

Senate Finance and Public Administration Committees
PO Box 6100
Parliament House
Canberra ACT 2600
Australia

12 April 2012

Dear Sir/Madam

RE: Chronic Disease Dental Scheme

We are the Australian Dental Prosthetists Association Ltd, the peak body representing dental prosthetists in Australia. Our members are independent practitioners who care for patients requiring full and partial dentures and mouthguards. We are a small profession, with 1148 prosthetists registered nationally, over 85% of them members of ADPA.

Dental prosthetists conduct work under the auspices of the Chronic Diseases Dental Scheme. Dental prosthetists have conducted over one third of the removable dental prosthetic services provided under the scheme since its inception. Over 85% of registered dental prosthetists have registered for a provider number with Medicare to conduct work under the scheme.

When the scheme commenced ADPA approached the Department of Health and Ageing and agreed to distribute a fact sheet to our members. That fact sheet is attached as Appendix A. In that fact sheet, important and salient information is highlighted in yellow boxes. Whilst there is mention of the Section 10 administrative requirements of the scheme they are not highlighted as being key points.

In June 2010 dental prosthetists received a letter outlining a compliance program being conducted on the scheme. This letter is attached as Appendix B. The letter mentions that the Australian Dental Association (ADA) was providing support. Our members saw the reference to the ADA and many assumed the letter related to dentists. ADPA did not become aware of the letter until June 2011. ADPA was not contacted by Medicare or the Department of Human Services at this time to alert us to the issues with the scheme.

In June 2011, our members drew our attention to a letter they had received from Medicare outlining issues with compliance. The letter again made reference to the ADA as being the body educating and disseminating information to providers. On enquiry with our members we became aware that some were being audited.

The ADA does not, and has never represented the interests of dental prosthetists. Any information provided to the ADA regarding the scheme or education of its members, was not provided to dental

prosthetists. At no time has any contact been made with ADPA regarding education of our members, a step which we believe was crucial to ensure education of the profession. Since we became aware of the issues we have dramatically increased our member's awareness of the scheme and its compliance requirements.

ADPA met with the Department of Human Services and Medicare representatives in September 2011. Those present at this meeting had limited understanding of the profession of dental prosthetics. They provided statistics citing that no members had been asked to repay funds. They indicated it had been regrettable that they had not engaged with us as a professional body and advised they would exercise some discretion in the audit process. This has not occurred. We currently have members in Qld and Victoria who have been asked to repay significant amounts of money.

When one searches the Medicare website, and clicks "other health care providers" there are two options, dentists and nurse practitioners/midwives. If you click on dentists you reveal brief information on the scheme together with e-learning for dentists. There is no specific reference to dental prosthetists on the Medicare website. The lack of contextualisation for individual dental provider groups is evident. Information on the scheme is not easy to find, particularly as it is not located in one central place on the Medicare website, but rather spread across two websites.

Many members have reported receiving conflicting advice over the phone from Medicare representatives. This has led to confusion and lack of trust in Medicare and the information it provides.

We believe our members have been unduly disadvantaged by lack of engagement and poor education relating to the scheme. If contact had been made with ADPA (in the same way it was with the ADA) as soon as issues with the scheme arose, there would have been an opportunity to rectify compliance issues at an early stage.

Educational principles should have provided guidance on the best way to educate professions who are engaging with Medicare for the first time, and in particular engaging with a scheme for the first time. The provision of a booklet is not sufficient. Education regarding areas of concern with the scheme should be managed both at an individual and group level. ADPA has demonstrated that since becoming aware of the areas of non-compliance, our membership base has increased its knowledge of requirements significantly. We did this via e-newsletters, journal articles, workshops, telephone support, letters to members and open meetings. Unfortunately this information came too little too late for many of our members, who were already the subject of audits.

Whilst we have every respect for the administrative processes that must be adhered to when acting as a provider of Medicare funded services, we also believe that engagement with the relevant professional body is essential to ensure an engaged and compliant workforce. Adequate contextualisation of education material for each profession is essential to clear understanding of requirements.

Yours Sincerely

Sara Harrup
Chief Executive Officer
Australian Dental Prosthetists Association Ltd