

FROM: Dr. Bella Kolber

To [fpa.sen@aph.gov.au](mailto:fpa.sen@aph.gov.au)

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I am a Dentist with over 40 years of experience. I retired from practice over a year ago. At the time of my retirement, I was working 1 and a half days a week as an employee. I am currently being audited by Medicare regarding compliance with paperwork "requirements" of the Medicare Chronic Diseases Scheme. I worked under the Medicare Scheme on the instructions of my employer. Although my work was totally at my discretion, I had absolutely no right to direct the management of the surgery or to make any decisions regarding compliance to any statutory bodies.

My reputation in the professional community is impeccable. My patients hold me in high esteem, and with great affection. On my retirement, I was often treating the third and fourth generation of the same family. Patients' eligibility to avail them of the Medicare scheme never affected the standard of my dental work or my personal care for them. Similarly, they continued to attend the Dentist, even when their allocated funds from the scheme were exhausted. Throughout my 40 year relationship with these people, discussions of the treatment plans, including, pros and cons of all variables, costs and alternatives were nearly always only verbal (albeit documented in their records). Their satisfaction with the treatment during the treatment and at completion of the treatment was the paramount measure of a successful outcome. All my patients were well satisfied with the treatment I provided.

During my long career, (when I was self-employed) , I treated many patients under the Veteran's Affairs scheme, with no complications or intrusion into the flow of work required. The paper-work was minimally intrusive and simple to follow. The patients had to sign off for work performed and therefore had an interest in the accounts being truthful. Emergency work, and simple, mainstream dentistry was done without a fuss, and completed in a timely manner. Only more complex treatment plans had to be submitted for permission to continue. Permission was often granted over the phone, when the attending Dentist spoke to a relevant Dental specialist employed by Veteran's Affairs. The underlying philosophy was one of providing good dental care for those who were eligible for the Veteran's Affairs.

The Medicare Scheme had an entirely different underlying culture. One where the patient felt they had a large sum of money at their disposal to be spent on 'high' end treatment they would not have accessed any other way. Routine, maintenance dentistry, was not so glamorous or enticing and definitely not the focus of their attending for treatment. If one General Medical Practitioner refused to fill in the forms for the scheme, the patient would search for another, more compliant practitioner. Most patients did not return for long term

care once their allowance was spent. Most often, the treatment they requested had NO bearing on their chronic diseases.

Further, many complex treatment plans are initiated by a dental emergency, which requires immediate attention. Many of my elderly patients ( who were absolutely eligible for this Scheme) had mobility and care issues that required all their treatment to be completed in the one visit. Due to their circumstances, they often had rapidly deteriorating mouths and required quite a lot of repair work. To require them to wait until paper-work was completed and then subject them to the complications of arranging another visit would have been totally lacking in common sense and unkind to them and their families. These people, in particular, were extremely grateful to me for the diligent care I had taken of them over many years. Their families were happy to know that at least one health professional was caring properly for a beloved member of the family. It was one responsibility with which they did not need to be burdened.

The Medicare scheme did not allow for this, most common, treatment scenario.

I agreed to work under this Scheme in good faith, and have now been informed that we have not met paperwork requirements and that Medicare are likely to seek to recover all fees that have been paid by Medicare despite the fact that the work has been performed to the satisfaction of the patients.

The paperwork requirements are: a letter to the GP at the commencement of the treatment, and the provision of a written treatment plan, incorporating an itemized quotation, to the patient. Not once did a GP or a patient request these letters or comment on their absence.

The fact is that I was unaware of these requirements, as were almost all dentists across Australia.

As a dentist, I had no experience with a Medicare Scheme. I was not clearly informed, or properly educated about these requirements. At no stage was it made clear that if these paperwork/administrative letters were not sent, we would not be eligible to seek payment. The fact that there are so many dentists who did not send these letters, is itself illustrative itself of a lack of effective education on the part of Medicare and you would think that if it was so important, Medicare would have realized the problem well before now, years after the start of the Scheme. The auditing of, and harassment of Dentists is using us as a convenient scapegoat for the lack of foresight in the design of this Scheme.

I find it unfathomable that Medicare can now seek recovery of all the benefits paid in circumstances where:

I did the work that was necessary;

- I did the work appropriately;
- I did all of the work with the express consent of the patient after all treatment options were discussed;
- I obtained valid referrals from the GP; and
- Where the patient is completely satisfied with the treatment.

Medicare is seeking to recover the total fee billed even when laboratory fees have been paid. It is important that you understand that at no stage did we charge any additional fees beyond the scheduled fee although we were entitled to do so.

I trust this letter amplifies your understanding of the problems inherent in the provision of sound Dental treatment for those eligible to access the Chronic Disease scheme. The scheme has noble intent but is flawed in its design and prone to failure.

Yours, Bella KOLBER B.D.Sc. Melb. L.D.S. Vic