



**UNDER EMBARGO UNTIL 1AM ON 20 MARCH**

## **MORE KIDS HOSPITALISED FOR PREVENTABLE ORAL PROBLEMS - BUT DENTAL THEATRE SPACE TO FIX URGENT ISSUES DRAMATICALLY REDUCED**

**THOUSANDS OF KIDS** are hospitalised unnecessarily every year for oral health conditions that are entirely preventable - and it's a trend that's getting worse.

Often when admitted there's insufficient theatre space for child dental patients to receive the operations they need. Paediatric dentists estimate around **1,500** fewer infants and children a year get their operation and are left suffering for long periods in pain and discomfort as a result.

New data\* released for World Oral Health Day today (March 20) from the Australian Dental Association's (ADA)'s updated Oral Health Tracker shows almost **11** in every 1,000 children aged 5-9 were admitted to Australian hospitals for preventable dental conditions in 2021-2022, compared to **9.5** per 1,000 in 2018.

Further, **14** in every 1,000 Indigenous children aged 5-9 were admitted to Australian hospitals for preventable dental conditions in 2021-2022, compared to **11.5** per 1,000 in 2018.

"That's thousands of children being hospitalised for preventable oral issues every year," said ADA President Dr Scott Davis. "It's hard to believe in a first world country like Australia, with most people having access to fluoridated water, healthy food and the tools for keeping mouths clean and decay-free that this is still happening – but it is.

"There are complex reasons for this. Cost is always an issue and this continued trend of children needing to go to hospital to get their oral health problems fixed, indicates that we have a significant problem today and for the future.

"Every state and territory provides free dental care for eligible children so they can see a private or public dentist under the Child Dental Benefits Schedule - but there needs to be considerably more effective, targeted publicity of the scheme as it's currently only used by 38% of eligible families."

High rates of dental decay also play a big part in this issue, with nearly three in four (70%) kids aged 9-13 and a similar number (73%) of young people aged 14-18 having too much sugar.\*

Sugary drinks are a main culprit: 37% kids have 2-5 drinks of fruit juice a week and the same number have 2-5 soft drinks a week (though not necessarily the same kids.)\*\*

The issue hits harder with both infants and children including those with special needs, as they sometimes need a general anaesthetic (GA) for dental work. However a flawed funding model prevents them having the urgent surgery they need.

Dr Davis added: "The current hospital funding model means dental cases are less lucrative for private hospitals than other types of operations like cataracts and grommets, so access to surgery theatre time



for dental procedures has been slashed. The result is infants and children are having their operations postponed or cancelled and they're waiting a long time, often in considerable pain or on pain relief, before their problem is fixed under GA.

"The funding model for theatre lists needs to be overhauled and while the Independent Health and Aged Care Pricing Authority is currently reviewing the model, it won't be completed until the middle of 2025 which fails to address the urgency of reduced paediatric theatre space." \*\*\*

Dr Nicky Kilpatrick, President of the Australasian Academy of Paediatric Dentistry, said some Academy members had lost up to 60% of their access to hospital theatre space.

"There's a severe reduction in access to hospital theatre space across both public and private hospitals, resulting in very delayed care for private paediatric patients and a blow out in the already years-long paediatric dental waiting lists in public hospitals," she said. "In the meantime, these patients are in pain, not sleeping, and potentially risking facial infection and swelling which can be a medical emergency.

"The problem is the way the system works. Dental procedures under general anaesthesia can only access one poorly rebated code irrespective of how much or how complex the treatment required.

"This results in paediatric dental lists being less profitable than other medical procedures which attract more codes, and in some cases the paediatric dental lists run at a loss because the hospital gets the same rebate whether we restore one tooth or 10. This is what needs fixing.

"No-one knows the extent of the problem but data collected from our members suggest that across Australia, in excess of 1,500 less children are able to access dental treatment per year now compared with four years ago. That's a lot of children suffering needlessly, and it's getting worse."

**To interview Dr Davis or Dr Kilpatrick, call ADA Media Advisor Jenny Barlass 0497 748 331.**

---

## **Note for Editors:**

\*This new data comes from the ADA's 2024 Children and Young People Oral Health Tracker, a recently updated report on preventable oral diseases and their risk factors. It is a collaboration between the ADA, The Mitchell Institute and Victoria University. [Access the Tracker here: Child Tracker doc](#)

\*\* The ADA's 2023 Consumer Survey of 25,000 Australians. This is new data - further data from the Survey will be released in August.

\*\*\* Central to the issue of the profitability of operating lists is health insurers offering hospitals lower payments for paediatric dental patients compared to other surgeries, due to the often time-consuming and complex nature of children's dental surgeries.

Equally contributory to the lack of theatre space is that there is only one Diagnostic Related Group (DRG) for dental. DRGs enable public hospitals to get federal government payments for operations and procedures. Other types of procedures have more than one DRG. The more DRGs a hospital can claim against, the more government funding the hospital will receive.

The ADA has asked the Independent Health and Aged Care Pricing Authority to consider splitting the single dental DRG into several, to address the complexity of dental procedures, opening up more theatre time for paediatric patients. The Authority is in the process of conducting a review and is expected to release its findings in mid-2025.