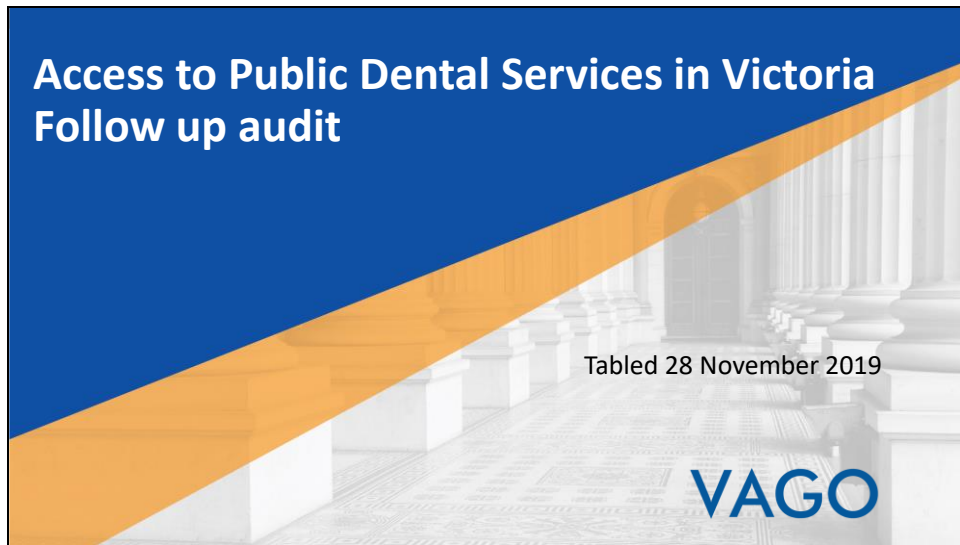



Slide 1



This presentation provides an overview of the Victorian Auditor-General's follow-up report on Access to Public Dental Services in Victoria, which was tabled at Parliament on 28 November 2019.

**Overview**



| Eligible for public dental  | At risk   |
|---|---|
| <ul style="list-style-type: none"><li>• Children up to 12 years</li><li>• Young people and adults with health care and pension cards</li><li>• Disadvantaged people</li></ul> | <ul style="list-style-type: none"><li>• Children and young people</li><li>• Homeless people</li><li>• Aboriginal and Torres Strait Islander people<sup>ZB83</sup></li></ul> |

Good oral health is important in its own right and because of its close link with general health and wellbeing.

Economically and socially disadvantaged Victorians, who are eligible for public dental services, are most likely to experience poor oral health.

## Background

- Department of Health and Human Services (DHHS) is responsible for public dental program
- DHHS funds Dental Health Services Victoria (DHSV) to deliver public dental services through the Royal Dental Hospital Victoria (RDHV) and to purchase services from Community Dental Agencies (CDA)
- We made 11 recommendations in our 2016 audit
- We followed-up on DHHS and DHSV's progress against our recommendations.

In this follow up, we assessed whether the two agencies, the Department of Health & Human Services (DHHS) and Dental Health Services Victoria (DHSV) effectively implemented the recommendations from 2016.



Our 2016 audit made 11 recommendations related to

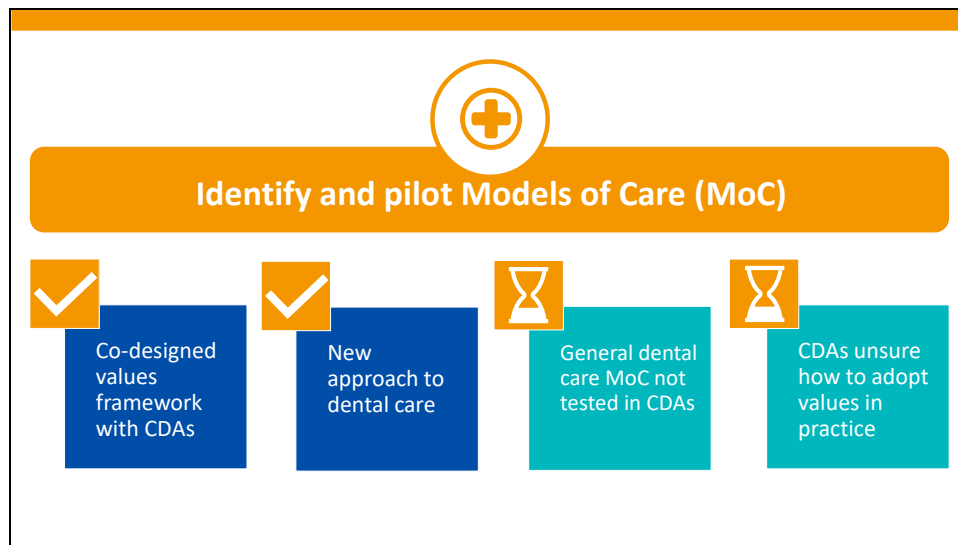
Care and funding models

Oral health promotion, collaboration and waiting list management  
and data collection and public reporting.

DHHS and DHSV partially accepted recommendation 1 about new models of care and fully accepted all other recommendations



In 2016 we found public dental health services required major change to provide patients with a broader range of services. We recommended DHHS and DHSV pilot new models of care.

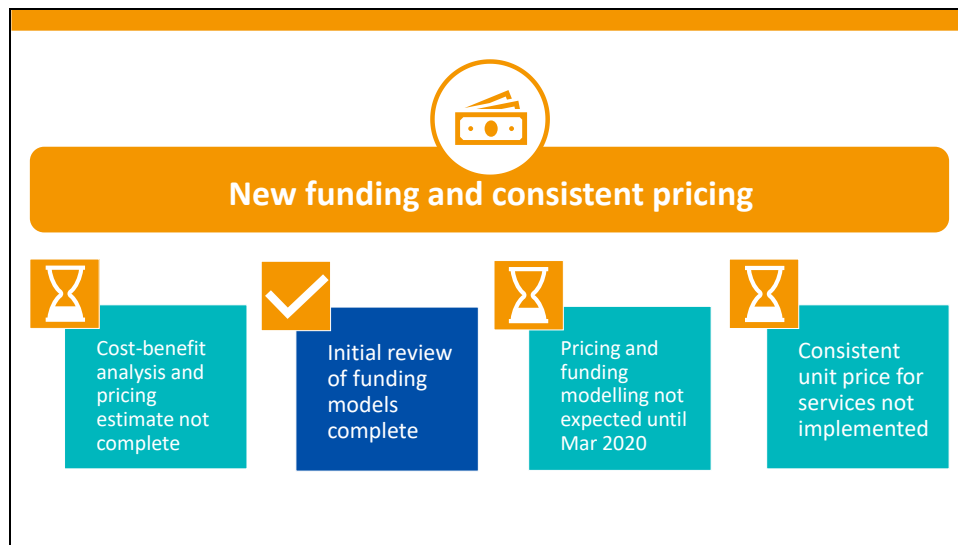


DHSV started exploring values-based healthcare and how to shift towards preventative care and early intervention in 2016. It identified seven new models of care to address the recommendation, using values-based principles.

We found that its pilot of the first of the models is still in progress and now needs to be tested in Community Dental Agencies (or CDAs). Some CDAs have adopted elements of values principles into their services but most require more support to do so.



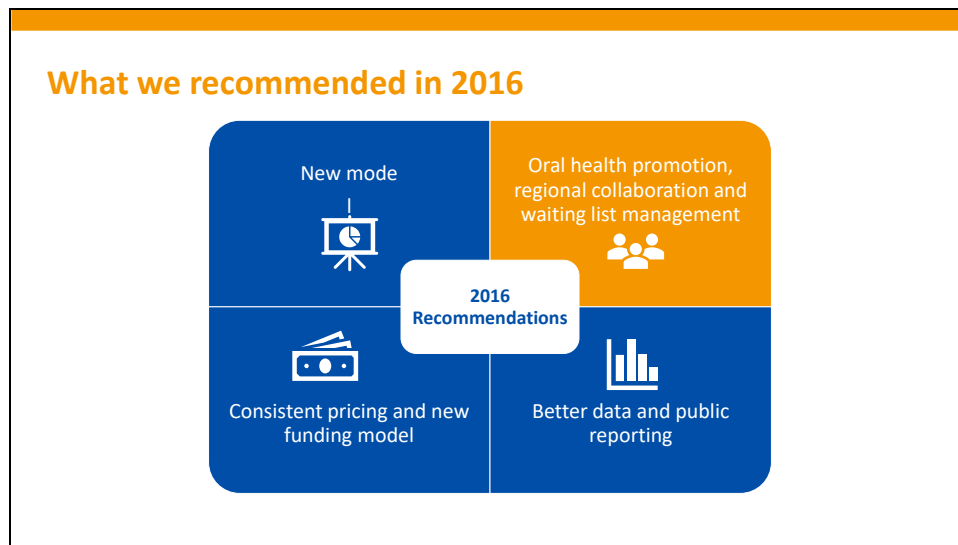
In 2016 we found public dental services needed consistent pricing for CDAs and that a new model of care would need an appropriate funding model. We made **4** recommendations to address these issues.



DHHS and DHSV commissioned two studies on what an effective funding model might be. The work was rigorous – but could have started earlier. It was due to be completed by July 2018 but work is still ongoing.

The studies feed into a new review commissioned in July 2019, on efficient pricing and funding for public dental services. The review will also explore whether regional or client complexity loadings should be used and how funding and pricing will work in CDAs. This is due to be completed in March 2020.





More oral health promotion run by CDAs helps to get important oral health messages and services to the community. Regional collaboration can also help CDAs to figure out how to address barriers to accessing services.

Better waiting list management helps to make sure that patients with the most critical needs are prioritised and that people no longer needed treatment are removed from the list.

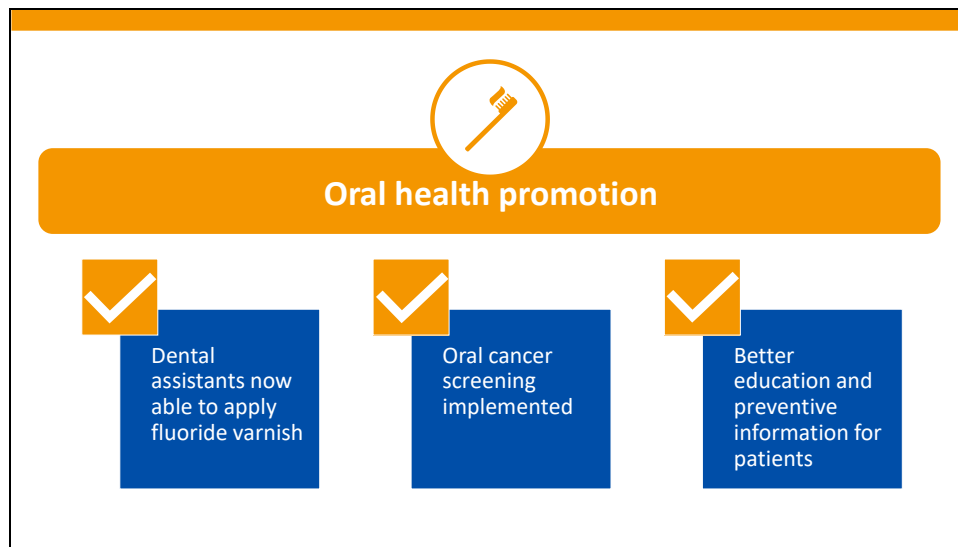
In 2016 we made three recommendations on these issues.



In 2016 we found that the approach to managing waiting lists needed to focus on patient risk and need and that CDAs also required support to address barriers to people accessing services.

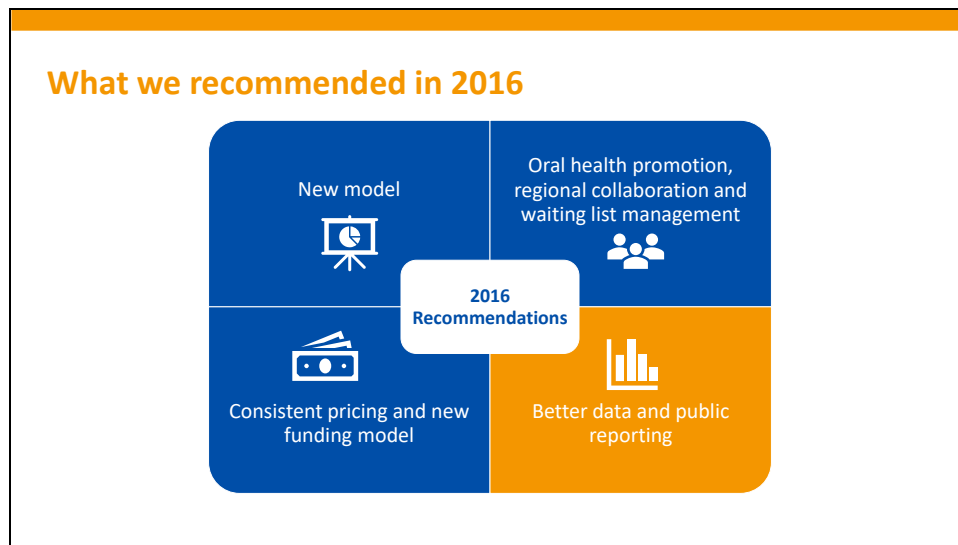
Since 2016 DHHS has completed a review of patient eligibility and criteria for priority access. The tool DHSV developed following this review is still being validated. One CDA had success improving their waiting list management however more testing needs to occur before it can be extended to other CDAs.

To support regional collaboration DHSV hosts regional forums with CDAs. However CDAs need more help to pilot and scale up programs to encourage people to access services and improve their oral health outcomes.



We found that CDAs are doing more oral health promotion.

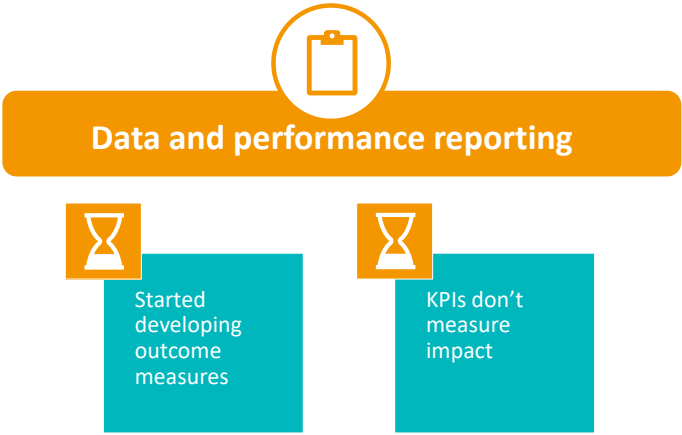
Dental assistants can now provide prevention services that dentists normally completed. CDAs have also been providing oral cancer screening and preventative information to their patients.



Data collection and public reporting help government, patients and the community track the impact of public dental services.

In 2016, we found that DHHS and DHSV needed more data on people eligible for public dental service to form part of new oral health outcome measures. We also recommended that DHHS review performance indicators so that they provide a comprehensive picture of impacts.

CM22



The diagram features a central orange rounded rectangle with the text "Data and performance reporting" and a clipboard icon above it. Below this are two teal boxes, each preceded by an orange hourglass icon. The left box contains the text "Started developing outcome measures" and the right box contains "KPIs don't measure impact".

Data and performance reporting

Started developing outcome measures

KPIs don't measure impact

13

DHHS reviewed performance indicators and while they provide more information on dental services, they do not yet provide a comprehensive picture of public dental care. DHSV are in the process of developing outcome measures with an international body and hope to use them in future.

CM21

### Overall message

DHHS and DHSV have progressed in providing more preventative care, but slow for some reform elements such as the funding model. More needs to be done to improve the system.

DHHS and DHSV have progressed in providing more preventative care but were slow to start some reform elements such as the funding model. More needs to be done to improve the system.

For further information, please view the full report on our website:  
[www.audit.vic.gov.au](http://www.audit.vic.gov.au)

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