

Submission for consideration for the Health Insurance (Dental Services) Bill 2012.

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To whom it may concern,

I own a solo dental practice in . When Medicare CDDS initially started, I decided not to participate: my appointment book was already very busy, and the scheme seemed complicated. Anything for a simple life, yes, but as time went on, there were a number of exceptions to this decision- people who were chronically ill who had been patients of the practice for a long while already made up most of these, and a small number of people directly referred by GPs with whom the practice worked closely were also included. Up until now, the total number of people seen at my practice under this scheme would be less than thirty. This number would represent a figure well under one tenth of one percent of people seen at my practice during that time. Over the past few months, as information about the auditing process has become available I have actively attempted to decrease/cease participating in the scheme.

I would like to make the point clearly that I support accountability, especially when public moneys are being spent. And, if there is criminal activity by any individual, I am all for indentifying this, and for such individuals facing the consequences of their action. I have been to many meetings, both formal and informal, of dentists about the CDDS scheme, and this seems to be a constant theme, "get the crooks", for sure. *That* is not the problem.

Medicare provided my practice with written information, by mail, and I have downloaded and printed all further information available. We have a very thick folder at reception labelled "Medicare CDDS", which is, by now, quite dog eared.

My practice has also participated in the Medicare Teen Prevention scheme for several years. As above, the number of individuals seen have been very small, and are made up of mostly individuals who were already patients of the practice. My practice also includes patients who are eligible for treatment under the Department of Veteran Affairs, and, further, patients from the Australian Defence Force.

I have sought further information from Medicare on several occasions, which has generally been a frustrating exercise. Simple questions, such as does the two years on each referral mean two twenty four months after the date of the referral,(literally two years), or two calendar years after the referral, (bad luck if yours was written in late December!), have completely different answers on different days. The Medicare staff seem to vary a great deal in terms of helpfulness, some are absolutely fantastic, but some could only be described as difficult, even obstructionist. (This seems to have become worse as time has passed) Even with the very best of intentions then, this means that compliance with the guidelines involves a fair degree of luck.

My practice moved to new premises just over twelve months ago, which meant, as well as practising from a new address, I had a new provider number. (The practice name, and ABN remained the same) This change seemed to create enormous suspicion amongst some Medicare staff, and prompted the palpably preposterous suggestion from one staffer (to my receptionist), that I was "up to something dodgy". Actually we were chasing the payment of an outstanding account that had been outstanding for *more than eighteen months*. The experience of the Teen Dental Vouchers has been pretty much the same. Why would a Medicare staffer think, let alone *say* such a ridiculous thing? As it happened, the move was prompted by the building which this practice had rented for more than fifty years being up for sale. I purchased and renovated a new "home" for the practice. There was nothing dodgy about it. Businesses sometimes move, so what?

I have seen Dept of Veteran Affairs patients for my entire career, nearly twenty years, and could honestly say that in that time I have not had a tenth of the problems that I have had with Medicare in the past few.

I have not been audited. One of my friends has been- his "case" is still under consideration. The auditing process has been a hot topic of conversation amongst dentists, and I have heard, second hand, of several others who have faced this process, the description of which is disturbing. There seems no differentiation between somebody who is frankly abusing the system, in a criminal manner, and somebody who has not written the right number of letters and reports, but who has provided high quality dental treatment in a professional manner. It all starts with a 'phone call apparently, and proceeds a lot like a Kafka novel, viscous and absurd. Imperfect compliance with Section 10 by participating dentists seems to have triggered such an exaggerated response by Medicare auditors, it simply doesn't make sense. What are they trying to achieve?

Yours faithfully, Patricia Kefford