

SENATE COMMITTEE investigating the Commonwealth Chronic Disease Dental Scheme.

I am a practising dentist of over 30 years experience and wish to raise a few points about the above scheme.

- **The penalties, not only for failure to send a report to the referring doctor or for failure to give the patient a copy of the treatment plan, but for a myriad of other areas of non-compliance, are insanely excessive and out of all reasonable proportion to what may be considered in a fair minded society to be appropriate. Dentistry is a difficult, often stressful profession, the technical procedures are demanding and overlaid on this is the patient's personality. Many patients eligible for treatment under the scheme suffer from mental illnesses. Also, where prosthetic procedures are undertaken, laboratory fees paid to technicians normally comprise 1/3 of the total fee. For a dentist to have done the work and then to be asked to refund all payments due to paperwork non-compliance, is unconscionable. In a society with the deeply embedded culture of "the fair go", it represents an ugliness rarely seen, particularly in the provision of health care.**

My medical colleagues advise me that there is no precedent in the practice of Medicine, outside of over-servicing and fraud, where such onerous penalties apply.

- **If Medicare intended such crippling penalties to apply, then they should have clarified this in the Medicare schedule, right from the very beginning. However, nowhere in the Schedule does Medicare decree that should non compliance occur, then the dentist will be required to refund all payments in full. If Medicare intended the imposition of such draconian penalties, then this should have been unequivocally and unambiguously stated.**
- **My medical colleagues also advise me that should Medicare become aware that a medical practitioner is non compliant, an interactive counselling process is undertaken where the practitioner is either given advice by telephone, or paid a visit by Medicare personnel. To my knowledge, at least up until recently, this has not happened with the**

dental profession, rather Medicare has elected to take the most heavy-handed approach possible.

- Medicare is also penalising dentists for having carried out other procedures apart from an examination or narrowly defined emergency treatment at the initial appointment. However, their narrow range of emergency procedures excludes the most common emergency procedures done in dentistry, that of extractions and basic fillings. Should an extraction or filling be carried out in the initial appointment, and this is what most patients in pain understandably expect the dentist to do, then the dentist is exposing himself to the penalties discussed above. Patients sometimes present to a dentist in wheelchairs or are transported by a third party from a nursing home and these patients, and their relatives, particularly if the patient is in pain, expect definitive treatment. Again, should the dentist oblige these patients, he is exposing himself to penalty.
- Another area of concern involving the scheme is the reliance that Medicare attaches to the referring doctor having a record of the receipt of a dentist's report. There are many reasons why such a report may have been forwarded by the dentist but not ultimately recorded by the doctor, from failure of the mail to be delivered to the report being misfiled or otherwise mislaid in a busy medical practice. Many medical surgeries do their scanning only periodically, again increasing the likelihood of a document going astray. And yet it is the dentist who is held responsible. It is now the custom within my practice to ring the referring doctor's surgery, one to two weeks after the report has been posted and it is interesting to note that even in this short time frame, some respond that they have no record of the report's receipt.
- It is almost surreal that the critically important things that should matter to Medicare, simply don't seem to matter and the trivial that shouldn't matter, matter very greatly. The provision of valuable dental treatment to patients who in many cases would not be able to afford treatment and the great benefit that these patients derive from this treatment are being relegated to irrelevance while comparatively trivial office procedures are elevated to prime importance.

Yours Faithfully

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