



Special Commission of Inquiry into Healthcare Funding

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Mr Richard Beasley SC
Commissioner of the NSW Government Inquiry into Healthcare Funding
Send via: submissions.hfi@specialcommission.nsw.gov.au

Dear Commissioner,

Re: Dental care funding

I write to you on behalf of the Dental Service Operators Alliance to make a submission to the NSW Government's Special Commission of Inquiry into Healthcare Funding.

About the Dental Service Operators Alliance

The Dental Service Operators Alliance (DSOA) is made up of more than 260 dental clinics across Australia, operated by Abano Healthcare Group, National Dental Care and Primary Dental. Our brands include Maven Dental, 1300SMILES Dentists and National Dental Care to name a few.

In partnership with more than **1000** independent dentists and dental specialists operating in private practice, we collectively provide Australians with more than **1.5 million** preventative and emergency dental care appointments each year. Our mission is to enable oral healthcare practitioners utilising our facilities and services to do what they do best – provide an exceptional patient experience whilst improving the oral health of their patients.

DSOA is happy to provide additional information that may assist the inquiry in relation to make recommendations to address dental health care needs in NSW, and support NSW Health and other authorities to improve oral health in the community.

Addressing disproportionate oral health outcomes in NSW due to limited access to affordable dental care.

The below recommendation seeks to address the following terms of reference put forward by the NSW Special Commission of Inquiry.

- *(A) The funding of health services provided in NSW and how the funding can most effectively support the safe delivery of high quality, timely, equitable and accessible patient-centred care, and health services to the people of NSW, now and into the future;*
- *(C) The way NSW Health funds health services delivered in public hospitals and community settings, and the extent to which this allocation of resources supports or obstructs access to preventative and community health initiatives and overall optimal health outcomes for all people across NSW.*

It is well established that oral health is central to an individual's health and wellbeing, with poor oral health contributing to 4.5 per cent of all the burden that non-fatal diseases placed on the community in 2022¹. Despite the significance of oral health, a lack of access to preventive dental care and long (and increasing) waiting periods for public dental health care are among the major contributing

¹ 1 AIHW (Australian Institute of Health and Welfare), 2023, Overview of Oral health and dental care in Australia

factors to poor oral health in Australia². In 2022, 57 per cent of dental presentations to emergency departments in NSW could have been prevented with earlier treatment³.

Barriers to accessing early, preventive dental care are numerous with affordability among the major concern listed among the population, with 30% of Australians reported to have avoided dental care due to cost⁴.

Inequity in funding options for oral health care

DSOA is aware that the NSW Government provides funding contributions through existing programs, such as the Primary School Mobile Dental Program, and the Federal Government subsidises public dental care under the Federation Funding Agreement and the Child Dental Benefits Schedule. We recognise these are beneficial programs for those eligible, however due to a lack of awareness of such options – which we discuss later in our submission – and the fact that only 44 per cent of the NSW population is eligible for public dental services (as of March 2022)⁵, many NSW residents avoid dental care.

While private health insurance is also an option to lessen the financial burden of dental services, not all individuals with private coverage have dental care support. Further, only 55.2% of the Australian population has private health insurance (as of June 2022)⁶. This results in individuals paying a higher “gap” payment for out-of-pocket expenses.

Oral health practitioners operating in private practice, including those operating within the DSOA network, offer ‘reduced fee’ preventive dental services (relative to other dental services). However, clinic operators and practitioners face unsustainable fees due to various factors, including rising operational costs which have been further exacerbated in the last few years by the impact of COVID-19 and other factors such as rising inflation and wage pressures.

Additionally, the NSW Government’s recent payroll tax reinterpretation will place limitations on the public’s access to affordable dental care, particularly in regional areas ultimately impacting the oral health of the state. The Australian Dental Association recently indicated that the NSW Government’s payroll tax ruling will impact 60 per cent⁷ of private dental practices and lead to an additional cost provisioning⁸. A retrospective ruling for the payroll tax will also position dental clinic operators at a significant financial loss and threaten their ongoing viability. All these factors put pressure on private operators to increase fees and ultimately adds further pressure to the system.

DSOA recommends collaboration between public and private dental sectors, and private health

² National Advisory Council on Dental Health, 2012, Report by Mary Murnane PSM Chair.

³ NSW Oral Health Strategic Plan, 2022- 2032, NSW Government. [LINK](#)

⁴ AIHW (Australian Institute of Health and Welfare), 2007, Australia’s Dental Generations, The National Survey of Adult Oral Health 2004-2006.

⁵ NSW Oral Health Strategic Plan, 2022- 2032, NSW Government. [LINK](#)

⁶ Australian Competition and Consumer Commission, 2022. Report to the Australian Senate. *On anti-competitive and other practices by health insurers and providers in relations to private health insurance.*

⁷ Accounting Times, Payroll tax ruling ‘financially devastating’ for dental practices, warns ADA. October 2023. Miranda Brownlee. [LINK](#)

⁸ Australian Dental Association, Payroll tax imposition to affect dental practices and patients. September 2023. [LINK](#)

insurers to improve universal access to affordable preventive dental care in NSW by prioritising funding and rebates on preventive dental services. Collaboration may include an extension of the Oral Health Fee for Service Scheme (OHFFSS) as well as the consideration for federally funded preventive programs. The fees offered by the OHFFSS provide fair and reasonable fee schedules for registered oral health practitioners to deliver dental care to eligible patients. These fees should also be indexed annually to keep in line with CPI at the very least.

We are also supportive of an amnesty period from payroll tax for dental operators in NSW, which is likely to be provided to general practitioners. A retrospective ruling does not allow Dental Service Operators to build the changes into their budget, positioning them at a significant financial loss. Any reduction in the number of service operators within Australia will have a detrimental impact on the public's already limited access to affordable dental care placing further pressure on the public system. Given dental clinics are equally important to community health outcomes as general practitioner clinics, DSOA is seeking the same amnesty provision for their services.

Ultimately, DSOA believes that a NSW Government funding focus on preventive dental care will result, in time, in improved oral health and lower overall government expenditure by reducing expenditure on avoidable emergency treatment and preventable hospitalisations.

Addressing the supply of dentists and dental professionals to meet staff shortages in regional and remote Australia.

The below recommendation seeks to address the following terms of reference put forward by the NSW Special Commission of Inquiry.

- *(F) The current capacity and capability of the NSW Health workforce to meet the current needs of patients and staff, and its sustainability to meet future demands and deliver efficient, equitable and effective health services, including:*
 - i. the distribution of health workers in NSW;*
 - ii. an examination of existing skills shortages;*
 - iii. the role and scope of workforce accreditation and registration;*
 - iv. the skill mix, distribution, and scope of practice of the health workforce;*
 - v. opportunities and quality of care outcomes in maintaining direct employment arrangements with health workers.*

- *(G) Current education and training programs for specialist clinicians and their sustainability to meet future needs, including:*
 - i. placements;*
 - ii. the way training is offered and overseen (including for internationally trained specialists);*
 - iii. how colleges support and respond to escalating community demand for services;*
 - iv. the engagement between medical colleges and local health districts and speciality health networks;*
 - v. how barriers to workforce expansion can be addressed to increase the supply, accessibility, and affordability of specialist clinical services in healthcare workers in NSW.*

DSOA is aware of a shortage of skilled dental professionals across NSW, which is particularly evident outside of urban populations. This is a widely acknowledged issue throughout the industry, and identified by NSW Health, which highlighted “additional” challenges to recruitment and retention in regional rural and remote areas.

The relatively low dentist: population ratio in Australia is leading to limited placement of dentists in the public sector and adding pressure to the private dental sector. Addressing this shortage of professionals and encouraging regional work is key to the long-term success of both the private and public system, as well as helping to improve access to affordable dental care in these areas through improved access to preventive dental services.

DSOA believes some of these skills shortages can be addressed through initiatives such as:

- Allowing overseas, well trained clinicians to practice without extensive re-qualification; and
- Additional placements in remote areas and support from private clinics participating in public dental health schemes. Similar to the existing NSW Health Dental Officer Rural Incentive Scheme.

The shortage of skilled dental professionals could be addressed by increasing the list of qualifications which the Dental Board of Australia consider as “substantially equivalent” or based on “similar competencies” to approved qualifications to the training of Australian qualified oral health practitioners in line with Sections 52 and 53 of the Health Practitioner Regulation National Law (NSW), which outline the requirements for registration.

Any such increase in “approved qualifications from overseas jurisdictions” will increase the opportunity for recruitment of overseas trained clinicians without impacting the quality of care provided to the NSW public (for example qualifications gained from other OECD countries). At present, the list of “approved qualifications” is too narrow and limits the pool of available dental professionals.

Exploring partnerships between NSW Health and the dental services industry

The below recommendation seeks to address the following terms of reference put forward by the NSW Special Commission of Inquiry.

- *(D) Strategies available to NSW Health to address escalating costs, limit wastage, minimise overservicing and identify gaps or areas of improvement in financial management and proposed recommendations to enhance accountability and efficiency;*
- *(F) The current capacity and capability of the NSW Health workforce to meet the current needs of patients and staff, and its sustainability to meet future demands and deliver efficient, equitable and effective health services, including:
 - vi. *the relationship between NSW Health agencies and medical practitioners; and*
 - vii. *the role of multi-disciplinary community health services in meeting current and future demand and reducing pressure on the hospital system.**
- *(H) New models of care and technical and clinical innovations to improve health outcomes for the people of NSW, including but not limited to technical and clinical innovation, changes to scope of practice, workforce innovation, and funding innovation.*

It remains clear that there is an increased need for interaction between government bodies and the dental services industry. We believe to address these issues that the NSW Health must leverage the already established private dental networks further in the implementation of dental care policy.

Pilot collaborations with national dental groups, like DSOA, can provide valuable insights for policy developments based on their implementation experiences. These groups operate multiple clinics across different regions, offering diverse datasets for potential collaborations between public and private dental clinics. Coordinating data collection from fragmented private dental clinics is

challenging, making collaboration with larger dental support organisations or private health insurers crucial in effective policy development and overall service delivery enhancement.

Additional collaboration to be considered includes shared dental digital oral health records to assist in tracking patients over time and across services, improve triaging processes and facilitate user choice with portability of a person's dental records. These reforms would enable NSW Health to improve its stewardship of public dental services and provide the information for the Government to better identify people at high risk of oral disease within the user population, including those who do not currently present to public dental services. They also underpin broader reforms to shift the focus of public dental services to targeted preventive dental care. Standardisation of data points would form a sound foundation for a future dataset to provide insights to improve access to dental care and oral health outcomes including patient report outcome measures (PROMs).

Addressing lack of awareness of importance of preventive dental care

The below recommendation seeks to address the following terms of reference put forward by the NSW Special Commission of Inquiry.

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- *(C) The way NSW Health funds health services delivered in public hospitals and community settings, and the extent to which this allocation of resources supports or obstructs access to preventative and community health initiatives and overall optimal health outcomes for all people across NSW;*
- *(H) New models of care and technical and clinical innovations to improve health outcomes for the people of NSW, including but not limited to technical and clinical innovation, changes to scope of practice, workforce innovation, and funding innovation.*

Oral health promotion is a key recommendation of this submission as a vital component of any public health agenda. People have become accustomed to not prioritising preventive dental care and, due to lack of general public awareness, do not understand the longer-term consequences of this neglect. Without a view toward preventive focussed oral health care, we will continue to see a rise in the number of potentially preventable dental hospitalisations (placing more pressure on public hospital emergency departments) and poor dental outcomes for individuals.

A failure to prioritise preventive dental care has both a detrimental impact on community health (and associated socio-economic factors including employment prospects and social marginalisation) and places a significant burden on the public health system. This highlights the need for promotion and awareness campaigns to educate the NSW public about the importance of maintaining and prioritising their oral health to minimise the risk of much greater problems in the future.

It is our view that there is an underutilisation of existing programs in NSW, such as the Child Dental Benefits Schedule (CDBS). The CDBS is an ongoing scheme administered by the Australian Federal Government, however recent figures published in the Health & Social Care in the Community Report found that less than 30% of the eligible child population were utilising the program with a 16.3% decline in service utilisation in the first year of the CDBS.

Given the apparent lack of awareness in the community about the availability and eligibility of children to access the CDBS, alternative forms of communication of benefits should be explored

(such as advertising campaigns and through childcare providers and schools).

We thank the NSW Special Commission of Inquiry for the opportunity to provide this submission and look forward to additional collaboration and discussion in the future as we support a move toward improved oral healthcare for the NSW population.

Should you have any questions please feel free to reach out to Craig Stevens at any time on [REDACTED]

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