

# Mr Dragan Grubor

10 April 2012

Senate Finance and Public Administration Committees.  
PO Box 6100  
Parliament House  
Canberra ACT 2600

Minister,

To introduce myself, I am Mr. Dragan Grubor, qualified dental surgeon and a registered specialist Oral and Maxillofacial Surgeon with practice in Melbourne where I practice Oral and Maxillofacial Surgery. I have a number of staff (nurses, receptionist, etc.), who work with me in my private practice.

Since February 1996 I have been contributing in various ways to the public health system in Victoria through my work in the Oral and Maxillofacial Surgery Department of the Royal Dental Hospital of Melbourne where the patients of lower socio-economic level (registered Health Care Card holders) are treated. At present I also discharge the duty of the Head, Oral and Maxillofacial Surgery Department, The Royal Dental Hospital of Melbourne where those patients are being treated. Apart from that, I also work at the University of Melbourne Dental School as a Senior Lecturer in Oral and Maxillofacial Surgery and I am the Senior Consultant Surgeon in the Austin Hospital, Oral and Maxillofacial Surgery Unit, and the training supervisor for the trainees in Oral and Maxillofacial Surgery for training in the area of dento-alveolar surgery and dental implants. I have been a member of the Victorian Surgical Committee for Oral and Maxillofacial Surgery during the last eight years. My reputation in the professional community is impeccable. My patients hold me in high esteem and respect.

## Background of my involvement with Medicare:

Prior to recent developments, I do not recall ever receiving any direct information from Medicare regarding the EPC scheme. My first contact and subsequent correspondence with Medicare was in August 2011. In August 2011 I was audited by Medicare and asked to provide information on 20 patients treated by me in past. As I was asked, I did provide information on treatment plans, treatment notes, letters of quotation to patients as well as letters to general practitioners and to dentists who referred those patients to me with the request for treatment.

It is now the 10th of April 2012 and I have not received any correspondence from Medicare at all.

However, many of my previous patients contacted me with an information that they have in the meantime received a confusing questionnaires from Medicare asking them to give answer to very precise questions about treatment and events which occurred two or more years ago at the time of completion of treatment.

All my patients received the written quotation stating the procedure to be performed, item numbers associated with that service and quotation for the services to be performed. In my opinion a requirement to provide letters to the general medical practitioners prior to treatment is pointless due to the fact they do not respond to those letters and they do not understand the details of the proposed treatment. Therefore, apart from the letters to general practitioners, for each of the patients treated by me that same letter has been sent to the referring dentist as well, describing the intended treatment and offering coordination and cooperation during treatment where necessary. At the completion of treatment, letters have again been sent both to the referring dentist and to general practitioner.

Some points worth mentioning for the record are as follows:

- I agreed to work under the Medicare “Dental Scheme” in good faith and provided the treatment at many instances at a fraction of our regular fees.
- Patients covered by this scheme are medically compromised and their treatment requires more time, effort, special equipment, modified and complex treatment plans and extended follow up. Therefore, regular fees do not cover all the expenses associated with their modified treatment plans.
- I have been treating patients under Veteran Affairs Scheme for the last 15 years and my experience has been that the scheme is much simpler and easy to work with compared to the Chronic Disease Dental Scheme with Medicare.
- On a number of occasions we asked Medicare about certain guidelines that Medicare have created for their scheme, but each Medicare worker we spoke to gave us inconsistent and different responses, thus contributing to the confusion further.
- I have paid all outgoing costs for these treatments. I have now been informed that we may have not met paperwork requirements and that Medicare could seek to recover all fees that have been paid by Medicare despite the fact that the work has been professionally and properly performed to the total satisfaction and expectation of the patients.
- The paperwork requirements I complied with in each and every instance included a letter to the patient’s GP and the referring dentist at the commencement of the treatment, and the provision of a written treatment plan, incorporating an itemized quotation to the patient. Not once did a GP or a patient request these letters or comment on their absence. For each and every patient the final letter upon completion of treatment has been sent to both referring dentist and the referring GP outlining the work done and the results achieved.
- The fact is that I was unaware of these requirements, as were almost all dentists across Australia, but it is my routine practice to always create and send these letters in order to keep the referring dentist and/or GP informed regarding the treatment course and its outcome in order to improve the cooperation with the referring dentist or GP. Sometimes this could mean five or six letters sent to them due to the protracted course of treatment in these medically compromised patients.
- At no time was I ever clearly informed, communicated with or properly educated about these requirements by Medicare.
- At no stage was it made clear that if these paperwork/administrative letters were not sent, we could not claim from Medicare. The fact that there are so many dentists who did not send these letters, is itself illustrative of a lack of effective communication and education on the part of Medicare and one would think that if it was so important, Medicare would have realised the problem well before now and reacted at the very beginning, and not suddenly years after the start of the Scheme.
- I find it unfair and unbelievable that Medicare can now seek recovery of all the benefits paid in circumstances where:
  - I did all the work that was necessary;
  - I did all the work appropriately;
  - I did all of the work with the expressed consent of the patient after all treatment options were discussed
  - I obtained valid referrals from the GP; and from the referring dentist and where many of the patients were completely satisfied with the treatment.
  - Medicare are now unethically seeking to recover the total fee billed even when laboratory and other outsourced fees have been paid in full by me.

The letters of demand being sent to some practitioners threaten the dental profession’s involvement with publicly funded dental care, and are potentially going to shut down small, passionate, professional and caring dental practices.

I am certainly going to avoid any publicly funded dental care scheme in future due to uncertainty, lack of transparency and lack of trust which has been irrevocably destroyed by this grubby attempt by the Government to recuperate some monies and to close the scheme indirectly, by forcing dentists to deny treatment to those needy patients.

The particularly revolting fact is that all the dentists who participated in this scheme have been denied the “natural justice” principle, meaning if the work has been done, the person who did the work should be paid for it. Instead of that, they all have been declared as being fraudsters, because of minor paperwork errors and deficiencies accompanying their honestly and properly done work.

The Medicare letters of demand are a disproportionate response to minor administrative errors. In delivering dental care to patients in need, many dentists have become liable to refund all fees to Medicare despite the treatment being appropriate, satisfactory for the needs of the recipient and provided to a high and professional standard.

After this experience I would never participate in any publicly funded scheme again. Let the government of the day find another group of naive and the well meaning dentist for their next scheme.

If the work has not been done, that is a fraud and should be pursued and punished accordingly, but to publicly declare all participating dentists as being fraudsters is a grave insult to an old and time honoured profession, creating an impression for uninformed which tarnish the dental profession without any proof of basis for such statements.

Private practitioners will be loathing supporting publicly funded dental care and the government sector will need to be greatly increased to cover the demand. At present, Government funded Dental Care is woefully underfunded and the needy patients are unable to access essential rudimentary dental care.

Many dentists have said that the approach being taken with audits of dentists who provided proper and professional treatment to eligible patients under the scheme is unfairly leading to prospects of bankruptcy and insolvency for dentists who have in good faith provided proper treatment to the eligible patients.

Poor internal controls, little or no performance monitoring of practitioners administration within Medicare and lack of information about the scheme for doctors and dentists may explain the extent of the problems now being experienced.

I ask that dentists are treated fairly and with integrity and that Medicare is asked to understand that dentists have omitted to submit some of the paperwork due to simply not being informed till now of the paperwork obligations. This has resulted in a total lack of understanding of Medicare and unfamiliarity with the dental aspects of the system.

Other observations that Government & Medicare are clearly responsible for:

- The current government has consistently and unsuccessfully tried to close the scheme and introduce a means tested scheme. The ADA has frequently called on Parliament to stop playing politics and support disadvantaged Australians receive timely dental treatment.
- Fraud by dentists is not condoned and the ADA has offered to assist Medicare in such cases.
- To place dentists as the demons in this scenario is unjust and unfair treatment, resulting in denial of natural justice – the whole profession being declared a fraud in general.

- The government maintains its opposition to the scheme and wants to close it. It now seeks to hide its own budgetary ineptitude by blaming the dental profession for providing services under its own scheme.
- Despite the poor structure of this scheme a large number and many genuinely needy and deserving Australians have received valuable and necessary treatment under the scheme.

Regards

Mr. Dragan Grubor  
BDS(Adel), FRACDS (OMS)