

5 April 2012

Re: Senate Enquiry submissions closing April 12

I participated in the Chronic Disease Dental Scheme (the Scheme) to offer people with chronic medical conditions an alternative pathway than the public health system to expedite relief of dental problems contributing to their medical conditions. Medicare provided a booklet on the scheme at the beginning of the Scheme. At no time did a representative from the Scheme explain ramifications of administrative errors, such as specific referral pathways. Since then I have had to download updates from the Medicare website.

I have never had any exposure to other schemes funded by Medicare prior to participating in the Scheme. I have had limited (approximately 10 patient submissions) exposure to the Department of Veteran Affairs (DVA) scheme, and that experience is very different to my experience with Medicare. For example, DVA forms are provided for the patient's approval of the funds and signature at the time of the appointment, this is not the case for Medicare. No referral is required for DVA patients.

Several times I had sought information from Medicare about the Scheme and I was told a different answer to the same question. For example, could a severely intellectually disabled patient who required a general anaesthetic use funds from their CDDS for the dental part of the procedure? Sometimes the reply was yes, some times no.

I am a Special Needs Dentist, which means I am a registered specialist and work with people who have intellectual, psychological, physical and neurodegenerative disorders. It has become increasingly common due to medical advances they have very complex medical co-morbidities. My patients benefit from the services I have provided under the Scheme because they would otherwise have waited on long hospital waiting lists for much-needed regular oral health care and advice. Many of these people have been waiting years for periodic review, when their health care plan specifies they should be seen 6 monthly. Some patients I have seen have never had any oral health care without sedation, and my skills and expertise have allowed them to have timely treatment and review under the Scheme. I have provided pain relief in a dignified and compassionate manner, instead of the person waiting on long hospital lists. For example I have treated a woman with ataxic cerebral palsy and a cardiac condition on a regular basis for the past 18 months, whilst she has not had any review Westmead Hospital in over 2 years. Initially she came to me when a tooth fell out due to periodontal disease, a disease which requires regular 3-6 monthly maintenance. She has been let down by the public health system, and without the Scheme, she would still not have regular reviews.

I believe that my patients were adversely affected in circumstances under the Scheme. For example, under the Scheme you are not allowed to bill for taking a full diet history nor give dietary advice on the first visit. You are not allowed to bill for periodontal analysis and recording at the initial consultation. This affects the care planning because one cannot complete the treatment plan until all this information is available. This also means

that patients who are totally dependent for all activities of daily living and who may have expensive, lengthy transport arrangements and staff to accompany them are inconvenienced by having to arrange this all again. For this reason, also, they request that some treatment is done on the first visit, but under the Scheme this is restricted to very limited 'emergency type' treatments. For example, one cannot extract a tooth on the first visit.

I am considering not participating in any future Medicare funded scheme because of the onerous referral pathway (for example, under the current Scheme a patient with a severe disability who is anxious and aggressive will have to first see a general dentist, with all the itinerant cost in transport and staff, who do not have the skills nor equipment to manage the patient, before referring to a Special Needs Dentist, who cannot do a thorough assessment on the first visit due to the restrictions), and the extended time I require to develop rapport with a disabled patient and their particular needs is not reflected in the Schemes item numbers. For example just today a man came to me, he had a severe brain injury at 4 years of age and now is in a wheelchair and totally dependent on others for all his needs, and he has severe epilepsy and suffered respiratory collapse after being dropped by care givers into a pool later in his life. His general practitioner referred him to me under the Scheme, and I had to advise his mother I could not bill him under the scheme that day, as his general practitioner was not aware of the correct referral pathway that is to refer to a general dentist first, who then would refer him on to a special needs dentist. The time, transport and staff required was extensive, and this man is on a pension. Even the GP was not aware of the administrative requirements of the Scheme.

Yours sincerely