Dr Husam Al-Dujuaili

To: Senate Finance and Public Administration Committee

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

The idea of the Medicare Chronic Disease Dental Scheme is a great one, it is a hallmark scheme which realises the numerous research which suggests a strong link between oral health and holistic health. It aims to bring a more well rounded view to health care in Australia and in particular link dental care with other general diseases that are chronic in nature.

In 2007 we became aware of this program and decided to incorporate it into our practice as we felt it would benefit our patients and the people in our community alike. I am a dentist of 40 years experience. It seemed a fantastic program with potential to breach multiple barriers to health and raise the oral health, general health, and remove access issues that patients may have historically suffered. It also had a goal of reducing hospital waiting times and removed some of the burdens placed on the public sector.
Our patient base has dramatically shifted in the past years to incorporate complex medical histories and more public patients.

Not much was explained on registering as a provider for the EPC program. I had received a Medicare fee Schedule booklet "green book" and contact phone numbers. 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.

Numerous problems had been suffered by our patients, dentists and staff alike. Till today, the education provided to a provider, patient and staff is very lacking. No educational material, courses, lectures etc had been provided since the program was first introduced.

The Medicare provider line was extremely inefficient and responses were highly unreliable and inconsistent.

Despite the short comings of the educational aspect, we persisted in providing services to our patients and community. We believe that the benefits to the community far out-weight administration difficulties suffered under the system.

In 2009, we were subject to a Medicare audit in regards to items being claimed in error. Two auditing staff from Medicare Australia had attended the practice and had provided schedules to cross reference with. No mention was ever made at that stage of the Section 10 compliance by any of the representatives or correspondence received. Monies were refunded to Medicare Australia in relation to incorrect item categorization/claiming. It is perhaps one of the biggest surprises why no mention of something so critical was made at two official audit visits. In 2010, we were subjected to a Medicare audit in relation to Section 10 compliance which we are still pending the result.

We continue to work with other facets of government public sector and differing agencies that support people in receiving dental care yet we have had very limited/if any problems with these agencies. Policies are made very clear and simple in terms of using these systems and it is very straight forward in following the instructions provided.

Information was requested on multiple and numerous occasions from Medicare Australia in the form of enquiries through the Medicare provider line and in written form to compliance teams or HR personnel yet a reliable source of information has not yet been located.

We believe this scheme provides a tremendous service to our patients and a level of care that is excellent to deserving patients. Time and time again on a more down stream focus on health we see the clinical picture of patient's oral health improving dramatically through treatment that is funded by the Medicare Chronic Disease Dental Scheme. The non compliance or compliance with Section 10A, has in fact had very little to do with this outcome. Patient's and general practitioners refer to dentists as a specialist medical provider and are very trusting in their knowledge, service and advice. It is one of the least efficient ways to provide the general practitioner or patient with a detailed itemized record in terms of item numbers and costs as a form of informed consent and medical – dental professional interactions. Informed consent consists of many facets and not only to provide a copy to a patient. Interactions between health professionals is an

ethical obligation to provide a patient with the utmost highest level of care rather than a program compliance clause. Definitively more needs to be brainstormed in considering a more efficient way to communicate between health professionals.

It is these minute but significant factors that will influence the success or failure of any program aimed at improving the overall health of Australians. Although it is more of a down stream outlook on health, attention should be given to the clinical result of any program rather than a general upstream look at compliance and administration. In saying so, regulation and compliance are a must in society but as long as the entities involved are well educated and provided with the armamentarium to adhere to the goals of a health care policy and deliver on their responsibilities to the larger community.