To: Senate Finance and Public Administration Committee

Re: Submissions in relation to the Health Insurance (Dental Services) Bill 2012 [No 2]

Dear Senators,

Re: Medicare's Chronic Disease Dental Scheme audits

This is my submission to the Senate Committee.

My name is Benjamin Daoud. I graduated from Dental School at University of Sydney in 1977 and practice general dentistry in .

When the CDDS program was introduced late in 2007, I participated in the scheme as I felt a large number of patients with chronic illness will benefit from dental treatment that they cannot afford or the essential treatment they have been putting off. Almost all the treatment and services I provided was bulk billed so the patients do not incur any additional costs.

The Department of Health and Ageing issued the Medical benefits Schedule Dental Services book in November 2007. Some of the book's contents were: which dental practitioners are eligible to use the scheme and which patients are entitled for treatment, the limit of the benefit and the extended Medicare safety net, charging and billing of patients, informing patients about the cost of services, some explanatory notes about referrals and reporting and communicating with referring GP and schedule of dental services.

The book did not have or explained any legislative aspect of the services. I would point out that the booklet did not refer to the Health Insurance (Dental Services) Determination 2007; it did not state/explain the consequences of non-compliance; and the "checklist" did not state that the paperwork had to be provided before the treatment commenced. Nether I or my practice was informed or enlighten of the way the legislation of CDDS would work, and I became more aware of integrant of the scheme through the dental association publications late in 2009 and early 2010.

Before this scheme my limited involvement with Medicare was the Previous EPC Dental items 10975-10977 and Hospital voucher referral.

I treat my veteran patients through the Veteran's Affairs scheme which differ from Medicare scheme. I have never had any problems with this scheme. It is much simpler than the CDDS.

Since the CDDS began in 2007, my staff and I contacted Medicare office sometimes to enquire about eligibility and entitlement of patient or to clarify some aspects of the treatment. Although the Medicare Health Services has been in operation for a long period of time, the dental scheme is relatively new and in many cases my staff will get conflicting answers from different Medicare staff for the same enquiry. The whole scheme has been a learning curve for the Medicare staff and the dental profession especially in its first two years, the assistance and direction received from Medicare office has been shortfall in many instances.

The scheme has been very beneficial for a large number of patients. I have observed that during the review of their oral health, the improvement in their dental health and their wellbeing is quite significant.

I have treated the referred patients ethically and professionally, the health and wellbeing of my patients are of paramount importance. I understand the importance of being part of the management team to look after the patients. I always explain to the patient the treatment required. Any dentist's inadvertent failure to provide the paperwork to the referring GPs prior to treatment commencing has absolutely no bearing on treatment and services provided to patients. That is, patient wellbeing is not compromised because of "late" paperwork.

I was informed by Medicare office that I will be audited as part of their auditing process of some dentists. The Medicare staff has not communicated with me since the notice of auditing.

I practice in an area in where the unemployment rate is the highest in the country and a large number of families depend on the welfare system. Financially, these people are disadvantaged and cannot afford the cost of dental treatment. A large number of referred patients came from war torn countries and refugee camps where dental services virtually did not exist. I treated my patients professionally and in good faith and I bulk-billed so they are not out of pocket.

The whole audit process has been very stressful for me and it affects my health. It is also stressful on my family and my staff to be treated as if I have acted unethically, or worse. I am in support of a public dental scheme to meet the needs of the disadvantaged, but because of the painful experience I am going through and believe some of my colleagues are also going through, means that I will reconsider my position and think twice before I commit my services for such a scheme.

I trust you will consider practical aspects and the way the scheme is applied and not penalize myself and my colleague for a professional work done in good faith and which has benefited a large number of patients.

Yours Sincerely,

Dr Benjamin Daoud