6-4-2012

RE: Medicare CDDS Scheme

To whom it may concern,

My general experience with the Medicare CDDS has been negative. In our relatively small town it is clear that there are a few GPs who are familiar with the scheme and recommend it to most of their patients, regardless of actual need, and the rest apparently are not bothered with the paperwork.

GPs frequently send us only the CDDS scheme coversheet which does not detail any of the reasons why the patient has been placed on the scheme or any of the medical problems or medications the patient is on. As far as I am aware they are required to send us the Team Based Health Care Plan for us to read and accept, which is an essential part of the scheme. Many GPs fail to do so and we have to chase up this paperwork with their receptionists, which is not easy and wastes a significant amount of clerical time and effort.

I get the feeling that the GPs who do refer these patients are not doing so based on actual medical need but merely advertise this scheme to the patient as "free dental treatment". This is further evidenced by the fact that this is what patients tell me the GP has told them. This is, in fact, false advertising, as not all dental treatments are covered by the scheme and should be based on actual medical needs. This has created multiple episodes of distressing conversations with patients, where they believe all their dental treatment should be covered, including cosmetic procedures. We have had many patients storm out of our practice when they find that they have been misinformed about the exact nature of the scheme.

The only useful correspondence regarding the scheme has been distributed by the ADAVB. I have never received ANY correspondence from Medicare regarding the scheme and all I know of it has been from the ADAVB or hearsay from colleagues. Thank goodness for the ADAVB, otherwise I would not have been aware of the exact rules and regulations with which I must comply. I am constantly having to tell my patients that the scheme may end at any second, as we have heard rumours of this for a couple of years now. This makes patients quite anxious and puts stress on our appointment book and reception staff to try and fit all the treatment in as quickly as possibly should the scheme discontinue at any moment.

I have been 100% compliant with the rules and paperwork that the scheme requires. I have NOT ONCE received a confirmation letter, phone call or fax back from the referring GP after I have sent over my paperwork. So I question the necessity of my letter outlining clinical findings and treatment plan as the GPs do not seem to care what I send them. They do not seem to be interested in the patient's dental care after they have sent them to me. I think that, in general, GPs are not familiar enough with and have not been

well-enough informed of the links between oral health and general health and thus cannot successfully target those patients most in need of the subsidized dental treatment.

Our practice avoids the possible legal and paperwork battles by charging our full price to the patient (after providing them with an itemized treatment plan), who then has to approach Medicare to get reimbursed. We take time to explain to the patient the exact nature of the scheme and that there is likely to be a gap between our ADA-recommended costs and what Medicare reimburses. We find that this way the dentists in our practice are encouraged to do quality work, rather that rushing to complete inadequate treatment in a short amount of time so that they still will earn their required hourly rate, due to the lesser costs received from Medicare. This has also caused a considerable amount of anguish and lost time, when, upon hearing that the dental treatment may not be completely free and they will have to pay upfront, the patient leaves the practice immediately in search of another dentist who will "bulk bill". However it is worth it, because doing it our way means the patient is more fully informed of the treatment they will require and the treatment they have had done on the day, because they receive a receipt.

It is also very difficult for me, as a dentist, to decide exactly which dental treatments will benefit a patient's oral health and which will not. To date, no criteria has been distributed. For example, will placing a crown on a heavily filled tooth, which is fully functional and symptom-free but structurally would benefit from a crown, benefit the patient's general health? If this tooth is in a cosmetic area, is this then considered a cosmetic procedure? And if improving the cosmetics will benefit a patient's mental health, is this considered applicable to the scheme? As you can imagine, it is hard to draw the line.

To summarise, I completely agree with the ADA's stance that subsidized dental treatment should be targeted to those most in need. Unfortunately many of the patients who qualify for the CDDS scheme are those patients who could ordinarily afford and access the dental treatment they require and it is questionable how much the dental treatment will have a positive impact on their general health. I hope to see the scheme discontinued and the finances directed to more where they are needed. Additionally, if dentists are being scrutinized for their roles in the scheme, then GPs should be subjected to the same scrutiny, as I believe that a considerable amount of the breakdown in communication and paperwork requirements comes from them.

Regards,

Dr Amanda Hales