EPC MEDICARE CHRONIC DISEASE DENTAL SCHEME.

We participate in the scheme to assist our patients and members of the general community access dental treatment at a subsidised cost.

A majority of the patients we see under the scheme are elderly and given some of the medical conditions they present with require substantially more treatment time, time liasing with other specialists to clarify past medical history and the administrative requirements of the scheme, we apply our Level 1 fee with the patient meeting the gap payment.

It would appear with the introduction of the EPC program there has been an expenditure cost shift from the SA Dental Service to the Federal Government Medicare EPC Scheme; we are aware SADS enquire with the person seeking treatment from them if they have a chronic medical condition and if so, are encouraged to see their GP to have the program put in place.

This in some instances has required us to see a patient urgently; and to complete emergency treatment at the first appointment. We do not believe the scheme was developed or introduced to cover these situations.

At the commencement of the scheme Medicare did not provide any individual information to us about the scheme; our knowledge of the scheme was from reading the publication a number of times to digest the information in it; talking to colleagues, and from information provided by the ADA.

When we have made enquiries to the Medicare Call Centre we have received different answers to our questions from different staff. Is the program too complex to interpret? If so it needs to be streamlined.

While we understand Medicare (now Dept of Human Services) handle DVA call centre enquiries and claims, the information from the DVA call centre seems to be more accurate; however patients under the DVA scheme have been receiving treatment for some time; maybe there were issues when it was first introduced that have been ironed out and rectified.

We find the DVA manual less complicated, easier to read and understand and administratively less complex.

The EPC information is written in government speak; that is not clear, has grey areas, and is open to misinterpretation and is lengthy.

We believe our patients have benefited from treatment under the scheme; in cases patients have received treatment that they may not have been able to afford. In many instances this has had an improvement in their self esteem and provided them with a better quality of life.

The only visit we have received to date was from a Business Development Officer, Outreach Services; the purpose of the visit was to see if we were using the Medicare Electronic claim facility via the HICAPS machine.

Patients do not care about the rules of the program, all they want is to have quality treatment with their preferred provider. In some cases the patients have commented they are now getting some of the tax back they have paid. In fact we have had a number of enquiries as to how the $4250.00 can be obtained without having treatment.

The impact of the scheme on the day to day operations of the surgery from an administrative and processing point is very time consuming.

We consider the penalties for an administrative error picked up as a result of audit to be extreme; given treatment has been provided and we welcome the audit amendment bills before Parliament.

While the GP's are the gate keepers for patients accessing the scheme, more patient qualification is required; a means test, subsidised funding in conjunction with private health cover and less paper work..

While the scheme is not means tested we have treated patients under the scheme that do have private health cover. The private health funds are making profits in situations like this as the scheme does not allow for patients to claim under private insurance.

Amendments to the scheme could reduce the Government cost and shift a proportion of it to the private sector health funds which have received premiums for cover.

We believe this needs an immediate review.

There are instances where we question to our selves how the EPC assessment criteria is applied. It would appear some doctors apply a more critical assessment than others.

We have seen instances where the patient is not aware what their Doctor has approved, what they are entitled to or what the EPC scheme is; in some situations we have had to fully explain the scheme.

The scheme itself is a long term liability to the Government as we understand the GP referral remains valid for 2 consecutive years from the date of the patient's first dental service. What if the patient holds on to the referral for 3 years before having any treatment?

This needs to be changed to have a window expiry date of 2 years from the date of the GP approval.

The Government has not full filled its obligations to tax payers or the Dental Profession by implementing and managing a very worth while program; again we see flaws along the lines of the insulation and school building program. A consultative committee should have been established incorporating dentists and professional bodies (eg ADA) to ensure the best outcome is achieved, protocols implemented to have a manageable administrative process and run an education program so the end user has a good understanding of the scheme.

The government has introduced this needy program but has not clearly identified the criteria and rules, did not run an education or information program, has found errors, is willing to place the blame on everyone but itself, has implemented court action and then wants to recover all monies for treatment provided.

Thank you for the opportunity to comment on the program.

Robert Kreig

ADMINISTRATOR