

Reimbursement of dental care – how to give patients and dentists what they need

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Patients need care

Dentists need money

REIMBURSEMENT SYSTEM

Three basic systems in reimbursement of dental care:

- Fee-for-service (FFS)
- Capitation (CAP)
- Salary (private or National Health Service)

The systems are analytical categories and can be combined in many ways.

They can also be combined with Third-party-payment (TPPS) in insurance systems, and with Patient payment systems (PPS)

Patient payment system:

The patient pays before or after treatment

Subscription care: The patient pays a set fee in advance for dental care during a given time period, according to a risk classification. Can be combined with CAP

The various European models for dental care have different combinations of the systems. FFS is the rule for adults with varying access to salaried public systems. CAP as a system occurs primarily in child care (Widström, Eaton 2004)

There are theoretical pros and cons
for all systems (Grytten 2005):

- FFS Assures quality
Nonselective

Market imperfections
impair cost-effectiveness
Opens for supplier-induced
demand
“Overtreatment” ?

- CAP High effectiveness
Equality in access

High administration costs

Patient selection

Under-treatment ?

- Salary

Predictable cost

No money in patient contacts

Low efficiency ?

Low productivity ?

In public systems: fiscal problems

There is no “best” system!!

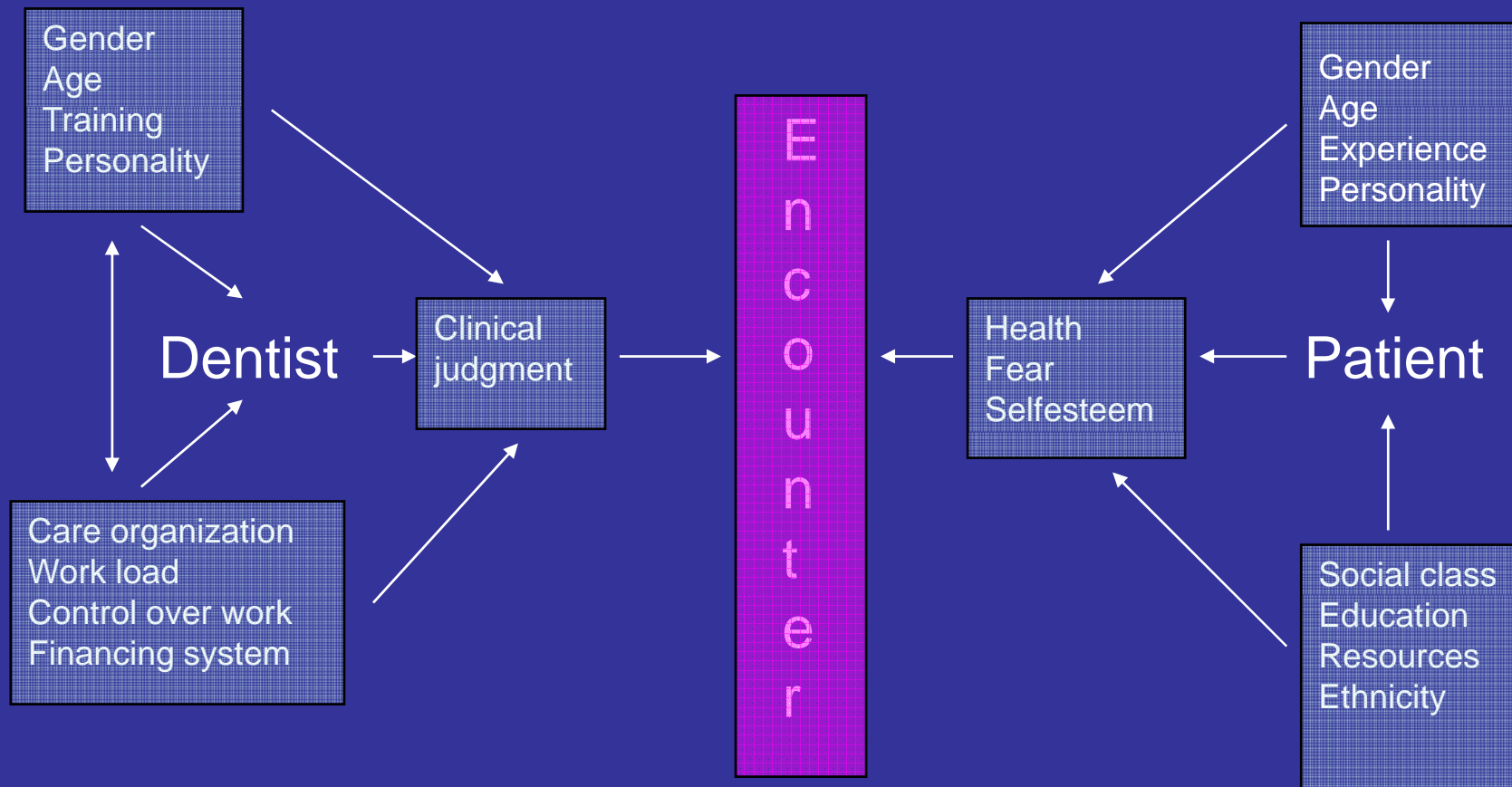
However, should systems be judged only by efficiency or productivity?

There are also moral aspects!!

Dentistry is a human service occupation, and as all human services, it is morally founded. The core of the work is

THE CLINICAL ENCOUNTER

The clinical encounter



What is the moral aspect of
the encounter?

Dental care is a GOOD that must be distributed.

The discourse of distributive justice in moral philosophy is therefore relevant.
(Miller “Social Justice” 1985)

RIGHT

You should have something good because you are entitled to it according to law, agreement or natural rights

The basic principle of bureaucracy

In CAP, you acquire a right to care,
most obviously in subscription
systems

VIRTUE

You should have something good because you deserve it, due to virtue or payment

The basic principle of the market

In FFS, you are entitled to care if you pay for it

NEED

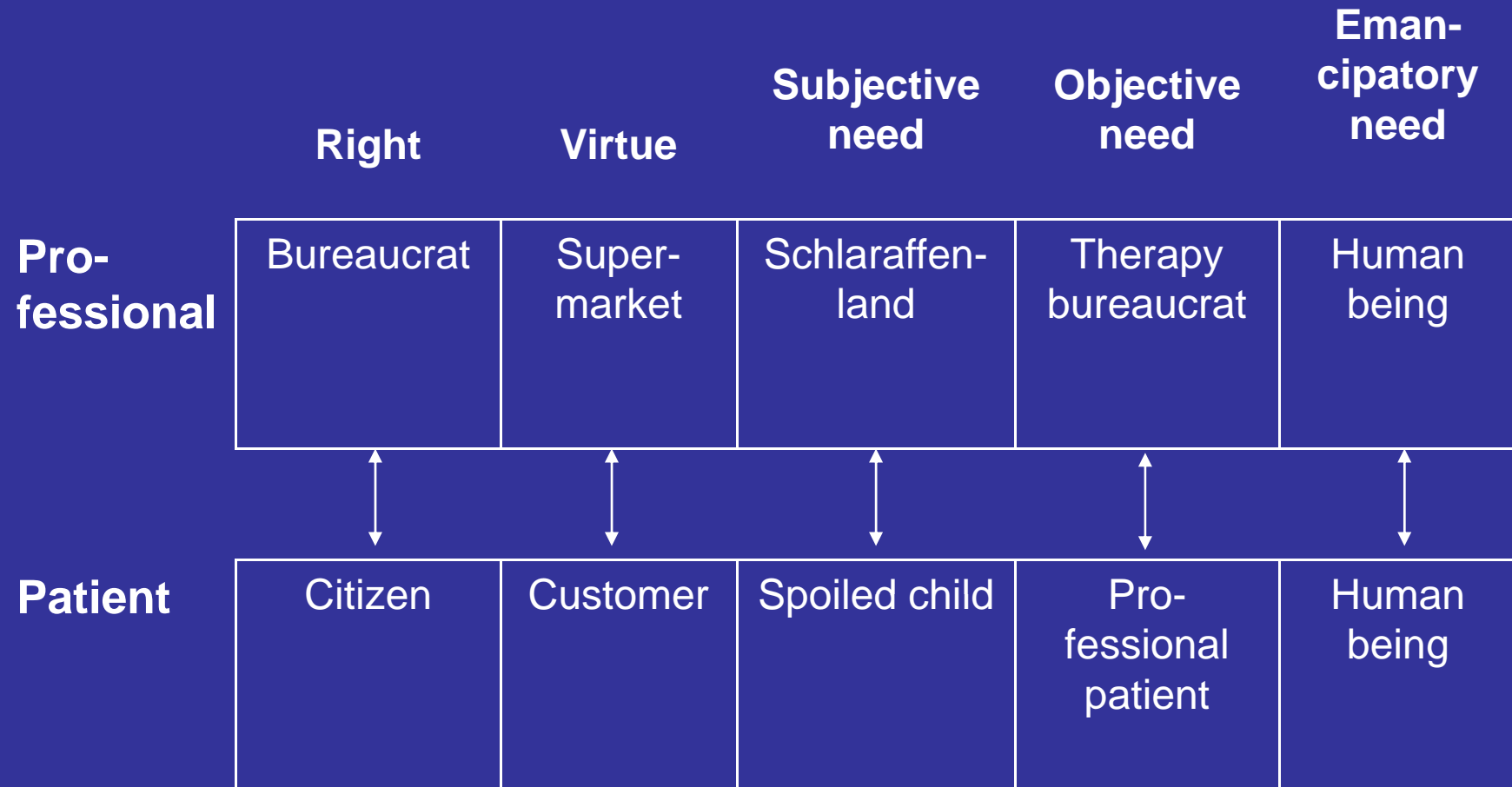
You should have something good because you need it

Three kinds of need:

1. **Subjective need** - only the shoe wearer knows where it pinches
2. **Objective need** - someone else decides what you need
3. **Emancipatory needs** - the perception of needs depends on the perceived opportunities for realization

In public salaried systems, it can be possible to set need as distributive principle

The clinical encounter revisited



Basic hypothesis

Harmony when relations are
congruent

Disharmony and conflict when
incongruent

Theory is nice, but evidence is scarce.

In a comprehensive review of 2507 articles, aiming to find system comparisons, Johansson et al (2007) found:

- A long-term tendency of decreased caries incidence in CAP
- CAP decreases restorative treatments
- CAP increases preventive care, mainly preventive advice and fissure sealants
- Productivity does probably not decrease with CAP
- Neither does dentist nor patient satisfaction

Great uncertainty and limited materials

A recent contribution: An evaluation of subscription care vs. FFS in a salaried system in the county of Värmland, Sweden, as to the effects on oral health (Johansson et al 2007)

The Public Dental Service in the county of Värmland introduced subscription care 1999. A comparative survey was done 2003 on 1324 patients (sample 2400, response rate 57 %).

OHIP-14 used to measure oral health, SF-36 for general health

Regression model example for OHIP-14 :

Variable	b
Fee-for-service care	0,94
Paid previous year	0,70
Foreign born	2,89
Dental Anxiety Scale	0,25
Humanism from caregiver	-0,09
Chance locus of control	0,21
Sense of Coherence	-0,08
SF-36 Physical component	-0,08
SF-36 Mental component	-0,08

Adj R-square: 0,23

Cautious conclusion about Värmland:
There may be characteristics in the
subscription care system itself that
have positive impact on oral health

General conclusions:

1. No possible evidence-based system recommendations
2. Systems should be evaluated as to their effects on health
3. Dentistry is not only production but primarily CARE
4. More research needed with a comprehensive and comparative perspective

THANK YOU FOR YOUR ATTENTION!

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