Bruce Cooper
General Manager
Intelligence, Infocentre and Policy Liaison Branch
ACCC
GPO Box 3131
Canberra ACT 2601

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Dear Bruce,

Thank you for the opportunity to provide a submission offering information relevant to the ACCC Report to the Senate on Private Health Insurance.

We are the Australian Dental Prosthetists Association Ltd, the peak body representing dental prosthetists in Australia. Our members are independent practitioners who care for patients requiring full dentures, partial dentures and mouthguards. There are currently approximately 1148 prosthetists registered nationally, over 85% of them members of ADPA.

Dental prosthetists are registered nationally by the Dental Board of Australia, the same board that registers dentists, dental hygienists, dental therapists and dental and oral health therapists. They are subject to the same registration requirements, guidelines and codes of practice as other members of the dental team.

Dental prosthetists undertake training in two stages. To be eligible to enter training as a dental prosthetist, applicants must first undertake training as a dental technician, either through a two year Diploma of Dental Technology or a three year Bachelor of Oral Health (Dental Technology). This qualifies applicants to study for a further two years in either an Advanced Diploma of Dental Prosthetics or a Masters of Oral Health (Dental Prosthetics).

Dental prosthetists work within a narrow but specialised scope of practice, defined by the Dental Board of Australia as “making, fitting, supplying and repairing removable dentures and flexible, removable mouthguards”. Many dental prosthetists undertake a further unit of training that allows them to make, fit and supply dentures that attach to implanted devices in the patient’s mouth (implant overdentures)

In relation to the consultation brief we make the following comments:

Examples where allied health care providers offer the same or similar services as other providers and are not recognised by health funds.

Dental prosthetists undertake work for patients accessing Medicare benefits, Department of Veterans Affair's benefits and Private Health benefits. All three entities will pay benefits to patients seeing dental prosthetists, noting that Medicare benefits will soon cease due to closure of the Chronic Disease Dental Scheme. All but one private health insurer, Medibank Private, pay patients a significantly lower rebate for work performed by a dental prosthetist than identical work provided by a dentist, in some cases hundreds of dollars less.

We also note that the practice is not confined to private health insurers. The Department of Veterans Affairs, Medicare and some state health denture schemes also pay patients of dental prosthetists a differential (lower) rebate to that of dentists for performance of the same work. We note that the NSW state health denture scheme pays the same fees for work performed by dentists and dental prosthetists and we commend them for this.

Differential rebates have direct effects on patients. Patients who are referred to or choose to see a dental prosthetist often suffer a financial penalty for their decision to do so. In many instances dental prosthetists and dentists work collaboratively in the same practice. The differing levels of rebate mean that referrals between practitioners in the same practice are impacted (as the patient may not be able to afford to accept a lower rebate for services provided by the dental prosthetist), can result in delays in care provided to patients and removes options for appropriate care. The majority of patients seen by dental prosthetists are older Australians, many of whom are on lower incomes so differentials in rebates have a significant effect on their choice of provider.

There are specific item numbers that relate to the provision of implant retained over dentures that patients are not able to claim any rebate for if the work is undertaken by a dental prosthetist. This work is within the scope of practice of dental prosthetists who have undertaken the specialised training in this area.

There is no ability for dental prosthetists to refer to specialist providers. This is nonsensical given the public can directly access dental prosthetists without a referral from another health practitioner. It is not uncommon for a dental prosthetist to identify clinical issues where intervention by a dental specialist is required. Neither private health insurers, Medicare nor Department of Veterans Affairs allow dental prosthetists to refer directly to a dental specialist. The patient must see a dentist to obtain the referral. In some cases where the patient has had no teeth for many years, they have no dentist and therefore have no relationship with the person they have to seek out to refer them on to a specialist. This increases the out of pocket costs of the patient, impedes continuity of care and increases waiting time for what is often essential treatment.

In each instance referred to, whether this lack of recognition is warranted. In particular, are there any regulatory, medical or other reasons for this lack of recognition?

There is no rationale for differential recognition of dental prosthetists. They are registered by the same dental board that regulates other dental providers. They are imminently qualified to provide the treatment sought with no evidence based rationale to suggest the clinical services are of a lesser standard. In fact, there is a converse argument, that with four and sometimes five years of training in a very specific area, dental prosthetists provide an expert clinical service to patients.

Whilst we have the utmost respect for our dentist colleagues, they have a very broad scope of practice and demand for increasingly specialised skills, which they train for over a number of years. Increasing trends in Australian and overseas Universities show a general movement away from in depth training in dentures for new dentist graduates. Our discussions with some universities reveal that inclusion of denture training is limited to the manufacture of one full denture and one partial denture.

When patients query the lower rebate provided for dental prosthetic work with their private health insurer, patients have apparently reported to our members that they were told by the health fund that dental prosthetists were less qualified to offer the service or that they simply charge too much for their service. This is undermining to the profession and decreases consumer confidence in the absence of any evidence to support the claims.

We commend Medibank Private on their fair and equitable treatment of dental prosthetists and the improved access to care this provides for patients.

Whether this lack of recognition places allied health care providers at a competitive disadvantage. If so, how are allied health care providers disadvantaged by the practices of health funds?

Some health funds apparently refuse to allow dental prosthetists to be a part of their preferred provider scheme. In many instances patients will present in the first instance to a dental prosthetist for treatment. Dental prosthetists, like all registered health practitioners, advocate for informed financial consent prior to treatment. When the dental prosthetist advises patients to contact their health fund to enquire about the level of rebate they will receive, health funds apparently will often redirect patients to their preferred provider network of dentists and the dental prosthetist loses their patient.

Currently there is one health fund that we know of who has dental prosthetists as providers but they do not advertise who they are. A search of the “find a healthcare provider” section of their website will not yield search results for dental prosthetists who are preferred providers. Our members report they have been advised by representatives of the fund over the phone that there is nothing the profession can do about this as their provider contract allows for it and it is apparently their intention to phase out dental prosthetists as preferred providers.

We have been advised by some members that apparently some insurers have not increased rebates for patients accessing dental prosthetist services in 2012 and rebates have been held at 2011 levels. This restricts the fees dental prosthetists can charge their patients, or their services would be financially unpalatable to patients. Due to the reduced rebate provided to patients, this does not allow dental prosthetists to increases fees in line with the increased costs of running a practice.

Some members advise they have been refused provider numbers by one health funds, with the fund apparently citing that the particular suburb the dental prosthetist resides in is not viable enough to warrant the provision of a provider number or that they have received too many applications for provider numbers from dental prosthetists. This has been reported in areas where apparently there may be only one dentist working two days per week and there is a workforce shortage in the supply of dental team members.

Whether this lack of recognition results in a reduction in the extent of health cover or an increase in the out-of-pocket medical expenses of consumers. If so, what is the detriment or loss suffered by consumers?

Consumers cannot see a health provider of their choice, unless they are prepared to pay increased out of pocket expenses. Where dental prosthetists are not allowed to be preferred providers, or in some cases, providers at all, consumers must either pay increased fees or seek their treatment elsewhere. In some areas, particularly regional and rural areas where numbers of dentists are small, this can lead to the patient waiting an extended period of time for treatment. In all cases, with the exception of Medibank Private customers, patients cannot access their provider of choice for dentures without being prepared to pay increased out of pocket costs for doing so.

We welcome the current review of the effects of the distinction between different providers of the same or similar services. The situation has been endemic within oral health in Australia within private health insurers, The Department of Veterans Affairs and Medicare for many years. The oral health of Australians is in a poor state and data shows it is not improving.

The oral health workforce has geographical maldistribution which means that the contribution of all members of the oral health team is vital to increase service levels to regional, rural and remote Australians. The federal government has recently introduced a dental reform package to try to address oral health in Australia. This package only goes some way to addressing the issues. Removal of barriers which affect access to care for privately insured patients will assist in an overall improvement of oral health of Australians.

Thank you for the opportunity to provide comment. We look forward to the outcomes of your report.

Yours Sincerely

Sara Harrup
Chief Executive Officer
Australian Dental Prosthetists Association Ltd