

Vote 'No' – Denticare

Vote 'Yes' – Oral Health Promotion, Internships, Child Programmes and targeted funding for delivery of dental care

Denticare

The Australian Dental Association (ADA) has grave concerns over the proposed universal dental scheme, Denticare, recommended recently by the National Health and Hospitals Reform Commission. The scheme is not only complex and impractical, but also will not deliver effective benefits to disadvantaged Australians who will not receive quality dental care.

Dr Neil Hewson, ADA Federal President, said "To make all dentistry universally available to the community through Denticare as is suggested by the Commission would waste funds on administration and be unlikely to deliver quality dental care. Targeted funding to those in greatest financial and oral health need is what is required. They should not be offered only limited dental care that won't be effective. Instead, they should receive a well-structured, dentally effective scope of treatments to provide them with long term dental health. Many Australians are accessing dental care and remain capable of caring for themselves and so should continue to do so.

"The creation of a complex two-tier system of delivery/funding of limited dental treatments either through health funds or via an under-resourced public sector (which will take years and millions of dollars to bring up to speed) is an inappropriate way to utilize government funding."

Two Federal Parliamentary enquiries and Australia's National Oral Health Plan saw no sense in attempting to deliver a universal dental health scheme such as that proposed in the Commission's report. The architect of Medicare, Professor John Deeble, recognised that dentistry was not suitable for such schemes. He has said: *"The main problem with Medicare covering the [dental] industry is its basic uninsurability... insurance works for 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."*

Universal dental health programmes implemented around the world have not succeeded; a case in point is the National Health Service Dental Program in the United Kingdom.

The ADA's position is that if the Federal Government is to direct funding to dental health then the following – along with many other things – should apply:

- Funding for treatment should be directed to the financially disadvantaged: the one-third of Australians who do not receive proper dental care now.
- Funding for treatment should not be directed to those who can or are affording it, thereby diluting benefits to the disadvantaged.
- A wide range of services (with an annual limit) will give predictable costs and greater flexibility to provide better long term health outcomes.
- Funding for dental clinic infrastructure is urgently required for training the dramatically increased number of dentistry students.
- Improvement of employment conditions for academics and public sector dentists is needed.
- The initiatives below.

Oral Health Promotion

Given that decay, gum disease and oral cancers are almost entirely preventable, investing in oral health promotion has the potential to create massive savings in treatment costs and so is fully supported.

Internships

The ADA has advocated the introduction of an intern or residency year in numerous submissions over recent years. Dr Neil Hewson gave an undertaking to Health Minister Roxon in late 2008 to provide a submission which is currently being prepared by an ADA expert committee and will be presented to the Minister in the near future.

Child Programmes

The ADA supports the principle of providing more resources for child dental health, though not in the way described in the report.

For more information on what Denticare entails visit www.ada.org.au

Reference

1. Professor Deeble, Proof Committee Hansard, Canberra, 21 July 2003, p. 71