



THE UNIVERSITY OF
MELBOURNE



oralhealthscience
cooperativeresearchcentre

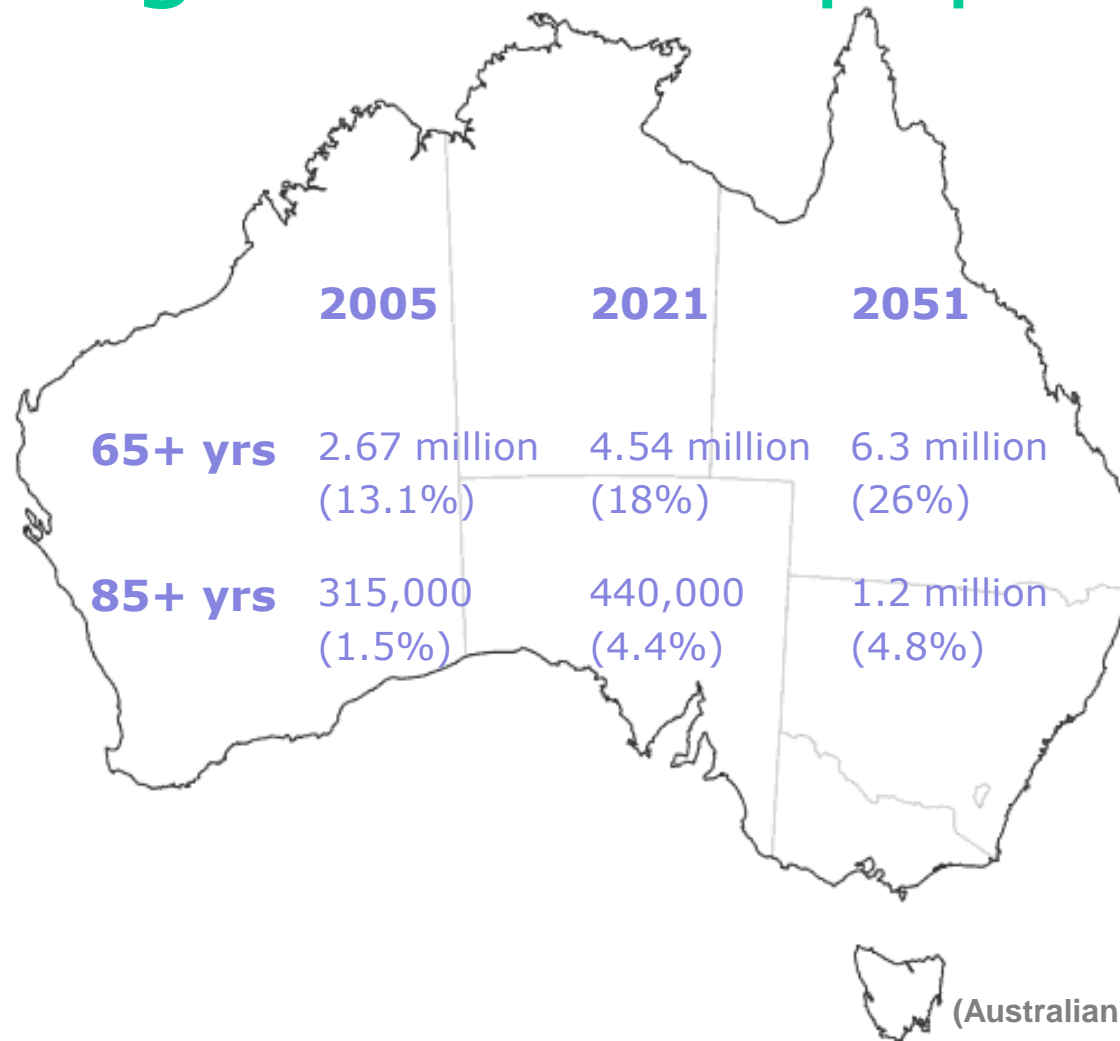
ACCESS TO DENTAL CARE IN RESIDENTIAL AGED CARE FACILITIES

*Chomping into Reform: Improving
the delivery of oral and dental health*

Dr Matthew Hopcraft
Melbourne Dental School



Ageing Australian population



(Australian Bureau of Statistics; AIHW)

National Oral Health Plan 2004-13

- Older adults identified as one of seven key action areas
- Short-medium term goals (2-5 years)
 - Ensuring oral screening by dental professional on admission to RACF
 - Development of simple but practical oral health care plan for residents
 - Making available portable dental equipment to public and private oral health providers



Profile of Residential Aged Care

- 830+ accredited RACFs in Victoria (3,000+ in Australia)
 - 60% in Melbourne
 - 2-245 residents per home
- 42,000+ residents in Victoria (160,000+ in Australia)
 - projected to increase to 100,000+ by 2051
- ~50 per 1,000 people aged 65+ yrs in residential care
- Increase in length of stay from 131 weeks in 1999 to 143 weeks in 2005



Accessing Dental Services

- Residents in care for long periods
 - 48% in RACF \leq 2yrs
 - 31% in RACF 3+ yrs
- Time since last dental visit
 - 11% < 12 mths
 - 13% 1-3 yrs
 - 18% 4+ yrs
 - 58% don't know
- Location of last dental visit
 - 39% dental clinic
 - 6% nursing home
 - 55% don't know



(Hopcraft, 2010)

Dental Service Utilisation

- Barriers exist that impact on ability to access dental care:
 - cost
 - mobility of residents
 - carer's lack of dental knowledge
 - disinterest from private dentists
 - lack of portable equipment and area to provide treatment at RACF
 - 60% of Directors of Nursing report difficulty obtaining care
 - Treatment provision haphazard and symptom driven
- (Hopcraft *et al*, 2008; Chalmers *et al*, 2001)

Dental Service Provision

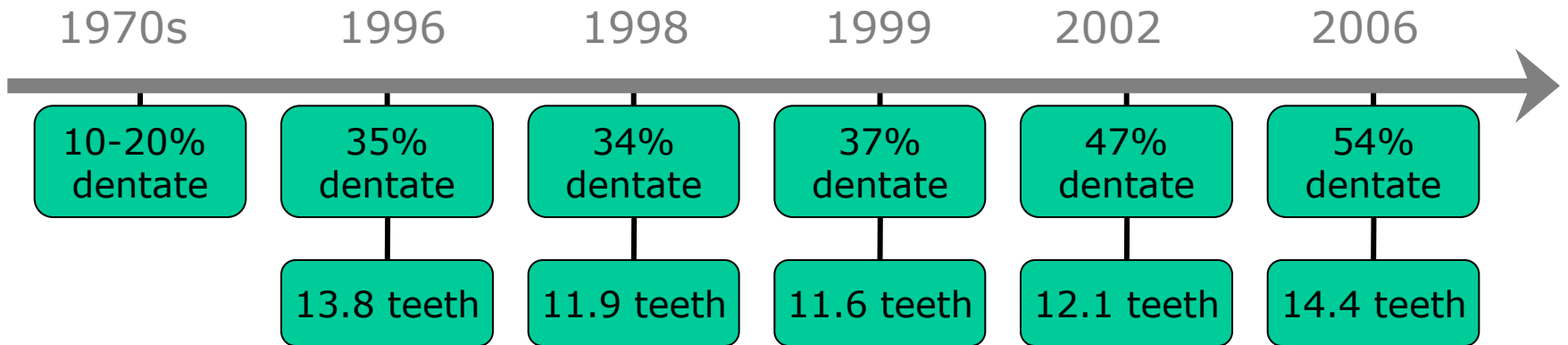
- Private practitioners
 - 50% Victorian & South Australian dentists provided care in past 12mths (Hopcraft *et al*, 2008; Chalmers *et al*, 2001)
 - Average time - 1 hour per month
 - Rural dentists more likely to provide care
 - Dentists prefer to treat patients at their own practice (only 53% provided care at RACF)
 - Lack of portable equipment and space at RACF
- Royal Dental Hospital of Melbourne Domiciliary Service
 - 1625 patients in 12mth period (2.6 FTE dentists)
 - ~1,000 extractions, 400 restorations, 350 periodontal services

Oral Health Trends

- ↓ edentulism
- ↑ teeth and restorations present
- ↑ prevalence of periodontal disease
- Links between oral and general health
- High risk - physical & cognitive impairment

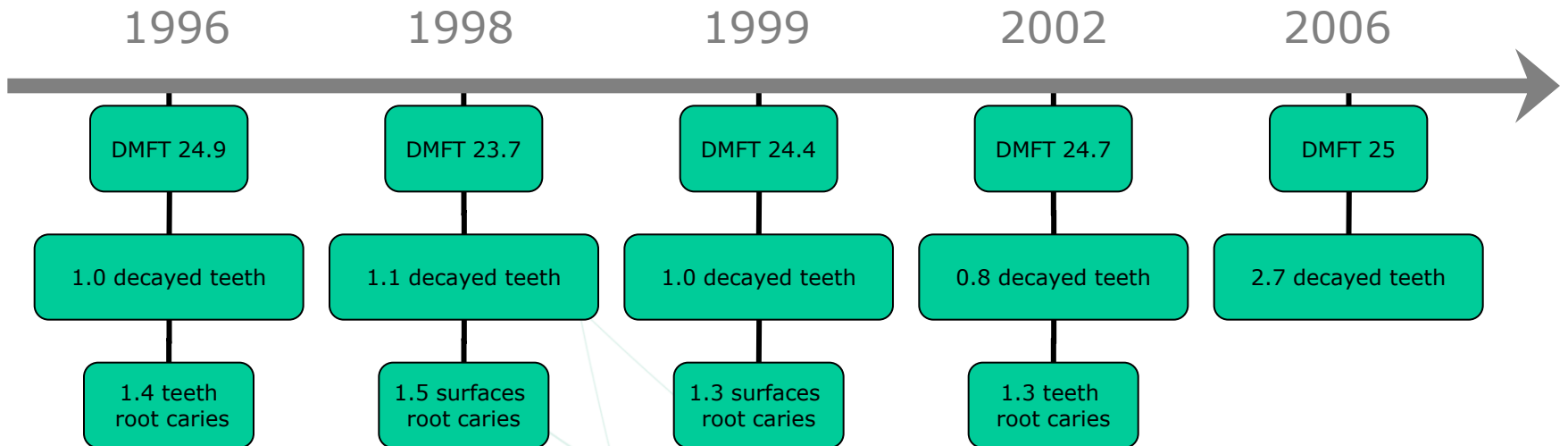


Dentate Status Nursing Home Residents



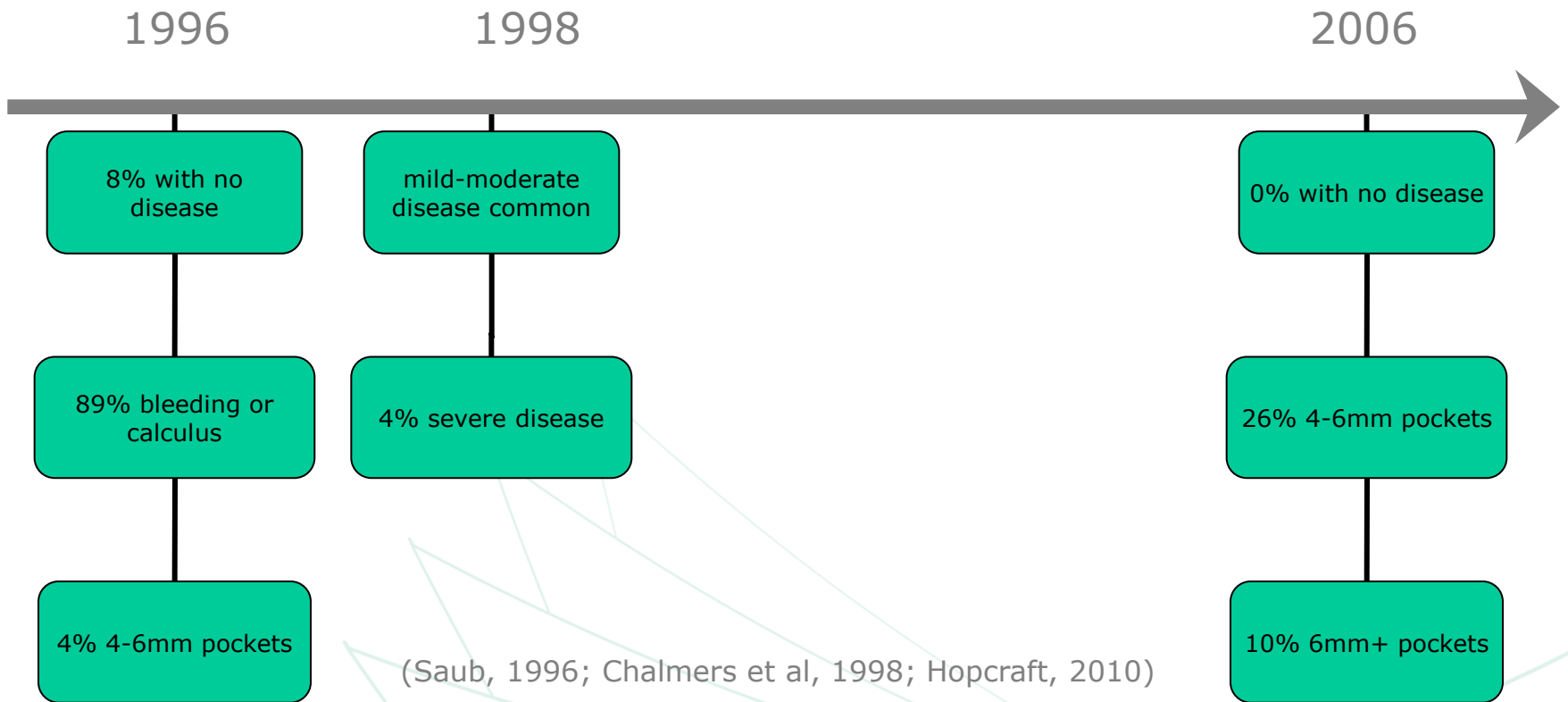
(Saub, 1996; Chalmers et al, 1998; Chalmers et al, 1999; Stubbs & Riordan, 2002; Hopcraft, 2010)

Caries Status Nursing Home Residents



(Saub, 1996; Chalmers et al, 1998; Chalmers et al, 1999; Stubbs & Riordan, 2002; Hopcraft, 2010)

Periodontal Disease Nursing Home Residents



Dentate Resident Treatment Needs

- 70% had 1+ untreated decayed teeth
 - 50% required extractions
 - 46% required restorations
 - 88% require periodontal treatment
 - 10% oral pain/discomfort
- (Hopcraft, 2010)



Systemic Health

- Links between poor periodontal health and cardiovascular disease, atherosclerosis, stroke

(Genco et al, 2001; Mattila et al, 2005; Meurman, 2004)

- Aspiration pneumonia common

(Muder, 1998; Marrie, 1990)



Function and Nutrition

- Poor nutrition and being underweight are significant problems in residential care

(Kagansky et al, 2005; Bate et al, 1999)

- Correlation between number of teeth and BMI and number of occluding pairs and nutrition

(Sheiham et al, 2002; Mojon et al, 1999)



How can we improve access to care?



SA Private Provider Dental Scheme

- Private dentists provide treatment on fee-for-service basis
- Funded by SA Dental Service
 - Scheme has been operating successfully since 2003
 - Currently 8 dentists and 1 hygienist participating
 - ~1000 patients treated per year
 - Operating budget of ~\$340,000

Better Oral Health in Residential Care

- Evidence-based best practice model to promote better oral health in residential care
- GPs and RNs (or other carers) to implement Oral Health Assessment Tool Kit
- Linked to *Nursing Home Oral & Dental Health Plan (DoHA)*
 - Train up to 2 RNs in each RACF as trainers, so they can train other carers in oral health

Alternative Models of Care

- Until relatively recently, dental hygienists were prevented by legislation from providing dental care in nursing homes without supervision
- Changes then allowed provision of care (preventive and periodontal services), but only on prescription of a dentist
- Research to investigate dental hygienists working in a primary health care role



Dental Hygienists in Nursing Homes

- Hygienists have been shown to be capable of undertaking dental examination for nursing home residents
- Correctly identify residents who need referral to a dentist for treatment
 - Identify those in need of restorative treatment, extractions, soft tissue pathology
 - Complex medical history, antibiotic prophylaxis
- Provide periodontal and preventive treatment



Dental Hygienists in Nursing Homes

- Clinically safe model of care
- Cost-effective
- Emphasis on prevention and education critical for this population
- Changes to DPBV Code of Practice permit hygienists to practice in this manner
- New DBA Scope of Practice for hygienists will allow this model of care






Summary of Oral Health Issues

- Ageing population
- More teeth and more dental disease
- Increasing treatment needs
- Impact of dental disease on general health
- Poor access to dental care
- Funding of dental care



National Oral Health Plan 2004-13

- Short-medium term goals (2-5 years)
 - Ensuring oral screening by dental professional on admission to RACF 
 - Development of simple but practical oral health care plans for residents 
 - Making available portable dental equipment to public and private oral health providers 

Conclusion

- A model of care that utilises dental hygienists as part of the dental team in a primary care role has been shown to be a cost-effective and safe method of improving access to dental care for aged care residents.
- Public funding models to encourage greater participation by private dental care providers in aged care settings
- Availability of portable dental equipment
- Dental policy in Australia needs to be responsive to the changing demography and treatment needs of the elderly population.



Thank-you

