The challenges faced by the Australian oral health system – an overview

medicare

Australian Government
Department of Health and Aged Care

Australian Government
Australian Institute of Health and Welfare
AIHW

Image source:
AIHW: https://www.aihw.gov.au/reports/burden-of-disease/australian-burden-of-disease-study-2023/contents/summary
Department of Health and Aged Care: https://www.health.gov.au/about-us/the-australian-health-system
Medicare: https://www.servicesaustralia.gov.au/medicare
Photograph courtesy: Oral Health Centre of WA

Commonwealth (federal) government based dental services

- Child Dental Benefit Schedule (CDBS)
- Federation Funding Agreement (FFA) for adult public dental services
- National Health Reform Agreement (NHRA)
- Private Health Insurance (PHI) rebates
- Grants to the Royal Flying Doctors Service (RFDS)
- The Department of Veterans' Affairs dental program.
- Research
- The Northern Territory Remote Aboriginal Investment Oral Health Program (NTRAI OHP)
- Aboriginal community controlled health organisations (ACCHO)

Parliament of Australia https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Dental_Services_in_Australia/DentalServices/Interim_Report/Chapter_1_-_Introduction_and_background

State government based dental services (Western Australian context)

1. ***Dental Health Services***

a. School Dental Service

b. General Dental Service

c. Special Dental Service

    i. Aged care facility (visiting program)

    ii. Prison dental service

    iii. Disability Service Commission clients

    iv. Visiting services to Royal Perth Hospital and Graylands Hospital

d. Dental Subsidy Schemes

    i. Country Patients Dental Subsidy Scheme (CPDSS)

    ii. Metropolitan Patients Dental Subsidy Scheme (MPDSS)

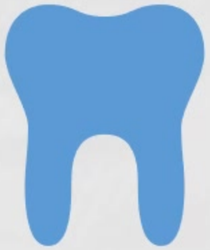
    iii. Private Orthodontic Subsidy Scheme (POSS)

2. Aboriginal Medical Services

3. Oral Health Centre of Western Australia: Only tertiary teaching and specialist dental hospital in WA.

WA Department of Health, Dental Health Services: https://www.health.wa.gov.au/en/Articles/A_E/Dental-Health-Services

Important challenges facing Australian oral health care system



Macro level

1. A historical belief that dental care is an individual responsibility.
2. Changing population demographic.
3. The existing legislative and structural separation of dental and general health care.
4. Reluctance of Commonwealth governments to take a national approach to oral health.
5. Significant costs associated with increasing subsidisation of oral and dental health care.
6. Limitations imposed by workforce size, structure and distribution
7. Lack of investment in population oral health research.

Micro level

1. The reluctance of the dental profession to include dental services in Medicare.
2. Inadequate cultural competency in our current dental workforce.
3. Lack of support for dentists to work rural/ remote.

Adapted from Parliament of Australia, Senate enquiry 2023-24: https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Dental_Services_in_Australia/DentalServices/Final_report/Chapter_2_-_A_system_in_decay

Daly, Blánaid, and others, 'Problems with health care delivery', *Essential Dental Public Health* (Oxford, 2013; online edn, Oxford Academic, 12 Nov. 2020), https://doi.org/10.1093/oso/9780199679379.003.0030, accessed 04.08.2024

Australian challenges

Factors influencing access to services		Australian context
Predisposing factor (propensity to use)	Socio-demographic	1. People eligible for public dental care have significantly worse outcomes than those who are not eligible; 2. People who do not have private health insurance have significantly more tooth loss than those who do. 3. Ageing population – poor oral health service at residential aged care.
	Socio-psychological	Just under half of Australia's adults had a dental check up in the last 12months and only half brush twice daily
	Socio-cultural	1. Migrants/refugees and Aboriginal communities – ambivalent attitude of oral health care. 2. Aged care workers do not prioritise oral health.
Enabling factors(Aids and barriers to use)	Availability	Only five per cent (or around 800) of these professional's work in the public system, which delivers around 15 per cent of dental services. COVID cavities: as RFDS services were ceased during pandemic.
	Accessibility	Only 38 per cent of those eligible for public dental care living outside of metropolitan areas are located within 5 km of a government dental clinic
	Affordability	1. One-quarter of Australians would have 'a lot of difficulty' paying a $200 dental bill 2. Out of pocket expenditure in Australia is 60% VS 40% in USA/Canada VS 17% OECD average.
	Acceptability	Inadequate culturally competent workforce.
	Accommodation	Public dental services are services are overstretched, understaffed, and the wait times are prohibitively long. Services also impacted by COVID pandemic.

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Recommendations to improve Australian oral health system

Patient level

a. Biennial oral health studies to measure oral diseases, behaviours, service utilisation and outcomes. ✓

b. Need for culturally safe and effective treatment for Aboriginal and Torres Strait Islander Australians.

Doctor/dentist level

a. Training GPs in oral health assessment.

b. Empowering pharmacists and non-dental workers to apply fluoride varnish in remote settings.

c. Increase role of dental hygienist and therapists in preventative and basic oral care.

d. New training and competency requirements for dentists to treat people with disability.

e. Improve remuneration and conditions for dentists and oral health practitioners practicing in the public sector.

f. Specific course places for regional and remote students to study dentistry and oral health

System level

a. Consider oral health as an essential part of general health. ✓

b. Oral health and dental care within the National Health Reform Agreement

c. Seed funding for a national oral health promotion and advocacy body, similar to the Heart Foundation.

d. Improving access to dental care for prisoners.

e. Implements the oral health care recommendations from the Royal Commission into Aged Care Quality and Safety.

f. Increase scope of NDIS for disability oral health care. ✓

g. expand access to the Child Dental Benefits Schedule to all children

h. Supporting universities in rural health training ✓

i. Expanding dental cover under Medicare gradually.

Adapted from Parliament of Australia, Senate enquiry 2023-24: https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Dental_Services_in_Australia/DentalServices/Final_report/Chapter_2_-_A_system_in_decay
Government response to Senate enquiry: https://www.health.gov.au/sites/default/files/2024-07/australian-government-response-to-the-senate-select-committee-into-the-provision-of-and-access-to-dental-services-in-australia-report.pdf

Overall revision

1. Macro and microlevel problems in health care systems.
2. Interaction between a patient/ client and health service.
3. Factors influencing Phase II of health service use:

a. Availability
b. Accessibility
c. Affordability
d. Acceptability
e. Accommodation

4. Barriers to oral health service use
5. Australian context.

Image source: https://tenor.com/en-GB/search/revision-gifs
Adapted from Parliament of Australia, Senate enquiry 2023-24: https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Dental_Services_in_Australia/DentalServices/Final_report/Chapter_2_-_A_system_in_decay

Thank you!!

Image source: https://www.dereklegal.com.au/blogs/posts/Considerations-in-Aboriginal-Childrens-Matters-53