Dr Felicity A Wardlaw

10 April 2012

To The Senate Committee receiving submissions for The Health Insurance (Dental Services) Bill 2012 (No 2).

Submission in support of the Bill.

I strongly believe the actions of the Federal Government in dealing with minor administrative process discrepancies is extremely inappropriate and has had an negative impact on my perception of government bureaucracy.

I am a dentist working in private dental practice. I have treated, and continue to treat, patients under the Medicare Chronic Dental Disease Scheme, previously, and continuing to be called (in government agency memos), the Enhanced Primary Care program.

I consider my participation in the CDDS is for the benefit my dental care and advice could bring to my patients who are eligible for this scheme.

I also treat patients regularly under the Department of Veterans Affairs program for Dental Services and have always found the scheme to be well administered. There is always ready access to the consultant Dental Officers if advice is required. The Veterans Affairs Scheme does not require the copious amounts of paperwork required by the CDDS and their schedule is reviewed regularly. Prior authorization is only required for more advanced treatment options.

The Medicare CDDS scheme in contrast has caused me to waste much time on unnecessary paperwork. My staff has regularly had to chase up the appropriate or incomplete paperwork from the referring Medical Practitioner, before we can appropriately assess the CDDS patient, as required by regulation. The response from the Medical Practice staff is often less than helpful and dismissive of its relevance. There have been occasions, with the patient already in the waiting room, when we have had to reappoint the patient due to insufficient or incorrect paperwork.

Once the correct paperwork is received patients are frustrated that treatment arising from the examination cannot proceed immediately until further paperwork is completed and acknowledged by their referring General Medical Practioner.

This requirement has meant that we have had to appoint separate exclusive consultation times in addition to treatment appointments. In my practice a routine examination would normally include periodontal maintenance by cleaning. It has been shown that routine six monthly periodic cleaning is beneficial to improve the health in many chronic conditions and in particular diabetics and patients with cardiovascular disease.

This is not possible with the existing CDDS. Every six months, as I read the scheme, a new treatment plan and costing needs to be written, and sent in a timely manner, prior to cleaning. This is a waste of time and frustrating for both patient and myself.

As for the minor paperwork details from the dentists point of view, I would like to point out that there is still confusion and incorrect paperwork still being generated in the Department of Health and Ageing. Initially Medicare CDDS was known as the Medicare Enhanced Primary Care Scheme (EPC). Without notification to individual general dentists the scheme name was changed to Chronic Dental Disease Scheme (CDDS).

In a Department web site dated 16 March 2010

> "The Department of Health and Ageing is removing references to EPC in the (Medicare Benefits Schedule (MBS) Group A15 (GP management plans, team care arrangements, multidisciplinary care plans and case conferences) items (721-779) and in the Miscellaneous Group 3 (allied health individual) items (10950-10970). The change has been made because the GP Enhanced Primary Care (EPC) care planning items were removed from the MBS in 2005 and replaced by the Chronic Disease Management (CDM) items (721-731). The term 'EPC plan' is now obsolete. There are no changes to the eligibility requirements for the CDM items, including the allied health services for people with chronic disease. This is simply a change to terminology to bring it up to date. Medicare Australia and provider organizations have been advised of the change. EPC language has also been removed from the MBS Group A14 (Health Assessments) items."

http://www.health.gov.au/internet/main/publishing.nsf/Content/mbsprimarycare-removalofepc

I, with a colleague, conducted a brief search of the Australian Government Department of Health and Ageing web site and found that there still are numerous examples, generated in 2012, of web sites modified since the change in terminology from EPC to CDDS on 16 March 2010 that continue to use older terminology against the advice of the Department of Health and Ageing. Perhaps the paperwork using the EPC terminology should be declared non-compliant.

There should be recognition by the government that paperwork mistakes can be made without compromising patient care and without requiring punitive action.

I will welcome the winding up of the Chronic Dental Diseases Scheme. Due to my experience with this scheme I will not be keen to participate in any similar program in the future unless the paperwork and administrative complexities are simplified.

Yours Sincerely

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