

**Working
together
to combat
the rising
incidence
of chronic
disease.**



Mouth Matters

The missing link in chronic
disease management

The issues at hand

Oral diseases are chronic conditions that not only worsen health outcomes but also significantly impact the quality of life.

The severity and management of other chronic conditions, such as **diabetes**, **kidney disease**, and **cardiovascular disease**, are all influenced by and contribute to the prevalence of oral diseases.

By providing accessible primary care oral health management options, we can address the rising rates of oral diseases and their associated chronic conditions.

The issue

Oral disease is a significant and growing problem in Australia.

Approximately one-third of Australian adults have untreated dental decay, a key marker for poor oral health.¹ Similarly, a comparable proportion experience periodontal diseases. Over the past decade, the number of adults experiencing oral disease and those rating their oral health as fair or poor has surged by around 50%.²

Without appropriate treatment and management, oral diseases can become chronic conditions, impacting health and wellbeing. They are associated with poor nutritional status, impaired quality of life, pain, discomfort, speech impairment, psychological wellbeing, and social withdrawal.^{3,4} Additionally, the mouth is also an entry point for infection, which may then spread to other parts of the body.⁵

Oral diseases are also linked directly to other chronic diseases such as cardiovascular disease⁶, pulmonary disease⁷, and diabetes.^{8,9} The relationship between oral health and chronic disease is bidirectional. Improving oral health decreases the risk of atherosclerotic disease, the primary cause of most coronary heart disease and cerebrovascular disease.⁹ The relationship between diabetes and periodontitis is also well-established, with hyperglycemia negatively

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impacting oral health and severe periodontitis can negatively affect glycaemic control.

Despite the well-documented connection between oral health and chronic diseases, oral health is treated separately from other health services in terms of funding, service infrastructure, and planning. This results in fragmented or less accessible care and reduced opportunities for multidisciplinary collaboration.

Oral health services are not accessible to some consumers.

Low-cost primary care-based oral health services can reduce oral disease rates and improve health outcomes for all Australians.

Access to oral health services is strongly associated with income, location, and age. Almost one in three people delayed or avoided seeing a dental practitioner when needed, a rate that increases significantly for those with a long-term health condition or in the lowest income segments.¹⁰ Aboriginal and Torres Strait Islander communities also experience much higher rates of oral disease and chronic conditions.

The economic impact of unmanaged oral disease is significant. In 2019-2020 hospital patient care for oral problems cost the Australian health system an estimated \$605 million.¹¹ A large proportion of those hospitalisations could have been prevented with timely and accessible oral health care. The cost of unmanaged oral health rises even further when the direct costs, morbidity, and lost productivity from chronic diseases such as diabetes and cardiovascular disease are factored in.

While Australia has a highly trained dental workforce, rates of oral disease are increasing. Evidence shows the need for new approaches and



integration with the primary care system.^{12,13} Improved integration has been shown to be effective in a range of settings. A program at West Moreton Diabetes Management Clinic in Queensland showed high rates of unmet oral health needs, oral diseases, and a need to better screen for and manage oral health for those with diabetes.¹⁴

Models focused on aged care settings have shown improved oral and general health and improved referral pathways for timely medical care and other oral health treatments.^{15,16} Education programs to help people better manage their own oral health have also been shown to lead to improved health outcomes for those with cardiovascular disease.¹⁷

The solution

Access to primary care-based oral health services will improve oral and general health outcomes.

The contribution of dental hygienists, dental therapists, and oral health therapists is increasingly

being recognised. All three professions have been authorised to practice as independent health practitioners since July 2020. A key reason for the change was enabling improved access to dental care.

Since July 2022, dental hygienists, dental therapists, and oral health therapists have been able to register as independent Medicare providers with Services Australia, allowing them to provide services under the Medicare Child Dental Benefits program. Improving access to affordable treatment and management for adults with chronic conditions in the primary care setting is a practical and much-needed next step.

Implementing the proposed recommendations will mean that when a person presents to their GP with oral health issues and/or a relevant chronic condition, the GP will be able to refer the person

for subsidised oral health care services for early intervention.

The dental hygienist, dental therapist, or oral health therapist can then provide assessments on the presence of gum disease, oral cancer, and tooth decay and provide education to the person about how to self-manage their oral hygiene and health. In collaboration with the GP, they can support improved oral and general health and reduce the risk of hospitalisation. If complex treatment is required, the person can then be referred to a dental practice for advanced dental care.

Dental hygienist, dental therapist, and oral health therapist services can be mobile, this also provides an accessible option where mobility issues or location might otherwise make access more difficult and where there are no local dental services.



What government can do now

Affordable, accessible oral health services, integrated with primary care, must be a key government priority.

The DHAA proposes two practical and achievable changes that will dramatically increase consumer access to oral care and recognise oral disease as a chronic condition with direct links to other chronic diseases and general health.

The DHAA calls on the Commonwealth government to:

- Expand the list of eligible allied health professions that can provide GP-referred Medicare Chronic Disease Management (CDM) services to include dental hygienists, oral health therapists and dental therapists.
- Include dental hygienists, dental therapists and oral health therapists in the list of eligible professions that can be employed by general practices under the Workforce Incentive Program – Practice Stream (WIP).

Evidence about the role and impact of oral disease on the health and wellbeing of the Australian community is clear. By implementing practical changes to the CDM and WIP programs, the Commonwealth government can take an important step towards improving the health and wellbeing of Australians with chronic disease and bridge the gap between primary care and dental services.

THE STATS

- **Oral disorders make up 4.5% of all non-fatal burden, a number comparable to, or higher than, conditions such as atrial fibrillation or dementia.**¹⁸
- 78,800 hospitalisations could have been avoided by timely access to dental care and preventative treatment.¹⁹
- **Diabetes, pulmonary disease, kidney disease, and cardiovascular disease are among the most prevalent and impactful chronic conditions. All have direct links to oral health.**
- One in three Australians delay or choose not to see a dental practitioner when needed due to cost.
- **Only 40% of Australians over 85 have access to dental care, yet around eight in 10 Australians over 65 have one chronic condition, and half have two or more.**²⁰
- The proportion of adults aged 15 years and over reporting their oral health as fair or poor increased from 16% in 2004–06 to 24% in 2017–18.²¹



ABOUT THE DHAA

The Dental Hygienists Association of Australia Ltd (DHAA) is the national peak professional body representing dental hygienists, dental therapists and oral health therapists in Australia.

The DHAA provides support and advice to its members and collaborates with governments and other health professional groups and stakeholders to support accessible oral care for all Australians.

What do DHAA members do?

DHAA members are registered dental practitioners, overseen by the Dental Board of Australia and the Australian Health Practitioner Regulation Agency (Ahpra). Their scope of practice includes the prevention and management of oral diseases, performing oral health assessments, formulating diagnoses, care plans, delivering health education to promote healthy dental behaviours, and providing appropriate treatment or referrals. DHAA members work in both the private and public sector, covering both general and specialist dental practices across Australia.

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