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**Organisation name: (Enter N/A if this does not apply to you)**

Seniors Dental Care Australia

**Your role: (Enter N/A if this question does not apply to you)**

Owner and Director

**Which statement best describes your involvement with aged care?**

I am a health professional/clinician

**What perspective do you represent?**

Clinical workforce

**If you work for a residential aged care provider, what type of organisation do you represent?**

N/A

**Are you located in a rural or remote area?**

No

**Are you a member of, or do you represent or provide specialist care to any of the following groups? (tick multiple)**

N/A

**Have you heard of the Independent Health and Aged Care Pricing Authority (IHACPA) or the Independent Hospital Pricing Authority (IHPA) prior to this public consultation?**

No

**How did you hear about this consultation?**

Peak body or similar organisation

**What, if any, may be the challenges in using the Australian National Aged Care Classification (AN-ACC) to support activity based funding (ABF) in residential aged care?**

One challenge is that it does not adequately compensate the care home or home care service for a personal carer to deliver evidence-based or 'proper' oral health care including the cost of PPE for each recipient of care.

**What, if any, concerns do you have about the ability of AN-ACC to support long-term improvement in the delivery of residential aged care in Australia that is efficient, sustainable and safe?**

I do have concerns if evidence-based or 'proper' oral health care including the cost of PPE for each recipient of care.

**What, if any, additional factors should be considered in determining the AN-ACC national weighted activity unit (NWAU) weightings for residents?**

Evidence-based or 'proper' oral health care (including the cost of PPE for each recipient of care) needs to be factored into the NWAU for residents.

**What should be considered in developing future refinements to the AN-ACC assessment and funding model?**

In developing future refinements to the AN-ACC assessment and funding model, please consider evidence-based or 'proper' oral health care including the cost of PPE for each recipient of care.

**What, if any, changes do you suggest to the proposed principles to guide the development and operation of the Pricing Framework for Australian Aged Care Services?**

There is no evidence or even a 'standard' for oral health care. Very few personal carers know how to clean teeth, gums and dentures correctly and very few know what, when and how to refer for a dental consultation and/or treatment.

**What, if any, additional principles should be included in the pricing principles for aged care services?**

None

**What, if any, issues do you see in defining the overarching, process and system design principles?**

None

**What, if any, concerns do you have about this definition of a residential aged care price?**

None

**What, if any, additional aspects should be covered by the residential aged care price?**

The residential aged care price should include an oral health assessment and care plan by a dental practitioner.

**What, if any, concerns do you have about the proposed pricing approach and level of the residential aged care price?**

The residential aged care price should include an oral health assessment and care plan by a dental practitioner.

**How should 'cost-based' and 'best practice' pricing approaches be balanced in the short-term and longer-term development path of the Independent Health and Aged Care Pricing Authority (IHACPA)'s residential aged care pricing advice?**

'Cost-based' oral health care includes a personal carer with little or no knowledge about oral health care checking from across the room that the person's teeth, gums and/or dentures appear 'clean'.

'Best-practice' oral health care includes a personal carer following an oral health care plan devised by a dental practitioner and referring that person for a dental consultation and/or treatment when required.

**What should be considered in the development of an indexation methodology for the residential aged care price?**

Persons with co-morbidities, poly-pharmacy, cognitive impairments, physical impairments and complex dentitions (crowns, bridges, implants, ill-fitting dentures, rotting teeth, infected gums, bleeding gums, dry mouths, smelly mouths and pain) require more assistance from a personal carer and/or dental practitioner.

**What, if any, additional issues do you see in developing the recommended residential aged care price?**

An additional issue is the inclusion of dentally-led oral health care for each resident or recipient of care.

**What, if any, changes are required to the proposed approach to adjustments?**

An additional issue is the inclusion of dentally-led oral health care for each resident or recipient of care - for an oral health assessment and an oral health care plan for each resident or care recipient.

**What, if any, additional adjustments may be needed to address higher costs of care related to the resident characteristics?**

Additional adjustments will need to be included for Personal Protective Equipment (PPE) for each resident twice per day for oral health care.

**What evidence can be provided to support any additional adjustments related to people receiving care?**

Additional adjustments will need to be included for Personal Protective Equipment (PPE) for each resident twice per day for oral health care. As blood, saliva, pus, viruses, fungi and bacteria are spread around the room during twice-daily oral health care, PPE must be worn each time. Dental practitioners follow universal infection control procedures with each patient, so too should personal care workers. This is even more so as evidence shows that COVID-19 has spread amongst residents and staff in residential care facilities in Australia from 2020 to the present day. Half the deaths from COVID-19 in Australia have been residents who had been living in care homes. This high-risk group (and the personal care workers) must be protected from the potentially preventable transmission of COVID-19 via bodily fluids in the mouth.

**What should be considered in reviewing the adjustments based on facility location and remoteness?**

Funding for proper oral health care is worse in regional, rural and remote areas as there are less dental practitioners in these areas per 100,000 population when compared with urban areas.

**What evidence can be provided to support any additional adjustments for unavoidable facility factors?**

The Dental Board of Australia's Annual Report has data on the spread of dental practitioners across Australia.

**How should any adjustments for quality and safety issues be considered in the long-term development path of AN-ACC and the associated adjustments?**

The five specific oral health recommendations from the Royal Commission into Aged Care Quality and Safety need to be funded and implemented. The report emphasises the importance of oral health in 5 of the 148 recommendations: • Recommendation 19: Urgent review of the Aged Care Quality Standards, in particular best-practice oral care, with sufficient detail on what these requirements involve and how they are to be achieved. • Recommendation 38: Residential aged care to employ or retain allied health professionals, including oral health practitioners. •

Recommendation 60: Establish a Senior Dental Benefits Scheme for people who live in residential aged care or in the community. • Recommendation 79: Review Certificate III and IV courses to consider including oral health as a core competency. • Recommendation 114: Immediate funding for education and training to improve the quality of care, including oral health.

<https://agedcare.royalcommission.gov.au/publications/final-report-list-recommendations>

**Should hotel costs be incorporated into the AN-ACC funding model and what should be considered in doing this?**

Not sure....

**What should be considered in future refinements to the residential respite classification and funding model?**

Proper oral health care needs to be factored into respite care.

**What are the costs associated with transitioning a new permanent resident into residential aged care?**

When transitioning a new permanent resident into residential care, the resident needs an oral health assessment and oral health care plan completed by a dental practitioner.

**How might workforce challenges present in the implementation and refinement of AN-ACC for the aged care system?**

There is a ready, willing and able oral health workforce for the aged care system.

**What areas should be included in the proposed five-year vision for IHACPA's aged care pricing advice?**

The five-year vision should include the funding of an oral health practitioner being available in all residential and aged care facilities in Australia.

**What would be considered markers of success in IHACPA's aged care costing and pricing work?**

Less pain killers, less antibiotics, and less hospitalisations and deaths from potentially preventable conditions (aspiration pneumonia and infective endocarditis) resulting from infected and dirty mouths for persons living in care homes or receiving care at home.

**Other comments**

Please contact me for more information about improving oral health care for persons living in care homes or receiving care at home.

**Please indicate if there are specific sections of your submission that you wish to remain confidential and the reasons for this.**

No

**I consent to IHACPA contacting me for further information or clarification about my submission.**

Yes, I consent

**Timestamp**

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