EXCL
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Productivity Commission
Locked Bag 2, Collins Street
East Melbourne VIC 8003

RE: Delivering quality care more efficiently

11th September 2025

Dear Commissioners,

I am writing in response to the Productivity Commission's interim report on Delivering quality care more efficiently.

My professional expertise is in public health spanning more than 15 years' experience in the field of oral health. Tan is registered oral health therapist and health economist Research Fellow at Deakin Health Economics, Senior Policy and Research Officer at Oral Health Victoria (formerly Dental Health Services Victoria), and Monash University PhD candidate. I am the current Chair & Spokesperson for the National Oral Health Alliance, the peak national oral health advocacy body of 14 organisations in Australia. In addition, I have served seven years as a statutory-appointed dental practitioner member of the Dental Board of Australia, leading regulatory governance for registered dental practitioners in Australia.

I reflect on the Productivity Commission's recommendation, particularly on establishing a national framework to support government investment in prevention. In the 2018 Productivity Commission's Inquiry on Human Services, in which I made verbal and written responses, there was a suite of recommendations made to reform public dental services, yet little has progress in this regard since. A proposed national framework to support government investment in prevention would be highly valuable in policy-decision making, particularly in areas of healthcare investment that does not align with existing mechanisms such as health technology assessment through the Medical Services Advisory Committee and the Pharmaceutical Benefits Advisory Committee. Specifically, resource allocation for government subsidised oral healthcare has not had any political appetite for reform, and to date, is purported to remain outside of the health technology assessment process.

It is in the best interest of the public and governments, to consider the nuances of prevention and how they are implemented at different levels. For example, in my prior work published in 2023 on "Economic Evaluations of Preventive Interventions for Dental Caries and Periodontitis: A Systematic Review" (Nguyen, Tonmukayakul, Le, et al. 2023), we found universal preventive interventions to prevent dental caries (tooth decay) had strongest evidence for cost-effectiveness, namely community water fluoridation. However, implementation and expansion of this important public health intervention remains variable across the state and territory jurisdictions. Selected preventive interventions, (i.e. targeted interventions at the community-level), had mixed evidence for cost-effectiveness, while indicated preventive interventions (i.e. those identified at risk at an individual-level for clinical care), had less favourable outcomes on cost-effectiveness.

My PhD thesis titled "Assessing Cost-Effectiveness on Oral Health Preventive Interventions" (ACE-Oral Health Prevention), uses the ACE priority-setting approach (Carter et al. 2008) to determine the relative cost-effectiveness of different oral health preventive interventions that was chosen for full economic evaluation. The ACE priority-setting has previously been applied

in prevention, notably ACE-Prevention (Vos et al. 2010) and ACE-Obesity Policy (Ananthapavan et al. 2018). Our findings support my published 2023 systematic review, showing the implementation of a 20% sugar-sweetened beverage tax is equitable and cost-effective (dominant) (Nguyen, Tonmukayakul, Khanh-Dao Le, et al. 2023), yet selected and indicated preventive interventions demonstrated low probability for cost-effectiveness (Nguyen et al. 2025), but was it sensitive to the time horizon. My research demonstrated ac clear need to carefully design any government oral health funding policy, if it was to be included under Australia's public health insurance, Medicare, from a cost-effectiveness perspective. In my authored 2025 Deeble Institute for Health Policy Research issues brief, we provided three key recommendations towards universal access to essential oral healthcare (Nguyen and Haddock 2025).

It would be imperative for a national framework to support government investment in prevention have a broad remit, beyond clinical care. The health economics of upstream approaches to population health is well-known. Central for consideration is to shift away from a disease-specific approach to economic evaluation, as typically present in Australia's health technology assessment framework. Where relevant, preventive interventions that address common risk factors would yield co-benefits across a range of diseases caused by or influenced by common risk factors. As the Productivity Commission notes, the outcomes of preventive interventions can typically take years to be fully realised, but does not necessarily having the rigour of intervention effectiveness that are evident with study trials. Guidance on 'relaxing' the uncertainty of longer time horizons is imperative to inform policy-decision making.

I look forward to the Productivity Commission's final report. Please don't hesitate to contact me for any clarification in this submission.

Yours sincerely,

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