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Dental Hygienists Association of Australia 2022-2023 Pre-budget Submission

Preamble

The Dental Hygienists Association of Australia (DHAA) is pleased to make our submission for the 2022-2023 Federal Budget.

The Australian Federal Government has stated that chronic conditions are a continuing challenge. It has been reported that 36% of chronic conditions in Australia are due to modifiable risk factors[1]. One modifiable risk factor, which is also an individual public health concern[2], is oral health[3]. Both chronic diseases and oral health have higher rates within priority population groups.

Poor oral health is associated with cardiovascular diseases, diabetes, chronic respiratory conditions, stroke, oral cancers, rheumatoid arthritis, chronic kidney disease, cognitive impairment and adverse pregnancy outcomes[4 5]. Higher rates of poor oral health are identified among priority population groups as highlighted in the National Oral Health Plan 2015-2024 while these same groups are at higher risk of developing many chronic diseases[6 7]. Priority populations groups are also at a higher risk of multi-morbidity. This occurs when an individual has two or more chronic diseases and is of great concern as it makes treatment complex and even more costly[8]. It is estimated that 20% of Australians currently experience multi-morbidity[9].

Poor oral health and chronic disease contribute to the economic burden placed on the Australian health care system with varying degrees of these chronic diseases and oral health issues present throughout all age groups[10]. It is estimated that by implementing 20 cost-effective interventions over the lifetime of the Australian population born in 2003, the $4.6 billion investment on interventions would have averted $11 billion in healthcare costs[11]. It is obvious that oral health prevention measures must be a key consideration for the government in managing the health care of Australians.

In 2017-18 one in four Australians reported that the cost of dental treatment prevented them from seeking treatment while it is estimated during this same time 72,000 hospitalisations due to oral pain may have been avoided with preventive dental treatment[12]. Preventive oral health strategies have the potential to lessen avoidable hospitalisations, minimise the effect of poor oral health on chronic diseases and improve the quality of life of priority populations in Australia. While prevention efforts in oral health have been made to some extent, more needs to be done.

The evidence-based rationale of our submission provides an innovative and cost-effective approach to shift the paradigm from high-cost restorative treatment to oral health prevention, as most oral diseases are highly preventable.

The DHAA has identified two important opportunities for the Government to utilise the Federal Budget to drive changes that will provide long term benefits and significant economic return to the Australian community.

Opportunity one: Residential aged care facilities

We commend the Federal Government's previous budget commitment of $18 billion over the next five years to significantly improve the Australian aged care system. Disappointingly, but understandably, oral health has again missed out due to many other pressing priorities.

Research on barriers for accessing oral health care in residential aged care services in Australia revealed that while most health care providers understand and accept responsibility to provide good oral care, it receives low priority because of other competing demands for the limited time and resources available[13 14 15].

Literature reviews confirm multiple barriers arising from the current accreditation and funding model of the Australian residential aged care sector. Some key barriers include:

- A lack of legal or contractual protocols and guidelines on oral health care in residential aged care facilities (RACFs)
- The dental professionals' preference to work in well equipped practices and reported challenges in transportation of RACF residents to these facilities, particularly in rural and remote areas
- The high cost of dental services
- The lack of a holistic and collaborative approach on oral health

The Australian Aged Care Quality and Safety Commission's current Accreditation Standards 2.15 requires that "care recipients' oral and dental health is maintained". There is no further elaboration on mechanisms to maintain the care, measurement and evaluation of the service provided or outcome achieved. Providers determine the type and level of care that is delivered. Competing demands and a lack of standardised guidelines often leads to a lack of attention for oral care.

Considerations to rectify current situation

There is a pressing need to improve oral health among RACF residents. Resources must be assigned to this purpose. The following aspects can be considered to ensure efficient and effective use of resources to deliver the optimal outcome.

Paradigm shift

Historically, dentistry adopts a treatment dominated, invasive and high-tech approach to care that is often expensive. Costs have always been a major barrier for consumers and governments. While incorporation of dental services into the universal health coverage would allow dental services to be integrated to overall health care services and improve access, the scheme is likely to be complex and takes time to develop.

A preventative, maintenance and minimal intervention approach will reduce the burden on the clinical paradigm that has shown to be ineffective within the current system[16]. An approach that provides RACF residents with preventative oral care, improvement in oral health literacy of residents, staff and carers, and provision of a referral pathway for timely medical care and complex dental treatment has been successful[17 18].

Restore balance of priorities on oral health care

Clear guidelines and more prescriptive directions for service providers, and appropriate incentives directly linked to provision of oral health care, can improve the inequality of oral care in RACF.

To prevent allocated resources being directed to other areas of care, it is important that funding for oral health care at RACFs is directly provided to the oral health practitioners.

Prescriptive oral health service requirements and outcome measurements should be mandated in RACF accreditation assessment checklists to ensure all RACFs plan and deliver the required services to their residents.

Oral health care services to be delivered on site

Preventative and maintenance oral health services are best delivered on site, as it does not require a dental chair or expensive equipment. This model of care will remove the need for transportation of residents to dental practices, this in turn, would improve access to services, reduce cost and administration efforts from RACFs. The onsite preventative and maintenance care is for screening, early detection and intervention of oral diseases, allowing appropriate and timely referrals to medical and dental services when necessary.

DHAA Recommendations

To address the existing problems related to oral care services in RACFs, the DHAA makes the following recommendations. ,

1. Develop prescriptive assessment guidelines for Standard 2.15 of the Australian Aged Care Quality and Safety Commission's Accreditation to mandate the delivery and measurement of oral care services for residents in RACFs.

2. Provide funding directly to oral health practitioners to enable the on site delivery of oral health care services to residents in the RACFs:

    2.1 Introduce incentives for oral health practitioners to establish on-site oral health services at residential aged care facilities.

    2.2 Allowing entitled DVA beneficiaries to access dental hygienists and oral health therapists for their Commonwealth funded dental services

    2.3 Introduce the Seniors Dental Benefits Scheme (SDBS). The SDBS was a key recommendation of the Royal Commission into Aged Care Quality and Safety[19] to support people living in residential aged care or in the community receiving the aged pension or qualify for the Commonwealth Seniors Health Card.

Opportunity Two: Oral health literacy

Low oral health literacy is associated with poorer oral health outcomes[20]. There is a need to increase oral health literacy among priority population groups and those living with chronic diseases.Improving oral health literacy has the potential to advance/enhance both oral health and general health.

Language proficiency is a barrier for culturally and linguistically diverse (CALD) population groups to access dental care [21].

CALD population groups are identified as a priority group in Australia. According to latest census, 21% of Australians do not have English as their primary language and 2.8% identified as Aboriginal or Torres Strait Islander[22]. Furthermore, the average reading level of Australians is at a year 6 level[23]. It is therefore important that health information is easy to understand and available in different languages. Misunderstood information results to no information or inaccurate information being transmitted and this is higher in priority population groups[24].

Why invest in Oral Health Prevention?

- Decrease the economic impact of poor oral health and its effect on chronic diseases
- Increase prevention among priority groups who are at higher risk of poor oral health and chronic diseases

- Increase oral health resources for the general Australian population

DHAA Recommendations

One of the objectives of the Department of Health is to increase focus on health promotion and prevention. In accordance with this the DHAA proposes the following recommendations for oral health prevention in the community:

3. Develop a multi-lingual website with oral health information and instruction. The languages would align with commonly spoken languages in Australia and include pictorial resources for Aboriginal and Torres Strait Islander people groups. Feedback would be sought on the readability from priority population groups in addition to a feedback form on the website as unidirectional communication has been proven to increase the efficacy of communication.

4. Create funded opportunities for oral health professionals to develop sustainable ongoing oral health promotion activities among CALD population groups.

About DHAA

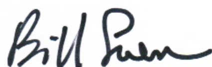
The Dental Hygienists Association of Australia Ltd (DHAA) is the peak professional body representing dental hygienists, oral health therapists and dental therapists in Australia. The mission of the DHAA is to support the continuing development of the oral health professions and preventive models of care.

DHAA members are AHPRA registered dental practitioners with training and expertise in screening, early detection and intervention of oral diseases. They are available to provide RACFs onsite preventative and maintenance oral care services. They are well placed to liaise with staff, other health professionals and carers to improve the health and wellbeing of residents through a holistic and collaborative approach that is desperately needed.

As the professional peak body in Australia that has a primary focus on preventive oral health, the DHAA has set a strategic goal of having 50% of all Australian residential aged care facilities serviced regularly by an oral health practitioner to provide oral health services by June 2026. This on-site service will focus on preventive care and some basic restorative work with the aim of significantly improving the quality of life of residents.

DHAA is keen to work with the Australian Government and stakeholders in innovating to address the long standing neglect of oral care for residents of RACFs, and to engineer the badly needed paradigm shift to oral health prevention for the Australian community.

Submitted by



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