

Subject: Submission re Medicare Chronic Disease Dental Scheme

To whom it may concern

I work as a Periodontist in a private practice in ; I have treated approximately 60 patients under the Medicare Chronic Disease Dental Scheme and wish to make the following submission regarding the Scheme.

I strongly support the purpose of the scheme in providing dental treatment to people with chronic medical conditions and concurrent dental disease to people who need the assistance. However, my observations of patients who have been referred to me for treatment under the Scheme have led me to question the way the Scheme operates. The main problem as I see it is that no checks and balances have been built into the operation of the Scheme.

Problem 1

Approximately 10% of patients I have seen under the Scheme did not have any serious, long standing medical issues. For example one person had a club foot with no other medical condition and others had well-controlled Type 2 diabetes. Perhaps some people persuade their general medical practitioner (GP) to sign them up for the CDDS even though they do not have significant chronic disease.

A filter mechanism needs to be put in place to ensure that only people with significant chronic medical problems are eligible for the Scheme.

Problem 2

No assessment of a person's dental treatment needs is made before they enter the Scheme. The referring medical GP is probably unable to do this. Consequently, many patients I have seen require the most minor of dental treatment, or are seeking replacement of a missing tooth with an implant or bridge (ie aesthetic treatment rather than treatment of decayed teeth/ gum disease).

I think the Scheme should be restricted to people with carious teeth,

periodontal disease, and those who require replacement of multiple missing teeth by dentures to restore adequate function. An independent screening process is needed to select only those in need of 'urgent' dentistry to restore adequate oral health and function before a person is given the go-ahead to benefit from the Scheme.

The Scheme should specifically exclude implants and bridgework.

Problem 3

Everyone enrolled in the Scheme receives a generous \$4,250 to spend on dental treatment over 2 years; this is open to abuse by dentists (eg by providing crowns and complex work to 'use up' the patient's allowance). A 'one size fits all' approach to dentistry is not appropriate as people's dental treatment needs vary considerably. An independent screening process (see above) could also be used to allocate appropriate funds (up to a maximum) to meet the most urgent dental needs for each eligible person.

Finally, I think the CDDS should be means-tested to ensure that only people in the lower socio-economic bracket receive funding for dental care. This would ensure that more funding goes to dental treatment for people who can least afford it.

I hope these comments are useful in the Committee's deliberations about the future of the Medicare Chronic Disease Dental Scheme. I would be happy to provide further information if required.

Sincerely

Robert Hirsch

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Periodontist