Paying for health in dentistry

Dental caries has the greatest global burden of any disease, yet it is largely preventable. It is entirely possible to move towards a cavity-free world which would bring with it wider health benefits as well as improved oral health.

Outmoded payment systems have been identified as a big barrier to achieving this. In most countries dental teams are paid for 'drilling and filling' rather than being rewarded for the preventative and non-surgical care that would keep their patients healthy.

Devising and implementing new payment systems to support preventative, non-surgical and tooth preserving care can play a major part in providing a solution to this problem.

How can we create and implement acceptable prevention-based dental payment systems to achieve and maintain health outcomes?

The policy lab

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4D Caries Management

Determine
Detect and Assess
Decide
Do

A policy lab meeting took place on 23-24 July 2018, bringing together a multi-faceted expert group from around the world who looked to answer this question by designing a generic payment model blueprint.

Key components

This blueprint sets out **what we should pay for, who the system must work for** and **how we can deliver the change needed.**

What we should pay for
- Standardized and measureable health outcomes, such as being cavity-free
- Innovative and evidence-based preventive interventions
- Personalised and integrative care, such as the CariesCare International 4D System

Who the system must work for
- For patients – changing personal attitudes and behaviours around oral health and facilitating access to avoid discrimination
- For professionals and providers –supporting practice level sustainability
- For government and payers – delivering system sustainability

How we deliver the change needed
- Taking the lead as a dental profession
- Working collaboratively using multi-stakeholder approaches
- Establishing consistent standards
- Putting in place the necessary data
- Adapting the blueprint for different types of dental health system around the world

What should we do next?

1. **Continue to build the collaborative network driving this change**
2. **Expand and share the evidence base**
3. **Refine the design of the generic model**
4. **Test the model in different systems**
5. **Develop implementation blueprints for a 'Glocal' approach**

This document represents the outcomes of a policy lab meeting facilitated by the Alliance for a Cavity-Free Future with King's College London Dental Institute and the Policy Institute at King's. For more information please visit www.acffglobal.org

Alliance for a Cavity-Free Future ACFF
KING'S College LONDON
The Policy Institute at King's
power of numbers

Policy lab outcomes: How do we create and implement acceptable prevention-based dental payment systems to achieve and maintain health outcomes?

Untreated caries in permanent teeth affects 2.4 billion people and was the most prevalent condition among all those evaluated in the Global Burden of Diseases 2010 study. Caries shares risk factors with other non-communicable diseases (NCDs) such as obesity and diabetes, so by decreasing the prevalence of caries and its associated risk factors, **it is entirely possible to move to a Cavity free world and we can also move towards improving general health.**

Outmoded payment systems have been identified as a big barrier to achieving this. In most countries, dental teams are paid for 'drilling and filling' rather than being rewarded for the preventative and non-surgical care that would keep their patients healthy.

Devising and implementing new payment systems to support preventative, non-surgical and tooth preserving care can play a major part in providing a solution to this problem.

A Policy Lab meeting took place on 23-24 July 2018, and was a further breakthrough, bringing together a multi-faceted expert group (including health economists) from around the world who looked to answer this question by designing a generic payment model blueprint.

The key components of the blueprint set out 1) What we should pay for, 2) Who the system must work for and 3) How we can deliver the change needed:

What we should pay for

- **Standardized and measurable health outcomes, such as being cavity-free:** The ability to measure how our care affects a patient's health is imperative: it allows us to understand how effective our treatments are, and how best to spend our resources to maximise health gain. For this purpose, the standardisation of health outcomes is essential to compare best practices between practitioners, payment systems and countries. These health outcomes have to be easily measurable for the dental teams in order to facilitate implementation.
- **Innovative and evidence-based preventive interventions:** In most health system, preventative interventions or care such as the patient's risk assessment, fluoride varnishes or minimally interventive procedures are still not financed by payers and may not be valued by patients. This is at odds with international recommendations for best practice and has been for decades.
- **Personalised and integrative care:** Evidence-informed and evidence-based systems such as the CariesCare International 4D System are comprehensive, dental team friendly protocols that maximises the patient's health gains, it is important that each element of is paid for, from Risk Assessment to a comprehensive examination, personalised care planning and the full range of tooth preserving treatments.
- **Paying dentists for preventive and non-surgical interventions** will help drive the interest of dental industries in bringing new preventive products to market

Who the system must work for

- **For patients** – changing personal attitudes and behaviours around oral health and facilitating access to avoid discrimination: It is essential that the payment system enhances the patient's self management of risk factors such sugar consumption. Extra care has to be given to the patients that are at higher caries risk: payment systems should integrate that this extra care given has to be valued, in order to avoid cream-skimming and promote patient tailored treatments.
- **For professionals and providers** – supporting practice level sustainability: Professional buy-in has to be strong in order to change practices. Dental teams should be remunerated fairly according to the amount of care given and the financial incentive to perform preventative and non-invasive care should not be less than the one to perform surgical care.
- **For government and payers** – delivering system sustainability: Payment systems have to be financially viable for payers and governments. Comprehensive economic evaluations have to be set-up alongside the implementation of payment systems in order to understand the short and long term value achieved, cost-effectiveness and financial risk.

How we deliver the change needed

- **Taking the lead as a dental profession:** The profession has the responsibility to be the main driver for change. They should appreciate and work with all aspects of the Win6 stakeholder cube to facilitate the change needed.
- **Working collaboratively using multi-stakeholder approaches:** collaborations, such as the recent dental policy labs facilitate change amongst stakeholders groups with different interests, that often do not speak with each other. Understanding the different perspectives and sharing information in a trusted environment allows barriers to be identified and acceptable solutions found amongst different stakeholder groups.
- **Establishing consistent standards:** Standards have to be set up and implemented to allow comparisons between practices. A global approach has to be taken to how we measure disease and key aspects of care.
- **Essential data should be comparable internationally, but also allow variations according to local requirements.** The minimal data required to both pay for health and assess outcomes should be part of secure electronic health records accessible to all who can benefit from them.
- **Adapting the blueprint for different types of dental health system around the world:** The generic blueprint sets the key components for a payment system. However, many characteristics differ from country to country, such as the type of financing, the available workforce, the oral health care status, distribution of the dental team and the general health condition of the population (prevalence of systemic diseases).

What should we do next?

- **Continue to build the collaborative network driving this change:** several experiments with dental payment systems have already taken place in different countries: a collaboration to share previous and current experiences is essential in order that all can learn and benefit.
- **Expand and share the evidence base:** We already have an impressive evidence base in many areas, but further data has to be collected in order to inform policymakers and other stakeholders. Reliable and consistent data globally provided can help to constantly improve the design and the implementation of these payment systems. Sharing it may allow the targeting of best-practices and also help to advocate for these new payment systems.
- **Refine the design of the generic model:** The main components of the system have been defined in the policy lab : the output will be aggregated in the full report.
- **Test the model in different systems:** once the generic model is refined and completed there is both a need and enthusiasm to test it in different health systems and locations. The type of payment system, such as fee for service, capitation, salaried, pay for performance (or a combination of) will likely vary according to these characteristics.
- **Develop implementation blueprints for a '*Glocal*' approach:** In order to share the experiences of introducing new payment systems and lower the barriers for different countries the generic (*Global*) model can be *localised* efficiently by creating implementation blueprints to help similar types of countries secure the needed change.

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