

Dr Tony Andrianopoulos



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**Submission to The Senate Finance and Public Administration Committee  
Reference – Health Insurance (Dental Services) Bill 2010 (No. 2)**

**PERSONAL AND PRACTICE BACKGROUND**

I graduated from the University of Melbourne in 1990 with a Bachelor of Dental Science degree. After working initially as a locum dentist in several private practices during the first 2 years, I went on to establish a dental practice in the neighborhood I grew up in, and I still reside in the suburb of Northcote. Eighteen years on, I still work in the same free standing residential house, that was converted into a dental surgery.

My parents migrated to Australia from Greece and moved from Fitzroy to Northcote in 1968, the year I was born. As I am greek-speaking, I have attracted a large number of Greek middle aged and elderly patients, who are largely non-English speaking and of low educational background, who reside in Northcote and surrounding suburbs in the northern area of Melbourne.

I have treated over 20,000 patients over the years. I currently employ 2 part-time dentists and 4 dental nurses and receptionists.

I have enjoyed practicing dentistry in Northcote largely because I love and respect the patients whom I treat. From a cultural perspective, I can relate to all of my patients because they are Greek migrants like my parents, or have grown up locally like myself. I have attended school with their children locally, and frequently see my patients at local social and sporting events.

I gain great satisfaction treating patients over a long period, many who I have treated from the early days of my practice up until the current time. A local stroll to the local shopping centre or local park frequently becomes a social event, as I stop to chat to numerous patients along the way.

In short, there is a strong community spirit within my neighbourhood, and a strong interaction with my patients in all facets of life.

**EXPERIENCE WITH THE CHRONIC DISEASE DENTAL SCHEME (CDDS) PROGRAM**

When Medicare introduced the CDDS in 2007, I had no idea what it was. I do not recall having received any written information or being offered an education session of any sort. I recall that the few patients who presented the referral paperwork to me during that period were not treated under the CDDS by me as I was unable to assist them as I had no understanding of the CDDS.

By 2008 a large proportion of my patients began to come in with the CDDS referral forms, and I was obliged to try to understand the process and treat them under the CDDS. My level of understanding was limited at this time also.

It was no surprise that my practice became inundated with work under the CDDS within a short period of time, as the majority of my patient base is ageing with multiple chronic health issues. As always, I tried my best to help out all my patients under this scheme. The 2008 to 2011 period under the CDDS proved to be a very testing and arduous period in my dental career. My experience under the CDDS was one of intense work overload, as at least 70% of my regular patients had referrals and desperately wanted essential dental treatment delivered to them under the CDDS, that they could otherwise not afford.

The administrative overload associated with this scheme placed myself and my staff under immense pressure and stress. This was compounded when Medicare asked me to participate in a voluntary self-assessment audit of 20 patients in September 2011. My initial reaction was to participate in the self-audit to foster a positive collaborative approach with Medicare.

#### IMPACT OF MEDICARE STANCE

Even though all my patients who have been treated under the CDDS are happy and appreciative with the delivery and standard of dental services provided, I was advised by various sources that Medicare had taken a very aggressive and punitive stance with administrative compliance issue. I decided not to participate in the self audit. I am aware that Medicare is conducting an active audit in relation to myself at the present time.

In my opinion, Medicare is victimizing and persecuting dentists financially based on administrative and technical breaches which in no way impact on patient care. I have been made to feel like a criminal and I have felt demoralized at times. Medicare should take a fair and rational approach to this issue.

I work in a professional environment and I believe I have been delivering high quality dental services to my patients since I started practicing dentistry, and my patients are very appreciative of the work delivered over the years. I welcome Medicare to come on site at my practice to see how I and my team work. We are not simply a spreadsheet on a computer where a formula is applied to come up with a debt recovery figure.

Medicare should realize that practices such as mine with a high turnover of CDDS patients are not 'rorting' the system, but actually delivering dental care to needy chronically ill patients, which I believe the scheme was designed to do.

Patients choose practices such as mine to have treatment under the CDDS because they are happy and comfortable to be treated by us, and due to positive word of mouth feedback from other patients.

Medicare is contacting my patients directly and asking them if, up to 2 years ago, they recall receiving treatment plans and quotations. Most of my patients don't understand English and have little recollection about such administrative matters. These steps are undermining the faith these patients have in my work and dentists generally. Surely a more relevant question is whether the treatment has been provided, and whether they are satisfied with the treatment.

Unfortunately, the negative stance Medicare has taken against dentists will only reinforce to community dentists like myself that the risk of participating in the CDDS far outweighs the benefits that are provided to thousands of needy patients. This can only reflect badly on Medicare, and ultimately the government itself.

Thankyou for taking the time to consider my submission. I hope this letter conveys the reason why there is need for the Bill.

Yours sincerely,

Tony Andrianopoulos