

1<sup>st</sup> April 2012.

### Chronic Diseases Dental Scheme(CDDS)

#### The Senate Committee Dentist Medicare Audits.

I would like to firstly thank Senator Dutton for his support and understanding in this matter. All of his work is much appreciated by all concerned regarding the unfair treatment of all the dentists who have been caught up in this unforeseen and unfortunate matter.

When I first started treating patients under the EPC(Extended Patient Care Scheme) I was willing to provide treatment to patients who could not afford any private dental treatment in my surgery. I was glad to provide dental work for the needy in our community even though the Medicare rebates were very low. I was not charging the patients any gap payment unless they exceeded their dental cap. Hence 'bulk' billing was provided. As with all dental work, private or Medicare funded, all patients are given a verbal explanation of treatment nature, costs, possible complications and expected outcomes. We were taught in our university life that a verbal agreement, documented in the patient's record is as good as a written agreement. At no stage did Medicare provide me with any information other than the fee schedule. They provided no education in the strict requirements that they are talking about. No Medicare officer has raised any such issues with me at any stage until we were notified about these requirements by our own association, the ADA. As I have never dealt with such Medicare funded programs before, I had no idea that I was allegedly breaching the law. All I knew was that I was proudly doing a good, high quality dental treatment for my patients. My patients were very happy for my efforts and they were very thankful for their treatments. Some were on waiting lists for over 2 years and still waiting to receive dentures or fillings. Some could not even chew food as they had no teeth and were still waiting on government lists for their turn. Some were terminally ill. They received my treatment and gave me their blessings. Medicare had audited even such patients' work. They received minor treatments such as cleans and a few fillings. A few of these people have since passed away. I find this very insensitive and upsetting as Medicare and the government simply forgot the primary aim of this CDDS Scheme. I would like to remind them. The primary aim is to provide quality dental treatment in a private practice to those with chronic diseases having their dental oral health affecting their well being. Most patients have no idea about what is written on a so called dental itemised quote nor do some read or write. All they want is their tooth ache to go away or be able to eat comfortably. They are happy to be given an explanation of what is to be done and that it is done satisfactorily. Some do not even remember if a written quote was given to them a week later when I questioned them on purpose to test the validity of patients' being questioned by Medicare with their home sent questionnaires. I knew that I personally gave them a written, signed, well documented quote. If a patient can't remember events a week ago, how are they expected to remember and recall events that occurred 2 years ago as the audits span over a 2 year period? I also tested some medical doctors' filing systems. This is how Medicare are conducting their audits - contacting patients and asking if they received a quotation up to 2 years ago. Most would not understand nor recall. Some initially told me that they do not want any such paperwork because it is not useful for them. Some indicated that it takes up too much room in their filing cabinets and would rather not be sent these documents. Most doctors do not even read the feedback I sent them. One particular doctor stated to me that he employs a receptionist to scan and



file all correspondence. He did not read them nor did he want to read them. So I ask, where is the importance of such paperwork that the government is insisting on? Is it the piece of paper that gets thrown into the bin or misplaced by patients or is it the actual good treatment the patient receives that is important? If the treatment is done satisfactorily, why is all money to be paid back if a written quote is misplaced or thrown away or not given but well explained to the patient? Where is it justified to pay back all the effort, the goodwill, the sweat, the stress, the materials used, the technician fees paid, the nurse times and wages, the rent paid? Where does common sense lie in this? Can the health minister or Medicare or the Minister for The Department For Human Services explain such nonsense to me and to all the other dentists? More importantly can they explain their actions of recovery to the community members who received the treatments under the CDDS Scheme?

Since Medicare sent me an audit notification in September 2011 I have been losing sleep, worrying what might happen if any such demand is made for recovery. Will I lose my business which I started 22 years ago as a new practice and built it with years of hard work? Will I lose my home. What will happen to my family? What will happen to my clean reputation? Medicare is making me feel like a criminal even though legitimate, high quality dental treatment is carried out with good intentions. I feel more tense at work which is effecting my daily activities. I feel tense at home which is effecting my family life with my wife and my children. Has Medicare got a right to do this to me? Instead of the government thanking the dentists of Australia for participating in the Scheme and helping the ones in need and at the same time reducing the hospital waiting lists they have given us a real kick in the guts. I certainly will not be participating in any future Medicare funded programs if this is the way I will be treated by any government. I believe most dentists will share the same view. However it is most unfortunate that it is not the government who is concerned about who will miss out on such needed treatment. It will be people at most risk in our community who will suffer when treatment under Medicare funded programs will be rejected. They will be sent back to public hospitals with soaring waiting lists. This would be most shameful and disturbing to see by all dentists. I don't know if the government will feel the same way.

I would like to thank you for taking the time to read my views in this matter and help hear my heartache due to the injustice brought onto me, onto the dentists of Australia and onto the Australian public entitled for these treatments. I hope common sense will prevail and the senseless recovery actions of the government stop with the passing of legislation.

Yours Sincerely.

Dr.M.C.Mustafa(Dental Surgeon).