



The Commonwealth Dental Health Program (CDHP) is intended to address the inequalities in oral health suffered by low income adults in Australia. The CDHP was introduced in January 1994 and is directed at holders of government health concession cards. These card holders are eligible for public-funded dental care.

The aims of the CDHP include reducing barriers to dental care and ensuring equitable access to appropriate dental services among eligible persons. The results presented in this report are drawn from the baseline data collected in 1994 and the one-year follow-up data collected in 1995 as part of the Evaluation Project for the CDHP.

Findings presented in the *CDHP Research Report 1, March 1995* highlighted the inequalities which exist between those eligible for public-funded dental care and those who are not, and barriers to receiving dental care. *Research Report 2, August 1995* presented evidence of inequalities for persons from remote and rural locations and indigenous persons, including those eligible for public-funded dental care. This Research Report is the first to present evidence of change under the Commonwealth Dental Health Program.

This Research Report includes:

- 1. A brief description of the CDHP and its funding.**
- 2. Persons provided public-funded dental care.**
- 3. The reason for last visit and average number of visits.**
- 4. The percentage of persons and average number of extractions and fillings received.**
- 5. Waiting time for dental care.**
- 6. Awareness of the CDHP.**
- 7. The level of satisfaction with dental care received.**

Data presented in this report have been obtained from the National Dental Telephone Interview Surveys which were conducted at the beginning of 1994 and 1995. They relate to adults (persons aged 18 years or more) and refer to the 12 months leading up to the surveys and therefore are presented as "1993" and "1994" respectively.

Commonwealth Dental Health Program

The CDHP consists of two separate Schemes: the Emergency Dental Scheme (EDS) and the General Dental Scheme (GDS). The EDS was implemented in January 1994 to broaden the possible range of treatment options for patients making emergency or problem visits. Specifically it is aimed to increase the retention of teeth through fillings rather than extractions. The GDS, which began in July 1994, was implemented to draw persons receiving public-funded care into routine, check-up dental care. For the 1994–95 financial year the schemes received equal funding. In subsequent years the GDS expands to account for most of the available funds, as indicated in Table 1. The dominance of the EDS in the first half of 1994 and the lower funding level of the GDS will have directly influenced the potential impact of the CDHP during 1994.

Table 1: Commonwealth Dental Health Program Funding Schedule (millions)

	Jan-June 1994	1994-95	195-96	1996-97
EDS				
\$ (millions)	\$18	\$30	\$30	\$30
% of allocation	100%	50%	30%	30%
GDS				
\$ (millions)	\$nil	\$30	\$70	\$70
% of allocation	0%	50%	70%	70%

This breakdown of funding between emergency and general is indicative only, and may be adjusted according to the demand for dental care.

Persons provided public-funded dental care

Persons eligible for dental care under the CDHP are holders of a government health concession card, including their adult dependants, and holders of a Commonwealth Seniors Health Card. An objective of the CDHP is improved access to public-funded dental services, which may result in an increase in the number of eligible persons receiving public-funded dental care. In 1994, the first year of the CDHP, the EDS operated for the full year, but the GDS only operated for the final six months.

- It is estimated from the 1994 National Dental Telephone Interview Survey that 616,000 persons last made a public-funded dental visit during 1993 (prior to the CDHP).
- After the commencement of the CDHP it is estimated that during 1994 this increased to 680,000 persons last making a public-funded dental visit, an increase of 10% or 64,000 persons from 1993 to 1994.

Given the following information, it is possible that the initial stages of the survey may have resulted in under-reporting the number of additional persons treated. Access can also be measured in terms of the number of attendances and courses of care.

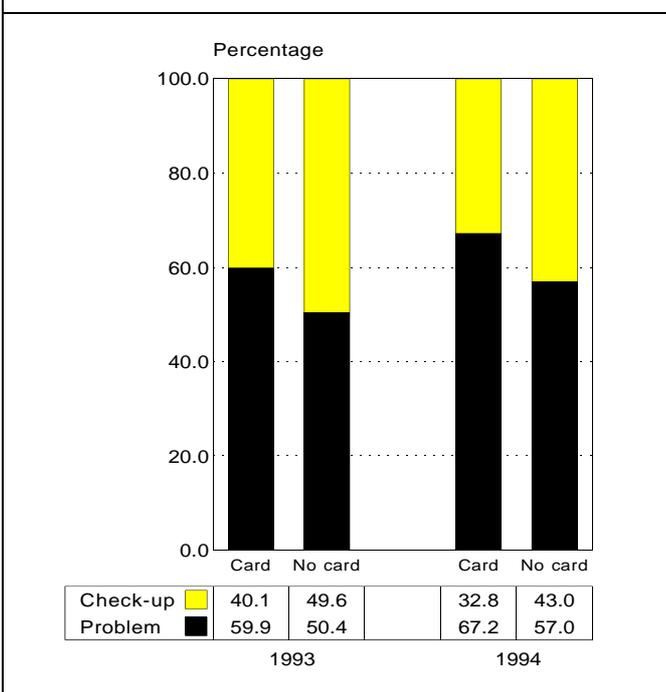
- Data from the Department of Human Services and Health estimate that during 1994 there was an increase of 236,000 emergency attendances, and 54,000 general courses of care.

These increases are over and above the baseline figures based on State/Territory funding alone. Furthermore, the increases are on the basis of the initially restricted funding of the CDHP, indicating the potential for more substantial increases in the number of persons receiving care, and additional courses of care under full funding.

Reason for last visit and average number of visits

The CDHP has an objective of increasing the percentage of card holders who last visited for a check-up to a level approaching that for non-card holders. However, as a result of the predominance of the EDS in 1994, it was unlikely that there would be movement toward this objective. Figure 1 presents the percentage of dentate adults (those with one or more of their natural teeth) whose last visit was less than 12 months ago reporting that their last visit was for a problem or check-up.

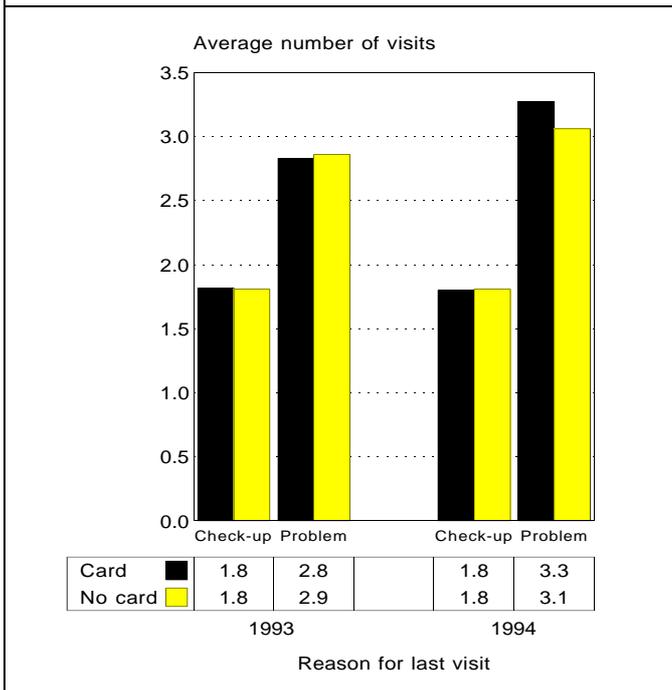
Figure 1: Percentage of dentate adults whose last visit, which was <12 months ago, was for a problem or a check-up



- A higher percentage of card holders last visited for a problem than for a check-up compared to non-card holders.
- A higher percentage of card holders visited for a problem in 1994 (67.2%) than in 1993 (59.9%).
- A higher percentage of non-card holders also last visited for a problem in 1994 (57.0%) than in 1993 (50.4%).

The average number of visits reflects the complexity of dental care being received. Figure 2 presents the average number of visits, by reason for last visit, among dentate adults whose last dental visit was less than 12 months ago.

Figure 2: Average number of visits, by reason for last visit, among dentate adults whose last visit was <12 months ago



- Persons whose last visit was for a problem had on average a higher number of visits in the previous year than those whose last visit was for a check-up.
- The average number of visits in the previous year among persons whose last visit was for a problem increased in 1994 compared to 1993.

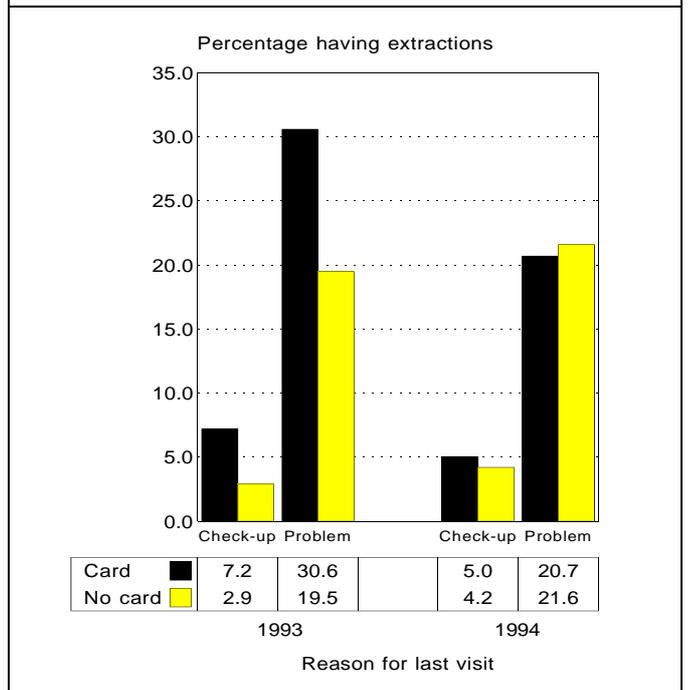
Percentage of persons and average number of extractions and fillings received

The desirability of moving dental care for adult card holders from extraction to filling is a major issue behind the CDHP. The reduction in extraction rates for card holders, especially those visiting for a problem, is a key patient objective for the CDHP. Figure 3 presents the percentage of dentate adults, card holders and non-card holders, having extractions in the previous 12 months by reason for the last visit, among persons whose last dental visit was less than 12 months ago.

- The percentage of dentate adults who had extractions in the previous 12 months was greater for those whose last visit was for a problem.
- The percentage of card holders who had extractions in 1993 was greater than the percentage among non-card holders.

- The percentage of non-card holders who had extractions in 1994 was similar or a little higher than in 1993.
- The percentage of card holders who had extractions in 1994 was markedly lower (20.7%) than in 1993 (30.6%).

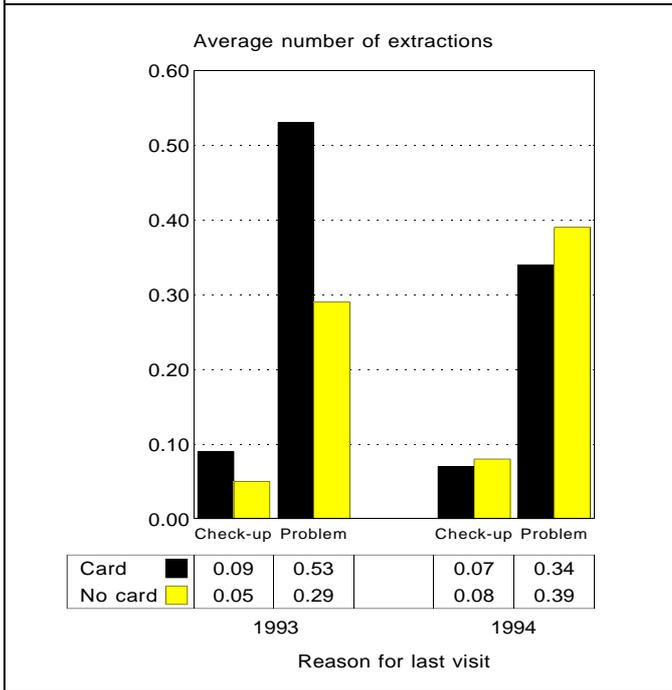
Figure 3: Percentage of persons having extractions by reason for last visit, among dentate adults whose last dental visit was <12 months ago



In addition to the decrease in the percentage of card holders receiving extractions, the average number of extractions also decreased, especially for persons whose last visit was for a problem. Figure 4 presents the average number of extractions in the last 12 months by reason for the last visit, among dentate persons whose last visit was less than 12 months ago.

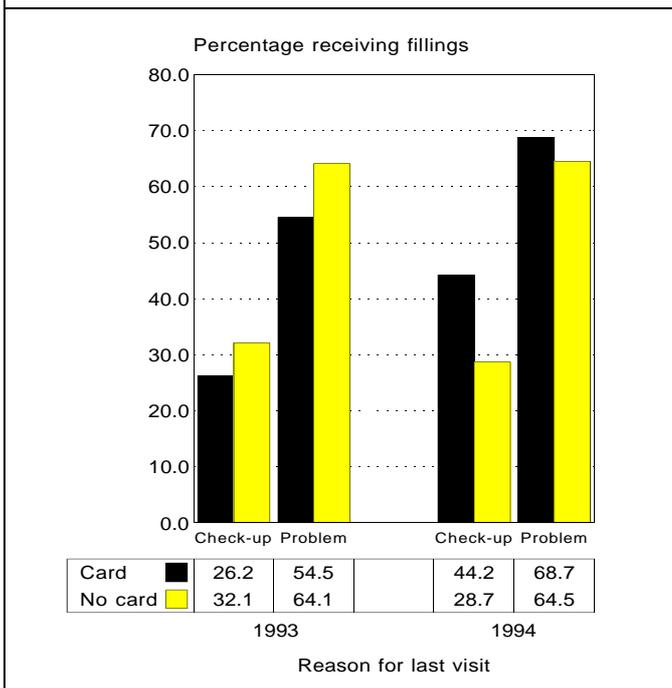
- The average number of extractions in 1994 for card holders whose last visit was for a problem was markedly lower (0.34) than the average for 1993 (0.53).
- The average number of extractions in 1994 for those persons who made their last visit for a check-up or who were non-card holders were similar or greater than the average number of extractions in 1993.

Figure 4: Average number of extractions by reason for last visit, among dentate adults whose last dental visit was <12 months ago



The decrease in the percentage of card holders who had extractions and the average number of extractions, particularly among those whose last visit was for a problem, should be matched by increases in the percentage of card holders who had fillings and the average number of fillings

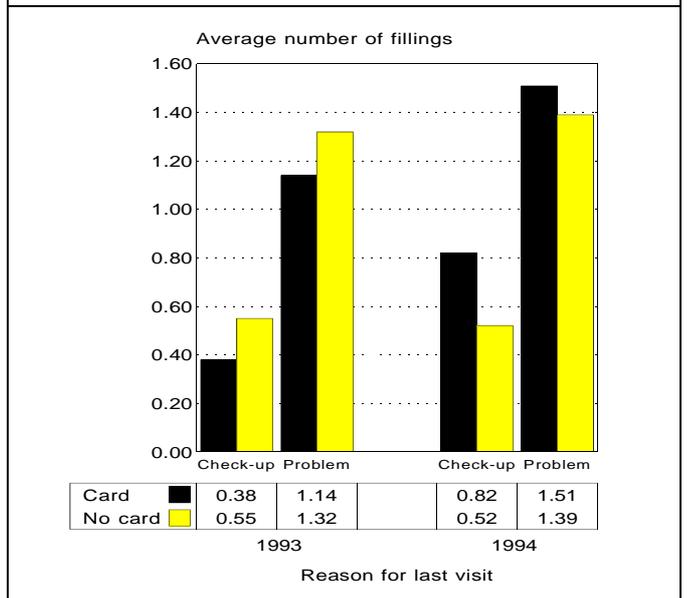
Figure 5: Percentage of persons receiving fillings by reason for last visit, among dentate adults whose last dental visit was <12 months ago



- The percentage of persons who had fillings in the last 12 months was higher among those whose last visit was for a problem in both 1993 and 1994.
- The percentage of non-card holders who had fillings in 1993 and 1994 were similar.
- The percentage of card holders who had fillings in 1993 was lower than the percentage of non-card holders receiving fillings.
- The percentage of card holders who had fillings in 1994 was higher than the percentage among non-card holders.
- The percentage of card holders who had fillings in 1994 was markedly higher than the percentage who had fillings in 1993.

The average number of fillings in the last 12 months followed a similar pattern to that of the percentage of persons receiving fillings in the previous 12 months.

Figure 6: Average number of fillings by reason for last visit, among dentate adults whose last dental visit was <12 months ago

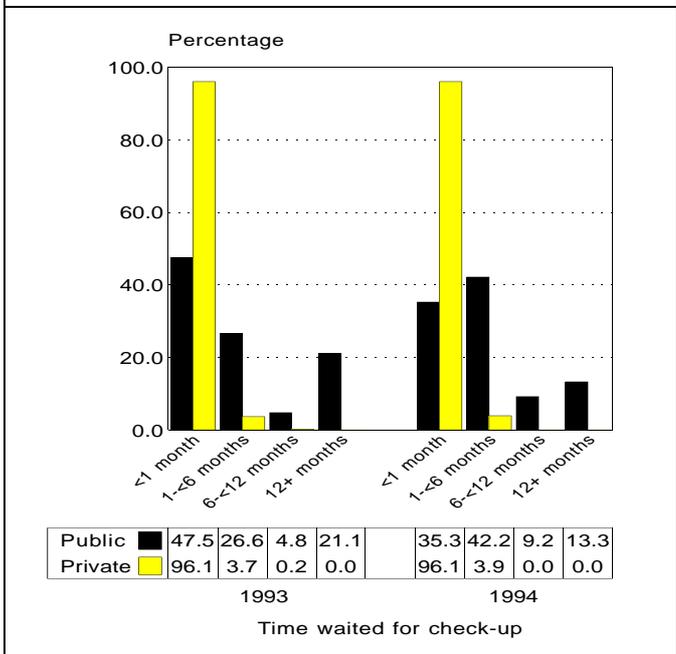


- The average number of fillings in the previous 12 months was greater among persons whose last visit was for a problem than among those whose last visit was for a check-up for both 1993 and 1994.
- The average number of fillings for non-card holders was similar for both years.
- The average number of fillings in 1994 for card holders was markedly higher than the average for 1993, irrespective of the reason for the last dental visit.

Waiting time for dental care

The length of time persons must wait before receiving routine dental care is a measure of access to timely dental care.

Figure 7: Waiting time for a check-up by place of last visit, among dentate adults who last visited for a check-up <12 months ago



- The vast majority of dentate adults whose last visit was to a private dental practitioner less than 12 months ago for a check-up reported waiting less than one month between contacting the clinic and the visit.
- Among dentate adults whose last visit was to a public clinic less than 12 months ago for a check-up many reported waiting 6 or more months for the visit.
- The percentage of dentate adults who waited 12 or more months for their last visit to a public clinic for a check-up was lower for 1994 (13.3%) than for 1993 (21.1%).

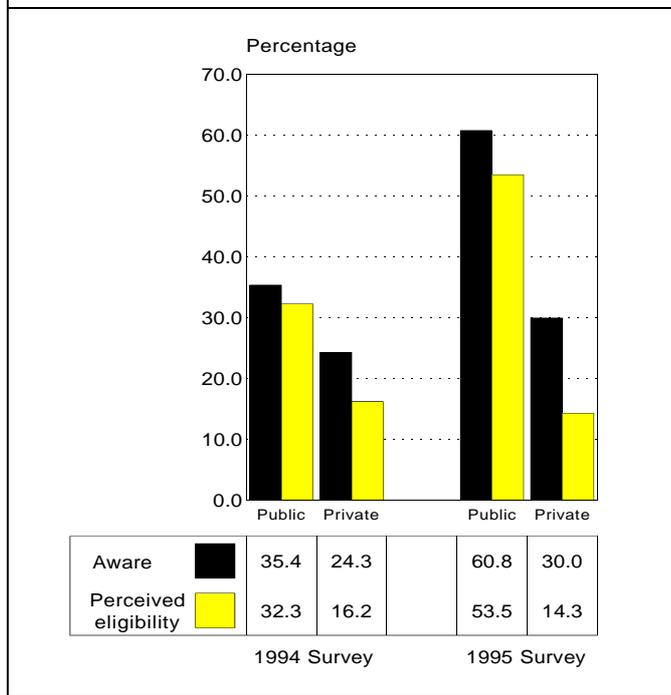
Awareness of the CDHP

Conveying information to eligible persons on their entitlement to dental care under the CDHP is an initial step toward increased access and appropriate patterns of dental care over time.

- In the 1994 Dental Satisfaction Survey approximately a third of persons whose last dental visit was to a public clinic were aware of, or perceived themselves to be eligible for, the CDHP.

- Nearly 25% of persons whose last dental visit was to a private dental practitioner were aware of the CDHP, and 16.2% perceived themselves to be eligible.

Figure 8: Awareness and perceived eligibility for the CDHP by place of last dental visit



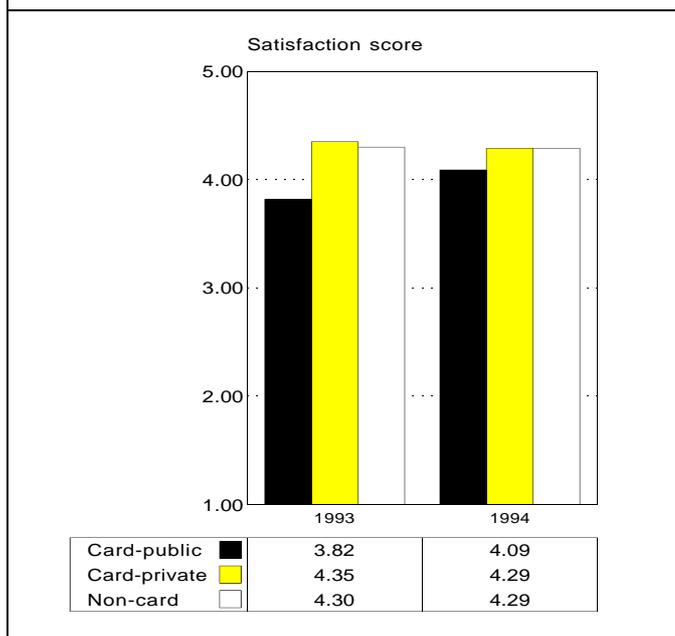
- In the 1995 survey the percentage of persons whose last dental visit was to a private dental practitioner and who were aware of, or perceived themselves to be eligible for the CDHP was at a similar level to the 1994 survey.
- However, the percentage of persons whose last dental visit was to a public clinic and who were aware of, or perceived themselves to be eligible for the CDHP, nearly doubled from the levels found in the 1994 survey.

Satisfaction with dental care

Satisfaction reflects the extent to which the dental care persons receive meets their needs, expectations and an acceptable standard of service. Satisfaction is both an important outcome of care and a determinant of future patterns of care. Satisfaction scores were measured from questions with a scale from one to five.

- The average satisfaction scores for card holders who went to a public clinic were lower than the scores for non-card holders and card holders who went to a private clinic.

Figure 9: Average satisfaction scores for dentate adults whose last dental visit was <12 months ago



- The average satisfaction scores for non-card holders and card holders who went to a private clinic were similar for 1993 and 1994.
- The average satisfaction scores for card holders who went to a public clinic for 1994 were higher than the average scores for 1993.
- The gap in satisfaction scores between card holders who last visited a public clinic and both non-card holders and card holders who last visited a private clinic narrowed between 1993 and 1994.

The Commonwealth Dental Health Program

The CDHP is intended to address the inequalities in oral health suffered by low income adults in Australia with the following aims:

- To reduce barriers, including economic, geographical and attitudinal barriers, to dental care for eligible persons.
- To ensure equitable access of eligible persons to appropriate dental services.
- To improve the availability of effective and efficient dental interventions for eligible persons with an emphasis on prevention and early management of dental problems.
- To achieve high standards of program management, service delivery, monitoring, evaluation and accountability.

Summary

The CDHP began in January 1994. Data collected in the first quarter of 1995 have been compared with baseline data collected in the first quarter of 1994. Both data collections capture information on access to dental care in the previous 12 months. The comparisons reflect the initial Emergency Dental Scheme phase and the first half-year of the mixed Emergency Dental Scheme/General Dental Scheme, but at low levels of funding.

- There was an increase of around 10% in the number of persons last receiving public-funded dental care from 1993 to 1994.
- Not surprisingly, there was a higher percentage of visits by card holders for problems (under the EDS) in 1994 than 1993, but the average number of visits also increased.
- There was a decrease in the percentage of card holders reporting extractions and in the average number of extractions, and an increase in the percentage of card holders reporting fillings and the average number of fillings in 1994 compared to 1993.
- Fewer card holders visiting a public clinic reported waiting 12 months or more for a check-up in 1994 than in 1993.
- Awareness of the CDHP doubled from the 1994 survey to the 1995 survey.
- The gap in satisfaction with dental care between card holders and non-card holders was reduced in 1994 compared to 1993.

Evaluation Project of the CDHP

The Evaluation Project of the CDHP commenced in 1994 with a National Dental Telephone Interview Survey, Adult Dental Programs Survey and Dental Satisfaction Survey. Annual repetitions of these surveys are providing a time series which will allow a comprehensive evaluation of the CDHP.

Technical Reports are available on each repetition of these surveys. Results are also abstracted in Research Reports and a summary of general findings at baseline titled *Commonwealth Dental Health Program Baseline Evaluation Report 1994*.

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