

12th April 2012

To whom it may concern

Senate Inquiry into CDDS Scheme

I participate in the CDDS because I like to help out patients however possible. I think that the programme has been very beneficial to some patients, in particular those with significant health problems who also have difficulty financing their dental treatment. I have always bulk billed patients.

Medicare provided written information, but some of the guidelines were vague and some of them impractical. When Medicare was phoned concerning some aspects of the scheme, the Medicare staff consultants did not always seem to understand the workings of the scheme themselves. Although the advice given was often welcome and helpful, there was always a residual feeling that Medicare might not back up their advice up if I was to be audited. I do not think that the scheme was properly thought through from the start. Whoever devised it did not have a good grasp of what was needed. There was poor coordination with existing schemes such as the Voucher systems and the Area Health Services.

When Medicare eventually tried to present their guidelines again they had an air of threatening superiority and bossiness that was quite insulting and degrading. I take a lot of pride in trying to do the right thing by my patients and the attitude expressed in the Medicare guidelines and in particular the letters received from them late in the scheme were not helpful.

I have previously taken part in the Teen Voucher scheme, which is also in my opinion very poorly organised and not properly devised and thought through. Although it has good intentions, there should be a fee for service rather than a set bulk payment. I also have taken part in the Cleft Palate Scheme, which I believe is clumsy and id difficult to provide comprehensive treatment. I usually provide some of the required treatment free of charge.

The Medicare schemes seem to have good intentions, but are misdirected to the wrong target groups (those most needy) do not provide comprehensive treatment where it may be needed most and are at the same time wasteful. For instance the CDDS scheme provides the ability to provide complex bridge and crown work when basic dental treatment to treat and prevent dental disease and restore function with partial dentures should be the initial aim over the 2 calendar year cover. It is not that unusual for patients to believe that they have the equivalent of a cheque for \$4250 that they want to spend as quickly as possible on a bridge, when what is really needed is general basic

restorative dentistry and control of dental disease before any crown or bridge work could be considered.

The Veterans Affairs system is very well devised and well run. The treatment schedule and remuneration is better thought out and the scheme seems to run smoothly.

I am certain that many of my patients have benefited from being treated under the scheme such as:

Seriously medically compromised patients

Nursing Home residents

House bound patients

Patients with disabilities

On the occasions that I have not strictly followed the rules my patients have only benefited. This is because I have only ever bent the rules in order to provide better treatment for my patients. Sometimes the rules were ridiculously inappropriate such as when emergency treatment was needed before the referring GP would have received the initial exam report. It is ridiculous to place unnecessary restrictions when the treating dentist should be able to determine what is sensible in the circumstances.

It is ridiculous that whereas the Commonwealth Voucher System and Veterans Affairs pay a travel allowance for a domiciliary service, the CDDS will not?

I would like to see a few changes to the Medicare CDDS system as follows:

- 1/ better coordination as a whole amongst the Commonwealth Dental Voucher Scheme, Cleft palate scheme, Teen Voucher Scheme and the Area Health Dental Services.
- 2/ more positive and less authoritarian attitude expressed by Medicare towards the dental profession.
- 3/ Target those groups of patients that are most needy: domiciliary/nursing home, those with disabilities, seriously medically compromised, especially above groups who are also financially disadvantaged
- 4/ Provide strict guidelines for GP's to screen those patients who are genuinely needy of dental assistance
- 5/ Provide travel allowance to encourage treatment at home of patients who are unable to travel
- 6/ Adopt a similar model as the Veterans Affairs system for the CDDS system and use the same or similar fee schedule and services provided also similar
- 7/ Think through the revised scheme carefully and plan it properly before introducing it