HEALTH POLICY

CSIRO PUBLISHING

Australian Health Review, 2012, 36, 269–270
http://dx.doi.org/10.1071/AH11182

Perspective

Federal budget 2012/13

Martin Dooland BDS, MBA, Councillor

Australian Healthcare and Hospitals Association, PO Box 78, Deakin West, NSW 2600, Australia.
Email: Martin.Dooland@health.sa.gov.au

Received 10 May 2012, accepted 15 May 2012, published online 9 July 2012

In 2009, the National Health and Hospital Reform Commission recommended the establishment of a universal dental program for Australia. This recommendation was not implemented and the Australian Government's 2012/13 budget allocated $515.3 million to improve dental services, with something of a shorter term focus on the needs of low income earners.

After 16 difficult years for states' and territories' public dental services, following the cessation of the Commonwealth Dental Health Program in 1996, this funding is very welcome. However, there remains a need to clarify the vision for governments' role in dental care. Is a universal dental program the eventual goal, or is the destination a more targeted approach to select groups?

The 2012/13 budget package includes:

(1) $345.9 million over 3 years to reduce dental waiting lists for low income earners;
(2) $35.7 million over 3 years to increase the number of new dental graduates participating in the Voluntary Dental Graduate Year Program from 50 to 100 by 2016;
(3) $45.2 million over 4 years to introduce an oral health therapist graduate year program for 40 new graduates from 2014;
(4) $77 million over 4 years to help dentists relocate to rural areas;
(5) $8.2 million to improve dental facilities in regional Australia;
(6) $10.5 million for oral health promotion; and
(7) $450 000 over 3 years to non-government organisations to coordinate pro bono dental care for high need groups.

The states and territories will use waiting list funds to employ additional dental staff when the money begins flowing in 2013. However, with limited availability of clinics, dental chairs and staff, they will also need to expand the amount of treatment they contract to the private sector.

Based on the costs used by the National Advisory Council on Dental Health[1], an average of around 130 000 more low income adults a year should receive a full course of dental treatment. The impact on waiting times is less predictable, but they could fall to well under 1 year, despite expected increases in demand. Reducing waiting times in many rural areas will be difficult, because of a shortage of both public and private dental providers, making the complementary budget initiatives for country areas very important.

Relocation grants of up to $120 000 and payments of up to $250 000 to establish dental facilities in rural areas, could tip the balance in getting dental practitioners to rural areas. The Australian Government has funded significant improvements to public dental facilities in recent years and the $8.2 million allocated for dental facilities in regional areas is a welcome continuation of this role.

The expansion of the Voluntary Dental Graduate Year Program will result in more eligible people receiving dental care and has the potential to attract more practitioners to the public dental sector. It is expected that these new graduates will be rotated through several public clinic programs during their year, including rural settings. This would also assist improving access to dental care in these areas.

The budget allocates $10.5 million for oral health promotion and $0.5 million of these funds has been set aside for planning in the first year. It will be important to ensure the selected programs are evidence based and complement health promotion in the wider health sector.

What will all of this new activity achieve? State and territory public dental services currently only treat ~15% of adult concession care holders in any 1 year.[2] The new funding will only lift this figure to ~18–19%, although a greater proportion of this treatment should be prevention and early intervention, rather than simply relief of pain. Hence, the waiting list funding should only be seen as an initial, modest stage in a longer term and sustainable strategy to address severe problems of access to affordable dental care in Australia.

National dental policy in Australia has been very unstable over the last 40 years, with programs repeatedly being created and closed within a few years, generally as governments change. A stable solution to poor access to dental care needs a national consensus. Australia's universal health program 'Medicare' has this wide support in the community and many people question why dental services are not part of Medicare. There are practical reasons in the short to medium term. There are still unlikely to be enough providers to support a full universal dental program for 5 years or more, particularly in rural areas. Furthermore, funding a universal dental scheme may also be a challenge, with estimates ranging upward from $5 billion per annum depending on the design of the program, the range of services covered and the fee schedule used to pay providers.

Nevertheless, the next steps can focus on high need groups and can be designed to facilitate expansion in future years if desired. The National Advisory Council on Dental Health pointed to two groups for these next steps, namely low income adults,

because of their poor oral health outcomes, and children as a foundation for the whole community's future oral health.[1]

Low income adults could have an 'entitlement' created that enables them to receive publicly funded (or subsidised) dental care from the provider of their choice, and that means either a public or private provider. This program would cost about $2.6 billion per annum once established.[1]

The same approach could be used for children. Many states and territories have well developed school dental services that provide dental services to a high proportion of children.[2] This makes it important that parents have the option of choosing to redeem their children's entitlement through their school dental service where it is available. This program would cost around $0.9 billion per annum once fully in place.[1]

These 'entitlement' programs would also release a significant component of current states and territories and Commonwealth expenditure for the establishment of targeted dental programs for groups in the community that would be unlikely to use the 'entitlement' program without assistance.

The increased awareness of the burden of poor oral health, both on individuals and the community, makes it more possible than ever that the 2012/13 budget initiatives for oral health, are the forerunners of a more coordinated national approach to the problem in coming years.

References

1 Report of the National Advisory Council on Dental Health. Canberra: Department of Health and Ageing; 2012. Available at http://www.health.gov.au/internet/main/publishing.nsf/Content/final-report-of-national-advisory-council-on-dental-health.htm [verified 28 May 2012].

2 Stewart JF, Ellershaw AC. Oral health and use of dental services 2008: findings from the National Dental Telephone Interview Survey 2008. Dental Statistics and Research Series no. 58. Cat. No. DEN 2216. Canberra: Australian Institute of Health and Welfare; 2012.