

ADAVB response TAC strategy development – beyond 2020

Overview

The Australian Dental Association (ADAVB) works to improve the dental health of Victorians, promote the highest standards of professional dental care and enhance the professional lives of our member dentists and dental specialists.

The ADAVB has previously provided feedback on review of the Transport Accident Commission (TAC) dental fee schedule for dentists and dental specialists, which took place between 2017 and 2019.

The TAC has invited stakeholder involvement in development of the next strategy, extending beyond 2020. ADAVB's feedback to inform the new TAC strategy is outlined below.

1. ADAVB's experience working with the TAC

In recent years, the ADAVB and TAC have met and consulted during updates to the TAC dental fee schedule. Additionally, the TAC has implemented more streamlined administrative processes for healthcare providers.

During the fee schedule review, the TAC did extensive work to align treatment item code descriptors and bring dental fees closer to industry averages in consultation with the ADAVB and the TAC's dental Clinical Panel Advisors.

The recent direction towards a more collaborative approach has strengthened the relationship between our organisations.

2. ADAVB's priorities relating to TAC clients

Key objectives of the ADAVB are to improve the dental health of Victorians and provide professional support and representation to our members.

We note that the TAC's current strategy titled 'Towards Zero' importantly aims to:

- Reduce the road toll to less than 200 deaths (as a starting point)
- Reduce serious injuries by 15% by 2020
- Improve quality of life for those who survive road accidents

While dental injuries are not life threatening, they have the potential to cause chronic pain and severely affect people's ability to eat, speak and smile. Poor oral health can have significant social, financial and psychological consequences and adversely affect general health and wellbeing.¹

1. Australian Dental Association/ Australian Health Policy Collaboration 2018. *Australia's Oral Health Tracker, First Edition*, ADA, <www.ada.org.au/Dental-Professionals/Australia-s-Oral-Health-Tracker/Australia-s-Oral-Health-Tracker-Technical-Appendix/ADA_AHPC_Technical-Appendix_07032018.aspx>.

The most recent study of adult oral health in Australia found that: ²

- People are missing 5.7 teeth on average
- Approximately 32% of people have untreated tooth decay
- Approximately 30% of people have moderate or severe gum disease
- Just over 50% of people visit a dental practitioner once a year for routine checkups

These findings demonstrate that a large proportion of Australians are living with chronic, unresolved dental issues.

The oral health status of TAC clients prior to road accidents can add to treatment complexity and potentially affect treatment outcomes, particularly when poor oral health is a result of lifestyle factors such as alcohol, tobacco and drug use which can all contribute to or cause: ³

- Tooth decay, erosion and wear
- Dry mouth (which increases tooth decay risk)
- Gum disease
- Teeth grinding or jaw clenching (which contributes to tooth wear and problems with jaw joints)
- Oral cancer

Some of these effects can be caused directly by lifestyle factors or indirectly through dental hygiene neglect. ³

Additionally, with socio-economic status strongly linked to oral and general health status, the most disadvantaged people are at risk of having poor oral health outcomes following dental trauma without appropriate intervention and maintenance.

In line with the TAC's current objective to improve quality of life for road accident survivors, timely and appropriate treatment of dental injuries is an important factor in restoring the health and wellbeing of people involved in road accidents.

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2. Australian Dental Association/ Australian Health Policy Collaboration 2018. *Australia's Oral Health Tracker, First Edition*, ADA, <www.adg.org.au/Dental-Professionals/Australia-s-Oral-Health-Tracker/Australia-s-Oral-Health-Tracker-Technical-Appendix/ADA_AHPC_Technical-Appendix_07032018.aspx>.
 3. The University of Adelaide (2019). *Australia's Oral Health – National Study of Adult Oral Health 2017-18*, Australian Research Centre for Population Oral Health [ARCPOH], <health.adelaide.edu.au>.

3. TAC's ability to respond to pressures and trends affecting ADAVB

ADAVB offers professional support and advice to members, including their relationships with third party funding agencies. Members have reported that the following enables them to provide a professional service to TAC clients:

Efficient administrative and billing processes

Processes that support efficient and timely dental care are necessary for TAC clients to have the best possible oral health outcomes. Private dental practitioners treat patients under a multitude of schemes and third-party funding agencies. Compliance with the requirements for each entity adds levels of complexity to the process of treating, invoicing and providing necessary follow up care. The complexity could be minimized by continuing to ensure that straight forward processes are in place for healthcare providers.

It is important to ensure that dentists and dental specialists are aware of the TAC's online billing system, LanternPay, how to use it and which items require pre-approval. The ADAVB would be happy to work with the TAC to further communicate this information.

Prompt approval of treatment plans, where required

Where extensive treatment is required, particularly involving tooth replacement, TAC clients are in a position where they may be left with broken or missing teeth for extended periods of time, which creates functional and social issues for the client. Prompt repair of broken teeth increases the likelihood of teeth retention, and prompt replacement of missing teeth can avoid a cascade of problems.⁴ Short and long-term consequences of missing teeth include:^{5,6}

- Difficulty chewing food and consequent dietary restrictions
- Movement of surrounding or opposing teeth, which can cause further functional issues
- Altered speech, loss of self-confidence or embarrassment about appearance
- Oral or facial asymmetry or collapse after a prolonged period without teeth

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4. Better Health Channel (2019). *Dental injuries – tooth loss*, Victorian Department of Health & Human Services. <www.betterhealth.vic.gov.au/health/ConditionsAndTreatments/Dental-injuries-tooth-loss>.
 5. Dosumu, O. O., Ogunrinde, J. T. & Bamigboye, S. A. (2014). Knowledge of consequences of missing teeth in patients attending prosthetic clinic in U.C.H Ibadan, *Annals of Ibadan Postgraduate Medicine*, 12 (1), pp. 42-48. Retrieved from < www.ncbi.nlm.nih.gov/pmc/articles/PMC4201933/>.
 6. Ferreira, R. C., Kawachi I., Souza, J. G. S., Campos, F. L, Chalub, L. L. F. H, Antunes, J. L. F. (2019). Is reduced dentition with and without dental prosthesis associated with oral health-related quality of life? A cross sectional study, *Health and Quality of Life Outcomes*, 17 (1), p. 79. doi:10.1186/s12955-019-1149-2.

It is therefore a priority to restore dental health prior to development of other issues which can cause further problems and potentially contribute to the TAC's lifetime cost of caring for the client.

Appropriate fees to cover the cost of dental services

Regular indexing and periodic review and benchmarking of dental fees will ensure that the TAC fees meet the cost of delivering dental services. Continued alignment of the TAC treatment item codes and ADA Schedule of Dental Services and Glossary is also important for streamlined treatment planning and invoicing. Minor updates to the Schedule and Glossary occur every few years, and information about these updates can be accessed via the ADAVB.

4. Better partnership between the ADAVB and TAC to get clients' lives back on track

In recent years, communication between the TAC and ADAVB has improved. To continue in this direction, we request that the TAC considers the following recommendations.

Recommendation 1: Strengthen the relationship with dental practitioners providing services to TAC clients.

- Continue the provider e-News on a quarterly basis to maintain contact with service providers, and ensure that all services providers are on the distribution list
- Identify any further opportunities to streamline or improve administrative process efficiency
- Prepare occasional articles for the Victorian Dentist magazine to provide any relevant updates to dentists and dental specialists
- Facilitate or encourage communication between TAC Clinical Panel Advisors and the ADAVB during reviews and updates of dental fees and administrative processes, where appropriate
- Periodically review the dental fee schedule to ensure TAC fees are keeping pace with current dental fees, thus reducing the need for dental practitioners to charge gap fees
- Create feedback avenues for dental practitioners by carrying out occasional surveys or other methods

Recommendation 2: Continue to prioritise improving road accident survivors' quality of life, including commitment to improving clients' oral health outcomes.

- Case worker education to help improve understanding of dental claims via updates to the Service Catalogue or other strategies. This could include information about types of dental treatment commonly required by TAC clients, the difference between general and specialist dental treatment, and fees. This

- may assist with claim approval consistency between case workers, help case workers to understand the legitimacy of claims, and increase the speed of claim approval (where approval is required).
- Consider the need for potential future dental maintenance that may be required due to other accident related issues. For example, there are additional long-term oral implications of permanent injury, such as acquired brain injury, which may not be directly associated with the mouth at the time of the accident but can impact oral health at a later stage.
 - We encourage the TAC to become familiar with the Oral Health and Intellectual Disability Guide for Dental Practitioners to understand the collaborative, long term approach required to effectively treat patients with cognitive impairment. These principles are highly applicable to managing patients with acquired brain injury. This important resource is available at inclusionmelbourne.org.au.
 - Consider establishing a process to assist healthcare providers to identify and refer TAC clients that may have issues with drug, alcohol or tobacco use to support services, where appropriate. These lifestyle factors are detrimental to oral and general health and could impact the likelihood of successful treatment (dental or other). Healthcare providers are well placed to refer clients to the appropriate addiction support services, and successful intervention may improve client outcomes and reduce the TAC's lifetime cost of caring for the client. The Smokefree Smiles initiative by Quit Victoria, Dental Health Services Victoria, the Victorian Government and ADAVB provides training and resources to assist oral healthcare professionals to support their clients to quit smoking. This is an example of an initiative that facilitates client referral, and healthcare providers can also make direct referrals to other relevant services. More information about the Smokefree Smiles initiative is available at www.quit.org.au.