

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 increasing prevalence of chronic disease, higher costs often associated with new technologies, and an ageing population. In the ten years from 2003-04 to 2013-14, expenditure on Medicare benefits increased from just over \$8 billion to more than \$19 billion. In 2013-14, Medicare funded 274.9 million free-to-patient services, for a population of around 23.5 million people, an increase of 12.2 million services from 2012-13. It is estimated that the total number of Medicare Benefits Schedule (MBS) services will increase from 356 million in 2013-14 to 390 million in 2015-16.

To ensure that our Medicare system remains sustainable and that all Australians continue to access high quality and cost-effective health professional services, the Government will continue to work with health professionals and consumers to deliver a healthier Medicare. The MBS Review Taskforce will be clinician-led and include health economists, academics and consumers, to ensure the MBS remains evidence-based, is contemporary and improves health outcomes for patients, while identifying waste and inefficiencies. The Government will also work with clinicians and relevant organisations to develop clearer Medicare compliance rules and benchmarks.

In addition to the review of all items on the MBS by the Taskforce, the Government will also continue to ensure ongoing evaluation of clinical-effectiveness and cost-effectiveness for new and existing items on the MBS by the Medical Services Advisory Committee (MSAC).

The quality and effective use of diagnostic imaging, pathology and radiation oncology services is important to complement an efficient health care system. The Government will continue to support these services through improvements to accreditation processes, stakeholder engagement and funding for infrastructure.

The Child Dental Benefits Schedule continues to provide means-tested financial support for basic dental services for eligible children.

The Government will continue to work toward reducing the incidence and consequences of avoidable hearing loss in the Australian community through research and 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

	2014-15 Estimated actual expenses \$'000	2015-16 Estimated expenses \$'000
Programme 3.1: Medicare Services		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	8,847	14,173
Special appropriations		
<i>Health Insurance Act 1973 - medical benefits</i>	20,311,899	21,126,958
Departmental expenses		
Departmental appropriation ¹	29,287	26,551
Expenses not requiring appropriation in the budget year ²	1,427	703
Total for Programme 3.1	20,351,460	21,168,385
Programme 3.2: Targeted Assistance - Medical		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	12,689	10,675
Departmental expenses		
Departmental appropriation ¹	946	877
Expenses not requiring appropriation in the budget year ²	44	22
Total for Programme 3.2	13,679	11,574
Programme 3.3: Pathology and Diagnostic Imaging Services and Radiation Oncology		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	77,740	78,881
Departmental expenses		
Departmental appropriation ¹	5,061	4,677
Expenses not requiring appropriation in the budget year ²	243	120
Total for Programme 3.3	83,044	83,678
Programme 3.4: Medical Indemnity		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	150	150
Special appropriations		
<i>Medical Indemnity Act 2002</i>	79,748	82,495
<i>Midwife Professional Indemnity (Commonwealth Contribution) Scheme Act 2010</i>	821	1,508
Departmental expenses		
Departmental appropriation ¹	492	456
Expenses not requiring appropriation in the budget year ²	23	11
Total for Programme 3.4	81,234	84,620

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

	2014-15 Estimated actual expenses \$'000	2015-16 Estimated expenses \$'000
Programme 3.5: Hearing Services		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	479,224	532,257
Departmental expenses		
Departmental appropriation ¹	13,191	12,347
Expenses not requiring appropriation in the budget year ²	581	294
Total for Programme 3.5	492,996	544,898
Programme 3.6: Dental Services³		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	150	-
Special appropriations		
<i>Dental Benefits Act 2008</i>	424,607	605,451
Departmental expenses		
Departmental appropriation ¹	4,176	4,134
Expenses not requiring appropriation in the budget year ²	204	100
Total for Programme 3.6	429,137	609,685
Outcome 3 totals by appropriation type		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	578,800	636,136
Special appropriations	20,817,075	21,816,412
Departmental expenses		
Departmental appropriation ¹	53,153	49,042
Expenses not requiring appropriation in the budget year ²	2,522	1,250
Total expenses for Outcome 3	21,451,550	22,502,840
	2014-15	2015-16
Average staffing level (number)	277	271

- 1 Departmental appropriation combines "Ordinary annual services (Appropriation Bill No. 1)" and "Revenue from independent sources (s74)".
- 2 "Expenses not requiring appropriation in the Budget year" is made up of depreciation expense, amortisation expense, makegood 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 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 1.9 of the Treasury Portfolio Budget Statements.

Programme 3.1: Medicare Services

Programme Objectives

Improve the sustainability of the Medicare system

The Government's healthier Medicare strategy will have three components:

1. A Medicare Benefits Schedule (MBS) Review Taskforce, led by an eminent academic, and comprised of clinicians and other individuals bringing a broad range of expertise and experience to inform the process. The Taskforce will consider how services can be aligned with contemporary clinical evidence and improve health outcomes for patients.
2. A Primary Health Care Advisory Group to explore innovative models of primary health care funding and delivery, as part of the Government's commitment to rebuild primary care and address the growing burden of chronic disease in an ageing population. This will include consideration of alternative funding models and partnership arrangements with the States and Territories.
3. An enhanced compliance programme, developed with clinical leaders, medical organisations and consumers, that will clarify and improve compliance rules and benchmarks.

During 2015-16, there will be a range of new and revised MBS listings that cover services including new telehealth optometric services; remote monitoring of cardiac devices; new investigations for gastro-oesophageal reflux, and intraoperative radiotherapy for breast cancer. MBS listings will be revised for paediatric surgical services and computed tomography (CT) colonography. Health assessments provided under the MBS will be modified to remove the duplication with child health assessments already provided by the States and Territories. Rebates will become available for second opinions for some pathology services, and removal of corneal foreign bodies by optometrists.

Programme 3.1 is linked as follows:

- The Department of Human Services (Services to the Community – Health 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

	2014-15 Estimated actual \$'000	2015-16 Budget \$'000	2016-17 Forward Year 1 \$'000	2017-18 Forward Year 2 \$'000	2018-19 Forward Year 3 \$'000
Annual administered expenses					
Ordinary annual services	8,847	14,173	14,414	-	-
Special appropriations					
<i>Health Insurance Act</i>					
1973 - medical benefits	20,311,899	21,126,958	22,111,594	22,974,791	24,271,919
Programme support	30,714	27,254	24,522	22,164	22,510
Total Programme 3.1 expenses	20,351,460	21,168,385	22,150,530	22,996,955	24,294,429

Programme 3.1: Deliverables

Qualitative Deliverables for Programme 3.1

Improve the sustainability of the Medicare system

Qualitative Deliverable	2015-16 Reference Point or Target
Preliminary review of the Medicare Benefits Schedule with development of priority action plan.	Priorities and action plan to be provided to Government by 31 December 2015.

Programme 3.1: Key Performance Indicators

Qualitative Key Performance Indicators for Programme 3.1

Improve the sustainability of the Medicare system

Qualitative Indicators	2015-16 Reference Point or Target
Medicare Benefits Schedule Review Taskforce delivers relevant and high quality advice to Government.	Committees established and engage constructively with professional and community stakeholders.
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 facilitate access to health services for Australian residents requiring medical treatment while travelling in those countries. Residents of those countries have access to health services while visiting Australia. The Department provides advice to the Department of Human Services in relation to its administration of Medicare claims made by travellers from reciprocal countries.

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 2015-16.

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.

Improve access to prostheses for women who have had a mastectomy as a result of breast cancer

The Australian Government's national External Breast Prostheses Reimbursement Programme improves the quality of life of women who have undergone mastectomy as a result of breast cancer, by providing reimbursement of up to \$400 for new and replacement prostheses.

Programme 3.2 is linked as follows:

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

Programme 3.2: Expenses

Table 3.3: Programme Expenses

	2014-15 Estimated actual \$'000	2015-16 Budget \$'000	2016-17 Forward Year 1 \$'000	2017-18 Forward Year 2 \$'000	2018-19 Forward Year 3 \$'000
Annual administered expenses					
Ordinary annual services	12,689	10,675	10,675	10,675	10,675
Programme support	990	899	822	820	831
Total Programme 3.2 expenses	13,679	11,574	11,497	11,495	11,506

Programme 3.2: Deliverables

Qualitative Deliverables for Programme 3.2

Provide medical assistance to Australians who travel overseas

Qualitative Deliverable	2015-16 Reference Point or Target
Ensure that the Reciprocal Health Care Agreements are supporting Australians when they travel overseas.	Timely resolution of issues encountered by Australians attempting to access health services in reciprocal countries.

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

Qualitative Deliverable	2015-16 Reference Point or Target
Financial assistance is provided to eligible applicants through the Medical Treatment Overseas Program.	Assessments of applications for medical treatment are managed in accordance with programme guidelines.

Provide medical assistance following overseas disasters

Qualitative Deliverable	2015-16 Reference Point or Target
Facilitate health care assistance to eligible Australians in the event of overseas disasters.	Ensure appropriate assistance is provided through timely policy advice to the Department of Human Services.

Quantitative Deliverables for Programme 3.2

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

Quantitative Deliverable	2014-15 Revised Budget	2015-16 Budget Target	2016-17 Forward Year 1	2017-18 Forward Year 2	2018-19 Forward Year 3
Authorisation of payments to successful patients within agreed timeframes.	N/A ¹	90%	90%	90%	90%

Programme 3.2: Key Performance Indicators

Quantitative Key Performance Indicators for Programme 3.2

Improve access to prostheses for women who have had a mastectomy as a result of breast cancer

Quantitative Indicator	2014-15 Revised Budget	2015-16 Budget Target	2016-17 Forward Year 1	2017-18 Forward Year 2	2018-19 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%

¹ This is a new deliverable for 2015-16, therefore there is no target for 2014-15.

Programme 3.3: Pathology and Diagnostic Imaging Services and Radiation Oncology

Programme Objectives

Improve access to pathology services

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.

To further improve the accuracy of diagnosis for certain patients, two new pathology items will be added to the MBS to allow a second expert opinion for bone marrow specimens, tissue pathology and cytopathology (excluding gynaecology), where the original pathologist and the non-pathologist specialist clinician or general practitioner involved in the care of the patient are in agreement that a second opinion is required for diagnostic purposes. This type of analysis is integral to the management of many diseases, especially cancers. A definitive diagnosis supports appropriate clinical management for patients.

Improve the provision of safe and effective diagnostic imaging services

The Department will continue to progress implementation of the final phase of the Diagnostic Imaging Reform Package, including the review of the MBS fees for diagnostic imaging and 'appropriate requesting' of diagnostic imaging services.

A previous review of the structure of the MBS diagnostic imaging services found the structure to be outdated. As a result, a review of the MBS fee relativities for comparative effectiveness, safety, and costs will be undertaken in 2015-16.

To ensure better targeted services and a reduction in unnecessary tests, the Department will work closely with requesters, providers, and consumers to encourage more appropriate requesting of diagnostic imaging services.

A major review of the Diagnostic Imaging Accreditation Scheme will commence in 2015-16. The aim of the review is to strengthen the standards and streamline processes to ensure that Medicare funding continues to be directed to diagnostic imaging services that are safe, effective and responsive to the needs of health care consumers.

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.

Improve 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 continues to administer the Radiation Oncology Health Program Grants Scheme which gradually reimburses service providers for the cost of approved equipment used to provide radiation oncology treatment services. The grants complement the Medicare benefits payable for radiation oncology services under Programme 3.1.

The Department will continue to work with key stakeholders, including the Australian Radiation Protection and Nuclear Safety Agency (ARPANSA)² and professional bodies to reduce unnecessary regulation while ensuring the safety of Medicare funded radiation oncology services, through initiatives such as the Australian Clinical Dosimetry Services (ACDS).

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.³

Expert stakeholder engagement in pathology, diagnostic imaging and radiation oncology

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 – Health Programme 1.2) for administering Radiation Oncology Health Programme Grants.

Programme 3.3: Expenses

Table 3.4: Programme Expenses

	2014-15 Estimated actual \$'000	2015-16 Budget \$'000	2016-17 Forward Year 1 \$'000	2017-18 Forward Year 2 \$'000	2018-19 Forward Year 3 \$'000
Annual administered expenses					
Ordinary annual services	77,740	78,881	78,964	78,602	78,862
Programme support	5,304	4,797	4,376	4,367	4,433
Total Programme 3.3 expenses	83,044	83,678	83,340	82,969	83,295

² For further information on the work of ARPANSA, refer to the ARPANSA chapter in these Portfolio Budget Statements.

³ For further information on the Government's workforce initiatives, refer to Outcome 8 Health Workforce Capacity in these Portfolio Budget Statements.

Programme 3.3: Deliverables

Qualitative Deliverables for Programme 3.3

Improve the provision of safe and effective diagnostic imaging services

Qualitative Deliverable	2015-16 Reference Point or Target
Undertake a major review of the Diagnostic Imaging Accreditation Scheme to strengthen the standards and streamline processes.	Review of the Diagnostic Imaging Accreditation Scheme to be completed by June 2016.

Expert stakeholder engagement in pathology, diagnostic imaging and radiation oncology

Qualitative Deliverable	2015-16 Reference Point or Target
Undertake systematic reviews of the pathology services listed on the Medicare Benefits Schedule (MBS) to ensure they are safe, effective, and cost effective.	The Pathology Services Advisory Committee (PSAC) will consider evidence from six systematic reviews of pathology services and make recommendations for change to the MBS listings where required.

Quantitative Deliverables for Programme 3.3

Improve access to pathology services

Quantitative Deliverable	2014-15 Revised Budget	2015-16 Budget Target	2016-17 Forward Year 1	2017-18 Forward Year 2	2018-19 Forward Year 3
Number of new and/or revised national accreditation standards produced for pathology laboratories.	4	4	4	4	4

Programme 3.3: Key Performance Indicators

Qualitative Key Performance Indicators for Programme 3.3

Improve the provision of safe and effective diagnostic imaging services

Qualitative Indicator	2015-16 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.

Expert stakeholder engagement in pathology, diagnostic imaging and radiation oncology

Qualitative Indicator	2015-16 Reference Point or Target
Stakeholder engagement in programme and/or policy development.	Conduct two formal meetings with the pathology sector to discuss pathology policy and sector interests.

Quantitative Key Performance Indicators for Programme 3.3

Improve access to pathology services

Quantitative Indicator	2014-15 Revised Budget	2015-16 Budget Target	2016-17 Forward Year 1	2017-18 Forward Year 2	2018-19 Forward Year 3
Percentage of Medicare-eligible pathology laboratories meeting accreditation standards.	100%	100%	100%	100%	100%

Improve access to quality radiation oncology services

Quantitative Indicator	2014-15 Revised Budget	2015-16 Budget Target	2016-17 Forward Year 1	2017-18 Forward Year 2	2018-19 Forward Year 3
The number of sites delivering radiation oncology.	69	71	74	76	78

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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 aims to 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 – Health Programme 1.2) to administer medical indemnity activities including indemnity for eligible midwives.

Programme 3.4: Expenses

Table 3.5: Programme Expenses

	2014-15 Estimated actual \$'000	2015-16 Budget \$'000	2016-17 Forward Year 1 \$'000	2017-18 Forward Year 2 \$'000	2018-19 Forward Year 3 \$'000
Annual administered expenses					
Ordinary annual services	150	150	150	150	150
Special appropriations					
<i>Medical Indemnity Act 2002</i>	79,748	82,495	85,642	89,189	92,989
<i>Midwife Professional Indemnity (Run-off Cover Support Payment) Act 2010</i>	821	1,508	4,747	8,459	9,940
Programme support	515	467	428	427	433
Total Programme 3.4 expenses	81,234	84,620	90,967	98,225	103,512

Programme 3.4: Deliverables

Quantitative Deliverables for Programme 3.4

Ensure that insurance products are available and affordable

Quantitative Deliverables	2014-15 Revised Budget	2015-16 Budget Target	2016-17 Forward Year 1	2017-18 Forward Year 2	2018-19 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%

Programme 3.4: Key Performance Indicators

Qualitative Key Performance Indicators for Programme 3.4

Ensure that insurance products are available and affordable

Qualitative Indicator	2015-16 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	2014-15 Revised Budget	2015-16 Budget Target	2016-17 Forward Year 1	2017-18 Forward Year 2	2018-19 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	2014-15 Revised Budget	2015-16 Budget Target	2016-17 Forward Year 1	2017-18 Forward Year 2	2018-19 Forward Year 3
Number of doctors that receive a premium subsidy support through the Premium Support Scheme. ⁴	2,100	2,000	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 and subsidised hearing services for eligible people with a measurable hearing loss above a specified threshold. In 2015-16, the Department will continue to engage with industry and build upon improvements which have been implemented to support the delivery of hearing services to clients in a clinically appropriate and timely way, and reduce red tape.

In order to ensure a coordinated approach to hearing and related health care services, the Department will continue to support further roll out of the National Disability Insurance Scheme in relation to arrangements 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 Laboratories.

Programme 3.5 is linked as follows:

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

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 NHMRC, refer to the NHMRC chapter in these Portfolio Budget Statements.

Programme 3.5: Expenses

Table 3.6: Programme Expenses

	2014-15 Estimated actual \$'000	2015-16 Budget \$'000	2016-17 Forward Year 1 \$'000	2017-18 Forward Year 2 \$'000	2018-19 Forward Year 3 \$'000
Annual administered expenses					
Ordinary annual services	479,224	532,257	556,546	569,903	581,245
Programme support	13,772	12,641	11,714	11,692	11,837
Total Programme 3.5 expenses	492,996	544,898	568,260	581,595	593,082

Programme 3.5: Deliverables

Qualitative Deliverables for Programme 3.5

Support access for eligible clients to quality hearing services

Qualitative Deliverables	2015-16 Reference Point or Target
Quality service provision and client outcomes supported through a risk-based audit framework.	Audit outcomes support a risk-based approach to identification of service provider compliance with contractual and legislative obligations.
Policies and programme improvements are developed and implemented in consultation with consumers and service providers.	Opportunity for stakeholders to participate in consultations.

Support research into hearing loss prevention and management

Qualitative Deliverable	2015-16 Reference Point or Target
Implementation of hearing health research projects in accordance with programme objectives.	Funded research projects meet NHMRC research protocols.

Programme 3.5: Key Performance Indicators

Quantitative Key Performance Indicators for Programme 3.5

Support access for eligible clients to quality hearing services

Quantitative Indicators	2014-15 Revised Budget	2015-16 Budget Target	2016-17 Forward Year 1	2017-18 Forward Year 2	2018-19 Forward Year 3
Number of people who receive voucher services nationally. ⁶	713,000	774,000	794,000	837,000	881,000
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

Between 2012-13 and 2014-15, the Government provided funding to the States and Territories for the provision of additional services to around 400,000 public dental patients through the National Partnership Agreement on Treating More Public Dental Patients.

At the expiry of the current National Partnership Agreement, a further agreement with the States and Territories is due to commence in 2015-16 to improve access to dental services for adult public dental patients.

Improve access to dental services for children

The Child Dental Benefits 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.

In the 2015-16 Budget, indexation of benefits payable under the Child Dental Benefits Schedule will be paused, consistent with the indexation pause for all Medicare services.⁷

The statutory review of the *Dental Benefits Act 2008* will be finalised in 2015-16.

⁶ Targets have been revised to account for post-implementation impacts of the three year voucher introduced on 1 January 2012.

⁷ As the Child Dental Benefits Schedule is based on a calendar year, the indexation pause will cease on 31 December 2018.

Programme 3.6 is linked as follows:

- This Programme includes National Partnership payments for:
 - *Adult Public Dental Services.*
 - *Treating more public dental patients.*

National Partnership payments are paid to State and Territory Governments by the Treasury as part of the Federal Financial Relations Framework.

For Budget estimates relating to the National Partnership component of the programme, refer to Budget Paper No. 3 or Programme 1.9 of the Treasury’s Portfolio Budget Statements.

- The Department of Human Services (Services to the Community – Health Programme 1.2) administers the Child Dental Benefits Schedule.

Programme 3.6: Expenses

Table 3.7: Programme Expenses

	2014-15 Estimated actual \$'000	2015-16 Budget \$'000	2016-17 Forward Year 1 \$'000	2017-18 Forward Year 2 \$'000	2018-19 Forward Year 3 \$'000
Annual administered expenses					
Ordinary annual services	150	-	-	-	-
Special appropriations					
<i>Dental Benefits Act 2008</i>	424,607	605,451	615,973	629,706	655,713
Programme support	4,380	4,234	3,954	3,946	4,740
Total Programme 3.6 expenses	429,137	609,685	619,927	633,652	660,453

Programme 3.6: Deliverables

Qualitative Deliverables for Programme 3.6

Improve access to dental services for children

Qualitative Deliverable	2015-16 Reference Point or Target
Complete independent review of the operation of the <i>Dental Benefits Act 2008</i> .	Review findings are provided for tabling in Parliament.

Programme 3.6: Key Performance Indicators

Qualitative Key Performance Indicators for Programme 3.6

Improve access to public dental services

Qualitative Indicator	2015-16 Reference Point or Target
Improve access to 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 dental services for children

Quantitative Indicator	2014-15 Revised Budget	2015-16 Budget Target	2016-17 Forward Year 1	2017-18 Forward Year 2	2018-19 Forward Year 3
Number of children accessing the Child Dental Benefits Schedule.	2.4m	2.4m	2.4m	2.4m	2.4m