

1<sup>st</sup> April 2012

## SUBMISSION regarding HEALTH INSURANCE (DENTAL SERVICES) BILL 2012 [No. 2]

I have been a general dentist for 30 years. Between 2008 and 2012 I treated 40 patients under the CDDS, thinking I was helping implement an important government health initiative. Even though my efforts have benefited those I've treated, the Government has rewarded my efforts by inflicting stress and misery on me and my family. The injustice of this current situation is breathtaking.

I was audited in 2011. All patients in the audit had treatment completed, and were appreciative of my efforts. All patients were referred by their GPs and had appropriate paperwork. As with all my private patients, treatment was discussed and treatment plans were given. Medicare continued to pay the invoices and at no point expressed any concern that there was a problem.

The underlying focus of all my efforts through thirty years of practice has always been the patient, and how to achieve the best clinical outcomes. The Government/Medicare unbeknown to me seems to place more importance on the paperwork than on the clinical problems I was asked to address. They did not adequately inform me of the paperwork requirements or the implication of minor administrative oversights.

The first patient that presented to my surgery in 2008, presented without an appointment, with a GP referral letter, wanting me to treat his dental concerns under the CDDS. This was new to me, as the only Government scheme I was familiar with was Veterans Affairs. I rang the GP who reassured me that as long as the patient had appropriate paperwork, they were entitled to receive treatment. There was never any mention of letters needing to be sent back to them. And this has never been normal protocol in private practice.

I rang Medicare and they were of no help, referring me to a complicated website. It needs to be kept in mind that at this point, I had no inkling that there was any non-compliance on my part. I was focused, as I have been trained, on dealing with the clinical problems confronting me.

Often these patients were difficult, mostly elderly, some frail and wheelchair bound. Treatment was often challenging. In 2010, when I became aware of the small print regarding GP letters, I proceeded to send off all letters that had been overlooked. It is important to stress, that these letters have no clinical relevance, and do not change treatment plans or outcomes. In fact, never has a GP requested this letter. So to my surprise, when I was audited in 2011, even though I was totally compliant, and Medicare acknowledged that all treatment was done and appropriate, I was asked to refund all fees, \$90,000, because my GP letter was late.

\$90,000 for a late letter. This is outrageous and shameful.

To rub salt into the wound, there has been a Government/Medicare campaign to imply that dentists penalized, have been rorting, even though in most cases, the only crime has been minor, irrelevant paperwork oversights.

This type of treatment of health providers cannot be tolerated in our democratic society. This needs to be put right and I applaud legislation that will address this injustice, and restore fair governance. The stress and anger that this has caused me and many of my colleagues will take some time to heal, and I hope this inexcusable misuse of Government power will not affect future Government health initiatives. There needs to be a mutual trust and respect between

Government and health providers, if the health needs of the community are to be met.

Yours truly,

Dr Dragan Antolos