



Better oral health care must be on the national agenda

REPAIR: REvitalise the system, by focusing on Prevention, Access, Improved workforce and Research

A proposal for the Federal Election from the National Oral Health Alliance

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Australians are experiencing a long and painful wait for government action on oral health and oral health services. For many years increased government funding has been needed to redress the inequality in oral health. To achieve this will take time, workforce planning and policy development. It will also take a significant financial investment. However the costs of not doing this will be far greater in terms of poor oral health outcomes and missed opportunities to prevent dental disease.

So what can be done to **REPAIR oral health** in Australia right away? The National Oral Health Alliance urges all political parties to act through investment in better oral health, emphasising prevention while providing a meaningful response to immediate problems. REPAIR provides the building blocks for meeting the needs of over 30% of Australians who currently indicate that they go without regular dental care due to cost, unavailability of services and other barriers.

To **REPAIR oral health**, governments need to:

1. **RE**-vitalise the system

RE-vitalise oral health through national leadership, with the Commonwealth acting collaboratively with the States and Territories. The Commonwealth should appoint an Advisory Panel on Oral Health to advise the Health Minister on matters relating to oral health, including the evidence base for policy development and reform. (estimated \$3m pa)

and focus on:

2. **Prevention**

Implement population oral health promotion activities as proposed by the National Health and Hospitals Reform Commission (NHHRC), linked to the National Preventive Health Strategy, primarily targeting groups at high risk of oral and dental diseases. This would help combat highly preventable common dental diseases that cause extensive tissue infection and result in an estimated 32,000 preventable hospitalisations per year. (\$20m pa)

The **National Oral Health Alliance** comprises national community, dental and health organisations that have formed an alliance to seek solutions to the poor access to services and oral health outcomes experienced by many Australians.

For further information, visit www.oralhealth.asn.au.

3. Access

There are many mechanisms by which access to dental services and oral health in Australia might be improved.¹ While no single model currently has unanimous support, there is widespread acknowledgement that **regular timely access to services must become uniformly available to all Australians** and that we need national leadership in this regard.

Improving timely access to dental services should begin with the over 2.5 million people on health care and low income health care cards. However poor access to services impacts upon the population more broadly, including up to 7 million Australians who report that they delay or go without treatment for reasons of cost and service availability.

The Commonwealth has indicated its intention to assume policy and funding responsibility for the whole of primary care. Integrated primary care has to include services for oral care. The political parties are asked to commit to policies that will address the disparity in timely access to oral health care and in funding per capita across Australia, so that access to oral health services becomes more available, more uniformly, to all Australians.

The Commonwealth Government should seek funding commitments from all States and Territories to bring their contributions to dental services up to a common minimum standard.

4. Improved workforce by:

- phasing in a dental residency (foundation) year over 5-10 years as policy, infrastructure and professional mentoring and support develop.
(initially \$20m pa for operations and \$60m pa for infrastructure)
- introducing regional, rural and remote incentives to improve the distribution of the workforce. (initially \$10m pa)

5. Research

Specifically research, monitoring and evaluation. Fairer dental services and improved oral health require well informed actions, ongoing monitoring and continuing quality improvement based on timely, quality information. (\$5m pa)

¹ The NOHA does not have an agreed position on the best options for medium-term action. There are five main options – not all mutually exclusive. 1: bring oral care into Medicare. 2: reform the Medicare Chronic Disease Dental Scheme by tightening its eligibility and reducing the scope of its services; and/or establishing a pre-approval process for some services (similar to that established in the Department of Veteran’s Affairs). This could save \$250m pa to be used for improving dental services and oral health by other means. 3: wind up the Medicare Chronic Disease Dental Scheme so as to make savings that can be applied elsewhere for the improvement of dental services and oral health. 4: re-introduce the Commonwealth Dental Health Program (\$450m pa). 5: the Commonwealth agree with the States and Territories to expand universal care for children and young adults with funding that follows the client, moving beyond the current Teen Dental Plan which allows only for consultations, without service.