

2<sup>nd</sup> April 2012

**Finance and Public Administration Committee Health Insurance (Dental Services) Bill 2012 [No. 2]**

I, John Cistulli, began participation in the CDDS scheme in late 2008 after having earlier rejected the scheme. The only reason I then began participating was because so many of my long-standing, loyal patients were being referred by their G.Ps and it was against my nature to turn my back on so many needy patients.

At the start of the scheme there was very little information given by Medicare (one booklet) in the way the scheme was to be implemented, particularly being a completely new and different system/process with different rules to what most dentists are familiar with. I would point out that the booklet did not refer to the Health Insurance (Dental Services) Determination 2007 ; it did not state the consequences of non-compliance ; and the checklist did not state that paperwork had to be provided before the treatment began. Dealing with private patients, third party health funds, the Veterans Affairs Scheme, insurance claims for accidents etc are what dentists are familiar with and these require a similar level of administration .Even previous dental schemes that were funded by Medicare were straight forward and performed in the usual administrative procedures. This scheme was totally foreign in nature and many dentists were at a loss as to the process. There was a definite need for more education (as with any reform in procedures in any industry).This should have included group seminars and lectures in various locations around Australia by visiting Medicare Officers, flow charts and protocols should have been distributed, formats for G.P summaries and patient quotations should have been presented, and certainly making the consequences of non-compliance in procedural matters should have been made very clear from the beginning. All behavioural changes require education and re-enforcement .This was lacking from the start. Even when our staff rang Medicare, they were often given conflicting information depending on who they spoke to.

Most of the educational material has since been provided, but only after the initial carnage.

I believe my patients have benefited greatly from the services I have provided under the scheme. It has been a great source of satisfaction for me to be able to complete treatment plans that would never have been possible without the scheme. Patients who would always opt for “cheaper options” were now receiving comprehensive treatment, and they have been very grateful.

I am presently the subject of an audit and it has been a harrowing experience as I have never before been in such a position. Even though I feel I have been compliant, hearing of my patients concerns and their apprehension at being involved in the audit has been quite distressing. It is certainly not a good look for our dental practice (and the dental profession), and personally it has taken a tremendous toll on me. The audit process has adversely impacted on my ability to work, on my staff and associates, and particularly on my family.

I would be reluctant in ever participating in any Medicare funded scheme in the future due to the unreasonable and harsh treatment handed out to many innocent dentists who have provided sound

dental care to their patients and have made only minor procedural or administrative errors. Surely these types of errors should be dealt with by education or a simple warning.

Yours Sincerely,

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