



9 December 2011

The Hon Kim Wells MP
Treasurer
kim.wells@parliament.vic.gov.au

Dear Mr Wells,

Please find attached a pre-Budget submission prepared by the Australian Dental Association Victorian Branch.

The first issue – residents in aged care homes - involves expenditure which would result in significant savings by reducing the number of hospitalisations. It also calls for Standards for new residential care facilities to be amended to include dental and other treatment facilities.

The second seeks funding support for activities arising from the very worthy Public Health and Wellbeing Plan.

The other request is for the Government to press the Commonwealth Government and health funds on fees payable to hospitals and day clinics offering dental treatment under general anaesthetic.

Should you wish ADAVB to expand on points in the submission, we would be happy to do so.

Yours faithfully

A handwritten signature in black ink, appearing to read 'Matthew Hopcraft', written in a cursive style.

Associate Professor Matthew Hopcraft
President

Cc: The Hon David Davis MP, david.davis@parliament.vic.gov.au

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ADAVB PRE-BUDGET 2012-13 SUBMISSION

Introduction

The Victorian Branch of the Australian Dental Association (ADAVB) is the peak body for the dental profession in Victoria, and represents over 90% of registered dentists, working in both public and private sectors. Our mission is to promote the art, science and ethics of dentistry, and the oral health of ALL Victorians. The ADAVB is pleased to present this short submission aimed at helping the Victorian Government to target delivery of more effective dental care in the Victorian community.

Aged care

For the last three years ADAVB has highlighted in its pre-Budget submission the need to improve the oral care of residents in nursing homes. Earlier this year the Health Minister, the Hon. David Davis MP, attended a forum dealing with this topic which was hosted by the Branch and agreed on the need to help the elderly with their oral care.

There are about 45,000 elderly residents living in about 850 residential aged care facilities (nursing homes) in Victoria. Improvements in oral health over the past 50 years has seen a substantial increase in the proportion of dentate people in this sub-population, resulting in more than 50% of residents having natural teeth (on average 14 teeth present). Co-morbidity, polypharmacy, physical and cognitive impairment inherent in this group substantially increases their risk of dental disease. There are also known links between oral and systemic diseases, including atherosclerosis, stroke and aspiration pneumonia.

What is known is that:

- A pain free, healthy dentition (natural or prosthetic) is essential for adequate nutrition and quality of life;
- Improved oral health may result in up to a 40% reduction in admissions to hospitals for aspiration pneumonia;
- Caring staff can be instructed about the specific oral hygiene requirements of residents;
- That improved oral hygiene programs be implemented to assist older people to live independently in the community.

Education of carers in nursing homes is important in improving the daily oral hygiene care of residents, and this needs to be supported by regular dental visits (Peltola *et al.*, 2006). Improved oral hygiene and frequent professional oral health care is known to reduce the progression or occurrence of respiratory diseases among high-risk elderly in nursing homes (Azarpazhoooh and Leake, 2006). Oral hygiene interventions have been shown to reduce the rate of pneumonia by 40% and mortality associated with aspiration pneumonia (Raghavendran *et al.*, 2007; Adachi *et al.*, 2002).

The incidence of aspiration pneumonia in nursing home residents has been reported to be 33 per 1,000 per year (Marrie, 1990). This would equate to 1485 hospitalisations in Victoria per year. A comprehensive oral health program that could reduce the rate of hospitalisations by 40% as reported in the literature would result in 600 fewer hospitalisations annually, resulting in improved quality of life for the affected people and significant cost savings for the healthcare system.

ADAVB advocates:

- That the standards for new residential aged care facilities be amended to include provision for a multi-purpose treatment centre which could be used for dental, podiatry and other health services. For this to occur, the intervention of the Federal Minister for Mental Health and Ageing is necessary;
- That portable dental units be provided for use in a multi-purpose treatment room for ambulatory or semi-ambulatory residents or at the bedside for those whose who are bed-ridden;
- Unwanted dental chairs from public dental clinics being reconditioned and installed in the multi-purpose treatment room of an appropriate residential aged care home;
- That sufficient funding be provided to ensure that oral health is taken into account when developing a care plan for people in residential accommodation;
- That affordable transport (travel vouchers) be provided to enable older people to attend dental appointments.
- That consideration be given to three ways to improve access to oral health for nursing home residents:
 - Dental teams visiting nursing homes
 - Enhancing the existing public Domiciliary Unit
 - Engaging private dental care providers.

ADAVB can again supply costings on these proposals.

Health and Wellbeing Plan

The ADAVB congratulates the Victorian Government for its adoption of a preventive approach to health services, and in particular for the establishment of the Victorian Public Health and Wellbeing Plan 2011-2015.

Given that most dental diseases and conditions are preventable, and that many share common risk factors with conditions such as obesity and diabetes, the opportunity exists to invest in oral health promotion activities that will significantly reduce the burden of dental disease and so reduce costs of restorative care.

The Victorian Oral Health Promotion Plan is being developed in the light of the Public Health and Wellbeing Plan, and we will advocate for this to include the concept of Health Promoting Practices, which support various health disciplines in providing opportunistic advice to their patients about preventive measures they can take themselves to reduce their need for costly health treatment.

Without putting a specific number of the cost of these measures, we ask the Government to recognise that effective health promotion will require a substantial investment, albeit one that will lead to larger long term savings due to the reduced need for restorative care.

Access to general anaesthetics

ADAVB draws the Government's attention to an issue which, although very much in the hands of the Commonwealth Government, impacts on Victorians. It is the need to convince health funds to make general anaesthetic (GA) facilities at hospitals and day clinics readily available to dentists. Dentists needing to provide patients with treatment under general anaesthetic have difficulty in booking theatre facilities at a number of private hospitals and day clinics because the financial benefits for those organisations – controlled by health funds – are greater for a number of other procedures.

GAs are performed for various medical and dental reasons.

We believe that dental patients – especially special needs cases and children – are unintentionally being victimised because of the way private health funds control payments to the hospitals and day procedures centres for procedures. It is more financially sustainable for the hospitals and day clinics to book GA medical procedures rather than dental cases. For instance, we understand that the GA fees payable by one health fund to a major private hospital in suburban Melbourne are: ophthalmology \$6200, general surgery \$4100, plastic surgery \$3700, oral and maxillofacial surgery \$3400, podiatry \$3100, breast surgery \$2700, and children's and special needs dental surgery \$2460.

These fees are determined by health funds and vary for each hospital. Another reason these organisations resist booking dental operations is that with the special needs of some of these patients the procedures can be much longer than some of the higher paying operations. For pediatric and special needs patients the procedures can take up to 2 hours whereas some other (higher paying) disciplines may offer the hospital or day procedures centres additional fees every half hour.

Dentists use GA to treat:

- Children and special needs patients
- Patients who are unable to co-operate for treatment due to extreme anxiety and fear, young age, traumatic procedures, mental disability, physical disability, senility, and disorientation
- Treatment of injuries and/or extensive odontogenic infections
- Patients with extensive treatment needs, behavior management problems, medically compromised children, extreme youth, patients with handicaps, and those with anxiety.

The advantages of GA are considerable. However, the disadvantages - and their relevance to each individual patient's physical and mental status - need to be carefully considered by the dentist, patient and/or patient guardian prior to making a decision to proceed with treatment under GA.

ADAVB asks that the State Government requests the Federal Minister for Health and Ageing, Ms Roxon, to instruct her department to examine the way health funds influence the scheduling of GA operations and find a way for needy dental patients to have readier access to hospitals and day clinics for procedures under GA.

ENQUIRIES

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