HealthCare Consumers

SUBMISSION

KPMG Consultation:

Canberra Health Services Oral Health Services review of Model of Care and Governance framework

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Health Care Consumers' Association

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Background

The **Health Care Consumers' Association (HCCA)** is a health promotion agency and the peak consumer advocacy organisation in the Canberra region. HCCA provides a voice for consumers on local health issues and provides opportunities for health care consumers to participate in all levels of health service planning, policy development and decision making.

HCCA involves consumers through:

- consumer representation and consumer and community consultations;
- training in health rights and navigating the health system;
- community forums and information sessions about health services; and
- research into consumer experience of human services.

We reached out to our members and networks including a range of organisations that work in areas such as homelessness, LGBTQIA+ advocacy, disability support and advocacy, alcohol and other drugs. We have drawn on this input in preparing our response.

1. General comments

The key issues raised by consumers and stakeholder organisations who use or interact with the ACT Oral Health service were:

- Waiting times;
- Preventative care;
- The lack of a holistic approach to oral health;
- Access to oral health care; and
- Poor experiences with public dental health services, particularly issues obtaining appropriate consent.

While the discussions with members and our networks highlighted a number of issues there were also a couple of services highlighted as working well.

- The mobile dental health clinic was also noted as an excellent program in beginning to bridge the oral health gap.
- The Child and Youth Dental Program generally had positive feedback, with waiting times considered reasonable, the cost affordable and service good.
- The Special Needs Dental Program received the most positive feedback from the organisations we talked to. It was highlighted as an excellent model as it allowed organisations to have a single point of contact, which in turn enabled them to build a rapport with the dental service and handle any issues quickly when they arose. They also commented that, the turnaround time was fair,

and the service good for basic dental procedures. It was also noted that the service handled clients who have anxiety around dental work well.

"Since we have worked with the Special Needs Program the overall dental health of the clients that we work with has improved" (Community service provider)

We welcome the opportunity to comment on the model of care. Public dental services are essential to the health and wellbeing of many people. One of the biggest determinants of oral health in Australia is socio economic status. Low income households are far more likely to suffer from poor oral health than wealthy households[i]. This disparity disproportionately affects Indigenous Australians and those Australians who are eligible for public dental care, with increased rates of missing, decayed or filled teeth. People who qualify for public dental care were also six times as likely to suffer complete tooth loss and four times more likely to suffer inadequate dentition[ii]. Poor oral health also has flow on effects in the broader areas of physical health, nutrition, employment, self-esteem and mental health[iii].

2. Specific Issues

2.1 Waiting Times

The length of waiting times for public general dental care and denture care for the majority of public ACT patients in 2017-2018 was still in the 90th Percentile[iv], with little change indicated in 2019[v]. These lengthy waiting times for general dental health care can result in cases where minor dental issues escalate, requiring emergency care, preventable hospital admissions[vi] and more drastic treatments, such as tooth removal. It was also noted that the length of the waiting times between repair and restoration services is an issue. The lengthy wait time from repair work to restoration can mean that when consumers finally reach the restoration appointment the work cannot be done because more repair work is needed. The waiting times for restoration work also means that consumers can spend long periods with inadequate dentition which has serious flow on effects including things like poor nutrition. We would like to see a model of care revised and investment increased to improve access for these people.

2.2 Preventative Care

Quality and timely preventative care helps reduce the load on the acute dental health system, reduces preventable hospital admissions and the severity of the treatments required[reference]. It also improves the community's and individual's overall health and wellbeing. In the case of public dental health, it is important to recognise that existing annual check-up entitlements do not by themselves constitute an adequate response for eligible consumers. These consumers often have a large backlog of needs, having missed out on routine and preventive dental care for lengthy periods.

It is also likely that consumers who qualify for the public oral health service have other pre-existing conditions that make dental care both critical and difficult, such as physical disabilities, neurological disorders, taking medications that can affect oral health, drug or alcohol issues. Any model of care that does not take this into account will not allocate the time required to help take care of this backlog or the complexity of care needs, with the flow on effect that waiting times will remain lengthy and more and more people will end up in acute care.

This review is an excellent opportunity to ensure the new model of care for our public dental health services provides a robust preventative care strategy. This will help improve people's overall oral health while reducing the costs associated with acute and emergency dental care.

2.3 The Lack of a Wholistic Approach to Oral Health

The lack of oral health's inclusion in the primary health care system was noted as an issue as it also contributed to a lack of a holistic approach to oral health. Consumers and stakeholders noted that this lack of integration meant that considerations around other medical, social or psychological issues were not always integrated into a person's oral health care plan. For instance in the cases where a person is prescribed medication that can affect oral health under the public health system there needs to be a mechanism for the treating practitioner to refer them to the public dental system to enable them to access preventative dental services in a timely manner. Creating further integration between the Oral Health service and the wider Community Health Services will help to ensure the creation of more holistic care plans and allow for early preventative work for at-risk and vulnerable people. With the aim of reducing the severity of oral health issues faced by these groups and the level of interventions required. This is also highlighted as a guiding principle in the *Healthy Mouths, Healthy Lives: Australia's National Oral Health Plan 2015–2024:*

> *"Integrated oral and general health: Oral health and general health are closely related and have common risks and causes. The common risk factor approach addresses risk factors common to many chronic conditions within the wider socio-environmental context."* [vii]

2.4 *Access to Oral Health Care*

ACT has made strides in this area with the introduction of the mobile dental health clinic. There are challenges that need to be addressed to make the most of this valuable service. Many consumer and community organisations we spoke with were unclear on the specific details of the program or in some cases if, and where, their clients could access these services. It was also raised that it is not clear how facility or home bound consumers who rely on the mobile dental health services for their dental health care access emergency dental health services.

Across the board cost was flagged as one of the biggest barriers to accessing oral health services, particularly for people on low incomes and their families, who do not qualify for the public dental health service. It was also raised as an issue for those who do qualify for the public dental health service, but for whom timely dental care is essential. These people are often forced into the private dental system even though they cannot afford it. This gap for low income individuals and their families is exacerbated by the fact that the costs of dental care predominantly falls on the individual. This was highlighted in the *Healthy Mouths, Healthy Lives: Australia's National Oral Health Plan 2015–2024* which stated that "in 2011-12, individuals were responsible for 57% of the total cost of dental care compared with only 12% of the cost of all other health services"[viii]. This cost factor was also highlighted as a reason for people to delay or avoid dental health visits[ix].

The Child and Youth and Dental Program provides services for children between the ages of 5 and 14. For families with children outside of that age range parents are set the task of determining what, if any, public dental services are available for their children. In the case where cost is an issue these children may not get the dental services they need, or their parents may forgo dental services themselves to make sure their child is cared for. If we want to improve the overall dental health of the Canberra community, there needs to be a much larger investment in dental as part of our general health services. Lower income individuals also fall into the gap between the subsidies provided to those who can afford private dental health insurance and public dental health services. Having no middle ground between these two leaves lower income Canberrans without options. Stakeholders raised the need for some form of co-op or subsidised model for dental health care, that would allow low income Canberrans to access private dental health services at a reduced cost.

Members and stakeholders raised a range of other access challenges, which particularly impact vulnerable groups. Some of the specific challenges noted are:

- For LGBTQIA+ groups the issues of stigma, mis-gendering and dead naming by health service staff, cause distress which makes it less likely that they will access oral health services.
- In the case of people who are homeless, the clinical environment can make them feel uncomfortable and unwelcome, meaning they are less likely to book or attend oral health appointments. This is exacerbated when a person does not know where they are likely to be living one month to the next, so they are unable to build up a relationship with a local oral health care provider. People who suffer from homelessness are also more likely to be impacted by other risk factors such as smoking, drug or alcohol use, high sugar diet etc. all of which can negatively impact oral health, putting them at even higher risk of poor oral health than the broader population.
- In cases where people suffer from communicable diseases, they will often face stigma and discrimination when attempting to access dental health services.

- For people with disabilities there can also be extra complications especially for those people for whom personal oral health maintenance is difficult or impossible. This means that there needs to be more of a capacity to link up public oral health services with the NDIS or other disability support services.
- For refugee or culturally and linguistically diverse (CALD) Canberran's there are often language barriers as well as a lack of knowledge around the services provided and the eligibility criteria.
- For Indigenous Australians clinical environments can be unwelcoming or even threatening, particularly if staff behave in culturally insensitive ways.

Individuals from these groups are also more likely to have a complex range of trauma-based responses stemming from their lived experiences that may make engaging with dental health services difficult. These can range from issues with the clinical environment generally, to oral examinations and dental work specifically. These challenges can have a drastic affect on people's ability and willingness to access the ACT's Oral Health Services. The ACT Health Quality Strategy 2018-2028[x] of person-centred care requires that the model of care provided by the Oral Health Services respond effectively to these challenges. Person-centred care requires services to acknowledge the whole of a person's lived experience and how it may affect their need and ability or willingness to access oral health services.

> *"[When they have a dental issue] they will go get antibiotics before they will go have it looked at." (Community Organisation)*

Ensuring that people have access to oral health services across the community is another of the guiding principles National Oral Health Plan[xi]. Along with this, many of the vulnerable communities discussed above are listed as priority populations under the plan[xii]. Improving access to oral health services will not only assist in the overall health and wellbeing of our community but also bring us into line with the national plan.

2.5 Poor Experiences with Public Dental Health Services

Issues around obtaining appropriate consent for treatments, particularly extractions, was raised by several consumers and stakeholder organisations. A range of examples were given where consent was either assumed by the treating dentist or not appropriately garnered. This is a matter that needs to be addressed in the model of care review.

Both consumers and stakeholder organisations noted the frequent use of dental extractions in the public dental health service. It was acknowledged that while extraction may be the cheaper option it often results in clients having inadequate or no dentition. Other more expensive options that preserve dentition such as crowns, seem to not to be used with any frequency. This is particularly problematic when dealing with vulnerable groups, like people with developmental or other disabilities, for whom dentures may not be a viable option.

> *"…I would pray that the public dentist responds more compassionately and quickly to urgent cases, and makes a genuine attempt to save teeth - not just wait until they need extraction." (Consumer)*

> *"While this is generally an example of poor practice, so far as consent is concerned, it is also an example of the consequences of the delays caused by the underfunding of these services. The underfunding and delays often result in drastic interventions like removal of all of a person's teeth, because it's a cheaper option and only requires one visit, say compared to crowns which may preserve the teeth but which are more expensive to do and require several visits." (Consumer)*

The lack of continuity of service was raised as an issue that is particularly relevant to groups with complex needs. The lack of a consistent dentist means that they are required to re tell their story every visit, this is often stressful for the client and makes them less likely to access the dental health services even when they need them.

Communication within and around public dental was also raised as an issue, in cases where a private dentist identifies an emergency issue such as oral cancer, it is important to be able to make sure the private dentist is able to receive the discharge summary. Consumers reported that this process, while possible, was difficult. It is important to recognise that proper continuity of care requires a person's primary oral health care provider to be included in official communication channels that are relevant to their oral health.

3. **Concluding remarks**

Throughout our discussions with members and stakeholders several different options were raised for how the ACT Public Health service could negotiate these challenges. Included below are a selection of these suggestions, which could form a useful starting point when looking at alternative options around models of care. Some of these were:

- Continued support and extension of existing public services with an aim to lower overall waiting times and to reduce low income consumers' existing oral health backlog.
- Work to reduce the waiting times between repair and restorative procedures.
- Expansion of adequate dental services for adults to those on low incomes without health care cards, look at a subsidised model of care that will allow treatment within the private sector at a reduced cost.
- Increase funding for the mobile dental health clinic that services vulnerable groups, with the intention to improve access.
- Clearly communicate the schedules for the mobile dental health clinics, so clients and stakeholder organisations are aware of where and when they can access the services.

- Investigate options for an intensive dental intervention program for vulnerable groups aimed at eliminating their dental health backlog.
- Work directly with community organisations that service high oral health risk groups to help provide accessible free dental health care for their clients.
- Invest in added capacity in services provided by Aboriginal community-controlled organisations, and other community health models that integrate oral health care with general healthcare provided by a range of other professionals, for example:
    - Explore options for dental service staff to consult into the broader community health services for at risk cases, with the aim to ensure the creation of more wholistic care plans.
    - Explore options for Specialists and General Practitioners in the public system to refer patients to the public dental system for high priority preventative care, this is particularly important for people who have underlying conditions or medications that can affect oral health.
- Look at including urgent treatment support within the mobile dental health service especially for people who are home, or care facility, bound.
- Look at partnering programs that allow private dental services to help take some of the load off the public dental health service.
- Improve the communication between the public dental health service at the Canberra Hospital and referring dentists.
- Expanding the Child and Youth Dental Program to include all children and young people under the age of 18.
- Invest in staff training around consent requirements, procedures and documentation.
- Invest in staff community education, conducted by consumer and advocacy organisations, to help improve the staff and services' awareness around cultural sensitivity, medical issues, social and other challenges faced by their client base.
- Invest in staff training around trauma informed care.
- Invest in CALD community outreach. This includes creating culturally and language appropriate resources, that clearly detail the services available and eligibility requirements, and interpreters, particularly when the mobile dental clinic is visiting CALD communities.
- Invest in community based preventive care education and oral health literacy programs.
- Invest in community and public education programs for the services provided within ACT Dental health program and the eligibility requirements, particularly focusing on the needs and concerns for vulnerable groups. This could include ensuring that the material is in the appropriate language or format or that the forms and other paperwork allow the trans and gender diverse community to self-identify.

Good oral health is vital to the overall health and wellbeing of the community. This submission covers a wide range of challenges and issues raised by a wide range of organisations. It is clear that the ACT has made some strides in improving access to public oral health services though programs like the mobile dental health clinics, but much more needs to be done to improve the situation for a wider spectrum of the Canberran population.

Please do not hesitate to contact us if you wish to discuss our submission further.

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[i] Australian Institute of Health and Welfare (AIHW) 2019, *Oral health and dental care in Australia*, viewed 10 July 2020, https://www.aihw.gov.au/reports/dental-oral-health/oral-health-and-dental-care-in-australia/contents/healthy-teeth

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[vii] COAG Health Council (2015). *Healthy Mouths, Healthy Lives: Australia's National Oral Health Plan 2015–2024*. ISBN 978-0-646-94487-6. Page 17

[viii] COAG Health Council (2015). *Healthy Mouths, Healthy Lives: Australia's National Oral Health Plan 2015–2024*. ISBN 978-0-646-94487-6. Page 12

[ix] Australian Institute of Health and Welfare (AIHW) 2019, *Oral health and dental care in Australia*, viewed 24 July 2020, https://www.aihw.gov.au/reports/dental-oral-health/oral-health-and-dental-care-in-australia/contents/costs

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[xii] COAG Health Council (2015). *Healthy Mouths, Healthy Lives: Australia's National Oral Health Plan 2015–2024*. ISBN 978-0-646-94487-6. Page 19