

Dr Phillip Ly (Syd)

5th April 2012

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

Dear Sir/Madam,

Re: Chronic Disease Dental Scheme

I am a practising dentist and have been since 1993. I am writing to express my extreme concern with the CDDS and especially on how Medicare auditing had affected myself and the dental profession.

The CDDS is a positive direction in addressing the nation's dental health problems. It is based solely on the patient's health and not on socio-economic or monetary conditions, therefore many more have benefited. Patient had to be referred by their family doctor who firstly had to identify the need for dental treatment to manage their chronic disease. To many patients, this could be the first time that they realize chronic disease can be and needed to be managed through dental treatments. The CDDS is a great incentive, it encourage the patient to visit their dentist to better their health despite their socio-economic status.

The initial outlay by the government might have been high, but it is a good investment and it will plateau once majority of patient have received their treatment because maintenance is the only requirement. The CDDS for the first time enable patients to access better, more advance, modern dentistry, the type of complex dentistry provide good function, aesthetic and longevity. Treatment such as crown and bridge, implant, although more expensive, are much more beneficial and last a lot longer for the patient.

The community I service are mainly first generation Asian immigrants. Their oral health are poor, a lot of dental work are needed and immediate treatment are required to prevent further deterioration to their health. Asians are especially prone to chronic disease such as diabetes, consequently there is tremendous number of patients placed on the CDDS.

The continuous threat of the CDDS closure has placed tremendous pressure on myself, my family and my staffs. We are simply inundated with work under the constraint of time and constant pressure from demanding, sometimes abusive patients. Extra staff, extra resource, extra hours were used to treat these number of patients. My working hours have extended to 11 to 12 hours, 6 days a week. On top of the CDDS patients there are my regular patients to service as well and juggling the time have placed stress on myself and my family. Furthermore, needing to write up clinical notes, reports to referring doctors with itemised quotation and the thought process required for the treatment plan thus took up a lot of clinical time and this may have contributed some reports being written up and sent away late.

Medicare's persistent hard line auditing and relentless pursuit of repayment on the dental profession based solely on paperwork error is utterly unfair and unjustifiable. Despite all the clinical hours put into treating patients, Medicare is only interested in seeking repayment simply because a report and itemised quotation was not received by the referring doctor prior to the commencement of the treatment, and this is unreasonable. Hypothetically, why wouldn't Medicare pursue the patient for repayment because they have received treatment which was not 'compliance' instead of going after the dentist who had put in a tremendous amount of work and hours to treat these patients?

I sincerely believed that there was not enough education by Medicare to the profession. Printouts and letters sent by Medicare were too vague and did not emphasize the compliance determinants strong enough. Many dentists have been unaware or have overlooked the details sent by Medicare without emphasizing the word 'prior to treatment' thus got the impression that it was fine to send a report to the referring doctor any time before, during or after the course of treatment. Furthermore there must be a period of grace, a warning period or even a face to face education session plus a monitoring period once any discrepancy was identified; a fine or repayment will then be justifiable for continued non compliance.

The dental health profession have worked extremely hard to make a great contribution to the community, the economy and health of the nation under the CDDS. We have paid our full obligation in tax. There was genuinely no rioting of the CDDS yet Medicare is adamant on seeking repayment of money simply because of first time non compliance of paperwork. The penalty is too excessive compared to the crime thus the profession is guilty and tarnished by minor technicality.

Ultimately, the benefactors of the CDDS are the community, the patients, the health of the nation, the taxation department (government), the dental lab, the employees and the only central party in this chain (the dental profession) is being pursued and persecuted for simple paperwork errors. I sincerely urge the senate to reconsider a fairer auditing process for my profession.

Yours faithfully

Dr Phillip Ly