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**TITLE :** ORAL HEALTH PROGRAM**DISTRIBUTION:** ALL PUBLIC HOSPITALS IN WESTERN AUSTRALIA

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**1. Purpose**

The purpose of the bulletin is to describe the Oral Health Program and associated business rules.

**2. Background**

Oral health was established as a special service program in 2000/01 to provide a coordinated approach to the delivery of inpatient and outpatient oral health care. Oral health will continue as a special service program.

The Program does not include all hospital based oral health activity as it was in the first instance deemed to not include major trauma and surgical activity.

Outpatient services are predominantly delivered through Dental Health Services (DHS) who coordinate Statewide community dental and specialist dental services and School Dental Services. However, in 2001/02, the Perth Dental Hospital (PDH), which is part of DHS closed and the teaching, specialist and some of the general practice functions have transferred to the Oral Health Centre of Western Australia (OHCWA), sited next to Sir Charles Gairdner Hospital. All services previously provided at PDH have been/or will be transferred to OHCWA or to other metropolitan locations.

The program has been upgraded to include:

- the establishment of a services to provide care to residents of aged care facilities; and
- the establishment of additional Government subsidised orthodontic services in rural areas.

**3. Specification**

The following DRGs are included in the Oral Health Program for admitted patients in 2002/2003:

| <b>DRG</b> | <b>DESCRIPTION</b>  |
|------------|---|
| D40Z       | Dental extractions and restorations                           |
| D67Z       | Dental and Oral disorders except extractions and restorations |

An output-based funding framework has also been applied for outpatient services, where possible. This will ensure a better understanding of oral health service delivery through the identification and specification of outputs to be delivered.

Outpatient services are priced at the level of the Department of Veterans' Affairs (DVA) fee schedule, which is a widely accepted benchmark for determining the price of dental care. In addition, its series of item numbers are nationally accepted and as such also make a good basis for measuring treatments provided.

The DVA schedule has been modified to reflect oral health conditions in a broad sense. Through the addition of a secondary code (DHC – Dental Health Condition) it is possible to keep the qualities and agreed financial objectives of the DVA schedule. Eight (8) broad DHC groups are to be used. These are listed in the following table:

| <b>DHC</b> | <b>Health Condition</b> | <b>Description</b>                            |
|------------|-------------------------|---|
| 0          | Broad                   | <b>Relates to all conditions</b>              |
| 1          | Caries                  | Caries  |
| 2          | Perio                   | Periodontal disease                           |
| 3          | T-Loss                  | Tooth loss (Exodontics, OS, Pros)             |
| 4          | Trauma                  | Trauma (including fractures and dislocations) |
| 5          | Malocc                  | Malocclusion and impaction                    |
| 6          | System                  | System disorders (oral complications)         |
| 7          | Pulp                    | Pulpal and Periapical conditions              |

#### **4. Program Management**

##### **4.1 Activity**

Outpatient activity will be closely monitored and reviewed to inform future allocative decisions.

##### **4.2 Resource Allocations**

Program allocations for inpatient care in teaching hospitals, will exclude emergency department and teaching, training, development and research costs. For non-teaching hospitals, where services are provided by non-salaried dental practitioners, these allocations will exclude the dental practitioner costs.

Outpatient services are grouped into Dental Health Condition and service type (eg. School Dental Service, specialist services, etc).

##### **4.3 Charges for Services**

There will be a patient co-payment for outpatient oral health services provided to eligible patients. The co-payment will be either 25% or 50% of the full DVA based scheduled fee, depending on the level of other benefits received by the patient.

In respect to inpatient services, no fee is to be raised by Health Services for the admission component of care (including theatre and anaesthetic fees) for patients who elect to be treated as public patients. Fees apply to the dental clinical intervention received where non-salaried dental practitioners provide these services. This is arranged with the dental practitioner providing the care.

#### **4.4 Aims of the Oral Health Program in 2002/2003**

Priority areas will include:

- Further refinement of the output based costing framework for outpatient services;
- Increased emphasis on patient outcomes in the monitoring and evaluation of oral health services;
- Improved integration of hospital based oral health services with outpatient services;
- Monitoring of costs and patterns of services amongst the health services;
- Analysis of trends in the rates of various oral health conditions;
- Examination of trends in funding requirements in view of the aging population and changing patterns of clinical care;
- Improved management of outpatient waitlists; and
- Examination of issues in respect to access to care in rural and remote locations

### **5. Program Monitoring and Reporting**

The performance of the Program will be monitored from both a quantitative and qualitative perspective.

Inpatient quantitative information will be collated through the Hospital Morbidity Data System and other standard Health Service reporting mechanisms. Qualitative indicators will be incorporated into the Service and Financial Plans (SFP).

A database has been established to collate outpatient activity information.

Outpatient qualitative performance indicators will be established in collaboration with Oral Health Service providers.