VICTORIA

October 7th 2015

ADAVB submission on the Health 2040 Discussion Paper on the Future of Healthcare in Victoria

The Australian Dental Association Victorian Branch Inc. (ADAVB) is the peak professional membership body for Victorian dentists. Our mission is to promote the art, science, and ethics of dentistry and the oral health of all Victorians.

ADAVB welcomes the opportunity to participate in the discussion on the future of healthcare in Victoria. Oral health is an essential part of general health. Oral disease is recognised as a chronic disease and shares a number of common disease risk factors. Poor oral health can also impact on the management of other chronic diseases. Dentists are therefore well placed to work with government, other health care providers, and Primary Health Networks on the prevention and management of chronic disease, and on providing people with coordinated and streamlined holistic primary health care.

ADAVB is happy to expand on any matters raised in this submission. Please do not hesitate to contact our CEO, Mr. Garry Pearson (garry.pearson@adavb.org), should you have any queries.

Sincerely,

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Submission on the Health 2040 discussion paper on the future of healthcare in Victoria

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This submission offers information about opportunities to strengthen Victoria's health care system and enhance oral health outcomes for Victorians. We have only addressed questions from the Health 2040 discussion paper for which we can provide specific oral health care knowledge or advice.

Preventing and treating chronic disease

1. **Where should we focus our efforts to improve prevention and early intervention?**
   Oral diseases are among the most prevalent chronic diseases in Australia, and account for one of the highest rates of preventable hospitalisation. The burden of these diseases is disproportionately carried by disadvantaged and vulnerable members of our community, especially children, people living in remote areas, and those in lower socio-economic groups. These diseases are largely preventable using the following strategies:
   - Timely access to public general dental care. This requires increased government funding to ensure that each public patient can visit the dentist at least once every two years for preventive treatment and early intervention.
   - Oral hygiene education to promote good self-management of oral health. This can be achieved both during dental consultations, and also through public education initiatives, such as Dental Health Services Victoria's Smiles 4 Miles project[1]. This program is delivered primarily in kindergartens, and promotes healthy eating, good oral hygiene, and healthy drinking.
   - Reduce the impact of modifiable risk factors including diet, smoking and harmful alcohol consumption. A range of projects under the Healthy Together Victoria[2] initiative are undertaking public education and community engagement to achieve this goal. The LiveLighter campaign[3] is an example of a Victorian health promotion campaign that promotes healthy habits.
2. **What are the priorities for improving the outcomes and experience of people with chronic disease?**
   Provide funding for people with chronic diseases to receive publicly funded dental care. With the exception of the Child Dental Benefits Schedule, dental care largely sits outside of the Medicare system. Therefore, there are often out-of-pocket costs to the patient. For a course of general dental care, non-priority public patients must pay $26.50 per visit, capped at $106 for a general course of care.
   People who have multiple chronic diseases are often faced with difficult decisions about how to spend their limited funds on health care. If they decide to spend their money on medication, and travelling to other appointments, then their oral health will be neglected and this can also contribute to the exacerbation of other chronic diseases, such as diabetes. The Child Dental Benefits Schedule facilitates the provision of dental care in the public and private sector to eligible children. It is suggested that a similar scheme could be developed to provide dental treatment to people who have chronic diseases. We therefore urge the Victorian Government to advocate to the Commonwealth Government to provide a public dental care program for people with chronic diseases.

[1] See https://www.dhsv.org.au/oral-health-programs/smiles4miles
[2] See http://www.healthytogether.vic.gov.au/
[3] See https://livelighter.com.au/

3. **What are the best ways to improve coordination and integration of services for people with chronic disease?**
   Oral health should be taken into consideration when helping people living with chronic diseases to plan and manage their health care. It will therefore be important to establish referral pathways between general medical practitioners and dentists for people living with chronic diseases, as well as patients more generally.

Improving people's health outcomes and experience

1. **How can we make sure health services are accountable for improving outcomes?**
   Improve transparency for funding decisions and performance reporting for public dental care. At present public dental care performance indicators, such as the waiting time for public dental care and the number of patients treated, are only publicly reported as a state-wide average. In the past some community dental clinics have undertaken initiatives to reduce the length of their waiting lists. One example is the Ballarat Health Service 'Super Saturdays', which allowed 200 clients to be seen in a four hour period on a Saturday, and allowed a significant number of clients to be moved off the waiting list[4]. The outcomes of such innovations are no longer visible to the public because waiting list times at each clinic are not published. Higher performing clinics therefore may not receive public recognition for their achievements, and no public scrutiny is afforded on the performance of individual clinics. There is also little information available about how improved performance is rewarded by the government.

Improving the way the system works together

1. **How should health services work together to strengthen the delivery of health care in Victoria?**
   The Health 2040 discussion paper states that standardised or patient-held electronic health records may offer a way to avoid the patient needing to repeat basic information when receiving care from different providers. If a standardised health record is introduced it will be important to take both private and public dental providers into consideration. Dentists will need to be able to access and modify the patient health record to ensure that important health information is included. For optimal efficiency this health record system should be streamlined in order to avoid overburdening the health provider (a disincentive for its use). It would therefore need to communicate with dental record software and 'auto fill' critical information, while still maintaining a level of data security that protects patient privacy.

3. **What opportunities do Primary Care Networks provide, and what should they do in the future?**
   Oral health is an integral part of general health, however dental care has historically operated in a siloed manner, and has been treated separately from general health care, to the detriment of patients. It is therefore vital to include dental practitioners within the suite of providers available to treat patients within Primary Health Network (PHN) frameworks. Medical practitioners and dentists should be encouraged to work together as team leaders to ensure the delivery of optimal oral and general health care. Dentists should also be represented on PHN Clinical Councils and Community Advisory Committees.

[4] See https://bhs.org.au/node/393

Better health for people in rural and regional areas

3. **How do we ensure people in rural and regional areas get the high quality and safe care they deserve?**

In some Victorian rural and remote areas, public and private dental clinics cannot be established, because the population is too small to support them, and the people living in these areas are often unable or reluctant to travel the large distances needed to visit a dentist. This is why the Royal Flying Doctor Service, in partnership with Dental Health Services Victoria and the ADAVB, has established the Mobile Dental Care Program, which provides dental care in mobile vans that visit underserviced rural and regional areas in Victoria. The Victorian Government funded the initial pilot utilising a volunteer model and has subsequently funded the expanded pilot to include treatment for 2015/16. In future, consideration must be given to investing in innovative oral health delivery models, such as the Mobile Dental Care Program, to enable equity in access in rural and remote areas.

Factors contributing to poorer oral health of people living in regional and rural areas (compared to metropolitan areas) can include:

- Lack of access to optimally fluoridated water
- Lack of access to dental care
- Lack of oral health knowledge/education
- Socio-economic disadvantage

A recent report published by the Royal Flying Doctor Service[5] highlighted that "In summary, people in remote and rural areas have:

- More decay;
- More filled teeth;
- Higher rates of gum disease;
- Higher rates of edentulism;
- Higher rates of missing teeth;
- More potentially preventable hospitalisations from oral disease; and
- Lower rates of favourable dental visiting patterns and higher rates of unfavourable visiting patterns."

Ongoing funding to support the delivery of oral health services to these populations will help to address these oral health disparities.

Valuing and supporting our workforce

3. **How can the health workforce be better engaged in designing and delivering on healthcare reform?**

Victorian public dentists are in the midst of a protracted enterprise bargaining negotiation on updating Enterprise Agreements that were due to expire in May 2013. This negotiation must be swiftly and equitably resolved if the workforce is to be retained and to remain engaged.

When the bargaining process began over two years ago, it was understood that dentists in the hospital sector and also in community clinics would be negotiating on similar terms, although their enterprise bargaining agreements would be separate. In August 2014, the agreement for the hospital dentists was reached, but the community clinic dentists were informed that they could not

[5] Bishop, L.M. and Laverty, M.J. (2015). Filling the gap: Disparities in oral health access and outcomes between metropolitan and remote and rural Australia. Canberra: Royal Flying Doctor Service of Australia. Available at http://healthprofessionals.flyingdoctor.org.au/news/filling-the-gap/

expect to receive employment terms equal to that of their hospital counterparts. The bargaining process for community clinic dentists continues, and the result is a fragmented and disenfranchised workforce. This bargaining process must be resolved if community clinic dentists are to be asked to participate in health care innovation and reform.