

Dental Practitioner

Dear Senate Inquiry

RE: CDDS and Medicare.

I am a 64 year old dentist in Coffs Harbour where I have practiced for 30 years. I first received a referral for the CDDS scheme in 2008. I phoned the doctor who had signed the referral to ask what he needed doing for the patient. He explained this was a "chronic disease scheme" and he required that the patient was delivered dentally disease free and functioning properly in order to support their treatment for chronic disease.

I received no written material about the scheme from Medicare. My secretary phoned Medicare to enquire about procedures. She was sent forms to submit claims and nothing else.

I have worked together with Veteran's Affairs and the State Health Authority for 30 years, with no administrative problems, and presumed this was the same. The patient presented with a voucher for funds to enable them to be brought up to good dental health. I always made sure the patients knew it was their funding, to be spent in their best interest, and rarely advised any expensive crown and bridge work - dentures were the order of the day, and they were always happy with this, as that was the only way I could treat such full mouth work in the budget provided. With several patients the work needed surpassed the budget, and I did this with no charge to Medicare or patient- just to get them disease free and give me job satisfaction. I really enjoyed this work and took it on in the spirit of the scheme.

During 2009 I received a huge amount of referrals from doctors in regard to pensioners, the financially disadvantaged and indigenous patients with chronic disease problems that are being exacerbated by their poor dental health. There was a massive hole in the social health care net. I have seen many mouths that are third world standard, with gross caries, rampant periodontal disease, black stumps and missing teeth creating poor function. They had given up on dental health as waiting lists went on indefinitely, and they had no funds of their own.

I took this as an opportunity to put something back into the community before retiring by treating these patients with no gap payment required (that simply was not a reality, anyway) and getting them back into dental fitness. In most cases I would be fitting full or partial dentures and extracting rotten teeth and undertaking restorations. Obviously, their general health will be well served after ridding them of so much oral disease. This, in itself, will save the government millions of future dollars as their general health will improve greatly.

From the 1st December 2009 I was overseas travelling and doing voluntary dental work, returning mid December 2010.

Around Easter 2010 I received communication from my practice manager informing me that Medicare had contacted the practice to instruct her that patients needed to be given a written estimate of costs and referring doctors needed to be given a written treatment plan before treatment is to start. I assumed this was new information and instructed her to ensure the locum practitioners complied.

I got back to work first week December 2010. On February 2011, the practice was sold and my practice manager left. I had had no direct dealings at all with Medicare at this time.

I did call Medicare early in February to get clear what the story was about patient and doctor letters. I was told that as long as I had given the patient an estimate of costs and written a treatment plan for the doctor I could begin work at the first appointment.

I personally received no communication from Medicare at all until around Easter 2011. I replied to this, appreciating contact from them for the first time, as I had been receiving mixed communication when I had

tried phoning in an attempt to understand procedures. This was shortly followed by a request for self-audit, sent by registered mail. Had I received such a registered mail set of conditions at the introduction of the scheme, I would not be worrying about paper compliance, as I am now. It was not until speaking with my solicitor in regard to the audit request that I properly understood what compliance meant in regard to the CDDS scheme.

At no time has the work been compromised. The patients always knew what was being spent, and the doctors have been kept up to date with treatment.

Many of the patients have expressed much gratitude to me for this scheme, as it has been the only way they could afford to get their mouth in order. I have an indigenous dot painting on the wall as a token of long awaited treatment, which I treasure.

I have been notified that I am on the next list of audits. I have only ever claimed for work done that was essential to the patient's well-being.

I did this work in good faith that the government voucher that my patients brought in was valid for helping them become free from dental disease and support them to function healthily, and that Medicare would honour this.

The discrepancy between the purely administrative aspect of non-compliance, poorly communicated to the dental community, and the penalties being unwaveringly pursued by Medicare seem out of line. Why is this?

I have lost a lot of sleep over this, and am unable to accept this could be happening in Australia. I feel that the trust in Medicare has been severely compromised. All the patients I have spoken to are concerned.

Yours sincerely

Dr. Roger Sharpe