Dr. Vadim Rogelberg

Submission re Health Insurance Bill 2012(No 2)

Senate Finance and Public Administration Legislation Committee

I have participated in CDDS scheme from its inception in 2007 as have all the practitioners at my work place Citysmiles Dental Clinic. I participated in the scheme in order to provide better dentistry to patients who could not afford such as elderly or other patients with chronic illnesses. My goal was to better these people's oral health and general well being. I believed that GP's were responsible for screening patients and that our clinic would just provide services as necessary using our expertise. In all cases our prime responsibility is to the patient and not other authority.

When Scheme started the information provided was minimal consisting only of a brochure and Medicare staff had extremely limited knowledge of the scheme. This has not improved and our practice has not received much information from Medicare. In fact most of our information was received from ADA only. We have requested information about the scheme in clear language many times with Medicare staff supplying false and inaccurate information on many occasions especially regarding our obligations and advice on when the scheme would close. It was impossible to rely on any verbal advice as it was frequently wrong and no written advice was provided.

In the past our practice participated in many other schemes such as Denture Scheme, Teenage Program and others as well Veterans Affairs Scheme. All of the previous schemes did not have onerous reporting requirements in that treatment plan needed to be discussed with patient and patient was to be fully informed of treatment options but no treatment plans needed to be provided to any authorities other than patient concerned.

When this Scheme started it was assumed that it would be similar to other programs run in the past but clearly this is not the case. In fact provision of Treatment plan to GP is not effective as there is often a variation when treatment is started and it is often impossible to finalise treatment plan prior to treatment. For example it is often not possible to know how large a filling is as it can be 2 or 3 surfaces, extraction can be simple or surgical, a post may be required for a root filled tooth. Under the Scheme a new treatment plan has to be provided if there are variations in the plan thus GP can have 2 or 3 plans relating to one course of treatment for a patient increasing confusion. It would be better and clearer to just provide a report once treatment is completed so that GP can see what was done instead of what is proposed. GP would find this information more useful.

Clearly a GP does not even know what was or not done from the treatment plan and sending treatment plan to GP is a counterproductive and unnecessary procedure when the statement of treatment performed would be a better way.

Our practice in order to help GP's understand what was done sent a copy of treatment performed report for each patient to the relevant GP so they can see how the patient 's general health is impacted by the treatment under the Scheme.

This Scheme helped many many people and improved their oral health and patients have been extremely grateful for it.

We are currently participating in a voluntary audit of 20 patients and provided information requested to Medicare. No educational material or other material other than demands for information was provided to us. This audit is in progress for 9 months.

As a result of this experience with Medicare which placed heavy administrative burden on my practice caused stress and worry I would be reluctant to participate in future schemes. What I find most objectionable is lack of communication , retrospective nature of the audits and heavy handed approach increasing burden on both the GP's and dentists without any benefit to patients.

Yours Faithfully,

Dr. Vadim Rogelberg