



Queensland Health

Statewide Oral Health Services Plan 2024-32

A healthy mouth for all Queenslanders

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Queensland
Government

Statewide Oral Health Services Plan 2024-32 - DRAFT

Published by the State of Queensland (Queensland Health), November 2023



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Introduction

The Queensland Government acknowledges the important role oral health plays in maintaining a person's overall wellbeing. Poor oral health affects a person's quality of life, their ability to eat, speak and socialise. It is also a contributor to many chronic disease conditions including diabetes, cardiac disease, and respiratory illness. Healthy teeth in childhood translates to healthy teeth in adulthood which means a healthier and happier individual overall.

This plan articulates the commitment to improving the oral health status of Queenslanders across the lifespan, with a focus on early intervention and prevention of oral disease among children. The Plan builds on and complements the National Oral Health Plan 2015-24 to meet the specific needs of Queenslanders.

The National Oral Health Plan 2015-2024 defines oral health as a “standard of health of the oral and related tissues that enables an individual to eat, speak and socialise without active disease, discomfort or embarrassment and that contributed to general wellbeing”. This definition extends to the delivery of oral health services with the aim to prevent, treat and manage conditions related to an individual's teeth, gums and the health of the muscles and bones in the mouth. Despite the evidence in support of maintaining good oral health, more than 63,000 Australians and over 19,000 Queenslanders are hospitalised every year for oral conditions, making it the third highest reason for acute preventable hospital admissions.

In Queensland, the oral health service landscape is a hybrid model of public and private services. Public oral health services are funded by the Queensland Government and the Commonwealth Government, with a focus on providing care to an eligible population. The eligible cohort consists of priority populations, many of whom face geographical and financial barriers which prevent equitable access to oral health services. Universal access to oral health care is not available in Australia and hence the goal of the public oral health system is to meet the health needs of eligible and priority populations.

The purpose of the Statewide Oral Health Services Plan 2024-2032 is to outline priority directions to continue building and growing a sustainable and high-quality oral health system for eligible Queenslanders. An evidence-informed model of service delivery for children, adults and older adults is also part of the plan, demonstrating how high-quality oral health services can be provided across the lifespan. A detailed implementation plan will be developed once the system enabling actions have been implemented. This plan details how prevention, routine care and specialist oral health services will be enhanced, reducing the inequalities in oral health status among priority populations with a view to support Queenslanders to maintain good oral health.

What we aim to achieve

By 2032, there will be an increase of over 420,000 (17 per cent) additional persons eligible for public oral health services in Queensland. Our population is ageing, meaning that increasingly there will be a growing proportion of older adults eligible for public oral health services.

The Statewide Oral Health Services Plan 2024-2032 aims to grow the capacity and capability of the Queensland Health oral health system in line with the needs of eligible and priority Queenslanders over the next ten years. Our goal is to build an integrated health system that supports all eligible Queenslanders maintain a healthy mouth over their lifespan. In doing so, we hope to see a reduction in dental related preventable hospitalisations, a decrease in waiting times, more equitable oral health outcomes and improved oral health status for all priority populations.

Aligning to the six Foundation Areas from the National Oral Health Plan 2015-24, we have identified the system enablers and key service features required to develop and grow the public oral health system of Queensland.

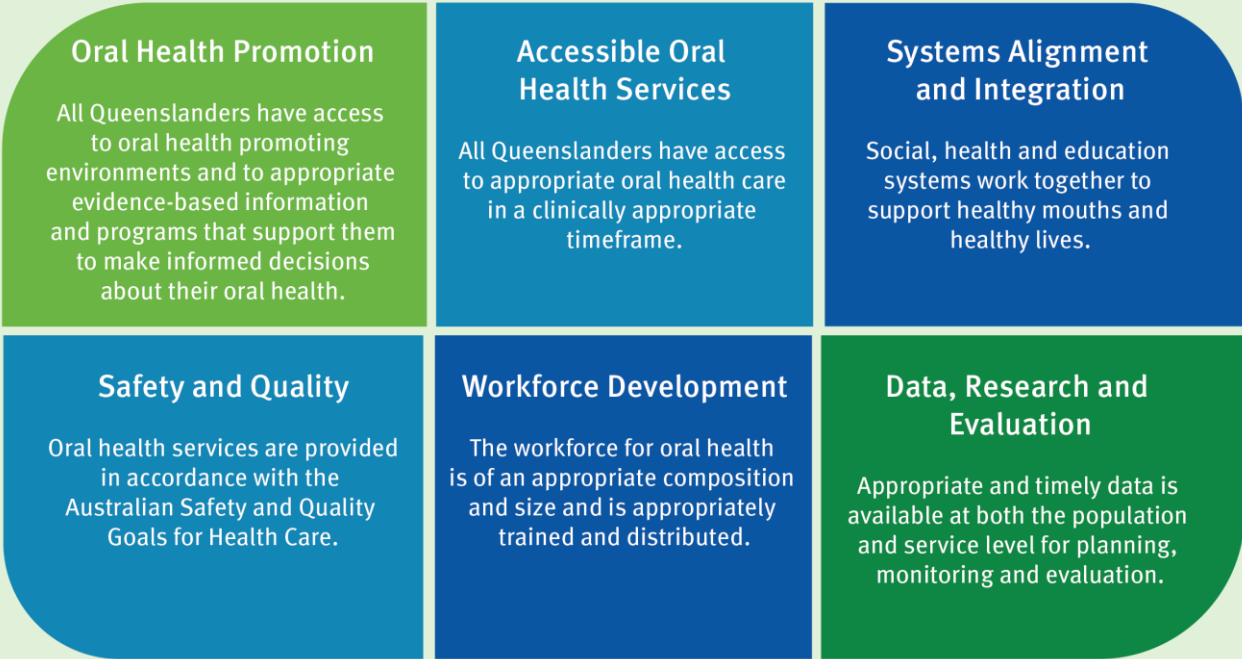


Figure 1. Foundation Area for Oral Health – adapted from the National Oral Health Plan 2015-24

Four guiding principles underpin this plan, reflecting an evidence-informed approach to improving the oral health status of Queenslanders. These principles will inform the way public oral health services are designed and delivered into the future and are consistent with the National Oral Health Plan 2015-24 and the World Health Organization’s draft Global Oral Health Action Plan 2023-2030.

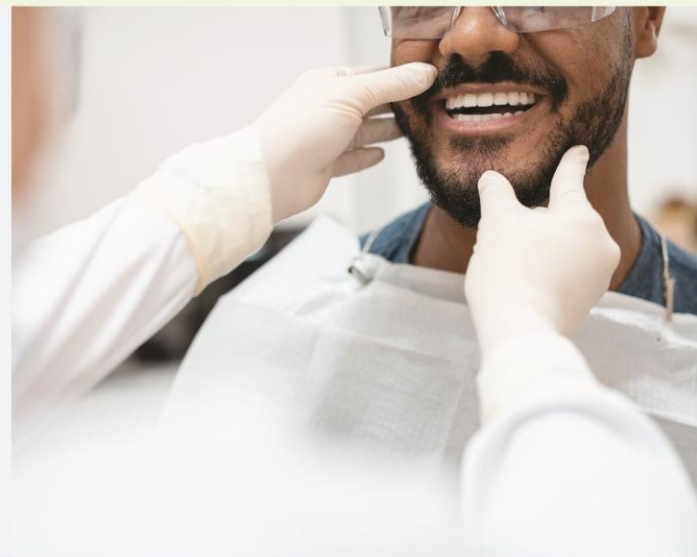


Accessible, equitable and appropriate services

All oral health services, including prevention, treatment, and specialist care, will be equitably provided and accessible to all eligible Queenslanders. This will mean oral health services are culturally appropriate and tailored to meet the needs of different language groups, abilities, and socio-economic backgrounds.

Population health approach

A population health approach recognises the complex socioeconomic factors that impact oral health status and seeks to reduce oral health inequalities among priority populations, particularly among our First Nations communities.



Proportionate Universalism

The actions under the Statewide Oral Health Services Plan 2023-32 will have a universal reach, but with a risk-stratified approach to target those with the highest level of disadvantage, ensuring oral health care is provided to these priority groups across the lifespan.

Integrated oral health with general health

The integration of oral health services into general health care is a pivotal aspect of the future system. Recognising the strong interplay between oral health and overall health, this approach ensures that oral health is considered an integral part of healthcare and not a separate entity. Many of the common risk factors for general health are applicable to oral health and needs to be considered within the broader socio-environmental context.



Current service landscape

Public oral health services in Queensland are provided free to an eligible population. The eligibility criteria for oral health services are set by the Queensland Government with a focus on providing care to vulnerable and disadvantaged populations.

Oral health encapsulates a range of services that span the care continuum, from prevention and promotion, routine care, and specialist oral health treatment. Services are provided across a range of settings by a multidisciplinary workforce including dental practitioners, dental assistants, and other health practitioners.

The following table provides a high-level overview of the current service delivery arrangements for public oral health in Queensland.

Table 1. Range and type of public oral health services provided across Queensland

	Types of services provided	Service setting	Agencies involved in providing the service ¹
Promotion and prevention	<p>Screening for oral disease.</p> <p>Public messaging around maintaining good oral health status.</p> <p>Content areas include oral hygiene, nutrition, smoking cessation etc.</p>	<p>General practices.</p> <p>Community health hubs.</p> <p>Work places, schools, early childhood centres etc.</p> <p>Social media platforms.</p>	<p>Aboriginal Community Controlled Health Organisation.</p> <p>Health and Wellbeing Queensland.</p> <p>General practices.</p> <p>Queensland Health Services including Dental Clinics.</p> <p>Private Dental Clinics.</p> <p>Primary Health Networks.</p> <p>Universities.</p>
Routine and emergency oral health care	<p>Treatment of oral disease and/or general dental check-ups.</p>	<p>Community dental clinics, schools, outreach clinics (e.g., mobile vans), hospitals, prisons, Residential Aged Care Facilities.</p>	<p>Aboriginal Community Controlled Health Organisations.</p> <p>Queensland Health Services including Dental Clinics.</p> <p>Non-Government Organisations.</p> <p>Private Dental Clinics.</p> <p>Universities.</p>
Specialist oral health care²	<p>Specialist treatment of oral health conditions..</p>	<p>Community dental clinics.</p> <p>Hospitals (private and public).</p>	<p>Queensland Health Services including Dental Clinics.</p> <p>Private Dental Clinics.</p>

1. Many services and/or providers are available in selected locations only, resulting in the over-reliance of the private sector in some regions and the public sector in others (e.g., market failure).
2. Provided in selected locations, with limited service delivery in rural and remote areas due to a lack of public and private providers.

Challenges to equitable service provision

Despite 49 per cent of Queensland's population being eligible for public oral health services, only 12 per cent accessed public dental care in 2021-22. While not all eligible persons will need or want to utilise a public oral health service, the evidence suggests many who wish to access care are currently unable to do so. The reasons for this are multi-fold.

In developing the Statewide Oral Health Services Plan 2024-2032, the Department of Health consulted with a wide range of stakeholders including consumers, dental practitioners and Hospital and Health Services. The purpose of this consultation was to better understand current oral health system barriers and opportunities for change.

Table 2 provides a summary of the key challenges limiting equitable oral health service provision across the state. This plan seeks to address these challenges to grow and develop a sustainable and equitable oral health system.



Table 2. Summary of service challenges within Queensland’s public oral health system

Oral Health Service Challenges in Queensland	
Eligibility	The oral health eligibility criteria are nuanced and can be complex to interpret, particularly among some priority populations and persons with low levels of health literacy. Improved and accessible communication regarding 1) who is eligible for oral health services, 2) where and how to access care is required.
Oral health literacy	There are varying levels of oral health literacy among eligible persons. Accessible and tailored oral health promotion and educational material is needed to promote good oral hygiene across the lifespan.
Water fluoridation	Fluoridated water is the most effective population level prevention strategy for oral disease. Currently, only 72 per cent of Queensland’s population has access to a fluoridated water supply. Targeted interventions are needed in areas without fluoridated water.
Access to services	The most common barriers to accessing oral health services include: <ul style="list-style-type: none"> - geographical distance to services - limited access to school-based dental services - limited and inconsistent range of local clinical services - cultural competency of services - long waiting times within services - workforce and infrastructure limitations.
Infrastructure and digital capability	In some areas of Queensland, there is a mismatch between the supply of oral health services (including dental chairs) and demand for public dental care. The development of an Oral Health Planning Guideline would assist in the strategic and evidence-informed planning of oral health services into the future, including infrastructure requirements. Growing the digital capability and capacity of services has also been identified as a priority, acknowledging there are different digital systems and information technology capabilities across the state.
Workforce	The public oral health system experiences challenges with regards to workforce recruitment and retention. These challenges are exacerbated in rural and remote regions where private dental services are limited compared to metropolitan regions. New pipelines of talent and innovative workforce models are needed to enable equitable access to oral health services across Queensland.

Oral Health Now

- In 2021-22, over **2,500,000 Queenslanders** were **eligible for public oral health services**. This was 49 per cent of the total population.
- Poor oral health is a significant contributor to preventable hospitalisations.
- The most common oral conditions are tooth decay, gum disease, tooth loss and oral cancers.
- Most of the conditions are preventable through healthy lifestyle behaviours, good oral hygiene and access to oral health services.



Eligibility

Adults **27%**
Childrens **37%**
Older Adults **36%**

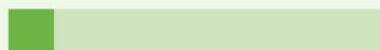
Eligibility criteria is determined by the Queensland Government.



Service utilisation

12 in 100 eligible Queenslanders **utilise public oral health services**.

This rate is higher among children and people living in rural and remote areas.



Contributors to poor oral health

72% of Queensland's **drink water is fluoridated**.

**lowest in the country.*

Cost is the most reported reason for avoided/delayed visit to a dentist.

Disadvantaged persons are more likely to avoid seeing a dental professional.



Oral health status by age and priority groups

Children



Children's service activity declined by 35% between 2017-2021

1 in 2 children have decay of their baby teeth **compared to 42% for Australia.*

Children with decay more likely to be from:

- First Nations background
- Rural and remote area
- Low income household

Adults (16+ years)



22.6% have untreated tooth decay compared to the Australian rate of 32%

37% have gum disease

**highest rate in the country*

- Adults with untreated higher rates of decay: Those who completed Year 10 or Less of schooling

**Priority populations.*

Priority populations



Priority populations face greater challenges accessing oral health services and have a higher burden of oral disease:

- **First Nations** people
- People in **rural and remote** areas
- **Socially disadvantaged** people
- People with **specialised healthcare needs**

Priority Populations

Queensland’s population is diverse, coming from different geographical, social, cultural, and economic environments and backgrounds. Equitable delivery of oral health services across the state requires a targeted approach, tailored to improve oral health outcomes for eligible Queenslanders.

Some populations experience significant challenges in accessing oral health care and have a greater burden of poor oral health. The following populations have been identified for tailored and targeted oral health care.

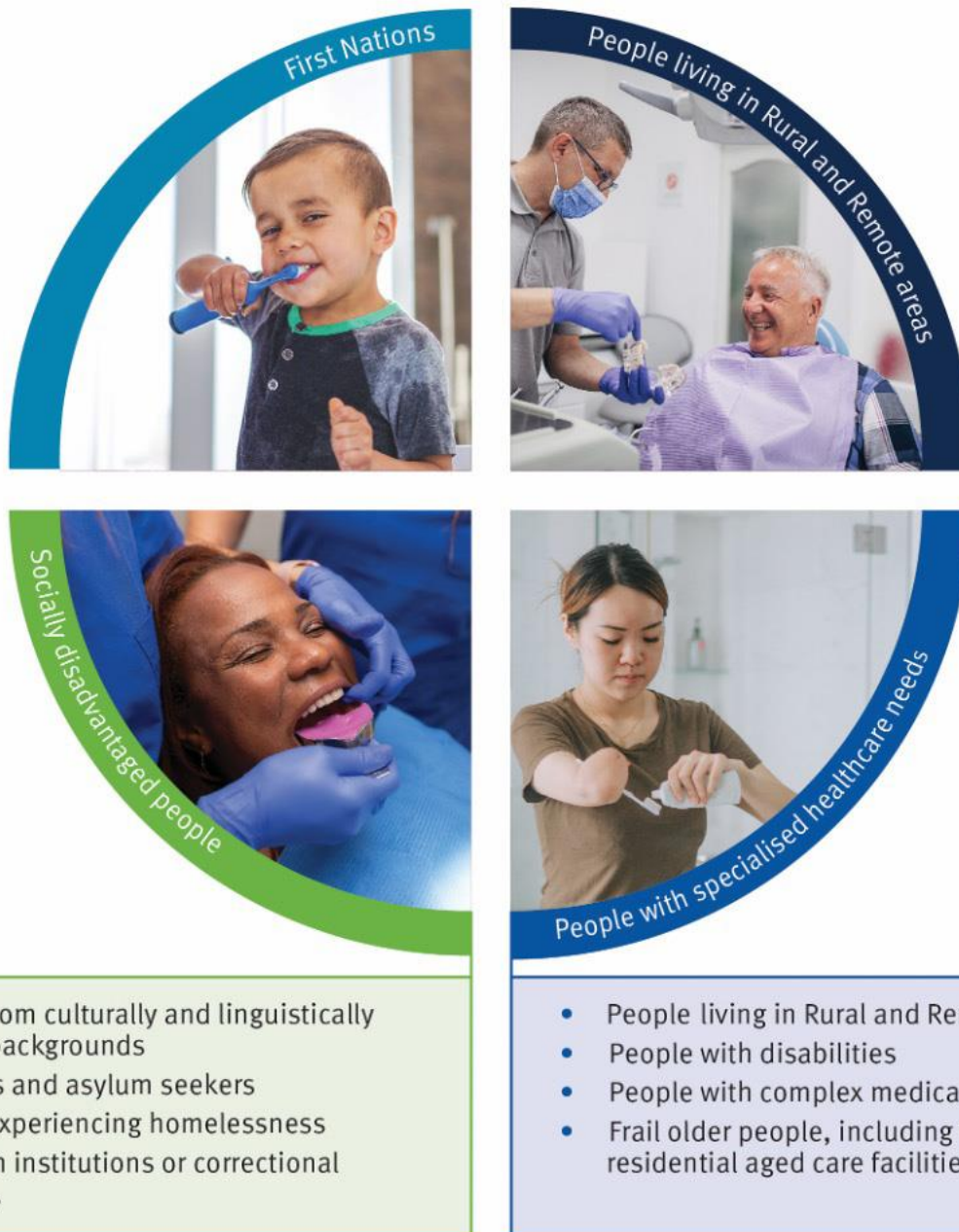


Figure 2. Priority populations in Queensland

Our future

Public oral health services in Queensland will enable all eligible people to receive individual care that supports them to maintain a healthy mouth across their lifespan. Most oral diseases and conditions are preventable and can be effectively addressed through population-based public health measures, such as access to fluoridated drinking water. Where these measures are not in place, accessible and tailored solutions must be established to provide all eligible Queenslanders the opportunity to maintain good oral health.

The Statewide Oral Health Services Plan 2024-2032 aims to raise the profile of oral health at both a state and national level including the need for oral health to be seen as a vital component of an individual's overall health and wellbeing. An improved public oral health service system will bring about a positive impact on our health system, including funding reform, improved health literacy and health outcomes and lower potentially preventable hospitalisations.

Four service directions will shape the future of the public oral health system in Queensland. These four service directions have been informed by best practice evidence, data review and analysis and consultation advice from consumers and clinical teams. The four service directions are:

1. Holistic and patient-centric oral health care will be delivered, informed by individual health, cultural and socioeconomic needs of priority populations.
2. Oral health is prioritised and valued as a key health service that is vital for health and wellbeing.
3. Queensland Health delivers responsive and contemporary oral health care which meets the needs of eligible patients and prioritises equity of access for priority populations.
4. Evidence-informed, accessible and equitable oral health care for eligible Queenslanders.

To deliver these service directions system enabling actions for each of the directions have been developed. These actions include a range of initiatives and interventions to support Queenslanders to maintain a healthy mouth across their lifetime. The actions will:

- acknowledge the social determinants of health and will be cost-effective, with high population reach and impact.
- enable the creation of supportive conditions in households, schools, residential aged care facilities and community health facilities.
- include evidence-informed clinical oral health services that encompass prevention and promotion, routine care, specialist, and emergency services.

The Plan emphasises a commitment to enabling innovation and health technologies to promote oral health. Service directions and system enabling actions will drive the use of digital innovation to ensure contemporary and patient-centered models of care provided across Queensland. This includes the expansion of virtual models such as teledentistry and computer aided design and manufacturing technologies to provide care closer to home.

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An overview of the future Queensland oral health system is provided in Figure 4. It outlines the future purpose, directions and enablers required to enhance and grow the Queensland public oral health system across the health continuum with the aim to improve oral health outcomes for all eligible Queenslanders.

Figure 4. An overview of the future Queensland oral health system



An oral health system that supports all eligible Queenslanders to maintain a healthy mouth across the lifespan



Children



Adults



Older Adults

Priority populations

Socially disadvantaged people

First Nations people

People in regional and remote areas

People with specialised health care needs

Foundation areas

Oral health promotion

Accessible oral health services

Systems alignment & integration

Safety & Quality

Workforce development

Data, research & evaluation

Service directions

Holistic and patient-centric oral health care that is valued by patients and considers the socioeconomic complexities of priority populations

Oral health is prioritised and valued as a key health service that is vital for health and wellbeing

Queensland Health delivers responsive and contemporary oral health care which meets the needs of eligible patients and prioritises equity of access for priority populations

Evidence-informed, accessible and equitable oral health care for eligible Queenslanders

Direction 1

Holistic and patient-centric oral health care will be delivered, informed by individual health, cultural and socioeconomic needs of priority populations.

Queensland Health will promote a comprehensive and person-centric approach to oral health care that addresses both the immediate dental needs of individuals and their overall health and well-being. This entails delivering tailored care in line with the preferences, experiences, and backgrounds of each patient, promoting a sense of empowerment and active involvement in managing their own oral health.

Oral health care will consider the ‘person as a whole’ informed by the health, cultural and socio-economic needs faced by priority populations, including First Nations persons and those in rural and remote communities. The plan includes actions to create a more inclusive and equitable oral health system, ensuring that all residents have access to high-quality dental care. This approach will ultimately contribute to better oral health outcomes and overall quality of life for the diverse population of Queensland.

How we will deliver this service direction:

Action	Applicable Foundation Areas
Develop and grow targeted prevention strategies (e.g., fissure sealants, fluoride varnish application, teledentistry) for high-risk cohorts ensuring oral health messaging is tailored to meet the needs of priority populations.	Oral health promotion.
Establish formal partnerships with relevant stakeholders (e.g., Health and Wellbeing Queensland) to develop integrated models of care that incorporate oral health education, prevention and screening with other primary care services.	Systems alignment and integration.
Establish a networked service model to improve access to routine and specialist dental services in rural and remote communities, with a hub site located in the north of Queensland.	Systems alignment and integration. Accessible oral health services.
Develop and implement innovative workforce models which are co-designed with the community to ensure culturally appropriate and safe oral health services are provided.	Safety and quality.

How will we know we have been successful

- Scale and spread of networked service delivery models that improve access to care in rural and remote areas.
- Reduction in dental related potentially preventable hospitalisations.

Direction 2

Oral health is prioritised and valued as a key health service that is vital for health and wellbeing.

A paradigm shift is required to ensure oral health care is assigned equal importance to other health services. It calls for a transformation in the perception of oral health among consumers, clinicians, the Department of Health, and Hospital and Health Services. Oral health must be recognised as critical to health and overall well-being. Achieving this will require a multifaceted approach including raising awareness among consumers about the vital role oral health plays in their overall health and encouraging them to prioritise regular dental care, including managing positive oral hygiene habits. Simultaneously, the plan aims to develop an awareness amongst all clinicians across the public health system that oral health is an integral component of comprehensive healthcare. The plan seeks to ensure that oral health services are valued, accessible, and integrated seamlessly into the broader healthcare system, ultimately enhancing the overall health and quality of life for the people of Queensland.

How we will deliver this service direction:

Action	Applicable Foundation Areas
The role of the Office of the Chief Dental Officer will be enhanced as the statewide system leader with responsibility for driving the statewide change agenda of this Plan, coordinating implementation of actions, statewide reporting and monitoring of findings, activity and performance.	Systems alignment and integration. Safety and quality.
Enhance collaboration and partnerships between the Department of Health and HHSs. <ul style="list-style-type: none"> Identify and promote existing opportunities (i.e., models of care) which can be easily scaled-up across the state. Facilitate improved information-sharing and communication between HHSs and the Department of Health. 	Systems alignment and integration.
Strengthen partnerships with the Queensland Department of Education to increase the profile and uptake of school-based dental services within all HHSs.	Systems alignment and integration. Accessible oral health services.

How will we know we have been successful

- Office of the Chief Dental Officer provides statewide leadership and support for implementation of the plan and drives system enabler changes required.
- Established reporting requirements between the Department of Health, Hospital and Health Services, Department of Education and other service delivery partners.

Direction 3

Queensland Health delivers responsive and contemporary oral health care which meets the needs of eligible patients and prioritises equity of access for priority populations.

Public oral health services will be responsive to the evolving needs of eligible patients, with a focus on priority populations, including First Nations peoples. Over the next ten years, oral health services will adapt models of care, service delivery arrangements and partnerships with other providers to meet the future oral health needs of eligible Queenslanders and enhance equity of access to public dental care. Queensland Health will seek to deliver high-quality, clinically safe and culturally appropriate care close to where people live. By tailoring services to the specific needs of these populations, this approach aims to reduce oral health disparities and address the social and economic complexities that can create barriers to access. Overall, the plan seeks to create a system where responsive and contemporary oral health care is a cornerstone, actively contributing to better oral health outcomes and overall health equity in Queensland.

How we will deliver this service direction:

Action	Applicable Foundation Areas
Develop a minimum requirement for clinical services to ensure standardisation of the range of public oral health services provided and consistency in the quality of care delivered.	Safety and quality.
Develop and publish contemporary models of care that are responsive to the evolving needs of eligible patients.	Accessible oral health services.
Grow and co-design oral health services targeted to meet the needs of vulnerable population groups.	Accessible oral health services.
Increase access to special needs dentistry services across Queensland to support people living with a disability.	Accessible oral health services.
Provide fit for purpose oral health infrastructure ensuring contemporary dental equipment is located where there is the greatest need for services. This includes dental vans, dental chairs, and digital and IT infrastructure.	Accessible oral health services.
Review and redesign current waitlist guidelines and ensure standardised use of guidelines across the state.	Accessible oral health services.
Redesign performance measures to improve accessibility for priority populations.	Accessible oral health services.
Review and contemporise the oral health funding and purchasing model to support equitable service access, enhance accountability, enable oral health promotion, and support the growth of services.	Accessible oral health services.
Queensland Health to contribute and actively engage in the ongoing Commonwealth Government's funding review of oral health services to drive increased investment for Queensland's public oral health system.	Systems alignment and integration.

How will we know we have been successful

- Established waitlist guidelines and performance measures to drive service delivery improvements.
- A contemporary funding model that enables service growth in line with population need.
- Fit for purpose infrastructure to deliver contemporary oral health services.

Direction 4

Evidence-informed, accessible and equitable oral health care for eligible Queenslanders

Queensland Health will deliver an oral health care system that is firmly grounded in evidence-based practices, prioritises accessibility, and promotes equity for eligible Queenslanders. It signifies a commitment to delivering oral health care that is informed by the latest research and best practices, ensuring interventions are effective and tailored to the unique needs of Queenslanders. Accessibility is a key tenet, aiming to remove geographical, financial, and logistical barriers that may hinder individuals from seeking oral health services. This includes accessibility to the full range of oral health services, spanning prevention and promotion to specialist services, regardless of where in Queensland you might live.

How we will deliver this service direction:

Action	Applicable Foundation Areas
Review and enhance the functionality of the Information System for Oral Health to support health service planning and future investment decision-making.	Data, research and evaluation.
Establish an oral health minimum data set that is centrally managed by the Department of Health.	Data, research and evaluation.
Develop an Oral Health Services Planning Guideline providing an evidence-informed methodology to inform future infrastructure requirements for the state.	Data, research and evaluation.
Drive system level policy change to enable more accessible oral health services.	Accessible oral health services.
Review of current eligibility criteria and investigate the expansion of Patient Travel Subsidy Scheme to include oral health services.	Accessible oral health services.
Refresh the Oral Health Workforce Action Plan 2022-24 to align with the ten-year horizon for the Statewide Oral Health Services Plan 2024-2032.	Workforce development.

How will we know we have been successful

- Published Oral Health Planning Guideline (informed by contemporary data) to inform investment priorities for oral health.
- Oral health workforce action plan implemented by 2024.

Model of service delivery

Building on the service directions, the plan also outlines the recommended model of service delivery for children, adults, and older adults' oral health services, ensuring high-quality oral health care is provided across the lifespan.

Each stage in life brings different opportunities for oral health promotion and treatment noting oral health deteriorates with age. Due to differences in the eligibility criteria and oral health status, the provision of oral health services varies across the age groups.

A stepwise model of service delivery has been developed for children, adults and older adults. The model incorporates the core service features outlined and the Foundation Areas, while acknowledging the unique service requirements for each age group. Regardless of age, however, oral health services in Queensland will continue to provide a minimum range of services that spans the care continuum from prevention and promotion to emergency and specialist dental services.

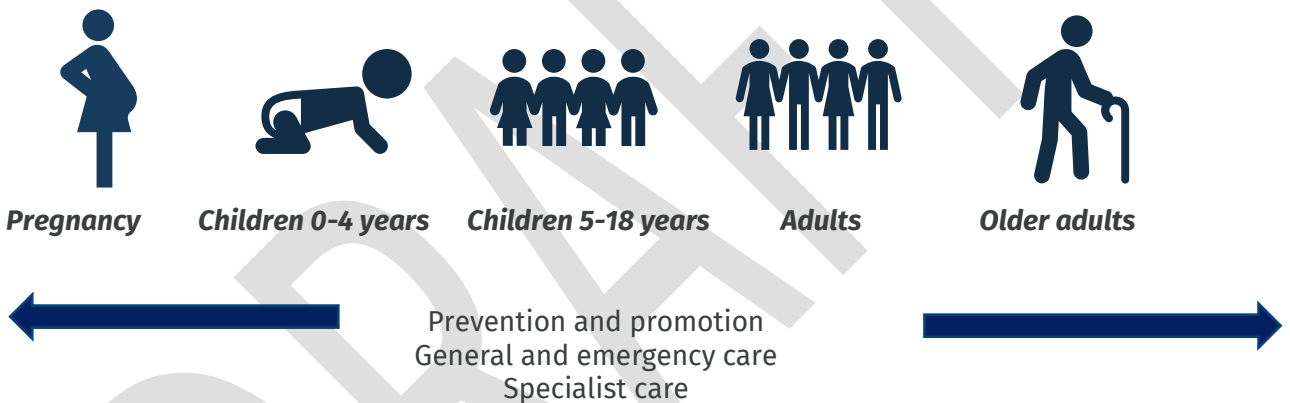





Figure 5. Oral health model of service delivery across the lifespan

A lifetime of oral health

	 Children	 Adults	 Older Adults
Prevention and Promotion	<p>A structured program that captures mothers during ante-natal care and enrolls children into a schedule of free oral health check-ups at critical windows of development. Screening and promotion may be provided by a range of health practitioners including General Practitioners, child health nurses, health workers, dental practitioners, and paediatricians.</p>	<p>Established referral pathways across providers of public dental services and other health providers (e.g., Non-Government-Organisations, private providers, Aboriginal Community Controlled Health Organisations). Oral health is included in multi-disciplinary teams standard screening and referral pathways for patients with chronic conditions.</p>	<p>Established referral pathways across providers of public dental services and other health providers (e.g., Non-Government-Organisations, private providers, Aboriginal Community Controlled Health Organisations). Oral health is included in multi-disciplinary teams/ standard screening and referral pathways for patients with chronic conditions.</p> <p>Tailored prevention and promotion messaging for this age cohort, with a focus on prosthetics and denture care.</p>
Routine services	<p>A consistent state-wide approach to setting children up for a lifetime of healthy smiles. Risk stratified (focusing on areas of high need) school-based oral health services in partnership with the Department of Education is recommended.</p>	<p>An integrated oral health system that provides services through collaboration with partners across health and non-health organisations. This may require workforce and infrastructure integration within community health hubs, satellite hospitals and chronic disease services to provide targeted prevention and opportunistic care. Outreach (mobile vans) are recommended in regions where patients cannot easily access a community oral health clinic.</p>	<p>An integrated oral health system with appropriate referral pathways for people living in residential aged care facilities and/or those with chronic conditions to access oral health services. Consideration of adaptable service delivery models is required, incorporating onsite comprehensive care, screening, triaging, telehealth, home visits, referrals, and staff education.</p>
Specialist services	<p>A statewide networked specialist dental service focussed on providing essential care to eligible patients regardless of where they live.</p>		
Core features of the model	<ul style="list-style-type: none"> • Embedded culturally sensitive and safe practices across all oral health services. Integrated pathways must improve partnerships between Aboriginal Community Controlled Health Organisations, non-government organisations and HHSs. • Contemporary infrastructure that is appropriately designed and c-located to meet the needs of local communities. • Optimised use of digital technologies (e.g., teledentistry, artificial intelligence, mobile devices) to improve access to oral health services, specifically in rural and remote areas. 		

Enablers for success

Implementation of the plan and ongoing monitoring and review will be undertaken by the Office of the Chief Dental Officer and other key partners. A detailed implementation plan for the ten-year horizon will be progressed once the initial system enablers have been actioned. Outcome measures and indicators will be incorporated into the detailed implementation plan to allow for evaluation of completed actions.

In the short-term however, eight enablers for success have been developed to provide an indication of the achievement of the core service directions and system enabling actions. Each criterion provides tangible indicators on which progress on the four core service directions can be measured.

Together, these eight enablers will provide an overarching picture of the success of the plan's implementation in its initial two-years and the efforts to improve oral health outcomes for all eligible Queenslanders.

Table 3. Enablers for success to implement the system enabling actions

	Criterion	Component/s of the plan evaluated
1	Expansion of the Office of the Chief Dental Officer to provide statewide leadership and direction.	Service Direction 2
2	Published Oral Health Planning Guideline (informed by contemporary data) to inform investment priorities for oral health.	Service Direction 4
3	Scale and spread of networked service delivery models that improve access to care in rural and remote areas.	Service Direction 1
4	Reduction in dental related potentially preventable hospitalisations.	Service Directions 1, 2, 3, 4
5	Established waitlist guidelines and performance measures to drive service delivery improvements.	Service Direction 3
6	A contemporary funding model that enables service growth in line with population need.	Service Direction 3
7	Established partnership meetings between the Department of Health, Hospital and Health Services, Department of Education and other service delivery partners.	Service Direction 2
8	Provide fit for purpose infrastructure to deliver contemporary oral health services.	Service Direction 3

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