

Orthodontic Care in Public Dental Clinics

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Summary Provision of orthodontic care for dependent children of Health Card holders.

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This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is **mandatory** for NSW Health and is a condition of subsidy for public health organisations.

CIRCULAR

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ORTHODONTIC CARE IN PUBLIC DENTAL CLINICS

With the limited resources available to Health Services, orthodontic care for dependent children of Health Card holders will need to be restricted to those children assessed as having severe orthodontic conditions.

In the age range 10-14 years there are approximately 414,796 (ABS Census) children of whom approximately 120,000 would be eligible for publicly funded orthodontic care, as they are dependants of Health Card Holders. Of these, approximately 5,640 are in need of urgent care. Based on the National Oral Health Survey, it is assumed that these children would have severe orthodontic conditions.

The targeting of these children is essential to provide a satisfactory oral health outcome for those children most in need of care. In this policy Circular:

- C The Health Department accepts that orthodontics delivered through the public sector is different from that of the private sector in that treatment will be prioritised and will be provided only in cases of high priority.
- C Orthodontic services are to be provided for serious cases of severe malfunction or severely unacceptable aesthetics (including those with psychological problems). Treatment provided for moderate aesthetic problems has debatable resultant health benefits. Children have the option to seek private treatment for these conditions later in life.
- C A strict referral procedure in Health Services must be implemented so that any decision to proceed with orthodontic care rests with designated public dental officers who are aware of the protocols for referral and their resource implications. The child is then referred to specialists under "in house" or contractual arrangements.
- C An Orthodontic Care Screening Protocol and Classification which provides the basis for prioritisation of care and the management of waiting lists is based on clinical criteria that can be used by non specialist staff.
- C Training will need to be provided to upgrade the skills of existing staff to a level where they can take the responsibility for the assessment of patients and the provision of general practitioner orthodontic treatment.

Distributed in accordance with circular list(s):

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1. **Management of Orthodontic Care**

Principal Dental Officers and Area Directors of Dental Services are to ensure that a strict referral policy is implemented in Health Services. The decision to proceed with orthodontic care rests with designated public dental officers who are aware of the protocols for referral and their resource implications. The child is then referred to specialists under “in house” or contractual arrangements.

The designated Dental Officer should be able to recognise the need for simple interceptive treatments and facilitate these treatments so as to prevent more serious orthodontic problems in the future.

2. **Eligibility**

- 2.1 Only children who are the holder of a Health Card or the dependent of a Health Card holder, are eligible for orthodontic consultation or orthodontic treatment within NSW Public Dental Health Services.

3. **Referral of Patients**

- 3.1 Referral of patients to public sector specialist orthodontists may only be undertaken by designated Dental Officers following assessment and prioritisation of orthodontic care.
- 3.2 Children who are not eligible for a public orthodontic consultation or treatment may be referred by supervising dental officers to private orthodontists. (Referral by a Dental Officer will ensure that parents gain a maximum rebate from Health Insurance Funds)

4. **Assessment and Prioritisation Criteria**

- 4.1 If during the SOKS assessment of the child, the following conditions are evident, arrangements should be made for an appointment with the supervising Dental Officer for assessment of eligibility and orthodontic need.
- a) Delayed or ectopic eruption of permanent anterior teeth which may be a sign of an underlying condition, eg
 - < A missing upper central incisor when other upper incisors have erupted, possibly indicating a supernumary tooth.
 - b) The child may not be able to eat properly or speak properly with the existing condition, eg
 - < Lack of posterior interdigitation
 - < Functional shift of the mandible
 - < Excessive overjet or reverse overjet

- c) There is a potential irreversible harm if the condition is not treated, eg
 - < Gross overbite
 - < Gross open bite

d) There are permanent teeth in cross-bite.

4.2 If the child is assessed as eligible for, and in need of, public orthodontic care the supervising Dental Officer should refer the child to a designated Dental Officer for prioritisation of care. Non eligible children could be referred to a private orthodontist if requested.

4.3 If the child is assessed as needing orthodontic care, a consultation appointment should be made as early as possible in the treatment plan.

4.4 Parents who request orthodontic care for their child independently of the SOKS program should receive an explanation of the guidelines for orthodontic care within the public sector from the reception staff. If the parent still requests an orthodontic consultation then an appointment should be made with the supervising Dental Officer for an assessment.

4.5 Designated Dental Officer

A designated Dental Officer is a public dentist appointed within a Health Service who has orthodontic knowledge and expertise which includes:

- < the ability to recognise the need for interceptive care;
- < the ability to undertake minor orthodontics; and
- < the ability to prioritise severe cases for referral to specialists.

Before any offer of public orthodontic care is made the designated Dental Officer must ensure that:

a) One of the conditions listed above (4.1a-d) is present.

AND

b) The child wants orthodontic care; and

- < has good oral hygiene
- < understands the process of orthodontic care
- < has requested or sought help

AND

c) The parent/guardian understands the process of orthodontic care and supports the child's want.

AND

- d) The child is at an appropriate stage of development for the proposed orthodontic care.

AND

- e) That appropriate general dental care is received by the child prior to orthodontic treatment.

4.6 Prioritisation

Designated Dental Officers should prioritise the child's orthodontic care in terms of the level of professional expertise required to manage the orthodontic care and the severity of the condition

Levels of Expertise

- C Can only be managed by a Specialist, ie the condition is complex or extensive.
- C Can be treated by a Dental Officer with guidance and support of the Specialist.
- C Can be treated by a Dental Officer without specialist support, ie simple condition
- C Status uncertain, to be reviewed by dental officer, at a set time.

5. Waiting List Management

- 5.1 Children are only to be placed on waiting lists for public orthodontic care, if they have been assessed and prioritised in accordance with the above criteria
- 5.2 Where children are not prioritised to receive public orthodontic care, they should be advised they will not receive that care in the public sector. They should also be advised they may seek care at their own expense through private practice orthodontists.

6. Extractions For Orthodontic Purposes

- 6.1 Where children who are not eligible for public orthodontic care are referred to private practitioners, parents/guardians are to be advised that any extractions or other treatment required as part of the orthodontic care are to be done in the private sector.
- 6.2 However, extractions may be provided in public dental clinics for children who are dependants of Health Card holders receiving orthodontic care in either public or private clinics.

John Wyn Owen
Director- General