

The Senate,

Dear Minister,

I am writing as a dentist who has provided services to patients under the Medicare Chronic Disease Dental Scheme (CDDS). As a dentist, I viewed this scheme as an opportunity to provide much needed treatment to the most significantly disadvantaged members of my community who did not previously have access to affordable dental care, except through the public hospital system. I am an honest and hard-working person. I have not sought to enrich myself under this valuable Government initiative. The reason why I participate in the scheme is because it allows disadvantage patients to have access to treat their dental conditions.

In my experience with the other public health scheme i.e. Veterans' Affairs, it worked by servicing dental services to veterans and their family, all we do is provide the services and do the paperwork claim. There was no paperwork to provide treatment plan or quotes. And if there is a need to ask for limited services, we write letters to the Department of Veterans Affairs and seek permission for those services. All the paperwork was signed by patients once the services is done and we get paid for it. It was what we are familiarise with i.e. do the work and claim for services.

I have always worked as an employee dentist, and have worked in four different practices. Nevertheless, I do not feel that I was provided with adequate education regarding Medicare's expectations about the requirements upon dentists to fulfil specific paperwork criteria at a specific point in time. Nor was I aware that a failure to provide the right paperwork at the right time could result in having to pay money back to the Government. I was never educated about when it should be done and I was never educated that there would be severe consequences if the paperwork was not submitted at a specific time i.e. before starting treatment.

So I would say, Medicare have not provide any form of education to us dentist unlike doctors. I have been audited by the CDDS taskforce and deemed to be non-compliant. The debt recovery notice that I have received represents (after tax) a huge portion of my income for the year. In some cases, where patients were referred to me by another dentist who had seen the patient for an examination and a treatment plan was in place, I was under the impression that I could provide treatment as outlined in the original dentist's treatment plan. Now, my understanding is that I should have written my own treatment plan – even though there already was one and I was simply following the plan devised by another dentist with whose diagnosis I agreed. I find this very confusing. I am being asked to pay money back in circumstances where I had no idea that I was not doing the right thing. I always attempt to follow the rules and I feel that if the rules were communicated adequately to dentists at the beginning of the scheme, then I would not be facing this huge financial burden because I would have understood what Medicare wants me to do and I would have done that. I am a very thorough person. The judgement from CDDS taskforce is to pay 100 percent of the money claimed back. No re-education was even suggested for me.

As for the punishment for not submitting two pieces paper on time, I have to repay all the money billed – even though 70% of those funds were paid to practice principals. Of the remainder, tax has already been paid, and laboratory services have been paid. All treatment (services) has been provided. To the best of my knowledge the patients are all happy with the treatment that they have received and have benefitted health-wise by consulting me. The gap between breach or regulations and penalty imposed is enormous.

Have the patients been disadvantage from dentist being non-compliant to Section 10, i.e. not handing 2 pieces of paper to the GP ? No.

The patients have been serviced and happy with their services. Patients have in fact benefited from the scheme and dentist being non-compliant does not disadvantage the patients. Under the dental

regulations, dentists' have to have informed consent to provide treatment to patients. If the services were done under the CDDS scheme, all services would be consented to and all matters discussed i.e. cost, treatment plan and options. So by having 2 pieces of paper to GP does not affect the outcome of the patients' services and benefits.

The scheme has not focus on what is traditionally regarded in the profession as representing good dentistry. We now know that there is no clean allowed during the assessment phase. How can a dentist form a diagnosis where the teeth are covered under plaque? Why is providing pain relief supposed to be deferred until a treatment plan is delivered? This does not make sense. Nor does it represent ethical professional behaviour. Dentists have a duty of care to recognise and respond to their patients immediate oral needs.

If services are not provided obviously refund to Medicare is required. But if services had been provided without promptly delivering the pieces of paper does this affect the outcome of patients and tax payers money. No.

Dentists had alleviated the waiting period in hospitals for patients.

Has the scheme achieved the benefits intended for patients? Yes.

Is compliance to Section 10 that crucial to the outcome of the patients' health? It could actually be detrimental in some cases, because the dentist cannot start work until their treatment plan has been received by the GP.

Can the Government please explain to me why some dentists who are found to be non-compliant are receiving education and counselling, and I have received a debt notice equivalent to a graduate income for the year.

It appears that more than 50% of dentists who have been audited are found to be non-compliant in the audits. Does this not indicate that the scheme has not been successful in educating dentists on the requirements of performing services under the CDDS?

Kind regards
Dr Lee San Chong