

# Meeting

## Combined Dental Agreement – Annual Review 2025/26

### Meeting 2

<b>Location</b>	Online (Microsoft Teams)		
<b>Date</b>	24 March 2025	<b>Time</b>	2:00pm – 3.30pm
<b>Chairperson</b>	Deborah Woodley, Director Starting Well	<b>Minutes by</b>	Health NZ
<b>Attendees</b>	<p><b>Representative Bodies</b></p> <p>Eru McGregor (Te Ao Mārama)</p> <p>Anishma Ram (New Zealand Oral Health Association (NZOHA) and Pasifika Dental Association)</p> <p><b>Health New Zealand (participants)</b></p> <p>Lisa Gestro (Group Manager – System Integration, Te Manawa Taki Region)</p> <p>Saskia Booiman (Group Manager – Young People)</p> <p>Donna Kennedy (Approving Dental Officer)</p> <p>Miriam Davie (Principal Legal Counsel)</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>Justin Wall (Te Rōpu Niho Ora) – Health NZ met with Justin on 4/04/25</p> <p>Abdul Aziz (Pasifika Dental Association (PDA))</p> <p>Bart Eisenbarth (Approving Dental Officer, general dentist in private practice) – Attended the meeting with Te Rōpu Niho Ora on 4/04/25</p>		

## Agenda

Item no:	Details	Speaker
1	Karakia and opening remarks	Deborah Woodley
2	Approve previous minutes and actions	Deborah Woodley
3	Discuss proposed options for changes to the capitated fee to remunerate for FIL1/FIS1	Saskia Booiman
4	Present proposed changes to RCT4/5 and SDF introduction	Donna Kennedy
5	Implementation of a new agreement	Saskia Booiman
6	Next steps and confirm availability for next meeting Karakia	Deborah Woodley

## Actions from previous meeting (3 March)

Details	Due Date	Status
Health NZ to send meeting invite for 24 March	10 March	Complete
Health NZ to circulate meeting notes	14 March	Complete
Health NZ to draft a letter to the OHNCN summarising concerns with the COHS and the impact on CDA providers	24 March	Complete
Health NZ ADO to provide an update on Pulpotomy and SDF guidelines at the next annual review meeting	24 March	Complete
Health NZ to explore what data might be available around frequency of contacts under the CDA to support future discussions	31 May	In progress

## Notes

### Karakia and opening remarks

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

### Approve previous minutes and actions

2. Deborah Woodley sought approval from the representative bodies to publish the minutes from meeting 1 on the Health NZ website.

**Action:** Te Rōpu Niho Ora to advise of their approval before publishing meeting 1 minutes on the Health NZ webpage.

**Action:** Health NZ to send the link to the webpage where all CDA annual review minutes are being published.

3. Actions from the previous meeting were reviewed. Four out of five actions have been completed. The outstanding action on mobile provider engagement with Health NZ Regional Commissioning remains open for discussion at the April/May meeting.
4. Update provided on the drafted memo for the National (Oral Health) Clinical Network (NOHCN). Health NZ welcomed feedback or edits from the representative bodies.

**Action:** Health NZ to send the memo to the NOHCN.

### Discuss proposed options for changes to the capitated fee to remunerate for FIL1/FIS1

5. Saskia Booiman acknowledged the volume of work that has been done by Health NZ including the ADOs and that the representative bodies have not had much time to review the documents provided.
6. Saskia Booiman provided an explanation why lab-based items was included in the pre-meeting documentation that was circulated, and that it was not an item on the agenda. Confirmed that the focus of this meeting is proposed options for removal of FIL1/FIS1 and discussion on RCT4/5 and introduction of silver diamine fluoride (SDF).
7. Saskia Booiman outlined the principles Health NZ have applied in developing these options:
  - to incentivise improved access for those who are currently missing out or where there are lower rates of access, particularly for Māori and Pacific young people
  - to maintain focus on oral health promotion, prevention, and early intervention scope of the CDA
  - to support increased service delivery, sustainability, and options.
8. Saskia Booiman also noted that options for each issue are being discussed in isolation of each other, however a collective view will need to be taken on any changes agreed for 2025/26. Health NZ maintains the position that all agreed changes must be funded from within the overall budget that is available for 2025/26, and that Health NZ is yet to know what the 2025/26 uplift amount is.

9. Saskia Booiman summarised the options considered by Health NZ for changes to the capitated package – to remove FIL1 only, FIS1 only, both FIL1 and FIS1 or make no changes but increase the value of each COM band within CON1. All options are presented as being cost neutral. For example, where the modelling has removed FIL1/FIS1 from the capitated model, there has been a relative reduction across the three band codes for CON1.
10. The price change estimates to CON1 include a 30 to 50% increase in volume of FIL1/FIS1 if removed from capitation in recognition that there is likely current underreporting of all procedures completed as part of the capitated model. The ADOs have also reported experience of increased volumes of fee codes being claimed once they are removed from prior approval. Donna Kennedy shared that she would anticipate that an increase in FIL1s would occur if removed from the package.
11. Saskia Booiman also confirmed that the proposed pricing is based on the modelling and is to enable a discussion on the impact, and not necessarily the exact agreed pricing going forward.
12. Donna Kennedy explained the reasoning behind the advice to keep FIS1s within the package. The evidence for use of fissure sealants is strongest when teeth first erupt and ideally FIS1 are being provided through the COHS; and that there is smaller volume of FIS1s among older adolescents. Also removing FIS1s from the capitation package as well as FIL1 would further reduce the CON1 price which may impact on the incentive to deliver services.
13. Justin Wall agreed that few practitioners would be recording extra FIL1s due to the administration burden and no financial incentive. He commented that it is likely that the budget would increase if FIL1s can be claimed and paid. Justin Wall advised that Te Rōpu Niho Ora (TRNO) is supportive of taking FIL1 out of the capitation fee, however also added that increasing the price will still not improve access for those not receiving care.
14. Anishma Ram provided the following comments on behalf of NZOHA.
  - To consider a targeted approach or sliding fee scale to allow clinicians to claim fees depending on the population served, e.g., higher fee for higher need.
  - Strongly agreed that we need to focus on improving the data captured to ensure it is accurate to ensure we are able to make informed decisions to improve oral health outcomes for rangatahi.
15. Donna Kennedy agreed with the points raised by Anishma Ram and shared that we all want to move towards a better and targeted approach, however a thorough review of the High Caries Treatment Plan (HCTP) will be challenging to implement in a timely manner.
16. Saskia Booiman reiterated to the group that there is no pressure to make changes to the agreement for this contract term and that issues can be reviewed again with more time to resolve and find solutions. Health NZ is wanting to undertake a review on the HCTP / possible caries risk assessment; however, this would not be implemented in time for 30 June 2025. Saskia Booiman agreed with Anishma Ram's comments that a targeted approach to funding is needed for achieving equitable outcomes, an example of this is the modelling for a scenario based on changing fees for band 1 only.
17. Anishma Ram and Eru McGregor share some examples highlighting the large difference between NZDA fees and Health NZ CDA fees.

18. Saskia thanked representative bodies for sharing examples and acknowledged the reality and challenges of delivering care in the CDA in a funding restricted environment.
19. Based on the conversation, Saskia summarised options as either:
  - Hold off on making changes to FIL1/FIS1 while more work is undertaken to review the HCTP
  - Proceed with removing FIL1 outside of the capitated package.

**Action:** Health NZ to seek feedback from TRNO on changes to the capitated fee to remunerate for FIL1/FIS1 and include this in the minutes.

### **Present proposed changes to RCT4/5 and SDF introduction**

20. Donna Kennedy shared that Professor Lara Friedlander has developed new guidelines for appropriate care for decay close to the pulp or in the pulp. These guidelines should be published shortly. Donna outlined the discussion document provided for the meeting, confirming the need for one prior approval for two applications of SDF. Donna also noted that we will need to be careful with communication associated with SDF.
21. Justin Wall agreed that this is a step in the right direction.
22. Donna Kennedy shared that the ADOs have had robust conversations on how to promote best clinical care on this issue. The ADOs have advised that RCT5 should remain a prior approval item. Donna Kennedy shared an example that ADOs are still rejecting a large number of requests that are being declined due to inappropriate clinical care.
23. Donna Kennedy provided an update on SDF and that the SDF guidelines should be published very soon. The guidelines clearly say that clinicians need a clear diagnosis and clear treatment goal to use SDF. It was noted that the biggest issue with SDF is going to be gaining consent. The guidelines that are being released will include a consent process and Health NZ is seeking legal advice on consent.
24. Anishma Ram suggested that consent for SDF could be included in the CDA enrolment form.
25. Justin Wall shared in the past there was a consent process for stannous fluoride which could be revisited.
26. Bart Eisenbarth shared his experience using SDF quite frequently in the United States, particularly in situations as a transitional treatment before further treatment can be given. He shared that it could be useful where access is an issue, such as rural locations, to arrest decay until more definitive treatment can be provided and could prevent costly treatments.
27. Justin Wall shared that TRNO concerns with using SDF as a transitional treatment in areas with access issues, means the definitive treatment never gets delivered. There is a time and place for SDF as long as we can ensure the definitive treatment will happen in future.
28. Discussion was had on the potential fees proposed for SDF, noting that they would be new codes but proposed that they are paid at MSO1 and MSO2 rates as per the discussion document.

## Implementation of a new agreement

29. Health NZ has some constraints with implementing a new agreement and what needs to be done by a certain date in order to make sure there is an agreement that providers could claim against from 1 July. Health NZ asked the representative bodies on its preferred approach to how we agree to a contract term.
30. Health NZ noted the agreement term will influence some of the changes proposed on contract clauses in relation to annual review. If a shorter agreement term is preferred, Health NZ will propose to keep changes simple and consider more fulsome changes for the longer-term agreement.
31. Justin Wall shared initial thoughts that Te Rōpu Niho Ora would prefer a longer-term contract for the certainty and sustainability. Justin also made comment why a contract term is required as the intent is that of an evergreen agreement.

**Action:** Health NZ to provide a short summary to the representative bodies on the options on length of contract to support engagement with their members and come back to Health NZ with their preference.

## Next steps and confirm availability for next meeting

32. Discussion had on date for the next meeting, noting the upcoming Easter break. It was agreed that we should aim to schedule the next meeting for the week of 28 April.
33. Justin Wall shared that Fridays work best for him to meet.

**Action:** Health NZ to check availability of other representatives and send out a meeting date for the week starting 28 April.

34. Deborah Woodley thanked everyone for their participation and closed with karakia.

## Actions

Details	Due Date
Te Rōpu Niho Ora to advise of their approval before publishing meeting 1 minutes on the Health NZ webpage.	11 April
Health NZ to send the link to the webpage where all CDA annual review minutes are being published.	7 April
Health NZ to send the memo to the NOHCN.	7 April
Health NZ to seek feedback from Te Rōpu Niho Ora on changes to the capitated fee to remunerate for FIL1/FIS1 and include this in the minutes.	4 April

Health NZ to provide a short summary to the representative bodies on the options on length of contract to support engagement with their members.	2 April
Health NZ to check availability and send out a meeting date for the week starting 28 April.	31 March