Australian Government

Department of Health and Ageing

# Report on the Second Review of the *Dental Benefits Act 2008*

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ISBN: 978-1-74241-709-7
Online ISBN: 978-1-74241-710-3
Publications Approval Number: D0736



All information in this publication is correct as of December 2011

**Australian Government**

**Department of Health and Ageing**

**CHIEF MEDICAL OFFICER**

The Hon Tanya Plibersek MP
Minister for Health and Ageing
Parliament House
CANBERRA ACT 2600

Dear Minister

I am pleased to submit the report on the second Review of the operation of the *Dental Benefits Act 2008* (the Act) as required under Section 68 of the Act.

In relation to the Terms of Reference for the Review, it is the Panel's view that the Act and its associated Rules (the Dental Benefits Rules 2008) provide an appropriate legislative and administrative framework for the payment of dental benefits, in particular, in relation to the Medicare Teen Dental Plan.

The Panel noted that as the program has significantly matured, the Government should consider an evaluation of the operation of the Medicare Teen Dental Plan as part of its review of dental needs and priorities through National Advisory Council on Dental Health.

I wish to thank my fellow Panel members for their valuable expertise and contribution to the Review. I would also like to acknowledge the support of the Department of Health and Ageing in assisting the Panel with its work.

This report and its findings are tendered to you for your consideration and for tabling in the Parliament.

Yours sincerely

Christopher J Baggoley

Professor Chris Baggoley
*BVSc (Hons), BM BS, BSocAdmin, FACEM*
Review Panel Chair

20 December 2011

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# Panel Members

| Name | Title/Organisation | Nature of Appointment |
|---|---|---|
| Professor Chris Baggoley (Chair) | Commonwealth Chief Medical Officer | Required by S68(4)(a) |
| Dr Christopher Wilson | Federal Councillor<br>Australian Dental Association | Australian Dental Association nominee, required by S68(4)(b) |
| Ms Margaret Brown | Nominee of the Consumers' Health Forum of Australia | Nominee of Consumers' Health Forum of Australia, required by S68(4)(c) |
| Dr Andrew Barnes | Private dental practitioner; and<br>Dental adviser, Department of Veterans' Affairs | Appointed by the Minister for Health and Ageing; S68(4)(d) |
| Dr Clive Wright | Chief Dental Officer, NSW Health | Appointed by the Minister for Health and Ageing; S68(4)(d) |

# Executive Summary

The Review of the *Dental Benefits Act 2008* (the Act) has been undertaken as a requirement of Section 68 of the Act. Section 68 stipulates that the Minister for Health and Ageing must cause an independent review of the operation of the Act to be undertaken as soon as possible after the first anniversary of the commencement of the Act; and further independent reviews as soon as practicable after the Act's third anniversary and at three yearly intervals thereafter.

To undertake this second Review of the Act, the Minister for Health and Ageing, the Hon Nicola Roxon MP, appointed a Review Panel on 26 October 2011. The Panel comprised the following persons, as stipulated under Section 68 of the Act:

- person occupying the position of Commonwealth Chief Medical Officer (CCMO);
- a person nominated by the Australian Dental Association (ADA);
- a person nominated by the Consumers' Health Forum of Australia (CHF); and
- two other persons nominated by the Minister, at least one of whom must have qualifications in medicine or dentistry.

The Panel found that the Act achieves its aim of providing a legislative framework for the payment of dental benefits, and supports the administration of the Medicare Teen Dental Plan which is, currently, the only program administered under the Act.

The Panel did not support the introduction of individual item numbers for the range of procedures covered by the preventative dental check, as contemplated by the previous Review. The Panel considered that a risk

existed that the benefit would not cover the range of services if the item were to be disaggregated and benefits provided against individual procedures.

The Panel agreed that the need for an evaluation of the Medicare Teen Dental Plan remains and that the Government should consider an evaluation of the operation of the Medicare Teen Dental Plan as part of its review of dental needs and priorities through the National Advisory Council on Dental Health. In particular, the areas that would benefit from review are: the number of children who receive a check in the private system but are referred to the public system for treatment, and measurable outcomes in oral health for those teens who use the program.

The Panel noted that the Department of Health and Ageing, and the Department of Human Services have made substantial improvements to the communications materials for the program. However, improvements to the voucher, which is potentially the strongest communications element in the program, still need to be made. The Panel urges the departments to implement the recommendations of market research commissioned following the first Review, in particular, that the voucher should be easily recognisable as such.

Although the voucher concept is appealing to a mainstream audience, its appeal cannot be assumed to extend to all at-risk groups. The Panel considered that further promotional work should be undertaken to specifically target at-risk or hard-to-reach groups including Aboriginal and Torres Strait Islander teenagers; culturally and linguistically diverse teenagers; disabled teenagers; and homeless teenagers.

The Panel also noted the number of services delivered to teens who have claimed a benefit in a previous year, and found that the Act supports the aim of the Medicare Teen Dental Plan, which is to help teenagers to improve their oral health habits through access to annual preventative dental services. However, the panel considered that despite repeat access by this subset, the 30% uptake rate, down from 32% at the initial Review was disappointing.

## Issues for Noting

The Panel is of the opinion that the Government should consider an evaluation of the operation of the Medicare Teen Dental Plan as part of its review of dental needs and priorities through the National Advisory Council on Dental Health. In particular, the areas that would benefit from review are: the number of children who receive a check in the private system but are referred to the public system for treatment, and measurable outcomes in oral health for those teens who use the program.

The Panel notes the improvements made in the program's communications materials to date, and urges the implementation of market research findings from mid-2010 concerning further improvements to the appearance the voucher for the program.

The Panel recommends further work to promote the program to hard-to-reach groups including:

- Aboriginal and Torres Strait Islander teenagers;
- culturally and linguistically diverse teenagers;
- disabled teenagers; and
- homeless teenagers.

The Panel considers that the 30% utilisation rate of the vouchers, coupled with a decline in uptake from 32% in 2009-10 to 30% in 2010-11 was disappointing.

# Terms of Reference

The Review Panel's Terms of Reference were as follows:

The Review Panel will conduct the Review before the end of 2011, having regard to:

- the attainment of the purposes of the Act; and
- the administration of the Act, particularly in relation to the Medicare Teen Dental Plan.

The Panel will deliver:

- a Draft Report one month from its first meeting; and
- a Final Report two months from its first meeting.

The Minister for Health and Ageing must table the Final Report in Parliament (both Houses) within 15 sitting days of its receipt from the Panel.

## Conduct of the Review

The Panel undertook the Review with Secretariat support from the Dental Services Section of the Department of Health and Ageing (the Department).

The Panel met twice – on 24 November and 6 December 2011.

The Panel's final report was submitted to the Minister for Health and Ageing on 20 December 2011. The Minister approved the tabling of the Report on 2 January 2012.

# Background

## *Dental Benefits Act 2008*

The Act:

- establishes an entitlement to dental benefits;
- provides for the payment of dental benefits;
- provides a framework for the issuing of vouchers (for example, in respect of teenagers who are eligible for the Medicare Teen Dental Plan);
- establishes provisions for the protection (and, where authorised, the disclosure) of protected information;
- creates general offence provisions relating to assignment of benefit agreements and the giving of false or misleading information;
- allows the Minister for Health and Ageing to make Dental Benefits Rules under the Act (through a legislative instrument); and
- provides for funds relating to the payment of dental benefits to be appropriated through a new special appropriation.

The Act is broadly modelled on relevant provisions of the *Health Insurance Act 1973* (HIA) relating to the payment of Medicare benefits, which is a long established legislative framework for the payment of benefits for medical services. Unlike the HIA, the Act provides a framework for providing benefits under a means test via a voucher.

The Act's legislative framework has been applied since 1 July 2008. The Medicare Teen Dental Plan is the only program administered under it. Items for other dental services could be brought under this framework in the future, though it is currently written to suit voucher-based programs.

For example, Part 4 of the DBA focuses on Medicare Teen Dental Plan vouchers; in particular, the qualification for and issuing of vouchers.

## *Dental Benefits Rules 2009*

The *Dental Benefits Rules 2009* (the Rules) set out detailed requirements in relation to a number of provisions under the Act, mostly related to the Medicare Teen Dental Plan.

The Rules provide for the establishment of a new Dental Benefits Schedule (DBS), which sets out the single item number, service descriptor and dental benefit payable for the Medicare Teen Dental Plan's annual preventative dental check (item 88000).

The Rules also set out the administrative and eligibility requirements for the annual preventative dental check item, including:

- the classes of persons that can be "dental providers", or can render a service on behalf of a dental provider, for the purposes of the Act;
- the classes of persons who satisfy the means test;
- the persons to whom vouchers are to be issued;
- the period of effect of the voucher;
- the circumstances where more than one voucher may be issued for a person in a calendar year;
- the particulars to be recorded on an account, receipt or assignment of benefit form; and
- the circumstances where vouchers are not required to be issued.

Copies of the Act and Rules can be found at http://www.comlaw.gov.au

## *Medicare Teen Dental Plan*

The Medicare Teen Dental Plan was introduced by the Australian Government on 1 July 2008 as an election commitment. The program provides financial assistance to families to help assess the health of their teenagers' teeth, and to introduce preventative strategies to encourage lifetime good oral health habits. The program was enhanced on 1 January 2009 to include additional groups of teenagers. Approximately 1.3 million teenagers are eligible for the program each year, out of a population of approximately 2 million 12 to 17 year olds.

Under the program, eligible teenagers receive a voucher each calendar year to assist with the cost of a preventative dental check provided in that year  The preventative dental check consists of an oral examination as a minimum requirement and, where necessary, x-rays, a scale and clean, fluoride treatment, oral hygiene instruction, dietary advice and/or fissure sealing.

Preventative dental checks are provided by dentists who are registered with Medicare Australia.  The Act makes explicit provision for the preventative dental check to be provided by a dental therapist or dental hygienist on behalf of the dentist.  Vouchers can be used at private dental surgeries and public dental clinics participating in the program.

In 2008, the voucher provided a Medicare benefit of up to $150 towards the cost of an annual preventative dental check.  Indexation is applied to the benefit for item 88000 for each successive calendar year voucher, using the same indexation parameter as Medicare.

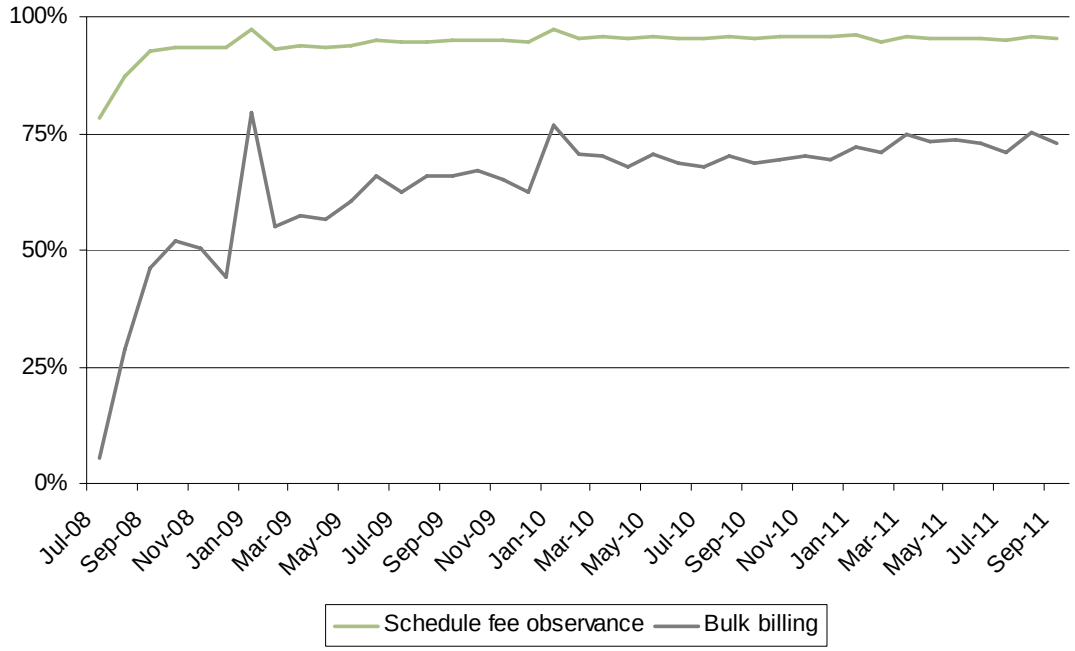
**Table 1: Item 88000 voucher value since 1 July 2008**

| Year | 2008 | 2009 | 2010 | 2011 | 2012 |
|---|---|---|---|---|---|
| Amount | $150.00 | $153.45 | $157.00 | $159.85 | $163.05 |

Dentists may set their own fees for services, however, the Government has encouraged dentists to bulk bill preventative dental checks for eligible teenagers.  Bulk billing for item 88000 has increased over time, and as at the end of September 2011 was 63.9%.  Schedule fee observance, which includes bulk billing and private billing for an amount equal to or less than the schedule fee, is high for the item, and as at the end of September 2011 was 94.7%.  In the event of either bulk billing or private billing for the schedule fee or below, the patient is not out of pocket; however, a patient who is privately billed may be asked to pay upfront and claim the benefit back at Medicare, which could leave the family temporarily out of pocket.

Chart 1 demonstrates the bulk billing rates and schedule fee observance rates from the inception of the Medicare Teen Dental Plan, up to September 2011.

**Chart 1: Bulk billing and Schedule Fee Observance Rates, from 1 July 2008 to 30 September 2011**




## *Eligibility Requirements*

The Medicare Teen Dental Plan is available to teenagers who are eligible to receive Medicare benefits, and who, at some time in the calendar year:

- are aged between 12 and 17 years; and
- satisfy the means test for the program.

At the time of implementing the scheme, the means test limited access to teenagers 12 to 17 years of age in families receiving Family Tax Benefit Part A (FTB-A), and teenagers in the same age group receiving Youth Allowance or Abstudy. However, it was determined that the means test excluded some groups of teenagers that should benefit from the Medicare Teen Dental Plan, for example, 16 and 17 year olds receiving financial assistance under the Veterans' Children Education Scheme (VCES), the Military Rehabilitation and Compensation Act Education and Training Scheme (MRCAETS), or the Disability Support Pension are not eligible to receive Youth Allowance or Abstudy and their families are not eligible to receive FTB-A with respect to that teenager.

In consultation with the Department of Human Services, the Department of Veterans' Affairs (DVA), Department of Education, Employment and Workplace Relations, Department of Families, Housing, Community Services and Indigenous Affairs, Centrelink and Medicare Australia, eligibility for the Medicare Teen Dental Plan was extended from 1 January 2009 to teenagers 12-17 years of age where:

- the teenager is receiving either Carer Payment, Disability Support Pension, Parenting Payment, Special Benefit; or
- the teenager's family/carer/guardian is receiving either Parenting Payment, or the Double Orphan Pension in respect of the teenager; or
- the teenager's partner is receiving Parenting Payment; or
- the teenager is receiving financial assistance under VCES or MRCAETS and cannot be included as a dependent child for the purposes of Family Tax Benefit because they are 16 years or older.

This enhancement extended eligibility to a further 15,000 teenagers each year.

## *Funding*

The following table details projected administered funding to 2014-15:

| Budget figures | 2011-12 $m | 2012-13 $m | 2013-14 $m | 2014-15 $m | **TOTAL $m** |
|---|---|---|---|---|---|
| DoHA Administered | 75.3 | 82.9 | 90.1 | 98.0 | **346.4** |

Health and Ageing Portfolio Budget Statements 2011-12, p.143

The measure provided for departmental (operational) costs for Medicare Australia and Centrelink to administer the program of $37.4 million over 5 years from 2007-08.

Claims to date by year for the program are as follows:

| Actual benefits paid | 2008-09 $m | 2009-10 $m | 2010-11 $m | **TOTAL $m** |
|---|---|---|---|---|
| DoHA Administered | 66.7 | 63.4 | 59.8 | **189.9** |

Actual uptake rates were 32% for 2009-10 and 30% for 2010-11. The Medicare Teen Dental Plan is a demand driven program.

## Administration

The Medicare Teen Dental Plan is administered by the Department of Human Services using eligibility data provided by Centrelink and DVA. In mid January each year, Centrelink and DVA provide Medicare with data on teenagers who are eligible for the program that year. From March onwards, Centrelink and DVA provide Medicare with monthly data on newly eligible teenagers.

Medicare matches Centrelink/DVA data with data held by Medicare (to confirm the teenager's eligibility to receive Medicare benefits) and issues a voucher. To date, around 97 per cent of eligibility records have been able to be matched with Medicare Australia records. Where data cannot be matched, Medicare is unable to issue a voucher.

Medicare undertakes a bulk mail-out of vouchers at the beginning of each calendar year. Medicare also sends vouchers to newly eligible teenagers or their families at the beginning of each month between March and November. Medicare sends replacement vouchers from March onwards on request of the teen or parent if their original voucher is lost or damaged.

Vouchers are not automatically issued to teenagers who become eligible in November and December. Instead, vouchers are provided on request of the teenager, family or carer. A physical voucher is not required for a dentist to confirm eligibility; Medicare can be contacted directly by the provider, teen or parent to confirm eligibility.

On 1 July 2011 Medicare became part of the Department of Human Services. The Departments of Health and Ageing and Human Services worked prior to the merger to ensure that the legislation could allow the uninterrupted delivery of affected programs. Visual changes, for example to Medicare's signage, websites, phone messages, logos on its letters have also occurred. The portfolio restructure does not affect customers' entitlement to the Medicare Teen Dental Plan.

## Communication

Prior to its introduction, information including a letter from the Minister and the Medicare Teen Dental Plan booklet was sent to approximately 9,000 practicing dentists and dental specialists, as well as to dental and medical professional groups. Information and resources are also

available on the Department of Health and Ageing's website at www.health.gov.au/dental and Medicare's website at www.humanservices.gov.au.

Medicare provides dentists with brochures promoting the program, for display in their surgeries. Posters and brochures on the program are displayed in Medicare offices. Each year, eligible teenagers and families receive a letter and voucher(s) from Medicare that outlines the program and explains how to use the voucher(s).

The bulk of promotional activity occurs in the first two months of the calendar year when the majority of vouchers are posted. Other promotional activities occur throughout each calendar year including use of social media, newspaper advertisements, school publications and other teenager- or parent-focused communications.

## *Arrangements for Representative Public Dentists*

Preventative dental checks provided in public dental clinics are bulk billed. As the Medicare system requires providers to be individually registered with Medicare Australia, states and territories have nominated one or more 'representative public dentists' (RPDs) under whose name and special Medicare provider number the preventative checks are billed. All of the benefits assigned to RPDs are paid by Medicare Australia directly into state/territory or public health service controlled bank accounts.

The Commissioner for Taxation has ruled that income derived by RPDs from Medicare benefits assigned under the Medicare Teen Dental Plan is taxable income (Class ruling CR 2009/16). However, the amount paid by Medicare Australia to a state or territory bank account in respect of those benefits is an allowable deduction to the RPD under section 8-1 of the *Income Tax Assessment Act 1997* (i.e. 100% deductible).

## Table 2: Of checks performed in a state or territory, the percentage performed in the public sector, and associated benefits

| State / Territory (Patient location) | Services | Services delivered in public sector | % services delivered in public sector |
|---|---|---|---|
| NSW | 465,842 | 19,388 | 4.2% |
| VIC | 363,553 | 2,864 | 0.8% |
| QLD | 241,706 | 3,187 | 1.3% |
| SA | 95,329 | 38,846 | 40.7% |
| WA | 85,447 | 14,426 | 16.9% |
| TAS | 35,838 | 18,983 | 53.0% |
| NT | 4,517 | 304 | 6.7% |
| ACT | 14,321 | 158 | 1.1% |
| **Total** | **1,306,553** | **98,156** | **7.5%** |

Data 1 July 2008 to 31 July 2011

## Table 3: Medicare Teen Dental Plan utilisation, public sector utilisation and number of teenagers by state/territory, as a percentage of Australian utilisation

| State / Territory (Patient location) | Preventative dental checks* number (percent**) | Checks delivered through public sector* number (percent***) | Approximate number of teenagers (total)*** |
|---|---|---|---|
| NSW | 465,842 (35.7%) | 19,388 (19.8%) | 554,256 (32.1%) |
| VIC | 363,553 (27.8%) | 2,864 (2.9%) | 415,339 (24.0%) |
| QLD | 241,706 (18.5%) | 3,187 (3.2%) | 364,715 (21.1%) |
| SA | 95,329 (7.3%) | 38,846 (39.6%) | 124,581 (7.2%) |
| WA | 85,447 (6.5%) | 14,426 (14.7%) | 181,381 (10.5%) |
| TAS | 35,838 (2.7%) | 18,983 (19.3%) | 41,402 (2.4%) |
| NT | 4,517 (0.3%) | 304 (0.3%) | 19,977 (1.2%) |
| ACT | 14,321 (1.1%) | 158 (0.2%) | 26,392 (1.5%) |
| **Australia** | **1,306,553 (100%)** | **98,156 (100%)** | **1,728,284 (100%)** |

* Data 1 July 2008 to 31 July 2011.

** Percentage of services claimed in that state/territory as a proportion of services claimed in Australia, by state/territory.

*** Percentage of services claimed in that state/territory through the public system as a proportion of services claimed in the public system Australia, by state/territory.

**** Based on ABS data: 3101.0 - Australian Demographic Statistics, Mar 2011, Table 7.

## Public Feedback

Members of the public have provided feedback on the program through ministerial correspondence and direct contact with the department. Identifiable ministerial correspondence on the Medicare Teen Dental Plan represents less than 2% of identifiable correspondence on dental matters generally.

Feedback primarily concerns the level of benefit for the preventative dental check and 'value for money'. The most common concern is that the teenager is charged the full fee for a five or ten minute oral exam (which is the minimum requirement for claiming item 88000), compared with a sibling or friend who received a more comprehensive service (including, for example, a scale and clean, fluoride treatment and x-rays) for the same price. Concerns have also been raised that benefits can only be paid for a preventative check and not further treatment under the program.

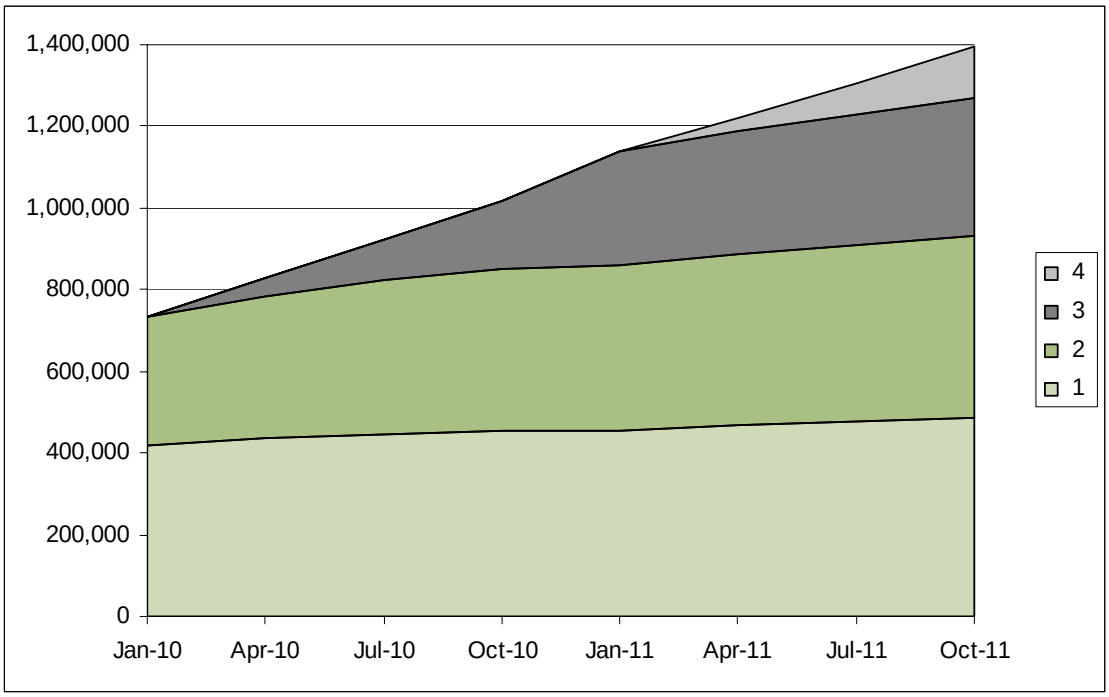
# Discussion of Key Issues

## *Operation and Administration of the Act*

Around 1.3 million vouchers are issued each year. The number of vouchers issued depends on the number of teenagers who meet the eligibility criteria. Changes to the payments that comprise the means test affect the number of people eligible for a voucher. Over 1 million vouchers are sent out in an annual bulk mailout in January.

Each year that a teenager remains eligible, they receive a voucher. The number of services delivered to teens who have claimed a benefit in a previous year as a proportion of the total services is rising. The chart below breaks down the total number of services claimed over the life of the program by repeat utilisation. The bottom portion (light green) represents services delivered to teenagers who have received only one service. The top portion (light grey) represents services delivered to teenagers who have received four services. Chart 2 shows that as at 31 October 2011, 35% of services have been delivered to people who have received a single check only, and 65% have been delivered to teens who have claimed more than one.

**Chart 2: Services claimed by repeat program usage with bands representing claims made by teens who have received a particular number of preventative dental checks**



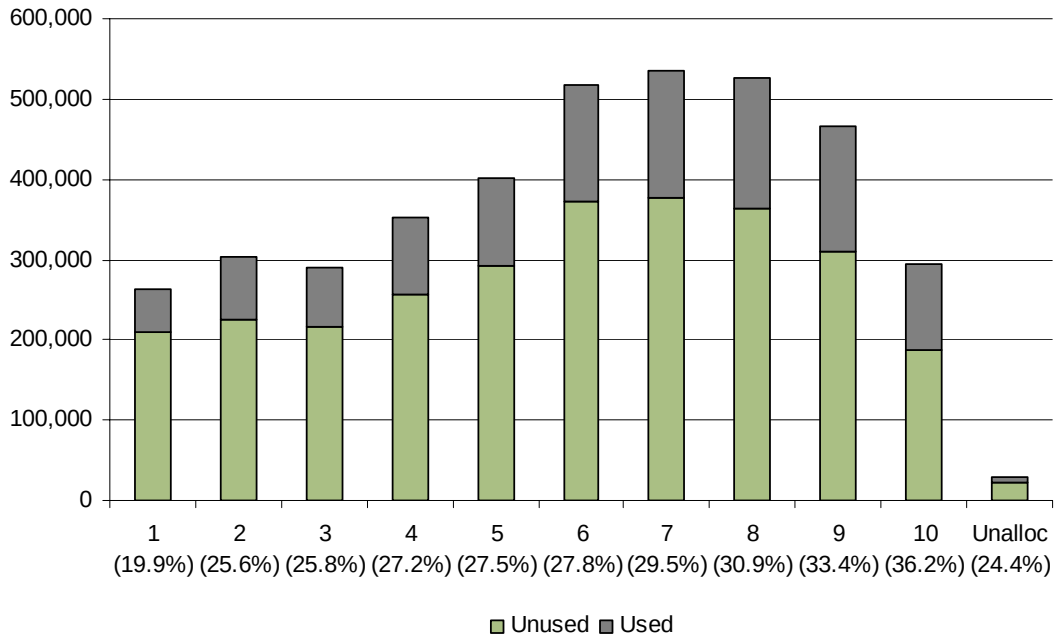

To better understand utilisation of the program and the social and geographical circumstances of eligible teenagers, the Panel considered data relating to teenagers who received vouchers and teenagers who used those vouchers. The Panel also looked at the breakdown of receipt and utilisation of vouchers in metropolitan, rural and remote areas and the proportion of bulk billed services in metropolitan, rural and remote areas.

The SEIFA index of relative socio-economic advantage and disadvantage was used for the SEIFA analyses of voucher utilisation and bulk billing rates. This is a general socio-economic index. A low score on the index indicates relatively greater disadvantage and a lack of advantage in general. An area could have a low score if there are (among other things) many households with low incomes, or many people in unskilled occupations; and few households with high incomes, or few people in skilled occupations. A high score indicates a relative lack of disadvantage and greater advantage in general. An area may have a high score if there are (among other things) many households with high incomes, or many people in skilled occupations; and few households with low incomes, or few people in unskilled occupations.

All analyses are based on 2008-2010 vouchers, and use "date of service" data available as at 31 October 2011. Where postcodes were not included in either the SEIFA or Remoteness Area concordance file (or both), the relevant data was included in the 'Unalloc' (unallocated) grouping in the charts below. Less than 1 per cent of vouchers across the analyses were 'unallocated'.

Chart 3 shows that uptake of vouchers during the period was highest in areas of relatively greater advantage (peaking at 36.2% in SEIFA index 10 locations). Chart 4 shows the most substantial drop in uptake occurs in the remote category, with relatively smaller differences between major cities and inner and outer regional areas (29.8%, 29.5% and 25.3%, respectively). This likely reflects access barriers in remote Australia, that is, difficulty finding and visiting a dentist.

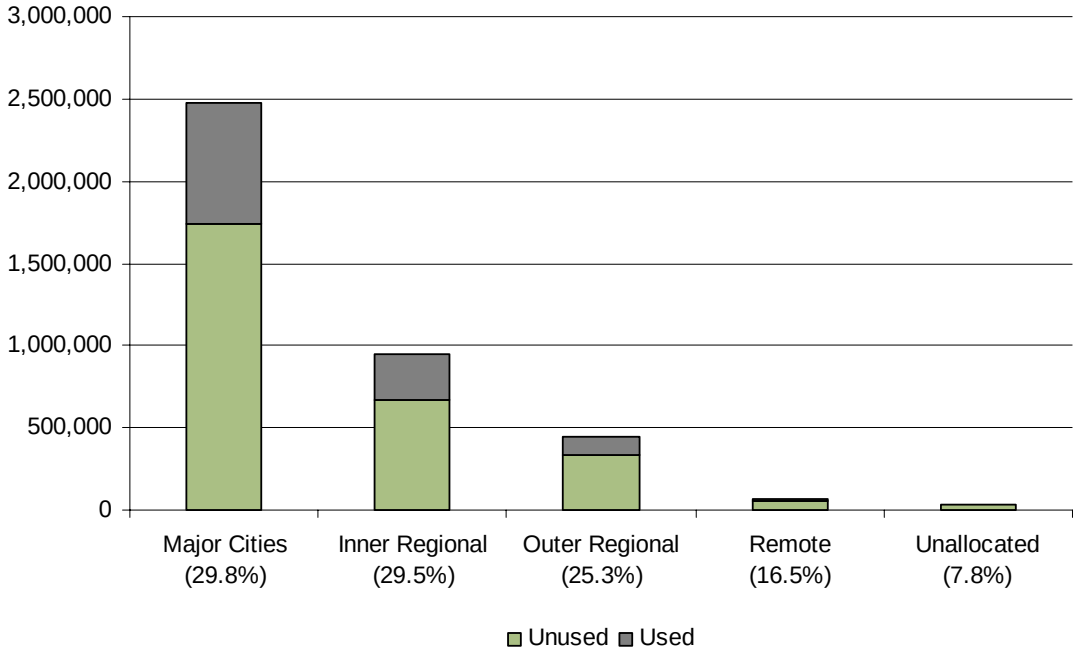
**Chart 3: Voucher Utilisation by SEIFA – 1 July 2008 to 31 October 2011**



The Australian Standard Geographical Classification Remoteness Area was used for the remoteness area analyses of voucher utilization and bulk billing rates. There are six 'Remoteness Areas' in this classification:

- Major Cities of Australia: Collection Districts (CDs) with an average Accessibility/Remoteness Index of Australia (ARIA) index value of 0 to 0.2;
- Inner Regional Australia: CDs with an average ARIA index value greater than 0.2 and less than or equal to 2.4;
- Outer Regional Australia: CDs with an average ARIA index value greater than 2.4 and less than or equal to 5.92;
- Remote Australia: CDs with an average ARIA index value greater than 5.92 and less than or equal to 10.53;
- Very Remote Australia: CDs with an average ARIA index value greater than 10.53; and
- Migratory: composed of off-shore, shipping and migratory CDs.

**Chart 4: Voucher Utilisation by Remoteness Area – 1 July 2008 to 31 October 2011**



Charts 5 and 6 show bulk billing rates disaggregated by the same categories (SEIFA RSAD and ASGC-RA). Chart 5 shows that bulk billing rates for the period were highest in areas of relatively greater disadvantage (ranging from a high of 77.9% in decile 1 location to a low of 48.4% in decile 10 locations). The bulk billing rate in SEIFA decile 6 (67.3%) continued to exhibit a bulk billing rate above the trend.

Chart 6 shows that bulk billing rates were also highest in remote areas (67.9%), while rates in major cities, inner and outer regional areas were similar (62.6%, 59.2% and 59.7% respectively).

**Chart 5: Bulk Billing by SEIFA – 1 July 2008 to 31 October 2011**

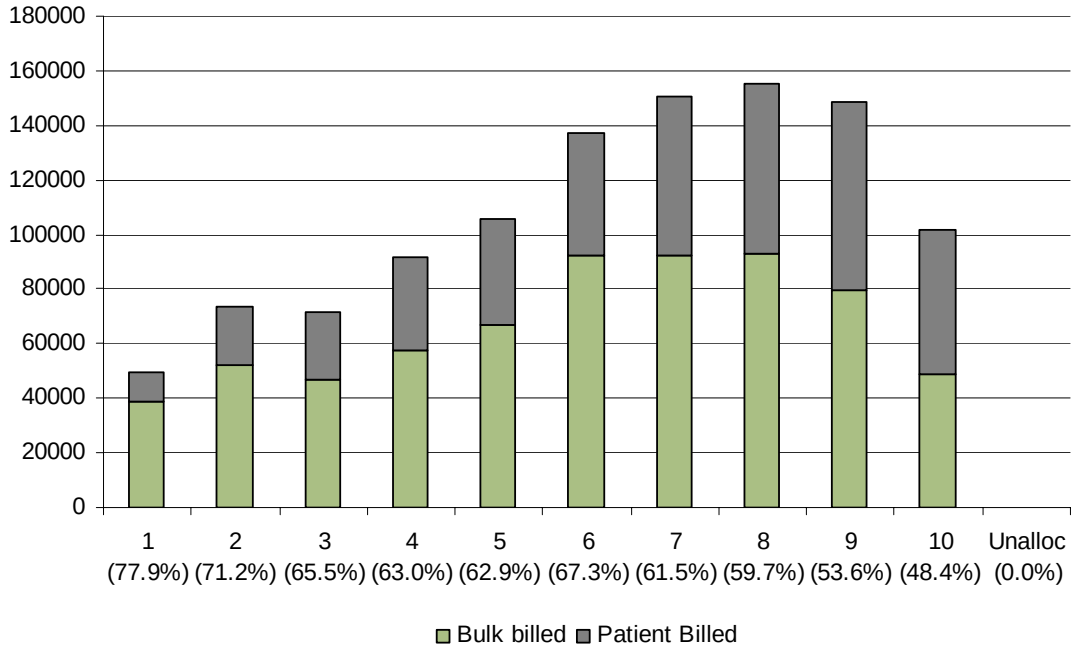
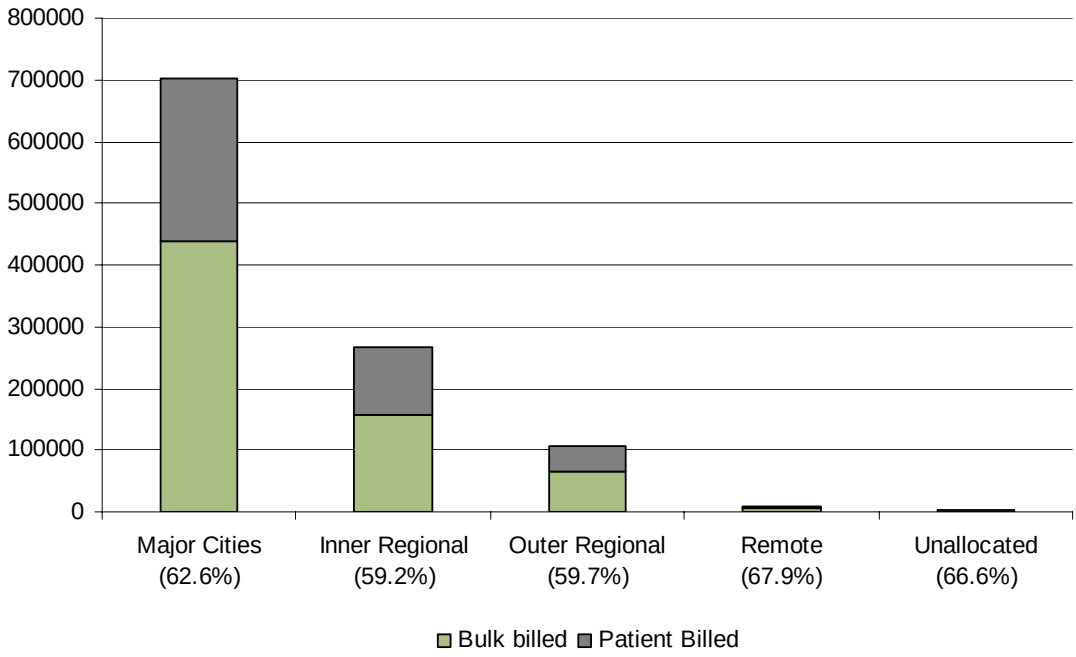


**Chart 6: Bulk Billing by Remoteness Area – 1 July 2008 to 31 October 2011**




The panel considered the higher bulk billing rates in areas of greater socioeconomic disadvantage to be a successful aspect of the program, as it means that those patients less likely to be able to pay out-of-pocket costs are less likely to have any.

## *Other Considerations*

The previous panel was of the view that the single item number used for the preventative dental check does not allow policy makers and researchers to collect meaningful data about the impact of the Medicare Teen Dental Plan. That panel suggested the government consider splitting the single item into multiple constituent items. However, there is a risk that an eligible teenager would not be able to receive all the individual procedures they required for the value of the voucher. The individual costs of equivalent items under the Chronic Disease Dental Scheme (for example) add up to a higher dollar value than is currently provided for by the voucher. The potential policy and academic interest does not outweigh the risk, and therefore the Panel does not support the disaggregation of services.

The need for an evaluation of the Medicare Teen Dental Plan remains; noting the current policy activities in relation to dental being undertaken at a commonwealth and jurisdictional level, the panel has relayed its views to the chair of the National Advisory Council on Dental Health. In particular, the areas that would benefit from review are:

- the number of children who receive a check in the private system but are referred to the public system for treatment; and
- measurable outcomes in oral health for those teens who use the program.

The Panel noted although the Act is paying benefits and facilitating repeat visits for a subset of teenagers, that the 30% uptake for the program was disappointing.

The previous Review made comments on the communications materials for the program. Following the previous Review, the Department of Health and Ageing commissioned market research on the communications materials. The panel noted that the Department of Health and Ageing, and the Department of Human Services have made substantial improvements to the materials. However, improvements to the voucher, which is potentially the strongest communications element in the program, still need to be made. In particular, the voucher should be easily recognisable as a voucher.

The Panel considered the previous Review's point in relation to the timing of the voucher mailout, but noted that there is no evidence on which to base a revised mailout date. Noting that services are provided (albeit a small number) each January, the panel was of the view that the earlier in the year that eligibility could be conveyed, the better.

The voucher model is based on cultural expectations and norms, and its success is driven by the voucher being recognised as a thing of value, and being kept and "redeemed". Although the voucher concept is appealing to a mainstream audience, its appeal cannot be assumed to extend to at-risk or hard-to-reach groups including Aboriginal and Torres Strait Islander teenagers; culturally and linguistically diverse teenagers; disabled teenagers; and homeless teenagers.

However, although the voucher is an embodiment of entitlement, no physical voucher is required to be exchanged in order for a patient to use

item 88000. Medicare can confirm eligibility with patients or providers by telephone. This would allow for delivery modes that do not rely on a person receiving, keeping and redeeming a physical voucher. There is a role for public dental services, charity groups and community leaders in promoting the use of the Medicare Teen Dental Plan and oral health generally among at-risk groups.

In 2011, the Government has added school newsletters, ethnic press and community radio as channels to promote the Medicare Teen Dental Plan, and leveraged events such as oral health week and world oral health day, all of which are commendable. The promotion of the program to at-risk groups should be considered further. Current research should be used wherever available to assist the Departments in targeting at-risk groups.

# Conclusions

The Panel was tasked with examining whether the Act has attained its purposes and evaluating the administration of the Act in relation to the Medicare Teen Dental Plan.

The Panel noted that eligible teens are being identified, vouchers issued, and benefits paid under the Act. The Panel therefore concluded that the Act, and its associated Rules, provide an appropriate legislative framework for the payment of dental benefits and support the administration of the Medicare Teen Dental Plan. However, the panel considered that the 30% utilisation rate of the vouchers, coupled with the decline in uptake from 32% in 2009-10 to 30% in 2010-11, was disappointing.

The Panel did not support the introduction of individual item numbers for the range of procedures covered by the preventative dental check, as contemplated by the previous Review. The Panel considered that a risk existed that the benefit would not cover the range of services if the item were to be disaggregated and benefits provided against individual procedures.

The Panel noted that the Government should consider an evaluation of the operation of the Medicare Teen Dental Plan as part of its review of dental needs and priorities through National Advisory Council on Dental Health.

The Panel commended the work undertaken to improve the communications materials for the Medicare Teen Dental Plan. However, improvements to the voucher, which is potentially the strongest communications element in the program, still need to be made in line with the findings of the Department's market research.

The Panel suggests that further promotional work be undertaken to specifically target groups that are of higher risk and/or difficult to target, including Aboriginal and Torres Strait Islander and culturally and linguistically diverse groups, as well as disabled, and homeless teenagers.