



Consumers
Health Forum
of Australia

15 March 2013

Dr Alison Clegg
Committee Secretary
House of Representatives Standing Committee on Health and Ageing
PO Box 6021
Parliament House
CANBERRA ACT 2600

Dear Dr Clegg

Inquiry into Adult Dental Services in Australia

The Consumers Health Forum of Australia (CHF) welcomes the opportunity to provide a submission to the House of Representatives Standing Committee on Health and Ageing's *Inquiry into Adult Dental Services in Australia*.

CHF is the national peak body representing the interests of Australian healthcare consumers. CHF works to achieve safe, quality, timely healthcare for all Australians, supported by accessible health information and systems.

CHF welcomes this Inquiry as an opportunity to identify priorities and inform the development of the forthcoming National Partnership Agreement (NPA) for adult dental services. Our submission calls for improved access to dental check-ups, early treatment and non-urgent services under the NPA, as well as mechanisms to improve access to services among consumers who are currently ineligible for public dental care. CHF also recommends that governments at all levels take greater responsibility for the funding of dental health services, and that the NPA prioritise reducing out-of-pocket costs for consumers.

To advance these issues, CHF recommends that the NPA articulates a clear leadership and coordination role for the Commonwealth. This should include measuring outcomes and holding State and Territory governments responsible for their performance under the NPA.

CHF would welcome the opportunity to expand on our submission at a public hearing of the Inquiry.

CHF appreciates the opportunity to provide a submission to the Inquiry. Should you wish to discuss these comments in more detail, please contact CHF Policy Manager, Ms Maiy Azize, on (02) 6273 5444.

Yours sincerely,

Carol Bennett
CHIEF EXECUTIVE OFFICER



**Submission to the House of Representatives Standing Committee
on Health and Ageing's *Inquiry into Adult Dental Services in
Australia***

March 2013

Recommendations

Availability and Affordability of Dental Services for People with Special Dental Health Needs, and for People Living in Metropolitan, Regional, Rural and Remote Locations

CHF recommends that the NPA for adult dental services prioritises improving access to dental check-ups, early treatment and non-urgent services. This may require changes to existing State and Territory programs and models, as well as targets to reduce average waiting list times.

CHF recommends that the NPA for adult dental services includes mechanisms to improve access to dental services among consumers who are currently ineligible for public dental care. This may require changes to eligibility provisions under existing State and Territory programs and models.

CHF recommends that the NPA for adult dental services prioritises improving access to dental services for consumers living in rural, regional and remote areas.

The Coordination of Dental Services between the Two Tiers of Government and with Privately Funded Dental Services

CHF recommends that governments at all levels take greater responsibility for the funding of dental health services, and increase their financial commitments accordingly.

CHF recommends that the NPA for adult dental services prioritises reducing out-of-pocket costs for consumers.

Shaping the National Partnership Agreement

CHF recommends that the NPA for adult dental services includes progress indicators under each of the items listed above.

CHF recommends that the NPA for adult dental services articulates a clear leadership and coordination role for the Commonwealth. This should include measuring outcomes and holding State and Territory governments responsible for their performance under the NPA.

Submission to the House of Representatives Standing Committee on Health and Ageing's *Inquiry into Adult Dental Services in Australia*

March 2013

Introduction

The Consumers Health Forum of Australia (CHF) welcomes the opportunity to provide a submission to the House of Representatives Standing Committee on Health and Ageing's (the Committee) *Inquiry into Adult Dental Services in Australia* (the Inquiry).

CHF is the national peak body representing the interests of Australian healthcare consumers. CHF works to achieve safe, quality, timely healthcare for all Australians, supported by accessible health information and systems.

Oral health is fundamental to the overall health, wellbeing and quality of life of Australians. The impact of poor oral health on the lives of consumers is subtle yet pervasive, influencing nutrition, work, rest and social patterns. The prevalence of these impacts and the inaccessibility of services is a major concern to CHF, and were raised with us by many consumers in response to our recent campaign on the affordability of dental care. We therefore welcome this Inquiry as an opportunity to identify priorities and inform the development of the forthcoming National Partnership Agreement (NPA) for adult dental services.

CHF's input draws on consultation with our membership, which includes organisations advocating for older consumers, disease specific groups and networks, state and territory peak consumer organisations and individual consumers. Our submission addresses the following aspects of the Inquiry's terms of reference:

- Demand for dental services across Australia and issues associated with waiting lists
- Availability and affordability of dental services for people with special dental health needs
- Availability and affordability of dental services for people living in metropolitan, regional, rural and remote locations
- The coordination of dental services between the two tiers of government and with privately funded dental services.

CHF notes that the direct outlay from the federal government to dental services has grown in recent years, and that there has been modest additional spending on dental services by many State and Territory governments. The allocation of \$1.3 billion under the NPA represents a particularly promising opportunity. However, the sporadic implementation of previous initiatives, such as the National Oral Health Plan, has proven disappointing. Previous measures have featured an ambiguous role for the Commonwealth in coordination and implementation, and have been characterised by an inability to hold State and Territory governments responsible for their performance against progress indicators.

These previous experiences highlight a major problem with oral health and access to dental care in Australia – insufficient commitment to oral health, and the lack of a clear role for the federal government. CHF considers the proposed NPA an opportunity to address this issue, and set new priorities in oral health.

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

CHF's research shows that demand for dental services is strong, with waiting lists and other access barriers preventing consumers from obtaining care. Nearly one in three Australian consumers avoids dental treatment due to cost issues, with that figure rising to 47 percent for concession card holders.¹

Up to 650,000 Australians are on waiting lists for general dental care from public dental services.² Of these, only one in ten receive treatment each year.³ Other worrying trends include public dental patients being more likely than other Australians to have dental decay,⁴ and Aboriginal and Torres Strait Islander people being more likely to experience dental disease.⁵

Consumers with particularly poor oral health include those on low incomes, people living in rural and remote areas, Indigenous people, aged care facility residents, people with disabilities, young adults on income support payments, and sole parents. Although there are some measures in place to address these disparities, consumers who receive social security payments or hold Health Care Cards remain on long public dental waiting lists, preventing them from accessing care.

The health and social impacts of waiting lists and other access barriers are great. Among people with serious oral health problems:

- Nine out of ten experience pain or discomfort
- Nine out of ten have experienced a limiting of their employment prospects
- Many experience dental diseases causing tissue infection, resulting in an estimated 60,000 preventable hospitalisations per year.⁶

As a result of these issues, older Australians who hold Health Care Cards are twice as likely as other Australians to have had all of their teeth extracted. Those card holders who have kept some natural teeth are twice as likely to have too few teeth for effective chewing, and these teeth show twice as much untreated decay.⁷

CHF believes that these inequalities are the direct result of a lack of access to affordable dental services, stemming from waiting lists and other barriers.

¹ National Advisory Council on Dental Health (2012) *Report of the National Advisory Council on Dental Health*. Department of Health and Ageing: Canberra.

² National Health and Hospital Reform Commission (2009) *A Healthier Future for All Australians: NHHRC Interim Report*. Commonwealth of Australia: Canberra.

³ Ibid.

⁴ Brennan, D.S. (2008) 'Oral Health of Adults in the Public Dental Sector.' *Dental Statistics and Research Series*. 47: 192. Australian Institute of Health and Welfare: Canberra.

⁵ Jamieson L.M., Armfield, J.M. and Roberts-Thomson, K.F. (2007) 'Oral Health of Aboriginal and Torres Strait Islander Children.' *Dental Statistics and Research Series*. 35: 167. Australian Institute of Health and Welfare: Canberra.

⁶ Chrisopoulos, S., Beckwith, K. and Harford, J.E. (2011) 'Oral Health and Dental Care in Australia: Key Facts and Figures 2011.' *Dental Statistics and Research Series*. 214. Australian Institute of Health and Welfare: Canberra.

⁷ Bond, S. (2010) *Public Dental Care and the Teeth First Trial: A History of Decay*. Brotherhood of St Laurence: Melbourne.

Availability and Affordability of Dental Services for People with Special Dental Health Needs, and for People Living in Metropolitan, Regional, Rural and Remote Locations

The availability and affordability of services continues to act as a barrier to access. Importantly, access also influences patterns of dental service use. For example, one in five consumers who have had a recent check-up report that they cannot afford the recommended follow-up treatment.⁸ CHF also notes that consumers who visit the dentist for a problem are more likely to report difficulty in paying for dental care than those who visit for a check-up.

Availability and affordability issues contribute to consumers seeking problem visits rather than check-up visits, and this issue has been associated with higher rates of tooth extraction. These patterns have escalated in recent years, with nearly two thirds of all concession card and half of all adult dentist visits relating to a problem, rather than for a check-up.⁹

Affordability issues are particularly significant for consumers at high-risk of oral health issues, with further declines in access over the past decade. Consumers on low incomes reported visiting dentists less frequently than the rest of the community, are more likely to have teeth extracted rather than filled, and are significantly less likely to get preventive care. Health Care Card holders whose last dental visit was to a public dental hospital are increasingly also more likely to:

- perceive need for dental treatment
- have experienced toothache in the last twelve months
- have avoided or delayed visiting because of cost
- have waited more than six months for an appointment.
- have received extractions in the last twelve months.¹⁰

While much of the research on the affordability of services focuses on acute dental services and interventions, CHF believes that these figures reflect the inaccessibility of check-ups and early treatment.

Although concession card holders are generally eligible for public dental care in all States and Territories, only one in five attend a public dental clinic in any one year.¹¹ Restrictions in funding for State and Territory public dental services also mean that waiting lists for early treatments are particularly long, ranging from two to ten years for non-urgent services, such as dentures.¹²

CHF recommends that the NPA for adult dental services prioritises improving access to dental check-ups, early treatment and non-urgent services. This may require changes to existing State and Territory programs and models, as well as targets to reduce average waiting list times.

⁸ Stewart, J.F. and Ellershaw, A.C. (2012) 'Oral Health and Use of Dental Services: Findings from the National Dental Telephone Interview Survey 2008.' *Dental Statistics and Research Series*. 28: 216. Australian Institute of Health and Welfare: Canberra.

⁹ Australian Council of Social Service (2006) *Fair Dental Care for Low Income Earners: National Report on the State of Dental Care*. Australian Council of Social Service: Sydney.

¹⁰ Ibid.

¹¹ Op cit Brennan.

¹² Op cit Australian Council of Social Service.

CHF is also concerned about the number of consumers who struggle to afford the cost of private dental care. It has been estimated that up to 2.3 million consumers who are ineligible for public dental care would delay or avoid treatment due to cost. While this figure includes consumers experiencing problems meeting the cost of very expensive treatments, the Australian Council of Social Service has estimated that 2.1 million of these consumers are struggling to meet the costs of treatments for tooth decay, gum disease and other basic treatments.¹³

These issues are not restricted to Health Care Card holders or low-income earners. Among consumers in higher income brackets, there have been increases in the percentage of people who:

- visited a dentist more than five years ago
- last visited for a problem rather than a general check-up
- avoided or delayed treatment because of cost
- received extractions in the last twelve months.¹⁴

CHF notes that the figures on extractions also correspond with decreases in the number of fillings received, further suggesting inadequate access to preventive and restorative treatment.

When the numbers who did not see a dentist in the past two years are added to those who avoided or delayed treatment because of the cost of routine treatment, the total number of adult Australians who face barriers to basic dental care is 5.7 million people, or 38 percent of the adult population.

CHF recommends that the NPA for adult dental services includes mechanisms to improve access to dental services among consumers who are currently ineligible for public dental care. This may require changes to eligibility provisions under existing State and Territory programs and models.

Finally, CHF notes that the availability and affordability issues facing consumers in rural and remote areas are significant. People in rural and remote areas experience average waiting times in excess of two years, with waiting lists for general treatment of up to three and a half years in some areas.¹⁵ This has a significant impact on oral health, with consumers in remote and very remote areas experiencing rates of untreated tooth decay over 50 percent higher than those living in major cities.¹⁶

CHF recommends that the NPA for adult dental services prioritises improving access to dental services for consumers living in rural, regional and remote areas.

¹³ Ibid.

¹⁴ Op cit Chrisopoulos et al.

¹⁵ Op cit Slade et al.

¹⁶ Op cit Chrisopoulos et al.

The Coordination of Dental Services between the Two Tiers of Government and with Privately Funded Dental Services

The coordination of dental services is of major concern to CHF, particularly as it relates to funding. The vast majority of funding for dental services comes from individual consumers, and consumer anecdotes suggest that direct patient payment for services acts as a disincentive to accessing care. CHF also notes that a number of State governments charge patients for using public dental care. In our view, the existing funding model, coupled with a lack of coordination, has skewed services towards acute rather than restorative and preventive treatment. This ultimately increases the total cost of care.

Annual expenditure on dental services has risen to \$7.7 billion.¹⁷ The Australian Institute of Health and Welfare estimates that individual consumers contribute \$4.7 billion, or nearly two thirds, of annual funding for dental services.¹⁸ Governments contribute less than 25 percent, while private health insurers contribute nearly 14 percent.¹⁹ This is the reverse of the situation of health service funding in general, where governments contribute 70 percent of total funding, consumers 18 percent and private health insurance 8 percent.²⁰

CHF recommends that governments at all levels take greater responsibility for the funding of dental health services, and increase their financial commitments accordingly.

CHF recommends that the NPA for adult dental services prioritises reducing out-of-pocket costs for consumers.

The patchiness of funding, coupled with the lack of coordination, has contributed to the lack of progress under the National Oral Health Plan 2004–2013. The document was ratified by the Australian Health Ministers' Advisory Council in 2004,²¹ and in the decade since, minimal progress has been made under several of its key indicators. CHF notes that in many areas, performance against the indicators has actually declined. Areas of particular concern include rising numbers of edentulous adults, reductions in dental check-ups among target populations, and declining oral health among low-income and disadvantaged groups.²²

CHF does note that the direct outlay from the federal government to dental services is growing, and that there has been modest additional spending on dental services by many State and Territory governments. Nevertheless, the implementation of the National Oral Health Plan has proven disappointing, with no formal role for the Commonwealth in coordinating implementation or holding State and Territory governments responsible for their performance.

¹⁷ Ibid.

¹⁸ Ibid.

¹⁹ Ibid.

²⁰ Australian Institute of Health and Welfare (2012) 'Australia's Health 2012.' *Australia's Health Series*. 13: 156. Australian Institute of Health and Welfare: Canberra.

²¹ National Advisory Committee on Oral Health (2004) *Healthy Mouths, Healthy Lives: Australia's National Oral Health Plan 2004-2013*. Australian Health Ministers' Conference: Adelaide.

²² National Oral Health Plan Monitoring Group (2013) *Key Progress and Outcome Performance Indicators: Fourth Follow-Up Report 2002-2012*. Australian Research Centre for Population Oral Health: Adelaide.

The experience of the National Oral Health Plan highlights a core problem with oral health and access to dental care in Australia – insufficient government commitment to oral health, and the lack of a clear role for the federal government. CHF considers the proposed NPA an opportunity to address this issue.

Shaping the National Partnership Agreement

CHF has welcomed the federal government's recently announced dental package as an important step towards a national approach to oral health. Unlike previous initiatives, such as the Medicare Chronic Diseases Dental Scheme, the new package would provide targeted services to those in greatest need. Importantly, it also provides the foundations for a national, coordinated system.

CHF regards the allocation of \$1.3 billion to States and Territories under the forthcoming NPA for adult public dental services as a particularly promising opportunity. This funding could be provided to the States to improve outcomes in:

- Community wide oral health promotion and community education
- Planning for and provision of dental services for high-risk consumers according to need, including provision of general services, emergency care and more complex treatments
- Dental health service infrastructure and programs for hard to reach populations
- Water fluoridation, particularly in centres with populations of 1000 or above
- The elimination of co-payments for pensioner and Health Care Card holders
- Reducing the number of emergency presentations by pensioner and health care card holders and increasing the percentage of card holders receiving regular check-ups and preventive care.

CHF recommends that the NPA for adult dental services includes progress indicators under each of the items listed above.

The performance of State and Territory governments against these indicators will depend on their capacity to incorporate private dentists and other oral health professionals into the provision of public dental care, and increase the utilisation of the dental therapist and hygienist workforce. The failure of the National Oral Health plan also highlights the importance of the Commonwealth's role in measuring progress and coordinating implementation.

CHF therefore considers that the NPA must spell out clear roles for the Commonwealth and State and Territory governments in implementation. There must also be mechanisms to identify and resolve failures by State and Territory governments to achieve performance targets against minimum standards.

CHF recommends that the NPA for adult dental services articulates a clear leadership and coordination role for the Commonwealth. This should include measuring outcomes and holding State and Territory governments responsible for their performance under the NPA.

Conclusion

CHF welcomes the initiation of this Inquiry and the opportunity to identify priorities and inform the development of the forthcoming NPA for adult dental services. CHF believes that the NPA provides an important opportunity to develop a stronger, more coordinated response to oral health issues.

CHF's submission calls for improved access to dental check-ups, early treatment and non-urgent services under the forthcoming NPA. We believe that this may require changes to existing State and Territory programs and models, as well as targets to reduce average waiting list times.

CHF also recommends mechanisms under the NPA to improve access to dental services among consumers who are currently ineligible for public dental care. This is likely to require changes to eligibility provisions under existing State and Territory programs and models. CHF also calls for the prioritisation of dental services for consumers living in rural, regional and remote areas.

Our research indicates that consumers contribute disproportionately to the costs of dental services in Australia. We therefore recommend that governments at all levels take greater responsibility for the funding of dental health services, and increase their financial commitments accordingly. To this end, the NPA must also prioritise reducing out-of-pocket costs for consumers.

To advance each of these issues, CHF recommends that the NPA articulates a clear leadership and coordination role for the Commonwealth. This should include measuring outcomes and holding State and Territory governments responsible for their performance under the NPA.

CHF believes that there are considerable benefits to adopting this approach. With Commonwealth funding driving the reorientation of dental care to prevention and early intervention, it is likely that the need for State government expenditure on expensive emergency treatment will decline over time. This would free resources for furthering oral health promotion and prevention goals, as well as creating capacity to treat more complex, less urgent cases among Health Care Card holders.



The Consumers Health Forum of Australia (CHF) is the national peak body representing the interests of Australian healthcare consumers. CHF works to achieve safe, quality, timely healthcare for all Australians, supported by accessible health information and systems.

CHF does this by:

1. advocating for appropriate and equitable healthcare
2. undertaking consumer-based research and developing a strong consumer knowledge base
3. identifying key issues in safety and quality of health services for consumers
4. raising the health literacy of consumers, health professionals and stakeholders
5. providing a strong national voice for health consumers and supporting consumer participation in health policy and program decision making

CHF values:

- our members' knowledge, experience and involvement
- development of an integrated healthcare system that values the consumer experience
- prevention and early intervention
- collaborative integrated healthcare
- working in partnership

CHF member organisations reach thousands of Australian health consumers across a wide range of health interests and health system experiences. CHF policy is developed through consultation with members, ensuring that CHF maintains a broad, representative, health consumer perspective.

CHF is committed to being an active advocate in the ongoing development of Australian health policy and practice.