

Dear Senators,

Thank you for receiving this submission in favour of the Health Insurance (Dental Services) Bill 2012 (No 2).

I am a dentist working in private dental practice. I have treated, and continue to treat, patients under the Medicare Chronic Dental Disease Scheme, previously, and continuing, to be called the Enhanced Primary Care program.

I strongly believe the actions of the Federal Government in dealing with minor administrative process discrepancies is outrageous, and has had an large impact on my perception of government bureaucracy.

I participated in the CDDS scheme to aid patients who had a genuine need for positive health care outcomes that I could provide through my advice and skills.

I have, and continue to provide, treatment to the Department of Veterans Affairs program. I have found the Veterans Affairs scheme to be well run, with access to dental officers who can help with any administrative questions. The Veterans scheme does not require any written or oral feedback other than that required between professionals in treating the overall health of our patients. Apart from clearly marked treatment options, permission does not need to be sought to provide optimal dental treatment.

### **Waste of time**

The Medicare CDDS scheme has caused me to waste much time on unnecessary paperwork. There is neither personal nor financial reward in chasing the appropriate paperwork from medical practitioners. Unlike our GP colleagues, there is no financial gain from writing reports. I am always pleasantly surprised when the paperwork from the GP is correct. Paperwork is often abysmal. My receptionists report disgruntled medical receptionists not wishing to aid in the paperwork chase, whilst from the dentist's side, we are only trying to initiate appropriate forms for the patient in order to comply with regulations. Occasionally I have had to re-appoint a patient as the paperwork is incorrect, even at the stage of a patient waiting, already in the dental chair. Referral to a dentist for treatment must be placed by the GP on both mandated referral forms, in the GP Care Plan as well as in the initial form.

When I have personally telephoned the referring GP regarding patient treatment there is surprise as to my discussing whether dental treatment could influence medical outcome in specific cases. Medical practitioners have been advised in a Power Point presentation, web dated 19 Feb 2012, called "Medicare Items for managing chronic disease (2010)" that

“(w)hether or not a patient is eligible for (Team Care Arrangements) is essentially a matter for the GP to decide.”

[http://agencysearch.australia.gov.au/search/search.cgi?collection=agencies&client=445556fb&cool0=41&cool1=15&cool2=5&cool3=0&stem=2&scope\\_disable=off&num\\_ranks=20&profile=health&query=EPC&Submit=](http://agencysearch.australia.gov.au/search/search.cgi?collection=agencies&client=445556fb&cool0=41&cool1=15&cool2=5&cool3=0&stem=2&scope_disable=off&num_ranks=20&profile=health&query=EPC&Submit=)

Dentists, however, are obliged to see that the dental treatment provided contributes to the health outcome.

“The Medicare dental items can only be used where the primary objective of the treatment is to improve oral health or function.”

[http://www.health.gov.au/internet/main/publishing.nsf/Content/DD05595164D9699CCA257903001ADF96/\\$File/069%20fact%20Sheet%20for%20Dentists%20and%20Dental%20Specialists%2020%2009%20200.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/DD05595164D9699CCA257903001ADF96/$File/069%20fact%20Sheet%20for%20Dentists%20and%20Dental%20Specialists%2020%2009%20200.pdf)

And rightly so! I have declined to treat patients under the CDDS where I deemed treatment to not comply with the above directions.

Once the forms have been collated my patients are inconvenienced by the wait they must suffer for further paperwork prior to initiation of treatment devised from their examination.

### **Patient treatment is altered.**

Routine cleans every six months, or more frequently, have been shown to markedly improve the health of diabetics, improve patient cardiovascular outcome, reduce pneumonia, improve neonatal outcomes as measured by weight, reduce complications from therapy for osteoporosis, as well as aiding in nutritional outcomes. It is routine in my practice to combine the six monthly examination with a clean. This is not possible with the existing CDDS. Every six months, as I interpret the scheme, a new treatment plan and costing needs to be written, and sent in a timely manner, prior to cleaning. This is a waste of time for both patient and myself.

My colleagues, the oral hygienists, registered with the Dental Board of Australia, are not eligible to treat the CDDS patients. These health professionals are sidelined and, quite rightly, nonplussed at their position, or lack of recognition, in this CDDS scheme.

### **Incorrect paperwork and non-compliance by the government.**

As for the minor paperwork details from the dentists point of view, I would like to point out the confusion and incorrect paperwork still being generated in the Department of Health and Ageing. Initially Medicare CDDS was known as the Medicare Enhanced Primary Care Scheme (EPC). Without notification to individual general dentists the scheme name was changed to Chronic Dental Disease Scheme (CDDS)

In a Department web site dated 16 March 2010

“The Department of Health and Ageing is removing references to EPC in the (Medicare Benefits Schedule (MBS) Group A15 (GP management plans, team care arrangements, multidisciplinary care plans and case

conferences) items (721-779) and in the Miscellaneous Group 3 (allied health individual) items (10950-10970). The change has been made because the GP Enhanced Primary Care (EPC) care planning items were removed from the MBS in 2005 and replaced by the Chronic Disease Management (CDM) items (721-731). The term 'EPC plan' is now obsolete. There are no changes to the eligibility requirements for the CDM items, including the allied health services for people with chronic disease. This is simply a change to terminology to bring it up to date. Medicare Australia and provider organisations have been advised of the change. EPC language has also been removed from the MBS Group A14 (Health Assessments) items."

<http://www.health.gov.au/internet/main/publishing.nsf/Content/mbsprimarycare-removalofepc>

In order to assess compliance, I conducted a quick search of the Australian Government Department of Health and Ageing web site

<http://www.health.gov.au/>

using the keywords EPC on the site. This search found numerous references to the EPC scheme still continuing after the 16 March 2010.

Most recently 27 Feb 2012

#### "Enhanced Primary Care

The Enhanced Primary Care (EPC) program aims to provide more preventative care for older Australians and improve coordination of care for people with chronic conditions and complex care needs. Medicare provides rebates for certain allied health services, such as physiotherapists and dental care services, that may be provided to patients who have a chronic medical condition and complex care needs being managed by their GP under an EPC plan."

<http://www.agedcareaustralia.gov.au/internet/agedcare/publishing.nsf/Content/glossary-EPC>

From the same web site on the 27 Feb 2012

"You might like to contact a Commonwealth Respite and Carelink Centre **1800 052 222** which can provide information about Home and Community Care services that might be available in your area and may be suitable. Allied health services are provided as part of this program - such as physiotherapy, podiatry, speech therapy and occupational therapy, and similar services - which help people to be mobile and to lead an independent life at home. They can be provided at home or in a variety of services, for example, a day centre or a community health service. Another program is the Enhanced Primary Care (EPC) Program. This Program aims to provide more preventive care for older Australians and improve coordination of care for people with chronic conditions and complex care needs. Medicare provides rebates for

certain allied health services, such as physiotherapists, and dental care services, that may be provided to patients who have a chronic medical condition and complex care needs being managed by their GP under an EPC plan. Medicare rebates are available for a maximum of five allied health services and/or three dental care services per patient in a calendar year. In the first instance, a person can talk to their GP about the services accessible under this program. Read more: Enhanced Primary Care Program."

<http://www.agedcareaustralia.gov.au/internet/agedcare/publishing.nsf/Content/cq-387>

From the Department of Health and Ageing itself on the 8 Jan 2012

#### Fact Sheets for GP's

"The care planning requirements are the same as those under the EPC allied health items, and the existing EPC dental items, ie the patient must have received the following services from a GP within the previous two years: • GP Management Plan (item 721 or a review under item 725) Team Care Arrangements (item 723 or a review under item 727); or • for residents of an aged care facility, their GP must have contributed to or reviewed a multidisciplinary care plan prepared for the resident by the facility (item 731)."

[http://www.health.gov.au/internet/main/publishing.nsf/Content/612E0C169C1B41C4CA257903001C49B5/\\$File/095%20Fact%20sheet%20for%20GPs%2020%2009%202008%20Rev%20No%201.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/612E0C169C1B41C4CA257903001C49B5/$File/095%20Fact%20sheet%20for%20GPs%2020%2009%202008%20Rev%20No%201.pdf)

And in the Fact Sheet for Patients from the Department 8 Jan 2012

What if I am already being treated under the Medicare EPC dental items? Some patients may have previously received dental services under the Enhanced Primary Care (EPC) dental items (10975-10977). If you have already commenced treatment using EPC items 10975-10977, you may complete that treatment under these items if you wish. These items will only be available for services provided up to 31 December 2007, although you will still be able to lodge a claim with Medicare after that date.

You may also claim Medicare benefits for treatment provided under the new dental items from 1 November 2007, as long as you have a new referral from your GP.

Any benefits paid under the existing EPC dental items will not count towards your limit of \$4,250 under the new dental items.

... For further information about the new Medicare dental services, go to the Department of Health and Ageing's website at [www.health.gov.au/epc](http://www.health.gov.au/epc) or call the Medicare Australia Patient Enquiry Line on 132 011

[http://www.health.gov.au/internet/main/publishing.nsf/Content/DD05595164D9699CCA257903001ADF96/\\$File/082%20Fact%20sheet%20for%20Patients%2020%2009%202008%20Rev%20No%201.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/DD05595164D9699CCA257903001ADF96/$File/082%20Fact%20sheet%20for%20Patients%2020%2009%202008%20Rev%20No%201.pdf)

There are numerous other examples of web sites modified since the change in terminology from EPC to CDDS on 16 March 2010 that continue to use older terminology against the advice of the Department of Health and Ageing. Perhaps the paperwork using the EPC terminology should be declared non-compliant.

**There should be recognition by the government that paperwork mistakes can be made without compromising patient care and without requiring punitive action.**

### **Future implications**

I will welcome the cessation of the onerous punitive requirements and actions stemming from the Chronic Dental Diseases Scheme. I will not be keen to participate in any similar program in the future unless the onerous and unreasonable paperwork requirements are axed.

I support the Health Insurance (Dental Services) Bill 2012 (No 2).

Yours sincerely,

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