

# POLICY OPTIONS

## Medical GP assessment of need for dental care

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### Policy context

Oral diseases are common in Australia and impact on people's lives. Over 90% of Australians born before 1970 have some experience of tooth decay (caries), 25% of adults have untreated coronal decay, and 20% of adults have moderate or severe gum disease. An international study found that higher levels of caries existed in adults than in children, suggesting that caries will remain as a problem in adults even with low caries levels among children. Oral diseases such as dental caries are a major public health problem and can have a major impact on people's daily lives. Consistent with widespread dental problems, health expenditure on dental services in Australia is large, accounting for over \$8.9 billion in 2013-14.

For adults in Australia there has been a marked decline in complete tooth loss (edentulism) which has been linked with increased dental treatment needs, especially in older people. A study of older adults found that those who retained higher numbers of teeth had more periodontal disease and dental caries experience, and reported a past pattern of visiting the dentist more frequently. In Australia the proportion of adults aged 65 years and over is projected to increase from 13% in 2004 to 26-28% in 2051. The health system increasingly faces issues in managing multiple chronic diseases into older age.

According to the National Advisory Council on Dental Health oral health is integral to general health and is considered fundamental to overall general health and well-being. There is a direct association of tooth loss with compromised nutrition, which can impair general health and exacerbate existing health conditions. The mouth is also considered as an entry point for infections, which may spread to other parts of the body. International research has documented associations between chronic oral infections and heart and lung diseases, stroke, low birth-weight and premature births, as well as between periodontal disease and diabetes. Dental disease also negatively impacts general quality of life, affecting psychological and social well-being in addition to physical well-being.

Our ageing population is tending to keep their teeth into older age leading to problems such as tooth wear, tooth fracture, root caries and pulpal infections (National Oral Health Plan 2015-24). Older people also face access issues relating to receiving adequate dental care, resulting in worse overall oral health with many impacts on their quality of life. Good oral health and adequate dental care are important to facilitate healthy ageing, and can contribute to better general health which can alleviate strain on the health system.

The local public dental care provider in South Australia is the South Australian (SA) Dental Service. Patients' eligibility for public dental care is determined by concession card status. Patients requesting non-emergency care are waitlisted, for a period of months to years, before being seen at a community clinic. Our study followed oral and general health outcomes for patients referred to public dental care from Health Assessments. Patients referred to clinics immediately were compared with those waitlisted before referral.

## Policy options

General practice assessment of the need for dental care and referral to public dental care improved the self-rated oral health and oral health-related quality of life of patients over one year.

We recommend:

- > The integration of oral health assessment routinely in Health Assessments for those 75 years and older. Encouragement and incentive should be provided to general practices to do so.
- > The implementation of a standardised route for referral to public dental care from Health Assessments for eligible older people.
- > The expansion of opportunities within public dental care for older people to gain timely dental treatment.
- > Further research to identify barriers and enablers that facilitate older people's access to regular public dental treatment.

## Key findings

### ORAL AND GENERAL HEALTH RELATIONSHIPS

- > Patients undertaking Health Assessments had worse oral health and oral health-related quality of life than the national population of that age.
- > Common risk factors for poor oral and general health were low socioeconomic status, comorbidity of chronic conditions and high nutritional risk. This highlighted opportunities for prevention of oral disease in primary care settings.
- > Barriers to patients' willingness to access treatment included resistance to change existing dentist, cost, location and overburden of visiting health professionals.

### INTERVENTION AND OUTCOMES

- > General practice assessment of the need for dental care and referral to public dental care improved all measures of patients' self-rated oral health and their oral health-related quality of life over one year.
- > The effects were lower than previously described in a pilot study. This could be due to an attenuation of the effect over time, a difference in the profile of participants between studies, or a real difference in the impact of the interventions in the two studies.
- > No measurable impact of referral to dental care was detected on general health and quality of life measures. Over the one year to follow-up, 40% of participants reported worsened general health, so there was probably limited capacity for dental care to attenuate that decline.
- > Variation in oral health outcomes for participants was linked to the severity and complexity of their problems and their capacity to afford private care where it was required.
- > No measurable difference in health outcomes was detected between patients referred to clinics immediately and those referred after three months wait-listing. However, the wait time difference between groups was lower than expected due to the coincidental input of funding to reduce waiting lists.

This study involved a community-based, randomised trial comparing prioritised and waitlisted dental care from the SA Dental Service. The participant group comprised people who received Health Assessments from general medical practitioners located in three Medicare Local areas in South Australia. All people aged 75 years or older and living at home are eligible for Assessments. Recruitment occurred from December 2013 to December 2015 with data collection from December 2013 onward. Self-report survey data were collected at baseline and one year follow-up. Logbooks mailed to participants were used to record dental visits. Oral and general health and quality of life outcomes of patients were compared between those referred to clinics immediately and those waitlisted.

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