Health Insurance (Dental Services) Bill 2012 [No.2]
Submission by Dr Susan Wise, Periodontist, Victoria

The Chronic Disease Dental Scheme (CDDS) has been beneficial to many patients in my specialist periodontal private practice. However, the CDDS has been very problematic and stressful to my staff and myself. This is not the case with other Government schemes such as Veterans Affairs, which has very clear guidelines on the forms and reports required before treatment is commenced. Periodontists (gum specialists) treat a higher proportion of chronically ill patients than general dentists and many other dental specialists (Georgiou *et al* 2004) Periodontitis (Inflammation of the structures around the teeth including the gum, bone and ligament) has been associated with a number of systemic diseases including diabetes (Grossi *et al* 1994), cardiovascular disease (Matilla *et al* 1989 Beck *et al* 1996), and rheumatoid arthritis (Mercado *et al* 2001). It has been suggested that the treatment of periodontitis may improve the diabetic control and reduce the risk of diabetic complications (Grossi *et al* 1996). As part of periodontal treatment, patients are seen 3-6 monthly for periodontal maintenance after the initial phase of periodontal treatment. In this submission, examples of patients from my practice who have clearly benefited from the CDDS will be presented as well as the problems experienced from this scheme.

Case histories of patients who have benefited from the CDDS

1) Type I diabetic: 39 year old male, very mobile lower incisors with 90% bone loss around the teeth. Periodontal treatment and splinting the teeth resulted in reduced tooth mobility, improved periodontal conditions and improved diabetic control (thus reduced risk of other diabetic complications)
2) Cardiovascular patient – 40 year old female. Patient had a heart attack aged 38. Patient presented with generalised severe chronic periodontitis (generalised 60-80% bone loss, 75% sites around teeth bled when probed, deep pockets around teeth – gap between the tooth and gum). Periodontal treatment resulted in reduced bleeding gums, ulceration and inflammation around the teeth and possibly reduce the risk of another heart attack in the future.
3) Cancer patient – 73 year old male with secondary cancer in the bones. Patient was on intravascular bisphosphonates medication for the bone cancer. Patient presented with loose teeth with moderate periodontitis. If the teeth are extracted, there is an increased risk of a non healing extraction socket (Osteonecrosis of the jaw – a very painful and debilitating condition). Periodontal treatment resulted in the patient not requiring any extractions and his teeth became less mobile. His quality of life improved as eating was more comfortable. This patient could not afford private specialist periodontist's fees and the waiting list was too long for specialist periodontist's care at the Royal Dental Hospital Melbourne (RDHM).
4) Quadriplegic patient – 64 year old female, quadriplegic after a motor vehicle accident accident in 1983. Patient requires regular periodontal maintenance as she has reduced use of her hands to brush her teeth at home. Her carer drives her to the appointments. The carer would find it difficult to park the car near the RDHM.
5) Visually impaired patient – 72 year old female, recurrence of a 6mm x 5mm meningioma (benign tumour of the meninges around the brain) that has caused total blindness in one eye and 50% loss of vision in the other eye 2 years ago. Patient has difficulty seeing the plaque around her teeth so requires professional help to properly clean her teeth.

Problems encountered by the CDDS

1) Inappropriate referrals – Medical practitioners referred patients who are not chronically ill. eg suffer from gout (no oral implications) and hayfever. This is embarrassing to my staff and myself, when I refuse to see these patients under the CDDS scheme. The patients are very upset as they have a referral and they refuse to pay the private practice fees.

2) Writing to the doctor / treatment plans– some long term periodontal maintenance patients in my practice are now eligible for the CDDS. In order to comply with the CDDS requirements, it is necessary to write a quote for the patient and send / fax / email the medical practitioner prior to commencement of treatment. This takes 10-15 minutes resulting in the appointment running late. Alternatively, refuse to accept the CDDS referral on that day and have a very angry patient or send the letter to the medical practitioner after the completion of the appointment (during lunch or after work) and risk not complying with the CDDS requirements.
3) Patients wanting all of their dental treatment under CDDS – patients who want dental implants, crowns and other expensive dental treatment should be decided on a case by case basis and not just because they have a chronic disease. Dentists should write to a consultant dentist who works for Medicare and present the case for this treatment. Dentists routinely do this when they treat Veterans Affairs patients.
4) Doctors writing referrals to a specialist dentist instead of a general dentist. The patients are refused treatment until the referral has been written out to the general dentist. This involves many telephone calls and faxes until the paperwork is correct.
5) Dental hygienists are ineligible to treat CDDS patients. Dental hygienists are trained to prevent dental disease and maintain oral health. They are the ideal dental practitioner to treat the stable periodontal patients for periodontal maintenance, particularly the chronically ill patients.
6) Medicare staff were not trained to answer questions on the telephone help line about the CDDS, particularly when the scheme started

Many dentists, (myself included) are very nervous about participating in this scheme as we fear that we will be financially penalised for minor compliance and not inappropriate treatment or poor quality dentistry. I participate in this scheme as I genuinely believe that the CDDS scheme has improved the quality of life for many patients with chronic diseases. They would otherwise not receive much needed specialist periodontal treatment which may reduce the risk of other costly and debilitating medical complications.

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