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Submission No. 026
(Dental Services)
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Ms Alison Clegg
Secretary
Standing Committee on Health and Ageing
haa.reps@aph.gov.au

Dear Ms Clegg

Subject: Inquiry into Adult Dental Services in Australia

I am writing in response to the call for submissions to the Inquiry into Adult Dental Services in Australia (the Inquiry).

The following comments on the issues being considered by the Standing Committee on Health and Ageing (the Committee) focus on adult public dental services in Tasmania as this is the area of responsibility of Oral Health Services Tasmania (OHST), the Tasmanian provider of public dental services.

For quantitative data and wider perspectives covering the full range of adult dental services and government programs, the Committee should examine a number of existing publications and programs. These are:

- the Australian Research Centre for Population Oral Health (ARCPOH) which publishes a broad range of Australian oral health statistics including use of dental services, dental health status, dental practices and the dental labour force. Existing publications available from ARCPOH can inform a number of the issues that the Committee is considering
- the National Advisory Council on Dental Health Final Report, 23 February 2012 and
- the Health Workforce Australia Oral Health Workforce Project. This project is examining the workforce supply and demand for registered oral health professionals.

With regard to the terms of reference for this Inquiry, the following comments are provided on adult public dental services in Tasmania:

Demand for Dental Services across Australia and Issues associated with Waiting Lists

In Tasmania, eligibility for adult public dental services is having a health care card or pensioner concession card. Demand for dental services from this population group far exceeds the capacity of Tasmanian public dental clinics. For this reason, all requests for adult public dental services first have to go through a triaging process to ensure that those people most in need of care are provided with treatment first. Following triage, public clinics then focus primarily on episodic dental care where relief of pain or single/primary issues of concern are only treated as opposed to full preventive and restorative dental services. Following episodic care, waiting lists must then be used for people who request general dental care. These processes are all required as a result of high demand for public dental services and because of the need to provide public dental services across the community as equitably as possible.

To further demonstrate the level of demand for public dental services in Tasmania the statistics in the Tasmanian Department of Health and Human Services (DHHS) Progress Chart provides waiting list figures and is accessible on the DHHS website (www.dhhs.tas.gov.au) in the 'Our Performance' submenu under 'About Us'.

At 30 September 2012, the waiting list for public denture services in Tasmania was 2 558 people. The waiting list for general dental care was 14 125 people.

When considering these figures it is important to take into account that some people eligible for public dental services may not try to access services (public or private) because of waiting lists or cost and that demand for general dental care is ongoing throughout people's lives and does not end with the provision of one course of treatment at a specific point in time.

The Mix and Coverage of Dental Services supported by State and Territory Governments, and the Australian Government

The mix of adult dental services funded by the Tasmanian Government consists of episodic, general and denture services. There is no local access to specialist dental services with the exception of a limited oral and maxillofacial specialist service at the Royal Hobart Hospital.

The geographic coverage of these services is fairly high (with the exception of the specialist service) with adult dental centres located in Hobart, Launceston, Devonport and Burnie and regular services on King and Flinders Islands. Most residents of Tasmania can access a public dental clinic within a short drive from where they live. Only the most remote residents require a two hour drive or more. To lower travel costs for people in rural areas, OHST contracts private dentists and prosthetists if they are operating in rural towns to provide services to local residents who are eligible for public dental services.

The recently closed Commonwealth Government's Chronic Disease Dental Scheme was not an effective scheme for Tasmanians. Based on Medicare Australia statistics published online, in 2011-2012 less than 4 000 Tasmanians received care under the Chronic Disease Dental Scheme. Access to services for the Tasmanian community was far more limited than in the larger states. Tasmanian received 0.6 per cent of the services provided nationally even though Tasmania has around 2.4 per cent of Australia's population.

Availability and Affordability of Dental Services for people with Special Dental Health needs

There is limited access for people with special needs to dental treatment at public hospitals under general anaesthetic.

For people with medical conditions or undergoing medical treatment that impacts on their oral health, who can be safely treated under local anaesthetic, the public sector has outpatient dental clinics in the North West Regional Hospital and Royal Hobart Hospital that focuses on providing dental care to this group. A similar clinic is planned for northern Tasmania at the Launceston General Hospital.

Most people with special needs can be safely treated in community public dental clinics but as with all public dental services, access is limited due to large demand for services. Triage processes at public clinics or referrals from general practitioners enable people with special needs to be treated as a priority.

Most of the costs of public dental services are subsidised via funding provided by the Tasmanian Government. Public dental clinics charge client copayments for services to people with special needs covered by concession cards. Treatment under general anaesthetic provided in public hospitals is provided at no cost to clients.

In terms of affordability, all adult public dental services are subsidised but require copayments from clients. Copayments are currently set at \$43 per course of treatment for episodic care and \$43 per appointment for general care. There are also payment plans available and use of Centrepay where agreed payments are deducted directly from Centrelink payments over time. Utilisation of payment plans is popular and limits the financial difficulty for clients, particularly for people receiving denture services where copayments can total over \$300. OHST is aware of cost of living pressures faced by its client group but the current level of copayments in conjunction with the availability of payment plans does not appear to affect the affordability and demand for public dental care.

Availability and Affordability of Dental Services for people living in metropolitan, regional, rural and remote locations

The Committee should consult with ARCPOH on this issue.

The Tasmanian Government funds adult public dental clinics in the major regional cities/towns of Hobart, Launceston, Devonport and Burnie. Public clinics are also available on King and Flinders Islands via periodic visits by OHST dentists. As stated previously, while services are available from the public sector around Tasmania, large levels of demand for services limits availability and requires the use of triaging and waiting lists.

Consistent fees are charged across the state so there are no variations in affordability of public dental services.

The coordination of Dental Services between the two tiers of government and with privately funded dental services

Dental services funded or provided by state/territory governments, the Australian Government and by the private sector tend to operate independently from each other with no linkages to an overall national dental care strategy. Given that fund holders for dental services are both tiers of government, individuals through out-of-pocket expenses and private health insurance companies, it is not surprising that there is very little coordination of services. Improved coordination of dental services may lead to more cost effective dental programs and better targeting of government funded services to people who would most benefit from dental treatment.

The Chronic Disease Dental Scheme in Tasmania did not have any noticeable effect on the level of demand for public dental services provided by OHST. This could be because the uptake of the Chronic Disease Dental Scheme was very low or it could be that the population accessing the Scheme were not a part of the population that have in the past accessed Tasmania's public dental services.

Workforce issues relevant to the provision of dental services

According to the Australian Institute of Health and Welfare publication *Dental Workforce 2011* published in January 2013, Tasmania had a lower number of dentists per capita than other Australian states or territories. In 2011, Tasmania had 40 dentists per 100 000 population compared to the national average of 63.5 per 100 000 population. Tasmania had a relatively high level of provision of dental prosthetists at 10 dental prosthetists per 100 000 population compared to the national average of 5.1 dental prosthetists per 100 000 population.

Workforce issues are most prevalent for the public sector in Tasmania in the north west of the state where employing dentists and prosthetists and retaining them is very challenging. Without the ability to employ a dental workforce, dental services must be contracted to private providers. This is a strategy that is more costly and it is not always possible to do, particularly in some areas where demand for services in the private sector is also very high.

Due to Tasmania's size, it is not possible for Tasmanian students to study dental tertiary courses in the State and therefore Tasmania is completely reliant on recruitment from interstate or overseas trained clinicians. Tasmania has recently been allocated funding through Health Workforce Australia for infrastructure to support the rotation of dental students from other states universities to Tasmania.

The prosthetics workforce is also reliant on interstate vocational education and training providers to train the dental technician and prosthetist workforce. In recent years OHST has recruited much of its dental workforce from South Africa through the Public Sector Dental Workforce Scheme. OHST has also been successful in attracting new graduates into the service but recruiting experienced dentists to some regions remains a challenge.

If you have any further questions or require further information could you please contact Mr Paul Geeves on telephone (03) 6233 3905 or by e-mail at paul.geeves@dhhs.tas.gov.au.

Thank you for the opportunity to comment.

Yours sincerely

Matthew Daly
Secretary

15 March 2013