Submission No. 027
(Dental Services)
Date: 15/03/2013

Submission:
Parliamentary inquiry into adult dental health services

March 2013

March 15 2013
Authored by: Cindy Tilbrook, Acting CEO

SUBMISSION

March 2013

Introduction

The Australian Dental Prosthetists Association Ltd (ADPA) is the peak professional association for Dental Prosthetists in Australia. We represent over 90% of the Dental Prosthetists registered in Australia.

Dental Prosthetists treat patients requiring removable dental prostheses including full and partial dentures and mouth guards. Dental Prosthetists work independently and do not work under the supervision of dentists. Dental Prosthetists have been active members of the oral health workforce for many years, and members are engaged in the public and private sectors and in a range of educational and managerial capacities. Practitioners provide services for patients accessing benefits from The Department of Veterans Affairs and the former Medicare Chronic Diseases Dental Scheme, as well as through private billing arrangements supported by private health insurers.

Overview

ADPA Ltd welcomes the opportunity to make a submission in relation to the Parliamentary inquiry into adult dental health services pursuant to the introduction of the National Partnership Agreement (NPA) from July 2014, which will provide funding to state and territory governments to expand services for adults in the public dental system.

In this submission, ADPA Ltd does not propose to reiterate information to which the Parliament has ready access. Rather, we seek to provide some insights from the perspective of dental prosthetists across the country, who form a vital part of the overall dental health 'team'. Our submission is based around five key areas:

Area	**Covering the following terms of reference:**
Access to appropriate care for all current and future Australians	• demand for dental services across Australia and issues associated with waiting lists • the mix and coverage of dental services supported by state and territory governments, and the Australian Government • availability and affordability of dental services for people with special dental health needs
Creating an attractive public health career path	• demand for dental services across Australia and issues associated with waiting lists • workforce issues relevant to the provision of dental services.
Most effective use of the oral health 'team'	• the coordination of dental services between the two tiers of government and with privately funded dental

	services • workforce issues relevant to the provision of dental services.
Most effective use of public facilities	• the coordination of dental services between the two tiers of government and with privately funded dental services
Options for rural and remote areas	• availability and affordability of dental services for people living in metropolitan, regional, rural and remote locations

We understand that the inquiry seeks to identify dental priorities for people living in each state and territory. Specific submissions made by ADPA State bodies are attached as Appendices to this document. We further believe that national, state and territory priorities can best be met in both the short and longer terms through the incorporation of national strategic agendas within the scope of the current work, and have included our recommendations in relation to these national issues as part of this submission.

Access to appropriate care for all current and future Australians

One of the themes underpinning Australia's National Oral Health Plan 2004 – 2013 (currently being updated), was:

"access to appropriate and affordable services – health promotion, prevention, early intervention and treatment – for all Australians".

ADPA Ltd believes that the goal of access to all will only be achieved through a combination of initiatives utilising both the public sector and the private sector. Whilst the public sector has a focus on population health and public oral health care for the disadvantaged, the private sector continues to provide dental care for a significant proportion of the population. "The private sector also has scope to contribute to the government's objectives through the treatment of patients through publicly funded schemes, lowering fees for vulnerable patients, and continued support for community prevention measures, such as water fluoridation and general health promotion." (Australian's National Oral Health Plan 2004-2013, p 2).

Access to care for future generations of Australians would be enhanced through introduction of initiatives which will positively impact on the oral health of future generations at the national level, through such measures as a continuation of fluoridation of water supplies and an increase in the promotion and publication of good oral health strategies for both children and adults.

The assessment of the nation's overall oral health and the success of initiatives to improve overall oral health also depends on the availability of evidence-based, valid and current information on oral health and oral disease. We therefore recommend the introduction of a regular and national oral health survey of children and adults so that this information is available. Such information would ensure that priority areas are identified and resources allocated to the areas of greatest need.

There is currently variation between the States in their dental care initiatives and in their ways of servicing dental needs, and this variation extends to the use of dental prosthetists (DPs). From anecdotal evidence provided by our members, we understand that some states engage DPs as employees, whilst other states engage them on a contractual or outsourced basis. We recommend that the introduction of the new scheme sets common parameters and a common set of standards across all jurisdictions, to ensure parity in services provided. The introduction of the new scheme should also ensure that State/Territory Dental Acts, Regulations and Codes of Practice do not impose barriers to the use of the full oral health care team – see also further section of this submission.

To ensure access to care is allocated to the areas of highest need, we recommend that the NPA be implemented with an initial phase that reviews existing cases and allocates them to priority groupings and the most appropriate practitioner, based on both the nature of the service to be provided and the length of time that the person has currently been on the waiting list. This allocation should be undertaken at the national level and should then feed into the eventual allocation of funds to states/territories and priority groups.

Australians in aged care face particular difficulties in obtaining adequate access to care due to a range of factors, including lack of finances and travel/mobility restrictions. The new scheme should include legislative and financial provisions that ensure that aged care facilities contain an appropriately equipped facility for the assessment and/or treatment of aged care patients on site. Such facilities could be mandated for new aged care facilities at the time of construction and at re-accreditation for existing facilities (after a transitional period).

With the longer term perspective in mind, we recommend that close consideration also be given to ensuring and encouraging the ongoing availability of dental coverage to those within the private health system. Whilst the current focus is on adults within the public dental system, government incentives to maintain private health insurance coverage (such as rebates) retain people within the private system who may otherwise become public patients.

Creating an attractive public health career path

The focus of the current initiative is on adult dental services and the reduction of waiting lists within the public health care system. We understand that some of the funding will be provided to increase the number of practitioners within the public sector. We believe that such an allocation of funds is only part of the broader issue -- in order to attract sufficient candidates of an appropriate level of training and experience to work in the public sector, we submit that it is important to make a career within the public sector an 'attractive' proposition. This needs to be done through a combination of initiatives and measures:

- Developing a recruitment strategy to attract new graduates to a career in public health
- Offering salaries competitive to those that practitioners can obtain in the private sector
- Offering training and development so that practitioners can maintain and enhance their skill levels
- Offering recognition and acknowledgement of the contribution such practitioners make to the 'public good'.

Most effective use of the oral health 'team'

ADPA Ltd believes that the most beneficial outcomes from the National Partnership Agreement will be achieved through taking an inclusive approach and adopting an 'oral health team' approach to the provision of services. The adoption of this 'team' approach, embracing not only those involved directly as oral health providers (the 'professional oral health team'), but also encompassing those in ancillary services (the 'extended' oral health team), will ensure that the most effective use of public funds is made and that that services are provided by the most appropriate practitioner.

The professional oral health team consists of general and specialist dentists, dental hygienists, dental therapists, oral health therapists, dental technicians, dental prosthetists and dental assistants (not registered dental practitioners). Each of these professionals has been trained and received experience in order to provide a distinct and specific area of care, and a multidisciplinary approach to dental services, will ensure the most effective use of available funds.

The extended team would embrace a wide range of professionals, such as general medical practitioners, pharmacists, community nurses, teachers, aged care providers, personal care workers, speech pathologists, community service workers etc, and extending to the media, employer groups and local communities (perhaps through local government bodies).

If a patient within the public dental system is identified as needing dental prosthetic care and treatment, the use of a DP to provide these services, ensures that the public are being treated by a practitioner specifically trained and educated.

A reduction of public dental waiting lists could also be achieved through funding and utilising the services of private dental prosthetists. We understand that a budgetary allocation has been made to workforce increases within the public sector. However, numbers employed within the public sector are low in a number of states and we believe the government may have difficulty in delivering on its objectives through usage of public health providers only, particularly given the potential time delays in engaging new public sector providers and providing them with appropriate facilities.

The contribution of private providers could be achieved through the provision of funding directly to private providers for services delivered to those on public dental waiting lists and referred through the public system to those private providers

Most effective use of public facilities

ADPA Ltd also believes that a reduction in public waiting lists could be achieved through a more effective use of public facilities, many of which are only open on Mondays-Fridays. Funding could be provided to extend the opening hours of public facilities and remunerate private providers willing to provide services within those facilities to those on public dental waiting lists during those extended hours of operation.

Options for rural and remote areas

ADPA welcomes the measures announced in 2012 in relation to the Flexible Grants program, targeting dental infrastructure (both capital and workforce) in outer metropolitan, rural and regional areas. In order to achieve the objectives of the scheme, ADPA believes that it is imperative that the

detailed provisions of the scheme ensure that the full range of oral health practitioners are eligible for funding under the provisions of the scheme.

ADPA Ltd further believes that the availability and affordability of dental services for those living in regional, rural and remote locations could be enhanced through:

- an extension of the services offered by the Royal Flying Doctor Service (RFDS) to include the full range of dental and oral health services. RFDS currently provides primary health care services through regular clinics at a range of locations, but dental services are only provided to the South Eastern Section. The provision of dental and oral health services should be extended to all RFDS clinical centres.
- the provision of funding for the provision of dental prosthetic services to remote indigenous communities. Such funding would need to cover capital and infrastructure costs in addition to recurrent workforce costs
- the implementation of a "fly-in, "fly-out" scheme for oral health services in remote and rural areas. Such a scheme would recognise that it is often not practical or 'attractive' (either financially or from a location perspective) for practitioners to establish a permanent presence in these areas. The scheme would see a capital investment in the provision of appropriate multi-disciplinary facilities, coupled with an allocation of recurrent funding covering salaries, accommodation and travel costs for an appropriate combination of oral health team members (who would visit the location on a cyclical basis and provide treatment), and an appropriate level of centrally-based administrative support.

We thank you for the opportunity of making this submission.

Cindy Tilbrook
Acting CEO
19 March 2013
Email: cindy.tilbrook@adpa.com.au

Appendix A: Submissions from ADPA State Bodies

Submission from ADPA Western Australia

Reference Area: Availability and affordability of dental services for people living in metropolitan, regional, rural and remote locations

Currently in Western Australia the waiting time for eligible patients needing dentures on the government funded Country Patients' Dental Subsidy Scheme is 18 months.

This service is currently underfunded and a reasonable waiting time should be between 12 – 16 weeks. This reasonable waiting time is calculated on the private practice waiting time of approximately two weeks if seen by a Dentist for your starting appointment. Although the Government subsidises the patients' treatment, (50%-75% depending on whether they hold a Health Care Card or a Pensioner Concession Card), it should not take their administration more than a week or two to establish the eligibility, subsidy level and process the application.

There are many willing Dental Prosthetists waiting to serve these eligible patients with a professional service and an excellent product at a greatly discounted price, not only for throughput but also as an act of public duty for the community.

We urge the Government to remedy this situation by properly funding this scheme and honouring their responsibility for providing adequate dental health care to the needy.

Submission by ADPA (SA) Inc.

1. Demand for Dental Services across Australia and issues associated with waiting lists

- Patients inform our state members that there are still significant waiting lists for treatment. There remains dissatisfaction for services offered through the SA public denture scheme with issues to be addressed.

  With patient CDDS Medicare benefits ceasing from 1 December 2012, all services provided to patients after 1 December 2012 have now become payable by patients. For many South Australians this resulted in them needing to be placed on SA Dental Services (SADS) waiting lists if they need to access government financial support for payment of their dentures. A high proportion of older South Australians have been reliant upon the services of SADS for dental care because they cannot afford to meet the costs of private dental care. There was already dissatisfaction for services offered through SADS, specifically regarding waiting times for treatment. For many of our elderly these delays can mean that they will never receive treatment in their lifetime, even for conditions that may be causing them considerable pain or discomfort. (We note that previous enquiries into dental services for older South Australians resulted in recommendations to the Minister for Health for implementation in conjunction with the SADS due to the public dental service in South Australia being *"overstretched and unable to meet current demand.)*

  We are concerned that following the abolition of CDDS Medicare benefits and more patients needing to be served by SADS waiting times will be further increased and more distress and discomfort experienced by those who are terminally ill and those who are reliant on the SADS service.

  We believe the concern about long public dental waiting lists is justified and we note the recommendation for reformation of the dental workforce and new strategies to attract and retain more dentists and allied health care professionals in both public and private sectors. A reconfiguration ensuring a focus on early detection and intervention would indeed alleviate the burden on the overall health system leading to an improvement in dental health care in South Australia.

  Indeed a high proportion of older South Australians are reliant upon the services of the South Australian Dental Scheme (SADS) for dental care as they cannot afford to meet the costs of private dental care, with significant waiting times for treatment through the scheme.

- Members have reported that CDDS patients requiring further treatment claim they were not notified of the closure of the CDDS and are only now becoming aware of the need to join SADS waiting lists for resumption of treatment. This makes it difficult at the present point to determine the current number of patients who will be requiring services through state based schemes.

- People with natural teeth are having trouble obtaining treatment and maintenance of their natural teeth because waiting lists remain significant.

- A number of immediate dentures were done through the CDM scheme by our members. Under normal procedures it would be routine practice to reline those dentures after the ridges have resorbed in order to provide proper function. Patients have been unable to have relines of dentures without being placed on waiting lists. Patients are not allowed relines through SADS unless they have an immediate denture, with a 3 month wait. Patients with serious health issues often require more attention in continuing care.

2. The mix and coverage of dental services supported by state and territory governments and the Australian Government

- At the close of the CDDS program Tanya Plibersek assured all interested parties that any patients requiring treatment would receive that treatment through the state based schemes.

- The State schemes do not carry the same fee structures therefore most practices have waiting lists. The SADS does not allow for consultations, denture ID, adjustments, relining of dentures, resilient lining, manufacture of chrome cobalts all of which may be essential to dental treatment and long term health of the patient and all previously covered under the CDDS.

- Delays in treatment can cause the conditions of patients to have poor outcomes by the time treatment eventuates. In this regard an initial consultation between a patient and our practitioners becomes vital for best practice. Consultation fees are standard business practice and allow practitioners to account for their overheads such as; staff, record keeping, cost and up keep of modern clinics, infection control requirements and are especially relevant for assessment of patients referred through SADS for the reasons outlined above. We believe the initial consultation to be an integral part of the treatment plan but there is no provision for charging for this through the SADS schedules.

  Since the inception of the SADS scheme our Association and profession has supported the public denture scheme and provided long term service to the pensioner denture scheme clients. However a comparison between SADS and the equivalent interstate schemes has been undertaken and indicates that there is now significant deficit in funding of a full upper/full lower denture (*item 719) within the South Australian fee structure. It is urgent that consideration is given to the changes that have occurred within the industry since inception of the Scheme and to the price of a full upper and lower denture (*Item 719), which is the most common service provided. The disparity between the cost of services through SADS and the equivalent interstate schemes must be addressed to avoid even greater waiting times for treatment through the SA Dental Service.

3. Availability and affordability of dental services for people with special dental health needs

- Given the current statistics and market place conditions, it can be an unwise for a practitioner to put aside more cost effective work in order to provide SADS services. Practitioners may be compelled to restrict and 'waitlist' SADS patients in order to maintain a steady business cash flow due to increased business costs thereby placing more of a burden on an already overburdened system.

4. Availability and affordability of dental services for people living in metropolitan, regional, rural and remote locations

- The profession recognises that fees were increased by SADS to practitioners providing services in country areas as a direct result of insufficient practitioners performing country SADS services. This has resulted in inequality in remuneration for the same services in country and metropolitan areas. The country and metropolitan boundaries are indistinct and unavailable for scrutiny.

5. The coordination of dental services between the two tiers of government and with privately funded dental services

No specific comment

6. Workforce issues relevant to the provision of dental services

- Members report that upon completion of services through SADS and after submitting dental vouchers to SADS for payment, they are waiting up to three months or more for payment of work performed through the SADS.

- Patients who paid for dental treatment through the CDDS had the fees they paid for dentures allocated to their medicare safety net. Under the SADS or state based schemes this does not apply to the detriment of patients.

- Expensive equipment installed for use under the CDDS to enable patients to use government cards is now redundant being incompatible with SADS. The new equipment installed had been convenient for both provider and patient.

- Systems in operation for treatment of patients are not as efficient as they were under Medicare CDDS because of the need for assessment by a SADS clinic which can be a lengthy delay.

- The SADS trend of erratically issuing a 'landslide' of referral letters to patients who have already waited for long periods is ineffective and will compound a regulated approach to treatment of SADS patients by practitioners. In order to maintain a steady service to all customers be it SADS, private health fund contracts, normal paying patients, DVA or CDM practitioners are required to regulate the number of SADS cases throughout any financial year period, specifically due to the very low rates paid by SADS for services. It is still often the case that patients are unable to be treated prior to expiration of a referral letter causing obvious frustration and hostility from

patients and extra expense and time for all affected. The erratic release of referrals displays poor planning by the organisation and deficit in funding of a full upper/full lower denture compared to all other industry fee structures does nothing to encourage practitioners to prioritise this work. Whilst the intention may not be to undermine businesses a good service must be provided by the practitioner to all clientele.