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From: Prof. Paul V. Abbott

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The Secretary
Community Affairs Committee
Australian Senate
Parliament House
CANBERRA ACT 2600

Dear Sir

HEALTH INSURANCE AMENDMENT (MEDICARE DENTALSERVICES) BILL 2007

The Oral Health Centre forms part of The University of Western Australia. It incorporates the University's School of Dentistry, and is contracted to provide public dental services to eligible members of the Western Australian public. The Centre's main responsibilities are therefore to train dentists to a standard that meets community expectations, and to provide general and specialist dental services to eligible members of the WA community.

Also co-located as tenants on the Oral Health Centre (OHCWA) site are the Dental Hygienist program of Curtin University of Technology, and the Dental Clinic Assistant and Dental Technician programs of Western Australia's Central TAFE.

The Oral Health Centre is first and foremost a teaching facility, and its contract with the Western Australian Government to provide dental services to eligible members of the public ensures that students have access to a suitable pool of patients to develop the necessary skills and aptitude to become good general dentists. In addition to didactic elements of the programme students learn either by treating patients under close supervision by highly experienced and skilled tutors or by observing general and specialist dentists treating a wide range of dental conditions. Patients are treated by qualified general and specialist dentists as well as by undergraduate and postgraduate students.

Generally the patients deemed eligible by the WA Government for subsidised dental treatment are those holding Health Care or Pension Concession Cards. Accordingly



the Centre treats the most disadvantaged members of the public. Other than patients whose needs are such that they can be treated by third or fourth year dental students (for which no charge is levied), the Centre's patients must make a co-payment ranging from 25% to 75% of the scheduled fee from the Department of Veterans' Affairs Dental Fee Schedule. This co-payment can be substantial for complex and extensive treatment, such as some crown and bridge work, implantology, maxillofacial surgery and orthodontics.

The Oral Health Centre has operated for over five years and has seen approximately sixty thousand public patients in that time. This experience places the Centre well to form views about the adequacy of the public dental system and the extent to which people with serious dental problems are catered for, particularly if they are of low financial means.

It is my understanding that the existing arrangements whereby Medicare cover is available for some dental treatment for patients with other chronic health problems does not extend to patients who receive any public subsidy for their dental treatment. This is inequitable as it means that even with the existing State-funded subsidy many patients are unable to afford the treatment they require.

The Oral Health Centre sees many patients who have severe dry mouth, either as a result of medications taken for other conditions or because of systemic disease. All feel a significant diminution of their quality of life because they cannot taste food, they cannot eat or swallow properly and they have difficulty talking and coping with life in general. There are also patients with rheumatoid arthritis who have a related inflammatory condition in their mouth which causes significant oral pain. Many psychiatric problems first manifest as non-anatomical pains in the mouth. Oral symptoms of diabetes show up anywhere up to two years before the patients are sick enough to seek medical help. None of these conditions are adequately treated by doctors because they have no training in the treatment of such disorders of the mouth, and the Bill currently before the Parliament provides an opportunity to address this by enabling them to see a dentist with the necessary training and for this service to be funded by Medicare.

The Centre also treats many very elderly patients with few remaining teeth. Some are unsuitable for dentures because of dry mouth and other conditions. One such patient has described how she is losing substantial weight and her health is deteriorating because she cannot eat properly (a chronic condition I submit), and she also suffers the embarrassment of her upper denture dropping when she speaks and even being dislodged from her mouth when she sneezes. Her only real option for treatment is to have a number of implants to help retain a denture, treatment she cannot afford and for which she says she will have to take out a loan. Even with a Government subsidy this treatment can be substantially beyond the means of many of our patients.

I believe it is consistent with the intentions of the Medicare agreement for treatment that is essential for a patient's health and wellbeing and that is beyond their financial





means to be funded at least in part through Medicare, and I urge the Committee to recommend accordingly. I also believe that the Department of Veterans' Affairs Dental fee Schedule provides an appropriate basis for assessment of any rebates available for dental care through Medicare.

Yours faithfully,

Professor Paul Abbott

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