



9 February 2017

Human Services Inquiry
Productivity Commission
Locked Bag 2, Collins Street East
Melbourne Vic 8003

Dear Hon. Scott Morrison,

Re: Productivity Commission

We thank the Federal government for the opportunity to respond to the Productivity Commission's issues paper in relation to Reforms to Human Services. We believe our previous submission covered many of the areas that are outlined in the issues paper made available in December 2016. We therefore would like to reiterate those points in this round of calls for submission.

We recognise that many low socioeconomic populations do not receive timely dental services as a result of the high costs of the private sector and the limited resources of the public sector. We note that in the past the government has successfully trialled innovative approaches to reducing costs of service delivery in healthcare such as the recently trialled My Health Record. This has been done by setting up rigorous trials and monitoring and evaluating their impact. In addition to points raised and discussed in our previous submission, we believe that running a trial of Oral Health Professionals in independent practice settings, under different payment systems such as, vouchers and OHP specific MBS Item numbers and monitoring its impact over a 2 year period would be beneficial to addressing the issues within the current model of dental service delivery nationally and provide an evidence base for future policy decision making.

Scope to improve outcomes

Quality

ADOHTA has previously presented evidence that dental hygienists, dental therapists and oral health therapists (DHs, DTs and OHTs) provide high quality care consistent with national standards. We remain cautious that while there are very low rates of complaints to the Australian Health Practitioner Regulation Agency (AHPRA) and other local regulatory bodies, there have been recent concerns of significant infection control breaches that have put patients at high-risk healthcare induced infections with dental care provided by registered¹ and

¹ Australian Health Practitioner Regulation Agency, 'Regulation at work protecting patients', *Australian Health Practitioner Regulation Agency* [website], 13th August 2015, Melbourne,

unregistered dentists in private practice.² ADOHTA advises that any consideration to provide public dental services through the private sector requires health and safety processes and/or accreditation, which to date is not a mandatory requirement in private practice.

Equity

ADOHTA agrees that there are concerns of the equitable accessibility of public dental services within low socioeconomic populations. However, it is imperative to also acknowledge that improvement to population oral health necessitates expanding oral health promotion initiatives that are complementary to the provision of clinical service delivery. Standard care provision of dental services cannot solely address the underlying causes of oral diseases, which are largely chronic diseases shaped by social determinants of health. Our profession recognises the unique role DHs, DTs and OHTs have to enhance access and utilisation of dental services as part of their training competencies in oral health promotion. In addition, there is value to the healthcare system as part of their preventive approach and focus to clinical dental services. The Commission identified that a smaller proportion of preventive care is provided to adults in the public sector.³ ADOHTA notes that this trend may be rooted not only in funding mechanisms that favour surgical interventions, but also the limited competency of dentists to provide preventive focused dental services and/or whether patients who use public dental services currently have advanced established oral diseases requiring more costly dental treatment.

Efficiency and Accountability

ADOHTA is not surprised that the Commission has not found evidence on the efficiency of public dental services or evidence within the private sector. As noted in our previous submission, we have advocated for the provision of provider numbers for our profession to introduce greater transparency and accountability of dental service provision. Proposed options to outsource public dental care within the private sector should seek the experience of successful bids of private practices to provide public dental services for adolescents from Year 9 (13–14-year-olds) until their 18th birthday, under the Combined Dental Agreement with District Health Boards in New Zealand,⁴ where DTs and OHTs provides a majority of dental care to children adolescents through School Dental Services.

Currently, clinical services provided by DHs, DTs and OHTs are billed under the dentist provider number. This creates barriers for DHs, DTs and OHTs to become independent providers of dental services due to the reliance on dentists, who are traditionally their employers and may result in employers restricting their scope of practice. Expanded scope of practice and the utilisation of full autonomous scope 'could improve patient satisfaction, health outcomes,

<<http://www.dentalboard.gov.au/documents/default.aspx?record=WD15%2f17252&dbid=AP&chksum=jySoOeYRtgB4KGvhdOhhvA%3d%3d>>, accessed 14th October 2016

² Australian Health Practitioner Regulation Agency, 'AHPRA: Court outcome shows regulation at work protecting patients', *Australian Health Practitioner Regulation Agency* [website], 13th August 2015, Melbourne, <<http://www.dentalboard.gov.au/documents/default.aspx?record=WD15%2f17252&dbid=AP&chksum=jySoOeYRtgB4KGvhdOhhvA%3d%3d>>, accessed 14th October 2016.

³ Productivity Commission, *Introducing Competition and Informed User Choice into Human Services: Identifying Sectors for Reform*, Preliminary Findings Report, Australian Government, Canberra, 2016, p. 113.

⁴ Ministry of Health, *Our Oral Health - Key findings of the 2009 New Zealand Oral Health Survey*, Ministry of Health, Wellington, New Zealand, 2010, p. 8.

service quality and efficiency'.⁵ Actions to improve efficiency are currently in progress through the development and training of the advanced practice role of DTs and OHTs to provide adult restorative dental services. Through expanded scope of practice, DTs and OHTs can now provide comprehensive preventive care to persons of all ages resulting in improved continuity of care, including the capacity to treat adult emergency dental care. The recognition for the advanced practice role of DTs and OHTs were presented at the recent Allied Health Forum supported by the Department of Health and Human Services (Victoria).⁶ Observed benefits have included increased capacity for those trained with expanded scope of practice working in rural and remote locations who can now provide adult restorative services within public and private dental clinics that operate without a dentist.

We note that workforce data provided by the Commission demonstrates a higher reliance on DTs and OHTs in the public sector compared to the private sector.⁷ This trend is reflective of the changing community needs and demand for preventive focused care. Our profession is integral to public dental services and is associated with cost-effectiveness of publicly funded services, where goals of the public sector is to maintain service quality and maximise clinical and patient output. Accountability for dental practitioners is embedded within public dental services, where DHs, DTs and OHTs are able to charge for dental services. This is enabled by funding arrangements that do not require the use of provider numbers.

ADOHTA is disappointed the Commission has not acknowledged the constraints for DHs, DTs and OHTs of not having access to a provider number is clearly a significant impediment to improving efficiency and accountability in the delivery of clinical dental services.

Preliminary Findings

ADOHTA supports the recommendations of the Commission, and proposes options for the federal government to improve human services across the population.

'Users could benefit from having greater choice over the timing and location of treatment. Greater continuity of care may lead to fewer people delaying dental treatment until more painful and costly care becomes necessary'.⁸

The establishment for independent practitioner status for dental hygienists, dental therapists and oral health therapists alongside the provision of provider numbers creates greater informed user choice of the timing, location and continuity of care as part of the essential role of the dentist within the dental team environment.

'The uncontested provision of services in government-operated clinics results in limited responsiveness to user needs and preferences. Minimal public performance reporting limits accountability to those who fund services'.⁹

⁵ Young, G., Hulcombe, J., Hurwood, A. & Nancarrow, S., 'The Queensland Health Ministerial Taskforce on health practitioners' expanded scope of practice: consultation findings', *Australian Health Review*, vol. 39, no. 3, 2015, p. 54.

⁶ Nguyen, T., *Oral Health Therapy: Increasing access to dental care services, Sharing advanced practice in allied health forum*, Melbourne, 12th September 2016, Presentation.

⁷ Productivity Commission, op. cit., p. 114.

⁸ Productivity Commission, op. cit., p. 117.

Where there are federal government dental programs currently in place, the provision of independent practitioner status and provider numbers for dental hygienists, dental therapists and oral health therapists will introduce greater transparency, accountability and continuity of care where dental services are funded under Medicare and private health insurance.

‘Service provision could be made more contestable by inviting bids from non-government providers to operate public dental clinics. More competition and choice could involve using delivery mechanisms that allow users to choose between competing private dental practices’.¹⁰

The provision of independent practitioner status and provision of provider numbers for dental hygienists, dental therapists and oral health therapists will introduce more competition and user choice that are conducive to improving population oral health via preventive approaches to clinical dental services, particularly in the private sector.

ADOHTA supports the work of the Commission and welcomes inclusion in follow-up consultations to improve the oral health for all Australians.

Yours sincerely,

Tan Nguyen

President

Australian Dental and Oral Health Therapists’ Association Inc.

⁹ ibid.

¹⁰ ibid.

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