

Oral Health for Older People

A Position Statement by the Monitoring Group of South Australia's Oral Health Plan 2019 - 2026

All Older South Australians should be able to eat, to talk and smile and live without oral pain or infection. Regardless of an older person's frailness or place of residence, oral health care as a priority should be maintained and be accessible. The interplay between oral health and an older person's overall health and quality of life requires recognition, support and collaboration from all key aged care partners.

Actions

1. We urge the Commonwealth Government to adopt and fully fund Recommendation 60 within the Report of the Royal Commission into Aged Care Quality and Safety, which recommends the Australian Government establish a new Seniors Dental Benefits Scheme commencing no later than 1 January 2023.
2. We urge the Commonwealth Government to ensure oral health care is adequately reflected in the Aged Care Standards to support regular oral health assessment and daily oral hygiene.
3. We urge the Commonwealth Government to clarify roles and responsibilities for delivery of health care to people receiving aged care, including the amendment of the *Quality Care Principles 2014 (Cth)* as identified in Recommendation 69 of the Royal Commission into Aged Care Quality and Safety.
4. We urge the Commonwealth Government to ensure the new Australian National Aged Care Classification (AN-ACC) funding model adequately includes the requirements to undertake oral health assessments, care planning and provision of daily care related to oral health.
5. We urge the Commonwealth Government to introduce an Oral Health Screen into the existing Medicare 75+ health assessment.

Why is this a Priority?

Every older person has the right to access oral health care. Poor oral health has far reaching consequences with significant physical and social impacts on basic quality of life and overall health status.

The increase in the number of older people combined with improvements in oral care over the last 50 years means there are more older people who retain far more of their natural teeth and fewer people having full dentures. The requirement to maintain what are often heavily restored teeth and partial and full dentures combined with increasing rates of complex or chronic health conditions amongst older people, presents different oral health care demands than in the past.

As older people become frail and less able to self-manage, their reliance on formal and informal carers increases. The high cost of private dental care coupled with decreasing levels of independence are often barriers to accessing care. The foundations of good oral health over many years can be lost rapidly and contribute to many people entering older age with poor oral health. So, at a time when oral health needs, which can be of a complex nature, are escalating, the capacity of people to self-manage and self fund their basic oral health care declines.

Without a recent dental examination, care planning on admission and daily assistance with oral hygiene where needed, the oral health of many residents in aged care facilities can deteriorate rapidly following admission and similarly occurs with those in home care.



Eldercare



Our Health
Our Choice
Our Way



South Australia's Oral Health Plan Monitoring Group is a collaborative, cross discipline and cross sector group, which was established in 2021 to drive coordinated action in pursuit of the SA Oral Health Plan 2019-2026. The oral health of frail older people was identified as one of four immediate priority areas and an expert working group was established.

Impact of Poor Oral Health in Older People

Long standing evidence shows the far-reaching impacts for older people of poor oral health and untreated oral and dental disease including:

- > Increased risk of cardiovascular disease, stroke and aspiration pneumonia.
- > Increased risk of dry mouth (xerostomia) which affects speaking, eating and increases the levels of oral bacteria, infection and oral disease.
- > Chronic oral infection including periodontal disease can complicate the medical management of chronic diseases such as diabetes, chronic heart failure and respiratory diseases.
- > Oral pain and difficulty with eating can affect nutritional intake and body weight and therefore skin integrity, strength and mobility.
- > Affecting mood and behaviour, especially for people with dementia who find it difficult to self-report their pain and discomfort.
- > Negative impacts on people's ability to speak, socialise, general confidence and to feel happy with their appearance.
- > Substantial hospitalisation of older age groups for oral health conditions involving teeth and supporting structures.

What is Required

For Older People who are Ageing Well and Living in the Community

The inclusion of an essential oral health screening component in the Medicare 75+ Health Assessment will alert health practitioners and older people of the need to maintain their daily oral health care and reinforce the need for older people to seek and maintain regular dental care at a stage when they are more likely to be independent and able to access dental care through mainstream pathways.

For Frail Older People

To make positive inroads into meeting the current and future oral health needs of frail older South Australians, a clearly defined multidisciplinary approach which incorporates four key processes is required:

1. Oral Health Assessment - undertaken either by an oral health or general health care professional, prior to or on entry to, a Residential Aged Care Facility (RACF) or upon allocation of a Home Care Package with scheduled review dates.
2. Oral Health Care Plan - developed by a health professional so that aged care workers meet oral health care needs identified in the assessment.
3. Daily Oral Hygiene - support and assistance for frail older people to manage the activities of daily oral hygiene where they are unable to self-manage.
4. Identification of when referral and clinical dental treatment by a dental professional is required.

Improving the oral health of older people is significantly diminished if one or more of these four key oral health processes are not in place and working concurrently. A current lack of clarity about responsibilities and roles of aged care assessors, carers, dental practitioners and older people's families is a barrier to ensuring that the necessary four processes are understood and implemented.

While dental practitioners could provide all four of these processes, the oral care planning and daily oral hygiene are best managed by people who care for the older person on a daily basis. Evidence shows that oral health assessment and care planning can be undertaken by appropriately trained non-dental practitioners (e.g. GP or RN), particularly as part of regular reviews of client needs. When oral health care needs beyond daily care requirements are identified, referral to a dental practitioner and timely clinical care is critical to stabilize and avoid further oral health deterioration, and to minimise pain and infection.

A range of oral health care resources are already available at no cost to the aged care sector. Research shows that these resources enable the upskilling of the existing aged care workforce to undertake the required oral health assessment, care planning and daily care.

A strategy to maximise identification and treatment of oral health issues in the frail older cohort is the establishment of a pre-entry dental checkup and general course of care undertaken by an oral health professional just prior to admission to a RACF as the first step in stemming the deterioration in oral health for frail older people. This pre-entry course of dental care should include the preparation of a simple daily oral health care plan for aged care facility staff to implement as part of the overall care plan when the older person enters residential care.

Furthermore, the collaboration of both the aged care and oral health care sectors is essential at a local level to ensure effective and accessible clinical care pathway for the clinical care of older people residing in aged care facilities and those on home care packages.

System Enablers

Dental Care for Older People

Several reports over the past decade have called for greater Commonwealth Government investment in dental care for older people. Most recently, the Royal Commission into Aged Care Quality and Safety calls on the Australian Government to establish a new Seniors Dental Benefits Scheme, commencing no later than 1 January 2023, to fund dental services for people who receive the age pension or qualify for the Commonwealth Seniors Health Card.

Aged Care Standards and Quality of Care Principles

Daily oral hygiene as part of a frail older person's daily care and the competency of aged care staff in providing that oral health care is a fundamental of quality aged care.

Currently the Aged Care Quality Standards for the Residential Aged Care setting do not require facilities to demonstrate how they meet the basic oral health care needs of residents. Strengthening the standards and ensuring adherence to them is critical to improving oral care for frail older people who are unable to self-manage the activities of daily oral health care and has been identified in the Royal Commission into Aged Care Quality and Safety.

The Royal Commission identified a lack of clarity of roles and responsibilities for delivery of health care to people receiving aged care. Recommendation 69 of the Royal Commission calls on the Australian Government to amend the *Quality of Care Principles 2014 (Cth)* by 31 December 2021 to clarify the roles and responsibilities of approved providers to deliver health care to people receiving aged care but not limited to their particular role and responsibilities to deliver oral and dental health care. This recognises the important role aged care staff and other health professionals have in supporting older people to maintain oral health.

It is important the recommendations of the Royal Commission are now implemented.

Aged Care Funding Arrangements

As a result of the Royal Commission into Aged Care Quality and Safety, a new funding model for Aged Care called the AN-ACC is under development. It is critical the new model allocates staff time to undertake the four key oral health processes. Without this inclusion the basic oral health care needs of frail older people will continue to be missed with a resultant continued but avoidable decline in oral and general health.

Oral Health Literacy

A need for increased oral health literacy of older people and their families so that they can make informed choices about their oral health care and importantly be critically discerning in seeking the oral health care frail older people require.

Conclusion

All South Australians should be able to eat, to talk and smile and live without oral pain or infection. The Royal Commission into Aged Care Quality and Safety identified significant shortfalls in the current system of oral health care for Older Australians. Unmet oral health needs are a barrier to ageing well for many Australian older people.

The SA Oral Health Plan Monitoring Group calls on the Commonwealth Government to implement fully the oral health related recommendations of the Royal Commission and lead system wide reform in the community and residential aged care sectors to improve the oral health for older Australians.

For more information, please contact:

Dr Angelo Papageorgiou

Chair, Older Person's Working Group
SA Oral Health Plan Monitoring Group
Email: dr.angelo@optusnet.com.au
Phone: 0417 815 590

Ms Jennifer Richter

Chair, SA Oral Health Plan Monitoring Group
Email: richterj@ozemail.com.au
Phone: 0417 879 590