

Compensation and Rehabilitation for Veterans

Productivity Commission.

SUBMISSION Mr. Geoffrey Shafran.

Dear Sir.

In August 2016 I had 2 dental claims Malocclusion and Attrition refused, subsequently the VRB has varied of these both decisions.

As a result of this experience it became evident to me that there was a need for a SoP for Dental Attrition, I made the appropriate request and eventually this initiative resulted in the RMA creating the Tooth Wear SoP.

My initiatives have also subsequently resulted in the creation of the Temporomandibular Disorder SoP, and there is currently an investigation into Xerostomia, and investigations on updating the Loss of Tooth and Dental Malocclusion SoP's. I also co-admin a dedicated Facebook group designed to assist Veterans with dental claims.

After reading Mr Dave Watts submission to the Productivity Commission I thought I would reinforce what appears to be questionable RMA processes in creating SoP's by highlighting what I feel to be irregularities in how the department has gone about creatively constructing the Tooth Wear SoP. Which I feel it has been shaped to reduce costs to the Commonwealth at the expense of Veterans that have service caused medical conditions.

Attrition which given it's connection to the very prevalent veterans condition of Bruxism and psychiatric conditions is of critical importance given the Annual Monetary Limit imposed on Schedule C Dental Treatments (Crowns and Implants). For clarification DVA does not recognise Bruxism as a Dental Condition.

In its wisdom the RMA decided to group 3 distinctive and individual causes of wear (Erosion, Attrition and Abrasion), each of which has its own International Disease Code into a single condition of "Tooth Wear". In doing so they have provided themselves with the unique capacity to create their own administrative meaning or definition for Tooth Wear, and the evident concern with the meaning, is they have obscurely excluded "**mild tooth wear which is confined to the enamel**".

Simply put the RMA have taken the unusual step of combining 3 different conditions in order create a SoP for "Tooth Wear", but decided that mild tooth wear doesn't constitute "Tooth Wear". Yes it defies simple logic and sounds like a line from Yes Minister.

It's well documented and accepted that ordinarily tooth wear to the enamel isn't going to require treatment, however what seems to have escaped the RMA is that any tooth wear caused as a result of service, no matter how slight must have a path for acceptance in order those with the condition can have it monitored by a dental professional at Commonwealth expense.

The manner in which the SoP has been drafted prevents Veterans from having mild tooth wear accepted under any circumstances, no matter what the cause. As a result those with

mild tooth wear will have to unfairly pay to have the condition monitored out of their own pocket.

The significant issue that veterans with mild tooth wear will face is having tooth wear accepted once it progresses from mild tooth wear, to tooth wear. The complexities in having tooth wear accepted post service if mild tooth wear existed as a result of service are beyond comprehension.

What's more concerning is my request for an investigation into a SoP for "Mild Tooth Wear", as a standalone condition, which by the RMA's own definition is wear limited to the enamel, was rejected.

I feel if an objective investigation were created to look into tooth wear it would make 2 recommendations"

1. Erosion, Attrition and Abrasion each be allocated a separate SoP, and
2. Wear, no matter how slight, if caused as a result of Defence Service be accepted as wear.