



**Tasmanian**  
Audit Office

## **Access to oral health services**

**Report of the Auditor-General  
No.5 of 2023-24**

# Welcome and introductions

# Audit objective

The objective of the audit was to assess whether access to public oral health services, including early intervention and prevention, were efficient and effective.

# Why this audit?

- The last performance audit on oral health services was in 2002.
- Access to oral health services has strong community interest.
- Poor oral health can directly impact overall health and wellbeing.
- The *Health system dashboard* shows that the number of adults waiting for general care consistently remained around 15,000 for most of 2023.
- This performance audit was the first to use the Office's data analytics capability.

# Key takeaways

OHST has targeted its finite resources to treat those most in need, primarily children and adults requiring time-critical emergency care.

This limits the capacity of OHST to meet the demand for general (non-urgent) care with adults waiting up to 4 years to receive treatment.

The funding model for oral health services in Tasmania is focused on treating problems rather than early intervention and prevention.

Despite these challenges, OHST has implemented strategies and measures to respond to increasing demand and to manage waitlists.

# Introduction

- Oral Health Services Tasmania (OHST) provides a universal dental service for all children and adults with a Pensioner Concession Card or Health Care Card.
- Tasmania has an older population demographic and a higher rate of dependency on social welfare, which increases the number of adults eligible for public oral health services.
- Tasmania has the worst prevalence of tooth loss in Australia, with 22% of adults having fewer than 21 of their 32 natural teeth.

# Scope

- In-scope agency: OHST in the Department of Health.
- Also consulted with the Royal Flying Doctor Service (RFDS) Tasmania.
- The audit examined access to public oral health services, including trends in oral health data from 2013-14 to 2022-23.
- The audit did not assess:
  - access to private dental services
  - clinical decision-making.

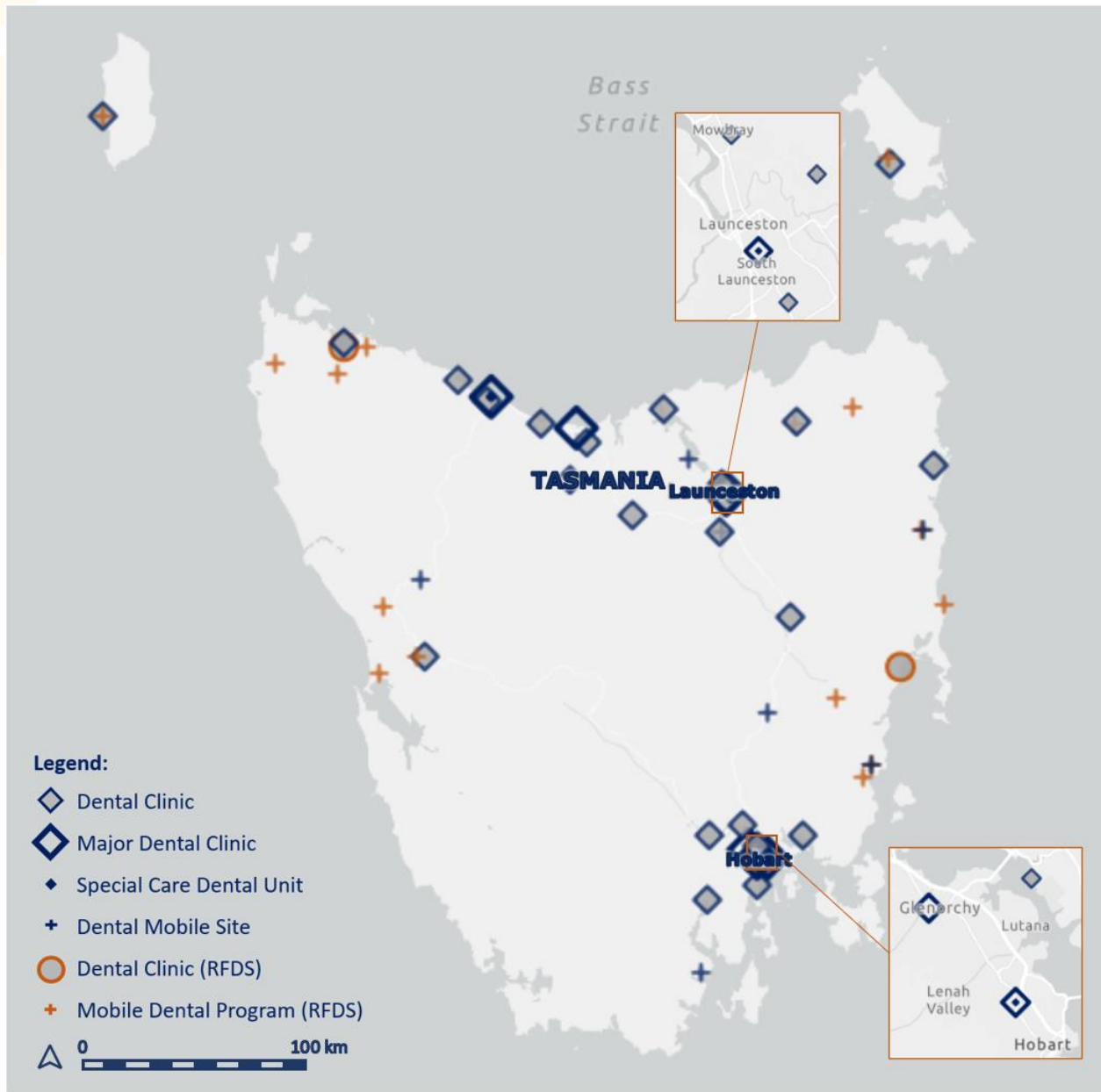
# Audit criteria

1. Are early intervention and preventative programs effective?
2. Were barriers to accessing oral health services managed effectively?
3. Is management of demand for public oral health services in Tasmania efficient and effective?
4. Is there appropriate oversight and monitoring in place for oral health services?



# Audit conclusion

The report concluded that access to public oral health services in Tasmania, as measured against the audit criteria was, in all material respects, efficient and effective.



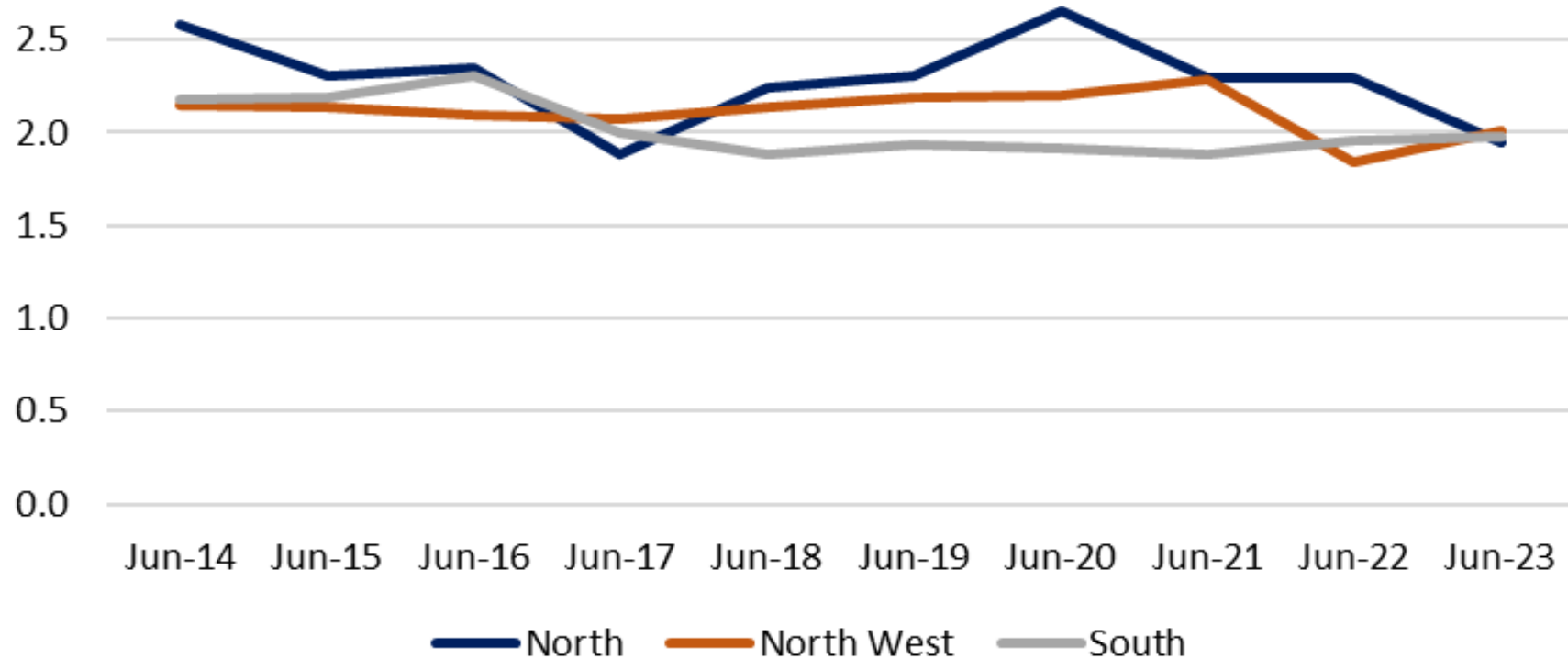
# What we found

# Findings: Early intervention and prevention

- The funding model for oral health services is focused on treatment rather than prevention.
- OHST adopted a partnering approach to deliver early intervention and preventative programs for priority populations.
- OHST prioritised its early intervention programs towards young children and pregnant women in accordance with its Strategic Plan.
- Data shows oral health of children has improved since 2013-14, but declining attendance may be masking the true position.

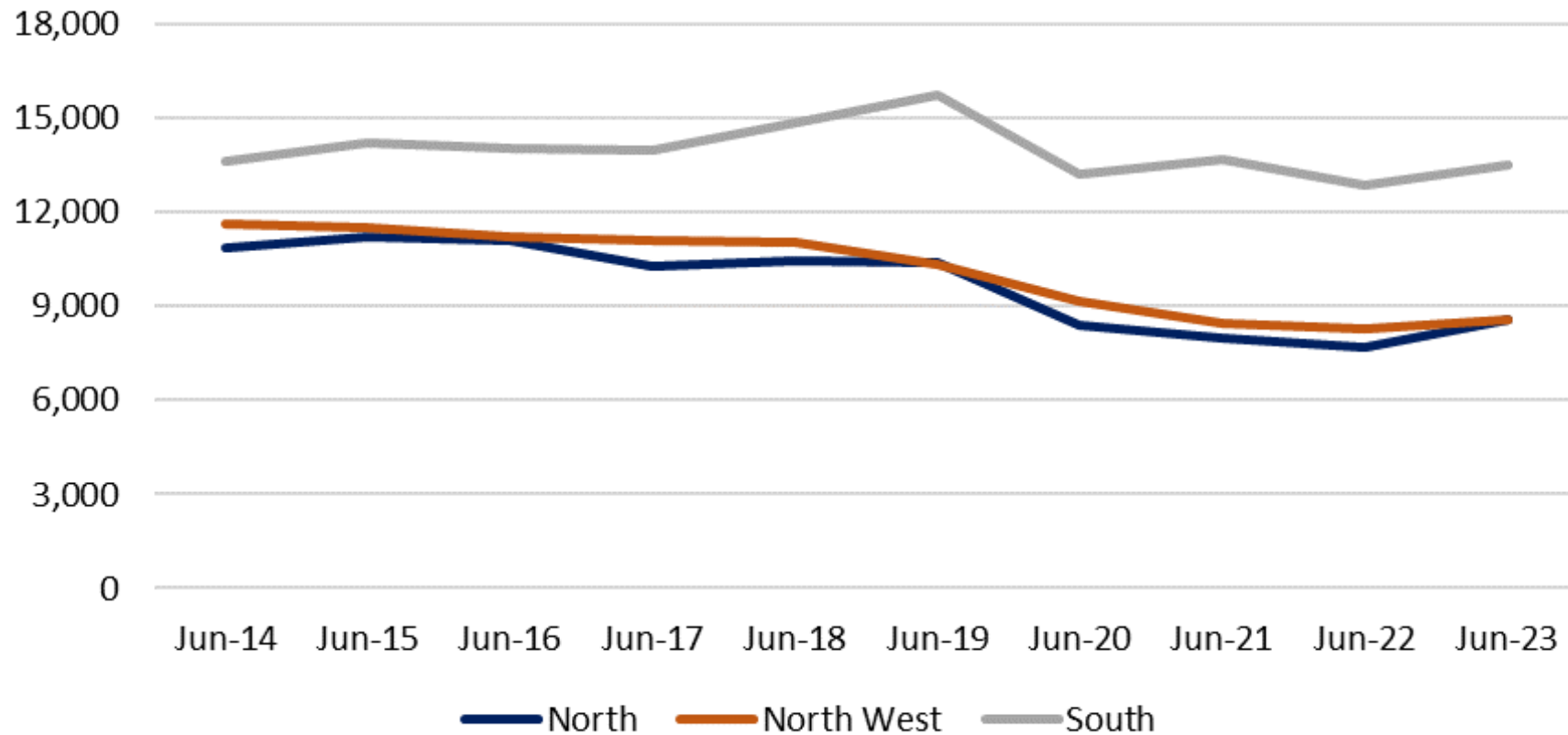
# Findings: Early intervention and prevention

Mean dmft for all children aged 6 by region, 2013-14 to 2022-23



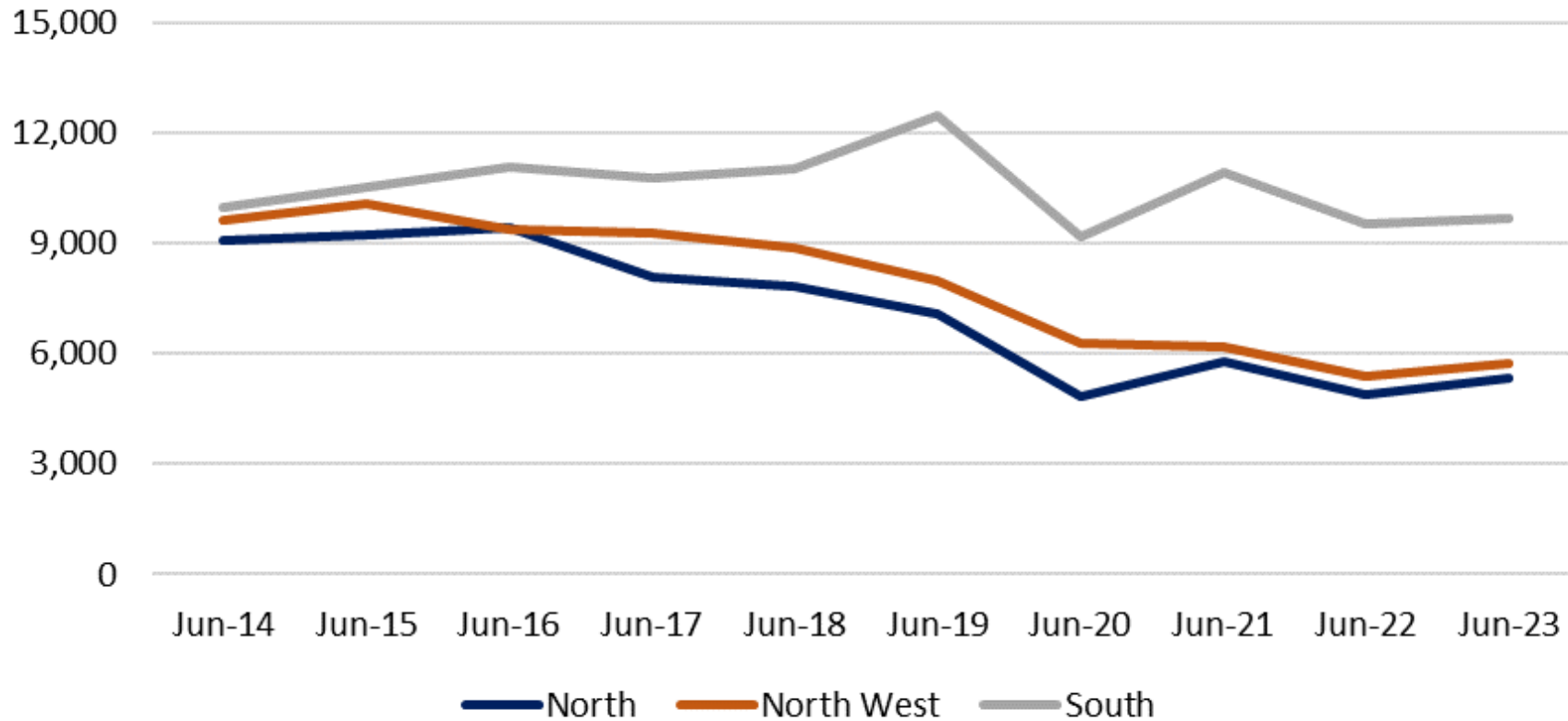
# Findings: Early intervention and prevention

Number of unique children seen by region, 2013-14 to 2022-23



# Findings: Early intervention and prevention

Number of recall visits by region, 2013-14 to 2022-23



## Findings: Barriers to access

- Cost is a barrier to accessing oral health care.
- The Outsourcing Program has assisted OHST in responding to geographical constraints, but funding uncertainty may result in increased demand for treatment.
- The RFDS Tasmania helped manage demand for dental services in regional and remote areas.
- Access to dental care is restricted for some vulnerable groups:
  - Residential aged care is poorly serviced.
  - Dental care at Risdon Prison has been affected by lockdowns and resourcing.

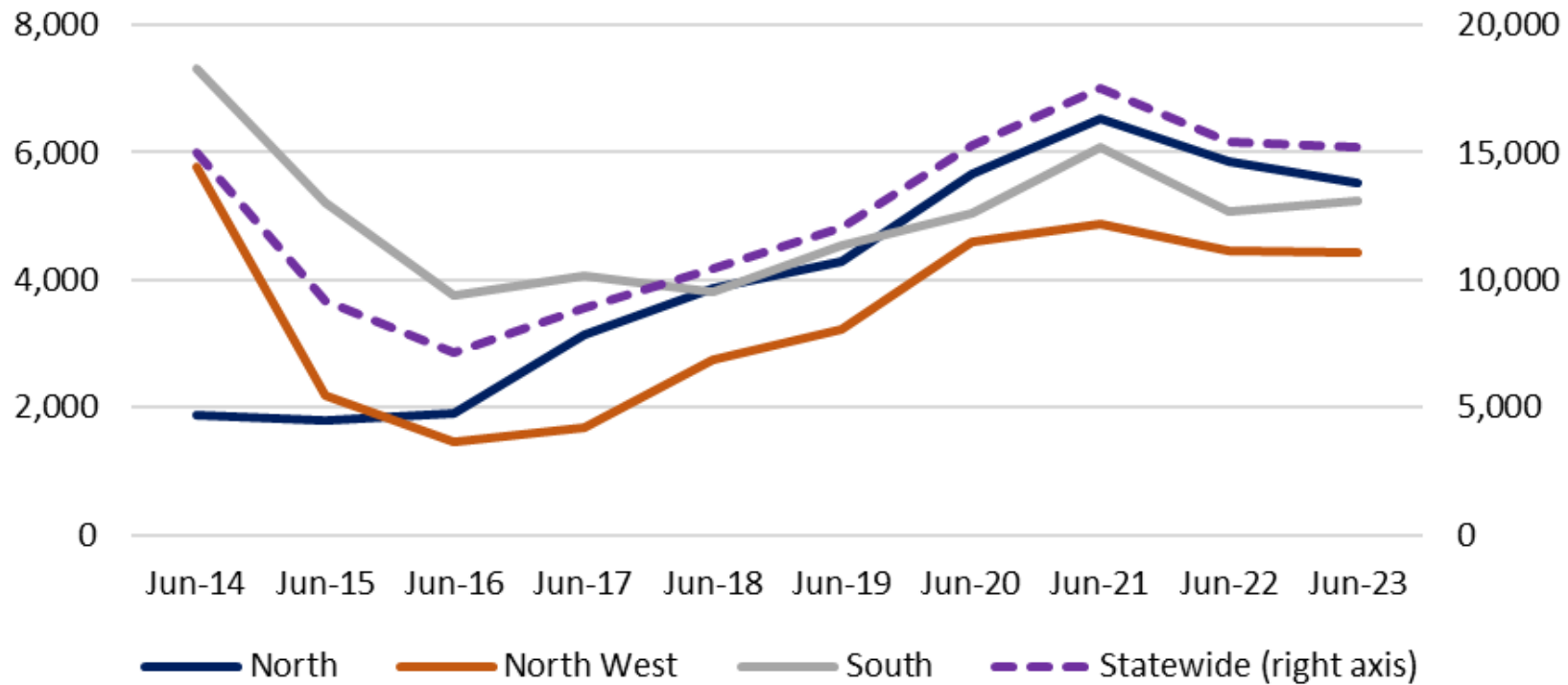


## Findings: Barriers to access

- Access to general anaesthetic is hampered by limited access to operating theatres and data sharing restrictions.
- In 2020 and 2021, close to half of the general anaesthetic theatre sessions at the Royal Hobart Hospital (RHH) were cancelled due to COVID-19, healthcare pressures and/or staffing constraints.
- The Conscious Sedation Pilot was successful in diverting clients from the RHH general anaesthetic waitlist.
- During Phase 1 of the pilot, 51 people were treated at the Southern Dental Centre.

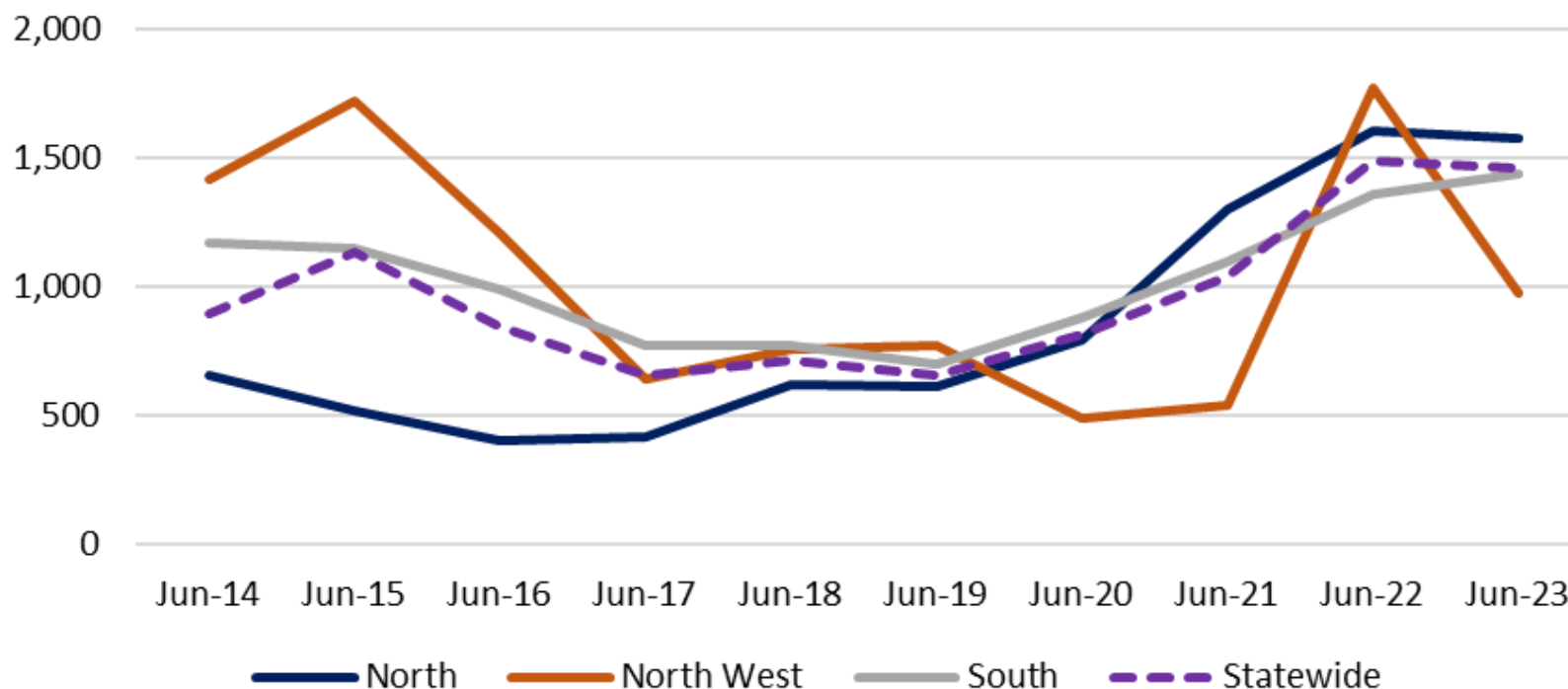
# Findings: Management of demand

Number of adults waiting for general care by region (left axis) and statewide (right axis), 2013-14 to 2022-23



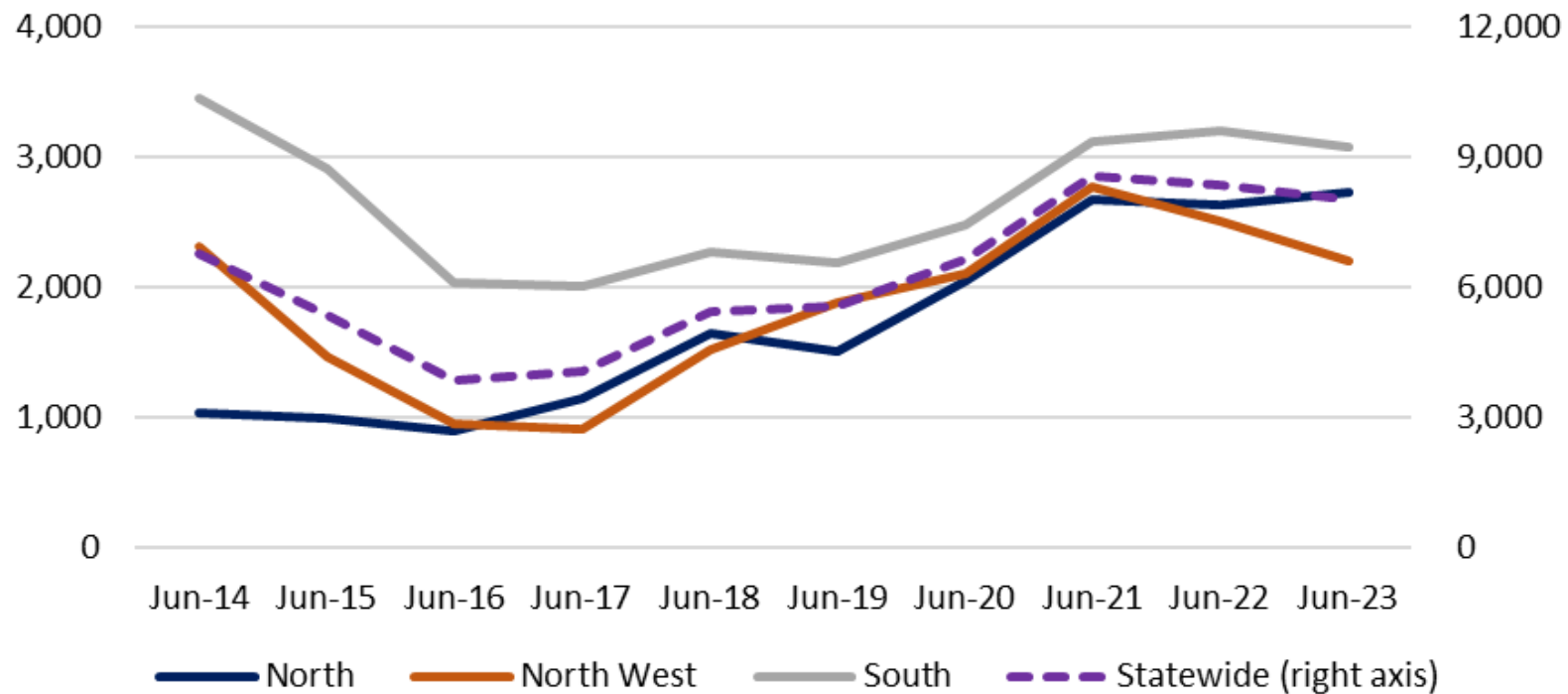
# Findings: Management of demand

Change in median time (days) between first contact and last appointment by region, 2013-14 to 2022-23



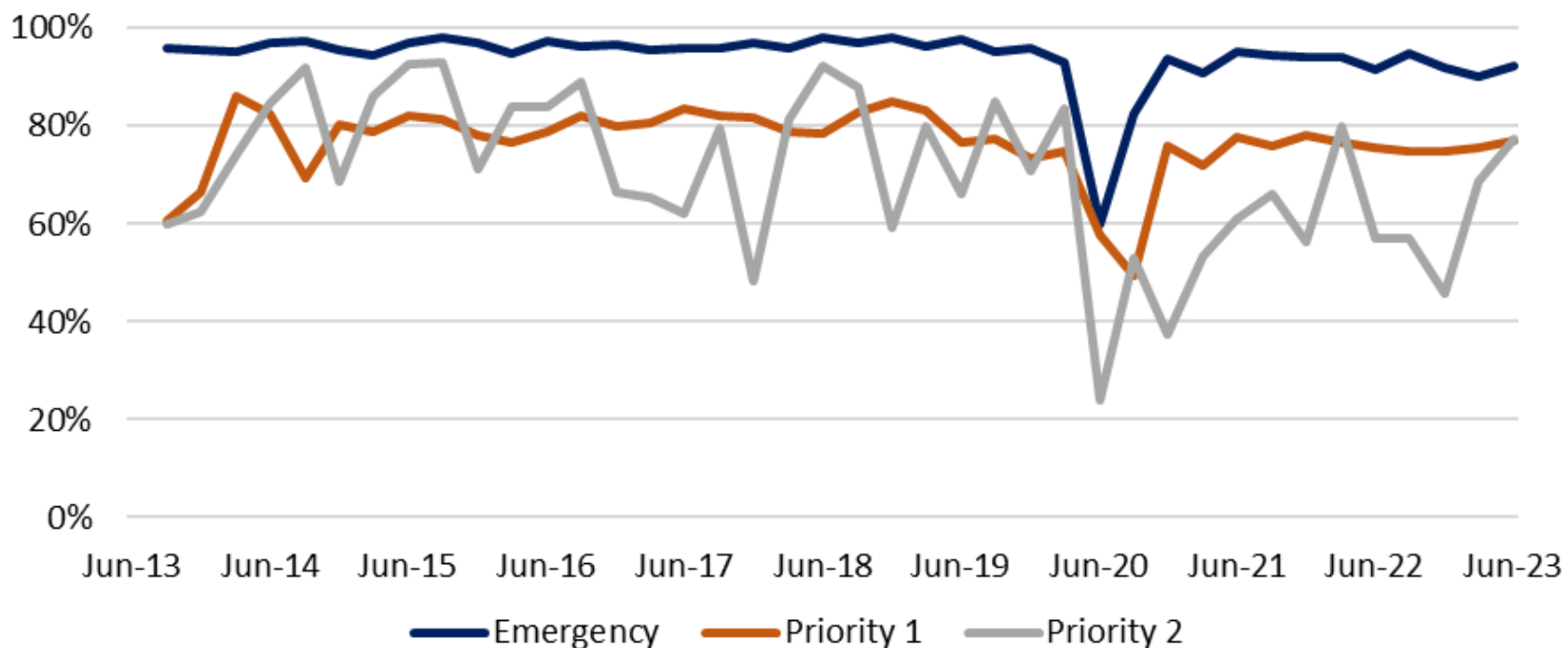
# Findings: Management of demand

Clients escalated from the general care waitlist to episodic care by region (left axis) and statewide (right axis), 2013-14 to 2022-23



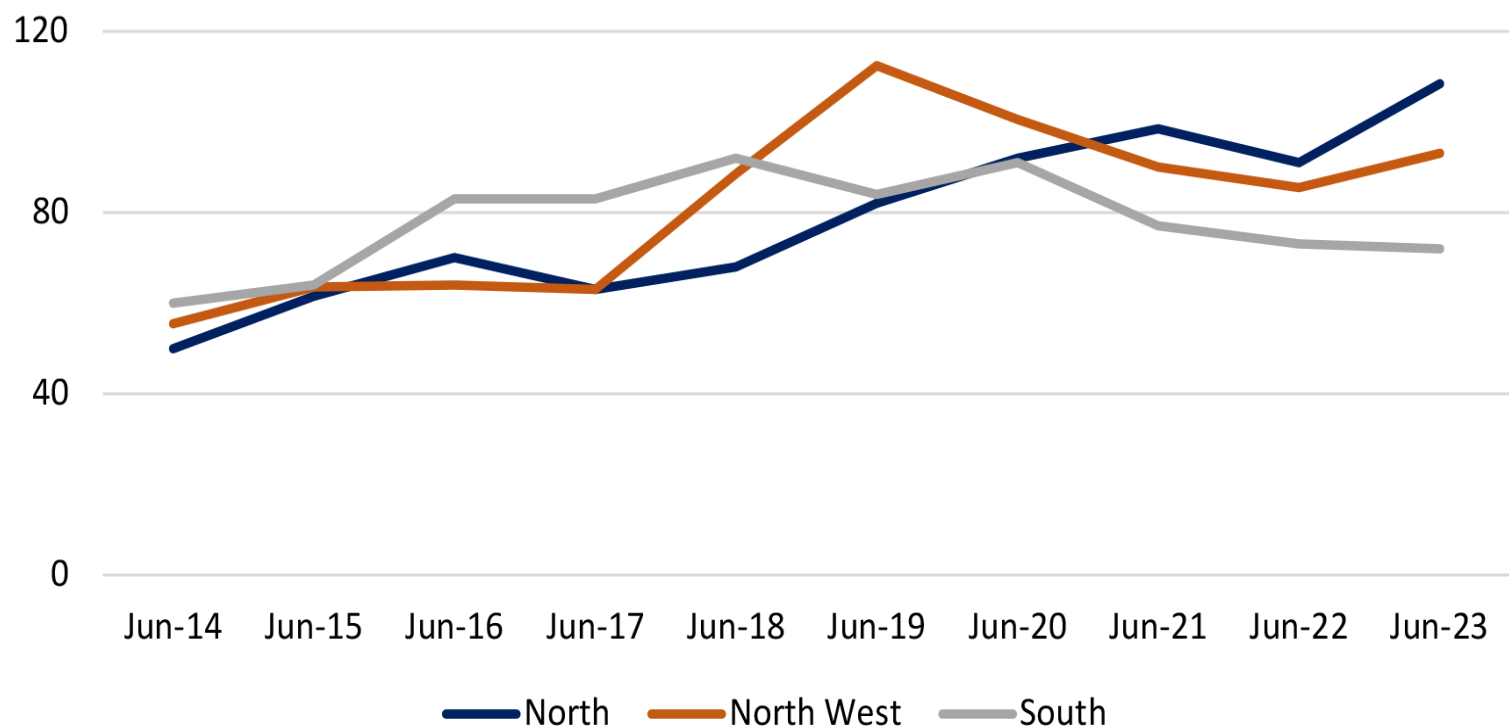
# Findings: Management of demand

Proportion of clients seen within clinically recommended timeframes by episodic category, June 2013 to June 2023



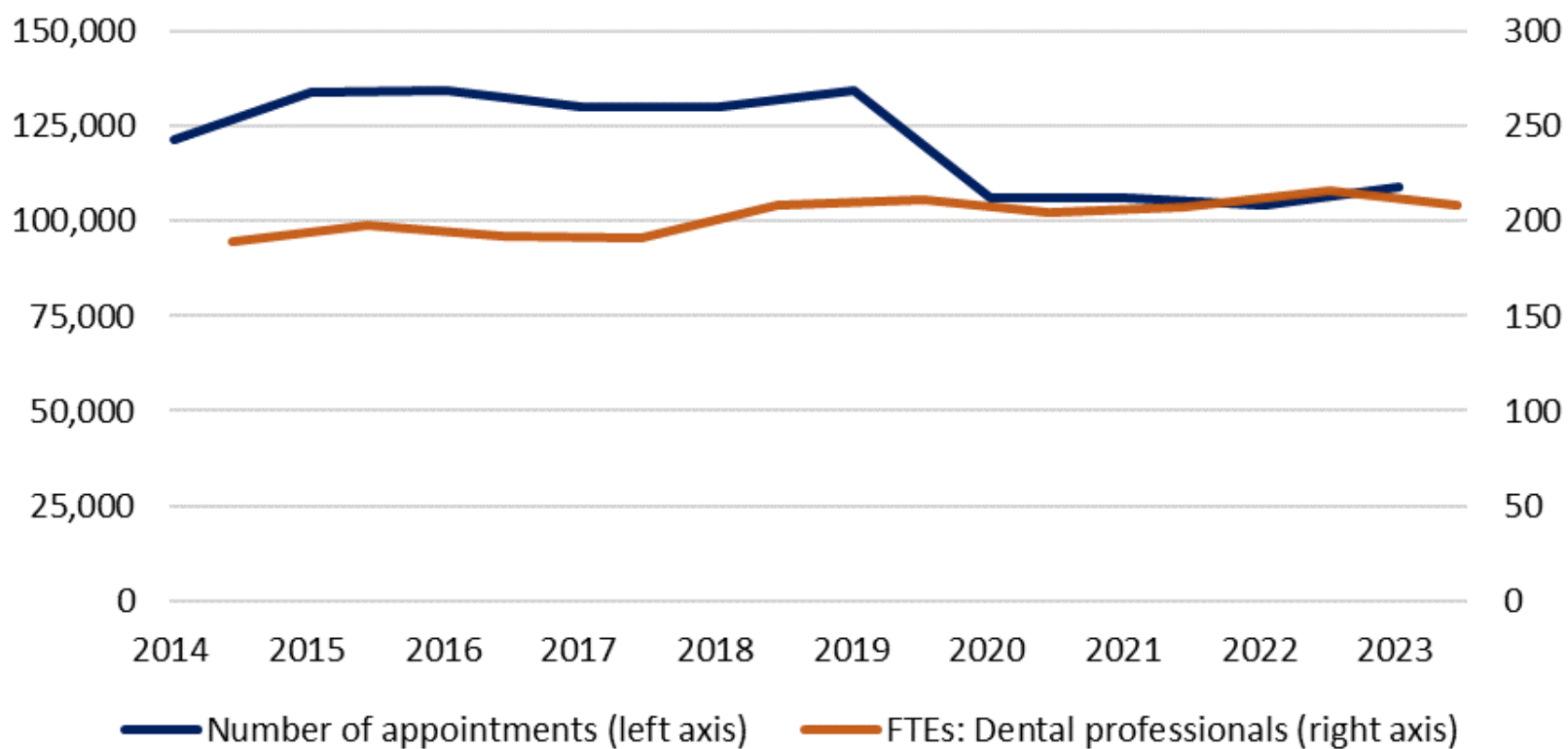
# Findings: Management of demand

Change in median time (days) between initial assessment and review for prosthetics by region, 2013-14 to 2022-23



# Findings: Management of demand

Total number of appointments (left axis) provided and full time equivalents for all dental professionals (right axis), 2014 to 2023



# Findings: Management of 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
- engaging a specialist recruitment firm to assist with advertising campaigns promoting the Tasmanian lifestyle for prospective applicants



# Findings: Management of demand

- introducing a graduate program to help address staff shortages
- 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.

# Findings: Oversight and monitoring

- OHST understand the proportion of those in the eligible population that seek treatment.
- OHST prepared frequent, targeted reports which informed decision-making on access to oral health services.
- OHST used KPIs to assess performance on, and address gaps in, access to oral health services.

# Findings: Oversight and monitoring

Proportion of eligible adults seen by OHST statewide in 2012, 2017 and 2022

Census year	Number of eligible adults seen by OHST	Number of Pensioner Concession / Health Care Cardholders	Proportion of eligible adults seen
2012	18,705	182,130	10%
2017	24,251	191,255	13%
2022	21,635	186,180	12%

# Findings: Oversight and monitoring

Proportion of children seen by OHST statewide in 2012, 2017 and 2022

Census year	Number of children seen by OHST	Number of children (Census)	Proportion of children seen
2012	37,527	113,906	33%
2017	34,826	109,018	32%
2022	29,120	110,936	26%

# Findings: Oversight and monitoring

- OHST did not have a coordinated or effective approach in monitoring the outcomes of partnerships.
- OHST has an MoU and contract with RFDS to support access to dental care for people living in certain local government areas.
- There is good cooperation between OHST and RFDS to ensure continuity of dental care, but information sharing could be improved.

# Recommendations

We recommend that 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.

## Recommendations (Cont)

We recommend that OHST:

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.

# Responses



# Responses

Responses were received, and included in the report, from:

- Department of Health
- Minister for Health, Mental Health and Wellbeing

**Thank You – any questions?**