

In their own words...

THE POWER OF PROVIDER NUMBERS

Five oral health professionals explain how having provider numbers will revolutionise the delivery of much-needed services to the Australian community



CASE #1

Ailssia Hughes

- Oral Health Therapist
- Bomaderry, NSW (180km from Sydney)

I AM AN oral health therapist (OHT) with extended scope, and have been working in my current practice, located in Bomaderry in southern NSW, for nearly 11 years.

I think my workplace is a great example of how the public may benefit from oral health therapists, dental hygienists and dental therapists having provider numbers.

My boss Dr Brett Eaglen is very supportive of our profession. We work as a team and value each other's area of expertise, as such I am seen as an equal within the practice.

All new patients and check-ups get directed to myself, and from here I refer work that is outside of my scope of practice to the dentists, so we are very productive in keeping waiting times to a minimum and the dentists can focus on their work. The patients respond very well to this procedure and it means that we are all working to our scope efficiently.

It is very confusing for patients when they pay accounts and claim health fund benefits to see the name of another provider on the account. I have even had patients ask to make sure that I get paid. If I have my own provider number, the work we do will continue to be the same but we will have more opportunities to assist areas of the community that miss out – such as aged care and rural settings where it is hard to retain dentists.

Having a provider number will enable us to work in aged care facilities, rural settings and encourage oral health promotion in child care and schools. In addition the current system does not accurately capture workforce statistics as all of our work is reported through the principal dentist's provider number.

Ailssia Hughes



CASE #3

Lyn Carman

- Dental Hygienist
- Central Eyre Peninsula, SA (630km from Adelaide)

IN DECEMBER 2019, after years of dedicated service by local dentist Cindy Dennis, the decision was made to close the practices servicing Eyre Peninsula; and along with it went the South Australian Dental Services (SADS) contract and all care under the Child Benefits Dental Schedule (CDBS). Any regional area that is solely reliant on a single private practitioner is unsustainable.

Both Cindy and I spent 2019 trialling new solutions for rural remote regions, and utilising an innovative model I am interested in offering a service via dental hygienists and oral health therapists from outside the region.

Unfortunately this model, which would have seen care being provided to all school-aged children, has been found to be non-viable. This is due to the a significant number of local children's entitlements, under the CDBS, that dental hygienists and oral health therapists are not able to access without a provider number.

Lyn Carman

CASE #2

Elizabeth Irvin

- Oral Health Therapist
- Bairnsdale, Vic (280km from Melbourne)

I WORK AS an oral health therapist (OHT) in a fixed aboriginal health centre located in Bairnsdale, eastern Victoria (Gippsland & East Gippsland Aboriginal Cooperative).

We provide services to aboriginal people, and their families, for the entire eastern Victoria region. In recent years we have had trouble retaining dentists, and more recently we have had no dentist at all!

Without the dentist's provider number I am not able to work, and the community suffers. This is completely the wrong way if we want to be heading to CLOSE THE HEALTH GAP.

Having access to a provider number will mean that, in times where we have no dentist available, I am at least able to work independently within my scope and refer to other services where needed. This will reduce waiting times and avoid the need to use our medical practitioners information to provide referrals (which comes with communication issues and more waiting).

It will mean a streamlined, efficient process that just makes sense.

Elizabeth Irvin



CASE #4

Lynda van Adrighem

- Dental Hygienist working in aged care
- Adelaide, SA

MY ROLE AS a dental hygienist (DH) in aged care facilities involves many responsibilities. These include oral health assessments, updating oral care plans, highlighting the individual needs of residents to the site care managers, providing dental hygiene care and minimal intervention services in the safety and comfort of the resident's room, as well as updating the next of kin (NOK) as to the resident's dental status and needs.

Through my on-site work I am well placed to recognise oral diseases and have established a referral pathway to a dentist for more complicated dental services. This relationship has enabled many residents to access timely and appropriate care.

At present, **residents within residential aged care facilities (RACFs) who have a DVA card, or with private health insurance, are not able to access their entitlements without going through a dentist**; which is sometimes difficult.

Many of the staff at the RACFs are under significant work overload and welcome the professional services offered by dental hygienists (as do the NOK, many of whom are also part of the aging population).

In many cases, the treatment goals for RACF residents are to maintain comfort, minimise pain and ensure nutritional dietary intake, many of these can be achieved by the dental hygienists working on site.

Allowing eligible RACF residents to access their entitlement to utilise the on site services provided by dental hygienists can ensure that dental pathways are streamlined and the oral care of residents is better supported.

Lynda van Adrighem



CASE #5

Cate Corcoran

- Dental Therapist with an adult scope
- Narromine and Gilgandra, NSW (430km from Sydney)

OUR PRACTICE HAD two surgeries – one in Narromine and the other in Gilgandra – which are both closing. Over 1,000 patients at Narromine will no longer have access to dental services, and their closest practices would be in Dubbo, approximately 50km away. There are many indigenous and low socioeconomic families in the area. When we look at the facilities available to the people living further west of Narromine, this was their closest practice and they would travel for hours to get to us for their dental treatments. Now they will have to travel even further to get any dental treatment if the practice remains closed.

Our Gilgandra practice services approximately the same number of patients. It faces the same scenario as Narromine in relation to people traveling to us from towns further west, and our Gilgandra practice does have another surgery open one day a month. That is mainly due to not being able to get a dentist to the area and to remain here for the long term. This is forcing many patients to driving into Dubbo, over 60km away, for their dental treatments.

If I had a provider number I could give relief of pain to all individuals with no age restrictions, and then start a path of referral for them to have definitive treatments done. I could also see the children in our town for a range of treatments, and be able to bill the Child Dental Benefit Scheme (CDBS); but without a provider number I cannot.

I am an adult scope dental therapist and can take out permanent teeth, so for a rural area this

is also an advantage. I would see at least 10-20 patients a day, for three days a week, and then the same in our Narromine surgery working for two to three days a week.

I am currently in the process of trying to buy the Gilgandra surgery but to do this I will need a provider number. If I can work here I will always live here, but if I can't work I may have to relocate to find suitable work; and that will leave this town at a disadvantage, yet again. I am local to this area and I have a service to offer and a service that is highly required and very important.

People can die from dental-related illnesses such as Ludwig Angina, but illnesses like diabetes

“If I had a provider number I could give relief of pain to all individuals with no age restrictions, and then start a path of referral for them to have definitive treatments done”

can also make dental health worse if they do not get regular check-ups, cleans, and preventive treatments, to help manage their oral disease and stabilise the oral environment.

Once the new scope comes in on 1 July, 2020, the government needs to put a rush on providing us with the correct means to do our jobs. If they don't, they will leave towns such as mine with no available dental services.

If the Narromine and Gilgandra surgeries were able to open again, it would provide access for literally thousands of people to receive pain relief and ongoing routine dental treatments. Given the lack of alternatives to the west of these towns, the practices would be their closest option and provide a much-needed service for many.

Catherine Corcoran