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Canberra ACT 2600

Submission to the Senate Community Affairs Reference Committee on the Health Insurance Amendment (Medicare Dental Services) Bill 2007

I make this submission in response to an invitation to do so. The views expressed are those of an individual dental academic at The University of Adelaide and are not endorsed by any level of the University of Adelaide.

The Health Insurance Amendment (Medicare Dental Services) Bill 2007 increases access under Medicare to dental treatment for people with chronic conditions and complex care needs. The rationale for this Bill is that people with chronic conditions have poor oral health which can adversely affect their condition or general health. This is an important, albeit very constrained step in improving the oral health and access to dental care among the Australian population. Nonetheless, there are several issues should be discussed with regard to this Bill and its rationale.

First, many Australians who suffer with poor oral health will not obtain dental services through this Bill. This is despite the observation that "You cannot be healthy without oral health" (US Department of Human Services, 2000). This quote from the US Surgeon General in challenges the premise of the Bill that poor oral health is only important in so far as it affects a chronic medical condition or its management. This premise has been previously captured in the phrase 'medically necessary dental treatment'. However, the quote from the US Surgeon General acknowledges that oral health *per se* is important, even without an identifiable increase in the severity or complexity of the management of any medical condition.

Second, classifying those medical conditions which are adversely affected by poor oral health is a difficult task. Poor oral health may quite plausibly affect nearly all medical conditions through pathways involving reduced ability to chew, altered food choice and decreased nutritional value of foods consumed. Alternatively oral symptoms may adversely affect quality of life, reducing coping and self-efficacy. However, there is lack of research in these areas. There is difficulty in ruling a line between medical conditions which are affected or not by poor oral health. At present any decision about what conditions are included will seem quite arbitrary.

Third, the criteria for inclusion of dental services in a GP Management Plan are not defined. Uncertainty about specific medical conditions to be included could lead to either few or many eligible patients receiving dental care. Past experience with much lower rebates was that few eligible patients received dental care. If the new arrangements are more attractive to patients, general medical practitioners and dentists, it is possible that most people under a GP Management Plan and Team Care Arrangements, estimated at approximately 400,000, could desire dental care. At the maximum Medicare benefit for dental services and the level of funding set out in the Financial Impact Statement only some 45,000 people will receive dental care in any year of full funding. How then will the one in eight eligible adults under a GP management Plan be chosen by their general medical practitioner? Will they be limited to people with particular chronic conditions, specific oral disease or dental treatment needs, financial circumstances, or none of these criteria.

The Financial Impact Statement for this Bill outlines a total cost of $384.6 million over 4 years. This will present the second highest outlay on dental services by the Australian Government (the highest is the 30 percent private (dental) health insurance rebate). Such an outlay needs to be actively monitored and evaluated. It is likely that 'fine tuning' will be required to ensure satisfactory processes lie behind the provision of Medicare Dental Services and the best outcome is achieved for the expenditure.
To inform these judgements, evaluation needs to be conducted at two levels: one among persons receiving Medicare Dental Services, and another at the population level. Among persons receiving Medicare Dental Services profiling of these patients and what services they receive would be an expected routine part of any administrative overview. However, a number of more specific questions might reasonably be asked about

the persons receiving Medicare Dental Services:

- the reasons for seeking care
- the social, medical and other relevant characteristics of those who received care
- the oral problems they had,
- the impact dental care had on their underlying medical condition and its management, and
- the perceptions of the process from general medical practitioners dentists and persons involved

At the population level it is important to understand the coverage achieved by Medicare Dental Services among those persons with chronic disease and complex needs and those who are under a GP Management Plan and Team Care Arrangement. Such questions can only be answered by planned evaluation activities. The implementation of such evaluation activities early in the program is of high importance if the management of the interface between oral and general health is to be improved in Australia.

Yours sincerely

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