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AHHA ORAL AND DENTAL HEALTH POLICY

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The Australian Healthcare & Hospitals Association (AHHA) has established a *Policy Think Tank* focussing on dental and oral health care. This group has helped develop and refine the AHHA's oral health policy through several teleconferences and the Think Tank Exchange held in Canberra in late November. The Chair of the group is Dr Martin Dooland, an AHHA National Council member and Director of the SA Dental Service.

Key actions required

- Establish a National Oral Health Leadership Taskforce that will have responsibility for:
 - Advising on the scope and implementation (including appropriate jurisdictional flexibility) of the Commonwealth Dental Health Program (CDHP) and Medicare Teen Dental Plan;
 - National workforce planning and coordination (including training); and
 - Integration with the National Health and Hospitals Reform Commission.
- Immediate and ongoing consultation with all State/Territory Dental Directors regarding the implementation of the Commonwealth dental schemes, to be guided by the National Oral Health Plan.

Issues to be addressed

Commonwealth Dental Health Program and Medicare Teen Dental Plan

- Ensure a significant percentage of the CDHP funds are quarantined for infrastructure where most needed (eg. rural areas, low SES areas);
- Clearly define the scope of care for the CDHP – focus on priority treatments such as general prevention and check ups, rather than emergency care;
- Undertake a modelling/mapping of current oral health workforce and expenditure to ascertain where the gaps and highest needs are;
- Explore standardisation of co-payments and eligibility for public dental care at a national level to reduce cross-jurisdictional variations and ensure funds are distributed equitably;
- Prioritise the delivery of services to groups/areas at highest risk of poor oral health (including the 'working poor' without health insurance or concession cards, Indigenous Australians, children, the elderly and those with a long-term disability or chronic medical condition) and ensure funds are used to alleviate major access barriers; and
- Ensure that the vouchers for the Medicare Teen Dental Plan can be used in both public and private dental practices, the program dovetails with existing therapist-based School Dental Services and is adequately supported by an adolescent oral health promotion program.

Integration with the public health care system

- Consider incorporating oral health in the next Australian Health Care Agreements with specific performance indicators;
- Co-locate and coordinate dental services with other health services – include oral health services and professionals in GP Super Clinics, community health centres and acute hospitals (particularly in regions with no access to a dental hospital);
- Use mainstream health promotion mechanisms to convey preventative oral health messages – include in targeted campaigns as well (eg. for Indigenous communities);
- Incorporate oral health into the curricula of other health professionals (eg. GP training); and
- Re-assert and monitor implementation of the oral health components of existing aged care standards.

AHHA Policy Position

The AHHA believes that a new approach to funding and organising public dental services will provide a 'test case' for reforms to the broader health care system, and have the effect of incorporating oral health with general health. It will allow for smaller-scale exploration of issues around better integration across primary and acute settings, resulting in improved cost efficiency through more appropriate use of human and financial resources.

Background

Dental and oral health is a vital component of overall health and well-being. Dental problems affect people's ability to eat (nutrition), socialise, find employment and fully participate in society. If untreated, dental problems can develop into more serious health conditions requiring intensive treatment and sometimes hospitalisation. Dental care is one of a few elements of health that is not covered by the Australian Health Care Agreements. Yet gum disease and dental caries account for two of the top five main public health issues in Australia¹.

Currently, almost half a million people are on waiting lists for public dental treatment, with an average waiting time of 27 months and some up to 7 years. It makes no health or economic sense to allow people to languish without access to regular preventative dental care and treatment.

Many people who start out on waiting lists for preventative or restorative treatment become emergency cases by the time they receive treatment. Often they 'choose' or are effectively compelled to have their teeth removed due to financial, staffing and other resource pressures in the system.

This crisis is reflected in:

- over 400,000 adult concession card holders having teeth extracted in any 12 month period²;
- over 17,000 children aged 0-9 years admitted to hospital for dental treatment under general anaesthetic in 2003/04 – 350% more than in 1993/94³; and
- over 20% of people in residential aged care facilities in pain or discomfort from untreated dental conditions⁴.

¹ Australian Health Ministers Advisory Council (AHMAC) Steering Committee for National Planning for Oral Health, 2001, *Oral Health of Australians – National Planning for Oral Health Improvement: Final Report*, South Australian Department of Human Services, Adelaide

² Unpublished data, 2007, National Survey of Adult Oral Health, Australian Research Centre for Population Oral Health, University of Adelaide

³ Jamieson LM & Roberts-Thomson K, 2006, "Dental general anaesthetic trends among Australian Children" in *BMC Oral Health*, 6:16

The public dental system is seriously understaffed, and often struggles to find clinicians to fill positions. Public dental services are unable to offer the same level of pay and conditions as those in private practices. Graduates who complete their studies often have massive debts to repay, and the remuneration available in the private system makes it difficult for public services to attract and keep dentists and auxiliaries (hygienists, therapists, prosthetists and technicians).

The AHHA believes that both the Commonwealth and state/territory governments have a role in ensuring that all Australians can access affordable and regular dental health care. Until the 2007 Federal Election, the states and territories funded almost all public dental services – those available to people who hold Health Care Cards and Pension Concession Cards. This will change with the introduction of the new Commonwealth Dental Health Program and the Medicare Teen Dental Plan. The AHHA seeks input to the planning and implementation of these programs.

The Commonwealth Government also subsidises private dental services through the private health insurance rebate, though data shows that patients who have dental coverage as part of their health insurance plans still have to pay an average of half the cost of treatment⁵.

The AHHA is concerned that out-of-pocket costs for private dental care can be prohibitive for many people on low income, even if they have private health insurance. Private health insurance subsidies are not always the answer, even for people who can afford the premiums. Gaps in payments still amount to a significant financial burden on many Australians.

A greater problem is the group of low-income earners who do not benefit from any form of government subsidy for dental care - those who earn over the threshold for Concession Cards but who cannot afford private health insurance. The AHHA wants to see a clear focus on improving access to dental services for these people in particular.

AHHA is calling for urgent action to address this long-running and growing health crisis and to ensure that all Australians have access to affordable high quality dental care. The focus must be on prevention, early intervention and regular check-ups to reduce the adverse effects of serious dental health problems, and to help take pressure off the public hospital system.

The AHHA also calls on the states and territories to match new Commonwealth funding for dental care and to work collaboratively with the Commonwealth on improving access to dental services for people experiencing access problems due to their location, age, ethnic background or income. The AHHA believes this would be best achieved by establishing a National Oral Health Leadership Taskforce.

⁴ Chalmers JM, Hodge CP, Fuss JM, Spencer AJ & Carter KD, 2000, *The Adelaide Dental Study of Nursing Homes 1998*, AIHW cat. no. DEN 83, AIHW Dental Statistics and Research Unit (Dental Statistics and Research Series No. 22), Adelaide

⁵ Sendziuk P, 2007, "The historical context of Australia's oral health" in *Australia's dental generations: the National Survey of Adult Oral Health 2004–06* (eds. Slade GD, Spencer AJ, Roberts-Thomson KF), AIHW cat. no. DEN 165. Canberra: Australian Institute of Health and Welfare (Dental Statistics and Research Series No. 34), p60