Dr Adam Alford

Senate Finance and Public Administration Committee
Parliament House Canberra 2601
p: 02 6277 3534
f: 02 6277 5809
e: fpa.sen@aph.gov.au

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I am writing today with the intention to ensure that the Health Insurance (Dental Services) Bill 2012 (No. 2) addresses the wide concerns of the dental profession.

My name is Dr Adam Alford. I am a dentist in the , Sydney. I have been treating patients under the CDDS (the Scheme) after a number of societies called me like NAPWA (National Association of People Living with Aids), MTAR (Methadone To Abstinence Residential), ACON and Mathew Talbot Homeless Services. I decided to support the scheme and bulk bull. I believe this has allowed for me to give back to the community by supporting and assisting the disadvantaged.

When the scheme initially began in 2007, I received the Department of Health and Ageing MBS guidelines; otherwise no information from Medicare was supplied. The information which was supplied clearly states:

Informing the patient about the cost of services

i) To assist patients to understand the cost of dental services, dental practitioners will be required to provide patients with a written quote **“or cost estimate”** prior to commencing a course of treatment.

Communication with the referring GP

i) Dental practitioners must provide a copy **“or summary”** of the patients treatment plan to the referring GP at the commencement of the course of treatment. The content of treatment plan and/or “**feedback”** to the referring GP is a matter for the treating dental practitioner.

Both of these statements are highly ambiguous and do not say we have to present written treatment plans as a “cost estimate”. As I chose to bulk bill, the “cost estimate” to the patient is nothing, which was always explained to the patient. A “summary or feedback” provided to GP’s after treatment planning could mean a verbal discussion or a basic letter.

Informing the patient about the costs of services

Let’s face it what “assists patients more” a:

i) A verbal discussion as to what is going on in layman’s terms, and explaining the out of pocket expenses will be nothing...
ii) Or you are having an 85533, 85114, 85415 etc.

The CDDS program is the first exposure I have had to a Medicare funded treatment program. I have had no exposure to other schemes funded for Medicare before in the dental context. I have very little exposure to DVA claiming.

Seeking further information from Medicare

As the guidelines issued were vague, I assumed what I was doing did not require further clarification. The Medicare dental items are based on the Australian Dental Association (ADA) *Australian Schedule of Dental Services and Glossary, 8th Edition.* As I use these item numbers for Health Insurance claiming purposes for my private patients, I utilised the health insurance act as a guide which I would consider as “usual reporting practices within the dental profession.” It is now apparent a number of critical areas Medicare is auditing dentists on are not consistent with this act such as:

i) Treatment plan written
ii) Report to GP

My current situation

I received a letter from Medicare asking me if I would like to volunteer for an audit. I did not volunteer.

This was after Medicare Officers visited my practice to carry out a casual interview under the guise of trying to find out how the system was going and in hindsight was an obvious agenda as to what areas they were going to target audits. I recall asking the officer’s specific questions with regards to treatment plans and communication with GP’s. At no time was this interview utilised as an opportunity to offer advice, education or assistance, even with specific reference to my questions asked during the interview.

I did not volunteer for the audit. So to my understanding Medicare have now:

1. Called my patients
2. Had all of my referring GP’s spend vast hours filling in paperwork
3. 4 years after treatment, my patients have received letters asking them for specific details of communication and an itemised treatment schedule (which they do not understand).

I requested a copy of the list of patients Medicare have contacted, however Medicare advised they do not share information.

This is a paper trail audit. The audit shows no reflection on the level of care and consideration on what work was carried out or whether oral health or general health was improved for the patients under the scheme. I currently have approximately 1400 CDDS patients under my care. In most cases, the population groups of patients I see live day to day financially, and in some cases have either never seen a dentist or it's been decades since their last visit. The infection and dire dental problems which are present greatly exceeds the $4250 funding limit. I routinely treat patients for free in order to get them to a stable condition after the funding has exhausted, this is unavoidable if I stand by my moral ethics of getting patients out of pain and giving back to the community.

I was humbled this year after a nomination for Australian of the year for this contribution to the community. Most of my patients under the CDDS are pensioners, chronically ill sufferers of HIV, Hepatitis, homeless and generally the most marginalised and disadvantaged members of society.

Final notes

Some of my patients have told me they have waited for over 10 years for dental treatment, if and when they do receive it the treatment is purely of a reactive nature rather than preventative in the public system.

I have taken the position that my patients come first. Now that I have been clearly advised and educated as to the paper trail requirements of Medicare Australia, I believe I am fully compliant. If future Medicare funded programs are in place, I will participate.

I go to work every day and risk my life treating patients with infectious diseases such as HIV positive and Hep B patients, due to the patients I am referred to by trusted GP's by word of mouth not by advertising. I support communities that are shunned generally in the dental/medical world. I try and create a safe, friendly, nurturing environment for them for which I could get multiple character references from patients and also their societal bodies. I treat these patients with respect, generosity and care, even though I risk a slow drawn out death.

The amount of time and energy I have spent defending my position as dentist who has been diligently reducing the burden to the public health system as 90% of my patient would certainly fit under the dental care system requirements, and I am just one dentist out of thousands is appalling.

Dr Adam Alford (BDS Hons Sydney)