

To the Senate Finance and Public Administration Committee

I am an Endodontist (Dental Specialist) practicing in Sydney, NSW. I have participated in the Medicare CDDS Scheme as it appeared to be a reasonable scheme that would allow patients with chronic diseases to obtain important dental care that some patients would not otherwise have been able to afford.

I wish to advise the Committee that I have seen many patients that had significant systemic medical conditions where failure to treat an infection in a tooth may have severely compromised their health. There are particular instances, such as those patients taking bisphosphonate drugs for cancer or osteoporosis, where extraction is contra-indicated and endodontic treatment is the preferred treatment option. Without the CDDS it is likely that many patients would have had extractions performed, and that some of those patients would likely have gone on to develop bisphosphonate related osteo-necrosis of the jaws, at great suffering to the patient and likely great cost to the public purse.

I have been concerned about the poor definition of "Chronic Disease" in the scheme. I am sure this has also been a concern of most Dentists and the Government. Stricter controls at the entry point into the scheme would be appropriate, as I doubt that the spirit of the scheme is being followed by some GPs and their patients.

I understand the concerns of the Government and the Department of Human Services about the cost of this scheme. Tightening eligibility for the scheme would be the best way to manage this without affecting the provision of care to those that genuinely need it. However, it would appear that the mechanism for cost-control is to audit Dentists and retrieve money based on failure to comply with administrative rules, even where no fraud or ethical breach has occurred. I am very disappointed in this measure for the following reason:

Since 2007, I have received only two notices from Medicare regarding this scheme. A booklet in November 2007, and an update notice a year or two later. Nothing else has ever been mailed to me. All subsequent information about the scheme (and the changes that have occurred) has been made aware to me via the Australian Dental Association. I don't feel it is up to my Association to provide these messages; they should be coming directly from Medicare. I feel that Medicare has been making interpretations of the administration of the scheme, and has failed to inform Dentists of these interpretations. The initial guidelines for the scheme were quite vague, and despite calls to Medicare by me in the initial years of the scheme, there has been no update on how to interpret these guidelines.

Medicare itself asks that Dentists give written advice to patients and GPs of our plans and keep a record of this (which I have done from the outset). I think it only reasonable to expect that Medicare would also provide written advice to Dentists when it makes an interpretation or change to the CDDS. It has not done so. Unfortunately, it is these interpretations and changes to the administration of the scheme that has caused some Dentists to be severely financially punished by Medicare.

I ask the Committee to consider, “Where is the duty of care of the Dept of Human Services to inform Dentists of their interpretations of the administration of the CDDS?” “Where is the duty of care of the Dept of Human Services to inform Dentists about correct procedures to be followed, particularly in the event that the Department discovers evidence among some Dentists that innocent administrative errors are occurring?” I wish to advise the Committee that such errors are easy to make, particularly when a pre-existing Dental Scheme operated by the Dept of Human Services (namely, the DVA Scheme) operates in a completely different manner, and particularly when the guidelines that have been issued are so vague.

I hope that that the Medicare CDDS will continue, as it provides a valuable service to patients that are genuinely in need. I hope that legislation can be effected that tightens eligibility for the scheme so that it is targeted to those in need. I also hope that changes can be made to the Dept of Human Services so that it provides clearer guidelines to Dentists about administration of the CDDS in order that the current problems of punitive action against Dentists for administrative errors do not recur.

Yours sincerely,

Name withheld for confidentiality reasons