



AUSTRALIAN DENTAL ASSOCIATION INC.

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E L E C T I O N E D I T I O N

In this edition of the *National Dental Update*, the Australian Dental Association Inc. (ADA) identifies some key areas of concern which relate to national oral health and oral care delivery within Australia. Each of the major parties has been asked questions on certain issues and, where appropriate, their replies are set out.

Leadership:

"Health is now such a dog's breakfast ... sooner or later it will have to be sorted out." — Federal Health Minister, Mr Tony Abbott

The ADA's position has long been that the delivery of public oral health care to the community would be significantly enhanced by improved coordination of oral health delivery between State/Territory and Federal Governments. The Minister's comments suggest the Federal Government is considering adopting a leadership role. If it were to do this, it would certainly significantly enhance the delivery of oral care to those people in need of public health /dental assistance. Someone has to assume the leadership role and it is logical that it be adopted by the Federal Government.

Reduction to waiting lists:

"Waiting lists are too long, with many people waiting up to four years for treatment. Dental treatment to provide pain relief should be available within 24 hours." — Dr David Houghton, President, Australian Dental Association Inc.

The Liberal Party (LP) has not identified how it will deal with this issue. It has introduced limited Medicare benefits for the chronically and complexly ill patient for whom dental treatment is deemed essential in the management of their general illness. Treatment under the scheme must be in respect of the chronic and complex illness, so it is essentially a health plan. It is estimated \$5m pa will be expended under this measure. This measure will have some limited effect on waiting lists.

The Australian Labor Party (ALP) has proposed the *Australian Dental Care Plan* which would enable concession card holders to access private practitioners to provide dental treatment. This will cost an estimated \$75m pa delivered in cooperation with the State and Territory Governments or \$300m over four years and \$120m pa when fully operational. This measure too will have some effect on reducing waiting list times.

The Australian Democrats (AD) have devised a *Fairer Budget Balance for Health* where \$5m pa will be made available to concession card holders and schools and \$25m pa for aged care delivery utilising dental hygienists. They also propose a universal public dental health scheme for some basic dental services.

The Australian Greens (AG) have recommended a universal public health care scheme for dental treatment for which no precise funding estimate is given.

The ADA believes that to invest in the provision of a universal dental health scheme would create a fiscal nightmare for government¹ and the better course would be targeted programs together with the development of a coordinated preventive program in dental health education. The latter should be the cornerstone of any program of any Australian Government.

The ADA believes that the creation of a scheme along the lines of the previous Commonwealth Dental Scheme ought to be developed in conjunction with this preventive education program but the scheme introduced should properly target the genuinely needy, avoid any significant anomalies in the actual services which are delivered under the scheme and provide fee levels that will ensure it is utilised.

¹Peter Walsh, Finance Minister in successive Labor Governments in the 1980s and 1990s, wrote in 1995 that "dental treatment (for health card holders) has the potential to be a bottomless fiscal pit which no Commonwealth Government should go near".

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Supply and distribution of dentists:

“To ensure comprehensive delivery of oral care across all sectors of the community, studies reveal the need to increase the number of dentist graduates by about 120 per year. There is an imbalance in the distribution of dentists with some rural and remote areas having no dentist to meet the needs of the community.” — Healthy Mouths Healthy Lives, Australia’s National Oral Health Plan 2004-2013

The LP has not indicated whether or not they have any plan to deal with these issues. The ALP has suggested a National Dental Workforce Strategy with the AD suggesting they will provide increased places for “allied health”. The AG state they would abolish HECS and increase the number of dental training places.

The ADA believes that immediate steps need to be introduced to fund additional undergraduate dental places before the current crisis becomes chronic. Further, incentives need to be introduced to encourage dental undergraduates to practice in rural and remote areas. The ADA has limited means which it makes available to assist in such programs and suggests government needs to focus on this area.

Preventive programs:

“A prevention and health promotion strategy needs to address oral health at both individual and population levels, based on the identified needs of communities.” — Healthy Mouths Healthy Lives, Australia’s National Oral Health Plan 2004-2013

The ADA has consistently sought government cooperation in the development of oral health promotion and disease prevention measures including fluoridation of water supplies.

The LP has provided no information as to how it would address this issue whilst the ALP has

proposed the implementation of dental health programs and education programs. The AD have suggested they would give greater resources to such a program and provide an overarching approach to oral care. The AG advise they would develop a comprehensive program for dental health initiatives.

Little specific detail is provided by any of the parties as to how they would implement such a program. Focus on this area is essential to any oral health program as without focus here there will be a constant financial drain on resources which could be easily avoided. Expenditure in this area will not instantaneously reduce the incidence of decay and frequency of treatment but, over time, very considerable savings will be achieved, thus enabling government to address other areas of need in the health environment.

War Veterans’ dental treatment:

“The Federal Government appears intent on withdrawing dental treatment for War Veterans and their families.” — Dr David Houghton, President, Australian Dental Association Inc.

No detailed response has been provided by any party to enquiries on this issue. The ADA has, over the past 12 months, been seeking a commitment from government that urgent action is required as, without it, services to these patients will cease as dentists can no longer afford to provide these services at their own expense. Expenditure of at least \$25m pa is required, failing which such patients will be forced to resort to joining what will be increasingly long public sector waiting lists. The ADA fears that the Federal Government may indeed be endeavouring to transfer the treatment of such patients from its funding onto the already overburdened State or Territory public sector system.

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