Policy Statement 2.5.1 – Delivery of the Oral Health Care: Funding: Government

AUSTRALIAN DENTAL ASSOCIATION

Position Summary

The ADA's Australian Dental Health Plan outlines the role that Government-funding should play in the delivery of Australia's Oral Health Care. The essential features are public funding of oral health services focused on community-based prevention such as water fluoridation and oral health education, with additional funding to be targeted towards providing care for those at high risk of oral disease, that are disadvantaged or have special needs.

Background

1.1. Dental services in Australia account for 5.7 percent of total health expenditure in 2013-14. Dental Decay is Australia's most prevalent health problem. Most dental care in Australia is provided by private practitioners and financed by individuals and families either directly or through subsidisation. Federal, State and Territory Government sources provide a small percentage of services, mainly to patients eligible for assistance, both directly and by funding private practitioners to provide the services.

1.2. Although there are Federal, State and Territory Government Dental Schemes, they are not coordinated and are underfunded. There are unmet needs for the treatment of individuals within disadvantaged groups in Australia.

1.3. Internationally, comprehensive oral health care and satisfactory oral health outcomes have been difficult to achieve with universal dental schemes.

1.4. There has been a lack of continuity of public funding for oral health schemes, that has prevented long term planning to improve the oral health of Australians.

1.5. Most oral disease can be prevented through modifiable lifestyle factors and population health interventions including:

- good oral hygiene and diet;
- cessation of smoking; and
- community-based preventive activities such as water fluoridation and professional dental care.

1.6. Treatment costs are considerably higher than the costs of prevention.

1.7. Governments must recognise that there are disadvantaged and special needs groups who will be unable to access reasonable levels of oral health care without assistance, and that Governments have a vital role in providing oral health services for individuals within these groups.

1.8. Governments have particular responsibilities in an overall national oral health policy (oral health promotion, research and provision of workforce), which will have an impact on disadvantaged, and special needs groups.

1.9. Improving oral health will assist in maintaining good general health.

1.10. Oral diseases, unlike medical diseases, are largely predictable and, as such, do not have the essential characteristics of an insurable risk.

Definitions

1.11. DISADVANTAGED is a term used to describe individuals or groups of people who have a physical or mental disability, residents of remote and very remote regions, Aboriginal and Torres Straight Islanders and those that are experiencing poverty.

1.12. SPECIAL NEEDS PATIENTS are patients whose intellectual disability, medical, physical or psychiatric condition require special methods or techniques to prevent or treat oral health problems, or where such conditions necessitate special oral health treatment plans.

This Policy Statement is linked to other Policy Statement: *2.5.2 Delivery of Oral Health Care: Funding: Universal Dental Schemes, 5.1 Dentistry and Third Parties & 5.5 Funding Agencies*

1.13. UNIVERSAL DENTAL SCHEMES are those where provision of publicly-funded dental care is available for all persons regardless of their means.

2. Position

2.1. The first priority for government oral health care funding must be community-based preventive activities such as water fluoridation,oral health promotion and encouraging and supporting the cessation of smoking. .

2.2. Government funding of oral care delivery programs should be supported through a tax on the consumption of sugar.[1]

2.3. In funding oral health care delivery programs for eligible groups and individuals, governments should apply the following:

- Eligibility for treatment, for both child and adult dental care, should be directed preferentially or restricted to disadvantaged and special needs groups as determined by Government.
- Eligibility of individuals should not be decided by dentists or other health providers.
- Eligibility to receive a recall visit within 12 months of completing treatment should apply.
- If any existing State and Territory schemes are to be replaced, there should be no loss of benefits to patients.
- The range of oral health treatment items provided for recipients of Government assistance should be comprehensive to allow patients to achieve long term oral health.
- Dentist advisers should be employed to assess special cases and monitor programs.
- The ADA Schedule of Dental Services and Glossary should be used without alteration, recognising the ADA copyright and the ADA being the arbiter of interpretation.
- The treatment complexities of medically-compromised individuals and the range of care which needs to be provided, require that the prime provider of oral health services must be a dentist.
- The provision of oral health care should utilise the well-developed network of private practice in conjunction with public health service facilities.
- Schemes involving private practitioners should be open to voluntary participation by all registered dentists who elect to be included.
- Fees for services provided in the private sector should utilise the usual and customary fee of the provider.
- Patient co-payment should apply for oral health services.
- All schemes should use the same rebate schedule, which should be based on reasonable fees and updated annually.
- Monetary annual limits claimable may apply.
- Co-payments or gaps should be claimable on private health cover.
- Financing of Government incentives for the community to take out private health insurance [including ancillary cover] should not diminish the Government’s obligation to fund adequate levels of oral health care preferentially for those disadvantaged and special needs groups, who are unable to access care without that assistance.

[2] ADA Australian Dental Health Plan

- Provision of services should not create excessive administrative burden.
- The ADA should be involved in the development and evaluation of any oral health program.

2.4. Given the special contribution of Australian veterans, the Veteran Affairs Scheme is accepted, although it does not comply with the requirements of 2.3 above.

2.5. Government should legislate to ensure continuity of funding for oral health care programs.

2.6. Medicare benefits that apply to Cleft Lip & Cleft Palate Scheme and oral and maxillofacial surgery should be retained.

2.7. The Federal Government should implement ADA's solution for providing oral health care to disadvantaged groups, named Australian Dental Health Plan.

2.8. Universal dental health programs must not be introduced in Australia.

Policy Statement 2.5.1

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