

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ECO•VECTOR

LIST OF ABBREVIATIONS

CHI — compulsory health insurance
CNCDs — chronic non-communicable diseases
COVID-19 — Corona Virus Disease 2019
MCQE — medical care quality examination
ICD-10 — International Statistical Classification of Diseases and Related Health Problems, 10th revision
MEE — medical and economic examination
PHC — primary health care
RR — Ryazan region
TP — territorial program

INTRODUCTION

The task of protecting the health of citizens of the Russian Federation cannot be solved without reducing the prevalence of dental pathology [1]. In the evidence-based medicine, a reliable connection has been established between diseases of the liver, gastro-intestinal tract, chronic non-communicable diseases (CNCDs) including cardiovascular diseases, and diseases of teeth and oral cavity [2–4]. Taking into account the fact that the targets and indicators of the 'Healthcare' national project include the reduction of premature mortality from cardiovascular diseases, diseases of digestive organs, etc. [5], of increasing importance for reducing premature mortality of the populationare prevention and treatment of diseases of teeth and oral cavity [6, 7].

The study of the dynamics of dental morbidity parameters is also of high medical and social importance due to frequent progressive course of dental diseases, chronification of the processleading to the risk of developing various non-infectious diseases and comorbid conditions in a patient.

Forecasting dental morbidity and the needs of the region's population for medical care for competent resource planning and distribution of compulsory health insurance (CHI) funds between medical organizations, is aimed at increasing the accessibility and quality of medical care, including ensuring the rights of insured persons by monitoring the amount, timing, quality and conditions of providing medical care in the field of compulsory medical insurance.

The relevance of this scientific research has increased in the special conditions of the pandemic of the new coronavirus infection (Corona Virus Disease 2019, COVID-19) and changes in the geopolitical situation, when important adjustments were made to the compulsory medical insurance system, which permitted to more effectively organize the system of provision of and payment for medical care inthe territorial program (TP) of compulsory medical insurance.

The **aim** of this study to the structure and dynamics of provision of dental care in the period 2018–2021 (pre-pandemic and the period of the new coronavirus infection pandemic) based on the amountof dental care paid for in the compulsory health insurance system provided for citizens of the Ryazan region (RR).

МАТЕРИАЛЫ И МЕТОДЫ

An analysis of completed cases of treatment of insured persons with dental diseases has been conducted based on the data from registers of bills submitted for payment by medical organizations of the region in the period 2018–2021 with control and expert measures taken into account.

Groups (n = 4) were formed depending on the year of turning for dental care. Each group includes subgroups based on the following criteria:

- nosological form:

• caries (codes in the International Statistical Classification of Diseases and Related health Problems, 10th revision (ICD-10): K02–K02.9),

• diseases of pulp and periapical tissues (ICD-10 codes: K04–K04.9),

• periodontal diseases (ICD-10 codes: K05–K05.6),

• other dental diseases and dental examination cases;

- aim of visiting medical organizations by patients:

• visits for preventive and other purposes;

• visits for dental disease;

• emergency visits.

Planning, organization, control of rendering care and of payment for the primary healthcare (PHC) of all profiles including dental care, were performed at the regional level taking into account the results of monitoring the implementation of the territorial program of compulsory health insurance (TP CHI) and in accordance with the standards and procedures of rendering medical care.

To assess the quality of dental care for the insured population of the RR, an analysis of the results of control and expert activities was carried out for 2018–2021. It should be noted that during the period under study, major changes occurred in the compulsory health insurance system: on January 1, 2021, amendments to the Federal Law on No. 326-FL dated November 29, 2010 [8] came into force, which approved the transfer of the

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function of medical and economic control to territorial compulsory medical insurance funds [9]. At the same time, the interests of patients continue to be protected by the insurance companies that issued them compulsory medical insurance policies, by, among other things, conductingmedical and economic examinations (MEEs) and medical care quality examinations (HCQEs) [10, 11].

During the COVID-19 pandemic, the Government of the Russian Federation decided to suspend the planned MEEs and ECMQs (Resolution of the Government of the Russian Federation on No. 432 dated April 03, 2020 [12], according to which expert measures for controlling the quality of dental care were completely suspended in 2020, with the exception of cases of complaints from insured citizens (or their representatives) of a medical organization or of poor-quality dental care)) [13].

Statistical analysis of the obtained data was carried out using the Excel analysis package (Microsoft, USA). Descriptive statistical results were mean ± standard error (M ± SD) for quantitative data. The statistical significance of the differences was assessed based on the calculation of $\chi 2$-criterion and Student's test. Differences were considered significant at $p < 0.05$.

RESULTS

Based on the analysis of statistical reporting form No. 30 'Information about a medical organization' for 2018–2021, by ranking through 10 basic medical specialties (profiles) involved in rendering PMC in the RR, a masscharacter of seeking dental servicesby the population was established — *doctors of dental profile ranked third in turning of the population for medical care* (Table 1). A share of visits to dentists made 7.40% of the total number of visits to doctors of all other specialties.

Table 1. Ranking of Specialties (Profiles) by Average Number of Visits in Provision of Dental Care in Outpatient Setting in the Ryazan Region (2018–2021)

Profile	Average Number of Visits per Year, M ± SD	Rank
Physicians including:	7852445.50 ± 498660.05	–
therapists	2002227.25 ± 122170.81	1
pediatricians	1057124.00 ± 71489.40	2
dentists	581348.00 ± 37964.75	3
obstetricians-gynecologists	555172.75 ± 28861.58	4
dermatovenerologists	497210.50 ± 11229.68	5
ophthalmologists	398475.50 ± 28267.10	6
neurologists	357829.25 ± 25917.20	7
surgeons	319550.75 ± 32298.71	8
ENT specialists	266820.25 ± 24654.72	9
psychiatrists-addiction therapists	238730.00 ± 13836.03	10

During the implementation of TPCHIin part of the primary dental care, a 'variegated picture' of the annual fulfilmentof plan goals was detected, which was associated withrestricting measures in conditions of COVID-19: in 2020, there was a decrease in the amount of planned medical care (visits for preventive and other purposes and visits for diseases) and in the labor intensity of manipulations performed on visits to specialists (Figure 1, Table 2).

When monitoring TP CHI, the main forms of dental pathology in the structure of dental morbidityof the RR population were caries (K02–K02.9), diseases of the pulp and periapical tissues (K04–K04.9),periodontal diseases (K05–K05.6) (Figure 2). At the same time, in the period from 2018 to 2020, in the structure of dental morbidity (based on visits), a significant reduction of caries ($p < 0.02$) and diseases of periapical tissues ($p < 0.01$) was revealed; during the study period of periodontal diseases

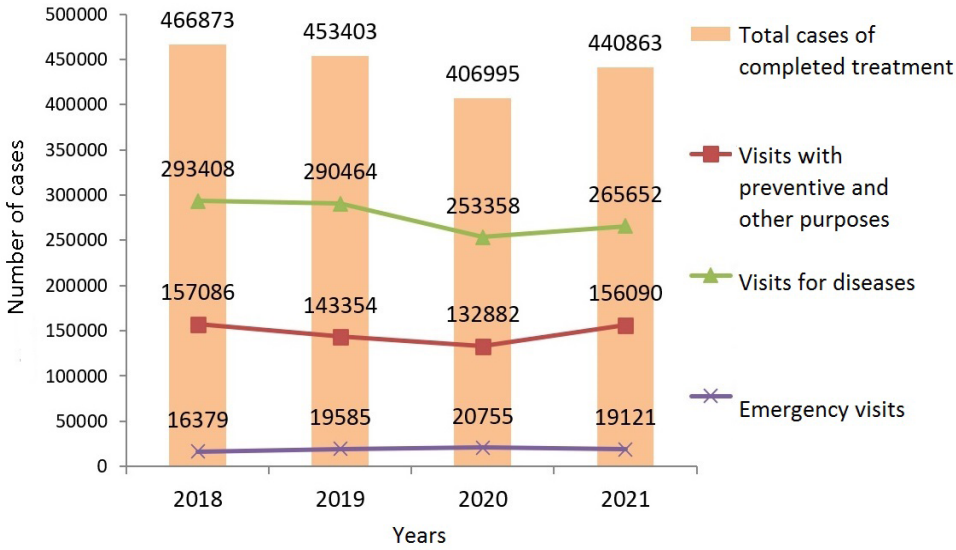

Fig. 1. Dynamics of the number of completed cases of treatment in the provision of dental care to the population of the Ryazan region within the framework of the territorial compulsory health insurance program in 2018–2021, depending on the purpose of the visit.

Table 2. Dynamics of Amount of Dental Care Performed within Territorial Program of Compulsory Health Insurance in 2018–2021

Year, Parameter	Parameters			
	Preventive Visits	Visits for Diseases	Emergency Visits	Total
Primary dental care				
2018: n	157086	293408	16379	466873
2019: n increment rate (±), %	143354 - 8.74	290464 - 1.00	19585 + 19.57	453403 - 2.89
2020: n increment rate (±), %	132882 - 7.30	253358 - 12.77	20755 + 5.97	406995 - 10.24
2021: n increment rate (±), %	156090 + 17.47	265652 + 4.85	19121 - 7.87	440863 + 8.32
Labor intensity of work of dentists, thousand rel. units				
2018: n	486.97	1734.69	73.03	2294.69
2019: n increment rate (±), %	481.33 - 1.16	1572.50 - 9.35	75.98 + 4.05	2129.81 - 7.19
2020: n increment rate (±), %	460.38 - 4.35	1461.15 - 7.08	84.33 + 10.99	2005.86 - 5.82
2021: n increment rate (±), %	571.31 + 24.01	1593.32 + 9.05	90.91 + 7.81	2255.54 + 12.45

(p < 0.02, Table 3). In the structure of dental morbidity (based on visits), caries made 37.19 ± 1.95%, diseases of the pulp and periapical tissues 48.26 ± 1.07%,periodontal diseases5.05 ± 1.06%. There was found a tendencyto reduction of visits for periodontal diseases by 1.91 times, and forother dental diseases (with the exception for caries, diseases of the pulp, periapical tissues and periodontal diseases) by 1.30 times.

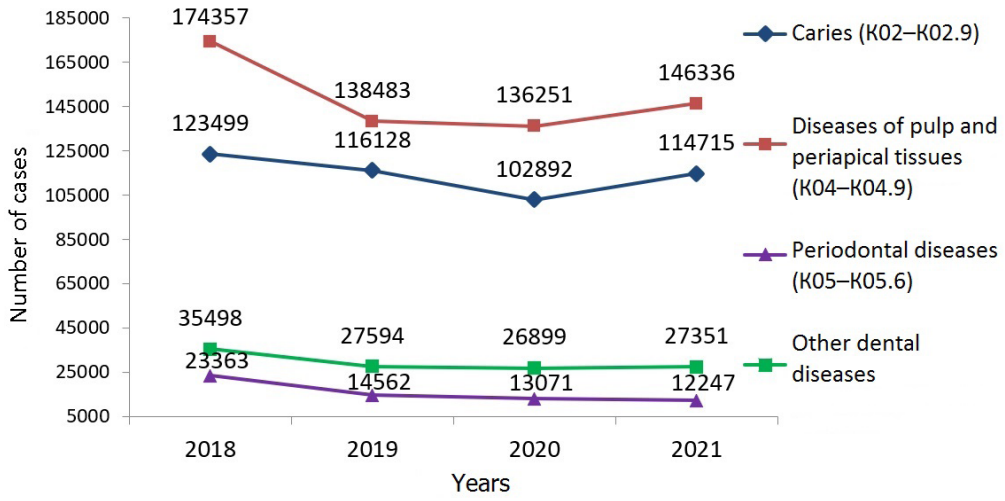

Fig. 2. Dynamics of the amount of dental care (treatment cases) provided to the populationof the Ryazan region in the territorial programof compulsory health insurance in 2018–2021 by nosological groups.

Table 3. Comparative Analysis of Amount of Dental Care (by Nosological Groups) Provided in the Ryazan Region under Territorial Program of Compulsory Health Insurance

Parameter	2018	2019	2020	2021
	1	2	3	4
Caries (K02–K02.9), n	123499	116128	102892*	114715
increment (decrement) rate, %	-	-5.97	-11.40	+11.49
Illustrative aspect	100.0	94.03	83.31	95.89
Diseases of pulp and periapical tissues (K04–K04.9), n	174357	138483**	136251***	146336
increment (decrement) rate, %	-	-20.58	-1.61	+7.40
Illustrative aspect	100.0	79.42	78.14	83.93
Periodontal diseases (K05–K05.6), n	23363	14562****	13071*	12247*****
increment (decrement) rate, %	-	-37.67	-10.24	-6.30
Illustrative aspect	100.0	62.33	55.95	52.42
Other dental diseases, n	35498	27594	26899	27351
increment (decrement) rate, %	-	-22.27	-2.52	+1.68
Illustrative aspect	100.0	77.73	75.78	77.05
TOTAL completed cases including those with preventive purposes	466873	453403	406995	440863
increment (decrement) rate, %	-	-2.89	-10.24	+8.32
Illustrative aspect	100.0	97.11	87.17	94.43

Notes: *— p < 0.02, comparison between groups 3 and 1; ** — p < 0.01, comparison between groups 2 and 1; ***— p < 0.01, comparison between groups 3 and 1;**** — p < 0.02, comparison between groups 2 and 1; ***** — p < 0.02, comparison between groups 4 and 1

At the next stage of the study, ranking of the ten most common main nosological forms was performed, according to the average number of completed treatment cases per year for the period 2018–2021 (Table 4).

Table 4. Ranking of Main Nosological Forms Most Often Encountered when Seeking Dental Care by Population of the Ryazan Regionin 2018–2021

ICD-10 Codes	Section ofICD-10	Average Number of Visits, M ± SD	Ranking Position	Increment/Decrement Rate for 4 Years, %
Z01.2	Encounter for dental examination	128070.25 ± 5061.97	1	+12.48
K02.1	Caries of dentin	74084.00 ± 1231.42	2	-1.42
K04.5	Chronic apical periodontitis	61027.25 ± 2548.16	3	-8.56
K04.0	Pulpitis	50939.00 ± 2025.22	4	-4.98
K04.7	Periapical abscess without sinus	23292.00 ± 580.76	5	+2.61
K02.8	Other dental caries	21917.50 ± 341.89	6	+0.12
K05.3	Chronic periodontitis	9495.00 ± 513.66	7	-12.24
K02.2	Caries of cementum	8945.25 ± 422.88	8	-7.74
K07.3	Anomalies of tooth position	7601.25 ± 304.64	9	-5.98
K02.9	Dental caries, unspecified	6394.00 ± 84.51	10	+1.44

Note: ICD-10 — the International Statistical Classification of Diseases and Related health Problems, 10th revision

As a result, the most common cause of seeking medical care in the studied periodwas *encounter* for *dental examination* (Z01.2) 29.06 ± 2.42%; the indicator increased by 30.46% over 4 years, and by 8.46% in the structure of appeal ability. The second cause was *caries of dentin* (K02.1) 16.75 ± 0.12% with a constant share in the structure of dental care; appeal ability decreased by 5.41%. The third cause was *chronic apical periodontitis* (K04.5) 13.75 ± 0.80%; appeal ability decreased by 25.43%, and by 3.39% in the structure of overall dental morbidity. *Pulpitis* (K04.0) took the 4th ranking position, amounting to 11.50 ± 0.73% in the structure of dental care; the appeal ability decreased by 18.62%, and by 1.84% in the morbidity structure. *Periapical abscess without sinus* (K04.7) occupied the 5th ranking position in the structure of dental care 5.29 ± 0.33%; and insignificantly increased in the structure of morbidity by 0.54%. The 6th ranking position was taken by other *dental caries* (K02.8). This code is assigned to secondary recurrent caries of a devitalized tooth. The frequency of this pathology decreased by 1.18%, its share in the structure of dental morbidity increased by 0.23%. *Chronic periodontitis* (K05.3) occupied the 7th ranking position 2.14 ± 0.18% of the total amount of medical care provided by dentists; appeal abilitydecreased significantly by 34.08%, share by 0.80%. *Caries of cementum* (K02.2) 8th ranking position, 2.01 ± 0.14% of the amount of dental care, appeal abilitydecreased by 25.47% and the share in the structure of dental morbidity by 0.49%. *Anomalies of tooth position* (K07.3) 9th ranking position, 1.72 ± 0.11%; with a decrease in the appeal ability by 20.58% and decrease in the share in the structure of total morbidity by only 0.32%. *Dental caries, unspecified* (K02.9) 10th ranking position, 1.45 ± 0.05% of theamount of medical care; the accessibility increased by 3.59%, and the share in the morbidity structure increased by 0.14%.

According to the data of medical insurance organizations involvedin the implementation of TP CHI of the RR, for the period 2018–2021, 73,049 MEEs and 1,626 MCQEs were conducted, and 1,966 violations were found (1,316 by the results of MEE sand 650 by the results of MCQEs) on the part of medical workers. The vast majority of them concerned *non-observance of the medical care standards and clinical recommendations* (Table 5).

The analysis of the MEE results revealed a change in the structure of the identified violations. Thus, in 2018–2020 in the vast majority of cases, financial sanctions were applied to medical organizations for non-submitting the primary medical documentation confirming the fact of medical care providedto an insured person in a medical organization, without objective reasons (76.09%

Table 5. Monitoring of Control and Expert Measures of Dental Care Delivery to Population of the RR under Territorial Program of Compulsory Health Insurance in 2018–2021

Year	Completed Treatment Case, n	Number of Examinations, n	Number of Examinations with Identified Defects, n (%)	Coverage of Treatment Cases by Examination, %	Share of Cases of Identified Violations from the Overall Cases of Dental Care, %
Medical and Economic Examination					
2018	466873	17953	138 (0.77)	3.85	0.03
2019	453403	52878	664 (1.26)	11.66	0.15
2020	406995	986	294 (29.82)	0.24	0.07
2021	440563	1232	220 (17.86)	0.28	0.05
Итого	**1767834**	**73049**	**1316 (1.80)**	**4.13**	**0.07**
Medical Care Quality Examination					
2018	466873	8	5 (62.50)	0	0
2019	453403	520	14 (2.69)	0.11	0
2020	406995	572	273 (47.73)	0.14	0.07
2021	440563	526	358 (68.06)	0.12	0.08
Итого	**1767834**	**1626**	**650 (39.98)**	**0.09**	**0.04**

in 2018, 52.11% in 2019, 68.03% in 2020). In 2021, such violations were detected only in 19.55%. The absence of the primary documentation forinformed voluntary consent (or refusal) of the insured person to medical intervention was identified in 13.77% of cases in 2018, in 36.75% in 2019. In 2020, no facts of absence of informed consent wereestablished by medical insurance organizations, in 2021 such violations were identified in 1.82% of examinations. Noteworthy is the fact that inclusion of payment for medical care/service in the bill in the absence of information in the medical document confirming the fact of deliveryof medical care/serviceto the patient, was considered by experts as the ground for application of financial sanctions in 5.72% of the MEEs in 2019, in 14.97% in 2020, and already in 72.73% in 2021.

CMQEs were performed in0.09 ± 0.03% of cases of dental care provided. It should be noted that medical insurance organizations approached the selection of cases for CMQEs quite rationally, as evidenced by the proportion of identified violations on average, every second examination revealed defects in the quality of medical care (45.25 ± 14.82%, Table 5).

In the structure of cases of dental care depending on the nosology, for which CMQEswere conducted, the largest share was taken by cases of treatment of caries (K02–K02.9) and of diseases of the pulp and periapical tissues (K04–K04.9) 39.84 ± 11.06 % and 33.10 ± 11.05%, respectively; followed by cases of dental examination (18.95 ± 2.50%). Every second case of treatment of pulpitis that was subject to examination was considered defective (53.91 ± 20.92%). Similar results were obtained in CMQEs of treatment of caries (46.51 ± 15.65%), slightly better results in CMQEs of dental examinations (35.27 ± 21.83%).

A comparative analysis of the applied codes of defective cases subjected to CMQE showed that most cases (64.28 ± 12.18%) were non-fulfilment, untimely or improper fulfilment of requireddiagnosticand/or therapeutic measures orof surgical interventions in accordance with the procedures of rendering medical care, clinical recommendations and medical care standards, recommendations for methods of prevention, diagnosis, treatment and rehabilitation, by medical workers of national medical research centers during consultations/ case conferences with use of telemedicine technologies that had no effect on the health condition of the insured person. Non-fulfilment, untimely or improper fulfilment ofneeded by the patient diagnosticand/or therapeutic measuresthat led to impairment of health condition of the insured person or created risk for progression of the existing disease, or for development of a new disease, were found in 21.91 ± 11.11% of CMQEs.

DISCUSSION

A significant increase in the number of MEEs was found in 2019 relative to 2018, when 11.66% cases of dental care were subjected to control measures.To this end, of all the conducted examinations, violations were found in only 1.26% of cases, which made 0.15% of the total number of treatment cases. In 2020–2021, due to introduced restrictions, MEEs were conducted in 0.24%–0.28% of rendered dental care cases, violations were identified in 29.82%–17.86% of cases, respectively. The highest number of MEEs was conducted in cases of treatment of diseases of pulp and periapical tissues (K04–K04.9) and caries (K02–K02.9), which shared the leading positionsin different yearsand made 41.24 ± 11.28% and 37.95 ± 6.68%, respectively.The third position was taken by cases of dental examinations with the share of 8.70 ± 4.49%.To note, in 2018-2019, violations were found only in 0.77%–0.99% of MEEsof cases of treatment of caries and 0.66%–1.32% of MEEs of cases of treatment of pulpitis. In 2020-2021, the number of defects identified in examinations, significantly increased: in 31.60% of MEEs of this pathology in 2020 and 22.07% in 2021; in 26.77% of MEEs of cases of treatment of pulp diseases in 2020 and 10.74% in 2021. Based on the results of MEE of dental examination cases, violations in provision of medical care were established in 6.11% in 2018, 6.15% in 2019, 44.86% in 2020, 21.34% in 2021.

The authors note a direct correlation between changes in the structure of identified violationsand changes in the regulatory and legal frameworkgoverning the control procedure in CHI system. Thus, since theentry of the Order of Health Ministry of Russia on No. 108n dated February 28, 2019 (registered in the Ministry of Justice of Russia on No. 54643 dated May 17, 2019) [14] into force, one of the groundsfor applying financial sanctions to a medical organization in full volume was non-submission of the primary medical documentation, which was the basis for reduction of payment by 100% of the cost of case and for additional imposition of fine at the full cost of the case, which was actively used by medical insurance companies without actually assessing the medical care quality. In the mid-2021, amendments were introduced into the CHI Rules [15], which cancelled fines for such violations, but retained the possibility to with draw the case from payment and apply fine sanctions in the amount of the cost of the case if a medical service was included in a bill in the absence of information confirming the fact of rendering a medical service to the patient, in the medical document.

Undoubtedly, the quality of medical care can only be ensured on condition that constant monitoring of compliance with the established procedures, clinical recommendations and methods of their implementation is provided. Increasing the amount of expertise of the quality of medical care with an increase in appeal ability by insured citizens during the period of decreasing intensity of the new coronavirus infection, is aimed at *providing high-quality medical care, among other things, by conducting regular analysis of the results obtained,which will permitto increase efficiency and accessibility*.

In general, the readiness of medical organizations to work in emergency situations, while maintaining the provision of quality medical care, has been confirmed.

CONCLUSION

During the pandemic of the new coronavirus infection, a significant reduction of completed cases of treatment of dental diseases was registered when providing primary medical specialized care in outpatient setting ($p < 0.02$).

The main cause for seeking medical care of dentistry profile by the population remains theneed for examination. The leader in the structure of dental diseases during the entire study period was caries of dentin, the second position was taken by chronic apical periodontitis, third by pulpitis. Increase in the number of completed cases of treatment of pulpitis and periapical abscess without sinus in the structure of dental morbidity was identified in 2020 as compared to 2019, with thegeneral reduction inthe amount of dental care. The situation changed in 2021 in the period of decline of the new coronavirus infection with increase in turning of the population for dental care due to increase in the incidence of dentalpathology.

Owing to the order of the health Ministry of the Russian Federation on No. 231n dated March 19, 2021 obliging medical organizations to conduct control and expert measures in each medical organization in a certain portion of payable cases of dental care, the number of examinations increased, and, as a consequence, the number of violations afforded by medical organizations.

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Вклад авторов: *Юрина С. В.* — концепция и дизайн исследования, статистическая обработка, анализ и интерпретация данных, написание текста; *Манухина Е. В.* — концепция и дизайн исследования, редактирование; *Успенская И. В.* — концепция исследования, редактирование; *Юрин П. П.* — статистическая обработка, анализ и интерпретация данных; *Тишкина Л.Н.* — сбор и обработка материала, статистическая обработка. Авторы подтверждают соответствие своего авторства международным критериям ICMJE (все авторы внесли существенный вклад в разработку концепции, проведение исследования и подготовку статьи, прочли и одобрили финальную версию перед публикацией).

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