

Dear Committee

- 1- I participated in the CDDS 1997 because I have been working in a communities health centre between 1989 and 1998 and I knew the size of community dental needs, and how the length of the waiting list has deprived lots of pensioners and the HCC holders from getting basic dental work which mount in some cases to a cause of daily pain and analgesic taking also lack of basic chewing ability, we had patient in their 50s seen under the CDDS who have never seen a dentist in their entire life.
- 2- Medicare have provided information beforehand in a booklet form ,website but at no time it was highlighted that if you don't keep proof of patient signing the treatment plan or sending the treatment plan to the GP you may face recovery of claim benefits over a two year period

My front desk staff reported many times finding patient copy of treatment plan in the waiting room as old patient (most of them) leave them behind while waiting for the taxi or their lift and other non English speaking patient who declined to get the treatment plan from the front desk staff saying the dentist explained everything as he/she spoke their language and we have five languages among our dentist and staff. It is usual for dentists to discuss treatment options and get verbal consent.

- 3- our practice have taken part in treating Medicare teen dental plan , General and emergency Victorian dental scheme patients and we found they provide patient with straight forward benefit with much less admin work
- 4- We also treat veterans affairs card holder patient in our practice which we consider along with other government schemes as part of our community support and commitment to public dental care
- 5- Taking part in the CDDS create regular need for seeking information from Medicare about the eligibility, entitlement, past history of patients presenting with their forms and this information sometime is confusing ,against what patient get told at Medicare offices

Example: enquiring about the patient who been seen under his private health insurance and then receive his CDDS form from his doctor and want to complete his treatment ,should we do new exam in this visit as we cannot do treatment under Medicare at this visit or proceed with tart, until his exam is completed?

- 6- Patient had no information at all about the scheme which meant we had to spent long-time describing its rules and guidelines and facing hostile patients who argue these rules which led in our practice to lose many front desk staff who could not cope with language barriers in patient who saw this fund as long time coming entitlement

Examples:

Patient insisting on having treatment in their first visit as they were waiting long time for their dental treatment

Patient making appointment before their gp lodge their plan which mean that we lost the time or if we see them for exam we don't get paid for it

Patients seeking new denture with new CDDS referral from different clinic without telling about the old one which cause the new dentist to be denied payment

Patient who request to cash the remaining balance of THEIR \$4250 after completing their treatment plan and believe this fund is in our possession!

Young Patients who request whitening trt getting upset when get told it's not part of the scheme and want their form back to shop around because they believe it's part of the psychology treatment which they receive the care plan for and refuse to pay for their exam and time setting their trt plan

Patient who thinks they can share the \$4250 worth of dental treatment within the family and believe this fund is in our possession

Also doctors were not well informed this explain giving 2 subsequent referral for a full denture patient who can only get new one every 8 years

This patient presented at his GP complaining of his denture as he had 2 years since his last referral, his gp offer him a new one to see me for new denture, not knowing that patient can only have a denture every 8 years, the patient does not tell about previous denture and in good faith as he had the full amount we made him a new one – this meant we ended up providing free treatment again!

So grossly misinformed of CDDS patient and doctor reflect mainly at the dental provider, add to that the huge problem of high rate of failure to attend the appointment and while we charge private patient for that, we could not do the same for CDDS patients, which is very stressful.

Also due to patient not signing their voucher, changed address, have a new Medicare number which we don't have and the regular failure of Medicare website which was our only link to accounts we accumulated large amount of unpaid treatment

Since the inception of the scheme we been told a hicaps style claiming linking to major dental software is happening, this have never eventuate.

I stopped bulk billing in 2009 because it was stressful for all of us to handle ,Sold the practice in 2010 to and managing it for a big organisation with bigger admin team who still could not recoup the unpaid treatment from Medicare

I was invited to take part in self auditing in July 2011 which I participated in with my paperwork handed in September and until today I have no reply With all the stress of implementing the scheme, satisfying all the requirement, satisfying the very complex over demanding Medicare patient who I don't blame after their long wait, now to be faced with possible

repayment! , I and all my staff will have no option but to decline taking part in any government scheme from now on

I already have hard time finding dentist willing to see CDDS patient

I have been practicing in the area since 1989, my practice have been always busy, and I can clearly state that the CDDS caused me damage more than benefit through loss of staff [dentist and staff], unpaid treatment and loss of my private patient

Regards

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