

VOHA Position Paper

Two major changes needed to improve Australia's oral health

The Victorian Oral Health Alliance (VOHA) is a group of key professional, welfare and consumer organisations and service providers, committed to improving Victorians' oral health and access to dental care.

Good oral health is important for general health and wellbeing and the impact of oral disease places a considerable burden on individuals, families and the community.

This position paper outlines the two major initiatives that VOHA believes are required to improve access to oral health care for both older Australians and for disadvantaged adults more generally in Australia. These are:

- **Establishing a Seniors Dental Benefits Scheme** as a matter of urgency to make oral health/dental care more accessible to all older Australians, as recommended by the recent Royal Commission into Aged Care Quality and Safety.
- **Providing a sustainable long-term funding model** with the state/territory public dental services for disadvantaged and vulnerable adults.

1. Seniors Dental Benefits Scheme

What is the issue?

Older people experience high levels of oral disease than younger people. This is associated with general health problems such as diabetes, changes in diet, increased use of medication, and the breakdown of heavily restored teeth. Poor oral health makes it difficult to eat a nutritious diet. . This is a particular problem for those who are receiving Commonwealth support at home or in residential aged care facilities.

More than 220,000 Australians live in residential aged care, and many more receive assistance to live at home. For too long, the most basic oral care needs of these residents have been neglected. The Royal Commission into Aged Care Quality and Safety highlighted countless stories of residents who suffered from pain and discomfort, poor nutrition and an inability to access timely and affordable dental care. This has a significant impact on their general health and quality of life.

It's time to prioritise oral health and stop the neglect.

Many senior Australians who cannot afford private care have no choice but to languish on public dental waiting lists, where the average wait for care can be years. In Victoria, the average wait for general care is estimated to be well over 20 months. In some parts of the state – especially in rural Victoria – the average wait is over 30 months – but this is also the case in areas of Melbourne. Some places in Australia have waiting times longer than a term of Federal Parliament. For example in June 2020 (before the second lockdown, which severely restricted care by up to 80 per cent) the average wait at Maryborough, Victoria, was already 42 months.

Lack of timely primary dental care not only affects individuals – it also creates costs in the hospital system. Poor oral health leads to otherwise avoidable and preventable hospital admissions, which adds to the cost of care and leads to worse outcomes for patients. In Victoria alone, there are an estimated 17,000 preventable admissions annually, at an approximate cost of \$70 million.

What action is required?

A key recommendation of the Royal Commission was to establish a Seniors Dental Benefits Scheme, which would operate in a somewhat similar way to the existing Commonwealth Child Dental Benefits Scheme. The proposed Senior scheme would:

- fund dental treatment for people living in residential aged care or who live in the community and receive the aged pension or qualify for the Commonwealth Seniors Health Card
- include benefits set at a level that minimises gap payments, and include additional subsidies for outreach services provided to people who are unable to travel, with weightings for travel in remote areas
- focus and fund dental treatment required to maintain a functional dentition, and to maintain and replace dentures.

Such a scheme would ensure that the most vulnerable older people (residents and seniors receiving community support) could access dental care in either the public or private dental system, including in their homes. It would also allow older Australians to have a regular dental care provider, which is important for quality healthcare. It could potentially also have a more preventive focus, such as the inclusion of regular screening and oral health promotion.

2. Provide a sustainable oral health funding model with the States for care for disadvantaged and vulnerable adults

What is the issue?

Oral diseases can cause pain and discomfort and negatively affect general health and quality of life. Poor oral health has been associated with a range of illnesses and diseases, while the impact of poor oral health can also create a financial burden, both for individuals and within the broader health system.

Some groups are at greater risk of poor oral health. The National Oral Health Plan identifies four priority population groups that have poorer oral health than the general population and also experience barriers to accessing oral health care. These include:

- people who are socially disadvantaged or on low incomes
- Aboriginal and Torres Strait Islander Australians
- people living in regional and remote areas
- people with additional and/or specialised health care needs.

Those who live with greater social and economic disadvantage are more likely to experience health inequalities more generally.

The current model of Commonwealth funding of public dental care is via a National Partnership Agreement (NPA) which provides roughly \$100 million-annually across Australia. While this is only a minority share of the funding of public care (for example it represents roughly 15 per cent of funding in Victoria) it still funds essential care for 60,000 Victorians each year. This is critical when:

- total State and Commonwealth funding only enables a small proportion of eligible Australian adults to be treated in any one year (e.g. 17 percent in Victoria), and
- providers face increased care costs post-pandemic (e.g. increased safety measures such as increased costs of extra PPE, and space constraints at times reducing throughput, further increasing wait times).

However, the crucial constraint imposed by the NPA mechanism is that it is extended on an annual basis. In recent years this extension typically occurs towards the very end of the funding period and leaves services unsure until the last moment of their funding for the new financial year. This has significant impacts on staff contracts, affecting both the recruitment and retention of good staff. This is particularly true in rural locations as workforce issues are the key constraint in providing accessible services outside metropolitan areas.

It does not have to be like this. The initial NPA provided \$1.3 billion in funding over four years, and with the sector needing to see a return to similar levels of funding and certainty. Increased funding reliability would support services to attract and retain staff, improving access to services to vulnerable Australians.

What action is required?

The Commonwealth should renegotiate with the States to provide an ongoing arrangement similar to the National Health Reform Agreements for hospital funding. These should be multi-year agreements that provide ongoing funding and certainty to the dental sector, with regular discussions about future reform priorities and relative contributions. These arrangements should be recurrent and provide ongoing reliability for funded services.

VOHA Members

- Australian Dental Association Victorian Branch (ADAVB)
- Australian Dental and Oral Health Therapists' Association (ADOHTA)
- Australian Dental Prosthetists Association (ADPA)
- Brotherhood of St Laurence
- cohealth
- Community Information and Support Victoria
- COTA Victoria
- Dental Hygienists Association of Australia (DHAA)
- Health Issues Centre
- IPC Health
- Public Health Association of Australia Victorian Branch
- Victorian Alcohol and Drug Association
- Victorian Healthcare Association
- Your Community Health

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