

Commissioner Stephen King

Human Services Inquiry

Productivity Commission

Dear Commissioner King

Thank you for the opportunity to provide further input into the Productivity Commission's report into reforms to human services, dated June 2017. My comments are limited to public dental services.

I am fully supportive of providing eligible people with choice in the selection of dental providers. Similarly I am supportive of the exploration of new funding mechanisms for public dental services that incorporate oral health outcomes. I am not aware of examples of such funding mechanisms that have been implemented and evaluated. Hence, the use of trial sites would be prudent.

However, there are significant risks that can be foreseen in the implementation of these directions. These risks should be assessed and plans developed and put in place to manage them as part of the trial process. For example, the standards and benchmarks developed (Rec 11.1) could be wildly different in an uncoordinated way in each State/Territory. The same could be said for outcome frameworks (Rec 11.2), digital oral health records (Rec 11.3) and a blended payment model (Rec 12.1).

I suggest that the development of these foundations for the planning of test sites will need very strong national leadership rather than independent action by the State and Territory governments. One possible option would be the re-establishment of the National Advisory Council on Dental Health, or a similar steering group. Central leadership would ideally be provided with the appointment of a national Chief Dental Advisor. Such a steering group would need to have jurisdictional representation and well as strong technical skills in the evaluation of public dental services and public dental health. The Australia Research Centre for Population Oral Health (ARCPOH) has taken a leadership role in this area for many years.

A further risk area relates to the cost implications of a model that effectively enrolls patients for ongoing care under a new funding model. The National Advisory Council on Dental Health did develop a model for projecting the costs of such ongoing care using more traditional funding mechanisms. These methodologies could be modified and applied to the Commission's proposals. My judgement is that, with current funding levels, the approach would result the system being unable to accept any new patients (for emergency or general care) after only a few years. This could leave millions of Australians with little or no access to any affordable dental care while others have ongoing and regular publicly funded dental care.

It could be argued that the trials would expose the cost and performance of the new approaches. However, I would suggest that development of plans for the trials should explore these risk up front.

I would be pleased to answer any questions the Commission has about my comments.

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