

# Meeting

## Combined Dental Agreement – Annual Review 2025/26

### Meeting 4

<b>Location:</b>	Online (Microsoft Teams)		
<b>Date:</b>	10 April 2025	<b>Time:</b>	3:00pm – 5.00pm
<b>Chairperson</b>	Deborah Woodley, Director Starting Well	<b>Minutes by:</b>	Health NZ
<b>Attendees</b>	<p><b>New Zealand Dental Association:</b></p> <p>David Excell (Eastbourne Dental Centre)</p> <p>Ngareka Bensemman (Marsden Cove Dental)</p> <p>Shash Patel (Absolute Dental)</p> <p>Arun Natarajan (Paediatric specialist dentist and Happy Smiles)</p> <p>Simon Templeman (Simply Dental)</p> <p>Mo Amso (NZDA CEO)</p> <p><b>Health New Zealand (Participants):</b></p> <p>Saskia Booiman (Group Manager – Young People)</p> <p>Geoff Hunt (Approving Dental Officer and hospital dentist at Health NZ Hutt Valley)</p> <p><b>Health New Zealand (Observers/Secretariat):</b></p> <p>Justine Mecchia (System Design Manager – Oral Health)</p> <p>Kylie McCosh (Principal Service Development Manager – Oral Health)</p> <p>Alana Hislop (Service Development Advisor – Oral Health)</p>		
<b>Apologies</b>	<p>Bart Eisenbarth (Approving Dental Officer, Te Manawa Taki)</p> <p>Lisa Gestro (Group Manager – System Integration, Te Manawa Taki Region)</p>		

### Agenda

Item no	Details	Speaker
1	Karakia and opening remarks	Deborah Woodley
2	Approve previous minutes and actions	Deborah Woodley
3	Follow up items from previous meeting	Saskia Booiman

	<ul style="list-style-type: none"> <li>- Updated modelling for full list of lab-based items</li> <li>- Feedback on the vital pulp therapy proposal</li> <li>- Feedback on the Silver Diamine Fluoride proposal</li> </ul>	Mo Amso
4	NZDA presentation on Caries Risk Assessment proposal	Mo Amso
5	Discussion on operational guidelines changes	Saskia Booiman
6	NZDA feedback on implementation of a new agreement	Mo Amso
7	Next steps and confirm availability for next meeting Karakia	Deborah Woodley

## Actions from previous meeting (20 March)

Details	Due Date	Status
NZDA to advise of its approval to publish meeting two minutes, including whether there is anything that needs to be withheld	April 2025	Complete
Health NZ to share the 2023 and 2024 volumes data on the proportion of recording against CON1 codes	April 2025	Complete
Health NZ (Geoff Hunt) to provide NZDA with the current evidence that supports capitation model	April 2025	Complete
NZDA to provide a list of the codes they would expect to see included in the lab-based fee codes. Health NZ will then run the modelling and provide an updated cost	April 2025	Complete
NZDA to undertake modelling of proposed costs for application of SDF and provide further feedback to Health NZ	April 2025	In progress
Geoff Hunt to discuss with Lara Friedlander comments from the discussion and contradictions noted between the notes section and the pathway	April 2025	Complete
NZDA to come back to Health NZ on preferred approach to contract duration	April 2025	In progress
Health NZ to discuss how mobile providers can engage with regional commissioning to explore more flexibility	April/May meeting	In progress
NZDA to provide a list of the codes they would like to see within a reduced scope	25 April 2025	In progress

## Notes

### Karakia and opening remarks

1. Deborah Woodley opened the meeting with karakia and welcomed everyone to the fourth meeting of the annual review for the Combined Dental Agreement (CDA) for 2025/26.

### Approve previous minutes and actions

2. Deborah sought feedback on the circulated minutes from meeting 3 and approval to publish minutes from meeting 2 and meeting 3 on Health NZ webpage.
3. Mo Amso highlighted that the NZDA action from meeting 3, the NZDA to provide a list of codes they would like to see within a reduced scope was documented in the minutes, but it was not included in the actions table at the end of the minutes. Once rectified, NZDA confirmed they approve meeting 2 and meeting 3 minutes to be published on the Health NZ webpage.
4. **Action:** Health NZ to update actions list in meeting 3 minutes and publish minutes from meeting 2 and 3 on the Health NZ webpage.
5. Mo also made comment that the report NZDA had presented to Health NZ and the desire to have it escalated had not been captured in the previous minutes. It was agreed to add this to meeting 4 agenda and capture the conversation in these minutes.

### Follow up items from previous meeting

#### a) Updated modelling for full list of lab-based items

6. Saskia Booiman shared the modelled list, where an equivalent fee from the NZDA's fee survey is not provided, a 25% increase has been applied for modelling purposes. No further questions were raised for this item.

#### b) Feedback on the vital pulp therapy proposal

7. Arun Natarajan highlighted that NZDA's biggest concern is around how this will be remunerated as pulpotomy is an expensive and time-consuming procedure that needs to be priced appropriately. He shared that pulpotomy takes approximately 45-60 minutes for children. Simon Templeman also added that the cost of materials needs to be taken into consideration, which is approximately \$60 per treatment, on top of the treatment time.
8. David Excell asked if the pulp cap and pulpotomy changes would be funded out of the same funding pool for CDA or would be new funding.
9. Saskia Booiman confirmed that we would be working within the current CDA funding plus any uplift that is provided.
10. Geoff Hunt provided clarification on why only two fees are proposed to be provided for the four treatment pathways to streamline claiming, one for pulp capping (either direct or indirect) and one for pulpotomy (either full or partial). He also referred to the pulpotomy guidelines recently published and that research suggests all four techniques have good success rates, the key part will be the diagnosis.
11. Mo summarised that in principle NZDA agree with the vital pulp therapy proposal, however the next step is to see a formal proposal including fees to ensure it is sustainable for clinicians to deliver.
12. Deborah summarised that NZDA are supportive with the vital pulp therapy proposal based on evidence but would like to see the funding included in the proposal.

13. **Action:** Health NZ to circulate a pricing proposal for the pulp capping and pulpotomy changes to discuss at the next meeting.

**c) Feedback on the Silver Diamine Fluoride (SDF) proposal**

14. Mo shared that in principle, the NZDA are happy with the proposal and are pleased that a mechanism is in place to identify the number of teeth treated. However, NZDA strongly disagree with SDF being a prior approval item. NZDA do not feel that the vision of early treatment (included in the SDF guidelines) aligns with prior approval in a practical setting. NZDA would also like to see SDF funded with new funding as it is a new treatment code and not funded from any uplift.
15. Geoff shared that ADOs are currently doing a lot of mentoring of young dentists / therapists through the prior approval process. The intent would be to keep SDF as a prior approval item initially to support mentoring and Health NZ's understanding of how the treatment is being used.
16. Mo shared that NZDA has a 2-year mentoring programme available for new graduates which NZDA members should be utilising. Mo also commented that the recent survey of NZDA members showed a wide range of ages of clinicians delivering care under the CDA.
17. Geoff responded that the survey does not indicate the volume of patients seen by each clinician. He will ask the ADOs for a response, but in his experience most prior approvals are coming from younger new graduate dentists / therapists.
18. **Action:** Geoff to ask ADOs if there is a theme across prior approvals by workforce type and age and report back at the next meeting.
19. Arun noted that there are a lot of clinicians not applying for prior approval, due to the time burden.
20. David shared that he sees prior approval as a barrier for providing appropriate care, as some adolescents might not be seen again for treatment.
21. Geoff reiterated that prior approval for SDF could be provided retrospectively to reduce barriers and allow treatment to be provided on the spot while the adolescent is in the chair, where consent has been provided.
22. Ngareka Bensemman advised that if SDF is introduced initially as a prior approval item, it may be challenging to remove the prior approval later and that it is important that education and support webinars are provided for new treatments.
23. David summarised that NZDA's position is that there should be no prior approval for SDF in order to achieve equity.
24. Saskia addressed the previous question around how SDF would be funded and shared that Health NZ's intention is to fund this treatment from within the overall CDA budget including any uplift and reiterated the budget process. Saskia also noted NZDA's request to have the New Zealand Dental Association Cost of Dentistry Report 2025 shared with senior leaders within Health NZ.
25. Mo responded that NZDA think it is unfair there is no new money to fund a new treatment and that NZDA would like the New Zealand Dental Association Cost of Dentistry Report 2025 report escalated to senior staff and/or the Commissioner or Minister. NZDA requests a formal response on when they can have a conversation on the report with senior leaders or an indication on when NZDA can expect a response to their report.

26. Deborah shared that she has already provided the initial analysis report (not the final report shared with the Minister) to her senior leaders and explained that the uplift process is underway. This year Health NZ has a new Health Minister and a Commissioner. At this stage we are still not clear on uplift timeframes and when we will be notified.
27. Mo thanked Deborah and responded that NZDA would appreciate an update on uplift timing when Health NZ can share this information.
28. Simon raised a question on modelling of the cost impact given this is a new treatment and we are unsure what the volumes are likely to be.
29. Saskia responded that estimate cost impact will use a base of assumptions and hope those are true to actual uptake. However, if the use is at a much higher rate than we have modelled, the claiming would still be covered and the CDA budget would be overspent. Similarly, if uptake was lower than predicted, funding set aside for SDF would not be able to be reallocated to other fee codes.
30. David suggested that Health NZ could go to Moira Simth to seek feedback on the use of prior approval, in particular for SDF.
31. **Action:** Geoff to seek Moira's thoughts on prior approval for SDF treatment within the context of CDA services.

#### **NZDA presentation on Caries Risk Assessment proposal**

32. Deborah noted that Health NZ still needs to send the Caries Risk Assessment proposal to the Health NZ Advisory Group to seek their feedback. Deborah then invited Mo to speak to this item.
33. Mo shared that the proposed Caries Risk Assessment matrix aims to shift the dial away from prior approval and puts the responsibility on the clinician. Mo acknowledged there are some risks associated with the matrix, and stated NZDA does not agree that Equity Index (EQI) is an accurate measure of clinical need.
34. Geoff shared that he supports the idea of a caries risk matrix but we needed to be careful with implementation. Geoff noted that the Caries Risk Assessment still will not resolve the issue of the people the services are not reaching. Geoff commented that he believes the Caries Risk Assessment scores would match closely to EQI at a population level given the correlation between caries and socioeconomic factors.
35. Geoff asked for confirmation from the NZDA on whether the Caries Risk Assessment would be for everyone, or certain cohorts.
36. Mo responded yes to everyone and at all consultation visits as caries risk changes. Mo shared that he used one previously in his private practice.
37. Saskia raised questions around the applicability in the New Zealand context, cultural safety, unintended consequences and if the proposal can be shared wider.
38. Mo acknowledged that Saskia raises some good questions that he cannot answer right now. Mo also provided consent for Health NZ to share wider.
39. **Action:** Health NZ to share Caries Risk Assessment proposal with the National Oral Health Clinical Network, other representative bodies and the Health NZ CDA Advisory Group for feedback.
40. Saskia asked whether the NZDA had any comment on potential unintended consequences or considerations of the introduction of a tool such as this.

41. Mo indicated that to account for the time to complete the assessment it would require the capitation fee to remain the same with the remuneration of single surface fillings and fissure sealants separate.
42. Saskia noted everything comes back to price, e.g., cost for extra time and how it can be funded within the overall budget for CDA.
43. Arun agreed, consideration of unintended consequences and how to mitigate them is something that should be explored further as a group given this is a new approach.

### Operational guidelines

44. Saskia shared that Health NZ will be updating the CDA operational guidelines to be a more readable and helpful document and that Health NZ are proposing that they use a technical writer for this task.
45. Mo suggested it would be good to include visual flowcharts in the operational guidelines, for items such as the claiming process.
46. **Action:** Once the technical writer has drafted the operational guidelines, Health NZ to share with NZDA for review (noting that this task will not be completed before the next meeting).

### Implementation of a new agreement – NZDA feedback

47. Group conversation had on the implementation of a new agreement.
48. Geoff noted that if we are going to adopt a Caries Risk Assessment, this would take significant work to implement and it would most likely also be appropriate to look at the whole agreement.
49. Mo noted that NZDA recognise big changes will take time and they recognise there are challenges with changes to Health NZ. NZDA were pleased to hear that the oral health team are not being restructured and that there will be stability with the Health NZ board returning and a new Health NZ CEO appointment shortly.
50. NZDA shared that they would need in writing that any agreed extension to the contract term would result in KPIs or at least engagement and commitment that something tangible will change.
51. **Action:** Deborah and Mo to discuss implementation of a new agreement contract and commitment conversation offline.
52. David added a comment that NZDA have been wanting a complete review of the CDA contract for several years.
53. Mo shared that more recent meaningful engagement between Health NZ and the NZDA is appreciated. NZDA views this arrangement as a partnership and is happy to consider providing resource to support improvements, for example, with the Caries Risk Assessment proposal.

### Next steps and confirm availability for next meeting

54. Deborah proposed that the group meet in five weeks for the next annual review meeting, given that we have a few short weeks ahead with public holidays. It was confirmed that the next meeting will be scheduled for Thursday 15 May 3-5pm.
55. **Action:** Health NZ to send meeting invite for Thursday 15 May 3-5pm.
56. Deborah thanked everyone for their participation and closed with karakia.

Actions

Details	Due Date
Health NZ to update actions list in meeting 3 minutes and publish minutes from meeting 2 and 3 on the Health NZ webpage	Complete
Health NZ to circulate a pricing proposal for the pulp capping and pulpotomy changes to discuss at the next meeting	May 2025
Geoff Hunt to ask other ADOs, if there is a theme of prior approvals, who these are coming from and report back at the next meeting	Next meeting
Geoff Hunt to seek Moira’s thoughts on prior approval for SDF treatment within the context of CDA services	Next meeting

Health NZ to share Caries Risk Assessment proposal with the National Oral Health Clinical Network, other representative bodies and the Health NZ CDA Advisory Group for feedback	April 2025
Once the technical writer has drafted the operational guidelines, Health NZ to share with NZDA for review	June 2025
Deborah Woodley and Mo Amso to discuss implementation of a new agreement contract and commitment conversation offline	May 2025
Health NZ to send meeting invite for Thursday 15 May 3-5pm	14 April