Senate Finance and Public Administration Committee
P.O. Box 6100
Parliament House
Canberra
A.C.T. 2600

2nd April 2012

Dear Committee Members,

I wish to make a submission to the Senate Finance and Public Administration Committee on the subject of Medicare and the Chronic Disease Dental Scheme.

INTRODUCTION:

I am a dental surgeon and the proprietor of a large central city based general practice in Adelaide, and two branch practices in country South Australia, in is approximately 100kms from Adelaide, and is a river town on the River Murray, with a population of some 3,500. is 240km from Adelaide in the south-east of the state and is in the centre of a large rural primary industry focus (both cropping and grazing) and has an area population of about 3,000. All practices treat patients under the Enhanced Primary Care Scheme.

I am an enthusiastic supporter of the scheme, and make this submission in the hope that this scheme will be retained. I believe the scheme has significant merit, and serves the community well. In South Australia there is no other scheme which offers patients in need of dental treatment and who are medically compromised, the comprehensive access to the appropriate level of dental care which is available under this scheme.

From reports I have seen, I understand that the scheme may have been either abused or used incorrectly by a minority of dentists. But it does not appear that their abuse is widespread. I believe the scheme has been used effectively and appropriately by the vast majority of practitioners – despite the fact that some aspects of the paper work and bureaucratic requirements have not been fully understood and have imposed additional responsibilities on practitioners in order to comply with the legalities of the scheme.

The bottom line is the scheme has enabled a large number of patients to access dental care when they may have been deprived of the same opportunity had this scheme not been available.

DISCUSSION:

There are several aspects of the scheme I wish to expand upon, each quite un-related to the other points.

. There is a divergence of opinion as to whether the scheme should include a means test, and only be available to patients who not only qualify because of compromised health, but also because they fall into the lower socio-economic group, and cannot therefore afford to pay for the same level of treatment out of their own pocket.

. Introducing a means test as one of the criteria has the advantage of excluding people who can 'afford to pay', therefore leaving a greater pool of money available in the 'kitty' for those who need it most, financially.

. On the other hand, there is a plausible argument which also says that if we are a country that opposes discrimination and believes in equal access and equal opportunity for all, then all tax-paying citizens , regardless of their level of wealth or financial security, should be entitled to access a scheme funded by tax-payer money which provides them dental treatment in their time of compromised health and disability. This is an extension, in principle, of the Medicare scheme now where patients get a Medicare rebate for going to the doctor, regardless of their financial status.

. The level of referral, and the uptake on the scheme, in our practices, is much greater in our country practices than in the city. There are several explanations for this, but among them are:-

- Many more dentists in the city are available and hence the numbers seeking help in any one practice are diluted.
- City patients also have access to government dental clinics, and so there is less need to visit a private dental clinic.
- Because of their age and their chronic illness, older country patients are less mobile, and find it more difficult to travel and become more reliant on the help of the local country dentist.
- Both Mannum and Keith have ageing populations and are "retirement" towns for older people off the land, and so there is an abundance of chronic illness problems amongst the population of these towns.
- Country doctors,(based on my experiences) seem to have more of an umbrella overview of a patient's allied health needs, and adopt an all-embracing approach which includes areas such as dentistry, dietary requirements, optical, podiatry etc. Hence country doctors are more likely to refer these patients to the local dentist for help. In the city, these other allied health matters seem to be dealt with outside the

doctor's waiting room, in a more independent way. And so the uptake on the scheme is less pronounced in the city than in rural areas.

. Other government subsidised schemes are less helpful than this scheme, and do not allow patients to receive the extent of dental care available on this scheme.

For instance, in South Australia, the S.A.D.S. scheme (South Australian Dental Services) has much lower limits on the total amount available for treatment per patient. Furthermore the fee for services is lower for individual items and it becomes increasingly debatable as to whether or not it is economically viable for a private dentist to treat someone under the S.A.D.S. scheme using SADS fees. Private practitioners are less inclined to treat patients under a S.A.D.S. scheme when it could erode the profitability and viability of the practice because of the low fees paid by SADS.

In my opinion the fees paid by Medicare are reasonable, and allow the dentist to earn a profit, as distinct from making a loss under SADS.
Also, the limit of $4,250.00 per patient compared to $800.00 (approx) from SADS, means that patients can get comprehensive help, and in many cases have their mouths returned to dental health. Whereas with a limit of $800.00, very few patients can have complete treatment under SADS, and the result is either cheap, patch-up treatment only, or many problems remain untreated. The patient is compromised.

. I have observed, how, in many instances, patients with chronic health problems have become far more motivated and have taken on a much more positive attitude towards life, and the challenge of coping with their health issues, once they have had their teeth fixed. It is an amazing transformation – and cannot be measured in dollar value. The improvement in their quality of life far exceeds, in value, the amount spent under the Medicare scheme fixing their dental problems.

. The majority of private dentists I know are willing to treat patients under the current Medicare scheme because if offers a reasonable return and allows the dentist to provide a satisfactory outcome.

These same dentists, in my view will be less inclined to participate in some other new scheme in place of this scheme, if it creates obstacles, and imposes limits on fees, or constraints which make it far less appealing for the dental practitioner, and compromises the treatment.

"In my experience, this scheme has been a great boost in the provision of dental care to those considered to be suffering from some form of chronic illness, whatever that may be" (James Grainger A.D.A. Bulletin- March 2012).

I share that sentiment.

SUMMARY:

I participated in the scheme because I could see its virtues, and because of the potential it offers to help people in need.

I have been a provider under the Department of Veterans Affairs scheme for many years, and I have seen this as an extension, under the same reasoning and same worthiness.

I regret I was not sufficiently aware of the "ins and outs", and fine detail, associated with the scheme when it first came into being. However I have since managed to acquire the relevant information and comply with the requirements.

I believed the information disseminated by Medicare initially was inadequate, or if it was seen to be adequate it was certainly not highlighted adequately. I do not believe that dentists deliberately chose to ignore the requirements. I feel it was lack of familiarity with the administrative aspects which left dentists exposed to audits. Most dentists are keen to do the right thing; and any errors or lack of compliance were the result of communication breakdown in the earlier phases of the scheme.

I hope the scheme continues. It is indisputably the best government funded dental scheme I have experienced in my professional life.

Regards

Dr Graham Parry