

Question on Notice
No. 190
Asked on 19 March 2014

MRS SCOTT asked the Minister for Health (MR SPRINGBORG)-

QUESTION:

How has the budget structure of Child and Adolescent Oral Health Services (previously referred to as the School Dental program) changed each year in 2012, 2013 and 2014, including past income sources and projected income from the Child Dental Benefits Schedule?

ANSWER:

I thank the Honourable Member for Woodridge for her question.

There are two aspects to this response, the first relates to how the Queensland Government funds public oral health services, and the second relates to the Child Dental Benefits Schedule (CDBS) in the context of public oral health services.

In relation to State funding for the delivery of public oral health services, since the introduction of Hospital and Health Services (HHSs) on 1 July 2012, the Department of Health has allocated oral health budgets to each Hospital and Health Service (HHS). HHSs are accountable for an agreed level of activity, as defined in their HHS Service Agreements.

From 1 July 2013, an output based funding model was introduced for public oral health services to promote greater efficiency in the delivery of these services by HHSs.

The CDBS is a Federal Government initiative. This new scheme commenced on 1 January 2014 and enables eligible children aged two to 17 years to access Medicare benefits of up to \$1000 over two calendar years for general dental care. It is estimated that over 600,000 Queensland children, or 63% of children aged 2 to 17, are eligible for the CDBS.

Under the CDBS, patients can receive benefits for services provided through a public or private provider. Services provided through the public sector can be claimed directly from Medicare. As such, the CDBS represents an opportunity for Queensland public oral health services to reinvest benefits back into the service to further enhance the level and quality of dental care for eligible patients.