

10th April, 2012

To whom it my concern

Re: Medicare Chronic Disease Dental Scheme

I would like to firstly address that it is solely my choice in writing to you, and I do so, as a member of the community and as an employee in the area of administration for one of Dr surgeries. I have been employed for a period of one year. I consider myself to be as well informed as possible with the Medicare Chronic Disease Scheme and feel it absolutely necessary to offer an opinion from a very different perspective rather than that from a dentist's point of view.

My background is not from a dental area, however in saying that I am very well educated and I consider my knowledge in business and research very sound.

From the very early days of my employment it became most apparent to me that there were variations of opinions in relation to administrative requirements under this scheme. After being informed by current staff and spending quite a number of hours researching the scheme with materials supplied to me, I found there were many unanswered questions that I had and many areas that failed to provide concise information. I took it upon myself to call Medicare with many of these queries. I must be honest with my experience calling Medicare both at the time and currently to date; it is clear that advice given from a day-to-day basis can differ. And I believe this to be through no fault of Medicare employees but rather from interpretation. It also became too clear to me that on too many occasions I would hear "We can only advise of what we are being told to say" and many occasions I would be told "I cannot answer that". In my opinion these "rehearsed lines" were guidelines that were expected to be adhered to, and I can respect that. However, this concerned me terribly. It therefore appeared to me and later became apparent that problems could arise with many aspects of this scheme.

It is pointless providing details of such, however I feel it necessary just to name a few: incorrect paperwork supplied by GP's, incomplete paperwork supplied by GP's, trying to accommodate and educate patients based on their understanding of the scheme, and variations to the scheme based on individual circumstances. One thing however was for certain; the responsibility fell solely in the hands of the dental practitioner. This until today baffles me, along with the fact that the scheme does not address patient care or emergency requirements that cannot be attended to in the very first consultation.

So with all these "grey" areas, where and who are we supposed to turn to? There is a simple solution to all of this. There undoubtedly should have been a requirement prior to the scheme being put into place of either: a complete in-surgery education program supplied by Medicare to each practice willing to participate in this scheme, or at the very least a mandatory conference or course

of some sort. So therefore, if you don't receive the education, then participation is prohibited, that simple!!!!

Now please allow me to address to area of auditing. I am an absolute supporter of the auditing process. In fact I encourage punishment in the findings of fraudulent actions, in any field. However the action that is currently being taken and trying to be enforced in relation to non-compliance for administrative purposes is nothing short of preposterous. How can Medicare possibly propose to punishment these dentists with the full force of the law and not be held accountable themselves for failing, to educate dentists and associated employees? I could be almost certain that employees of Medicare have been educated in some formal capacity, and so the question must be asked as to why Medicare has failed the dental field?

I have seen firsthand the impact an audit can have on a dentist. The potential impact of a non-compliant result is by no uncertain terms tragic. The effect firstly starts on the worry and burden a dentist carries during an audit. I am certain one would agree that a practitioner in the medical field requires at all times a clear and calm mind required to treat patients. The ongoing worry is something that is not healthy for any person to carry, let alone for long periods of time, and judging by my findings these audits can continue for years. In the event a dentist is required to re-pay monies for services supplied, this poses long-term problems. Given the intention on what qualifies as non-compliance, it would seem a copious amount of money would be sought for collection. It is clear what impact this would have on a sole individual based on articles I have read, so could one possibly consider the impact it would have on families with children or any other dependants for that matter? And is there a need to even venture into the field of employees being made redundant? The effect is endless, long-term and heartbreaking to say the least.

There are so many areas of the auditing process that I find frustrating. I ask you to refer to Hansard Senate Transcript- question time titled "Senate Community Affairs Committee", dated 16th February, 2012. What I find baffling is the amount of questions asked in relation to many areas were responded with a "I cannot answer that", "I do not have that information on hand", "I do not have those figures available" and my favourite, "I take that on notice". So I ask now, where are the answers to those questions? Yet again it appears a lack of information, and the failure to provide concise answers are becoming all too familiar with this dental scheme.

I again refer to the above transcript. The area of "discretion" being available in terms of enforcing punishment and recovering debt was of great interest to me. Medicare states that the law is the law, and plan to enforce it in full force. However admission of "discretion" that has been used in the capacity to

1. Enforce only education in the case where administrative non-compliance was evident and
2. Reduce debts and penalties, again for administrative non-compliance, was not denied.

Therefore it seems only fair that as they put it; what is good for one is good for all? Surely if Senior Compliance Officers have the derestriction to use discretion then all cases must be treated the same. If non-

compliance against other dentists was found to be on the same basis on the dentists that received the “discretion”, then anything other than the same treatment would be considered discrimination on some level.

To finalise my concerns, it is of my opinion that it appears the media and Medicare have successfully declared the majority of dentists being audited “guilty” before being proven innocent. I understand that we have a judicial system in place that opposes this for a reason. So in my understanding I see it simply. The Medicare scheme appears to be offering aid to the community, however sacrificing and punishing those providing the service. How disappointing. They say each case is audited on its individual merits but it clearly appears no one has a chance. Someone has to be accountable for the result of what I see, as a disorganised scheme put into place that has failed the caregivers.

To summarise and to put it quite simply, what I see in my daily experiences is a dentist who is successfully providing services to patients in need of dental care. Some of the patients I have come across in my time have the very lowest of levels of dental care my eyes have ever seen. To say some of the treatments required are serious and urgent is an understatement. I can honestly say Dr is completely committed to providing dental care of the highest quality with a level of compassion that is rare. This is obvious to me based on several occasions supplying dental procedures that well exceeded the amount supplied under the scheme. She is not concerned with these expenses and is happy to wear them based on the knowledge that that the patient requires a completed course of treatment. Whatever happened to the Australian way of everyone receiving a fair go??

Caroline Brown