

Meeting

Combined Dental Agreement – Annual Review 2025/26

Meeting 3

Location	Online (Microsoft Teams)		
Date	2 May 2025	Time	1:30pm – 3:00pm
Chairperson	Deborah Woodley, Director Starting Well	Minutes by	Health NZ
Attendees	<p>Representative Bodies</p> <p>Eru McGregor (Te Ao Mārama)</p> <p>Anishma Ram (New Zealand Oral Health Association (NZOHA))</p> <p>Abdul Aziz (Pasifika Dental Association (PDA))</p> <p>Health New Zealand (participants)</p> <p>Lisa Gestro (Group Manager – System Integration, Te Manawa Taki Region)</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>Health New Zealand (Observers/Secretariat)</p> <p>Kylie McCosh (Principal Service Development Manager – Oral Health)</p> <p>Alana Hislop (Service Development Advisor – Oral Health)</p>		
Apologies	<p>Justin Wall (Te Rōpu Niho Ora)</p> <p>Bart Eisenbarth (Approving Dental Officer, general dentist in private practice)</p> <p>Justine Mecchia (System Design Manager – Oral Health)</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 minutes - Feedback on the Vital Pulp therapy proposal - Feedback on the Silver Diamine Fluoride proposal	Saskia Booiman Geoff Hunt
4	NZDA Caries Risk Assessment proposal	Saskia Booiman
5	Discussion on operational guidelines changes	Saskia Booiman
6	Update on agreement timing	Saskia Booiman
7	Next steps and confirm availability for next meeting (propose 23 May) Karakia	Deborah Woodley

Actions from previous meeting (24 March)

Details	Due Date	Status
Te Rōpu Niho Ora to advise of their approval before publishing meeting 1 minutes on the Health NZ webpage	11 April	Complete
Health NZ to send the link to the webpage where all CDA annual review minutes are being published	7 April	Complete
Health NZ to send the memo to the National Oral Health Clinical Network	7 April	Complete
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	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 third meeting of the annual review for the Combined Dental Agreement (CDA) for 2025/26.

Approve previous minutes and actions

2. Deborah sought approval from the representative bodies to publish the minutes from meeting 2 on the Health NZ website.
3. **Action:** Health NZ to check with Justin/Te Rōpu Niho Ora for their approval before publishing meeting 2 minutes on the Health NZ webpage.
4. Actions from the previous meeting were reviewed. Four out of five actions have been completed. A brief update was provided on the outstanding action for Health NZ to explore what data might be available around frequency of contacts under the CDA to support future discussions, it is in progress.

Follow up items from previous minutes (feedback on Vital pulp therapy and SDF proposal)

5. Saskia Booiman and Geoff Hunt provided an update on the vital pulp therapy and SDF proposal. Geoff shared the proposed pricing, \$150 excl GST for indirect or direct Pulp Cap and \$350 excl GST for Pulpotomy (partial or full). Saskia shared that 2025/26 budget is still unknown.
6. Geoff 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.
7. Abdul Aziz asked if Lara Friedlander was involved in pulp therapy planning and costing. Geoff confirmed that she was and that hopefully the system will see a reduction in root canal therapy over time, acknowledging that some will still occur.
8. Saskia provided an update that the final SDF guidelines have recently been distributed by the Oral Health Clinical Advisory Network (OHCAN) and that Health NZ will ensure everyone has received a copy of this.
9. **Action:** Health NZ to ensure all representative bodies are included in the distribution of the SDF guidelines.
10. It was noted that the NZDA strongly disagrees with having SDF as a prior approval item. An explanation for why prior approval has been proposed for SDF was provided. 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.
11. Geoff shared 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.

12. Geoff shared that he has spoken to Moira Smith to seek feedback on the use of prior approval, and she is supportive of limited time of pre-approval before reviewing to better understand the use before confirming future arrangements.
13. Health NZ proposes to introduce four new codes for the application of SDF. These codes would be SDF1 and SDF2 which would be used for first and second application of SDF to 1 to 3 teeth, and SDF3 and SDF4 for first and second application of SDF to 4 or more teeth. Geoff shared with the group what the proposed pricing levels would be.
14. Abdul asked a question if practitioners will receive any training on SDF. Geoff responded to assure Abdul that training would certainly be provided, and these details are currently being worked through.

NZDA Caries Risk Assessment proposal

15. Saskia provided context of why this proposal has been raised and explained that Health NZ is open to feedback and suggestions to inform Health NZ's position/ response to the proposal. Saskia shared that Health NZ are interested in understanding further information, such as the applicability in the New Zealand context, cultural safety and unintended consequences.
16. Geoff shared that he supports the idea of a caries risk assessment, but we need 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. It was noted that the Approving Dental Officers (ADOs) are supportive of looking at a caries risk assessment tool but in a bigger review of the model of care.
17. Abdul notes that the NZ oral health system has used DMFT as a measure for a long period of time, therefore it could be good to explore using a different tool. He raised questions about the applicability of the CAMBRA tool for the NZ context, he agreed that it's a good idea but would require further research and planning before implementation.
18. Anishma Ram shared with the group that she agrees about the applicability to the NZ context and whether the CAMBRA tool is suitable for NZ. Anisha's suggestion is that we will only really know if we try, therefore she suggests a caries risk assessment should be piloted on a small scale to monitor and learn before implementing the tool wider.
19. **Action:** Health NZ to connect with Justin for Te Rōpu Niho Ora's comments on the proposed caries risk assessment tool.

Discussion on operational guidelines changes

20. 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. The NZDA have suggested visual flowcharts would be useful to include in the guidelines, for example the claiming process. Saskia also shared that there is an opportunity to explore educational opportunities, e.g. webinars to help make the guidelines practically useful.
21. Abdul raised a question regarding what percentage of prior approvals get approved or declined? Geoff responded that majority of prior approvals are approved, however, root canals are the area where ADOs have most discussion, approximately 25-30% of pre-approval for root canals are declined.

22. Abdul suggests that it is important to get input from clinicians when updating the operational guidelines to ensure best practice guidance is promoted.
23. **Action:** Once the technical writer has drafted the operational guidelines, Health NZ to share with the representative body collective for review (noting that this task will not be completed before the next meeting).

Update on agreement timing

24. All CDA contracts expire on 30 June and a valid contract needs to be in place to continue to make payments from 1 July.
25. Health NZ intends to issue a letter of variation to contract for 1 year while CDA annual review negotiations are completed. This will ensure providers can still claim for services from 1 July and be paid. A new CDA agreement will override the variation.

Next steps and confirm availability for next meeting

26. Deborah proposed that the group meet 23 May for the next annual review meeting.
27. The group advised that the Dental Expo in Auckland is on 23 May, therefore this would not be a suitable date for the next meeting.
28. **Action:** Health NZ to schedule a suitable time for the next annual review meeting.
29. Deborah thanked everyone for their participation and closed with karakia.

Actions

Details	Due Date
Health NZ to check with Justin Wall/Te Rōpu Niho Ora to advise of their approval before publishing meeting 2 minutes on the Health NZ webpage.	May 2025
Health NZ to ensure all representative bodies are included in the distribution of the SDF guidelines.	May 2025
Health NZ to connect with Justin for Te Rōpu Niho Ora's comments on the proposed caries risk assessment tool.	May 2025
Once the technical writer has drafted the operational guidelines, Health NZ to share with the representative body collective for review (noting that this task will not be completed before the next meeting).	June 2025
Health NZ to schedule a suitable time for the next annual review meeting.	May 2025
Health NZ to explore what data might be available around frequency of contacts under the CDA to support future discussions.	31 May 2025

