

ANSWERS TO QUESTIONS ON NOTICE

COMMUNITY AFFAIRS

Inquiry into Health Insurance Amendment (Medicare Dental Services) Bill 2007

HEARING DATE: 27 August 2007

QUESTION:

Can the Department provide the Committee with a broad description of what the new, approximately 450, Medicare dental items will include?

ANSWER:

The new Medicare dental items will cover a comprehensive range of services provided by dentists, dental specialists and dental prosthetists. The Medicare items will be substantially based on the dental schedules currently used by the Department of Veterans' Affairs (DVA).

The Medicare dental schedule has been discussed with the profession and is currently being finalised. However it is expected it will cover the following types of services:

- diagnostic services, including examinations and x-rays;
- preventive services, including the cleaning of plaque and calculus from the tooth surfaces, fluoride treatment, and oral hygiene instruction;
- the treatment of gum diseases and other conditions of the gums and jaw;
- oral surgery, including extractions;
- restorative services, including general and complex fillings, root canal fillings;
- crowns, bridges and implants;
- the supply and fitting of full and partial dentures, and the maintenance and repair of existing full and partial dentures; and
- orthodontics.

Once approved by the Minister, the schedule of items will be set out in a Ministerial Determination. This will be made after the passage of the *Health Insurance Amendment (Medicare Dental Services) Bill 2007*. The Ministerial Determination is a disallowable instrument.

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QUESTION:

Has there been an examination and modelling of the DVA expenditure to estimate the average cost of treatment under the new Medicare dental measure?

ANSWER:

The Department of Health and Ageing considered a range of information, including Medicare Benefits Schedule (MBS) and Department of Veterans' Affairs (DVA) data in the development of the new measure. The costing and modelling work was done as part of the Budget process and is not publicly available.

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QUESTION:

Has there been any discussion about having a formal oral health advisory group?

ANSWER:

The Department of Health and Ageing does not oversee a formal oral health advisory body. However, it is a member of the National Oral Health Plan Monitoring Group. The monitoring group was set up to monitor the implementation of Australia's National Oral Health Plan, with particular reference to the seven action areas of the Plan.

The Monitoring Group reports to AHMC through AHMAC, and includes representation from Commonwealth, State and Territory Governments, dental profession representative groups, and academic and educational bodies, including the Australia Research Centre for Population Oral Health (ARCPOH).

The Department also obtains advice as required directly from peak dental professional groups, such as, the Australian Dental Association and Australian Dental Prosthetists' Association.

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Bill 2007**HEARING DATE:** 27 August 2007**QUESTION:**

What is included in the Departmental component of the Department of Health and Ageing's funding allocation for the measure, in particular how many staff does it fund?
How many staff across the Department work on oral health issues?

ANSWER:

As set out in its submission to the Senate Inquiry the Department of Health and Ageing's allocation for the Medicare dental measure includes Departmental funding of \$1.0 million over four years.

	2007-08	2008-09	2009-10	2010-11	Total
Departmental - Health and Ageing	\$0.6m	\$0.2m	\$0.1m	\$0.1m	\$1.0m

This funding covers staffing, administration and communication costs. In 2007-08, four Department of Health and Ageing staff are funded by this allocation to work exclusively on implementing the Medicare dental measure.

Oral health issues are managed across various programs in several Divisions of the Department. There would a number of people working on these issues. In the time available, it has not been possible to get an accurate figure.

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QUESTION:

Do Indigenous Australian's access dental treatment under the existing Medicare dental items?

ANSWER:

Both the existing Enhanced Primary Care (EPC) dental items and the new dental items are available to all Australians who meet the eligibility criteria. Data is not collected on the uptake of the existing EPC dental items by Indigenous Australians.

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QUESTION:

What targeted strategies are there for the Indigenous population with regards to dental care?

ANSWER:

More than \$440 million is being invested by the Australian Government in 2007-08 for the delivery of comprehensive primary health care, including dental services, by Aboriginal and Torres Strait Islander primary health care services. It is not possible to separate out the proportion of primary health care service funding that goes towards these dental services.

Although the provision of dental services is a State and Territory responsibility, funding for dental services in Aboriginal and Torres Strait Islander primary health care services has been maintained since the responsibility for health services was transferred from the Aboriginal and Torres Strait Islander Commission to the Office for Aboriginal and Torres Strait Islander Health in 1995. This has enabled relevant Indigenous health services to continue to provide dental services and to replace and maintain existing dental equipment.

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QUESTION:

Is there data available on the number of residents of aged-care facilities who have accessed dental treatment under the existing Medicare dental items?

ANSWER:

Data is not collected on the uptake of the existing Enhanced Primary Care (EPC) dental items by residents of aged care facilities.

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QUESTION:

Will the Department be undertaking any education or awareness programs for the community on the enhanced access to dental treatments arising from the Bill? If so, is there any information on how such programs will be undertaken?

ANSWER:

The Department of Health and Ageing is currently working with the dental and general practice professions to develop a communication strategy to explain the new Medicare arrangements to dentists, general practitioners and patients. This is likely to include written and web-based information and resources. Information will be provided directly to practitioners (eg through the Medicare Benefits Schedule and fact sheets) and through their respective professional bodies. Patient information materials will also be developed.

From 1 November 2007, Medicare Australia will operate a telephone helpline to provide patients and dentists with information about the Medicare dental items, including a progressive total of dental benefits paid to the patient. This will help inform patients about whether they will exceed the limit of \$4,250 in Medicare dental benefits available to them over two consecutive calendar years.

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QUESTION:

Is mental health a chronic condition under this process? If so, would seemingly cosmetic dental treatment be able to be included for psycho/social reasons?

ANSWER:

To be eligible for the new dental items on referral from a GP, a patient must have a chronic medical condition and complex care needs. They must also have an oral health problem that is impacting on, or likely to impact on, their general health. In practice, this means that the patient must have in place:

- a GP Management Plan (item 721 or review item 725) and Team Care Arrangements (item 723 or review item 727); or
- for residents of an aged care facility, their GP must have contributed to or reviewed a multidisciplinary care plan prepared for the resident by the facility (Medicare item 731).

A mental health condition is considered to be a chronic condition for the purposes of these care planning items, where the condition has been or is likely to be present for at least six months.

Where all of the above eligibility criteria are met, a patient with a mental health condition will be able to access the new dental items. However, the dental items can only be used where the primary objective of the treatment is to improve function. That is, the items will not be able to be claimed for treatment that is predominantly for the improvement of the appearance of the patient (eg cosmetic). Services which aim to improve the health or function of the patient, but which also comprise a cosmetic component will be able to be claimed. This will be a clinical judgement for the GP and the dentist.