



30 June 2020

The Hon. Jenny Mikakos MP
Minister for Health
By email: minister.health@health.vic.gov.au

The Hon. Tim Pallas MP
Treasurer
By email: tim.pallas@parliament.vic.gov.au

Dear Ministers Mikakos and Pallas

Budget Submission June 2020 on public oral health

This proposal is from the Victorian Oral Health Alliance (VOHA), a group of the key professional, welfare and consumer organisations and providers, committed to improving Victorians' oral health and access to dental care.

VOHA is highly concerned about the short and long-term impacts of the delays in oral health care caused by the COVID-19 pandemic. VOHA believes this Budget should focus on the short-term recovery of the oral health sector and it proposes a series of measures for the October 2020 Victorian Budget to address key issues and pressures faced by both consumers and services.

Why are these measures needed?

- The COVID-19 pandemic has necessarily led to a severe constriction of oral health care to 'emergencies only' for several months at public services. Services estimate that 70-80% of expected clients have not been treated, meaning that approximately 80,000 (predominantly low-income) Victorians have missed out on vital oral health care.
- This will result in substantially increased waiting lists, already around 125,000 in early 2020.
- Further, given the economic impact of COVID-19 and the sharp rise in unemployment, the eligible population for public dental care (already 40%) is bound to have risen significantly.
- Waiting times for public care on the general list was already on average 23 months at 31st March 2020 (up from 15 months in 2015-16) and sometimes double that for individuals.
- Even pre COVID-19, annual funding only allowed for 17% of eligible Victorians to be treated.
- Poor oral health is already a silent and pervasive epidemic, impacting on people's everyday lives. It disproportionately affects Victoria's vulnerable and disadvantaged people.
- It both prevents people fully participating in society (e.g. getting a job, going to school), and contributes to poor general health e.g. heart disease and diabetes.
- Lack of timely primary dental care leads to preventable use of expensive hospital care, including emergency departments.

What is needed in the short-term?

There is an urgent need to address the backlog of treatment (i.e. those on the waiting list and those whose treatment has been delayed due to COVID-19 restrictions). We need to ensure that the



eligible population's oral health status (already lower than average) does not further deteriorate and that associated general health issues do not flow on, e.g. increased need for oral cancer care. The recent drop in levels of care is likely to mean both increased demand generally but also a spike in emergency care for conditions that should have been treated earlier. More emergency care will mean less appointments for people on the already long waiting lists.

In summary, VOHA proposes a significant Catch-up program, in parallel with a recognition of the increased levels of both demand and of heightened costs of everyday care in new environment.

In particular:

- Funding of a Catch-up program to treat all those who missed out on care during the pandemic, as soon as restrictions are sufficiently lifted. (Estimated cost \$40 million)
- Achievement of this through both funding existing public services (utilising spare capacity) as well as outsourcing care to the private sector, where appropriate, to speed up service delivery and support the Victorian economy.
- Increased funding to accommodate the increased number of Victorians who will now be eligible for public dental care in 20/21 due to loss of income/work. (Potentially 200,000, with estimated cost \$20 million)
- Acknowledgement of the increased costs of providing care post-pandemic and associated increase in funding for continuing dental care (e.g. reduced throughput and increased costs of extra PPE). This should apply to both public agency funding agreements and the funding of voucher schemes. (Incidentally, it should be noted that the Victorian voucher schemes have consistently remained the lowest in the country and are in dire need of review). (Estimated cost \$10 million p.a.)
- Funding requirements to allow services to be much more flexible in how they provide care in their own contexts, including teledentistry, and the expansion of outreach work that can enable many disadvantaged groups to access necessary care (when they still show reluctance to recontact services or are residents in medium to high dependency aged care).
- Immediate commencement of planning to ensure services have access to sufficient secure, stable and affordable PPE supplies from a wider range of credible suppliers to cope with future unpredictable emergencies

Lastly VOHA believes there is a strong need for further transformation and bolstering of the public oral health system. VOHA will provide a range of proposals for this further stage in a submission for the 21/22 Budget.

VOHA would welcome the opportunity to discuss this in more detail with you.

Sincerely

A handwritten signature in black ink that reads "Tony McBride".

Tony McBride

Spokesperson, Victorian Oral Health Alliance

Victorian Oral Health Alliance

c/- Tony McBride (Spokesperson)

M: 0407 531 468, E: oralhealth@tanjable.net



The Victorian Oral Health Alliance is a group of consumer, welfare and professional bodies, which is committed to improving Victorians' oral health and access to dental care.

VOHA Members

- Australian Dental Association Victorian Branch (ADAVB)
- Australian Dental and Oral Health Therapists' Association (ADOHTA)
- Australian Dental Prosthetists Association (ADPA)
- Brotherhood of St Laurence
- cohealth
- Community Information and Support Victoria
- COTA Victoria
- Dental Hygienists Association of Australia (DHAA)
- Health Issues Centre
- IPC Health
- Public Health Association of Australia Victorian Branch
- Star Health Group
- Victorian Healthcare Association
- National Institute of Oral Health

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