



Victorian Healthcare Association

Oral Health and Denticare

National Health Reform: the VHA view

February 2010



Victorian Healthcare Association

1. Prefacing comments

Good oral health is a prerequisite for overall health, well-being and quality of life. Many barriers exist in oral health service provision currently that negatively impacts on good oral health. These barriers include long waiting times for health care card holders to access public dental services, prohibitive out of pocket costs for people on middle and low incomes and there are limited oral health practitioners available in rural and remote areas.

Consequently, the VHA recognises that many Australians currently cannot access appropriate oral healthcare, including health promotion, preventative care, early intervention, restoration and treatment. This results in a significant burden on individuals, families and the broader community.

1.1 The NHHRC Final Report

The NHHRC released its final report on 10 August 2009. The report included 123 recommendations for consideration by the Federal Government. The recommendations were grouped into four themes:

- Taking responsibility
- Connecting care
- Facing inequities
- Driving quality performance

The VHA has regrouped the recommendations within the report into seven key themes in line with the VHA's priorities to inform a more considered response. The VHA's analysis centred on the following key themes:

- Governance
- Funding reform
- Service reform
- Workforce
- Benchmarking and data
- E-health
- Population health

Discussed within this paper are the funding and service reform, workforce and population health issues facing oral health reform.

2. The VHA Position

Whilst Australia is considered one of the healthiest countries in the world, the nation's oral health outcomes are not so good. The Australian oral health system requires significant action to ensure that all Australians have access to affordable high quality dental and oral healthcare.

The VHA believes the current national health reform process provides a once-in-a-lifetime opportunity to improve the oral health of millions of Australians. All Australians



Victorian Healthcare Association

should have universal access to preventive and restorative dental care regardless of their ability to pay.

In achieving the goal of universal access, it will take time to develop the workforce and infrastructure capacity required. It is therefore the VHA's view that a staged implementation with specific targeting is required. This will allow Australia to appropriately meet the needs of the most in need subpopulations.

The VHA therefore supports the proposals related to oral health and dental care espoused in the National Health and Hospitals Reform Commission report [the report] with some caveats. This position statement will highlight important factors that must be considered in the implementation of a Denticare scheme.

2.1 Workforce

The ability of the public dental sector to provide the necessary level of oral healthcare to meet contemporary need is threatened by a worsening national shortage of dental providers. Simply, demand far outweighs supply.

The VHA supports "one-year internships for graduating dentists and oral health professionals prior to full registration" as highlighted in Recommendation 84 of the report. The VHA is concerned by the infrastructure demands required to implement such a scheme. These demands include the number of chairs available, mentor availability, especially in rural areas and the willingness, capacity and ability of public funding models to support such an initiative. Health facilities require investment in training and capital infrastructure for this scheme to achieve meaningful gains for potential interns and to improve the capacity of the oral health workforce in the longer term.

The VHA recommends the following to support the implementation of an intern year for oral health workforce:

1. The adjustment of existing design guidelines to support good mentoring and supervision of students/interns including factors such as the appropriate level of space in rooms, places for reflection and discussion and infrastructure that safely enables practical learning. This scheme also requires appropriate fiscal recognition of the true costs inherent in mentoring
2. The integration of oral health into curricula of tertiary health courses, such as nursing, medicine and other allied health practitioners. This would allow for more opportunistic oral health promotion and screening within the broader scope of health service provision

2.2 Funding reform

Poor coordination between Commonwealth and state funding programs must be resolved in a reformed oral health system. Flexible funding packages are required to support local innovation rather than a one-size-fits-all approach. Access to oral health teams that focus on holistic approaches to preventative care, rather than specific episodes of care or practitioner types, must be facilitated.

Funding arrangements must take into account the variations in costs and delivery models required in different locations. This will enable the sustainable provision of



Victorian Healthcare Association

services across Australia, and must include the resources required for both financial, as well as workforce viability.

Instant, universal access to affordable services within the oral health system is not possible, due to cost, workforce, capital and demand pressures. The VHA, therefore supports a targeted introduction of universal services. This targeting of services should focus on the socially disadvantaged and those aged under 25. The definition of socially disadvantaged should include not only health care card holders, but children, Indigenous populations and "the working poor". Over a the longer term a universal system should be implemented.

To appropriately resource this model, the VHA recommends:

1. A population health funding model in the form of a merged and modified Commonwealth Dental Health Program (CDHP) and Enhanced Primary Care (EPC) model, with a shift towards a fully-fledged Denticare model over an achievable timeframe. This model requires a determination of which services to include under this scheme.

2.3 Service Reform

It is evident that services as they exist currently in Australia are inadequate to meet the demands of the population's oral health needs. There are currently about two million healthcare card holders in Victoria and only 300,000 receive oral health care each year. The VHA has some concerns about the challenges of creating a national system, given the differences *between* the health systems in each state. Whilst the VHA recognises that the health system needs improving, Victoria, and more broadly Australia, has one of the best health systems in the world. It is imperative that we do not lose the benefits of the existing state-funded primary healthcare infrastructure in Victoria.

The VHA recommends:

1. Up-skilling community health nurses, intake workers and general practitioners to support routine preventive oral healthcare in child health, primary health and aged care facilities
2. Expanding the scope of practice for dental therapists, oral health therapists and dental hygienists to make these professions more attractive. This requires community education to resolve any issues of public expectations within a different model

2.4 Population Health

The VHA supports the population health focus of *Healthy Mouths Healthy Lives: Australia's National Oral Health Plan 2004-2013*. The VHA is concerned that this plan – signed off by all Health Ministers in 2003 – has not been given the funding and resources required to meet these population health goals. This document is still relevant and provides a viable blueprint for the future of oral health in Australia.

Many oral health conditions are entirely preventable and evidence shows that 'chair side' oral health promotion is more consistently effective than other methods of health promotion. Furthermore, the VHA strongly supports investing in oral health promotion, as this has the potential to create massive savings in treatment costs and also improve



Victorian Healthcare Association

the overall wellbeing of many Australians. The VHA believes the Dental Health Services Victoria (DHSV) Statewide Oral Health Promotion Strategic Plan 2008-2012 provides a valuable guide in this regard.

Fluoridation of drinking water remains the most effective and socially equitable means of achieving community-wide exposure to the caries prevention effects of fluoride, however up to 20 per cent of Australians do not have access to fluoridated water. This must be resolved.

The VHA recommends:

1. All governments revisit *Healthy Mouths Healthy Lives: Australia's National Oral Health Plan 2004-2013* as a framework to guide oral health promotion in Australia
2. That all population health initiatives are informed by and aligned with the VHA Position Statement: Population Health Approaches to Planning

3. Conclusion

The VHA fully endorses the NHHRC's key messages in chapter 11 concerning the importance of oral health to overall general health, the need to incorporate oral health care into primary healthcare and that high cost of dental care is a significant barrier that prevents many people from accessing appropriate oral health care.

The "Denticare Australia" model will require significant structural improvement to be successful, with additional improvements required in the available workforce. Although the VHA is concerned about some specific aspects of the Denticare model, we believe that if these concerns are addressed and the NHHRC recommendations are implemented, the oral health of Australians will be greatly improved.