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Submitted to Consultation Draft - Primary Health Care 10 Year Plan
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Introduction

1 What is your name?

Name:
Dr Mark Hutton

2 What is your email address?

Email:
mikaela.chinotti@ada.org.au

3 Are you responding as an individual or on behalf of an organisation?

Organisation

4 What is your organisation type?

Peak/professional body

5 What is your organisation name?

Organisation:
Australian Dental Association

6 Do you consent to being named as having provided a submission to this consultation process?

Yes

7 Do you consent to your submission being published on the consultation hub?

Yes

8 Please provide your response to the listed actions under reform stream 1: Future-focused health care - Action area A: Support safe, quality telehealth and virtual health care. (300 word limit)

Response:

Tele-health has the opportunity for improved communication between dentists and patients as well as other dental and/or medical practitioners. It has the ability to aid in caring for the oral health of rural and remote residing Australians and residents of aged care facilities who face numerous barriers to accessing face-to-face dental care. It can aid in reducing attendance in person when not necessary for initial consultation.

Currently, Healthdirect provides a tele-health platform without cost to health professionals working in aged care, allied health, Indigenous health, maternity health, and mental health services, however this excludes dentists.

Access to a universal platform could encourage multidisciplinary care and improve access to dental care and advice. Imaging systems, such as the affordable and simple to use Throat Scope, and software such as the University of Melbourne's MouthMap, could allow issues of concern to be addressed in a timelier manner when accessing a dental practitioner may prove difficult, potentially preventing patients from seeking care. Funding to facilitate distribution of such equipment in general practice clinics, speech pathology clinics, Aboriginal Medical Services and aged care facilities is necessary, however the ADA are prepared to assist with the distribution by providing digitally accessible training on conditions and lesions of concern that warrant imaging and tele-health consultation.

Additionally, as yet, Private Health Insurance does not provide a rebate as part of Extras Cover for telehealth appointments. Rebates should be introduced for dental telehealth as has been done for other health fields.

9 Please provide your response to the listed actions under reform stream 1: Future-focused health care - Action area B: Improve quality and value through data-driven insights and digital integration (300 word limit)

stream 1: action Area B:

The difficulty in this area is that there is very limited meaningful Commonwealth dental/oral health data collected as there is limited resources allocated within the Commonwealth health department to drive a coordinated oral health strategy. This is further reflected in the lack of oral health representation and expertise on this Primary Health Reform Steering Group.

Dentists are not currently able to fully access the My Health Record. Nor is there a genuine level of investment to facilitate the involvement of dental care

in digital health care systems such as eprescribing, secure messaging. Communication between medical practitioners and dentists is common to confirm or receive medical history details to ensure safe dental care. Future 7-10 year plans for infrastructure, software and tools should consider the incorporation of dental practice software.

10 Please provide your response to the listed actions under reform stream 1: Future-focused health care - Action area C: Harness advances in health care technologies and precision medicine (300 word limit)

stream 1: Action area C:

Advances in digital dentistry to improve oral health outcomes are limited to privately owned primary healthcare clinics. A comprehensive plan to incorporate use of digital dental technologies to improve government supplied primary health care oral health services is welcome.

11 Please provide your response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area A: Incentivise person-centred care through funding reform, using VPR as a platform (300 word limit)

stream 2: Action area A:

There is no funding for the majority of Australians and no significant funding for those that are eligible that utilises the existing workforce in the community, not just the few publicly employed ones that are thin on the ground. The lack of a strategic plan to improve Australia's oral health is a major barrier.

The Voluntary Patient Registration program (VPR Platform) is a good idea to ensure confidential collaboration across public registers. We agree there is a need to provide continuity of care relationship between people and their general practice/ACCHS and their usual general practitioner, however, this platform does not integrate oral health.

Consideration of a funding reform that includes incentives to support oral health care as a key part of the health of priority populations identified, including complex chronic conditions, disability, dementia, and palliative care, is necessary.

12 Please provide your response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area B: Boost multidisciplinary team-based care (300 word limit)

stream 2: Action area B:

No reference is made to multidisciplinary care in combination with dentists. Reference is made to allied health professionals; however dentists are not considered as part of this professional group.

The inclusion of dentists in multi-disciplinary teams is very important. As stated, the primary health team is supported to work to their full scope of practice. It should not be expected (nor is it legal) that practitioners work outside their scope of practice or that remote consultation with specialists enable this. With 80% of oral health services provided in the private sector as fee-for-service, scope for private practitioners to become integrated into multi-disciplinary teams is limited. Including dentists and/or their relevant professional bodies in the development of multidisciplinary education and training is key to integrating oral health as part of multidisciplinary health care, particularly within rural and remote, aged and disability settings. However, it is important to note that multidisciplinary care presents a challenge for integrating dental professionals who practice in purpose-build clinics, which are expensive to establish and maintain.

13 Please provide your response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area C: Close the Gap through a stronger community controlled sector (300 word limit)

stream 2: Action area C:

Closing the Gap is very important as Aboriginal and Torres Strait Islander adults and children experience greater rates of dental disease than their non-Indigenous counterparts in urban, rural, and remote communities.

Conditions prevalent among Aboriginal and Torres Strait Islander Peoples, such as rheumatic heart disease and diabetes, are intimately linked to oral health, making good general health essential for good oral health, and vice versa.

Despite the oral health disparities between Indigenous and non-Indigenous Australian's there is no mention of addressing oral health with the 10 Year Plan.

The MBS 715 Aboriginal and Torres Strait Islander Peoples Health Assessment currently does not include reference to oral health. At minimum, a requirement to enquire and provide an oral health referral is necessary.

The continued lack of emphasis in including oral health in government supported health checks fails to place importance on primary oral health care, leaving secondary and tertiary care systems to provide treatment when problems arise. Medical and allied health practitioners need to consider oral health during general health assessments and care and encourage or refer patients as appropriate for systemic conditions or health risk factors known to impact oral health in a preventive manner.

This work relies on the inclusion of dentists as part of Action area B: Boost multidisciplinary team-based care, however as mentioned in our submission on the Draft recommendations from the Primary Health Reform Steering Group, multidisciplinary care presents a challenge for integrating dental professionals who practice in purpose-build clinics, which are expensive to establish and maintain.

14 Please provide your response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area D: Improve access to primary health care in rural areas (300 word limit)

stream 2: Action area D:

Telehealth can improve access to oral health advice and services for rural Australians, however as mentioned in Action area A: Support safe, quality telehealth and virtual health care, dentists continue to be excluded from the Healthdirect telehealth platform. Multidisciplinary care and referrals between dentists and medical professionals are essential for improving access to primary health care in rural areas. Unfortunately, there is limited access to dental professionals in rural and remote areas of Australia and residents without access to such services do seek advice from non-dental primary care providers.

On average, 0.3% of total Australian medical degree course hours are spent educating students on oral health. Dental treatment performed by medical practitioners often consists of the provision of analgesics, antibiotics and/or referral to a dentist or hospital. The oral health skills, and knowledge base of non-dental primary care providers needs to be addressed as well as their ability to connect with dental professionals to refer and seek advice.

Government initiatives are required to encourage dentists to work in rural Australia to improve access to primary health care. Scaling up dental student placements to rural Australia can assist as well as the return of the national new graduate dental and oral health scheme, or similar. From 2012- 2016, the national new graduate dental and oral health scheme successfully engaged dental practitioners to work in rural Australia.

15 Please provide your response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area E: Improve access to appropriate care for people at risk of poorer outcomes (300 word limit)

stream 2: Action area E:

It is important that access to dentists is considered to improve access to appropriate care for people at risk of poorer outcomes. Persons with mental illness and disability are well known to exhibit worse oral health outcomes. Consideration should be given to addressing the significant barriers that exist included limited services, funding and extensive waitlists.

Dental disease has many common risk factors with the other major chronic lifestyle diseases such as diabetes and heart disease. As such, ensuring that fully-funded oral health referrals are made for people at risk of poorer outcomes of other chronic diseases will go some way towards improving the access for appropriate care of these members of the community. Ignoring oral health for these people is by definition, limiting the appropriate care that they can receive.

16 Please provide your response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area F: Empower people to stay healthy and manage their own health care (300 word limit)

stream 2: Action area F:

Tooth decay and gum disease are the two most common chronic diseases impacting Australia's health. The Australian Institute of Health and Welfare (AIHW) recently reported that in 2018-19, \$5.1 billion was spent on managing and treating tooth decay in Australia and that tooth decay was the most common chronic disease worldwide. Poor oral health consequences of tooth decay and gum disease can result in a person experiencing pain, embarrassment, a decrease in quality of life, and avoidance of certain foods and activities.

The National Preventive Health Strategy 2021-2030 acknowledged the importance of health literacy and the need to address this social determinant of health in order to empower people to stay healthy, prevent diseases and manage their own health care. This Strategy failed to acknowledge the importance of oral health. The Australian Dental Association (ADA) has created a national oral health education website, teeth.org.au, to improve Australian's access to trustworthy, evidence-based information to enable Australians improved access to care and decision making. Health literacy is a main factor in content production. The ADA is prepared to work with Government and Associations for teeth.org.au to be the main reference site for oral health information in order to assist in reaching the short-, medium- and long-term actions listed.

17 Please provide your response to the listed actions under reform stream 3: Integrated care, locally delivered – Action area A: Joint planning and collaborative commissioning (300 word limit)

stream 3: Action area A:

Integrated care models need to consider oral health as part of each pathway. Each group specified currently relates to access issues in the system.

There is no mention of oral health amongst these actions. It can only be interpreted as oral health is has not been considered or that it has been excluded.

18 Please provide your response to the listed actions under reform stream 3: Integrated care, locally delivered – Action area B: Research and evaluation to scale up what works (300 word limit)

stream 3: Action area B:

To evaluate what works, it is sometimes necessary for new approaches to be trialed and run in parallel to current systems. This ensures patients are still treated within the current system, but new innovations are trialed.

There are limited sources of funding for oral health research in Australia, whether to pursue research or evaluate programs. Therefore, there is limited opportunities for oral health researchers to pilot and scale-up promising programs, particularly those that can aid in oral health PHC for individuals experiencing barriers to access care.

19 Please provide your response to the listed actions under reform stream 3: Integrated care, locally delivered – Action area C: Cross-sectoral leadership (300 word limit)

stream 3: Action area C:

As previously mentioned, there is no mention of oral health amongst these actions or the Plan more broadly besides reference that it is a primary care field. The ADA is prepared to assist in the fostering of cross-sectoral leadership that include professional association stakeholders, as mentioned.

20 Please provide any additional comments you have on the draft plan (1000 word limit)

Additional comments:

The action areas and short-, medium- and long- term actions of this Plan are in theory supported by the Australian Dental Association; however, it is clear that there is a lack of consideration for oral health in the development of these actions, particularly as there was no representation for oral health as part of the advisory Steering Group. Nor is Australia's National Oral Health Plan 2015-2024 referenced as part of the Health plans, strategies and frameworks principally interacting with the Primary health care 10 Year Plan (appendix 2, page 47) despite alignment of goals between the Strategy and this Plan.

The Plan lacks consideration for oral health, despite the key role it has in primary health care, given the levels of preventable hospitalisations due to dental disease and the oral health disparities that exist in marginalised groups. Australians need access to dental healthcare that is cost-effective, administratively efficient, reduces dental disease in the community, and ensures that those of all ages can access timely, affordable, and clinically optimal oral healthcare in their local area.

Oral health is fundamental to general health, wellbeing, and quality of life. It is more than healthy teeth and aesthetic smiles. A healthy mouth enables people to eat, speak and socialise without pain, discomfort, or embarrassment.

The link between oral and general health is clearly stated in the World Oral Health Report 2003.[i] Oral disease has been linked to cardiovascular disease, diabetes, stroke, lung conditions and adverse pregnancy outcomes such as preterm and low birth weight babies.[ii] Diseases such as diabetes can manifest within the mouth and this may be the first sign of the condition, while medications, such as anti-anxiety drugs, can compromise the health of the mouth. Polypharmacy can be particularly deleterious, most commonly associated with decreased saliva production causing dry mouth which can affect oral functions including swallowing and talking, as well as decreasing quality of life and increasing risk of dental caries.

Oral health has been separated from general health in education programs, delivery of services, health policy and funding for too long. In addition to the very necessary reparative treatment, causative factors of dental disease must be considered, and preventative measures funded; funding which would pay off well in reducing the prevalence of "drilling and filling". Oral health must be integrated into general health with all health professionals sharing responsibility for oral health promotion and prevention.

[i] Petersen, PE. The World Oral Health Report 2003. Switzerland: World Health Organisation; 2003. 45 p.

[ii] Dental Health Services Victoria. Links between oral health and general health the case for action. Carlton (VIC): Dental Health Services Victoria; 2011. 18 p.