My name is Susan Maria Ravida. I work as a dentist at the I work as a contracted provider. Under my contract, I receive only a percentage of any treatments I provide, not the full amounts.

I started participating in the Chronic Disease Dental Scheme (CDDS) in September 2008. I work in an area where the population is vastly underserved and patients cannot afford to have any dental treatment done. Most of the patients I see are either under a State dental scheme (SADS) or under the CDDS. When I began seeing patients under the scheme, I decided to bulk bill the patients because most of them are pensioners and couldn't afford to pay a gap. I had very little knowledge of how the scheme worked. In fact, I provided treatment to patients that I didn't get paid for because the scheme does not allow payment for some treatments. For example, I wasn't aware that I couldn't charge more than 5 one-surface fillings per visit, even if they are on different teeth. I have seen several patients wherein I provided more than 5 one-surface fillings in a visit. I was also unaware that I cannot charge for another scaling and polishing (85114) within 6 months of the last 85114. When situations like this occur, I don't seek payment of these treatments from patients because I know they do not have the sufficient funds to pay for the treatment in the first place. And because we bulk bill patients, many times the laboratory component of the treatment costs almost as much as the payment we receive from Medicare. I took comfort in the fact that I was doing the right thing for the community and it was my way of sharing the blessings I have received with others.

I have seen approximately 700 patients over 3 and a half years under this scheme. I can say with pride that most of these patients are extremely satisfied and happy with the care I have given them. I have been able to provide necessary treatment to these patients who would otherwise not been able to due to the costs involved. I have relieved them of pain and suffering and bring back function to their mouths. They can eat, smile and talk. I have restored pride, dignity and self-esteem to many of my patients. Many of them are extremely grateful to receive much crucial care at no cost to them. I have developed relationships with most of them and they have become my friends.

I learned about the paper requirements of the CDDS in early 2010. I immediately told the staff at our practice to make sure that we send out the letters to the GP and give a copy of the treatment plans to the patients. Even then, it was not made clear to me that any changes in the treatment plan would require providing another copy of the treatment plan to the patient and to the GP.

In 2010, our staff had also begun to ring Medicare to check scheme balances and to make sure that the plans are in place. This was done before each and every appointment of every patient. Despite this diligence, we sometimes get the wrong information from the Medicare operators. There have been times where the Medicare operator will say a care plan has been approved and is in place but after treatment has been rendered, we discover that there has never been a care plan done for the patient. In the end, I write off treatment I have provided to patients because I believe that it is also unfair to charge them as they would never have sought treatment in the first place because they know they can't pay for it. Never once during these phone calls were we asked or informed if we were compliant with any paperwork requirements.

Currently, I am subject of an audit awaiting a resolution. Reading and listening to the media reports regarding this scheme has made me feel like I have done something wrong and that

I am a cheat and a 'rort'. When in fact my intention when I began participating in the scheme is the exact opposite. If my intention was to make money, I shouldn't have bulk billed but rather charged a gap. If my intention was to cheat, I wouldn't have written off many of the treatments I have done. I feel like Medicare has set a trap for me to provide treatment for free in their name. I think it is common sense that if I provide a service, I deserve to get payment for that service. I did not cheat the system or done anything wrong.

When I reviewed the purpose of the paperwork requirements, it stated that the copy that is sent to the GP is crucial for coordinated care due to the complex nature of the patient's chronic disease. One of the GPs told me that she doesn't understand any of what is written in the treatment plan and that she often doesn't bother to read it. One of my patients was diagnosed with dementia but the GP failed to write this down on her referral to me. When I made a new set of top and bottom dentures for the patient, she forgot that I made her a new set and wore the new bottom set with an old top set that didn't match. Her children then accused me of making ill-fitting dentures and demanded I make her another set. It was only then that I was made aware she had dementia and we realized she must have forgotten where she kept the new top set. On another occasion, I wrote to the GP seeking their help with a patient with a difficult medical history. I never received a response from the GP. That is because the GP isn't required to write back. If the GP cannot understand the treatment plan and there is no requirement for them to respond to my letters, then that is not coordinated care because it is one way. How does it benefit the patient? Isn't it more beneficial to the patient's care if I ring the GP and discuss the medications and treatments of the patient rather than just send a written copy? That is what dentists are taught and have always done - contact the GP if further clinical input is required. But because it isn't a written copy of the treatment plan or its summary, I am deemed non-compliant.

The purpose of the patient's written copy is so that the patient understands the treatment that he/she will have and the costs involved. I believe it is better for me to spend 20 minutes explaining to the patient exactly what the treatment plan is. Having a written copy doesn't necessarily mean the patient understands the plan. More often than not, it confuses them.

As the subject of an audit, it has put a lot of emotional and psychological stress on my dental staff, my family and me. I am the main breadwinner in my family. My husband and I have 4 very young children ages 11, 10, 8 and 1. I suffer from depression and the additional stress put upon me by this audit has manifested in me physically. My blood pressure has elevated and hormones out of balance. I am irritable, sleep deprived and physically exhausted. I feel for my children because I am unable to attend to their needs often.

I would like the Committee to take all this under consideration and in cases like this education should be recommended.

Kind Regards,

Dr Susan Ravida