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Submission to the House Standing Committee on Health & Ageing

Inquiry into Adult Dental Services in Australia

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This submission specifically addresses the Terms of Reference of the Inquiry in relationship to older adult Australians (65 years and over) and should be read in conjunction with the Submission I made (in my previous role of Chief Dental Officer, NSW) to the Productivity Commission regarding Caring for the Oral Health of Older Australians (see attached). In my current role I am involved with health promotion, education and research on older Australians at a national and state level – this involves working closely with local residential aged care facilities (under the Better Oral Health and Residential Care Initiative), nurses and carers groups (including the Inner West Dementia Advisory Service) and health and oral health professional groups (such as the Australian Dental Association NSW and the Australian Association of Gerontology).

Scope of the Issue:

- In 2007 people aged 65 years and over made up 13% of Australia's population. This proportion is projected to increase to between 23% and 25% in 2056. There were 344,100 people aged 85 years and over in Australia at 30 June 2007, making up 1.6% of the population. This group is projected to grow rapidly throughout the projection period, to between 4.9% and 7.3% by 2056.
- The proportion of the Australian population with one or more chronic medical conditions increases from 26% of the population aged 25-44 years to 82% at age 65 years and over. Cognitive impairment, musculoskeletal disorders (such as osteoarthritis, rheumatoid arthritis and osteoporosis) and poly-pharmacy have a major impact on oral health leading to deterioration in oral health with increasing frailty and dependence.
- Rapidly decreasing rates of natural tooth loss, especially decreased rates of edentulism (total tooth loss), will mean an increase in total numbers of teeth at risk to further dental conditions such as dental decay, periodontal diseases and tooth wear. Professor John Spencer of the University of Adelaide has estimated that for the total Australian population aged 65 years and older, this will rise from less than 38 million teeth at risk in 2009, to more than 60 million teeth at risk by 2019.
- Decreasing financial capacity with retirement becomes a barrier to older Australians access to private dental care (with or without continuity in private dental health insurance) and an increasing burden on the public purse (with or without the addition of general health frailty and dependency).

Key Considerations:

- The cessation of the Medicare Chronic Disease Dental Scheme, which provided a high proportion of dental benefits to those aged 65 years and older (approximately 42% of benefits paid in FY 2009/2011) will place an increasing major barrier on older Australian citizens to access both preventive and general dental care. Avoidance of dental care in older Australians becomes an increasing general health and health services risk when oral and general health conditions deteriorate and hospital and specialist care is required. The priority for the National Partnership Agreement adult public dental service must be for those 65 years and over with deteriorating general health conditions.
- The mix of dental services provided to older Australians will need increasing research and consensus between the oral health professions. Prevention and maintenance of oral health with increasing frailty and decreased capacity of older people should be the priority for the NPA aged care package. The roles of the dental hygienist, oral health therapist and dental prosthetist in the provision of preventive and maintenance should be supplemented by educational modules on oral health for carers, registered and enrolled nurses and other allied health professionals such as speech pathologists and pharmacists. The NPA expanded dental services should include funding provision for the roles allied health and carers play in maintaining oral health as well as the provision of professional dental services by dental hygienists, oral health therapists and dental prosthetists.
- Oral health is an integral part of general health provision, and the exclusion of oral health maintenance and support from Community Aged Care Packages and Extended Aged Care Packages at Home (and EACHD) Packages is an oversight which must be rectified within the health and aged care delivery system. Measuring the independence capacity for daily living, and thus capacity for oral health care, is currently not within the Aged Care Assessment Team estimates of performance level in elderly people. Consequently although support for personal care by allied health providers is an integral part of the CACP, EACH and EACHD Packages – oral health care is not a component of these activities. It is strongly recommended that the House Standing Committee on Health and Ageing makes suitable arrangements for oral health to be included within both the ACAT process and the community and extended aged care at home provisions.
- There is a high strength of evidence (on both NHMRC and Public Health criteria scales), and strong professional support, for specific oral health interventions for older people living in the community and in residential care. The two most important interventions, in my analysis, are (a) the inclusion of oral health checks within general health checks, and (b) the use of high fluoride (5000ppm fluoride) containing toothpastes. Both of these interventions have support also within the UK National Health Service. It is recommended that the House Standing Committee on Health and Ageing give strong consideration to making appropriate arrangements for (a) an oral heath check up (including appropriate radiographs) to be included as part of a funded referral process under the MBS 75-year-old General Health Assessment; and (b) that sodium fluoride 5,000ppm toothpaste be referred to the Pharmaceutical Benefits Advisory Committee for consideration to be placed on the Pharmaceutical Benefits Scheme (PBS) list of prescription products by doctors and dentists.
- Developing tele-dentistry has not been used extensively in Australia to bridge the diagnostic and referral options for regional and remote older Australians - but could be an important adjunct especially to linking regional dental schools (James Cook, Charles Sturt University and La Trobe University Bendigo) with geriatric and dental centres of excellence in metropolitan areas. The use of CAD-CAM intra-oral dental technology and real-time digital data transfer would permit the access of oral assessment of older people in residential care or rural community settings to link with expert advice and or/follow up. Front-line allied health staff could access tele-dentistry technology in rural/remote areas for on-line advice regarding the urgency of oral conditions to be referred, or the preferred emergency care in an acute setting. The costs of such technological developments have substantially reduced in recent years but there has been little systematic uptake of the technology in dentistry.

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