

The Dental Hygienists' Association of Australia Inc.



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Inquiry into the Health Insurance (Dental Services) Bill
(No. 2)

A Bill for an Act to provide for equity in relation to the provision of certain dental services, and for related purposes

28th April 2012

Authorised by

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Inquiry into the Health Insurance (Dental Services) Bill 2012 (No.2)

Summary

The DHAA Inc. support an inquiry into the necessity for changes to the Determination and support future amendments to the Determination that will address inequity and facilitate service provision by registered dental practitioner hygienists and dental practitioner oral health therapists. Support is given by way of written submission and availability to represent in person.

Urgent action is required after Medicare auditing of the MCDDS Scheme revealed that services delegated by dentists to team members who were registered oral health professions were not supported by existing statute. This left oral health practitioners vulnerable to litigation and redundancy.

The proposed statutory changes must include provision for services which have been provided by oral health practitioners in good faith, within scope of practice and by direction of employing dentists. Statutory and administrative amendments must be made to fully utilise all registered oral health practitioners providing dental services to the public.

Amnesty should be granted to dental practitioners that have provided services that are preventive services within scope of practice prescribed by the dentist. The auditing of MCDDS exposed some aspects of current legislation as non-progressive in that it is not reflective the current workforce and non-inclusive of registered oral health professionals.

As a result, services that had been historically provided to thousands of marginalised Australians including, the chronically ill, the aged, rural and remote communities, and veterans could no longer be accessed.

The DHAA Inc. seeks changes to the Health Insurance Act 1973, namely Section 8 of the Health Insurance (Dental Services) Determination 2007.

This is so because the Dental Benefits Rules 2008 provide for dental hygienists and dental therapists to render specific services on behalf of dental providers, however also needs amendment to include registered oral health therapists.

The terminology in section 6 of the Dental Benefits Rules 2008 which provides for dental hygienists and dental therapists (should also include oral health therapists) to render services on behalf of dental providers (and thereby covers the Teen Dental plan) is advocated as an expeditious solution.

DHAA advocate changes to the Health Determination 2007 and The Dental Benefit Rules 2008 to reflect and utilise the registered workforce.

The current situation is detrimentally affecting public health of vulnerable and marginalised Australians. It requires your immediate attention.

Background of DHAA Inc.

The Dental Hygienists' Association of Australia Inc. is a professional organization with membership of more than 1224 registered dental health professionals which includes registered dental practitioner dental hygienists, dental practitioner oral health therapists and students.

The DHAA is committed to improving the general health of the community through the promotion, education and delivery of quality oral health services to all citizens. The DHAA Inc. are leaders in oral health and have been actively practicing evidence based clinical practice and non-communicable disease management for more than 40 years in Australia.

Dental hygienists oral expertise is disease prevention and fundamental in the management of oral health. Hygienists also have a significant role in the management of non-communicable disease, these include periodontal disease, cardiovascular disease, oral cancers, diabetes, respiratory disease in aged care facilities, diet and nutrition and smoking cessation.

Dental hygienists and oral health therapists are the primary preventative oral health providers and are the acknowledged experts in the field of dental disease prevention by our dental professional and health service provider colleagues.

DHAA Welcome Review: Determination Prevents Essential Dental Services to Vulnerable and Marginalised Australians

The underlying premise of the Chronic Disease Dental Scheme is the recognition of an established link between chronic illness and oral health. There is no doubt this is supported by all oral health professionals and it would be logical that the best practice was to support the delivery of preventive oral health services by registered hygienists and oral health therapists.

The DHAA believes that the initial consultation process was without inclusion of DHAA as a stakeholder which resulted in the omission of dental practitioner hygienists and oral health therapists in the list of service providers or provision for prescribed treatment within the Determination.

Registered dental practitioners are currently prevented from providing services under the CDDS and EPC DVA Schemes. This is due to what we believe is a regulatory oversight to the Health Insurance Act 1973, namely Section 8 of the Health Insurance (Dental Services) Determination 2007.

This section provides that only dentists, prosthetists and dental specialists are able to access dental items. There is no provision for other dental practitioner's hygienists or dental practitioner oral health therapist to act on behalf of a dentist or dental specialist.

By way of contrast, s 6 of the Dental Benefits Rules 2008 provide for dental hygienists and dental therapists to render specific services on behalf of dental providers. (Medicare Teen Dental)

The same provision should apply for all similar dental services and include oral health therapists by way of new Determination (via Rule or Regulation is necessary) under the Health Insurance Act 1973.

Issues that require urgent Resolution as a result of the Audit process by Medicare

The impact on health services provision since the audit has been overwhelmingly negative in terms of public access to dental services.

- There are 2,123 registered professional oral health service providers which are now excluded from providing preventive oral care services under EPC and CDDS. This means that there is a very serious and totally unnecessary deficit in provision of timely services for:
 - a) Veterans*
 - b) The chronically ill
 - c) Those in rural and remote communities
 - d) For the aging.

There is an unfathomable deficit in rural and remote services and those for the chronically ill.

- We are receiving reports that registered dental hygienists and oral health therapists are jobs are in jeopardy and as a result of auditing a genuine risk of litigation for providing preventive services that are essential and entirely within scope of practice and prescribed by the dentist who in good faith is utilising preventive services of registered dental practitioner hygienists and oral health therapists.
- The DHAA believes that this very serious regulatory oversight in the list of service providers has occurred due to omission of the DHAA in the initial consultation process in the establishment of Medicare Dental Schemes and in particular, terminology regarding service provision.
- The current deficit in service provision caused by the provisions of the Health Insurance (Dental Services) Determination 2007 is contrary to the objectives of the National Oral Health Plan 2004 -13
- Auditing process revealed historical treatment of DVA patients by dental practitioner hygienists and oral health therapists was not legislated and DHAA took urgent action to rectify the untenable situation.
- DHAA corresponded with Hon. Warren Snowden Minister of Veterans Affairs and consulted with Medicare and DVA to find an immediate interim solution to the failure

of legislation to support veteran access to dental services by dental hygienists and oral health therapists.

- Interim policy was expeditious however current interim terminology is not inclusive of all dental practitioners and still excludes oral health therapists from service provision under this scheme. Therefore, oral health therapists remain unable to provide preventive hygiene services to DVA patients.

The DHAA requests urgent amendment/revision in legislation, regulation, rule or Determination to allow dental hygienists and oral health therapists as registered health providers to re-instate services.

- The DHAA believe this is a highly undesirable situation and is contrary to the National Oral Health Plan 2004-2013 which states “Ensure State/Territory Dental Acts, Regulations and Codes of Practice do not impose barriers to the full use of the skills of the whole dental team (general and specialist dentists, dental therapists, dental hygienists, oral health therapists, prosthetists and dental assistants) in the provision of high quality, accessible and affordable dental care for the whole community.”
- Service provision by dental hygienists and oral health therapists must be specifically facilitated for DVA, CDDS and all other dental health provision schemes.

The current situation which is detrimentally affecting public health of vulnerable and marginalised Australians requires your immediate attention.

DHAA and Government Consultation

The DHAA wrote as follows to Health Minister Tanya Plibersek in December 2011 and have to this date received no response.

“The DHAA Inc. request the opportunity to discuss the Senate decision to extend CDDS until March 2012 and wish to consult regarding the utilizing the 2123 workforce ready registered oral health care professional hygienists unable to provide desperately needed services under current legislation and optimum utilization under the proposed Commonwealth Dental Health Program.”

DHAA consulted with DVA and MA and gained immediate interim solution to reinstate service to DVA patients. This interim solution now requires urgent consultation and legislative change in order to continue to facilitate greatly needed services and restore services by registered oral health therapist as well as dental hygienists

DHAA consulted the National Advisory Council on Dental Health in November 2011 and written submission recommended the following action list

- DHAA to meet with Medicare and Ministers with support of NADC to amend policy by either addition of amended clause or similar terminology to Teen Dental to allow services to resume immediately
- Lobby for amendment in changes to the Health Insurance ACT- (CDDS EPC) to acknowledge Dental hygienists and oral health therapists as registered health providers to re-instate services and ensure service provision is acknowledged in CDDS, EPC **or any other dental health provision schemes partial or universal**
- Amnesty for oral health service providers how have worked within scope of practice and in good faith providing oral health services to public in need under the CDDS and CDDS schemes

Medium-long term actions include:

- Discussion with stakeholders regarding direct access and the future issue of provider numbers for all dental health Practitioners registered with AHPRA
- Regain consumer confidence

The NADC released the report to the Minister in February 2012 and included the following recommendations:

“Ensuring that any supporting legislation allows for all dental practitioners to provide dental services to the full extent of their scope of practice...Additionally, maximising the scope of practice of dental therapists, oral health therapists and dental hygienists (with appropriate DBA approved formal education and training programs) and ensuring that all oral health practitioners can work to the full scope in which they are competent, which may allow them to provide treatment to more people, noting that this would need to be considered by HWA and AHPRA. This may alleviate access pressures for rural and remote areas by increasing the use of the whole dental workforce “

Conclusion:

The DHAA believe stakeholder consultation involvement is crucial in legislative changes.

Urgent changes must be made to the Health Determination 2007 to facilitate access to services of all registered dental practitioners inclusive of Hygienists, dental therapists and oral health therapists.

The current situation is not in the interests of public health.

There are currently legislative barriers to service provision that were highlighted as a result of auditing of the CDDS scheme.

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