

Priority Oral Health Program and List Management Protocols

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Functional Sub group Clinical/ Patient Services - Dental/Oral

Summary The purpose of the Priority Oral Health Program and Wait List Management Protocols is to establish a clear and consistent patient flow pathway for eligible NSW residents who access general public dental services. Policy has been amended to update recommendations to change 'urgent dentures' to a Code D with the recommended maximum waiting time of 9 months, and 'chronic disease conditions' to a Code C with the recommended maximum waiting time of 6 months to align existing public dental work practices to the 2008 Commonwealth Dental Health program strategies.

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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 Public Dental Service Staff

Distributed to Public Health System, Dental Schools and Clinics, NSW Ambulance Service, 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This Policy Directive may be varied, withdrawn or replaced at any time.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.

PRIORITY ORAL HEALTH PROGRAM AND LIST MANAGEMENT PROTOCOLS

Purpose

To establish a clear and consistent patient flow pathway for eligible NSW residents who access general public dental services.

Our commitment

NSW Department of Health is committed to consistent, equitable and efficient administrative processes, and clinical judgements, in triaging eligible NSW residents through the Priority Oral Health Program and list management.

Roles and Responsibilities

NSW Department of Health

- provides mandatory requirements and standards for implementation of this policy
- evaluates the efficiency and appropriateness of the Priority Oral Health Program

Chief Executives

- assign responsibility and personnel to implement the policy directive
- provide line managers with support to mandate the policy's patient flows and list management
- report on the POHP and waitlist management to the NSW Department of Health

Oral Health Clinical Directors and Oral Health Managers

- promote the patient flow pathways and clinical processes
- ensure the successful implementation of the policy within their organisation
- conduct regular audits regarding clinical processes and list management

All staff

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

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Executive Summary

In 2007 the Department of Health initiated a review of patient flow through the Priority Oral Health Program (POHP) and Area Health Services' list management as recommended by the Dental Inquiry recommendation 19 (NSW Government 2006). This review was to align current work practices more closely with the goals of NSW Oral Health Implementation Plan 2005-2010. These goals aim to improve the oral health of the population, reduce inequalities in oral health outcomes and to provide equitable access to dental health services (NSW Department of Health 2007).

In 2007-2008, the collaborative efforts of the Department of Health, Centre for Oral Health Strategy NSW, and Area Health Services developed this policy directive as an important strategic direction for providing equitable access to public dental services. It provides a policy framework for the POHP and for the consistent, equitable and efficient list management within Oral Health Services.

The Policy Directive aims to provide:

- Consistent practices in the delivery of POHP
- A transparent, patient focused process
- Standardised list management practices
- Equitable service delivery
- Improved oral health service data integrity
- Efficient and effective management of available resources

POHP prioritises access to dental assessment and treatment based on medical and dental need as well as socio-economic and other risk factors. The POHP triage questionnaire assists services to prioritise patients' priority for clinical assessment according to the urgency of their problem. The Priority Clinical Code allocated determines whether the person receives an appointment at this time or is placed onto a waiting list. Details of factors influencing access, and benchmark waiting times are outlined in the document.

The key aspects of patient flow have been identified firstly as generic for adult and child and then separately to differentiate their different clinical pathways (refer to **Section 3, 4, 6 and 7**).

To support the implementation of this policy directive Oral Health Services are expected to:

- Ensure Area wide equitable access for patients
- Provide Area wide uniform waiting times for comparable services
- Implement state-wide standard list management practices
- Establish regular system evaluation protocols
- Document practices
- Improve quality assurance measures
- Actively manage patients and lists

It is important for Area Health Services (AHS) to establish systems with transparent auditing principles and evaluation processes for reviewing the effectiveness of the POHP PD (refer to **Section 9**).

Section One

Introduction

1.1. Background

The POHP assists Oral Health Services in prioritising all patients (children and adults) according to the urgency of their problem. The advantage of the POHP is that it provides a fair and efficient way to access public oral health services in NSW.

When a person makes contact with an AHS Oral Health Service a specifically designed (triage) oral health needs questionnaire is administered by staff either via telephone or face to face. There is a child questionnaire and an adult questionnaire. Information from the triage questionnaire is entered into the Information System for Oral Health (ISOH) and a patient's clinical priority code is established.

It is important to ensure that oral health employees who are users of ISOH are provided with the appropriate training and support for accurate and uniform data input into the ISOH application including the triage questionnaire. POHP has recommended timeframes within which clinical assessment should occur. These timeframes are linked to priority clinical codes (refer to **Table 4**). Furthermore, for eligible NSW residents who live with chronic diseases (Code 2 and 4), a State list of core conditions has been developed to support the Commonwealth's priority area of chronic conditions (refer to **Table 5**).

Treatment flows depend on the severity and urgency of the condition; patients may be offered an appointment or placed on a list (refer to **Table 6** for adults and **Table 7** for children). List options are: assessment, treatment, referral and managed care (refer to **Appendix B**).

Should a patient require a specialist service following an assessment appointment, and they meet the clinical criteria for that service, a referral to a specialist Dental Officer can be made.

1.2. Application

The POHP Policy Directive applies to NSW public oral health services including Area Health Service Oral Health Managers and Clinical Directors (or their equivalent), generalist dental clinicians and supporting administrative staff.

This Policy Directive should be read in conjunction with:

Title: Priority Oral Health Program and List Management Protocols

- Bisphosphonate Related Osteonecrosis of the Jaws - prevention¹
- Eligibility of Persons for Public Oral Health Care²
- Medical Records in Hospitals and Community Care Centres³
- NSW Aboriginal Health Impact Statement and Guidelines Second Edition 2007⁴
- Oral Health Fee for Service Scheme (OHFFSS) NSW⁵
- Oral Health Record Protocols⁶
- Orthodontic Care in Public Dental Clinics⁷
- Early Childhood Oral Health Program: The Role of Public Oral Health Services⁸
- Provision of Denture Services⁹
- Public Oral Health State-wide Specialist Referral Clinical Guidelines¹⁰
- Waiting Time and Elective Patient Management Policy¹¹
- Pit and Fissure Sealants: the use of in Public Oral health Services¹²

1.3. Policy Directive Aims

Consistent, equitable and efficient list management through the application of this policy is expected to achieve the following outcomes:

- A transparent, patient focused process
- Flexible service delivery, with the ability to provide episodic care to eligible NSW residents outside their normal Area Health Service
- Well informed patients and staff (clinical and non clinical) who understand the access process, their roles and responsibilities
- Patients who are first assigned to the correct clinical priority category and once assessed placed on a waiting list that has clinically appropriate timeframes (Refer to **Tables 4, 6 & 7**)
- Active management of patients and lists
- Accurate data collection and documentation
- Efficient demand management strategies to promote the most effective use of available resources

¹ http://www.health.nsw.gov.au/policies/gl/2008/GL2008_010.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_082.html

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

⁶ http://www.health.nsw.gov.au/policies/pd/2008/PD2008_024.html

⁷ http://www.health.nsw.gov.au/policies/PD/2005/PD2005_101.html

⁸ http://www.health.nsw.gov.au/policies/pd/2008/PD2008_020.html

⁹ http://www.health.nsw.gov.au/policies/pd/2005/PD2005_573.html

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

¹¹ http://www.health.nsw.gov.au/policies/pd/2006/PD2006_020.html

¹² http://www.health.nsw.gov.au/policies/pd/2008/PD2008_028.html

1.4. Definitions of Terms

It is important to have a clear understanding of the terminology used in this PD. **Appendices B & C** provide definitions of terms.

Section Two

Communication Framework

2.1. Contacting Oral Health Services

An internal NSW Health audit of the Oral Health Reforms in 2003 recommended that each AHS in NSW establish a single Oral Health Call Centre. This has been mostly achieved following the AHS mergers in 2005.

In most instances a person's initial contact with public oral health services in NSW should be made via an AHS Oral Health Call Centre¹³ (refer to **Section 3**). Persons who arrive at an oral health facility to request services should be given a brochure outlining POHP and be given the opportunity to phone the call centre to complete the triage questionnaire.

2.2. Public Dental Services: 'What you need to know' Brochure

The Public Dental Services Brochure¹⁴ contains standardised information that provides patients with a basic understanding of POHP. It gives a step by step description of how a patient accesses and receives oral health care, including eligibility, and provides clear instructions regarding the patient's responsibility while receiving care from the service, such as attendance at scheduled appointments (refer to **Point 5.1**).

AHSs standard operating procedure must include provision of a Public Dental Service brochure to all eligible persons on initial contact with a public oral health service.

Section Three

Request for Oral Health Service

For a NSW resident to receive assessment and treatment they must be eligible for treatment as identified in the NSW Eligibility of Persons for Public Oral Health Care policy directive¹⁵. At the first contact with the service the person's eligibility for public oral health care will be established. If a patient is found to be eligible for public oral health care the following processes apply:

¹³ <http://internal.health.nsw.gov.au/services/>

¹⁴ POHSB brochure can be downloaded from <http://www.health.nsw.gov.au/cohs/resources.asp> or ordered from Better Health Centre 02 9887 5450

¹⁵ http://www.health.nsw.gov.au/policies/PD/2005/PD2005_171.html

3.1. New Patients

If an eligible person has not received public oral health care in that AHS previously they will be registered in ISOH to have their oral health needs assessed. The person/parent/guardian/carer will be required to answer a series of questions, via the ISOH triage questionnaire, relating to the person's oral health needs, demographic information, social circumstances, medical conditions and special requirements e.g. the need for an interpreter and/or Aboriginal Liaison Officer/Health Worker.

The person's priority for assessment will then be established by the ISOH triage questionnaire. The clinical urgency of the person's condition, in addition to other relevant factors, will determine whether the person receives an appointment at this time or is placed onto a list (refer to **Table 4**).

3.2. Emergency Patients

An emergency condition (Code 1) is defined as: (i) acute dental and/or facial trauma resulting in tooth, jaw or soft tissue damage; (ii) acute oral-facial infection resulting in facial swelling; and (iii) uncontrolled bleeding from an oral wound.

Persons not holding concession cards may receive emergency treatment only and should see a private dental practitioner for all other treatment in accordance with NSW Eligibility of Persons for Public Oral Health Care¹⁶.

3.3. Existing Patients

The reason for the existing patients' contact should be ascertained and their prior questionnaire responses should be reviewed, as per AHS procedures, to establish whether their clinical condition has deteriorated.

3.4. Non residents

Should the patient not be a resident within the AHS boundary they should be given the appropriate AHS call centre number¹⁷.

3.5. Non concession card holders

If a patient is found not to be eligible for public oral health services they should be given appropriate information regarding alternative agencies that may be able to assist them.

¹⁶ http://www.health.nsw.gov.au/policies/PD/2005/PD2005_171.html

¹⁷ <http://www.health.nsw.gov.au/cohs/contacts.html>

Section Four

Oral Health Care Pathways

4.1. Episodic course of care

In an episodic course of care there is an expectation that a stabilising treatment will be offered on the first appointment. Restorative and/or preventive treatments may also be provided in follow-up appointments, dependent on the patient's oral health needs, as determined by the treating clinician and as per AHS policies.

4.2. General course of care

A patient who is commencing a general course of care is to be provided at their first appointment: (i) a full examination; and (ii) treatment to start their course of care. For children identified as having high caries risk, following due clinical assessment, treatment provided at their first appointment should include placement of fissure sealants on permanent molar teeth.¹⁸ Treatment provided during a general course of care will depend on the patient's oral health needs, as determined by the treating clinician and as per AHS policies. In a general course of care the treatment that is provided should result in the patient being dentally fit.

4.3. OHFFSS

OHFFSS vouchers should be issued in these cases in accordance with the OHFFSS policy directive.¹⁹ This allows the patient to receive treatment for their emergency or acute treatment needs by a private practitioner who participates in the NSW OHFFSS. If the patient requires further general treatment they may be referred back to the AHS call centre for (i) a general care appointment or (ii) placement on a treatment list.

Section Five

Appointment protocols

Episodic and general appointments, made in accordance with priority clinical code criteria, should also be provided within benchmark waiting times wherever possible (refer to **Table 4**).

5.1. Managing appointments

AHSs are to offer patients up to 3 appointments (dates and time) to obtain a mutually suitable appointment time during normal working hours. If a patient is unable to accept any of the three offered appointments, the course of care may be put on hold for up to 3 months or alternatively be 'discontinued' (refer to

¹⁸ http://www.health.nsw.gov.au/policies/pd/2008/PD2008_028.html

¹⁹ http://www.health.nsw.gov.au/policies/pd/2006/PD2006_087.html

Appendix B). Where the AHS needs to reschedule an appointment, sufficient prior warning should be given to the patient and the rescheduled appointment should be made at a mutually suitable time.

5.2. Missed or Cancelled Appointments.

AHS should have an active strategy to identify and assist vulnerable persons who regularly fail to attend (FTA) appointments without adequate prior notification, for example people with a mental illness, the frail and aged, and people experiencing homelessness. Flexible patient centred models of service delivery developed in collaboration with other service providers, carers and agencies are needed to assist these vulnerable populations in accessing mainstream services.

A patient who has two (2) FTA appointments (refer to **Table 3**) in one course of care may have their course of care discontinued. The AHS should exercise discretion on a case by case basis to avoid disadvantaging patients in cases of a genuine hardship, misunderstanding and other unavoidable circumstances (NSW Health Waiting Time and Elective Patient Management Policy). When the patient recontacts the AHS they may be required to re-register their oral health needs via POHP triage. Local AHS policies regarding patients who FTA their appointments should be complied with.

Table 3

Category of non-attendance	Definition
Failure to Attend (FTA)	A patient has failed to attend a scheduled appointment when they: (i) do not arrive prior to the appointment time; (ii) do not ring to cancel the appointment (Refer to UTA)
Unable to Attend (UTA)	A patient or bona fide carer has notified the service prior to the appointment time that he/she will not be able to attend for the appointment. An explanation should be sought for the cancelled appointment.
Dental Organization Cancelled Appointment (DOC)	The oral health service cancels or reschedules an appointment. An apology and explanation should be given to the patient in these circumstances.

Patients must be fully informed that a requirement for ongoing care is to inform the Oral Health Service if they are unable to attend their scheduled

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appointment. All persons involved should be aware of the consequences should they fail to do so.

The following communication strategy covering non-attendance needs to be implemented:

- Signage in dental clinics
- Verbal advice given via call centre, treating clinician or administration support staff
- Public Dental Services Brochure 'What You Need to Know' (refer to **Point 2.2**)
- AHS post a warning letter after the first FTA appointment in a course of care.

If a course of care is closed due to FTA/UTA, the AHS is required to:

- record the reason for closing the course of care or placing the patient's assessment or treatment on 'hold'
- record all FTA, UTA, and DOC appointments in ISOH. including the reason (if available)

Section Six

Priority Clinical Code Criteria

There are many factors and criteria that influence a patient's priority access to appointments and waiting lists during triage. **Table 4** provides a summary of factors and criteria, along with recommended waiting times. Further access to services and/or list placement is based on clinical assessment. AHSs need to note that different criteria apply to placing children and adults on waiting lists (refer to **Table 4, 5, 6 and 7**). Adherence to the recommended maximum waiting times is a management responsibility of AHS'.

Referrals from external agencies, as shown in **Table 4 Code 3c**, are categorised by: (i) non government organisations; (ii) Community Health (C&FHN and AHW) or GP; and (iii) Department of Community Services. Because general dental care can now be provided through the OHFFSS, POHP Codes 4, 5 and 6 (refer to **Table 4**) can either be issued a OHFFSS Voucher from an assessment appointment, or from a treatment appointment to complete the patient's dental care (refer to OHFFSS PD **Section 3**).

Table 4

Priority Code	Factors Influencing Access	Summary of triage Criteria	Appoint Or Wait List	Recommended Maximum Waiting Time
1	Emergency	<ul style="list-style-type: none"> ✓ Trauma including: <ul style="list-style-type: none"> ▫ loss of function, ▫ swelling, ▫ uncontrolled haemorrhage, ▫ supervening infection 	Appoint/or OHFFSS voucher	24 hours
2	Medical condition requiring immediate attention	<ul style="list-style-type: none"> ✓ Any medical condition where failure to give dental care would adversely affect commencement of urgent medical treatment 	Appoint/or OHFFSS voucher	3 days
3a	Oral Health condition	<ul style="list-style-type: none"> ✓ Pain 	Appoint/or OHFFSS voucher	1 week
3b	Oral Health condition	<ul style="list-style-type: none"> ✓ Pain 	Appoint/or place on a list/or OHFFSS voucher	1 month
3c	Oral Health condition	<ul style="list-style-type: none"> ✓ A child between 0-5 years 	Appoint / OHFFSS Voucher	1 month
		<ul style="list-style-type: none"> ✓ Urgent need of a denture ✓ Oral health condition in a child or adult requiring attention 	Appoint/or place on a list / OHFFSS voucher	3 months
4	Medical	<ul style="list-style-type: none"> ✓ Significant developmental or acquired disability OR ✓ Serious medical condition or Social, cultural, or economic risk factors ✓ Aboriginal descent ✓ Oral health condition in a child or adult requiring attention, OR <ul style="list-style-type: none"> ▫ significant developmental or acquired disability OR ▫ social, cultural, or economic risk factors 	Place on list	6 months
5	Oral Health Need	<ul style="list-style-type: none"> ✓ Extractions, periodontal disease, dental caries, 	Place on list	12 months

Priority Code	Factors Influencing Access	Summary of triage Criteria	Appoint Or Wait List	Recommended Maximum Waiting Time
		impacted wisdom teeth, dentures. ✓ A child or adult requiring restorative treatment OR <ul style="list-style-type: none"> ▫ concerns regarding loose baby tooth/teeth 		
6	General Request for Care	✓ Check up	Place on list	24 months

Section Seven

Related Programs

NSW residents who participate in programs that are endorsed by NSW Health and supported by NSW Oral Health Strategic Directions 2005-2010 and/or NSW Oral Health Promotion: Framework for Action 2010, such as those identified below, may have altered patient flow pathways.

7.1. Managed Care Program

At the completion of a course of care the treating clinician may wish to place patients with complex oral health needs in a managed care program (note: AHS protocols apply). To place a patient on a managed care program the course of care associated with it must first be completed (i.e. separated in ISOH). AHS should note that patients who are placed in a managed care program are not included in AHS waiting list calculations. Furthermore managed care patients are still eligible to receive a new course of care but must go through POHP. The following ISOH categories and definitions for a managed care program are:

7.1.1. Adult

- Code 1 - a patient who has a history of head and neck radiation therapy
- Code 2 – a patient who is undergoing IV bisphosphonate therapy (refer to **Bisphosphonate PD**²⁰)
- Code 3 – a patient who has a history of chronic disease (refer to **Table 5**)
- Code 4 and 5 - A patient who meets the criteria of local AHS policies and/or special programs

²⁰ http://www.health.nsw.gov.au/policies/gl/2008/GL2008_010.html

7.1.2. Children

- Code 1 - a patient who requires specialised clinical procedures (i.e. trauma, soft tissue lesions)
- Code 2 - a patient who has undergone a general anaesthetic or has early childhood caries
- Code 3 - a patient who is classified as living with special needs
- Code 4 - a patient who is living with chronic disease (refer to **Table 5**)
- Code 5, 6 and 7 - a patient who meets the criteria of local AHS policies and/or special programs

7.2. Special Programs

The special programs identified below are implemented to target specific high risk groups that are identified in the National Oral Health Plan “Healthy Mouths Healthy Lives’ 2004 – 2013²¹ and NSW Oral Health Plan 2005-2010. These programs presently include:

7.2.1. Early Childhood Oral Health (ECOH) program

The program consists of the following strategies:

- ~ Child health professionals are requested to: (i) check the mouth and assess the risk for dental disease in their clients aged 0-5 years; (ii) document their findings; and (iii) refer children at high risk for dental disease to oral health services.
- ~ Oral health services agree to: (i) prioritise the referrals (i.e. children receive a timely appointment and are not placed on a waiting list); and (ii) record the children who enter the system with a referral from a child health professional by ticking the child’s triage questionnaire referral box (“Do you have a referral from an NGO, Community health, DoCS”); and (iii) at the end of every month review the referrals and send feedback letters to referring health professionals²².

7.2.2. Commonwealth Programs

From 1 July 2008, Aboriginal and Torres Strait Islander people, people with chronic diseases and pre-school children who apply for oral health services will continue to be triaged by POHP and given priority – after those with more severe oral health problems (for example those requiring emergency treatment) have been dealt with.

²¹ <http://www.health.vic.gov.au/dentistry/publications/oralhealth.htm>

²² http://www.health.nsw.gov.au/policies/pd/2008/pdf/PD2008_020.pdf

7.2.2.1. Medicare Teen Dental Plan

The Medicare Teen Dental Plan (MTDP) offers a dental voucher that may be used for preventive dental checks for 12 to 17 year old teenagers. AHS' are able to participate in this program under private practice rights or by bulk billing at a public dental clinic. Teenagers receiving a MTDP preventive check by public dental services are to be flagged in ISOH using the '**Teen Voucher**' tag.

7.2.2.1.1. MTDP Referral

AHS' need to note that a teenager referred by a private provider back to the AHS for continuation of dental care is to comply with appointment and waitlist strategies identified in **Section 6**.

NSW Health has developed a generic MTDP referral form²³ for this process. The data entry of this referral form is to be entered into the ISOH Child questionnaire and flagged by using the **ISOH 'Teen Referral' tag** (refer to AHS MTDP Information Sheet²⁴). AHS' need to review the MTDP referrals on a regular basis and send feedback letters to the referring private provider regarding their current status.

AHS' are required to manage these teenagers referred into the AHS for continuation of their dental care to ensure treatment is completed prior to their next MTDP Voucher.

7.2.2.2. Chronic Diseases Program

People with chronic diseases will be categorised using a core list of chronic conditions agreed to by the all Australian jurisdictions and modified by NSW Health. **Table 5** identifies the list of "core" chronic conditions which will be used to measure progress against the Commonwealth's priority area of chronic conditions. A patients with chronic disease as identified in **Table 5** is to be recorded into the ISOH database. AHSs are required to track these patients by indicating the client record with an alternate (ALT) address type: '**CDHP**' tag. This will enable the AHS to retrieve clients from any wait list. These adult patients will be generally managed through ISOH code 2 or code 4, whilst children will be generally managed through ISOH Code 3a (current SAP code).

²³ <http://www.health.nsw.gov.au/cohs/resources.asp>

²⁴ <http://www.health.nsw.gov.au/cohs/resources.asp>

Table 5

Chronic diseases	Recommended Treatment POHP Codes	Possible Location of Treatment
<u>Cancer patients</u> Head and neck cancer (surgery, RT, chemo)	A	Public
<u>Transplant patients</u> requiring immuno suppression	A	Public
<u>Cardiac patients</u> pre cardiac surgery	A	Public
<u>Cardiac patients</u> at high risk of endocarditis	A	Public
<u>Cancer patients</u> below clavicles as cancer location. Only applies if having chemotherapy or significant immuno suppression	A	Public
<u>Bisphosphonates</u> I.V. infusion for cancer	A	Public
I.V. or oral for Pagets Bone disease	A	Public
Prior to commencement or within 1 st year for oral bisphosphonates	C	Private
Longstanding oral bisphosphonates	C	Private
<u>Viral Blood borne infections</u> HIV/AIDS	A/ C	Public/Private
Hepatitis C - with poor liver function	A/ C	Public
Hepatitis C – Asymptomatic	C	Private
Haemophilia or significant Coagulopathy	C	Public/Private
<u>Psychiatric Disease</u> Unstable On xerostomia-inducing psychotropic medication	C	Public/Private
<u>Older People</u> Entering residential care w/ dementia/Alzheimer's or similar	C	Public/Private
<u>Medication/s</u> On long term xerostomia-inducing medication	C	Public/Private
<u>Diabetes</u> Insulin dependant and unstable	A/ C	Public
Non insulin dependant diabetic	C	Private
<u>Special Needs</u> Intellectual or physical disabilities	C	Public
<u>Chronic/Degenerative</u> Huntington's Chorea Neuromuscular disorders Parkinson's Disease Chronic/Degenerative CNS Diseases: Moderate to severely advanced	A/ C	

Section Eight

List Management

The NSW Health Waiting time and Elective Patient Management Policy Directive²⁵, has been developed to promote clinically appropriate, consistent and equitable management of elective patients and lists in public hospitals across NSW. Oral Health Services must comply with the NSW Waiting Time and Elective Patient Management Policy. This includes compliance with the POHP Assessment (refer to **Table 4**) and Treatment Priority Code Criteria (refer to **Table 6** and **Table 7**) outlined in this PD.

Consistent, equitable and efficient list (assessment, treatment, referral or managed care) management can only be achieved through the application of standard work practices (refer to **point 8.1** for assessment list and **point 8.2** for treatment list), regular system evaluation, equitable resource distribution and active management of patients and lists by oral health staff and managers of oral health services.

Patients must be fully informed of treatment offered and consent to being placed on the waiting list. Services must ensure that appropriate levels of training and supervision are in place for all oral health staff that has responsibility for obtaining patient information, triaging via POHP and allocating appointments/placing on waiting lists. Adherence to standard work practices and POHP priority coding systems should be assessed during annual appraisal of staff performance.

8.1. Referring a Patient to an Assessment List

Waiting times for oral health assessment appointments should be uniform for all patients across the AHS regardless of their geographic location. Patients with priority clinical codes 3c, 4, 5, or 6 may be placed on an assessment list. If the patient is placed on an assessment list following triage the priority code is automatically transferred into the assessment list.

8.2. Referring a Patient to a Treatment List

Treatment priority code categorisation ensures that patients receive oral health care in a timely and clinically appropriate manner. To access treatment a patient may be given a treatment priority code by the referring clinician and placed on a treatment list at the time of the clinical assessment (refer to **Table 6 and 7**).

8.3. Referring a patient to a General Anaesthesia List

NSW Health has implemented a state-wide management process for paediatric patients requiring dental treatment under General Anaesthesia. Once this

²⁵ http://www.health.nsw.gov.au/policies/pd/2006/PD2006_020.html

program is rolled out AHSs will need to comply with the processes established and should have in place clinical review systems that ensure appropriate referrals are made for oral health treatment using General Anaesthesia (GA).

8.4. List Transfer

An eligible NSW resident who has been assigned to a list (assessment, treatment, referral or managed care) and has moved into the geographical boundaries of another AHS may request to have their list status transferred across to this AHS. If such a request is made, the AHS should write to the new AHS advising them of the patient's current list status. The patient should also be advised that they may be required to have another assessment by the new AHS.

8.4.1. Adults

Table 6

Code	Criteria	Clinical Categorisation Examples	Recommended Maximum Waiting Time
A	URGENT (Required to support urgent Medical treatment)	<ul style="list-style-type: none"> o Where failure to provide oral health care would delay the commencement or progress of urgent medical treatment. o Medical emergency, patient is about to undergo e.g. transplants or cardiac surgery o Patient commencing or undergoing chemotherapy, including intravenous bisphosphonate therapy, or head and neck radiotherapy. 	2 weeks
B	Stabilisation	<ul style="list-style-type: none"> o All pregnant women with poor oral health requiring treatment 	3 months
	Endodontic Treatment	<ul style="list-style-type: none"> o Patient meets all criteria for endodontic treatment as defined by AHS policy 	
C	Medically Compromised	<ul style="list-style-type: none"> o Patient whose medical condition is identified in Table 5 o Patient is medically compromised and no functional denture. 	6 months
D	URGENT Denture Requirements	<p>Where the absence of service provision will result in damage to supporting structures OR Where the patient has missing maxillary anterior tooth/teeth:</p> <ul style="list-style-type: none"> o with no existing denture and a degree of social impairment o where the existing maxillary denture is displaced whilst speaking. 	9 months
E	High Oral Health Need	<ul style="list-style-type: none"> o Three or more extensively carious teeth 	12 months
		<ul style="list-style-type: none"> o Community Periodontal Index (CPI) of 3 or greater 	
		<ul style="list-style-type: none"> o All other dentures needs not included in Code D 	
F	Low Oral Health Need	<ul style="list-style-type: none"> o All other assessed treatment needs. 	24 months

8.4.2. Children

Table 7

Code	Criteria	Clinical Categorisation Examples	Recommended Maximum Waiting Time
A	URGENT (Required to support urgent Medical treatment)	<ul style="list-style-type: none"> o Where failure to provide oral health care would delay the commencement or progress of urgent medical treatment. o Medical emergency, patient is about to undergo e.g. transplants or cardiac surgery o Patient commencing or undergoing chemotherapy, including intravenous, or head and neck radiotherapy. 	2 weeks
B	Critical treatment required	<ul style="list-style-type: none"> o Special need patients who have extensive treatment o Defined by AHSs as a high caries risk o Management or investigation of anomalies 	3 months
C	High oral health need	<ul style="list-style-type: none"> o Carious lesions in permanent tooth/teeth 	6 months
D	High oral health need	<ul style="list-style-type: none"> o Carious lesions in primary tooth/teeth 	9 months
E	Low oral health need	<ul style="list-style-type: none"> o Check up 	24 months

8.5 List Audits

Managing lists is a key priority for the Government and NSW Health (DoH 2006). AHS should have appropriate staff training programs, protocols and processes in place to ensure a high standard of data quality within the ISOH system. List audits should be undertaken on a regular basis and documentation of audits must be thorough, and include the responses received and the action taken (**Appendix D** provides a sample audit letter.).

To ensure the integrity and validity of the oral health service waiting list data two different types of audits need to occur (DoH 2006): (i) Clerical audit; and (ii) Patient audit.

8.5.1 Clerical Audit

A clerical audit of data quality should be undertaken at least monthly.

Each AHS oral health services are to identify a position responsible for the data quality audit of oral health waiting lists and reporting on a monthly basis to relevant management (DoH 2006). The audit documentation must provide a clear audit trail that can identify any changes made to a patient's wait list status and type. Information required in the audit is:

- Ascertain whether the patient has already had their procedure/treatment
- Check for duplicate list entries
- Review the waiting time against the priority clinical code criteria (refer to Table 4 for assessment list, and Table 7 and 8 treatment list).

8.5.2 Patient Audit

Patients on the waiting list should be contacted periodically, as per AHS protocol, to ascertain if they still require treatment. Two contacts must be attempted; one by letter and one by phone. An audit letter must include:

- Updated waiting times
- Information on alternative options where available
- Advice for clinical reassessment, where appropriate, and
- Contact details for the oral health service

8.5.3 Audit Report

An evaluation of the audit process must be conducted regularly (at least quarterly) by the staff responsible for list management (DoH 2006). Audit reports must specify:

- the type of audit conducted, methodology used, problems identified and recommendations for improvement,
- the number of patients audited and actions taken (e.g. letters sent, removal from the list, reasons for removal).

The audit report must be approved and signed by the Oral Health Service Director/Manager (DoH 2006).

Section Nine

Evaluation of NSW Priority Oral Health Program

Evaluation is a tool that seeks evidence of the actual performance during and post implementation of an activity and is necessary in order to meet the expectations of list management practices and reporting requirements described in this policy directive.

Regular evaluation and review supports policy orientated learning for both the State and AHSs (Department of Treasury and Finance 2005) and facilitates communication and an exchange of ideas between AHS. Membership of periodic review teams may include: (i) all AHS; (ii) NSW Health; (iii) the Centre for Oral Health Strategy NSW; and (iv) other representatives (e.g. non-government organisations), as appropriate.

One method of evaluation for AHSs is through the Oral Health Indicators²⁶ developed by the Australian Council of Healthcare Standards Evaluation and Quality Improvement Program (EQuIP).

The following evaluation strategies will also be useful towards achieving credible and useful results.

²⁶ <http://www.achs.org.au>

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- Surveys
- Pilots and case studies
- Statistical analysis
- Cost benefit analysis
-

Note: For standard measurement of capacity and performance between AHSs, an 'assessment' appointment directly followed by a 'new' appointment with the same treating clinician will be counted as one (1) occasion of service.

COHS will produce reports from the NSW Data Ware House for analysis and discussion to recommend changes to and/or endorse the POHP and List Management PD, and strategic directions for NSW public dental services. These reports will also be used to monitor Commonwealth programs key performance indicators (KPI) and will be measured against 2006/07 baseline data that will include:

- breakdown of total number of visits by priority group:
 - % of Aboriginal and Torres Strait Islander people
 - % of pre-school children
- Expenditure packages against these visits
- Waiting list data on number of persons on treatment list by priority group, average waits, and those outside POHP benchmark times
- Ongoing monitoring of comparative data regarding treatment provided to the Commonwealth target groups.

Shortened Terms

A	Assessment appointment
AHW	Aboriginal Health Worker
C&FHN	Child and Family Health Nurse
CDHP	Commonwealth Dental Health Plan
CPI	Community Periodontal Index
COHS	Centre for Oral Health Strategy NSW
MTDP	Medicare Teen Dental Plan
DoCS	Department of Community Services
E	Emergency appointment
ECOH	Early Childhood Oral Health Program
F	Follow-up appointment
GP	General Practitioner
IBU	ISOH Business Unit
ISOH	Information System for Oral Health
KPI	Key performance indicators
MoU	Memorandum of Understanding
N	New appointment
OHFFSS	Oral Health fee for Service Scheme
PCCC	Priority Clinical Code Criteria
POHP	Priority Oral Health Program

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Appendix A Acknowledgement

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Appendix B ISOH Definitions

Description of List types in ISOH

Types of list	Description
Assessment	Patients who have responded to the ISOH triage questionnaire and are waiting for an assessment appointment.
Treatment	Patients who had a clinical assessment/examination and are now waiting for appointments for treatment.
Referral	Patients who have been referred by a health care provider or authorised referral agency.
Managed care	Patients who are placed on a managed care program following treatment and the completion of their course of care (refer to Point 7.1)

Description of List Status in ISOH

List Status	Description
Appointment made	Patients who have been scheduled for their first appointment but care has not yet commenced.
Closed	Patients whose course of care has been completed (ie have been provided treatment/services and have been 'separated' as 'complete') or who have been issued an external authority treatment voucher.
Complete (separation type)	Close a patient's current course of care. Select in ISOH 'no further treatment or one of the oral health risk options. The patient may be assigned to another list through this selection associated with one of the oral health risk options. i.e. assigning to a treatment waitlist after an assessment or assigning to a recall or referral list at the end of the current course of care from the treatment list (COHS 2001).
Contacted	Patients who have been contacted but do not have an appointment. For example, a letter has been posted requesting a response by a nominated time period, and the clinic is waiting on the client to be appointed.
Discontinued (separation type)	Identifies all patients who have been removed from a list before the episode of care has been completed. ISOH will automatically set the list status to 'discontinued' when the course of care is separated as 'discontinue'. This usually occurs when a patient does not respond to a series of contact letters, or when clinical staff advises that a patient's treatment should be discontinued because they failed to attend a number of appointments without providing valid reasons such as: (i) going on extended holidays; (ii) unable to accept due to work commitments (Waiting Time and Elective Patient Management Policy PD 2006_020 pg 16). Any patient that is deceased (by being given the ISOH deceased indicator) will also have their list status automatically changed to 'discontinued'.
In progress	Patients whose assessment and/or treatment is currently taking place. The status appears after treatment items have been recorded against a presentation.

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Logged	This is the initial status of all patients who are placed on the Referral waitlist/log. It indicates that the referral has been received by the organisation and has been entered / logged into the ISOH system. Patient's referrals need to be reviewed by a Specialist or Dental Officer, the change of status is determined by the clinician i.e. whether to accept or decline the referral.
On Hold	Patients who are placed on hold because they are not ready to be allocated/contacted at this point in time for reasons such as hospitalisation; unable to obtain home support or other significant reasons (i.e.) personal carer (Waiting Time and Elective Patient Management Policy PD 2006_020 page 16)). To continue, or recommence, their course of care the patient needs to contact the oral health service.
Pending	This status is only available with any list, it is selected when waiting on correspondence/diagnostic tests not supplied with the referral. Once the vital information is received the status is changed to a more appropriate one. The oral health services will contact the patient to commence or continue their course of care.
Separation	Separation of a course of care occurs at the last end of the last appointment date. The separation of a course of care must be related to a separation type: (i) complete; (ii) discontinue; and (iii) transfer (COHS 2001).
Transfer (separation type)	Closes a patient's current course of care. A patient can be transferred to another provider, department or back onto treatment waitlist as part of their overall treatment plan. ie a provide carries out restorative work on the client to make them dental fit for denture work. This course of care is completed and the patient is placed back onto a treatment waitlist for the denture course of care. This option can also be used in child services were they require a review by a dental officer. The child would only be put on a waitlist if the nominated dental officer has an existing list (COHS 2001)
Waiting	Patients who have been placed on an assessment, treatment, managed care or recall list but do not have an appointment.

Appendix C Definition of Terms

Adult	Is a person 18 years of age or over - refer to Point 6.1.5 (Eligibility of Persons for Public Oral Health Care policy directive).
Assessment appointment	Is an appointment where the treating clinician diagnoses the patient's clinical condition and may provide treatment and stabilisation for the condition. The Assessment appointment can be either short (10 minutes) or long (40 minutes) in its time duration (refer to Table 2)
Child	Is a person less than 18 years of age – refer to Point 6.1.5 (Eligibility of Persons for Public Oral Health Care policy directive).
Chronic Diseases	National Public Health Partnership 2001 states that “chronic diseases are usually characterised by complex causality, multiple risk factors, along latency period, a prolonged course of illness, functional impairment or disability, and in most cases, the unlikelihood of cure” (DOH 2005)
Course of Care	Is a series of patient visits to address the oral health needs identified for the patient in a diagnostic examination (011, 012 or 013) and/or consultation (014 or 015) performed by an oral health provider. An examination code identifies the start of a new course of care (Qld Health 2005). For item numbers and definitions, refer to Appendix E .
Data Quality	Is a regular and routine clerical check that the information that the oral health services has of patients waiting for treatment is correct. It will facilitate the identification of patients who no longer require treatment or who have duplicate bookings (DoH 2006).
Data Warehouse	Collection of data designed to support management decision making. Data Warehouse contains a variety of data that present a coherent picture of business conditions at a single point in time. Development of Data Warehouse includes development of Systems to extract data from operating systems plus installation of a warehouse database system that provides managers flexible access to data. The term data Warehousing generally refers to the combination of many different databases across an entire enterprise.
Emergency appointment	Is an appointment where the POHP Code 1 containing ‘one’ of the five categories (refer to Table 4 and 5) requires treatment. A Follow-up appointment may be required to complete the code 1 course of care.
Episodic dental care	Is an emergency or acute course of care that is associated with a partial examination (013) and POHP Codes 1, 2, 3a or 3b.
Follow-up Appointment	Is an appointment that allows the continuation of treatment in the existing course of care that pertains to the relevant POHP code of entry.
General dental care	Is a course of care that is associated with a full examination (011) and POHP Codes 3c, 4, 5 or 6.

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List	Is a list kept by the AHS that contains the names and details of all patients registered as requiring dental treatment (DoH 2006).
List Audit	Is an audit were patients are contacted by letter to ascertain if treatment is still required (DoH 2006).
List Management	Is management of assessment, treatment and recall lists developed and maintained by a NSW Area Health Service.
Medical history	Medical history is based on a series of questions identifying the health status of the client through positive and negative responses (NSW Health 2007), and supplementary notes as required.
New Appointment	Is an appointment time were treatment must be carried out to address the conditions in the relevant POHP code of entry.
Oral Examination	An oral examination includes the examination of both soft and hard tissues, and findings are recorded using an odontogram and/or text. The charting needs to comply with the World Dental Federation (FDI) system and should include: (i) restored teeth (tooth code, surface/s involved and materials used) (ii) sound and unrestored teeth (iii) missing teeth (iv) hard tissue and soft tissue abnormalities (v) occlusion, including tooth mobility (vi) periodontal status including periodontal pocket depth, supra-gingival calculus, sub-gingival calculus and oral hygiene status and type of prosthetic appliances present (COHS 2007)
Special Needs	Special needs are as indicated in the National Oral Health Plan 2004-2013 Healthy Mouths Health Lives such as “people living with intellectual and physical disabilities, or mental or psychiatric conditions that increase their risk of oral health problems or increase the complexity of oral health care”. For a broader interpretation refer to the NOHP (AHMC 2004).
Treating Clinician	The treating clinician is the person responsible for delivering a treatment or procedure. These work practices may be provided by a multi skilled workforce that includes oral health, medical and allied health professionals (COHS 2007).
Treatment notes	Treatment notes are the recording of any discussions taking place during an appointment and the details of treatment provided as identified in the treatment plan. The notes can be entered by the treating clinician or by other clinicians and staff, but must be signed off by the treating clinician. Treatment notes can be extensive and they should include: (i) item number, tooth number and tooth surface (ii) Australian Dental Association Inc (ADA) item number (iii) surface/s restored (iv) material/s used (v) images taken (vi) prosthetic appliances fitted (both fixed and removable) including full and partial dentures, crowns, bridges and implants (Qld Health 2003, COHS 2007).
Triage questionnaire	Is a template situated in the ISOH application that pertains to either: (i) child (0-17 years of age); and (ii) adult (>18 years of age). These templates are designed to assign a POHP priority code

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Visit	A 'Standard visit' under the CDHP is based on a case weighted of \$250 per visit or 5.4 WOOS, thereafter referred to as either a visit or a standard visit (COHS 2008)
Voucher	Refers to the OHFFSS authorising voucher which is given to patients so they can receive; (i) episodic and general treatment; or (ii) dentures (OHFFSS PD 2006_087).

Appendix D NSW Health Schedule of Dental Services 2004

Item Number	Definition
011	<u>Comprehensive oral examination</u> - Examination of all teeth their supporting tissues and oral tissues in order to record the condition of these structures. The examination includes recording appropriate medical history relevant information. The item number 011 is used as a flag for identifying the start of a general course of care.
012	<u>Periodic oral examination</u> - An evaluation performed on a recalled patient of record to determine any changes in the patient's dental and medical health status since a previous comprehensive or periodic examination within 12 months
013	<u>Oral examination (limited)</u> - A limited problem-focused ora examination carried out immediately prior to required treatment. This examination includes recording an appropriate medical history and any other relevant information. This item is used for all emergency exams, public dental service screening and dental assessment provided in the clinic. The item number 013 is used as a flag for identifying the start of an episodic course of care.
014	<u>Consultation</u> - A visit to seek advice regarding a specific dental or oral condition, this consultation includes recording an appropriate medical history and any other relevant information
015	<u>Consultation (extended 40 minutes)</u> - A visit to seek advice regarding a specific dental or oral complaint, this consultation includes recording an appropriate medical history and any other relevant information

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Appendix E Sample Audit Letter

Dear <insert patient's name>

We are continually updating our lists so they remain accurate, complete and ensure your timely access to our services.

To enable us to keep our list accurate we would ask you to complete the section below and return within 21 days or alternatively ring our Call Centre on <insert phone number>.

We acknowledge that you may have previously received and replied to this request, and apologise for any inconvenience caused, however it is important that this information is obtained regularly, reviewed and our records updated.

Should your clinical condition change you should contact our Call Centre..

If you do not confirm that you wish to remain on the list within 21 days your name may be removed from the list.

Please tick one of the boxes below:

- I still require dental treatment and wish to remain on the list
- I wish to be taken off the list as I have had dental treatment elsewhere
- I wish to be taken off the list, as I no longer require the dental treatment

To be eligible for dental treatment, you must have a current Healthcare Card, Pensioner Concession Card or Commonwealth Seniors Card. Please note that this does not apply to children under 5 years, or under 18 years of age in full-time education.

Please tick one of the boxes below:

- I have a current Healthcare Card
- I have a current Pensioner Concession Card
- I have a current Commonwealth Seniors Card
- I do not have a current Healthcare, Pensioner Concession or Commonwealth Seniors Card

Should you have any concerns or if we can assist you in any way please contact our Call Centre on the numbers given above.

Yours faithfully

<Signature block>
<Title>