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Senate Finance and Public Administration Committees

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## **ADAVB submission – Health Insurance (Dental Services) Bill 2012 [No. 2]**

### **Summary**

The Australian Dental Association Victorian Branch (ADAVB) supports the passage of the *Health Insurance (Dental Services) Bill 2012 [No. 2]*.

ADAVB has kept records concerning members being audited for alleged breaches of the Chronic Disease Dental Scheme (CDDS) and members enquiring about the scheme. This information forms the basis for the ADAVB's submission to the Committee concerning the Bill, which in summary is that the CDDS:

- was hastily conceived for political purposes;
- was inadequately explained to dentists; and that
- its requirements are incompatible with private practice dentistry.

ADAVB supports the Bill, which provides a number of options for the Minister to redress the unfairness arising from the operation of subsection 10(2) of the Health Insurance (Dental Services) Determination 2007; the most significant being waiving the demand for repayment of Medicare benefits received by the dentist.

### **About the ADAVB**

The ADAVB is the peak professional association of dentists in Victoria and part of the federation of organisations affiliated with the Australian Dental Association Inc. The ADAVB has over 3500 members and represents over 90% of private practitioner and 60% of public practitioner dentists in Victoria. It is committed to advancing the art, science and ethics of dentistry, the care of the oral health of all Victorians and the professional lives of its members.

### **Type of patients**

The CDDS has provided treatment to many needy and disadvantaged people. A number of dentists have treated such patients through the scheme because of their commitment to helping the community. For many patients, the scheme allowed them to have more than the most basic care.

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## Medicare

While it is acknowledged that a number of dentists have made errors in their handling of paperwork requirements, a portion of responsibility for poor administration of the scheme can be sheeted home to Medicare because:

- Information about the scheme from the agency has been scant;
- The agency offered little or no education to dentists. Most dentists work in a solo or two-person practice and have had no previous involvement with the Medicare scheme and the extensive bureaucratic paperwork demands;
- It is not until dentists reach page 16 of the Medicare Benefits Schedule for the CDDS that they learn about Section 10 relating to unprecedented paperwork requirements. Most dentists have gladly provided care for Department of Veterans Affairs patients without any equivalent paperwork requirements, and would have reasonably assumed that the same Commonwealth Government would not impose widely differing requirements through Medicare;
- Self-learning is difficult – the website is not user friendly, and offers little information in a simple and easily accessible form;
- Contradictory information is often provided when ADAVB members and ADAVB's Community Relations Officers (senior dentists who provide information to the public and members) speak to different Medicare officers on the phone;
- Although Medicare was aware of dentists making technical/administrative errors (e.g. not providing treatment plans to the referring GP) no warning was published until December 2009;
- Medicare has no mechanism for dentists to correct inadvertent technical/administrative errors;
- Often there is little point in providing a treatment plan to the referring GP, because treatment can change when the patient is in the surgery. Similarly, it is sometimes difficult to provide a quote beforehand, as some dental services by nature have to be treated on the spot e.g. toothache, trauma, infection.
  - People with chronic disease problems often have more dental problems than healthy people.
  - Whether the GP receives a treatment plan or not makes no difference to the patient or to the quality of care provided. It is not a matter of clinical approval by the referring medical practitioner, but rather a 'professional courtesy' between practitioners treating the same patient, which has been (inappropriately in our view) enshrined in a Determination. Furthermore, it is not a paid component of the services provided by the dentists, and making it a requirement could be interpreted as conscripting them to perform work for the Commonwealth in contravention of Section 51 (XXIIIA) of the Constitution.
  - GPs often do not want treatment plans, or understand the nature of them.

- ADAVB members have expressed concerns that the audits appear to be politically motivated – an effort to build evidence towards shutting down the CDDS; and
- Positive patient outcomes under the scheme (and the fact that patients have been provided with dental care that they would not have accessed otherwise) should be far more important than minor administrative errors.

### Anxiety

When an audit is conducted, stress levels of dentists, staff, and family rise. The fear of financial ruin and the stigma of allegations of rorting, despite needed care being provided, are causing significant distress for many Victorian dentists.

Some dentists are not seeing new patients under the scheme because of the risk of being audited and the complicated nature of compliance.

### Loss of goodwill

Any altruism that many dentists had for believing that the scheme was helping people will probably not be carried over to any future Government schemes, especially ones involving Medicare, because of the agency's heavy-handed response to minor administrative errors. Many dentists participated in the scheme believing they were helping those who were less fortunate, even though their practice may end up being out of pocket. Instead, some are now facing bankruptcy or insolvency, health problems and family break-ups as a result of the audit process revealing administrative oversights, despite having provided dental services under the CDDS in good faith.

For these reasons, ADAVB supports the *Health Insurance (Dental Services) Bill 2012* [No. 2].

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