

Submission to the Senate Finance and Public Administration Committees Concerning the Health Insurance (Dental Services) Bill 2012

I have provided services to referred patients under the Chronic Disease Dental services (CDDS) programme ever since it's inception. I have also provided care to my patients under the Department of Veteran Affairs Programme and Medicare for over thirty years. Both of the latter programmes have been of value to my patients and are reasonable in their clerical demands.

- 1) Most of the patient seeking treatment under the CDDS scheme are elderly and all are, by definition, incapacitated in some way.
- 2) These patients often travel large distances to receive treatment from their dentist. In my practice, as the only specialist oral surgery practice in the central west, they come from towns such as Young in the south, Lithgow in the east, Mudgee in the North and Condobolin in the west. Many will do a round trip of 300 to 400 kilometres
- 3) Many of these patients are transported by family members, community care organisations or the N.S.W. Ambulance Service
- 4) The majority of these patients are pensioners and are eligible for a Health Care Card
- 5) The waiting lists for treatment by the clinics of the N.S.W .Government Dental Clinics can be well over a year long
- 6) Much of the treatment needed is for the relief of pain and infection
- 7) Some of the patients are from the dentists own practice.
- 8) Many of the patients do not understand the procedures involved in obtaining the benefits.

The draconian, punitive and unreasonable measures imposed on any dentist that does not follow to the letter the stipulated paper work of the CDDS scheme forces dentists to withdraw from the scheme for fear of large financial losses and exhaustive and disruptive investigation by Medicare. thus severely disadvantaging the patients.

This is because (referring to the numbered items above)

- a. causing sever distress to the patients (1)
- b. Forcing the patient to make two trips (2)
- c. Producing considerable extra costs and inconvenience to all concerned (3)
- d. Forcing these patients into the N.S.W. Public Health System increasing the length of that system's waiting lists (4)Especially noting that over 60% of country people are eligible for a Health care card.
- e. Delaying treatment and consequently decreasing the patient's quality of life and possibly exacerbating their disease. (5)
- f. Increasing the patients suffering (6)
- g. Creating an atmosphere of hostility and resentment between the dentist and patient (7)Patients of a dentist who is the only dentist in town are especially vulnerable

- h. Patients must present at the initial appointment with all of the relevant paperwork. If it is not available on the day then not even a consultation under the scheme can be made.(2) (3) (6)
- i. The patient may have a dental condition impacting on their chronic disease status. However the referral notes may give a wrong diagnosis and treatment plan preventing any treatment under the CDDS scheme. (2) (3) (6) (8)
- j. The referring practitioner may have had preoperative therapy. However if the diagnosis or treatment plan is wrong, as it often is, no treatment can be carried out under the CCDS scheme. Such preoperative therapy may be antibiotic prophylaxis or alteration of the patients anticoagulation status both of which are unacceptable if no treatment is carried out.