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Auditor-General tables report to Parliament on access to oral health services

‘The aim of this audit was to assess whether access to public oral health services in Tasmania, including early intervention and preventative care, was efficient and effective’, Mr Thompson said.

The report found that the current funding model for oral health services is weighted towards treatment rather than prevention. While Oral Health Services Tasmania provided timely care for children and adults requiring emergency treatment, the service is struggling to meet demand for non-urgent general care. Of concern is the number of adults waiting for general care, which remained around 15,000 for most of 2023, with a median wait time approaching 4 years.

Mr Thompson said that ‘the COVID-19 pandemic had a significant impact on operations of Oral Health Services Tasmania, and after-effects continue to impact the capacity of the service’. The number of appointments provided by OHST since 2020 has been significantly lower compared to pre-pandemic levels, despite the number of dental professionals remaining relatively unchanged since 2018.

Mr Thompson said that the recruitment of oral health therapists continues to be a challenge in the North and North West, with a steady decline in the number of check-ups provided for children in those regions in the last decade.

Oral Health Services Tasmania has implemented several strategies and measures to respond to the challenge of increasing demand. These include introducing a graduate program to help address staff shortages and implementation of digital dentures technology to reduce the number of appointments and wait times for dentures.

The report makes six recommendations to improve access to oral health services.

Further detail and the full audit report can be accessed here:

<https://www.audit.tas.gov.au/publication/access-to-oral-health-services/>

ENDS

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Executive summary

Summary of findings

Data from Australian Institute of Health and Welfare (AIHW) shows that Tasmania has the worst prevalence of tooth loss in Australia, with 22% of adults having fewer than 21 of their 32 natural teeth. Furthermore, only 71% of adults received a dental check-up in the previous 2 years, the second worst in Australia behind the Northern Territory. On the positive side, most Tasmanians have access to fluoridated water and there have been improvements to the rate of decayed, missing and filled teeth (dmft) amongst children since 2013-14.

Access to public oral health services in Tasmania is negatively affected by Tasmania's older population demographic which along with the higher rate of dependency on social welfare, increases the number of adults eligible for public oral health services, and Tasmania's regionally dispersed population contributing to longer travel times to appointments.

The goal of OHST's *Oral Health Promotion Strategic Plan 2017-2022* (Strategic Plan) is to improve the health of Tasmanians through better oral health.¹ The use of OHST's finite resources is targeted to treating those most in need, primarily children, concession card holders and priority populations. OHST also managed treatment for adults requiring time-critical episodic care efficiently with most clients seen within clinically recommended timeframes.

Resource constraints led to OHST adopting a partnering approach to deliver early intervention and preventative programs

The current funding model for oral health services drives activity towards treatment and reduces the capacity for effective early intervention and preventative programs. This led to OHST adopting a partnering approach to deliver early intervention and preventative programs. While these programs were focused on young children, pregnant women and nationally identified priority populations, the targeting of early intervention and preventative programs was at times ad hoc and not supported by an engagement strategy to support implementation, and OHST's monitoring of these programs did not measure their effectiveness in delivering expected outcomes. We also found that barriers to accessing some early intervention programs led to low referral rates and uptake, limiting their effectiveness.

The data shows that early intervention and preventative programs have helped improve the oral health of children, as measured by dmft. Of concern, however, is the decrease in check-ups for children particularly in the North and North West of Tasmania.

OHST was proactive in exploring partnerships with Tasmanian and Australian government agencies and various organisations to deliver early intervention programs targeting priority populations, such as concession cards holders who may be socially disadvantaged or on low incomes. This enabled OHST to have a broader reach given their limited financial and staffing resources for early intervention and preventive activities.

¹ Tasmanian Department of Health (2017), [Oral Health Promotion Strategic Plan 2017-2022](https://www.health.tas.gov.au/sites/default/files/2021-10/Oral_Health_Promotion_Strategic_Plan2017-22_DoHTasmania2017.pdf), accessed 20 February 2024. https://www.health.tas.gov.au/sites/default/files/2021-10/Oral_Health_Promotion_Strategic_Plan2017-22_DoHTasmania2017.pdf

OHST largely managed barriers to accessing treatment effectively but access to dental care is restricted for some vulnerable groups

OHST largely managed barriers to oral health services effectively.

The cost of the co-payment can be a barrier to adults accessing oral health care. In addressing this barrier, OHST has increased the transparency of payment plans and options on their website, continues to provide care for clients with unpaid balances and writes-off unpaid debts in extenuating circumstances.

OHST has addressed geographic and transport barriers by:

- engaging Community Transport Services Tasmania to provide support to clients wanting to attend non-emergency medical appointments
- establishing an Outsourcing Program to enable people to receive timely dental care with a nearby private provider where public services are not easily accessible
- liaising with RFDS, which provides oral health services in regional and remote areas of Tasmania from fixed and mobile sites.

OHST worked with Aboriginal organisations to help reduce cultural barriers in accessing oral health services. For example, OHST partnered with Connected Beginnings and Aboriginal communities to help Aboriginal children and their families navigate referrals and access to dental appointments. OHST also trained staff to engage and support culturally and linguistically diverse people and provided an interpreter service, either in-person, or through video or telephone services.

OHST has addressed fear and anxiety barriers by providing its staff with training to improve their engagement with clients at the dental clinic. OHST also has programs and dental treatment options (such as general anaesthetic and conscious sedation) available to support people who experience anxiety when accessing dental care.

Despite successes in addressing the abovementioned access barriers, OHST continues to face challenges in providing access to dental care for vulnerable groups, such as aged care residents and inmates in the Risdon Prison Complex. In addition, facilitating treatment in the public hospital system continues to be problematic for dental issues requiring general anaesthetic due to limited theatre availability, and data sharing restrictions limiting the sharing of information pertaining to clients. On a positive note, the Conscious Sedation Pilot was successful in diverting clients from the general anaesthetic waitlist.

The demand for adult general dental care has steadily increased since 2015-16

The demand for adult general dental care has been steadily increasing since 2015-16 and the length of time adults wait for general dental care is increasing. The median wait time for adults on the general care waitlist statewide increased from 892 days (around 2.4 years) at June 2014 to 1,459 days (nearing 4 years) at June 2023. The number of adults on the general care waitlist needing episodic care is also increasing. Failing to address oral health demand and increasing waitlists can have negative consequences, impacting both individuals and the healthcare system.

OHST has implemented strategies and measures to respond to the challenge of increasing demand

OHST has implemented several strategies and measures to respond to the challenge of increasing demand. These include:

- implementing revised appointment processes and phone call and SMS appointment reminders to increase client appointment attendance
- conducting annual audits of the general care waitlist to remove clients no longer identified as needing treatment
- managing adults requiring time-critical episodic care efficiently
- employing risk treatment plans to identify and respond to workforce challenges
- engaging communication services firms to assist with advertising campaigns promoting the Tasmanian lifestyle for prospective applicants
- introducing a Graduate Program to help address staff shortages and deliver more appointments
- using data and projections to forecast demand and help make decisions about models of care, location, suitability and capacity of facilities and the resourcing of those facilities
- implementing digital dentures technology to reduce the number of appointments and wait times for dentures.

Given OHST's resource constraints, we found it managed the challenge of increasing demand efficiently and effectively through the implementation of the strategies and measures outlined above. We did identify, however, that OHST did not have a structured approach to facility management, with some dental clinics operating at capacity.

The COVID-19 pandemic had a significant impact on the operations of OHST, and the after-effects continue to affect the capacity of the service system.

OHST prepared frequent, targeted reports which informed decision-making on access to oral health services

OHST worked with Australian Government agencies to understand the number of people eligible for public oral health services in Tasmania. OHST used client data recorded in its client information system called Titanium to determine the proportion of those in the eligible population that seek treatment.

Reporting on the level of access was important in helping identify gaps and develop strategies to address access issues. We found that OHST prepared frequent, targeted reports to Management and the Executive on key performance activities across the system. The KPIs contained in these reports assessed performance on access to oral health services. OHST expanded its suite of KPIs in the THS Service Plan 2023-24 to improve transparency on the service's performance alongside other parts of the health system.

However, public reporting on oral health activities was limited to occasions of service and waitlists. To further enhance transparency and inform the public on levels of access to the service, the *Health system dashboard* could include additional indicators on oral health.

There is good cooperation between OHST and RFDS to ensure continuity of dental care but data sharing could be improved

OHST had limited monitoring of partnerships but reported on activities. The level of engagement with partners varied, with few partnerships having fixed check-in points or reporting requirements. This has resulted in minimal oversight of intended outcomes. OHST worked closely with the RFDS to ensure continuity of dental care, with both parties working together to address gaps in dental services. However, data sharing has limited the effectiveness of the partnership, but OHST has committed to addressing this issue.

Recommendations

We recommend OHST:

1. Investigate ways to increase funding for early intervention and preventative activity to help reduce demand for treatment.
2. Develop and implement a targeted engagement strategy that outlines how it will work with partners on oral health early intervention and preventative programs.
3. Periodically review the value and effectiveness of programs that are delivered by other dental care providers and funded by the Tasmanian Government.
4. Work with Hospitals and Primary Care division within the Department of Health to improve the management and sharing of categorisation data for clients requiring treatment under general anaesthetic.
5. Where practical, when contacting clients during general care waitlist audits, record the reasons why they may no longer require care.
6. Include additional oral health measures on the *Health system dashboard*, for example, waitlists and occasions of service by region and average wait times.