

# **Inquiry into factors affecting the supply of health services and medical professionals in rural areas**



dental health  
services victoria

oral health for better health

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6 January 2012

Committee Secretary  
Senate Standing Committees on Community Affairs  
PO Box 6100  
Parliament House  
Canberra ACT 2600  
Australia

Dear Sir/Madam,

**Response to Inquiry into the factors affecting the supply of health services and medical professionals in rural areas.**

The following is Dental Health Services Victoria's (DHSV) submission for your consideration responding to the Terms of Reference of the Inquiry into the factors affecting the supply of health services and medical professionals in rural areas.

DHSV is the leading public oral health agency in Victoria. DHSV provides dental services through The Royal Dental Hospital of Melbourne (RDHM) and purchases dental services for public patients from 58 community health agencies throughout Victoria. DHSV also delivers oral health promotion programs across Victoria to improve oral health in the community and reduce demand on public dental services. It also has a significant role in oral health research and supporting education and training for Victoria's current and future oral health professionals. DHSV is classified as a metropolitan health service under the Health Services Act.

DHSV is passionate about improving Victoria's oral health and ensuring greater levels of access, higher quality service and sustainable practice for oral health and the wider health care sector.

Oral health is fundamental to overall health and wellbeing and DHSV looks forward to working with the Committee and other parties to assist in delivering quality health outcomes, improved access and more responsive health care.

We welcome the opportunity to discuss our submission further with you and the Committee and look forward to reviewing the recommendations of the Committee when they are concluded.

Yours faithfully,

Deborah Cole  
**Chief Executive Officer**  
**Dental Health Services Victoria**

## Inquiry into factors affecting the supply of health services and medical professionals in rural areas

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### Terms of Reference:

- a) the factors limiting the supply of health services and medical, nursing and allied health professionals to small regional communities as compared with major regional and metropolitan centres;
- b) the effect of the introduction of Medicare Locals on the provision of medical services in rural areas;
- c) current incentive programs for recruitment and retention of doctors and dentists, particularly in smaller rural communities, including:
  - (i) their role, structure and effectiveness,
  - (ii) the appropriateness of the delivery model, and
  - (iii) whether the application of the current Australian Standard Geographical Classification – Remoteness Areas classification scheme ensures appropriate distribution of funds and delivers intended outcomes; and
- d) any other related matters.

## Dental Health Services Victoria Introduction - Context

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Australians who live in rural and remote areas face a different, and often more significant set of challenges, when accessing dental care, oral health promotion, oral health education and emergency dental treatment than people living in metropolitan areas. Oral conditions have some of the highest prevalence and incidence rates of all health problems in Australia, particularly in rural areas where visits to the dentist are more likely to be for a dental problem rather than as a preventive measure.

Most people experiencing oral symptoms will visit, or at least contemplate visiting a dentist. However it is widely known that many patients with dental issues present to other primary care providers such as emergency departments and general practitioners. In doing so the treatment received may be limited to antibiotics and analgesics, which may not be effective for the problem.

The Victorian Government's Improving Victoria's oral health plan of 2007 states that 'Poor oral health in this country is most evident among Aboriginal and Torres Strait Islander people, people on low incomes, rural and remote populations...".

### 1. Oral diseases are prevalent

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| <ul style="list-style-type: none"><li>• Tooth decay is one of Victoria's most prevalent health problems, with more than half of all children and almost all adults affected.</li></ul>   |
| <ul style="list-style-type: none"><li>• Oral health issues are the highest cause of avoidable hospital admissions in young people between the ages of 0-19 in Victoria.</li></ul>  |
| <ul style="list-style-type: none"><li>• Dental caries is the second most costly diet-related disease in Australia, with an economic impact comparable with that of heart disease and diabetes. Approximately \$6.1 billion was spent on dental services in 2007-08, representing 6.2% of total health expenditure.</li></ul> |

<b>In rural and regional Victoria:</b>
<ul style="list-style-type: none"> <li>• Preschool children living in rural areas of Victoria experience at least twice as much dental caries as those in metropolitan Melbourne.</li> </ul>
<ul style="list-style-type: none"> <li>• Dental problems consume substantial Medicare resources as patients access subsidised consultations from non-dentally trained health professionals, often without the problem being resolved.</li> </ul>
<ul style="list-style-type: none"> <li>• These oral health issues are compounded in rural and remote communities, as shown by rural people reporting the highest level of complete tooth loss and being most likely to have had a tooth extracted in any given year. Research has also shown they are most likely to be dissatisfied with their dental health.</li> </ul>
<ul style="list-style-type: none"> <li>• People living in rural and remote locations are more likely to have untreated decay than people living in metropolitan areas, and are less likely to have check-ups, preventive treatment such as cleaning and scaling, and more likely to have teeth extracted.</li> </ul>
<ul style="list-style-type: none"> <li>• These disparities can be attributed to many factors, including lower socio-economic status and limited access to dental treatment and education, which are generally more pronounced in non-capital city locations.</li> </ul>

**2. Oral diseases are serious**

<ul style="list-style-type: none"> <li>• Oral diseases are a key marker of social disparity.</li> </ul>
<ul style="list-style-type: none"> <li>• Poor oral health is significantly associated with major chronic diseases like cardiovascular diseases, diabetes, respiratory infections, strokes and adverse pregnancy outcomes.</li> </ul>
<ul style="list-style-type: none"> <li>• Oral diseases and major diseases share common risk factors</li> </ul>
<ul style="list-style-type: none"> <li>• Many people are unable to eat or socialise without pain due to oral health issues.</li> </ul>
<ul style="list-style-type: none"> <li>• There are waiting times in Victoria of up to 40 months for those on the public waiting list.</li> </ul>
<b>In rural and regional Victoria:</b>
<ul style="list-style-type: none"> <li>• Ambulatory care sensitive conditions' hospital admissions (avoidable hospital admissions) are higher for rural people than those in metropolitan regions. In some areas the rates are over double.</li> </ul>
<ul style="list-style-type: none"> <li>• Many health conditions are linked to poor oral health. On average the rural population are more likely to be overweight or obese, have higher rates of tobacco smoking, higher levels of alcohol consumption and insufficient consumption of fruit and vegetables. Common risk factors between systemic health issues and a number of oral diseases are a greater concern for rural populations.</li> </ul>

**3. Equity of access**

<ul style="list-style-type: none"> <li>• The expectation of all Australians is to access quality health care.</li> </ul>
<ul style="list-style-type: none"> <li>• Approximately 14% of the eligible adult Victorian population access services through State funded public dental services. Another 30% seek care in the private sector, often choosing cheaper alternatives and sub optimal care.</li> </ul>
<ul style="list-style-type: none"> <li>• Almost 40% of Australians avoid dental visits due to cost, according to a recent on-line survey commissioned by DHSV.</li> </ul>
<ul style="list-style-type: none"> <li>• A large number of families are not eligible and cannot afford care – this is a significant gap in the safety net.</li> </ul>
<ul style="list-style-type: none"> <li>• Commonwealth concession cardholders have poorer oral health status than the general population. Within this population group are people who are most at risk.</li> </ul>

<b>In rural and regional Victoria:</b>
<ul style="list-style-type: none"> <li>Some at-risk population groups (e.g. ATSI communities, refugees, homeless, etc) have higher disease rates than the general population and poorer access to services.</li> </ul>
<ul style="list-style-type: none"> <li>There are significant disparities in geographical access for many Victorians. In rural, regional and remote areas, this is often exacerbated by difficulties in recruiting the dental workforce.</li> </ul>
<ul style="list-style-type: none"> <li>Limited workforce numbers can often mean that oral health practitioners focus on treatment-only solutions instead of preventive measures such as oral health education.</li> </ul>
<ul style="list-style-type: none"> <li>The way dental and medical services are organised and delivered in rural areas may provide a greater incentive for patients to present to an Emergency Department or a general practitioner rather than a dentist</li> </ul>
<ul style="list-style-type: none"> <li>Water fluoridation in Victorian supplies is extensive but not comprehensive. Many smaller regional centres are currently without access to fluoridated water.</li> </ul>

#### 4. Oral disease is preventable

<ul style="list-style-type: none"> <li>Almost all oral diseases are largely preventable.</li> </ul>
<ul style="list-style-type: none"> <li>A strong preventive intervention focus will reduce hospital admissions and the severity of oral disease.</li> </ul>
<ul style="list-style-type: none"> <li>Prevention needs to include:                             <ul style="list-style-type: none"> <li>Improved oral health literacy</li> <li>Increased access to fluoridated water – water fluoridation at 1ppm provides a 20-40% reduction in caries<sup>1</sup>.</li> <li>Inclusion of oral health promotion into general health promotion messages and interventions</li> <li>Focusing on some at-risk populations.</li> </ul> </li> </ul>

## a) Supply of Services and Health Professionals

### Factors limiting the supply and distribution of dental health services in rural areas include:

- Funding: The geographical spread of people living in rural communities provides challenges in developing models of care which are financially viable in small populations.
- Responding to need: the needs of people living in regional towns can be different to people in cities, and often a major challenge can be encouraging people to proactively engage with a service.
- Changing population numbers and demographics: as the employment market, affordable housing and immigration numbers change, so do the service requirements of regional towns. The cost of infrastructure and service establishment makes it difficult to constantly review and adapt static services in an attempt to remain appropriate and effective.
- Access to fluoridated water supplies is a key ingredient in prevention of oral diseases. Many regional areas in Victoria do not have access to fluoridated water. Prevention of dental caries is more effective when there are preventive measures existing in a community.
- Many dentists in regional areas have little opportunity to acquire new skills through their clinical practice, as such treating patients such as very young children. As a result some patients need to be referred to larger centres for specialist treatment.

<sup>1</sup>NHMRC (National Health and Medical Research Council) 1991. The effectiveness of water fluoridation. Canberra: Commonwealth of Australia.

- Oral health professionals who work in isolation are unlikely to create sustained long term improvements in the oral health of the community, as time restrictions can mean the clinical focus is on treatment of issues rather than preventive measures or health promotion.
- Other health professionals or carers are not provided with apposite information to adequately screen, educate or refer patients for appropriate dental services.

**Challenges in recruiting and retaining good quality healthcare professionals include;**

- Professionally trained people often have a range of choices of where to practice in Australia. Rural and remote locations can be viewed negatively due to lack of career progression opportunities, reduced education and employment opportunities for their family members, limited training and professional development opportunities, limited cultural and entertainment activities, housing shortages and an overall lack of services which are readily available in urban settings.
- It is often the case that attracting people to work in regional locations is not as difficult as keeping them there. Organisations may not have the resources available to assist to embed professionals into a rural lifestyle and create networks necessary for a fulfilling professional and personal life.
- The remuneration gap between the private and public sector is a major threat to sustainability of the public sector workforce. New graduates enter the public sector workforce for mentoring and support but usually leave within a few years. Very few dentists remain in the public sector except for professional and philosophical reasons.
- Career progression can be more difficult and slow in regional areas due to a lack of ongoing training opportunities and a readily available variety of CPD programs. Working in a regional setting can also receive less professional recognition than metropolitan areas, with the profile perceived to be not as high as some larger metropolitan clinics.
- There is an increased number of dental students due to graduate in coming years. A challenge will be to recruit and engage them in rural and regional communities.

## Case Study: the Oral Health Status of a Remote Victorian Community

The Northern Mallee region of Victoria provides a case study of current oral health conditions in rural and remote Victoria. The Northern Mallee region has:

- Significantly higher than the state average hospital admissions for dental conditions.
- A proportionately large indigenous population and very poor socio-economic conditions.
- A shortage of dental providers.
- No evidence of structured and targeted health promotion and prevention programs.

The Ambulatory Care Sensitive Conditions hospital admission rate for Dental Conditions for the Northern Mallee region is significantly higher than the Victorian average, as shown below:

Geographical Area		Northern Mallee PCP				
ACSC		Dental conditions				
<b>ACSC Standardised Admission rate (Dental Conditions) Trend for Victoria and selected sub group (Northern Mallee)</b>						
Year	State per 1,000 Persons	State (Lower Level 95% CI)	State (Upper Level 95% CI)	Northern Mallee per 1,000 Persons	Northern Mallee (Lower Level 95% CI)	Northern Mallee (Upper Level 95% CI)
2006-07	2.72	2.68	2.77	6.13	5.48	6.79

2007-08	<b>3.02</b>	2.97	3.06	<b>5.99</b>	5.33	6.65
2008-09	<b>3.05</b>	3.00	3.09	<b>5.31</b>	4.69	5.92
2009-10	<b>3.03</b>	2.99	3.08	<b>4.60</b>	4.04	5.16

<https://hns.dhs.vic.gov.au/3netapps/vhisspublicsite/ViewContent.aspx?TopicID=1>

It is likely the high number of admissions for dental conditions is due to the remoteness of the community and the significant portion of the population who identify as Aboriginal or Torres Strait Islander.

Northern Mallee region ranks in the 2<sup>nd</sup> lowest decile which is the twelve lowest percentage of all SLAs in Australia, according to ABS 2006 reports.

Socio-economic disadvantage and low health outcomes have been proven to be linked, and this is exacerbated when combined with less access to appropriate services, such as in rural and remote communities.

Many people living in this area face challenges with transport, making it extremely difficult to access services located in neighbouring towns.

## b) Medicare Locals

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The first four Medicare Locals for Victoria began operating on 1 July 2011, three of these being located in metropolitan Melbourne. The remaining Medicare Locals in Victoria are due to commence on 1 January 2012 and 1 July 2012.

One of the KPIs of Medicare Locals is to reduce avoidable hospital admissions. Across Victoria, dental related hospital admissions (ACSC) comprised approximately 28% of all ACSC admissions for 0-19 year olds for the period 2005-06 to 2009-10. For each year dental ACSC admissions were the highest ranking of all ACSC.

It is essential that all Medicare Locals in Victoria include Dental Health Services Victoria, local public dental providers and private practitioners in their consultations and include oral health in all service planning.

Other issues include the lack of clarity regarding the extra layer of complexity caused by Medicare locals and governance between community health services, private clinical practitioners, local hospitals and clinical network providers. There already exists multiple configurations of governance for health providers, and it is not yet clear whether the implementation of Medicare locals will provide a cohesive strategy to manage the existing issues.

## c) Current Incentive Programs

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There are currently three programs Dental Health Services Victoria is involved with to assist in increasing the oral health workforce in rural areas. While these programs hold promise in the recruitment and retention of oral health professionals in regional areas, the focus is largely on recruitment. The problem faced by many regional communities is the retention of oral health professionals beyond two years.

### 1) Rural Incentive Scheme for Dental Practitioners

This program is part of a Victorian state election commitment and currently in its development phase. The program will be fully implemented in 2012 and is currently funded until 2016.

The objectives of the program are to:

- Support dental clinicians (oral health therapists and dentists) relocate from metropolitan locations to rural and regional communities.



- Support clinicians and their families who incur high costs in relocating and establishing a practice in rural and regional areas.
- Support dentists employed under the International Graduate Scheme to stay in remote areas during year 2+ of their employment.
- Retain dental practitioners currently working in rural Victoria.

This will be achieved by:

- Providing an incentive package for clinicians relocating to remote areas based on the GRARIA Index - accessibility and remoteness index of Australia and length of tenure.
- Provide a relocation package for clinicians and families of who decide to relocate to remote areas.
- Providing extended leave provisions for clinicians who work in remote areas to allow for home visits.
- Include a Continuing Professional Development (CPD) allowance and structured CPD program to encourage the development of skills in specialist areas.
- The Rural incentive scheme may need to consider a greater focus on retention and a variety of strategies across the professional spectrum.

## **2) Department of Health, Victoria Allied Health Works Mentoring Program**

The program commenced in 2005 part of a larger project 'Victorian Allied Health Recruitment and Retention Program'.

The mentoring component is based on the premise that establishing supportive relationships for workers, recruitment and retention of allied health professionals in rural and remote Victoria will be improved.

Objectives of the program are to:

- Improve job satisfaction amongst participants
- Reduce professional isolation
- Improve knowledge and confidence through greater awareness of career development opportunities.

An evaluation of the program in 2009 found that it had made a valuable contribution to supporting professionals in a rural environment though professional bodies need to be more aware of its existence to promote the program to clinicians.

This program needs to be extended to all health professionals, linking them together socially as well as professionally with a focus on engagement and retention.

## **3) Dental Health Services Victoria, International Dental Graduate Program**

The program is currently in its development stage and will commence with the first round of candidates in February 2012.

International Dental Graduates Program (IDG) is based on the Public Sector Dental Workforce Scheme currently run by the Australian Dental Council. The aim of this program is to assist in alleviating workforce shortages in the public sector, particularly in rural and remote areas and to attract overseas dental candidates to Australia. IDG participants must hold a dental qualification not obtained in Australia, New Zealand, United Kingdom, Republic of Ireland or Canada and be seeking to obtain registration as a dentist in Australia.

The program includes:

- Mentoring - participants are allocated a local mentor for the duration of their regional placement. The mentor may be a local private dentist or other health professional and will be reimbursed for the mentor meetings to be held for approximately 1 hour, on a weekly basis.
- Employment for a 12 month period (6 months in a rural location) in preparation for the final Australian Dental Council examination.
- Financial assistance to assist in relocation to Regional Victoria.
- Reimbursement of 50% of ADC exam fees on successful completion.

This program aims to recruit and retain professionals to rural and regional areas. It has recently been successful in its implementation in New South Wales.

## e) Australian Standard Geographical Classification – Remoteness Areas (ASGC-RA)

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The ASGC Remoteness Classification provides a framework for quantitative comparisons between 'city' and 'country' Australia, and while it is a good measure of population spread and access to services, it is essential that planning takes into account the following circumstances of people living in the remote and very remote settlements:

- Access to transport; many people living in remote or very remote regions are likely to be of a low or very low socio-economic status and may not have a car, or money to pay for public transport (if available at all) or money for petrol.
- Emotional health: mental health issues are becoming increasingly prevalent in remote regions, making accessing a service even more difficult, especially if that service is located a few hours' drive away. Often people in the high risk categories (such as indigenous, unemployed, etc) are more likely to feel insecure about seeking healthcare treatments.
- Access to fresh and healthy food: the simple effect of supply and demand has resulted in the cost of fresh food to be significantly higher in remote regions, and the availability lower.

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Dental Health Services Victoria is the state's leading public oral health agency, promoting oral health, purchasing services and providing care to Victorians.

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