

Denture Provision

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Summary The purpose of the policy directive is to detail requirements for the management of denture services and to guide the Area Health Services in the type of dentures provided and timely provision of dental care to the eligible population in NSW.

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Applies to Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Affiliated Health Organisations - Non Declared, Affiliated Health Organisations - Declared, Dental Schools and Clinics, NSW Dept of Health, Public Hospitals

Audience Oral Health Managers, administration and dentists

Distributed to Public Health System, Dental Schools and Clinics, Health Professional Associations and Related Organisations, NSW Department of Health, Public Hospitals

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Director-General

This Policy Directive may be varied, withdrawn or replaced at any time.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.

DENTURE PROVISION

Purpose

The purpose of this policy directive is to detail requirements for the management of denture services and to guide the Area Health Services in the type of dentures provided and timely provision of dental care to the eligible population in NSW.

Our Commitment

NSW Department of Health is committed to consistent, equitable and efficient administrative processes, and clinical judgments, in assessing and providing eligible NSW residents with dentures.

Roles and Responsibilities

NSW Department of Health

- provides mandatory requirements and standards for implementation of this policy
- evaluates the efficiency and appropriateness of the denture provision within NSW

Chief Executive

- assign responsibility and personnel to implement the policy directive
- provide the managers with support to mandate the policy's provision of dentures either made in-house or through procurement contracts such as the NSW Oral Health Fee for Service Scheme
- report on the number of full and partial dentures provided by the Area Health Service

Oral Health Managers and Clinical Directors

- promote the provision of dentures as indicated in the policy directive
- ensure the successful implementation of the policy within the organization
- conduct regular audit using qualitative indicators

All Staff

- comply with the policy directive
- undertake training (if required) to ensure success of the policy's implementation

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Section One

Introduction

1.1. Background

The NSW Oral Health Strategic Directions 2005-2010 sets the platform for oral health action in NSW into the next decade. The Provision of Dentures Policy Directive supports the Strategic Directions operating principle of strengthening primary health and continuing care in the community. The aim of this principle is to increase access to appropriate and affordable services, especially assessment, early identification and early intervention.

The provision of denture services is the responsibility of Area Health Services as part of the delivery of oral health care to eligible patients. Funding for denture services is part of the overall budget for oral health services. Denture services should be provided in the first instance by public oral health clinics or, alternatively, through the NSW Oral Health Fee for Service Scheme (OHFFSS), under which private oral health care providers can provide dentures by a procurement contract.

1.2. Application

It is the role and responsibility of treating clinicians and oral health managers to read NSW policy directives, guidelines and information bulletins in full and implement them accordingly. This Policy Directive should be read in conjunction with:

- ~ Consent to medical treatment – Patient Information¹
- ~ Eligibility of Person for Public oral Health Care²
- ~ Medical Records in Hospitals and Community Care Settings³
- ~ Open Disclosure⁴
- ~ Oral Health Fee for Service Scheme⁵
- ~ Oral Health Fee for Service Scheme Schedule of Fees (Information Bulletin)⁶
- ~ Oral Health Infection Control Guidelines⁷
- ~ Oral Health Services Activity Reporting⁸
- ~ Correct Patient, Correct Procedure and Correct Site Model Policy⁹

¹ http://www.health.nsw.gov.au/policies/PD/2005/PD2005_406.html

² http://www.health.nsw.gov.au/policies/PD/2005/PD2005_171.html

³ http://www.health.nsw.gov.au/policies/PD/2005/PD2005_004.html

⁴ http://www.health.nsw.gov.au/policies/pd/2007/PD2007_040.html

⁵ http://www.health.nsw.gov.au/policies/pd/2006/PD2006_087.html

⁶ http://www.health.nsw.gov.au/policies/ib/2008/IB2008_028.html

⁷ http://www.health.nsw.gov.au/policies/GL/2005/GL2005_037.html

⁸ http://www.health.nsw.gov.au/policies/PD/2005/PD2005_291.html

⁹ http://www.health.nsw.gov.au/policies/pd/2007/PD2007_079.html

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- ~ Priority Oral Health Program and List Management
- ~ Public Oral Health State-wide Specialist Referral Clinical Guidelines¹⁰

1.3. Evaluation

This policy directive will be evaluated through the Centre for Oral Health Strategy NSW and the State Oral Health Executive Committee. The key performance indicator is the Australian Council Healthcare Standards Oral Health Indicator CL.1.4. It states that: (i) the numerator is Number of same denture type (full or partial) and same arch remade within 12 months during the time period under study; and (ii) the denominator is Total number of dentures made during the time period under study (ACHS 2006 p. 5).

Section Two

Management of Denture Services

2.1. Eligibility

Eligibility for public oral health care in New South Wales is defined in the NSW Eligibility of Person for Public Oral Health Care policy directive. To be eligible to receive a denture through a public dental facility in NSW, an adult person must hold a Pensioner Concession Card, Health Care Card, Commonwealth Seniors Health Card that is current at the commencement of denture treatment, or be a dependant of a current holder.

Note: All children who are under the age of 18 years are eligible.

Eligibility is also dependent on the residential eligibility of the patient within the Area Health Service (AHS) to which the application for a denture is made. An eligible NSW resident who has moved into the geographical boundaries of another AHS will not be disadvantaged but may need to be reassessed or reviewed by the new AHS.

2.2. Equity

Area Oral Health Services (AOHS) must ensure that denture services are provided equitably on the basis of clinical need and priority of care and not simply on the time elapsed since the previous denture was provided.

This management is to include:

- ~ Triage through the Information System for Oral Health (ISOH) priority oral health program
- ~ Assessment and prioritisation of all patients according to clinical need prior to placing on priority lists

¹⁰ <http://www.health.nsw.gov.au/archive/cib/information-bulletins/2003/ib2003-15.pdf>

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- ~ Assessment by clinicians, guided by the [“Guidelines for Public Oral Health Clinicians”](#) (refer to page 6)
- ~ Computer based priority lists for denture services, maintained by AOHS to ensure equity of access
- ~ Active management of lists to ensure that patients who are waiting still require the treatment for which they were assessed.

Note: Deviation from assessment criteria is permitted in remote localities - Areas of Need (AON) - where procurement contracts may be made with Private Oral Health Providers.

2.3. Department of Veteran Affairs

Public oral health clinicians should routinely inquire whether the patient is a current holder of a Department of Veteran Affairs (DVA) gold card holder. DVA gold card holders should be referred to an appropriate DVA contact¹¹ for management of their dental health needs, including dentures.

Section Three

Guidelines for Public Oral Health Clinicians

The following guidelines have been developed to assist public oral health clinicians to prioritise the provision of full and partial removable dentures to eligible patients. The guidelines describe a range of clinical determinants that need to be considered when determining suitability for dentures.

3.1. Minimal Requirements

Dentures may be provided for patients who, in the oral health clinician’s opinion, satisfy all of the following criteria:

- ~ The patient demonstrates the capacity to wear dentures and to benefit from the provision of dentures or denture services
- ~ The patient requests a denture either directly or via a care giver or guardian
- ~ The patient has no existing denture and has missing teeth that substantially impact on function or aesthetics
- ~ The patient has an existing denture and the clinical condition has been assessed as having any of the following:
 - the existing denture is ill-fitting and impacting on function
 - the denture is aesthetically poor
 - there is a functional need as demonstrated by lack of occlusal

¹¹ <http://www.dva.gov.au/health/provider/dental/contact.htm>

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- support, trauma to the dentition or supporting structures, tooth-wear, or
- where there is an anticipated substantial clinical benefit in the provision of the denture.

In situations where the oral health clinician has doubts about the aesthetic or functional benefit of a new or replacement denture, the patient should be advised that this policy directive does not permit a denture to be provided through the public system.

3.2. Denture treatment options

Treatment that is provided will depend on the nature of the presenting clinical condition and resource availability in each Area Health Service. The provision of denture services may include any of the following treatment options:

- ~ Full dentures
- ~ Partial dentures
 - Acrylic based (routine)
 - Cast-metal based (where clinically justified)
- ~ Denture repairs
 - Generally one repair per denture annually
- ~ Relines (only for serviceable dentures)
- ~ Denture ease or adjustment as definitive care
- ~ Denture ease or adjustment as temporary care to alleviate the urgency of the presenting condition such as trauma to soft tissue
- ~ Immediate dentures may be provided on a case by case basis, replacing anterior teeth. Immediate full dentures are short term only and need to be replaced with a new full denture after a suitable period to allow the jaw bone to stabilise.

Before a new denture is provided the following conditions must be satisfied:

- ~ all mucosa/soft tissue must be healthy and pathology free
- ~ any functionally affected teeth should be free of pathology/caries
- ~ the patient must demonstrate an effective level of oral hygiene
- ~ abnormalities requiring re-contouring have been considered
- ~ the patient has sound periodontal health.

When considering provision of a cast-metal based denture the oral health clinician may take into account one or more of the following clinical conditions:

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- ~ excessive loss of occlusal vertical dimension due to tooth wear
- ~ a demonstrated history of failed acrylic-based removable partial denture (RPD)s
- ~ a high risk of fracture of an acrylic-based RPD
- ~ a diagnosed hypersensitivity to denture base acrylic
- ~ the construction of a cast-metal-based RPD would avoid the need for surgical correction of an anatomical, developmental or acquired abnormality.

Cast metal dentures that do not satisfy these guidelines may require part payment by the patient.

NB: Where resources allow, AHS' may wish to expand this criteria.

3.3. Services Not Provided

Denture services that are not recommended include:

- ~ Permanent soft liners except following a specialist assessment and consultation
- ~ Immediate full dentures replacing multiple posterior teeth
- ~ Dentures replacing minor posterior tooth loss
- ~ Where there is any doubt as to the clinical benefit of a denture.

3.4. Service Priorities

The provision of dentures, denture repairs and relines should be prioritised according to the categories listed below. Replacement of lost dentures is to be discussed on a case-by-case basis with the senior dental clinician in the AOHS.

Category 1 ISOH Code C

Where the absence of service provision will result in damage to supporting structures

OR

Where the patient has missing maxillary anterior tooth/teeth:

- with no existing denture and a degree of social impairment
- where the existing maxillary denture is displaced whilst speaking.

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Category 2 ISOH Code E or F

All other denture service needs.

3.5. Consultation

Where there is some dispute over service provision, consultation should initially be sought with a nominated senior oral health clinician in the Area/Network.

Additionally, specialist advice may be obtained from those clinicians identified in the NSW Public Oral Health State-wide Specialist Referral Clinical Guidelines¹².

Section Four

Public Oral Health Check List

Before commencing a denture course of care (either in-house or OHFFSS) the Oral Health Clinician is responsible for ensuring that the patient:

- will benefit from the denture
- is dentally fit prior to denture construction irrespective of the service being provided in-house or through the OHFFSS
- has the skills to maintain good oral hygiene for their remaining teeth
- understands the type of denture being provided
- has the skills to care for their denture (resource: NSW DOH denture pamphlets)
- understands their roles and responsibilities as per the AHS protocols or OHFFSS PD¹³
- has access to pre-prosthetic mouth preparation for clasps and rests if required

¹² <http://www.health.nsw.gov.au/archive/cib/information-bulletins/2003/ib2003-15.pdf>

¹³ http://www.health.nsw.gov.au/policies/pd/2006/PD2006_087.html

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Shortened Terms

ACHS	Australian Council of HealthCare Standards
AHS	Area Health Service
AOHS	Area Oral Health Service
AON	Area of Need
DVA	Department of Veteran Affairs
DOH	Department of Health
ISOH	Information System for Oral Health
OHFFSS	Oral Health Fee for Service Scheme
NSW	New South Wales
RPD	Removable Partial Denture

Definition of Terms

Area of Need	Area of Need is an area where demand for treatment is extremely high and is impacted by the following: (i) recruiting and retaining both private and public oral health care providers; (ii) excessive distances to travel for access to a public oral health clinic in remote communities (this includes where the person has no access to private transport or public transport is not available); and (iii) the amount of time a public oral health provider is spending assessing patients is significantly impacting on the ability to provide definitive clinical care (COHS 2006 P. 16).
Procurement contract	An agreement between two or more parties creating obligations that are enforceable or otherwise recognizable as law (Science and Technology 2008)
Residential Eligibility	Is dependent upon the address of the patient who must reside within the Area Health Service to which application for treatment or denture services is made (COHS 2006. P. 16).
Voucher	Refers to the OHFFSS authorising voucher which is compulsory for: (i) a patient to receive emergency treatment; or (ii) provision of denture/s (COHS 2006 p. 16).

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Appendix A Acknowledgement

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