

**Chomping Into Reform –  
Improving the delivery of oral  
and dental health. June 2010**

# Toward a Universal Dental Insurance Scheme

## The NSW Experience of the Medicare Chronic Disease and Teen Dental Schemes

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**Disclaimer:** *Although certain materials from NSW Health are used in this presentation, the views and opinions expressed in this presentation are those of the authors and do not necessarily represent the policies and views of NSW Health.*

# Overview

- NSW Public Dental Services activities 05/06 – 09/10
- Commonwealth Government - Dental Funding & Programs
- Medicare programs and NSW Health's involvement
- NSW and National objectives and Medicare program alignment
- Impact of programs in NSW
- Lessons from Medicare Programs for future reform

# NSW Public Dental Service Activities

Year	Funding*	NA/WOOS*	People on waiting list*
2005/06	\$121.7 M	2,872,904	
2006/07	\$127.8 M	2,854,242	158,791
2007/08	\$141.5 M	2,791,316	154,357
2008/09	\$150.5 M	2,452,599	137,585
2009/10	\$155.3 M	2,039,302	136,493

\* Mainstream services – excl. funding and services of Aboriginal Medical Services, capital & other sources

# Dental Services Expenditure in NSW 2007/2008

## Dental Services Expenditure in NSW, by source of funds (\$ Million) (AIHW 2007-08)

Government						Non-Government				Total Dental Expenditure
DVA	DoHA & Other	Premium Rebates	Total	State and Local	Total	Health Insurance Funds	Individuals	Other	Total	
36	79	153	268	161	428	335	1,274	2	1,611	2,039

# NSW Waiting List – Priority Oral Health Program (POHP)

**Policy Directive**

**NSW HEALTH**

Department of Health, NSW  
73 Miller Street North Sydney NSW 2060  
Locked Mail Bag 9611 North Sydney NSW 2059  
Telephone (02) 9391 9000 Fax (02) 9391 9101  
<http://www.health.nsw.gov.au/policies/>

**Priority Oral Health Program and List Management Protocols**

**Document Number** PD2008\_056  
**Publication date** 26-Sep-2008  
**Functional Sub group** Clinical/ Patient Services - Dental/Oral

**Summary** The purpose of the Priority Oral Health Program and Wait List Management Protocols is to establish a clear and consistent patient flow pathway for eligible NSW residents who access general public dental services. Policy has been amended to update recommendations to change 'urgent dentures' to a Code D with the recommended maximum waiting time of 9 months, and 'chronic disease conditions' to a Code C with the recommended maximum waiting time of 6 months to align existing public dental work practices to the 2008 Commonwealth Dental Health program strategies.

**Replaces Doc. No.** Priority Oral Health Program and List Management Protocols [PD2008\_047]

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**Applies to** Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Affiliated Health Organisations - Non Declared, Affiliated Health Organisations - Declared, Dental Schools and Clinics, NSW Dept of Health, Public Hospitals

**Audience** Public Dental Service Staff

**Distributed to** Public Health System, Dental Schools and Clinics, NSW Ambulance Service, NSW Department of Health, Public Hospitals

**Review date** 26-Sep-2009  
**File No.**  
**Status** Active



**Table 4**

Priority Code	Factors Influencing Access	Summary of triage Criteria	Appoint Or Wait List	Recommended Maximum Waiting Time
1	Emergency	<ul style="list-style-type: none"> <li>✓ Trauma including:                             <ul style="list-style-type: none"> <li>▪ loss of function,</li> <li>▪ swelling,</li> <li>▪ uncontrolled haemorrhage,</li> <li>▪ supervening infection</li> </ul> </li> </ul>	Appoint/or OHFFSS voucher	24 hours
2	Medical condition requiring immediate attention	<ul style="list-style-type: none"> <li>✓ Any medical condition where failure to give dental care would adversely affect commencement of urgent medical treatment</li> </ul>	Appoint/or OHFFSS voucher	3 days
3a	Oral Health condition	<ul style="list-style-type: none"> <li>✓ Pain</li> </ul>	Appoint/or OHFFSS voucher	1 week
3b	Oral Health condition	<ul style="list-style-type: none"> <li>✓ Pain</li> </ul>	Appoint/or place on a list/or OHFFSS voucher	1 month
3c	Oral Health condition	<ul style="list-style-type: none"> <li>✓ A child between 0-5 years</li> </ul>	Appoint / OHFFSS Voucher	1 month
		<ul style="list-style-type: none"> <li>✓ Urgent need of a denture</li> <li>✓ Oral health condition in a child or adult requiring attention</li> </ul>	Appoint/or place on a list / OHFFSS voucher	3 months
4	Medical	<ul style="list-style-type: none"> <li>✓ Significant developmental or acquired disability OR</li> <li>✓ Serious medical condition or Social, cultural, or economic risk factors</li> <li>✓ Aboriginal descent</li> <li>✓ Oral health condition in a child or adult requiring attention, OR                             <ul style="list-style-type: none"> <li>▪ significant developmental or acquired disability OR</li> <li>▪ social, cultural, or economic risk factors</li> </ul> </li> </ul>	Place on list	6 months
5	Oral Health Need	<ul style="list-style-type: none"> <li>✓ Extractions, periodontal disease, dental caries,</li> </ul>	Place on list	12 months

#### *7.2.2.1. Medicare Teen Dental Plan*

The Medicare Teen Dental Plan (MTDP) offers a dental voucher that may be used for preventive dental checks for 12 to 17 year old teenagers. AHS' are able to participate in this program under private practice rights or by bulk billing at a public dental clinic. Teenagers receiving a MTDP preventive check by public dental services are to be flagged in ISOH using the 'Teen Voucher' tag.

#### *7.2.2.2. Chronic Diseases Program*

People with chronic diseases will be categorised using a core list of chronic conditions agreed to by the all Australian jurisdictions and modified by NSW Health. Table 5 identifies the list of "core" chronic conditions which will be used to measure progress against the Commonwealth's priority area of chronic conditions. A patients with chronic disease as identified in Table 5 is to be recorded into the ISOH database. AHSs are required to track these patients by indicating the client record with an alternate (ALT) address type: 'CDHP' tag. This will enable the AHS to retrieve clients from any wait list. These adult patients will be generally managed through ISOH code 2 or code 4, whilst children will be generally managed through ISOH Code 3a (current SAP code).

Title: Priority Oral Health Program and List Management Protocols

Table 5

Chronic diseases	Recommended Treatment POHP Codes	Possible Location of Treatment
<b>Cancer patients</b> Head and neck cancer (surgery, RT, chemo)	A	Public
<b>Transplant patients</b> requiring Immuno suppression	A	Public
<b>Cardiac patients</b> pre cardiac surgery	A	Public
<b>Cardiac patients</b> at high risk of endocarditis	A	Public
<b>Cancer patients</b> below clavicles as cancer location. Only applies if having chemotherapy or significant Immuno suppression	A	Public
<b>Bisphosphonates</b> I.V. infusion for cancer	A	Public
I.V. or oral for Pagets Bone disease	A	Public
Prior to commencement or within 1 <sup>st</sup> year for oral bisphosphonates	C	Private
Longstanding oral bisphosphonates	C	Private
<b>Viral Blood borne Infections</b> HIV/AIDS	A/C	Public/Private
Hepatitis C - with poor liver function	A/C	Public
Hepatitis C – Asymptomatic	C	Private
Haemophilia or significant Coagulopathy	C	Public/Private
<b>Psychiatric Disease</b> Unstable On xerostomia-inducing psychotropic medication	C	Public/Private
<b>Older People</b> Entering residential care w/ dementia/Alzheimer's or similar	C	Public/Private
<b>Medication/s</b> On long term xerostomia-inducing medication	C	Public/Private
<b>Diabetes</b> Insulin dependant and unstable	A/C	Public
Non Insulin dependant diabetic	C	Private
<b>Special Needs</b> Intellectual or physical disabilities	C	
<b>Chronic/Degenerative</b> Huntington's Chorea Neuromuscular disorders Parkinson's Disease Chronic/Degenerative CNS Diseases: Moderate to severely advanced	A/C	Public

# Commonwealth & Dental programs

## Commonwealth funded dental programs have included:

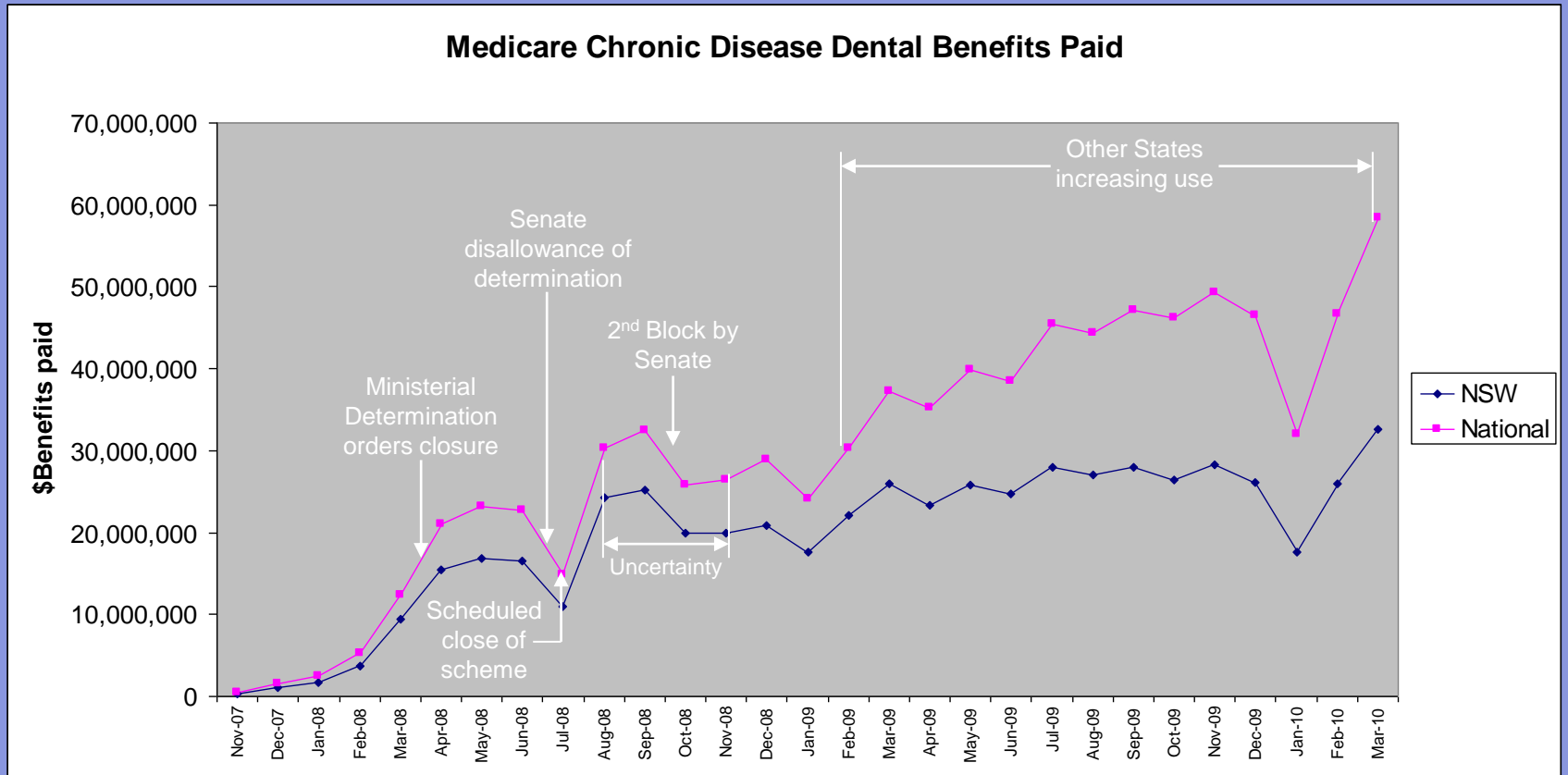
- 1973 – early 1980s: School Dental Therapy Program
- 1993 - 97: Commonwealth Dental Health Program. \$245 Million.
- 1997- present : Private health insurance rebates Approx \$414 Million p.a.
- 2004 - 2007: Medicare Chronic Disease Dental Scheme Version 1  
Approx \$1.8 Million
- 2007- present: Medicare Chronic Disease Dental Scheme Version 2  
\$869 Million to date
- 2008 - present: Medicare Teen Dental (\$116 Million)

Further funding under the DVA scheme, Defence Forces, Cleft Palate Scheme and through funding for Aboriginal Controlled Medical Services

# Medicare and Dentistry

- **Medicare Programs - History of exclusion from Medicare:**
  - 1975: Excluded from the start. 1986, 1998, 2003 & 2006: Continued exclusion in numerous reviews & reports
  - Exception cleft lip & palate (oral surgery)
- **Chronic Disease Dental Scheme**
  - **Version 1: 2004: Tony Abbot - “Health measure not dental measure” - GPs the gate keepers. 3 dental items, max rebate of \$230, low uptake**
  - **Version 2: 2007: \$4,250 benefit over 2 calendar years – massive increase in uptake. Tony Abbott – Press Club Health Debate 2010 “Now it wasn't for everyone. I accept that. It was only for people with a chronic condition exacerbated by dental problems, but it was a start, a very important start. And I anticipated, had we won the election, that over time this would be a model for a wider Medicare dental scheme.”**
- **Medicare Teen Dental Plan**
  - **Vouchers for Preventive dental checks to eligible adolescent population (\$150 per person)**
  - **Public Sector involvement**

# Chronic Disease Dental Scheme: A history through spending



Total Benefits Paid (to March 2010): \$868,913,401

# NSW Experience of Medicare Programs

- **Usage of CDDS has been dominated by NSW but this is changing**
  - No consultation with NSW Health in establishment or enhancement
  - What NSW Health has done:
    - ✓ Informed stakeholders of the scheme
    - ✓ Audited waiting lists & notified potentially eligible patients
    - ✓ NSW Health Minister requested review of program in light of continuation
- **Medicare Teen Dental**
  - Monitored public dental service usage & referrals for follow up treatment from private sector
  - Some Area Health Services offered weekend or after hours clinics, but generally no priority is given to teens with vouchers
  - Comprehensive dental needs met with funding supplementing costs

# Outcomes in NSW

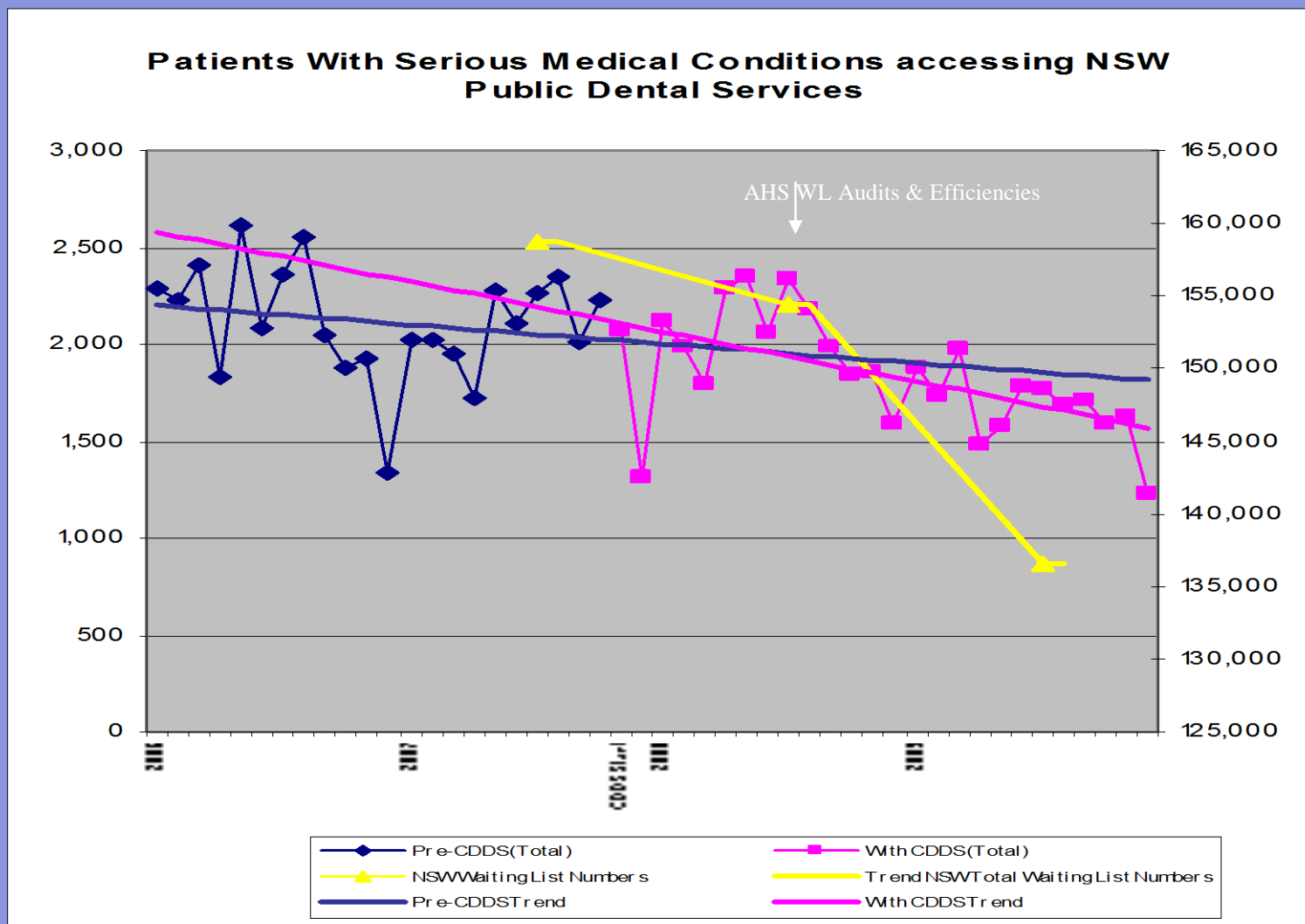
- **Population Outcomes**

- Higher usage in NSW
- Improved Health or Oral Health benefits?
  - Many dental services have been provided – must assume therefore that *some* oral health improvement has occurred in reducing active decay, eliminating active oral diseases and improving function
  - It is *likely* that some health benefits have flowed to *some* patients
  - Basically – we don't know!
- **Complaints**
  - to NSW Health, to AHS, to Dental Board, to Prosthetists
  - Medicare Audit

- **Public Waiting Lists**

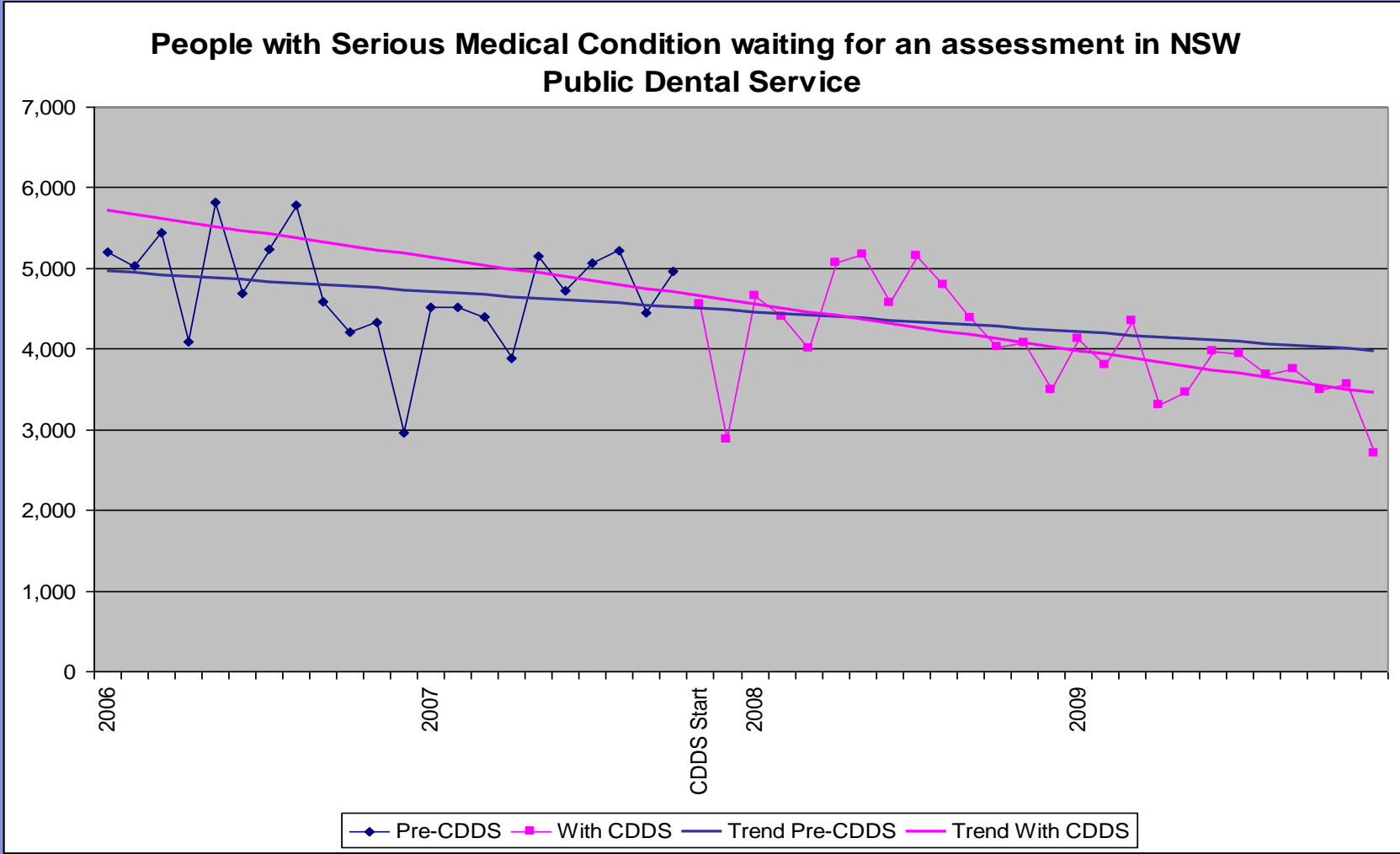
- Impact on public patients and reducing public waitings

# NSW Public Dental Waiting Lists – Total and by Codes 2+4



Decline, but in context of falling waiting lists overall

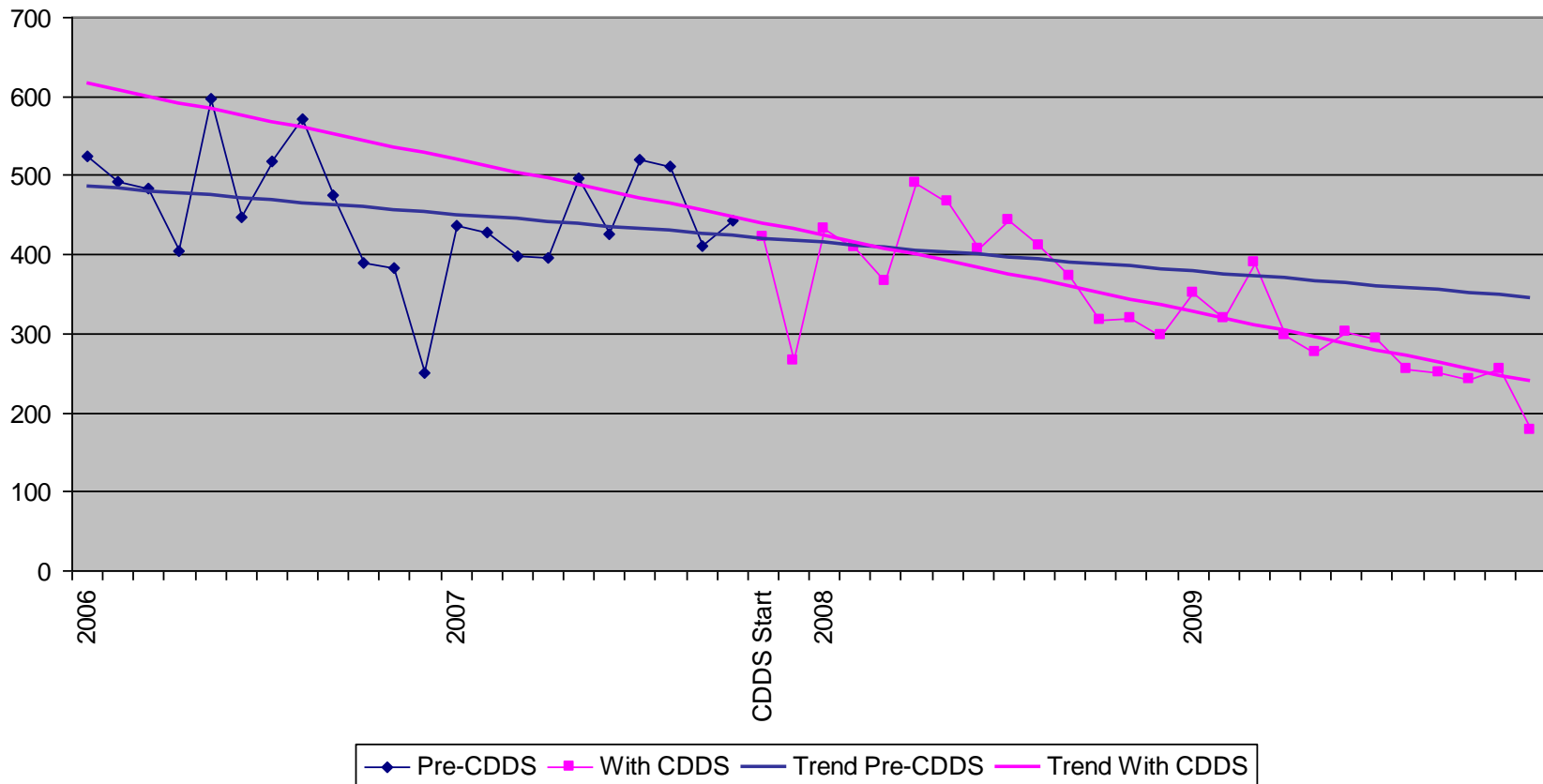
# NSW Public Dental Waiting Lists: Codes 2+4 Assessment



Maybe some effect

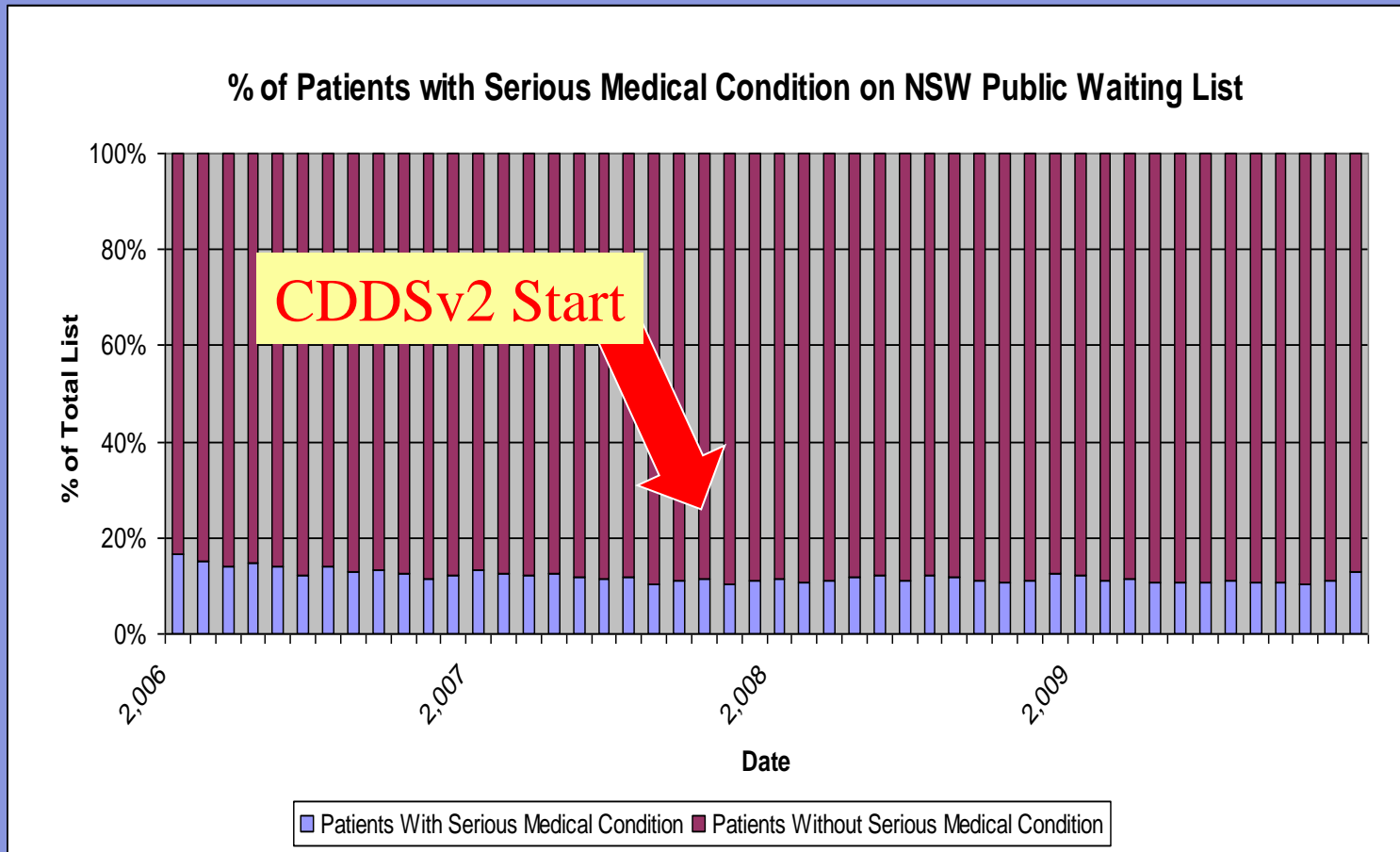
# NSW Public Dental Waiting Lists: Codes 2+4 Treatment

## People with Serious Medical Condition waiting for Treatment in NSW Public Dental Service



Maybe some effect

# NSW Public Dental Waiting Lists: % Codes 2+4 as % of Total



Average Percentage Pre-CDDS: 12.8%

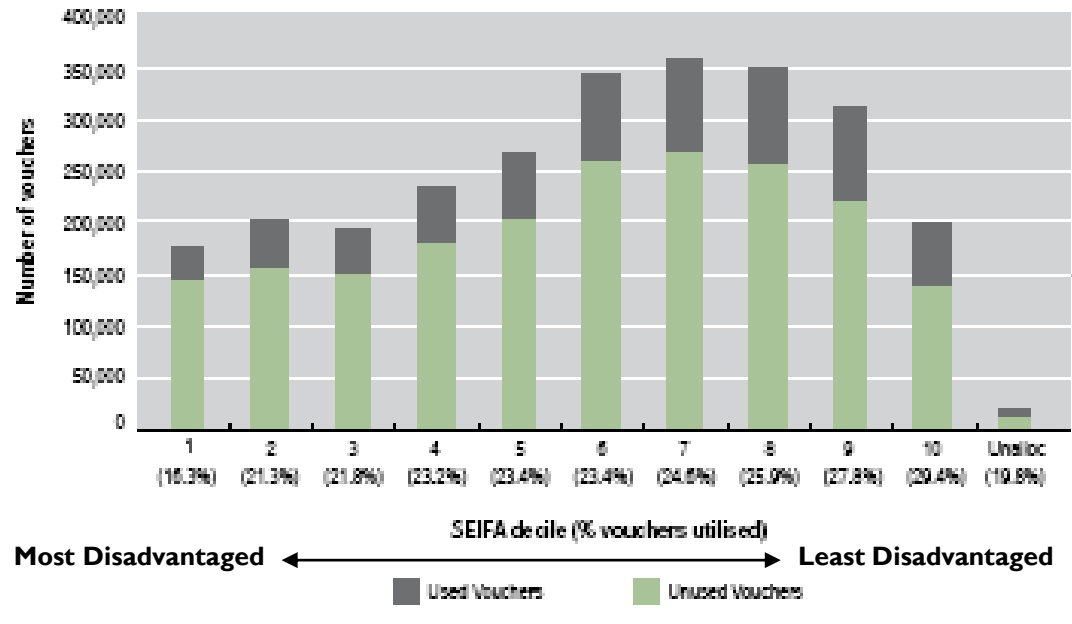
Average Percentage With CDDS 11.2%

Some change, but not enough to imply causality

# Medicare Teen Dental Plan – National Review



Chart 1: Voucher utilisation by SEIFA – 1 July 2008 to 30 November 2009



Shows low usage rates, and usage dominated by higher socio-economic groups.

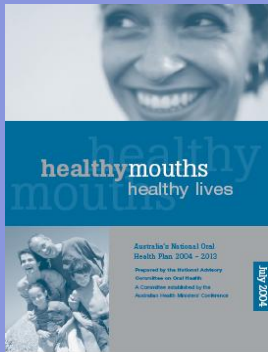
# Outcomes in NSW - Medicare Teen Dental

- Slow start in providing services through the public sector while tax issues relating to Representative Public Dentists got sorted out.
- ISOH reporting initially strong, but significant drops in reporting rates.
- NSW usage much more in line with population proportions than CDDS

	<b>National</b>	<b>NSW</b> <b>(% nat)</b>	<b>Public</b>
<b>Jul 08 - Dec 08</b>	274,270	97,131 (35.4%)	4047  + 247 ref
<b>Jan 09 – Jul 09</b>	185,421	71,449 (38.5%)	304  + 135 ref
<b>Jul 09 – Dec 09</b>	256,243	86,709 (33.8%)	20  + 59 ref

Variation in “return” to public dental program may be a factor in declining public sector AHS involvement

# Evaluation of the Medicare Programs Against National and NSW Oral Health Action Plans



## Objectives of the National Oral Health Plan

### Goals

- Improve oral health status across the Australian population by reducing the incidence, prevalence and effects of oral disease.
- Reduce the inequalities in oral health status across the Australian population.

### Themes

- recognition that **oral health is an integral part of general health**;
- a **population health approach**, with a strong focus on promoting health and the prevention and early identification of oral disease;
- **access** to appropriate and affordable services – health promotion, prevention, early intervention and treatment – for all Australians; and
- **education** to achieve a sufficient and appropriately skilled workforce, and communities that effectively support and promote oral health.

# Evaluation of the Medicare Programs Against National and NSW Oral Health Action Plans

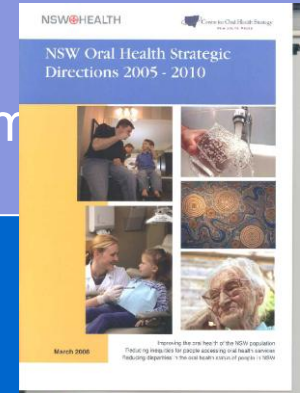
## Objectives of the NSW Oral Health Program

### Goals

- To improve the oral health of the NSW population
- To reduce inequities for people accessing oral health services
- To reduce disparities in the oral health status of people in NSW.

### State Health Plan Strategic Directions

- Make prevention everybody's business
- Create better experiences for people using health services
- Strengthen primary health and continuing care in the community
- Build regional and other partnerships for health
- Make smart choices about the costs and benefits of health services
- Build a sustainable health workforce
- Be ready for new risks and opportunities.



# Evaluation of the Medicare Programs Against Medicare Statement of Expectations 2008-2009

Minister for Human Services expectation for Medicare programs:

- Reducing red tape: streamlining of claim & payment procedure
- Implementation of election & other Commitments: deliver effectively & efficiently Govt election, budget & other commitments
- Address fraud and non-compliance
- Support Indigenous initiatives
- Support people living in rural & regional Australia
- Improve service delivery quality: “A large number of vulnerable members of the community rely on these services”.

# Meeting the Goals of National & State Health and Oral Health Plans?

Goals	CDDS	TDP
<b>NOHP &amp; NSW Plan</b>		
Improve oral health status	?	Too early to tell
Reduce the inequalities in oral health status	?	Too early to tell, but not promising
<b>NSW Plan</b>		
To reduce inequities for people accessing oral health services	X Marginally	X Partially

# Meeting the Nation Oral Health Action Plan Themes/Principles?

<b>Theme/Principle</b>	<b>CDDS</b>	<b>TDP</b>
<b>National Oral Health Action Plan</b>		
Recognition that <b>oral health is an integral part of general health</b>	√	X
A <b>population health approach</b> , with a strong focus on promoting health and the prevention and early identification of oral disease;	X	X
<b>Access</b> to appropriate and affordable services – health promotion, prevention, early intervention and treatment	X	½ √
<b>Education</b> to achieve a sufficient and appropriately skilled workforce, and communities that effectively support and promote oral health.	X	X

# Meeting the NSW State Themes/Principles?

<b>NSW Health State Plan</b>	<b>CDDS</b>	<b>TDP</b>
<b>Make prevention everybody's business</b>	<b>X</b>	<b>X</b>
<b>Create better experiences for people using health services</b>	<b>X</b>	<b>?</b>
<b>Strengthen primary health and continuing care in the community</b>	<b>?</b>	√
<b>Build regional and other partnerships for health</b>	<b>?</b>	<b>X</b>
<b>Make smart choices about the costs and benefits of health services</b>	<b>X</b>	√
<b>Build a sustainable health workforce</b>	<b>X</b>	<b>X</b>
<b>Be ready for new risks and opportunities.</b>	<b>X</b>	<b>X</b>

# Meeting the Medicare Programs Statement of Intent 2008-2009

<b>Key Elements of the Statement</b>	<b>CDDS</b>	<b>TDP</b>
Reduce red tape	√	√
Implement election & other commitments	X	√
Address fraud & non-compliance	Start	?
Support Indigenous Initiatives	X	X
Support people living in rural or regional Australia	X	X
Improved service deliver & quality, especially to vulnerable people	X	X

# Objectives of the Medicare CDDS & TDP

## Chronic Disease Dental Scheme

- Target people with chronic and complex conditions (such as diabetes, heart disease or cancer) where the person's oral health is having, or is likely to have, an impact on his or her general health. ✓
- Provide more flexibility for patients to receive dental treatment when they require services ✗
- Recognise the importance of a multidisciplinary approach for people who have complicated illnesses ✗
- Ensure that GPs can refer patients to allied health workers to help their patients better manage these conditions ✓

## Teen Dental Plan

- Make it more affordable for families to keep their teenager's teeth in good health ✓

# Objectives of the Medicare CDDS & TDP

## Chronic Disease Dental Scheme

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- Ensure that GPs can refer patients to allied health workers to help their patients better manage these conditions ✓

## Teen Dental Plan

- Make it more affordable for families to keep their teenager's teeth in good health ✓

# What have we learned from the Medicare experience in NSW?

- That the private sector can respond quickly, and with enormous capacity to provide additional dental services – but the “incentives” must be appropriate
- That neither the Medicare Chronic Disease Dental Scheme nor the Medicare Teen Dental Program appear to meet many the goals and aspirations of a universal dental health insurance scheme; The National Oral Health Action Plan; The NSW State Health and Oral Health Strategic Plans or the Medicare Statement of Intent of 2008-2009
- That the communication mechanisms between Commonwealth, State/Territory, professions and the community were poor
- That NSW Health Oral Health Programs currently do not have a unified capacity to respond quickly and appropriately to Commonwealth initiatives
- That without rigorous on-going evaluation & quick responses to perceived and real problems – wasted resources & inappropriate services will result
- That “we” need to differentiate clearly between dental needs & demands in establishing appropriate benefits of a publicly funded system


Do you treat patients through the Medicare Chronic Disease Dental Scheme?

**READ**  
The Medicare Benefits Schedule Dental Services book

**ENSURE**  
You are aware of all the requirements of the scheme

**PROVIDE**  
1) A written quotation and treatment plan to your patient before the commencement of treatment  
2) A summary of the treatment plan to the referring practitioner

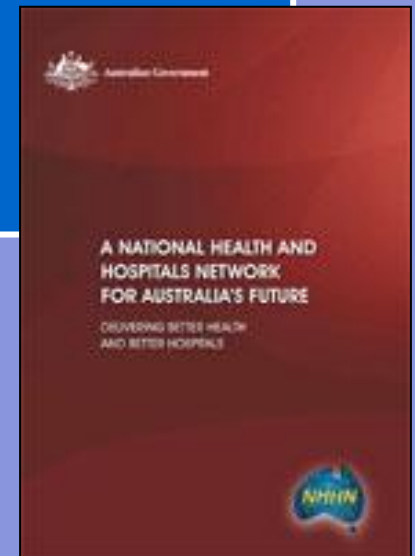
**DO NOT**  
Bill Medicare until you have provided the treatment

 Advisory Service

ALL RELEVANT INFORMATION about the Medicare Chronic Disease Dental Scheme is available on the Department of Health and Ageing website. Dentists can also call the Medicare Provider Enquiry Line on 132 150 for further information on provider registration, claiming and checking patient entitlements.  
Members can also contact the A&ANSW Dental Defence Advisory Service on (02) 8436 9944 or email [ddaf@adonsw.com.au](mailto:ddaf@adonsw.com.au) to discuss this and any other issues which arise during the day-to-day running of your practice

# Applying the lessons – Getting reform right

- Kevin Rudd “Further to say on dental care”
- Tony Abbott : CDDS “a model for a wider Medicare dental scheme”
- Proposals under the National Health and Hospitals Reform
  - Denticare
  - Internship
  - Pre-school and school dental service
  - Funding for oral health promotion



## Future reforms in oral health services should...

- Have strong Federal leadership and guidance, but with greater communication with Stakeholders especially States/Territories
- Seek to achieve the goals of the National Oral Health Plan
- Have a population and prevention focus
- Have robust evaluation mechanisms that focus on health outcomes, not outputs
- Learn from the evaluation of international examples

# Thank You

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