REVIEW OF THE DVA DENTAL PROGRAM

Discussion Paper

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Introduction

The Department of Veterans' Affairs (DVA) funds a broad range of dental treatment to clients (eligible veterans and their dependants) through the DVA dental program. The dental program forms part of a broader suite of healthcare programs funded by DVA, on behalf of the Australian Government.

In Australia, dental services are funded, and can be accessed, in a number of ways - privately on a fee for service basis; through public dental clinics; or through DVA's dental program. For those who purchase services privately, some may have all or part of the costs of the service subsidised by private health insurers. The majority of dental services are provided through private providers, with limited public dental services supplementing the private sector, providing a social safety net.

Background information on dental diseases and common treatments is included at Appendix A.

This review was initiated in response to concerns about whether or not the DVA dental program meets current clients' needs, and its capacity to meet future needs. This recognises the dynamic nature of the DVA client base and its changing demographics.

The review also occurs at a period of significant change within DVA, with Veteran Centric Reform and a greater focus on a client's lifetime wellbeing. This presents a range of challenges and opportunities.

STAKEHOLDER CONSULTATION

This paper has been developed for the purpose of consultation, and seeks stakeholder feedback on two broad themes:

- The effectiveness of the current program from the perspective of Ex-Service Organisations (ESO), veterans and their dependents.
- Options for future program re-design.

DVA welcomes comments on future program opportunities that would promote wellbeing and the effective and efficient use of public money. DVA notes that future opportunities will need to be considered in the context of the broader Australian Government fiscal strategy and budget repair, including the early response to the COVID-19 pandemic.

MAKING A SUBMISSION

The Department invites your comments on this Discussion Paper. Comments may be submitted to DENTAL.REVIEW@dva.gov.au using the submission template found at Appendix B.

Comments are due by **18 December 2020.**

Submissions may be placed on the DVA website, quoted from or released publicly. Please tell us if you do not want your submission to be made public.

Thank you for your interest and we look forward to receiving your comments.

Our clients – A snapshot

In 2019/20, the DVA treatment population eligible to receive dental services comprised:

- 114,838 Gold Card holders, of whom 54% received dental treatment; and
- 832 White Card holders with an accepted dental condition, of whom 45% received dental treatment.

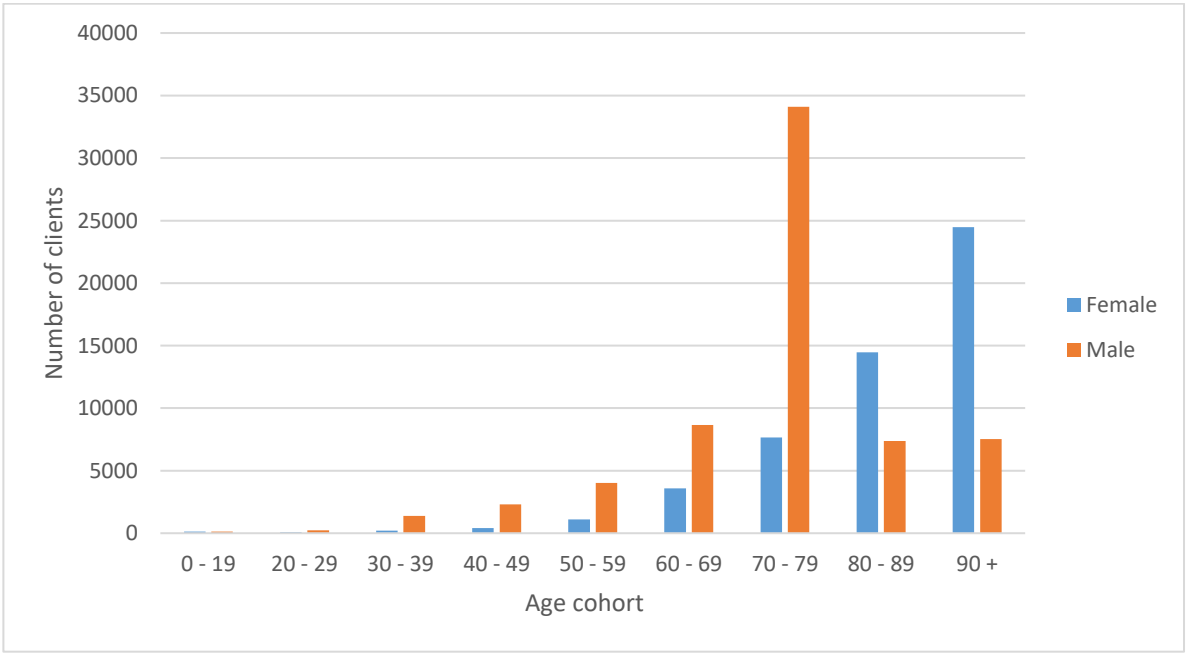
Subsets of the eligible dental population include:

- 2,509 female veterans eligible to access treatment under the DVA dental program, of whom 2,379 were Gold Card holders and 130 were White Card holders.
- 27,176 Totally and Permanently Incapacitated (TPI) Gold Card holders, of whom 26,688 (98%) were male and 488 (2%) were female.
- 13,649 Gold and White card holders resided in Residential Aged Care Facilities. Of these, 10,834 (79%) resided in high care, 634 (5%) resided in low care, while the level of care of 2,181 (16%) is unknown.

Of the 63,224 Gold Card holders who received dental treatment in 2019/20, 62 % had a mental health indicator, meaning they either had an accepted mental health condition or had received mental health treatment at the time of service.

Figure 1 shows the distribution of Gold Card holders on the basis of sex and age. When viewed by age, the majority of males fall within the 60-79 age groups (66%), before decreasing significantly in the 80-89 age group. In contrast to male Gold Card holders, the number of female Gold Card holders rises steadily from 50 years of age with the largest group, with some 21,626 females in the over 90 age group. These are primarily widows who have become eligible for a Gold Card following the determination that their husbands death is due to their war service. There were only 952 female Gold Card holders aged less than 50 years, representing 1.92% of total female Gold Card holders.

Figure 1: DVA Gold Card treatment population by age cohort and sex FY 2019/20



The DVA dental program – An overview

Key features of the program are:

- The program aims to be generous, but not excessive in comparison to what is available to the general community.
- The extent of treatment provided under the program is 'that which is reasonably necessary for the adequate treatment of the entitled person'. (Treatment Principle 3.5.2 (a))
- It operates within a legislative framework that set eligibility criteria and program rules.
- Program eligibility is based on Veteran Card type:
    - Gold Card holders are entitled for treatment of dental conditions; and
    - White Card holders are only eligible for treatment of their accepted dental condition or the dental consequences of cancer treatment.
- A comprehensive suite of dental services is provided under the program, including:
    - preventive treatment such as examinations and cleaning;
    - simple treatment such as fillings and extractions;
    - complex treatment such as crowns, bridges, implants and dentures; and
    - emergency treatment following unforeseen injuries.
- The program operates nationally and any registered dental practitioner can provide dental services to eligible clients.
- Dental services provided under the program must address a diagnosed condition, and comply with accepted industry practice.
- Clients may not be charged for services except where a service exceeds the Annual Monetary Limit and the client will need to pay the additional cost.
- Eligible clients can see the dental practitioner of their choice.
- Suitably qualified dentists may seek prior approval to deliver treatments in lieu of a dental specialist in rural and remote areas where a dental specialist is not available.
- Treatment limitations apply to some complex, high cost treatments such as crowns and implants.

The Annual Monetary Limit (AML) is a legislatively imposed annual financial cap placed on a small number of high cost treatments, in particular, the provision of crowns. The AML is not an 'entitlement', rather, it is a financial cap placed on the level of funding an individual can incur over a calendar year. Any part of the AML not expended in a specific calendar year cannot be carried forward into subsequent years.

The AML applies to all Veteran Card holders, except where they:

- are an ex-Prisoner Of War;
- have a specific dental condition as an accepted liability (all White Card holders eligible to access dental services meet this exemption); or
- have cancer affecting the mouth.

DVA funds dental implants in three circumstances where they are clinically necessary (not for cosmetic purposes):

1. To replace recently lost single teeth – tooth loss must be within three years and implants are restricted to two implants over a two year period.
2. To support a full lower denture after use of a removable denture has proven unsuccessful – up to three implants will be funded.
3. To support a partial upper denture after use of a removable denture has proven unsuccessful – up to two implants will be funded.

Future program opportunities

ADOPTION OF ORAL HEALTH AS A GOAL WITHIN A WELLBEING MODEL

The 2019 Productivity Commission report, *A Better Way to Support Veterans* recommended a range of changes to the focus of repatriation support. In particular, it recommended a shift in focus toward veteran lifetime wellbeing instead of an illness based focus.

The Australian Government, in its interim response to the Productivity Commission report, stated

> *The Government recognises the need for a stable and sustainable model of veteran support in order to respond to today's veteran community and prepare for the future needs of veterans and their families. The system also needs to continue to* ***shift the focus from illness to wellbeing*** *[emphasis added], reactive to proactive, complex to simple, dependent to self-reliant and siloed to shared approaches.*

In considering the feasibility of transitioning to a wellbeing model, one option is to adopt 'oral health' as the goal of the DVA dental program. Traditionally, oral health was defined as the absence of disease in the oral cavity (ie the mouth). This narrow definition has now been replaced by a broader, multi-faceted definition linking oral health to a person's wellbeing. The National Oral Health Plan 2015-24, currently defines oral health as, 'a standard of health of the oral and related tissues that enables an individual to eat, speak and socialise without active disease, discomfort or embarrassment and that contributes to general wellbeing'. (COAG Health Council, 2015, p. 6)

Oral health is determined by a complex interaction of a number of factors including social, economic, environmental, political, behavioural, biological and cultural factors. Further, access to health care systems and services, the level of utilisation of dental services, levels of oral health literacy, knowledge and attitudes towards health will all influence an individual's oral health. (COAG Health Council, 2015, p. 6)

IMPROVING DENTAL ATTENDANCE

Regular dental attendance has a positive impact on oral health due to the early detection of disease, leading to less aggressive treatment. An opportunity to improve the oral health of DVA clients could be to encourage an increase in the number of individuals attending dental practitioners for check-ups and cleaning.

In 2019/20, 54% of eligible Gold Card holders attended a dental practitioner for either an examination or for treatment of a specific problem. Males had a higher participation rate, at 61%, than females, whose participation rate was 46%. Some 51,614 eligible Gold Card holders did not attend a dental practitioner in 2019/20.

ASSISTING EX-SERVICE PERSONNEL TRANSITION INTO CIVILIAN LIFE

Regular dental examinations and follow-up treatment is part of the healthcare provided to members of the Australian Defence Force (ADF) undertaking continuous full time service. Recognising that maintaining regular dental attendance improves an individual's oral health, DVA seeks feedback on options to assist transitioning ADF members to maintain this habit.

DENTAL CARE FOR OLDER CLIENTS

The dental needs of older clients have changed significantly over the past 30 years. These clients generally have more natural teeth, along with extensive and frequently complex restorations, and are less likely than earlier generations to have no teeth and wear full upper and lower dentures. Simultaneously, these older Australians will be increasingly incapable of maintaining their oral health due to frailty, cognitive impairment or being medically compromised. This results in these clients requiring more frequent dental services rather than less, to ensure ongoing oral health by treating existing disease, and early detection and intervention for new disease.

This older client group can be split between those who live supported in their own homes and those residing in residential aged care facilities. If they become frail or have cognitive impairment, they may become increasingly incapable of taking responsibility for maintaining their oral health, with responsibility transferring to family members or nursing and other support workers. Despite the best intentions of all parties, the available evidence clearly indicates that the oral health activities of these groups generally struggle to meet an individual's needs. DVA seeks feedback on alternative 'models of care' for older clients that improves their oral health.

Questions

1. *As a DVA client or ESO, how would you describe your overall experience of the DVA dental program? Do you consider the program effective in addressing dental needs?*
2. *How would you describe the DVA dental program meeting the needs of subsets of the dental treatment population, such as:*
    a. *female veterans;*
    b. *Totally & Permanently Incapacitated veterans;*
    c. *veterans with a mental health condition;*
    d. *younger veterans;*
    e. *older clients either residing supported in their own homes or residing in a residential aged care facility.*
3. *What do you think the program should aim to achieve?*

4. *Is information on the DVA dental program easily found on the DVA website? Are there any improvements that could be made so that details of the program are informative and presented in in style that is easily understood? Are there any topics that are not covered that should be?*
5. *How would you describe the ease of participation in the program? Are there barriers that impede access to the DVA dental program, and if so, how might these be addressed?*
6. *What are the challenges and opportunities DVA should be aware of in considering transitioning the DVA dental program from a treatment focused program to a wellness focused program based on the goal of creating lifetime oral health?*
7. *What opportunities / strategies exist to increase dental attendance especially for those clients who either don't attend dentists or only attend for treatment of a problem? How might these differ between males and females, younger and older clients and clients living in supported arrangements (home or residential aged care facilities)?*
8. *What opportunities / strategies exist to assist transitioning ADF members to maintain regular dental attendance?*
9. *How could the current model of dental care for older clients be enhanced to improve a client's oral health and wellbeing in a:*
    f. *home based setting; or*
    g. *residential aged care facility?*
10. *In what ways could DVA determine the effectiveness of services provided?*

Appendix A: Dental diseases and common treatments

DENTAL DISEASES

Dental diseases are amongst the most prevalent lifestyle diseases in Australia. They have significant impacts on the individual, government and broader community. The main diseases include:

- tooth decay (dental caries) either as a new cavity in a tooth or as a recurring cavity beyond an existing restoration (filling);
- tooth surface loss (abrasion/attrition/erosion);
- gum disease (periodontal disease);
- malocclusion (misalignment of teeth);
- oro-facial pain (joint or muscle pain);
- dental trauma; and
- oral malignancy (cancer).

The majority of dental diseases relate to three conditions: dental decay, tooth surface loss and gum disease.

Tooth decay, professionally referred to as 'dental caries', is a process in which the hard mineral structure of teeth is dissolved by acids produced by bacteria. The process produces a cavity on the crown of the tooth or a softening of the root surface.

Tooth surface loss, more commonly known as tooth wear, refers to the loss of tooth substance by means other than dental caries or dental trauma. This can include the grinding of teeth against each other or excessive tooth brushing.

Gum disease is caused by a bacterial infection and results in the inflammation of the tissues surrounding the tooth, affecting the gum, the ligaments and the bone. In its early form, it is referred to as gingivitis and is characterised by redness, swelling or bleeding of the gums. In its later stages, it is referred to as periodontal disease, which in its severe forms, destroys the ligaments and bone that support teeth resulting in the tooth becoming loose and even causing tooth loss.

DENTAL TREATMENTS

This section describes a range of common dental treatments.

Fillings

Fillings are used to repair small areas of decay and stop any further bacteria entering the tooth. A filling restores the form and shape of the tooth. Usually, a filling will last anywhere from 7-20 years, although this depends on the location of the filling, the size, and the patient's dental hygiene.

Crowns

In contrast to a filling, which is applied to a small area of decay, a dental crown is a tooth shaped cap that is placed over a badly decayed, broken or damaged tooth. They are used to restore a tooth's shape, size and strength. The average lifespan of a well maintained crown is typically around 15 years. Permanent crowns can be made from stainless steel, all metal (such as gold or another alloy), porcelain-fused-to-metal, all resin, or all ceramic.

Bridges

A dental bridge replaces missing teeth with false teeth. Crowns are placed on the teeth on either side of the space and have artificial teeth attached to them. This "bridge" is then cemented into place. Bridges are usually made of porcelain or metal, or a mixture of the two. Dental bridges generally last five to 15 years. With good oral hygiene and regular check ups, it is not unusual for the life span of a fixed bridge to be over 10 years.

Full and partial dentures

A denture is a removable replacement for missing teeth and surrounding tissues. Two types of dentures are available – complete and partial dentures. Complete dentures are used when all the natural teeth are missing, while partial dentures are used when some natural teeth remain. The average life span is usually somewhere between seven and 10 years.

Dental implants

A dental implant is a piece of metal that looks like a screw. It is put into the jaw where the missing tooth's roots were. Over time, bone grows around the implant, which helps to hold it in place. An artificial tooth, or crown, is then attached to the metal to fill in the gap left by the missing tooth.

There is the possibility of an implant failing for a variety of reasons, such as if an infection develops, which is rare, or if the bite (the way the teeth come together) has not been properly adjusted. In addition, clenching or grinding teeth can put pressure on the implant, causing bone loss or result in the implant breaking.

Dental implants can also be used to hold a dental bridge or dentures in place.

Appendix B: DVA Dental Review – Stakeholder Submission Template

Contact details	
Individual details Title: Position: First name: Last name: Mobile:	**Organisation details** Name: Address Preferred telephone number: Email:
Submission	
Would you like your submission to be confidential?	Yes / No
Comments	
General comments: (Insert response here)	
Responses to specific questions:	
1. *As a DVA client or ESO, how would you describe your overall experience of the DVA dental program? Do you consider the program effective in addressing dental needs?* <u>Response:</u> (Insert response here)	
2. *How would you describe the DVA dental program meeting the needs of subsets of the dental treatment population, such as:* a. *female veterans;* b. *TPI veterans;* c. *veterans with a mental health condition;* d. *younger veterans;* e. *older clients either residing supported in their own homes or residing in a residential aged care facility.* <u>Response:</u> (Insert response here)	
3. *What do you think the program should aim to achieve?"* <u>Response:</u> (Insert response here)	

4. *Is information on the DVA dental program easily found on the DVA website? Are there any improvements that could be made so that details of the program are informative and presented in in style that is easily understood? Are there any topics that are not covered that should be?*

Response:

(Insert response here)

5. *How would you describe the ease of participation in the program? Are there barriers that impede access to the DVA dental program, and if so, how might these be addressed?*

Response:

(Insert response here)

6. *What are the challenges and opportunities DVA should be aware of in considering transitioning the DVA dental program from a treatment focused program to a wellness focused program based on the goal of creating lifetime oral health?*

Response:

(Insert response here)

7. *What opportunities / strategies exist to increase dental attendance especially for those clients who either don't attend dentists or only attend for treatment of a problem? How might these differ between males and females, younger and older clients and clients living in supported arrangements (home or residential aged care facilities)?*

Response:

(Insert response here)

8. *What opportunities / strategies exist to assist transitioning ADF members to maintain regular dental attendance?*

Response:

(Insert response here)

9. *How could the current model of dental care for older clients be enhanced to improve a client's oral health and wellbeing in a:*
    a. *home based setting; or*
    b. *residential aged care facility?*

Response:

(Insert response here)

10. *In what ways could DVA determine the effectiveness of services provided?*

Response:

(Insert response here)