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We have participated in the Chronic disease scheme to address the needs of the unfairly disadvantaged members of the community. We participated in the first instance because we realised the focus of CDDS was to address chronically ill patients where improved dental health would improve their overall general health. Initially I undertook this on the Aboriginal communities in Northern Territory in 2008 where mulnutrition, diabetes, dental disease were rife. Due to the insurmountable paperwork problems encountered in the remote setting, the project was abandoned and the commmunity was left to the inadequate state resources.

As the visiting Prosthodontist to Southern Health Head and Neck oncology unit and St Vincents Hospital cancer clinic, we treat MORE MAXILLOFACIAL PATIENTS THAN ANY PUBLIC CLINIC AND OTHER SPECIALIST PROSTHODONTIST. We perform restorative care in the private setting due to lack of resources in the state system. I primarily treat cancer patients under the Medicare CDDS as their lives are destroyed in the long winded process of treating the cancer. It is not only the pateints but their families who suffer the brunt of this.

Our patients treated under EPC are provided with between 5 and $30,000 worth of work for the $4250 voucher. WE BULK BILL NEARLY ALL PROCEDURES AND HAVE ENDEAVORED TO TRULY BENEFIT THESE NEEDY PATIENTS.

THE EPC WAS NEVER INTENDED TO ASSIST SUCH UNFORTUNATE PATIENTS, I BELIEVE, AS IT WOULD BE DEEMED INCREDIBLE THAT THIS GROUP IS STRANDED DENTALLY AFTER ALL THE INTENSE INTERVENTIONS THAY HAVE SUFFERED.

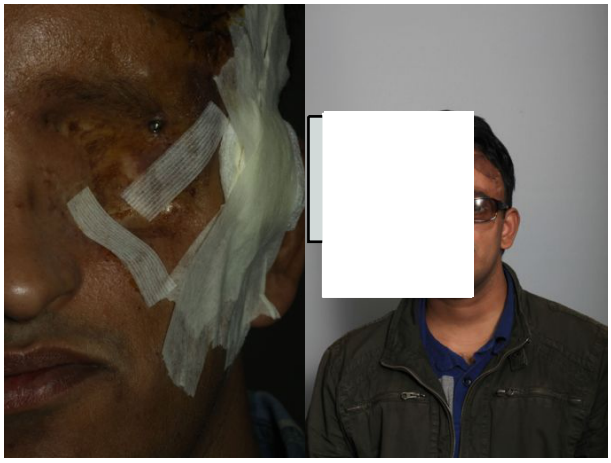
I truly believe that the EPC was doomed for failure from the outset and what is most amazing, in fact completely unbelievable, is the fact that the only cancer related dental treatment, described as an obturator, usually by ADA code 774 was completely removed from the scheme. This identifies to me that the scheme was poorly thought out and actually designed to fail. I am certain that the Medicare fee schedule was a complete adaptation of the DVA and ADA fee schedules and therefore the item 774 was removed with intent. The Veteran Affairs scheme is run by the same department and is incredibly different to deal with I believe that the concept of the chronic disease scheme is a wonderful way to provide treatment to improve healthcare, however this has been severely rotted.

I do have a suggestion that the state dental health services should be responsible for overseeing the treatment plans provided in fact it would be appropriate to consider that treatments could be provided by private dentists upon treatment upon treatment plans formulated by state health services and approved by a skilled clinician in this. We receive very little information from medicare and in fact have numerous telephone recordings of medicare advisors who are unable to provide us any further on our situation as it relates to the chronic disease scheme. As a Specialist Prosthodontist (understanding this as a dental specialist) we were mis-advised by medicare on numerous occasions, and I clearly understand that we are responsible for our own actions however the terminology prosthetist and prosthodontist are not clearly enough understood either by my staff nor the medicare supervisors, and as as such we did have a issue of numerous treatments being considered invalid due to the fact that the referral from the GP doctor was direct to me.

I questioned Medicare by email regarding my status as a GP dentist and specialist, as I appear dually registered, and NO RESPONSE has been provided.

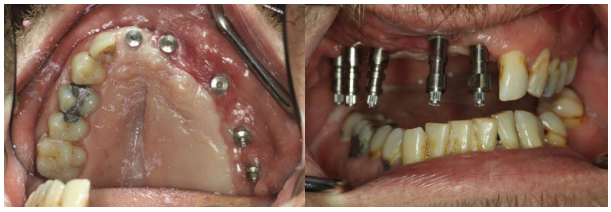
I ask that should the scheme be terminated, a specific program for the ONCOLOGY patients is maintained in some other form.

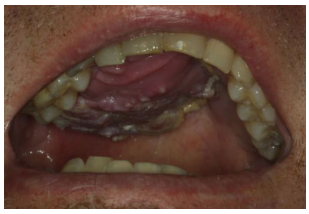
Thankyou forth opportunity to input into the Senate.

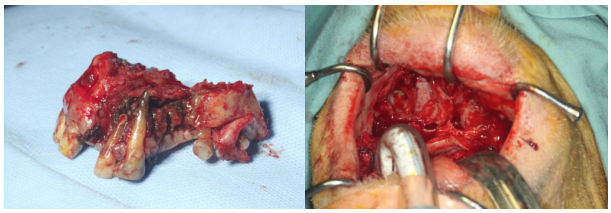


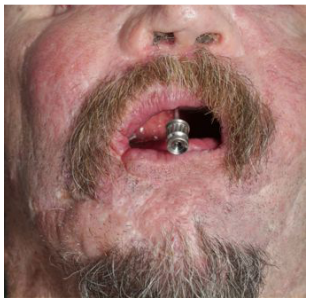
A 30 year old male with cancer of the eye and resultant deformed jaw treated solely under the EPC. Jaw splints and prosthetic attachments to facilitate the artificial eye were provided

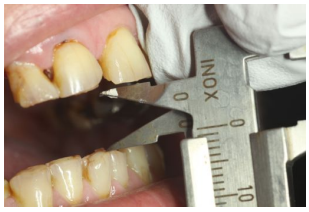
An 83 year old lady who lost the left jaw joint and upper jaw to cancer.


A 35 year old man who had sinus cancer and was treated in the hospital, but required extensive customised screw in teeth replacements

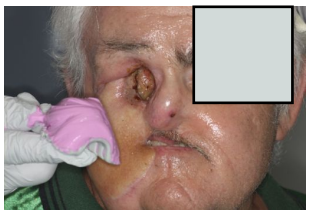

A 45 year old male with massive cancer of teh top jaw who required emergency denture for after surgery to seal the mouth from food and allow speech after the entire top jaw was removed up to the level of the orbits.


The jaw of an 83 yer old male which we had to copy in plastic following osteoradionecrosis. This was duplicated in platic to be used for the healing of the massive defect. Subsequent additional prosthses were made. The inability to easily access such additional prostheses is debilitating.


A patient minus his eye and top jaw where prosthsis manufacture was deemed impossible



A 70 year old lady who is unable to open more than 7 mm for prosthesis manufacture due to radiatherapy scars took hours of manipulation to create a successful result


A 65 year old male on the waiting list for public treatment who cannot speak due to an absent upper jaw and missing eye. Food comes out his eye upon eating. We made a simple plug to seal the eye and camouflage the defect.

I hope this highlights the need for such funding as without it, NONE OF THESE PATEINTS COULD HAVE BEEN TREATED PRIVATELY

Kind Regards

Christopher N Hart

Specialist Prosthodontist