

DENTISTRY IS NOT SUITABLE UNDER MEDICARE

Federal Labor's recent announcement to close the Medicare Dental EPC Scheme and replace it with a Teen Plan that gives parents a \$150 voucher to have their teenage children's teeth checked has resulted in some sectors calling for Medicare to be introduced universally for dentistry.

The Australian Dental Association (ADA) does not agree.

Evidence presented by Professor John Deeble¹, one of the founders of Medicare, indicated that due to its nature, dentistry was never intended to be included under Medicare when it was first conceived:

"The main problem with Medicare covering the (dental) industry is its basic uninsurability. It does not come randomly ... It has to be said that insurance works best for things that are episodic and unpredictable. Dental illness is slow: it is not episodic and it is not unpredictable, because you know you have it for quite a long time. You do not suddenly discover that you have a dental problem. It should be treated, but it should not be treated within an insurance approach. It should be a programme that is different from an insurance concept, because it just does not work that way. That is why it was never added."

Two recent Senate Committees have come to the same conclusion and there are good grounds for these decisions.

This edition of the *National Dental Update* seeks to address some of the reasons why dentistry should not be funded universally under Medicare.

Not an insurable risk

Oral disease, unlike medical disease, is largely predictable and, as such, does not have the essential characteristics of an insurable risk. Certain conditions are needed for a risk to be insurable, for example:^{2,3}

- its occurrence should be uncertain, fairly rare and random;
- the consequences should be irreversible and not disappear spontaneously;
- the financial consequences of the risk occurring should be significant and almost catastrophic for most people;
- the affected person should have no control over the timing of the event or its consequences.

Medical diseases have these characteristics of an insurable risk. They are "unpostponable, unpredictable and unbudgetable."⁴ Oral and dental diseases, however, have absolutely none of these characteristics.

Ninety per cent of all dental disease is preventable. Dental treatment such as routine examinations, cleaning, minor fillings and repairs to existing fillings are more or less repetitive and

predictable. This type of treatment is merely routine maintenance. Further, the cost for basic preventative treatment is usually not a catastrophic stress on a patient's financial status. When oral disease does require treatment, the patient has considerable control over when treatment expenses are incurred, the nature of the treatment provided and the associated costs.

The nature of oral disease

More common oral diseases such as dental caries and periodontal disease do not heal without therapeutic intervention. They are chronic, progressive and destructive, and become more severe over time. Since oral diseases progress slowly, often without symptoms initially, appropriate treatment is often postponed for a considerable length of time, during which damage increases. Delay in treatment usually results in higher costs for treatment when it is provided.

Dental disease can begin in early childhood and continue to be a problem into adulthood whereas most general illnesses heal with little, if any, adverse long-term effects. For example, when dental caries is treated by restoring the diseased tooth with a restorative material, that tooth becomes at risk of needing further treatment throughout the person's lifetime.

Through community-based preventive activities (such as water fluoridation), professional dental care and personal dental care, much oral disease can be prevented. Treatment and lifetime maintenance costs are considerably higher than the costs of prevention.⁵

Financial strain

"Medicare is already under severe financial strain and the addition of a comprehensive universal dental scheme would simply lead to total collapse unless significant increases in the Medicare levy were to be introduced".⁶

The Australian Health Insurance Association in their submission to an earlier Senate Select Committee advised that the extension of Medicare to include universal access to dentistry would necessitate an increase in taxes of \$6.9 billion. We believe this is a conservative estimate.

The solution: Targeted funding

The ADA states that in funding oral health care delivery programmes for eligible groups and individuals, Government assistance should be directed preferentially to those in greatest financial and oral health need. There is a need to target money and resources to those that currently have very poor or restricted access to dental care together with the development of a coordinated preventive programme in dental health education. To make dentistry universally available to the community through Medicare would be "fiscally irresponsible" and unlikely "to deliver quality dental care".⁷

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