

## Senate Community Affairs Legislation Committee

### ADDITIONAL BUDGET ESTIMATES - 16 FEBRUARY 2012 ANSWER TO QUESTION ON NOTICE

#### Human Services Portfolio

**Topic:** Chronic Disease Dental Scheme

**Question reference number:** HSW 64

**Senator:** Boyce

**Type of question:** Written

**Date set by the committee for the return of answer:** 29 March 2012

**Number of pages:** 2

#### **Question:**

- a) The department has previously indicated that it is critical for coordination that the general medical practitioner be provided with a treatment plan from the dentist. Have you ever received a complaint generated by a GP that a dentist has not provided a copy of the treatment plan?
- b) If patient complaints are a trigger for an audit, how many complaints relate to dentists?
- c) On what basis did you think that an audit would be warranted on such a common issue?
- d) How many GPs have been audited?
- e) What were the nature of those audits?
- f) Were there any repercussions on GPs where Medicare is aware that a treatment plan was provided but the GP is unable to produce a copy?
- g) To what extent were the Section 10 determinations developed in consultation with the medical and dental profession?
- h) If so, what was the advice from:
  1. The medical advisor
  2. The dental advisor
- i) Has a cost benefit analysis been undertaken in relation to conducting audits for services provided by dentists under the CDDS.
- j) Assuming this has occurred, what is the cost incurred by the Department of Human Services in conducting audits to date.

**Answer:**

- a) No specific complaints have been identified from general practitioners relating to the failure by a dentist to provide a copy or summary of a treatment plan to them.
- b) As at 31 December 2011, patient complaints relate to 719 dental practitioners. There can be more than one complaint received about an individual dental practitioner.
- c) Complaints from patients may indicate non-provision of service or non-compliance with the legislative requirements of the *Health Insurance (Dental Services) Determination 2007* and *Health Insurance Act 1973*. These factors are considered when deciding whether an audit should be conducted.
- d) To date, audits of 40 general practitioners who have referred patients for dental services under the Chronic Disease Dental Scheme have been completed. An additional 88 general practitioners have been selected for audits commencing in March 2012.
- e) These audits targeted general practitioners, identified from the top 100 referring general practitioners who referred patients to the Chronic Disease Dental Scheme. The audits reviewed the GP Management Plan (GPMP) and Team Care Arrangement (TCA) developed by the general practitioner against the requirements in the *Health Insurance (General Medical Services Table) Regulations 2011*.
- f) The department has not identified any instances of this occurring.
- g) The Department of Health and Ageing were responsible for the development of the Chronic Disease Dental Scheme and the *Health Insurance (Dental Services) Determination 2007*.
- h) Refer to answer g).
- i) The department has not conducted a cost benefit analysis in relation to conducting audits under the Chronic Disease Dental Scheme. The department keeps resource allocation across all activities, and across compliance in particular, under constant review.
- j) The cost of the audits for the period from the announcement of the CDDS Taskforce, to 31 January 2012, is \$4,671,944.