

Dr John Wilkins

Dear Committee.

I have felt compelled to make a submission to you concerning a Bill under your consideration which:

"seeks to ensure that dentists who have provided appropriate dental treatment to almost one million chronically ill patients since November 2007 are not unfairly penalised for failing to comply with strict administrative requirements that have little or no bearing on patient treatment and patient outcomes".

My interest in this matter began when a dentist, to whom I had referred several patients under the Chronic Disease Dental Scheme, became an unwitting victim of process.

As a preamble: I am a rural GP in the Huon Valley, south of Hobart. This region has a long history of poor dental health and restricted access to services. When I set up my practice 32 years ago we had a free government dentist. The region was economically very depressed, so he was the sole supplier of dental services in the region. Despite his unsophisticated dentistry, nonetheless, the Huon population enjoyed a golden era of improved dental health under his reign. As a GP I rarely encountered dental complications such as dental abcess during those years.

However, when the free dental scheme was wound up we experienced a rapid decline in dental health in the region. This compounded through the years to the point now where GP presentations for medical complications resulting from gross dental neglect are a daily occurrence. The spartan service offered by the state government in Hobart is extremely difficult to access by remote country folk with poor public transport services.

The impact of this massive burden of dental wreckage is enormous .. on physical & mental health, and on productivity.

With the advent of the Chronic Disease Dental Scheme, we enjoyed a brief respite from the ravages of our inadequate health system. I have literally seen lives turned around over and over again, by the resulting opportunity to achieve adequate dentition. In particular I have seen many middle-aged males in poor physical and mental health from years of neglect, regain health and confidence. This group of men, with long history of poor physical health, poor nutrition, poor mental health, social isolation, substance abuse, poor economic participation, considerable suicide risk and general neglect are typically transformed by the removal of a face full of infected black stumps and the provision of a set of pearly whites. Several times I have had men come up to me in the street, flashing wonderful smiles and thanking me for having taken the effort to have organised their dental salvation through this scheme.

From the GP perspective, however, it has been frustrating that the paperwork and red tape in this scheme has been so onerous. Many GPs have been absolutely put off by the red-tape, and as a consequence, their patients-in-need have

missed out. In my case I have had a steady stream of "other GP's" patients come to me pleading for my help in accessing this scheme. As an already overworked solo GP with my own health problems, this has been a challenge, resulting in giving up an average of half of most Sundays to the paperwork involved.

Not only has the paperwork been onerous by itself, the process itself has been poorly described in the web-based Medicare Schedule. This is not exclusive to the Dental Scheme. In fact the explanatory notes for the "Better Access" to Mental Health care are probably worse. I have found that it takes several reads and re-reads plus a lot of tiring note-taking and rationalising on my part to get even the "sequence of events" right, let alone the actual requirements of each component of these complicated Medicare schemes... Then there is the task of understanding the role of each party in the process, and the sequence between parties (GP vs allied practitioner).

Furthermore:

1. The language used in these "explanatory notes" is difficult and convoluted.
2. Not all relevant information to a particular process is kept in the same place, or put in logical order, or summarised in such a way as the reader understand the totality and exact nature of what is required.
3. It is a matter of luck, clever searching, or informative peers to be confident one has all the relevant information
4. Interpreting Schedule information is difficult. On a related issue (Better Access) I have phoned the Medicare help line on 3 occasions with exactly the same query, with three completely different and contrary answers. Then submitted a written (Email) request for the same clarification .. to receive yet a fourth and different interpretation.. couched in diplomatic language leaving the reader to make their own "best judgement". It is hilarious.

I make it a habit to return to the explanatory notes of any new scheme on separate days to ensure that my interpretations were OK and that I haven't missed anything important.

Having battled my way for more than 20 years of Medicare misinformation, and having wised up gradually over that time, I was not at all surprised to learn of the farcical outcome of the Dental Scheme as it has impacted on participating Dentist. They have been Lambs to the Slaughter.

Participating dentist would not have known, as most GPs know, that the Medicare bureaucratic process is to be feared, not trusted, and that Medicare is in no way a benign master.

I observed this unfolding saga with interest, noting early on that it had been so badly instituted and poorly explained, and I was fearful of the plight of a Medicare-naive profession. Well they are naive no longer ... and will never again trust their government.

If it were not so tragic in its' outcome to the unfortunate victims, this whole saga could be viewed as a comic farce. The absurd statements coming from the Health Department and Medicare that there was adequate delivery of information to the dentists are side-slapping hilarity. There wasn't... we know it .. and we are not laughing.

The dentists in our Rural municipalities who take on our patients who qualify for this scheme take on some of the most challenging dental health problems which come a dentist's way. I know of a couple of dentists who have stopped seeing Medicare clients purely on the basis of the onerous burden of too much difficult dentistry.

The dentists who have accepted my referrals have the reputation for kindness and humanity, care for the underprivileged and putting the needs of the needy ahead of the rest. The punitive outcomes of participation in this scheme has damaged dentist who deserve medals, not mental anguish.

Because of the negative outcomes from this outrageous Medicare backlash (ie dentists withdrawing their participation) I am now unable to access adequate dental care for many of my most severely compromised patients. This is a disaster. I am back to prescribing antibiotics for recurring infections and analgesics for chronically painful jaws. I have diabetics who can't chew and stroke patients who can't swallow. This is unacceptable.

Getting paperwork mucked up should not invite the type of response the dentists have received. If it were me, I would have no hesitation in saying "stuff you" and retire to grow roses.

Medicare should be condemned, not congratulated for its heartless dealings with an unprepared and naive group of professionals. Not only has it blackened its' reputation, destroyed the personal lives of good people, but probably has put nails in the coffin of any future co-operation. You reap what you sow.

yours faithfully John Wilkins

ps. I have no problems at all with the public display of this submission.