

2022/23 Victorian Budget Submission on public oral health services

This submission is presented by the Victorian Oral Health Alliance (VOHA), a group of 20+ key professional, welfare and consumer organisations and providers (see below VOHA members) committed to improving Victorians' oral health and the current inequities in access to timely dental care.



MEMBERS

	Australian Dental Association Victorian Branch (ADAVB)		IPC Health
	Australian Dental & Oral Health Therapists Association (ADOHTA)		North Richmond Community Health
	Australian Dental Health Foundation		Peninsula Health
	Australian Dental Prosthetists Association (ADPA)		Public Health Association Australia (Victorian Branch) – Oral Health Special Interest Group
	Australian Network for Integration of Oral Health		Star Health
	Brotherhood of St Laurence		The University of Melbourne Dental School
	cohealth		Uniting AgeWell
	Community Information Support Victoria		Victorian Alcohol and Drug Association (VAADA)
	COTA Victoria		Victorian Healthcare Association (VHA)
	Dental Hygienists Association of Australia		Your Community Health
	Health Issues Centre Consumer voices for better healthcare		

Recommendations

In short, VOHA believes this Budget should focus on both:

- **a short-term recovery program for adult care by**
 - Funding a catch-up program in community clinics of \$42million to treat an extra 92,000 Victorians in 2022/23 as a first step in future investments
- **facilitating changes in the medium term to enable greater focus on prevention,**
 - enable different value-added and preventive models of care to be included in the DWAU formula for care provided by community health clinics

1. What are the key issues?

1.1 Significant inequity

LONG WAITING TIMES	CONSUMER IMPACTS	GOVERNMENT FUNDING NOT MEETING ADULT NEEDS	AGED CARE ROYAL COMMISSION
<ul style="list-style-type: none"> 📌 2-3 years for at least 50% of clients, and up to 4 years in some rural areas 📌 Average was 22.7 months in June 2021, but now longer after winter lockdowns 	<ul style="list-style-type: none"> 📌 Tooth decay gap of 7 teeth between HCC holders and the better-off 📌 Poor access to care for older Victorians 📌 Health, social and employment impacts 	<ul style="list-style-type: none"> 📌 44% decrease Commonwealth funding since 2013-14, although population is 25% larger 	<ul style="list-style-type: none"> 📌 Found countless stories of suffering from pain and discomfort, poor nutrition, and inability to access timely / affordable dental care

In addition:

- Public dental care has been restricted to emergency-only during several lockdowns in 2021, especially the winter one. Many services in 2020-21 averaged a ratio of emergency to general care of more than 50%, sometimes over 60%. This severely affected their capacity to treat people on the general lists.
- While VOHA does acknowledge the Government's actions in not financially penalising services for unavoidably underachieving targets during the year, the 2021 lockdowns have undoubtedly increased the waiting lists from the June 2021 average of 22.7 months.
- Waiting times are significantly higher at many rural services but also in the city, e.g., in June 2021 waits for general care were:
 - 48 months @ Maryborough
 - 38 months @ Whittlesea
 - 32 months @ Albury/Wodonga
 - 32 months @ Dandenong/Cranbourne

A more detailed description of the inequalities in access to public dental care in regional Australia is given in a VOHA submission to a 2020 Senate Inquiry¹.

- Waits for dentures were also extremely long in some regions, e.g.
 - 54 months @ Maryborough
 - 36 months @ Latrobe Valley
- Additionally, Victorians in all the following rural and metro electorates have average waiting times over 30 months: Ripon, Yuroke, Broadmeadows, Yan Yean, Mill Park, Thomastown, Mordialloc, Keysborough, Mulgrave, Dandenong, Narre Warren North, Narre Warren South, Clarinda, Bass, Cranbourne, Melton, Bellarine, Gippsland East, Ovens Valley, Benambra and Euroa.²
- Finally, for the majority of clients the waiting times quoted do not include the 12 months wait after their last treatment before they can go back on the list. So, 48 months is really 60 months for such clients.

¹ https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Economics/RegionalInequality46th/Submissions

² Waiting times as at July 2021 for all Victoria can be found on an interactive map at <https://adavb.org/advocacy/campaigns/public-dental-waiting-times>



- The average wait for dentures as at June 2021 was 21.6 months, before the winter COVID-19 lockdown further restricted access to care in a very significant way.
- Whilst services will hopefully well and truly have returned to COVID-safe care by July 2022, they anticipate they will still be working through both the backlog from the 2021 lockdown periods.
- Further there will be increased numbers of adults needing ‘urgent care’ or simply more chair time as their oral health status has or will have deteriorated during 2021/22 delays and longer waits all round.
- The Smile Squad program is starting to provide care for schoolchildren, but its rollout is still at an early stage and unavoidably hampered by the lockdowns. Services are not expecting that there will be any flow-on freeing up of clinic times for adults in the 2022/23 year, and in any case, this will only apply to the few services that did not already claim CDBS funding.
- Of course, the system has been chronically under-funded for decades with annual funding only allowing for 17% of eligible Victorian adults to be treated in any one year, even pre Covid.
- As a result, poor oral health is already a silent and pervasive epidemic, impacting on people’s everyday lives. It disproportionately affects Victoria’s vulnerable and disadvantaged people.
- It both prevents people fully participating in society (e.g. getting a job, going to school), and contributes to poor general health e.g. heart disease and diabetes.

What is needed in the short and long-term?

1.1 Short-term recovery of adult care

For this Budget, VOHA urges the Government to fund

- a catch-up program in community clinics of \$42 million to treat an extra 92,000 Victorians in 2022/23 as a first step in future investments.

There is an urgent need to address the backlog of treatment (i.e. those on the waiting list and those whose treatment has been delayed due to Covid restrictions). We need to ensure that the eligible population's oral health status (already much lower than the population average) does not further deteriorate and that associated general health issues do not flow on, e.g. increased need for oral cancer care.

There are approx. 1.5 million eligible Victorian adults but only 175,000 were treated in the year to June 2021 (11.6% or equivalent to treatment every 8.5 years). There were over 154,000 people on waiting lists then and the average wait for general care increased by 3.3 months over the year.

1.2 Longer term investment

While not part of this Budget bid, VOHA will be advocating before the November 2022 election for the parties to commit to seriously addressing the long-lasting inequities in access to oral health care. These are arguably among the very largest and longest ignored inequalities in health status in Victoria, and in Australia more broadly, and specifically affecting the most disadvantaged populations.

VOHA will therefore be advocating for:

- a gradual increase of an additional \$40 million on current adult budgets **each** year for the next four years, at an estimated extra \$400m over four years, providing a total of 920,000 extra treatment episodes for low income Victorians.

2. Facilitate changes in the medium term to enable greater focus on prevention

The current funding models do not encourage nor effectively reward effective prevention work. In this Budget, VOHA recommends the Government

- enable different value-added and preventive models of care to be included in the DWAU formula for care provided by community health clinics.

New models of care are emerging from services. For example, some ensure clients receive some health education when joining the list to assist them in preventing any further deterioration of their oral health status while they wait for perhaps 2-3 years for clinical care. This attention is not necessarily fully funded within the current rules but has real benefits for clients, and eventually for services in reducing the damage requiring care and hence reducing chair time.

VOHA Members endorsing this submission



Australian Dental
Association
Victorian Branch
(ADAVB)



Health Issues Centre



Australian Dental &
Oral Health
Therapists
Association
(ADOHTA)



IPC Health



Australian Dental
Health Foundation



Public Health
Association Australia
(Victorian Branch) –
Oral Health Special
Interest Group



Australian Dental
Prosthetists
Association (ADPA)



The University of
Melbourne Dental
School



cohealth



Victorian Healthcare
Association (VHA)



Community
Information Support
Victoria



Your Community
Health



Dental Hygienists Association of Australia

APPENDIX 1.0

What's needed from the Commonwealth?

Whilst the Commonwealth only provides approximately \$27 m p.a. for adult care to Victoria through the National Partnership Agreement, it is acknowledged that this contribution has not kept up with inflation over the last eight years. Nationally the NPA has decreased by 44% over this time, while Australia's population has increased by 9% (and Victoria's by 25%).

VOHA has been advocating for the Commonwealth to take two new steps to address this, namely:

Establish a Seniors Dental Benefits Scheme

- As a matter of urgency, make oral health/dental care more accessible to all older Australians on Health Care Cards, as recommended by the recent Royal Commission into Aged Care Quality and Safety. Estimated cost \$2.84b over first three years

Provide a sustainable and higher-level long-term funding model for adult care

- Replace annually agreed National Partnership Agreement with ongoing model of funding (as per hospital agreements) to state/territory public dental services. Increase Commonwealth contribution to planned 2015-16 spending levels, i.e., increase from current \$108m to \$416m p.a.