

Outcome 3

ACCESS TO MEDICAL AND DENTAL SERVICES

Access to cost-effective medical, dental, allied health and hearing services, including through implementing targeted medical assistance strategies, and providing Medicare subsidies for clinically relevant services and hearing devices to eligible people

Outcome Strategy

The Australian Government, through Outcome 3, provides Australians with access to high quality and clinically relevant medical, dental, hearing and associated services. The main way this access is provided is through Medicare.

The health system is under pressure from the demands of the ageing population, the increasing prevalence of chronic disease and increasing costs often associated with new technologies. In the five years from 2007-08 to 2012-13, expenditure on Medicare benefits increased from just over \$13 billion to more than \$18.5 billion, a growth of more than 42 per cent. In 2012-13, Medicare funded 263 million free to patient services, for a population of around 22 million people. In 2014-15, an estimated 373 million medical and associated services, or an average of 15.6 services per capita, will be funded through Medicare.¹

In the 2014-15 Budget, the Government is moving to put health expenditure on a more sustainable footing, to ensure that Australia can continue to afford a strong Medicare system. From 1 July next year, all patients will be asked to contribute to their own health care costs. While the Government will continue to subsidise a majority of the costs of Medicare services, the rebate for most GP and out-of-hospital pathology and diagnostic imaging services will be reduced by \$5.

Previously bulk-billed patients can expect to make a contribution of at least \$7 to the cost of most visits to the GP and out-of-hospital pathology and diagnostic imaging services.

Doctors will be paid a low gap incentive – equivalent to the current bulk-billing incentive – to encourage them to charge Commonwealth Concession Card holders and children under 16 no more than the \$7 contribution for the first 10 visits. After the first 10 visits, the doctor will be paid an incentive if they provide the service to the concessional patient for free.

The Government will ensure new and existing items on the MBS are reviewed for clinical-effectiveness and cost-effectiveness by the Medical Services Advisory Committee (MSAC).

The quality and effective use of diagnostic imaging, pathology and radiation oncology services is an essential part of any contemporary health system. The Government will support these services through improvements to accreditation

¹ Medicare Benefits Schedule service volumes: projected figures as at Pre-ERC (2014-15). Projected ERP: ABS publication 'Population Projection Australia, 2012 (base) to 2101 (cat. No. 3222.01), released November 2013.

processes, increased stakeholder engagement and funding for procedures and infrastructure.

The Australian Government is alleviating pressure on public dental waiting lists through the National Partnership on Treating More Public Dental Patients with the States and Territories. In addition, the Child Dental Benefits Schedule provides means-tested financial support for basic dental services for eligible children.

The Government will also work toward reducing the incidence and consequences of avoidable hearing loss in the Australian community by providing access to high quality hearing services and devices.

Through Outcome 3, the Australian Government also seeks to ensure the stability of the medical insurance industry, and that medical indemnity insurance products are available and affordable.

Outcome 3 is the responsibility of Acute Care Division, Medical Benefits Division and Population Health Division.

Programmes Contributing to Outcome 3

Programme 3.1: Medicare Services

Programme 3.2: Targeted Assistance – Medical

Programme 3.3: Pathology and Diagnostic Imaging Services and Radiation Oncology

Programme 3.4: Medical Indemnity

Programme 3.5: Hearing Services

Programme 3.6: Dental Services

Outcome 3 Budgeted Expenses and Resources

Table 3.1 provides an overview of the total expenses for Outcome 3 by Programme.

Table 3.1: Budgeted Expenses and Resources for Outcome 3

	2013-14 Estimated actual \$'000	2014-15 Budget \$'000
Programme 3.1: Medicare services		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	10,859	9,187
Special appropriations		
<i>Health Insurance Act 1973 - medical benefits</i>	19,079,033	20,307,671
Departmental expenses		
Departmental appropriation ¹	23,725	26,562
Expenses not requiring appropriation in the budget year ²	1,825	1,790
Total for Programme 3.1	19,115,442	20,345,210
Programme 3.2: Targeted assistance - medical		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	42,223	12,689
Departmental expenses		
Departmental appropriation ¹	2,334	2,332
Expenses not requiring appropriation in the budget year ²	173	170
Total for Programme 3.2	44,730	15,191
Programme 3.3: Pathology and diagnostic imaging services and radiation oncology		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	79,690	80,051
Departmental expenses		
Departmental appropriation ¹	7,297	7,442
Expenses not requiring appropriation in the budget year ²	541	531
Total for Programme 3.3	87,528	88,024
Programme 3.4: Medical indemnity		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	150	150
Special appropriations		
<i>Medical Indemnity Act 2002</i>	93,902	100,148
<i>Midwife Professional Indemnity (Commonwealth Contribution) Scheme Act 2010</i>	410	1,450
Departmental expenses		
Departmental appropriation ¹	335	337
Expenses not requiring appropriation in the budget year ²	24	23
Total for Programme 3.4	94,821	102,108

Table 3.1: Budgeted Expenses and Resources for Outcome 3 (Cont.)

	2013-14 Estimated actual \$'000	2014-15 Estimated expenses \$'000
Programme 3.5: Hearing services		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	420,841	479,224
Departmental expenses		
Departmental appropriation ¹	11,361	10,748
Expenses not requiring appropriation in the budget year ²	820	804
Total for Programme 3.5	433,022	490,776
Programme 3.6: Dental Services³		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	5,150	5,150
Special appropriations		
<i>Dental Benefits Act 2008</i>	244,034	594,607
Departmental expenses		
Departmental appropriation ¹	2,301	1,004
Expenses not requiring appropriation in the budget year ²	156	153
Total for Programme 3.6	251,641	600,914
Outcome 3 totals by appropriation type		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	558,913	586,451
Special appropriations	19,417,379	21,003,876
Departmental expenses		
Departmental appropriation ¹	47,353	48,425
Expenses not requiring appropriation in the budget year ²	3,539	3,471
Total expenses for Outcome 3	20,027,184	21,642,223
	2013-14	2014-15
Average staffing level (number)	300	304

- 1 Departmental appropriation combines "Ordinary annual services (Appropriation Bill No 1)" and "Revenue from independent sources (s31)".
- 2 "Expenses not requiring appropriation in the Budget year" is made up of depreciation expense, amortisation expense, make good expense and audit fees.
- 3 This Programme includes National Partnerships paid to state and territory governments by the Treasury as part of the Federal Financial Relations (FFR) Framework. National partnerships are listed in this chapter under each Programme. For budget estimates relating to the National Partnership component of the Programme, please refer to Budget Paper 3 or Programme 1.10 of the Treasury Portfolio Budget Statements.

Programme 3.1: Medicare Services

Programme Objectives

Sustainability of the Medicare System – Patient Contributions

To address the growing pressure on the health system from the ageing population, the increasing incidence of chronic disease, and increases in costs generated by new technologies, the Government is moving to put Medicare on a more sustainable footing.

From 1 July 2015, the Government will introduce a patient contribution of \$7 for General Practitioner (GP) attendances, out of hospital pathology episodes and diagnostic imaging services.

While the Government will continue to subsidise a majority of costs of Medicare services, the rebate for most GP and out-of-hospital pathology and diagnostic imaging services, will be reduced by \$5. Doctors will retain their discretion to charge their patients more, or less, as is currently the case. They will be paid a low gap incentive – equivalent to the current bulk-billing incentive – to encourage them to charge Commonwealth Concession Card holders and children under 16 no more than the \$7 contribution for the first 10 visits. After the first 10 visits, the doctor will be paid an incentive if they provide the service to the concessional patient for free. In the first six months of implementation from July to December 2015, this will apply for concessional patients who have more than five services where the \$7 contribution applies.

In addition, the Government will give optometrists the capacity to set their own fees, just as other health providers do, by changing the rules around Medicare eligible optometry services. At the same time, Medicare rebates for optometry will be reduced. To ensure older people get access to regular eye care, Medicare rebates will be payable for comprehensive eye examinations for asymptomatic people aged over 65 years every year, while younger people will be eligible every three years.

Over time, indexation adds significant costs to Medicare. Annual indexation will be deferred until 1 July 2016 for all services, except GP services.

Medicare Safety Net

The Government will introduce a new simple Medicare Safety Net from 1 January 2016. This will simplify safety net arrangements and replace the original Medicare Safety Net and the Extended Medicare Safety Net which are complex and difficult for both patients and practitioners to navigate and understand.

The thresholds to access the new Medicare Safety Net will be lower than current thresholds, which will help more people and better ensure that Safety Net benefits are available to people who have serious medical conditions or have prolonged health care needs. The new thresholds will be \$400 per year for individual and family concession card holders, \$700 for FTB(A) families and non-concessional individuals and \$1,000 for non-concessional families. The new Medicare Safety Net will introduce a cap on out-of-pocket costs that accumulate to a threshold and a

cap on benefits received – both caps limit the Commonwealth’s liability and contribute to restricting growth in Medicare.

Evidence-based and cost-effective care

The Comprehensive Management Framework for the Medicare Benefits Schedule (MBS) will ensure that the MBS supports cost-effective, evidence-based best practice. In 2014-15, the Department will continue to undertake evidence-based assessments of new health services and technologies, and identify and review existing services on the MBS to ensure that items listed on the MBS remain clinically relevant and consistent with best practice.

To support these activities, the Australian Government will seek independent expert advice from the Medical Services Advisory Committee (MSAC) on the circumstances under which public funds should be used to support medical services.

Programme 3.1 is linked as follows:

- The Department of Human Services (Services to the Community – Programme 1.2) for administering Medicare services and benefit payments.
- The Department of Social Services (Disability, Mental Health and Carers’ – Programme 5.1) for administering related Medicare Benefits Schedule items.

Programme 3.1: Expenses

Table 3.2: Programme Expenses

	2013-14 Estimated actual \$'000	2014-15 Budget \$'000	2015-16 Forward Year 1 \$'000	2016-17 Forward Year 2 \$'000	2017-18 Forward Year 3 \$'000
Annual administered expenses					
Ordinary annual services	10,859	9,187	549	560	572
Special appropriations					
<i>Health Insurance Act 1973 - medical benefits</i>	19,079,033	20,307,671	20,175,324	21,479,199	22,646,023
Programme support	25,550	28,352	24,986	22,767	22,074
Total Programme 3.1 expenses	19,115,442	20,345,210	20,200,859	21,502,526	22,668,669

Programme 3.1: Deliverables

Qualitative Deliverables for Programme 3.1

Evidence-based and cost-effective care

Qualitative Deliverable	2014-15 Reference Point or Target
MBS reviews will analyse the best available evidence to ensure safety, quality and sustainability of the MBS	Any amendments to the MBS recommended by each review reflect current clinical practice based on best available evidence

Programme 3.1: Key Performance Indicators

Qualitative Key Performance Indicators for Programme 3.1

Evidence-based and cost-effective care

Qualitative Indicator	2014-15 Reference Point or Target
Continuation of MSAC process improvement to ensure ongoing improvement in rigour, transparency, consistency, efficiency and timeliness	Greater stakeholder engagement and improved timeliness of the MSAC application assessment process

Programme 3.2: Targeted Assistance – Medical

Programme Objectives

Provide medical assistance to Australians who travel overseas

The Australian Government's Reciprocal Health Care Agreements with 11 countries provides access to health services for Australian residents for medically necessary treatment for ill health or injury while travelling overseas.

Support access to necessary medical services which are not available through mainstream mechanisms

The Government provides financial assistance, through the Medical Treatment Overseas Program, for Australians with life threatening medical conditions to receive treatment that is not available in Australia. Before assistance to receive the potentially life-saving treatment can be provided, applicants must meet four mandatory eligibility criteria. The criteria are that the life-saving treatment or an effective alternative treatment must not be available in Australia in time to benefit the applicant; the treatment must be significantly life extending and potentially curative; there must be a real prospect of success for the applicant; and the treatment must be accepted by the Australian medical profession as a standard form of treatment. The Department will assess applications for eligibility for financial assistance as they arise during 2014-15.

Provide medical assistance following overseas disasters

Through the Disaster Health Care Assistance Scheme, the Australian Government provides assistance for out-of-pocket health care costs for ill health or injury arising from an act of international terrorism, civil disturbance, or natural disaster.

National External Breast Prostheses Reimbursement Programme

The national External Breast Prostheses Reimbursement Programme provides reimbursement of up to \$400 for new and replacement external breast prostheses for women who have had a mastectomy as a result of breast cancer.

Programme 3.2 is linked as follows:

- The Department of Human Services (Services to the Community – Programme 1.2) to administer breast cancer external prostheses reimbursements, telehealth financial incentive payments and ex-gratia payments for the Disaster Health Care Assistance Schemes.

Programme 3.2: Expenses

Table 3.3: Programme Expenses

	2013-14 Estimated actual \$'000	2014-15 Budget \$'000	2015-16 Forward Year 1 \$'000	2016-17 Forward Year 2 \$'000	2017-18 Forward Year 3 \$'000
Annual administered expenses					
Ordinary annual services	42,223	12,689	12,724	12,761	12,798
Programme support	2,507	2,502	2,444	2,416	2,476
Total Programme 3.2 expenses	44,730	15,191	15,168	15,177	15,274

Programme 3.2: Deliverables

Qualitative Deliverables for Programme 3.2

Provide medical assistance following overseas disasters

Qualitative Deliverable	2014-15 Reference Point or Target
Provide health care assistance to eligible Australians overseas in the event of overseas disasters	Assistance is provided in a timely manner

Programme 3.2: Key Performance Indicators

Quantitative Key Performance Indicators for Programme 3.2

National External Breast Prostheses Reimbursement Programme

Quantitative Indicator	2013-14 Revised Budget	2014-15 Budget Target	2015-16 Forward Year 1	2016-17 Forward Year 2	2017-18 Forward Year 3
Percentage of claims by eligible women under the national External Breast Prostheses Reimbursement Programme processed within ten days of lodgement	90%	90%	90%	90%	90%

Programme 3.3: Pathology and Diagnostic Imaging Services and Radiation Oncology

Programme Objectives

Access to pathology services

From 1 July 2015 the Government will introduce a patient contribution of \$7 for out-of-hospital pathology episodes. While a number of different pathology tests may be included in a single episode (or visit), only one patient contribution of \$7 will apply. For concession card holders and children under 16, each of these services will count towards the ten services within a calendar year (including GP, pathology and diagnostic imaging services) after which these patients will receive a higher rebate and are no longer expected to pay the patient contribution.

The Australian Government aims to ensure access to high quality, clinically relevant and cost-effective pathology services, including by requiring pathology laboratories providing Medicare eligible services to be accredited.

Access to diagnostic imaging services

The Government will also introduce a patient contribution of \$7 for out-of-hospital diagnostic imaging services from 1 July 2015. For concession card holders and children under 16, each of these services will count towards the ten services within a calendar year (including GP, pathology and diagnostic imaging services) after which these patients will receive a higher rebate and are no longer expected to pay the patient contribution.

In 2014-15, patient access to Medicare-eligible magnetic resonance imaging (MRI) services will be monitored through analysis of Medicare data and consultation with relevant organisations. The uptake of the four new GP referred MRI items for patients 16 years and older, introduced from 1 November 2013, will continue to be monitored.

The Department will work with the Diagnostic Imaging Advisory Committee, a consultative committee comprising a range of diagnostic imaging stakeholders, on policies to support high quality, affordable and cost-effective diagnostic imaging services.

Access to quality radiation oncology services

The Australian Government aims to improve access to high quality radiation oncology services by funding approved equipment, quality programmes and initiatives to support the radiotherapy workforce. The Department will work with industry to ensure an appropriate balance between the regulation and safety of Medicare funded radiation oncology services. This includes exploring the need to continue the Australian Clinical Dosimetry Service after its trial period.

The Government also funds approved workforce activities to increase training capacity, improve the efficiency of the existing workforce and attract staff to areas of need.²

Expert stakeholder engagement in pathology, diagnostic imaging and radiation oncology

Effective engagement of stakeholder expertise is particularly important for this programme. Pathology, diagnostic imaging and radiation oncology are complex areas where expert advice is needed both about appropriate accreditation standards and about how to respond to evolving technology. All involve sophisticated and expensive technologies that offer substantial benefits to health outcomes, but also involve some risks to patients. The Department will continue to seek input from experts and service providers to ensure Medicare arrangements and associated quality requirements appropriately balance costs, benefits and risks.

Programme 3.3 is linked as follows:

- The Department of Human Services (Services to the Community – Programme 1.2) for administering Radiation Oncology Health Programme Grants.

Programme 3.3: Expenses

Table 3.4: Programme Expenses

	2013-14 Estimated actual \$'000	2014-15 Budget \$'000	2015-16 Forward Year 1 \$'000	2016-17 Forward Year 2 \$'000	2017-18 Forward Year 3 \$'000
Annual administered expenses					
Ordinary annual services	79,690	80,051	119,259	119,409	119,609
Programme support	7,838	7,973	7,791	7,705	7,892
Total Programme 3.3 expenses	87,528	88,024	127,050	127,114	127,501

Programme 3.3: Deliverables

Qualitative Deliverables for Programme 3.3

Expert stakeholder engagement in pathology, diagnostic imaging and radiation oncology

Qualitative Deliverable	2014-15 Reference Point or Target
Stakeholder engagement in programme and/or policy development	Engagement of stakeholders through public consultation and stakeholder meetings

² For further information on the Government’s workforce initiatives, refer to Outcome 8 Health Workforce Capacity in these Portfolio Budget Statements.

Quantitative Deliverables for Programme 3.3

Access to pathology services

Quantitative Deliverable	2013-14 Revised Budget	2014-15 Budget Target	2015-16 Forward Year 1	2016-17 Forward Year 2	2017-18 Forward Year 3
Number of new and/or revised national accreditation standards produced for pathology laboratories	14	4	4	4	4

Programme 3.3: Key Performance Indicators³

Qualitative Key Performance Indicators for Programme 3.3

Access to diagnostic imaging services

Qualitative Indicators	2014-15 Reference Point or Target
Diagnostic radiology services are effective and safe	Patients have access to diagnostic imaging services that are performed by a suitably qualified professional
The Diagnostic Imaging Accreditation Scheme will be reviewed and the standards updated to ensure that Medicare funding is directed to diagnostic imaging services that are safe, effective and responsive to the needs of health care consumers	Enhanced access to high quality and sustainable diagnostic imaging services

Quantitative Key Performance Indicators for Programme 3.3

Access to quality radiation oncology services

Quantitative Indicator	2013-14 Revised Budget	2014-15 Budget Target	2015-16 Forward Year 1	2016-17 Forward Year 2	2017-18 Forward Year 3
The number of sites delivering radiation oncology	69	69	71	74	76

³ As result of changes to the Department's outcome and programme structure key performance indicators have been reviewed and amended to align with the work now undertaken in this programme.

Programme 3.4: Medical Indemnity

Programme Objectives

Ensure the stability of the medical indemnity insurance industry

Medical indemnity insurance provides surety to medical practitioners and their patients in the event of an adverse incident resulting from negligence. Affordable and stable medical indemnity insurance allows the medical workforce to focus on the delivery of high quality medical services.

Ensure that insurance products are available and affordable

To assist eligible doctors meet the cost of their medical indemnity insurance, the Government funds the Premium Support Scheme (PSS). PSS assists eligible doctors through a subsidy, paid via their medical indemnity insurer, by reducing their medical indemnity costs when a doctor's gross indemnity premium exceeds 7.5 per cent of their income.

The Government will ensure that the medical indemnity industry remains stable and secure by subsidising claims resulting in insurance payouts over \$300,000 (High Cost Claims Scheme) and by providing a guarantee to cover claims above the limit of doctors' medical indemnity contracts of insurance, so doctors are not personally liable for very high claims (Exceptional Claims Scheme).

Government-supported, affordable professional indemnity insurance is also available for qualified and experienced privately practising midwives. For eligible claims the Government contributes 80 per cent to the costs of claims above \$100,000 and 100 per cent of costs above \$2 million.

Programme 3.4 is linked as follows:

- The Department of Human Services (Services to the Community – Programme 1.2) to administer medical indemnity activities including indemnity for eligible midwives.

Programme 3.4: Expenses

Table 3.5: Programme Expenses

	2013-14 Estimated actual \$'000	2014-15 Budget \$'000	2015-16 Forward Year 1 \$'000	2016-17 Forward Year 2 \$'000	2017-18 Forward Year 3 \$'000
Annual administered expenses					
Ordinary annual services	150	150	150	150	150
Special appropriations					
<i>Medical Indemnity Act 2002</i>	93,902	100,148	106,495	113,442	121,089
<i>Midwife Professional Indemnity (Run-off Cover Support Payment) Act 2010</i>	410	1,450	4,564	8,132	10,090
Programme support	359	360	352	348	356
Total Programme 3.4 expenses	94,821	102,108	111,561	122,072	131,685

Programme 3.4: Deliverables

Quantitative Deliverables for Programme 3.4

Ensure that insurance products are available and affordable

Quantitative Deliverables	2013-14 Revised Budget	2014-15 Budget Target	2015-16 Forward Year 1	2016-17 Forward Year 2	2017-18 Forward Year 3
Percentage of eligible applicants receiving a premium subsidy through the Premium Support Scheme	100%	100%	100%	100%	100%
Percentage of eligible midwife applicants covered by the Midwife Professional Indemnity Scheme	100%	100%	100%	100%	100%

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Programme 3.4: Key Performance Indicators

Qualitative Key Performance Indicators for Programme 3.4

Ensure that insurance products are available and affordable

Qualitative Indicator	2014-15 Reference Point or Target
The continued availability of professional indemnity insurance for eligible midwives	Maintain contract with Medical Insurance Group Australia to provide professional indemnity insurance to eligible midwives

Quantitative Key Performance Indicators for Programme 3.4

Ensure the stability of the medical indemnity insurance industry

Quantitative Indicator	2013-14 Revised Budget	2014-15 Budget Target	2015-16 Forward Year 1	2016-17 Forward Year 2	2017-18 Forward Year 3
Percentage of medical indemnity insurers who have a Premium Support Scheme contract with the Commonwealth that meets the Australian Prudential Regulation Authority's Minimum Capital Requirement	100%	100%	100%	100%	100%

Ensure that insurance products are available and affordable

Quantitative Indicator	2013-14 Revised Budget	2014-15 Budget Target	2015-16 Forward Year 1	2016-17 Forward Year 2	2017-18 Forward Year 3
Number of doctors that receive a premium subsidy support through the Premium Support Scheme ⁴	2,200	2,100	2,000	2,000	2,000

Programme 3.5: Hearing Services

Programme Objectives

Support access for eligible clients to quality hearing services

The Government, through the Hearing Services Programme, provides access to free hearing services for eligible people with a measurable hearing loss above a specified threshold. In 2014-15, the Department will continue to engage with industry and build upon improvements which have been implemented to minimise risk and reduce red tape. This includes refining processes and systems to assist service providers to meet their contractual and legal obligations under the programme and to support the delivery of hearing services to clients in a clinically appropriate and timely way.

In 2014-15, the Department will further develop the Hearing Service Programme's online portal (released in early 2014) to enhance clients' and providers' access to information and build capacity for service providers to manage their own information. The Department will manage, monitor, and evaluate the operation of the programme to ensure timeliness, quality, and consistency in the delivery of hearing services to eligible clients. The Department will help support the roll out of the National Disability Insurance Scheme in relation to the arrangements put in place for participants with hearing loss.

Support research into hearing loss prevention and management

Research aimed at reducing the incidence of avoidable hearing loss in the community will continue to be supported through the National Health and Medical Research Council (NHMRC)⁵ and the National Acoustic Laboratory. The Department will also support research into strategies to encourage uptake of fitted devices and optimise clinical outcomes for clients.

⁴ Premium support is demand driven, with subsidies paid in response to applications from eligible doctors. Therefore, actual funding may vary from estimates over the forward years. However, a decrease in the number of doctors requiring premium support would indicate that medical indemnity premiums are becoming more affordable.

⁵ For further information on the work of the National Health and Medical Research Council, refer to the NHMRC chapter in these Portfolio Budget Statements.

Programme 3.5 is linked as follows:

- The Department of Human Services (Services to the Community – Programme 1.2) administers payments to hearing services providers against services provided under the Programme’s vouchers.

Programme 3.5: Expenses

Table 3.6: Programme Expenses

	2013-14 Estimated actual \$'000	2014-15 Budget \$'000	2015-16 Forward Year 1 \$'000	2016-17 Forward Year 2 \$'000	2017-18 Forward Year 3 \$'000
Annual administered expenses					
Ordinary annual services	420,841	479,224	535,068	560,833	574,704
Programme support	12,181	11,552	11,277	11,147	11,429
Total Programme 3.5 expenses	433,022	490,776	546,345	571,980	586,133

Programme 3.5: Deliverables

Qualitative Deliverables for Programme 3.5

Support access for eligible clients to quality hearing services

Qualitative Deliverable	2014-15 Reference Point or Target
Engagement of providers in the risk-based audit programme supports client outcomes and quality service provision	The provider self-assessment process is managed in accordance with contractual requirements

Support research into hearing loss prevention and management

Qualitative Deliverable	2014-15 Reference Point or Target
Research projects under way that aim to contribute to the development of improved policies and service delivery and/or enables the Department to better identify the needs of the community in relation to hearing loss	Research projects are managed in accordance with NHMRC research management guidance

Quantitative Deliverables for Programme 3.5

Support access for eligible clients to quality hearing services

Quantitative Deliverable	2013-14 Revised Budget	2014-15 Budget Target	2015-16 Forward Year 1	2016-17 Forward Year 2	2017-18 Forward Year 3
Number of people who receive voucher services nationally	660,000	713,000	775,000	799,000	802,000

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Programme 3.5: Key Performance Indicators

Qualitative Key Performance Indicators for Programme 3.5

Support access for eligible clients to quality hearing services

Qualitative Indicator	2014-15 Reference Point or Target
Policies and programme improvements are developed and implemented in consultation with consumers and service providers	Opportunity for stakeholders to participate in consultations

Quantitative Key Performance Indicators for Programme 3.5

Support access for eligible clients to quality hearing services

Quantitative Indicators	2013-14 Revised Budget	2014-15 Budget Target	2015-16 Forward Year 1	2016-17 Forward Year 2	2017-18 Forward Year 3
Proportion of voucher applications processed within 14 days	85%	90%	90%	95%	95%
Proportion of claims for a hearing aid fitting that relate to voucher clients who have a hearing loss of greater than 23 decibels	95%	95%	95%	95%	95%

Programme 3.6: Dental Services

Programme Objectives

Improve access to public dental services

Up to \$344 million in Commonwealth funding is being provided to States and Territories to treat an additional 400,000 patients of public dental services through the National Partnership Agreement on Treating More Public Dental Patients. The Government is also supporting the provision of *pro bono* dental services for disadvantaged groups.

Improve access to dental services for children

The Child Dental Benefit Schedule commenced on 1 January 2014, and provides up to \$1,000 in benefits, capped over two calendar years, for basic dental services for eligible children 2-17 years of age who meet a means test.

Improve access to clinically relevant dental services

In 2014-15, a statutory review of the *Dental Benefits Act 2008* will proceed.

Programme 3.6 is linked as follows:

- This Programme includes National Partnership payments for:
 - *Treating more public dental patients.*
 Partnership payments are paid to State and Territory Governments by the Treasury as part of the Federal Financial Relations (FFR) Framework. For Budget estimates relating to the National Partnership component of the programme, refer to Budget Paper No. 3 or Programme 1.10 of the Treasury's Portfolio Budget Statements.
- The Department of Human Services (Services to the Community – Programme 1.2) administers the Child Dental Benefits Schedule.

Programme 3.6: Expenses

Table 3.7: Programme Expenses

	2013-14 Estimated actual \$'000	2014-15 Budget \$'000	2015-16 Forward Year 1 \$'000	2016-17 Forward Year 2 \$'000	2017-18 Forward Year 3 \$'000
Annual administered expenses					
Ordinary annual services	5,150	5,150	-	-	-
Special appropriations					
<i>Dental Benefits Act 2008</i>	244,034	594,607	619,531	637,583	665,301
Programme support	2,457	1,157	948	840	803
Total Programme 3.6 expenses	251,641	600,914	620,479	638,423	666,104

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Programme 3.6: Deliverables

Qualitative Deliverables for Programme 3.6

Improve access to clinically relevant dental services

Qualitative Deliverable	2014-15 Reference Point or Target
In accordance with legislation, undertake an independent review of the operation of the <i>Dental Benefits Act 2008</i>	Review undertaken as soon as practicable after the sixth anniversary of the <i>Dental Benefits Act 2008</i> , 26 June 2014

Programme 3.6: Key Performance Indicators

Qualitative Key Performance Indicators for Programme 3.6

Improve access to public dental services

Qualitative Indicator	2014-15 Reference Point or Target
Improve access to public dental services for public dental patients	Evaluation of the National Partnership Agreement on Treating More Public Dental Patients and associated data, to determine if increased access to dental services has occurred following the conclusion of the Agreement (June 2015)

Quantitative Key Performance Indicators for Programme 3.6

Improve access to clinically relevant dental services

Quantitative Indicator	2013-14 Revised Budget	2014-15 Budget Target	2015-16 Forward Year 1	2016-17 Forward Year 2	2017-18 Forward Year 3
Number of children accessing the Child Dental Benefits Schedule	N/A	2.4m	2.4m	2.4m	2.4m

Improve access to public dental services

Quantitative Indicator	2013-14 Revised Budget	2014-15 Budget Target	2015-16 Forward Year 1	2016-17 Forward Year 2	2017-18 Forward Year 3
Number of additional public dental patients treated, under the National Partnership on Treating More Public Dental Patients, by the States and Territories above agreed baseline ⁶	177,778	133,333	N/A	N/A	N/A

⁶ Indicator has been revised to reflect the agreed National Partnership Agreement.