

Submission

Introducing Competition and Informed User choice into Human Services: Reforms to Human Services, Draft Report

I write to express my deep concern of the introduction of the proposed concept of a 'disease-free mouth' proffered under section **12 User choice and contestability in public dental services** (draft recommendation 12.4) of the report. The term has not been canvassed or used in the Commission's previous papers:

- Human Services: Identifying sectors for reform Productivity Commission Issues Paper June 2016
- Reforms to Human Services Productivity Commission Issues Paper December 2016

Adoption of a 'disease-free mouth' standard for dental services will be seen by consumers and dental practitioners as a failure to support disadvantaged patients to attain life-long oral health and have the same standard of dental care expected by Australian public.

It is not certain what the term 'disease-free mouth' may mean as it has not been defined despite being used seven (7) times in key propositions within the draft paper. It is also not a term used by the domestic or international dental profession or industry.

The term 'disease-free mouth' appears to have greater alignment with financial accounting for forecasting or auditing purposes rather than a description of a consumer's oral health.

A 'disease-free mouth' model, on face value, could only deal with dental decay, periodontal (gum) disease, cancers and infections and not likely to include the treatment of and care for important life changing conditions such as:

- correcting teeth, jaw and associated structures abnormalities eg cleft palate, missing teeth, jaw discrepancies and soft tissues
- restoring function to the teeth, jaws and associated structures eg speaking, chewing, swallowing, missing teeth or tooth loss
- restoring or improving aesthetics (appearance) for psycho-social well-being
- managing myo-fascial disorders
- managing mouth and face pain or discomfort
- treating and managing trauma to the teeth, jaws and associated structures
- restoring and stabilizing occlusion (bite)
- managing special needs patients eg behavioral, psychological or syndromes

Unlike the 'disease-free mouth' terminology, oral health has been well defined by many organisations for example:

- **World Health Organization** ¹

It is a state of being free from mouth and facial pain, oral and throat cancer, oral infection and sores, periodontal (gum) disease, tooth decay, tooth loss, and other diseases and disorders that limit an individual's capacity in biting, chewing, smiling, speaking, and psychosocial wellbeing.

¹ www.who.int/mediacentre/factsheets/fs318/en/ accessed 30 Jul 17

- **FDI World Dental Federation²**
Oral health is multi-faceted and includes the ability to speak, smile, smell, taste, touch, chew, swallow and convey a range of emotions through facial expressions with confidence and without pain, discomfort and disease of the craniofacial complex.
- **Council of Australian Governments Health Council 2015³**
Oral health is 'a standard of health of the oral and related tissues that enables an individual to eat, speak and socialise without active disease, discomfort or embarrassment and that contributes to general wellbeing'.

Then oral health of an individual should not be considered as a strictly dichotomous condition but rather in terms of thresholds and risk factors. Dental services and treatments for a consumer to attain oral health likewise may also be calibrated or graduated to suit the individual circumstances. State and territory dental services have had considerable experience in dealing with the challenges of offering restricted care and treatment to eligible consumers in a resource constrained environment.

The nature of a 'disease-free mouth' model will naturally promote an output focused model of dental care while reinforcing the old-style 'repair and restore' service based cycle rather than achieving the draft report's intention to shift to a greater outcome focus for dental services.

Recommendations

It is recommended that Productivity Commissions redact the term 'disease-free mouth' and substitute the term oral health (see Annex A for greater detail).

REVISED DRAFT RECOMMENDATION 12.4

State and Territory Governments should provide access to consumer directed care through a centrally managed allocation system. Under the allocation system, governments should triage patients for both general and urgent care through an initial assessment. The initial assessment should identify and prioritise access for eligible users most at risk of developing, or worsening, oral disease.

Governments should ensure that, when allocated funding, a patient has access to:

- clinically- and cost-effective treatments that are necessary for the patient to ~~have a disease-free mouth~~ attain oral health
- payment arrangements where patients can choose to pay extra to the provider to access a range of clinically-effective treatments beyond the basic treatments
- consumer-oriented information on participating providers including, for example, clinic locations and published outcome measures, to enable their choice of provider

Yours sincerely,

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Dentist

30 July 2017

Annex:

- A. Suggested amendments to Introducing Competition and Informed User choice into Human Services: Reforms to Human Services, Draft Report

² www.fdiworlddental.org/oral-health/fdis-definition-of-oral-health accessed 30 Jul 17

³ www.coaghealthcouncil.gov.au/Portals/0/Australia%27s%20National%20Oral%20Health%20Plan%202015-2024_uploaded%20170216.pdf accessed 30 Jul 17

Annex A

**Suggested amendments Introducing Competition and Informed User choice into Human Services:
Reforms to Human Services, Draft Report**

Serial (a)	Page (b)	Current in draft report (c)	Change to (d)
1	33	clinically- and cost-effective treatments needed to have a disease-free mouth	clinically- and cost-effective treatments needed to attain oral health
2	48	clinically- and cost-effective treatments that are necessary for the patient to have a disease-free mouth	clinically- and cost-effective treatments that are necessary for the patient to attain oral health
3	332	absolute level (a disease-free mouth)	absolute level (attaining oral health)
4	338	those treatments required to have a disease-free mouth	those treatments required to attain oral health
5	356	patient to have a disease-free mouth	patient to attain oral health
6	356	wider range of treatments beyond those necessary for the patient to have a disease-free mouth	wider range of treatments beyond those necessary for the patient to attain oral health
7	360	clinically- and cost-effective treatments that are necessary for the patient to have a disease-free mouth	clinically- and cost-effective treatments that are necessary for the patient to attain oral health

Table 1