

Bronwyn Davies
Practice Manager

4th April 2012

Att: Senate Finance and Public Administration Committees

PO Box 6100
Parliament House
Canberra ACT 2600

Dear Chairman / Senate Committee

RE: MEDICARE CHRONIC DISEASE DENTAL SCHEME (CDDS)

I am writing to you as I wish to submit to you my concerns regarding the Medicare Dental Scheme.

I would like to begin by mentioning that I have been working for Dr for many years as the Practice Manager. I believe I am in a position to speak on Dr moral character. She has a strong sense of duty and ethical standards which applies to her business, community and her family. She possesses a great deal of integrity and constantly strives to make sure she is doing the right thing.

We are a private practice and have standard fees for all dental procedures. The Medicare patients who are in need of dental care due to chronic illness have been referred to Dr from their GPs. Dr has provided treatments under this scheme and has generously bulk billed the services to Medicare (charging substantially less than our standard fee).

The Chronic Disease Dental Scheme is not a scheme that we invited or even wanted. It is a scheme that was poorly introduced and is clearly not working. As a practice manager I am heavily involved in the administration side of this business. I find it to be extremely time consuming from the beginning when the patients walk in the door with their referral.

It begins with the dreaded phone call to Medicare to check the validity of the patient. We have to go through a security check before we can even find out if the patients 721 and 723 are in place. Meanwhile, while this long monotonous process is taking place we have other phone calls to attend to and other private patients who are trying to settle their accounts, make further appointments etc. So my point is that it's a nightmare before it even begins.

The paper trail of submitting proposed treatment plans to the GP and the courtesy thank you letters for the referral is all extra thankless work. Many of these patients have poor oral hygiene and need a lot of dental care and many need emergency treatments. Thus, resulting in more added proposed treatment plans following the initial plan that was sent to the GP. Even more paper work. Not to mention the extra hours that the staff have to claim to keep on top of the administration side.

Some of the Medicare patients come for initial consultations and we spend a lot of time beginning with the Medicare check to preparing treatment plans and making long appointments for future treatments. They don't even turn up for their appointments. For example: We have allowed a 1 hour appointment with a Dentist and a dental nurse. There is no item number to compensate for (as it is referred to) – a no show. This is also loss of income.

I have had many conversations with other practice managers and receptionist and they feel the same. This scheme is a lot of extra unnecessary work. From time to time we hear that the Scheme is going to end and we feel relieved but it never seems to go away.

To find that you are auditing Dentists, in particular Dr who has an impeccable reputation for professionalism, her sincerity and honesty is really shocking.

My experience with the Chronic Disease Dental Scheme under Medicare is not a very pleasant one. We would rather not participate in any future Medicare Schemes.

Regards

Bronwyn Davies
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