

Submission to Finance and Public Administration Legislation Committee

April 5, 2012

**Re:** My experience with Chronic Disease Dental Scheme.

Dear Committee members,

I am a dentist currently practicing in \_\_\_\_\_, Victoria. I am writing to share my experiences in relation to the Chronic Disease Dental Scheme (CDDS) and the Medicare audit process.

I graduated with a Bachelor of Dental Science from The University of Melbourne in 2007. I spent my first year in a country public clinic. My first introduction to the Chronic Disease Dental Scheme was a year later, in 2009 when I was employed by a private practice in \_\_\_\_\_. It was a relatively new practice with one principal dentist and several employee dentists.

I decided to participate in the scheme because a significant proportion of the patients seen in the practice were seen to be eligible by their GPs and by Medicare. In general, patients who were sent to us under the scheme were not only in need of urgent dental attention but also in a poor financial state and would not have been able to access private dental care without government assistance. Many had not been to see a dentist in years. It was common to see severe dental neglect, high dental disease risk, lack of awareness, poor oral hygiene, poor general health, complicating socioeconomic and domestic factors such as unemployment and drug and alcohol dependency.

In general, patients seen under the scheme were much more challenging to treat than private patients because of all the complicating factors. The practice made it a policy to always bulk-bill all treatment (no upfront charge to the patient) and also to not charge any additional copayments (no charge to the patient for any treatment provided under the scheme). This was purely because most of the patients would not have even been able to afford the copayments and hence would not have returned for completion of their treatments. Patients were also very grateful and appreciative of this gesture. We knew that treating patients under the scheme was not a financially beneficial decision because the Medicare rebate payments were much lower than our private fees. From a strict financial perspective, it would be better for the practice to not treat CDDS patients. The reason I continued to participate in the scheme however was because of the tremendous professional satisfaction. It felt like I was truly helping people who otherwise would not have access to timely and holistic general dental care. The scheme allowed us to not only reach individuals but also their families by educating them about oral health.

After 6 months of work in \_\_\_\_\_, I joined another group practice in \_\_\_\_\_. I continued to see patients under CDDS. Most patients in this practice had been long standing patients of the practice.

I did not personally receive any information regarding the scheme from Medicare when I first commenced seeing CDDS patients. Being a relatively new employee dentist, I was in many ways inclined to follow the protocols that had already been established within the practices.

Throughout the first two years of private practice, I was not aware of the so-called 'paperwork requirements' (Section 10 requirements) relating to the scheme. My protocol at that time for any patient (private or CDDS) was in line with the general guiding principles in dentistry. I thoroughly discussed any treatment plan with the patient, giving them plenty of opportunity to clarify or ask questions. I verbally quoted all costs to the patient and if requested, provided a written copy of this. As we were bulk billing all patients in regards to CDDS, there would never be an upfront or copayment cost to the patient. I would explain this to the patient before commencing any treatment.

I was not aware that there were paperwork requirements associated with the scheme, such as writing a letter to the GP or giving the patients written quote on their treatment. Prior to the EPC/ CDDS scheme, the only exposure I had to Medicare was through the teen dental scheme and DVA veterans affairs scheme. Neither demands any additional paperwork by the practitioner as a legal requirement.

I became aware of these requirements, recently, well after the commencement of the scheme and after commencing treatment of the CDDS patients. I immediately began looking over my records, formulating and sending appropriate letters to GPs and patients. In June 2011, I received a phone call from Medicare to ask if I would participate in a 'self-audit'. Within the coming days I took time off work to return to my previous workplace and gather the relevant records and send off appropriate paperwork.

In February 2012, Medicare advised me that they would be conducting a complete self-audit of two years of my patients. As a result, several of my current patients have contacted me because they are confused about the audit questionnaire that Medicare has sent them. They have asked me to clarify the Medicare questionnaire. Patients have expressed that they want to be careful and make sure that I don't get into trouble in any way. Most patients are overtly grateful for the service I have provided them and are almost angered by the approach Medicare has taken in relation to the audits.

Recently, I also received a note from a GP that had referred a patient to me 2 years ago. He requested another copy of the treatment plan because he had misplaced the original. In another case, a receptionist informed me that the GP did not usually store the treatment plan that was sent to him. I believe these examples highlight that the requirement of having to send a treatment plan to the GP often does not have any bearing or direct relevance to the dental treatment being delivered to the patient. I have never had a GP question any aspect of my treatment plan. If I need medical input we taught to call the patient's GP.

I do not believe that as a result of not complying with Section 10 (paperwork requirements) I have mistreated or misguided any patient. All treatment provided was necessary, legitimate and with full informed consent of the patients. Ironically, Medicare does not seem to care about the treatment provided but are more interested in trapping dentists on paperwork errors. In my case, paperwork errors were made due to lack of awareness and I have made every attempt to rectify the situation as soon as I found out about what was required. I am currently being audited and am not sure about what the outcome might be.

In recent months the stress of the audit has had a detrimental affect on my life. The threat of being demanded to pay back for all treatment provided is very disturbing and will place me and my family in financial hardship, affecting decisions I can make for my family's future. The demand for payment that Medicare has been making in the case of other dentists in my position is simply illogical. Being an employee dentist, I never received full payment for the services. In addition, I have spent part of the commission on laboratory services such as for dentures or crowns. If I am asked to pay back for all the services, this means that every time I provided any service to a CDDS patient, not only was I not being paid but I was unknowingly incurring a debt to Medicare. I do not understand how this is logical.

What hurts most is the lack of appreciation or acknowledgement of the good that has come out of this for the patients. No one has acknowledged that many dentists over the past years have participated in the scheme at their own financial loss for the benefit of their patients and in support of the government. These treatments have made a real and significant change to many patients' lives.

Many of my colleagues have stopped treating CDDS patients simply out of fear of what the consequences might be. In keeping with a sense of duty, I continue to see any existing patients under the scheme but am hesitant to see any new patients.

I would be very hesitant to participate in any future government dental schemes. When I thought I was doing the right thing by the patients and by the community, I have unknowingly become trapped in the administration. I feel frustrated, disappointed and cheated.

I would be more than happy to discuss any of these issues with you further,

Kind Regards,