Subject: Senate inquiry to address dental profession concerns regarding Medicare

CDDS audits

Categories: Submissions

Finance and Public Administration Committee
Health Insurance (Dental Services) Bill 2012 [No.2]

Re: Medicare CDDS Audits

To whom it may concern,

This is my submission to the Senate Inquiry on the Medicare CDDS Audits and the Health Insurance (Dental Services) Bill 2012 [No.2].

Currently Medicare Australia is running an audit on many dentists with regards to the Chronic Disease Dental Scheme (CDDS).

It seems that in spite of discussion between the Australian Dental Association and Medicare Australia, the government is hell-bent on recovering significant funds on the basis of administrative issues only. Most dentists are trying to do the right thing but Medicare Australia and the Australian government would rather see the scheme fail rather than admit it is a poorly thought out system with many flaws and equally poor administration.

The direction that Medicare Australia is taking will see the end of any form of available dentistry to the disadvantaged as more and more dentists become suspicious of dealing with the government and will refuse to see Medicare patients. Where does this leave these poor people? Back at the end of the huge waiting list, that's where.

There are many points that Medicare Australia need to consider.

- 1) According to Medicare Australia's own Compliance Program, their focus and philosophy states that they aim to make compliance as easy as possible for health care professionals by providing timely advice, support and education. To my knowledge, Medicare Australia has not even communicated once with dentists between 2007 and 2011 (when they sent out a letter to state they were beginning audits). Where was the guidance or assistance by Medicare to help dentists? There was absolutely NO support or educational material supplied at all in this time. A huge new scheme was started and dentists were left to struggle with setting up their surgeries and cope with very little information. If Medicare Australia can't even follow their own guidelines, how do they expect others to? Can you imagine if the PBS started with no guidance-this is the magnitude and scale of Medicare's neglect of the CDDS.
- 2) Medicare Australia did not even bother to educate doctors on the scheme as many GPs did not know how to register their patients or even what an item 721/723 plan was all about. There was a lot of confusion as to what criteria were actually required for a patient to be eligible.
- 3) The Health Minister, Nicola Roxon, added to the pandemonium by repeatedly announcing the scheme was going to shut down and threatening dentists not to continue any ongoing work.

These pressures were made through vague media releases rather than communicating with the profession directly which added to the overall confusion surrounding the scheme.

- 4) Dentists are slightly different from other allied health professionals because the ongoing review and maintenance of the patient's oral health is conducted by the dentist rather than the doctor. There is no need for a patient to see their doctor about their oral health.
- 5) Treatment plans are basically totally meaningless to doctors as there is no feedback. I have never had one referring doctor comment on or object to the treatment. Nor is the dentist required to suggest any on-going recommendations. Indeed, does the GP even read the treatment plan or understand it? A more meaningful report would be a post-treatment report outlining what treatment has been completed and any further recommendations. This is the usual way health professionals communicate with each other to best manage the health of a patient.
- 6) My surgery received many calls in the early days of the scheme from GPs asking what they were meant to do with the treatment plans. We even had two doctors tell us that the paperwork was going to be filed immediately IN THE BIN where it belonged!! Even last week, a surgery rang us back after we had faxed a treatment plan to them telling us that they had already set up a care plan and why were we sending them all this additional paperwork ie even up till this week GPs are unaware what to do with the plans. How can we be sure that the plans are filed correctly at the doctor's end? What are we supposed to do now when these same surgeries are asked by Medicare Australia if we have sent them a plan and what date did we send it? Once again the lack of information provided by Medicare is to blame.
- 7) Medicare Australia sent out a checklist along with its initial paperwork in 2007 a reference guide for dentists. On that checklist, no mention is made of the fact that the treatment plan must be sent to the doctor ON THE FIRST CONSULTATION. Once again Medicare Australia has not provided dentists with accurate information and now wants to blame them for not doing the right thing.
- 8) Medicare Australia's own compliance model recommends that where there is accidental noncompliance, the first step should be to educate and help the professional. It seems that Medicare does not want to follow its own guidelines but wants to come in with all guns blazing.
- 9) The whole Medicare audit system is flawed because there is no standardisation in the scheme. Medicare Australia wants to conduct an audit by asking patients and doctors about treatment plans and paperwork they received 2-3 years ago. Patients are an unreliable source as they may not have retained said paperwork or may have poor memories. Medicare is also relying on doctors to have accurate record keeping. As stated earlier, many of the early plans were probably thrown out. You cannot do an audit where there are no reporting or record-keeping standards to begin with.

I am currently undergoing an audit of 20 patients and have found that the auditor assigned to me (I will provide his name upon request) does not seem to know how to keep his word. His initial correspondence specifically stated to me that if I did not send in all documents pertaining to these 20 patients within 21 days he would start to contact patients and doctors. We sent in all required paperwork and guess what- he still went ahead and contacted patients! He has also supposedly

contacted doctors but of the 5 or so doctors that I have personally spoken to, not one has ever even heard of this auditor.

The auditor's most recent communication with me is that he wants to come to my surgery and "discuss" how we conduct our reporting. If I do not comply he will begin an audit of a further 600 patients. In fact, he went on to state that even if I do comply the further audit will probably still go ahead and that I could "challenge" him if I chose to. These are the sort of bullying tactics used by Medicare Australia.

My 700 patient audit is currently underway as the 20 patient audit was inconclusive as to whether non-compliance was established. Even though there was no proof of non-compliance, Medicare extended the audit and we are now faced with the situation where we are getting a constant stream of patients filtering into the surgery questioning whether the work was actually undertaken and when. There is a lack of trust and confidence generated between the dentist and the patient as a result of the audit process and I have had to re-assign three staff members simply to handle all these queries. We have also had some patients threatening to state that work was not done (even though it was done) unless all outstanding fees were wiped off their accounts. This audit has put a lot of pressure on my staff and my business has suffered badly.

I think it is time the Parliament took a stance against Medicare Australia and let them shoulder the majority of the burden where non-compliance is concerned. It seems strange that basically every dental practice is allegedly falling short on administrative compliance. This should send a message loud and clear to Medicare Australia that if they had complied with their own guidelines and provided education and support or communicated with the dental profession in the first place, this predicament would not be a reality today. Indeed, I would go as far as to say that Medicare Australia has been negligent and has failed to do its duty. Medicare Australia itself should be audited to ascertain why they have failed to provide any training or advice to the dental profession about the CDDS.

Regards,

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