

Bad Mouth

The neglected reality

Seeking the provision of equitable and affordable dental healthcare for ALL Australians



Better availability of preventative care will reduce instances of oral disease and improve general public health

Many common oral diseases including tooth decay, gum diseases, and oral cancers, are preventable. The treatment is often expensive for consumers and health care funding bodies. Evidence links oral diseases to cardiovascular disease,¹ pulmonary disease,² diabetes³ and some evidence suggests a link between poor oral hygiene and dementia.⁴

Furthermore oral diseases can be associated with poor nutritional status and affect quality of life⁵ through oral pain, discomfort, speech impairment, and social withdrawal.^{6,7} Specifically, residents in aged care are at higher risk for aspiration pneumonia because of bad oral health. In severe cases, this necessitates acute hospital care and may even lead to death.

Despite being largely preventable, oral diseases are highly prevalent conditions, increasing with an ageing population. The 2020 Australia's Adult Oral Health Tracker reveals some concerning trends, indicating the worsening prevalence of untreated tooth decay and gum diseases affecting one in three adult Australians.⁸ Current Australian data indicates an increase from 4.5 decayed, missing or filled teeth (DMFT) for young adults to 24.3 DMFT in 75 years olds. Only 40% of Australians over 85 have access to dental care.⁹

Given the increasing economic and morbidity costs of oral diseases and the links to oral health, dental professionals and early intervention for oral diseases can have a significant positive impact on the quality of life of patients, while diminishing the economic burden for society.¹⁰

Governments, health professionals, and service providers often treat oral health separately from all other health services in terms of funding, service infrastructure and planning, despite the evidence

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that oral health is an integral element of overall health. This separation has led to significant health, social and economic ramifications.¹¹

Dental hygienists, oral health therapists and dental therapists routinely incorporate smoking cessation, dietary advice and alcohol moderation in their care of patients. This common risk factor approach is effective in improving oral health and in the management of systemic diseases.¹² Investing in these preventive oral health care professionals can therefore have far reaching effects for oral health and general health of the population.

Disproportionate costs have put regular treatment out of reach for many Australians

Historically, dentistry adopts a treatment-dominated, invasive and high-tech approach to care that is often expensive. The 2017 Australian Institute of Health and Welfare (AIHW) report showed that consumers are required to pay for 58% of dental costs. In comparison consumers are only required to pay for 12% of pharmaceuticals and 11% of medical expenses in the primary care setting.¹³ Nearly one in five people delayed or avoided seeing a dental professional due to cost. The number is five times higher than the number of people who failed to see a general practitioner.¹⁴ The lower income segments of the population skipped or delayed seeking dental treatment at a much higher rate of 28%.¹⁵

The economic impact of oral diseases and the need for government support is indisputable when data from 2016-2017 showed that 70,200 hospitalisations could have been avoided by timely dental treatment and preventive care.¹⁶

While incorporation of dental services in the

THE STATS

Only 40% of Australians over 85 has access to dental care.

- Consumers pay for 58% of dental costs compared to 12% for pharmaceutical and 11% for medical expenses.
- One in five delay or choose not to see a dental practitioner due to cost.

universal health coverage would allow dental services to be integrated to overall health care services and improve access, the scheme is likely to be complex, costly and will take time to develop. A focus on preventive care and a minimal intervention approach is needed to reduce the burden on the clinical paradigm that has shown to be ineffective.¹⁷

Such an approach has shown to be effective in, for example, providing residents in an aged care facility with preventative oral care, improving oral health literacy of residents, staff and carers, and providing a referral pathway for timely medical care and other dental treatments.^{18,19} The paradigm shift to preventive care will reduce the overall cost of providing dental services to all Australians.

The long term impact will be a reduction in the demands for expensive and complex dental procedures, a possible improvement in the management of systemic diseases through a common risk factor approach and even a reduction

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in avoidable hospitalisations. This will lower the financial barrier for a universal health scheme that includes preventative dental services.

Improved access to qualified professionals that can help will alleviate the burden on the system

From July 2020 dental hygienists, oral health therapists and dental therapists are permitted to practice as independent health practitioners similar to other AHPRA registered health practitioners. This change was instigated by the Dental Board of Australia citing patient safety and improvement of access to dental care as primary reasons.

Dental hygienists, oral health therapists and dental therapists are currently not issued with Medicare provider numbers which effectively limits the public's access to their services. The general public can still not access the services of dental hygienists, oral health therapists and dental therapists without seeing a dentist if these services are funded through Medicare or private health insurance. Such a system creates an administrative burden to the public and this increases the chance of inappropriate or unnecessary services being sought and provided. It is also highly discriminatory towards this particular group of dental practitioners.

Dental hygienists, oral health therapists and dental therapists are an underutilised, yet powerful workforce that could improve the current undesirable situation of oral health in Australia. With the preventative and health-promoting focus, and the possible flexibility and mobility of their practice, they could be a key driving force for the government to combat the neglect of oral health for all Australians.

WHAT NEEDS TO HAPPEN

A strategic approach to address this neglected part of health care for all Australians is long overdue. The DHAA is keen to support governments at all levels to innovate and undertake reform to:

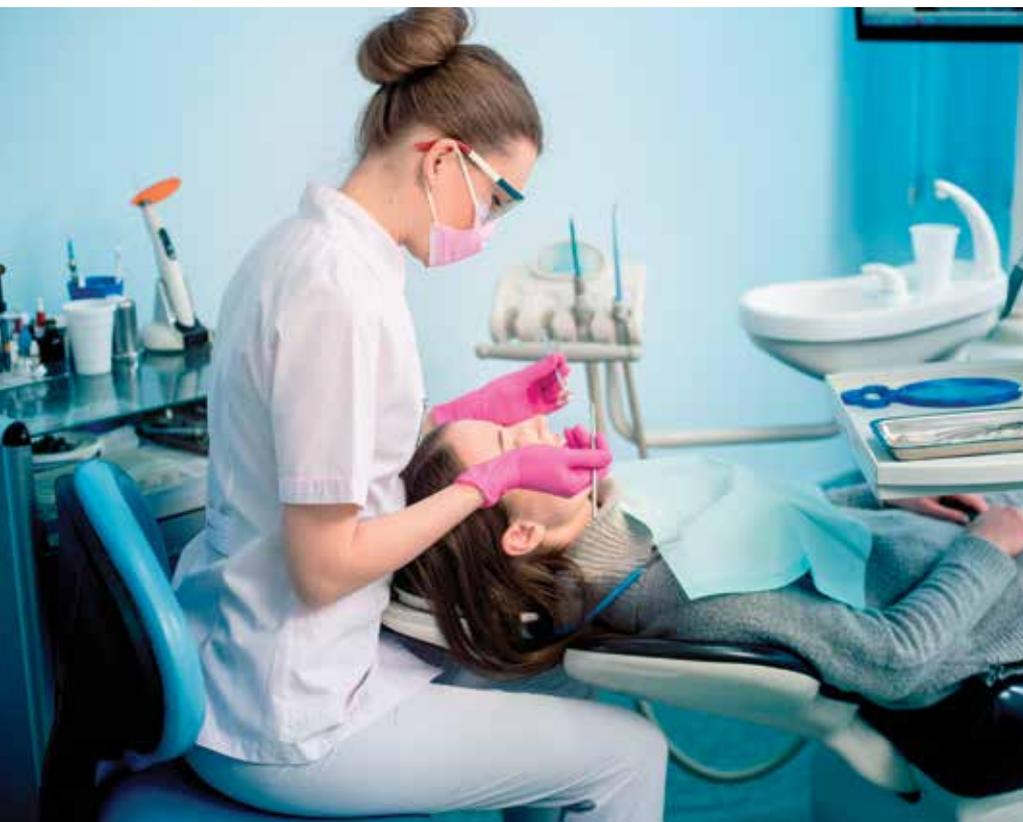
- 1 Ensure equity of oral health services for all Australians.
- 2 Shift towards the paradigm of oral disease prevention and health promotion.
- 3 Restore oral health as an integrated element of overall health and general wellbeing.

The DHAA calls on the government to issue dental hygienists, oral health therapists and dental therapists with Medicare provider numbers to ensure public access to these practitioners in an equitable way. This will allow the general public to seek appropriate service from all dental practitioners without having to choose based on availability of Medicare provider number for the practitioner.

Dental hygienists and oral health therapists with Medicare provider numbers will be able to claim specific remuneration through the

use of specific dental item codes for services provided in residential aged care facilities and rural and remote communities, where they can provide preventative care, support oral health maintenance and perform oral health screenings, diagnose, and determine appropriate referrals for early intervention approaches.

The DHAA has the capacity and expertise to support the government to implement the necessary innovation and reform to address this gap in preventive care provision.



ABOUT THE DHAA

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

The DHAA provides support and advice to its members, and collaborates with other health professional groups and stakeholders to strive for better access and optimal dental care for all Australians.

What do DHAA members do?

Our members are registered dental practitioners with 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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References:

- 1 Dietrich T, Webb I, Stenhouse L et al, Evidence summary: the relationship between oral and cardiovascular disease, *British Dental Journal*, 2017, 222(5) 381-385
- 2 Manger D, Walshaw M, Fitzgerald et al, Evidence summary: the relationship between oral health and pulmonary disease, *British Dental Journal*, 2017, 222(7) 527-533
- 3 D'Aiuto F, Gable D, Syed Z et al, Evidence summary: the relationship between oral health and diabetes, *British Dental Journal*, 2017, 222(12) 944-948
- 4 Daly B, Thompsell A, Sharpling J et al, Evidence summary: the relationship between oral health and dementia, *British Dental Journal*, 2017, 1-8
- 5 Hugo C, Cockburn N, Ford P et al, Poor nutritional status is associated with worse oral health and poorer quality of life in aged care residents, *The Journal of Nursing Home Research Sciences*, 2016 (2) 1-5
- 6 Council of Australian Governments Health Council, *Healthy Mouths, Healthy Lives: Australia's National Oral Health Plan 2015–2024*. Adelaide: South Australian Dental Service
- 7 National Advisory Council on Dental Health, *Report of the National Advisory Council on Dental Health 2012*, Commonwealth Department of Health and Ageing
- 8 Australian Dental Association 2020. *Australia's Adult Oral Health Tracker 2020: Technical Paper*, Mitchell Institute, Victoria University, Melbourne
- 9 Australian Institute of Health and Welfare, *Oral health and dental care in Australia*, 2019
- 10 Reference: Borgnakke, W. (2015). Does Treatment of Periodontal Disease Influence Systemic Disease? *Dental Clinics of North America*. 59 (4) 885–917. DOI: <http://dx.doi.org/10.1016/j.cden.2015.06.007>
- 11 Duckett S, Cowgill M, Swerissen H, *Filling the gap: A universal dental scheme for Australia*, Grattan Institute, 2019
- 12 C. Santhosh Kumar, Shweta Somasundara Y. Common risk factor approach: finding common ground for better health outcomes. *International Journal of Contemporary Medical Research* 2017;4(6):1367-1370;
- 13 <https://www.aihw.gov.au/reports/health-welfare-expenditure/health-expenditure-australia-2016-17/contents/data-visualisation>
- 14 Australian Bureau of Statistics 4839.0 - Patient Experiences in Australia: Summary of Findings, 2017-18
- 15 *ibid* ABS (2018a)
- 16 Australian Institute of Health and Welfare, *Oral health and dental care in Australia* [Internet]. Canberra: Australian Institute of Health and Welfare, 2019 [cited 2020 May. 5]. Available from: <https://www.aihw.gov.au/reports/dental-oral-health/oral-health-and-dental-care-in-australia>
- 17 Watt R, Daly B, Allison P et al, Ending the neglect of global oral health: time for radical action, *The Lancet*, 2019 (394) 261-272
- 18 Wallace J, Mohammadi J, Wallace L, Taylor J, Senior Smiles: preliminary results for a new model of oral health care utilizing the dental hygienist in residential aged care facilities, *International Journal of Dental Hygiene*, 2015, 1-5
- 19 Hopcraft M, Morgan M, Satur J, Wright F, Utilising dental hygienists to undertake dental examinations and referrals in residential aged care facilities, *Community Dental and Oral Epidemiology*, 2011 (39) 378-384

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This 'Bad Mouth - The neglected reality' report has been compiled by the Dental Hygienists Association of Australia.