



Victorian Medicare Locals Dental Briefing Pack 3 Paper 3.2

General Anaesthesia (GA) and Dentistry

WHY DO MEDICARE LOCALS NEED TO UNDERSTAND ISSUES RELATED TO GA AND DENTISTRY?

Some patients can only be offered dental care under GA, but funding of hospitals and day procedure centres is so low that they can't afford to offer access to their facilities thus denying needy patients access to care. Medicare Locals in Victoria, charged with identifying and addressing service gaps within their regions, may be in an ideal position to positively contribute to the GA access issue.

Access to health care:

- Governments are responsible for ensuring that all people have access to safe, appropriate and effective health care.
- The Australian Charter of Healthcare Rights, published by the Australian Commission on Safety and Quality in Healthcare (ACSQHC), was adopted by Health Ministers in 2008. The first and foremost right is a right of access to health care.
- Health service organisations can contribute to the right of access by maintaining a health care environment that encourages access through appropriate management of facilities, equipment and supplies.
- It is not possible for health care organisations to meet the requirements of the Charter if funding arrangements prevent them from allocating facilities to essential procedures.

WHY DO DENTISTS USE GA?

GA is used to provide safe and comprehensive dental care for patients of all ages with behavioural, medical or other problems that preclude treatment in the usual dental practice setting. The use of GA reduces cognitive, sensory, and skeletal motor activity in order to facilitate the delivery of high quality, comprehensive dental services.

Procedures are performed on patients under GA when the procedure itself is complex, lengthy and cannot be performed in a dental practice. In some cases, the use of GA is not only necessary for the practitioner to successfully complete the procedure; it is also required for patient comfort.

WHO REQUIRES GA FOR DENTAL TREATMENT?

Those who require dental treatment under GA include:

- Patients with certain physical, mental, or medically compromising conditions
- The uncooperative, fearful, anxious, physically resistant or uncommunicative patient with substantial dental needs and no expectation that the behaviour will soon improve
- Patients that have extensive orofacial and/or dental trauma
- Patients with immediate comprehensive dental needs who otherwise would not receive comprehensive dental care
- Patients requiring dental care for whom the use of GA may protect the developing psyche and/or reduce medical risks
- Patients requiring significant maxillofacial surgical procedures
- Patients with dental restorative or surgical needs for whom local anaesthesia is ineffective because of acute infection, anatomic variations, or allergy
- Patients who require treatment not possible under local anaesthesia settings, for example, the removal of impacted wisdom teeth¹.

WHY IS ACCESS TO GA SO IMPORTANT?

Access to GA for dentists is extremely important as it allows those patients who are unable to undergo dental treatment in the usual dental practice setting to receive safe, effective and suitable dental treatment.

The ADAVB considers that those who require dental treatment under GA should be able to access this service just as easily as those patients who require a different procedure. The rationale behind this position is evident in the quote from the American Academy of Pediatric Dentistry:

“The need and justification for GA is the same, regardless of the procedural challenge or the areas of the body for which the procedures are performed. GA is provided because of the patient’s inability to receive, tolerate or cooperate with medically-necessary treatment secondary to such factors as age, disability, or physical or mental impairment and not secondary to the nature of the procedure itself. For instance, GA coverage is routinely provided for such procedures as tonsillectomy and removal of cutaneous growths and lesions for infants and persons with disabilities when these procedures and others like them would be performed under a local anesthetic in an office setting for the typical adult and older pediatric patient.”²

¹ Jamieson, L & Roberts-Thomson, K. (2008) Dental general anaesthetic trends among Australian children. BMC Oral Health, 2006, Volume 6, pp16

² American Academy of Pediatric Dentistry, Pediatric Oral Health Research and Policy Centre (May 2012) Technical Report 2, An essential Health Benefit: GA for treatment of early childhood caries, page 3.

DO ALL DENTISTS NEED GA FACILITIES FOR THEIR PATIENTS?

While most people will recognise that Oral and Maxillofacial Surgeons and Oral Surgeons need GA for treatment of trauma and cancer patients, it is not so well recognised that other dental practitioners also require these facilities. Those who need them on a frequent basis are mainly paedodontists dealing with children who require extensive and therefore long procedures, and special needs dentists dealing with disabled and other special needs patients who could not cope with treatments under only local anaesthetic or conscious sedation. Dental treatment undertaken under GA (when not possible in the dental chair) may include examinations, radiographs, scaling and cleaning, restorative and periodontal treatment. Other specialists and general practitioners will also have patients from time to time whose circumstances demand that their treatment is delivered under GA.

WHAT IS THE PROBLEM?

ADAVB members report that it has become increasingly difficult for dentists to book GA theatre facilities at private hospitals and Day Procedure Clinics (DPCs). The following issues have been identified:

- Longstanding lists are being removed from facilities for those Paediatric and special needs dentists whose patients need access to GA
- Time limits are being imposed on dentists for financial reasons where longer procedures would be more beneficial to the patient
- There is very limited access to GA facilities in rural and regional locations
- There is limited health fund cover for dental care in a hospital.

WHAT ARE THE PERCEIVED BARRIERS TO GA ACCESS?

- Health fund rebates are too low and structured to penalise hospitals and DPCs offering dental services particularly if longer procedures are required
- Hospitals and DPCs can earn better income from other treatment modalities
- The banding of Dental procedures is inequitable when compared with other medical specialties. Dental treatments administered under GA fall under the lowest private health insurance funding band.
- Medicare schedules do not recognise routine dental procedures are being performed in operating theatres.

OTHER CONSIDERATIONS

- ADAVB members report differing degrees of difficulty in accessing GA facilities
- There are inconsistencies in approaches to allocating theatre time by different organisations in Victoria
- The issue is not seen as consistent across Australia, possibly because of the different ways that private health insurance funds rebate hospitals across states and territories
- Because health funds negotiate fees they pay to each hospital and DPC, and these negotiations are confidential, no benchmark data can be compiled to fully assess the economic drivers of this problem

WHAT ARE SOME OF THE POTENTIAL IMPACTS OF LIMITED ACCESS TO GA?

Those patients who are physically, mentally or medically compromised, those with behavioural problems, those with phobias and those who require treatment not possible under local anaesthesia are unable to access dental services. This means that needy patients are being denied access to the best form of care and treatment to manage and prevent dental disease. Some of the possible outcomes of this are:

- An increase in dental disease: patients that need treatment under GA are not able to do obtain it
- An increase in extractions: with limited access to operating theatres, dentists cannot provide dental treatment in a timely manner and deliver restorations and preventative care
- An increase in dental fears and phobias: vulnerable patients, including young children, are being traumatised by treatment in the dental chair.

WHAT CAN BE DONE ABOUT ACCESS TO GA?

Given that Medicare Locals have a task to coordinate services to address gaps, ADAVB is keen to partner with Medicare Locals in ensuring that dental patients access the services required to receive appropriate, timely, effective and safe treatment.