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FRISKTANDVÅRD

'Dental Care for Health'

'Oral Healthcare'

A new payment model


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The Sahlgrenska Academy

The Swedish model for dental care

- Patient fee
- Fee for service, FFS

- Remuneration system för employed
- Salary (Public Dental Service, PDS)
- Per measure (Private practitioner)




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The Swedish model for dental care

Children	Public Dental Service 90%	Private practitioners 10%
Adults (>20 yrs)	40%	60%


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The Swedish model for dental care

National dental insurance program (1974)

Cost of treatment (per year) for adults

Up to 350 €	100%
351 – 1700 €	50%
> 1700 €	15%

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The Swedish model for dental care

National dental insurance program (1974)

Cost of treatment (per year) for adults

Up to 350 € 80% of patients

Risk of overtreatment?

The Swedish model for dental care

Frisktandvård - 'Oral Healthcare'

- Public Dental Service
- All county councils, a national model
- Start 2009/10
- Insurance-like, capitation model

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- Contract
- 3 year
- Risk-assessment
- 10 premium classes (5 € - 90 €)
- Monthly payment

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- Regular dental care for a fixed monthly fee
- Regular appointments, check-ups and preventive care
- A tailored self-care programme
- Repair of tooth decay or broken fillings
- Surgical treatment, such as tooth extraction

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- Root canal treatment
- Stomatognathic treatment
- Treatment at a specialist dental clinic following referral from the Public Dental Service
- Emergency dental care at your clinic or at another Public Dental Service clinic in Sweden.

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Treatments NOT included:

- Orthodontic treatment
- Care that is not covered by the reimbursement scheme, e.g. aesthetic dental care
- Treatment following an occupational injury or accident
- Extensive prosthetics treatments, e.g. implants

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Incentives for the new payment model

- Young adults
- Change attendance pattern
- Better oral health
- Change of treatment spectrum

Similar models?

- The RAND experiment
- Denplan uk
- NHS uk?
- Other private insurances

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- A choice of payment model
- FFS vs CP
- Which one is the 'best'?

The Swedish model for dental care

- Research questions:
- Organizational changes
- Economy
- Effects on oral health
- Effects on dental care provided
- Patients' views of the payment models

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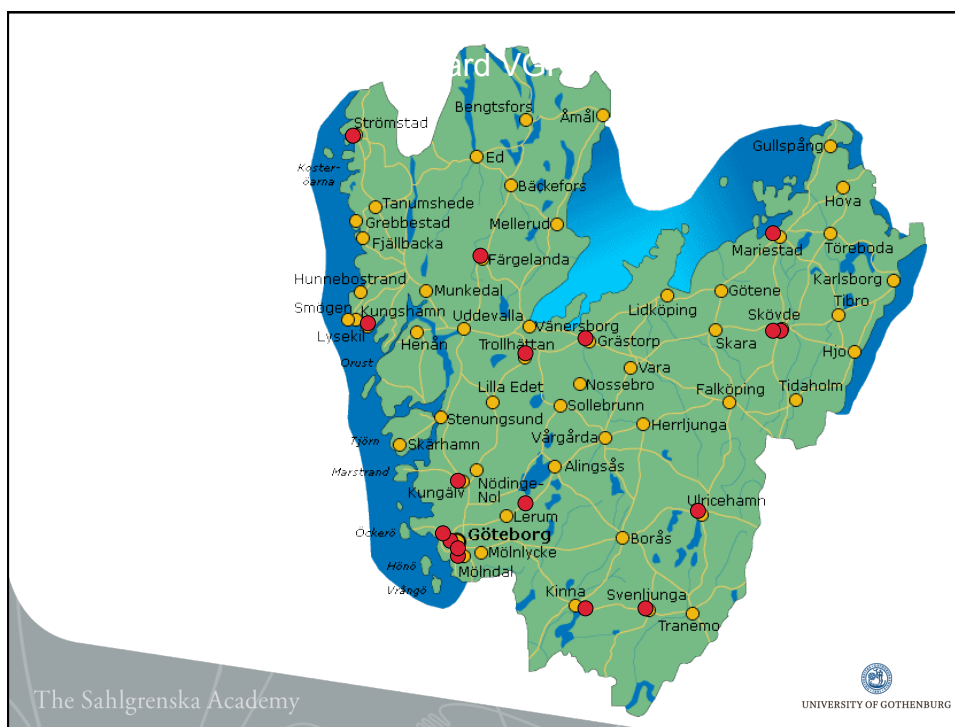
Empirical studies and preliminary results of CP

- Quasiexperimental study – who will choose CP
- Case-control study – treatment provided
- National survey - patients' views
- Qualitative – patients' views

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Quasiexperimental study – who will choose CP

- Regional project Västra Götaland
- 20 clinics
- ~13700 patients



Quasiexperimental study – who will choose CP?

-27% in the study. Today > 130000 in the CP

-Important determinants: (1.5 – 2 OR)

Education	university
Smoking	non-smoking
Physical activity	> 2+/w
Oral health	very good
Motivation to prevention	to a high degree
Importance of oral health	to a high degree

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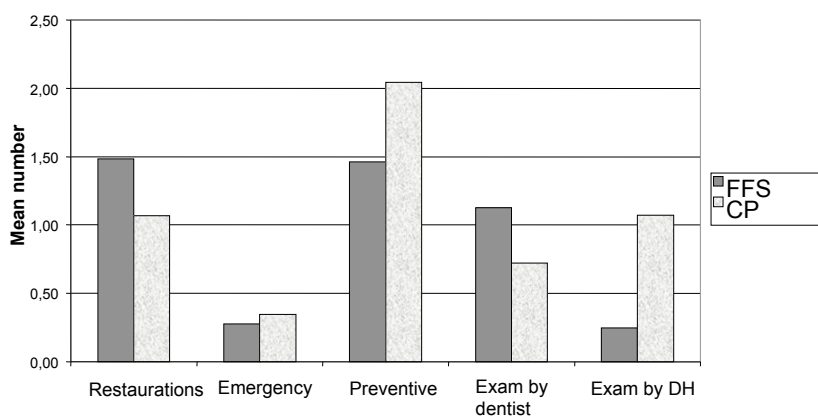
Case-control study – treatment provided

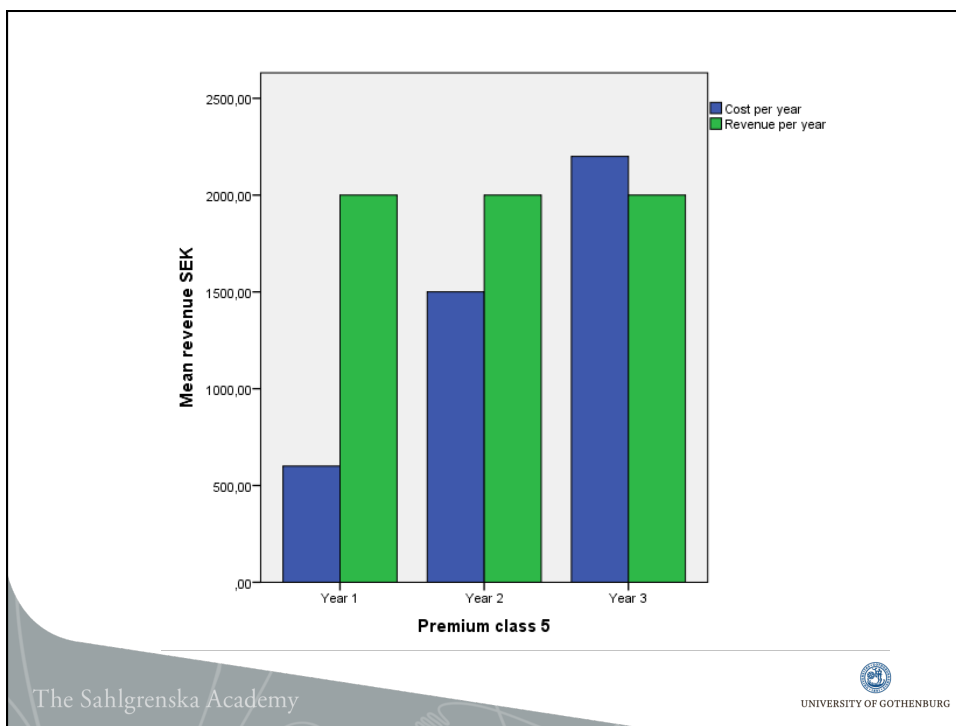
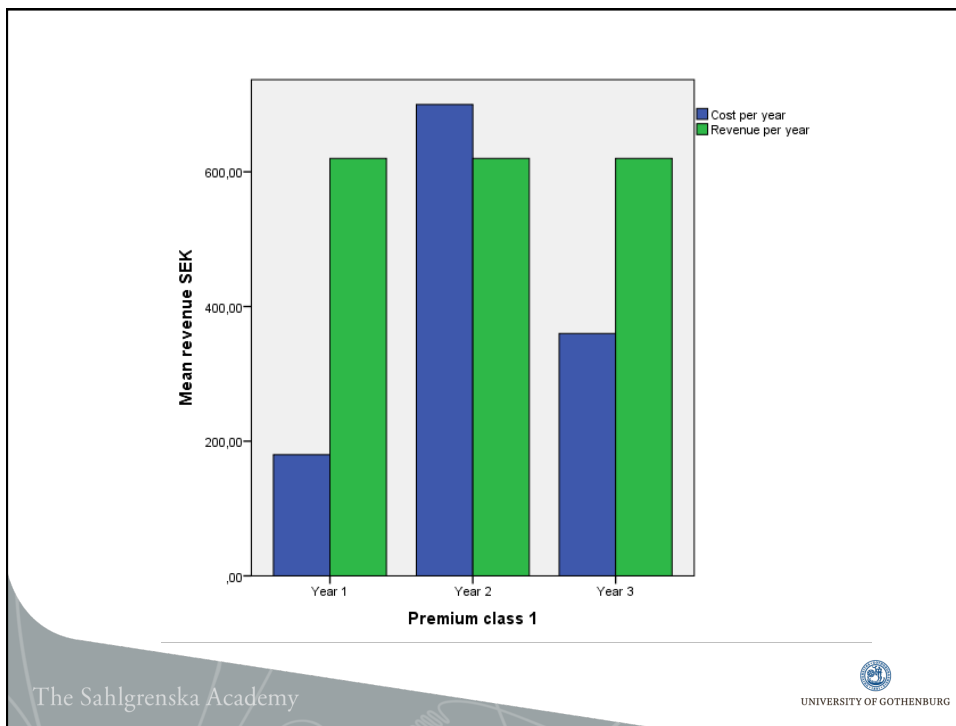
Effects on the treatment provided and costs over 3 years

Case CP n=1650

Control FFS n=5043

Treatment types over time





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National survey - patients' views

n=3427 participants, mean age 53 yrs

Interview per telephone

PDS: FFS n=1277, CP n=314

Private: n=1836

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National survey - patients' views

Reason for choice of CP

-Safety 46.4%

-Planning household economy 22.4%

-Less cost 20.9%

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National survey - patients' views

Advantages of CP

-The contract	80.3%
-Monthly payment	79.8%
-Guaranteed care	99.0%
-Satisfaction with the CP-model	91.3% (78% for FFS)

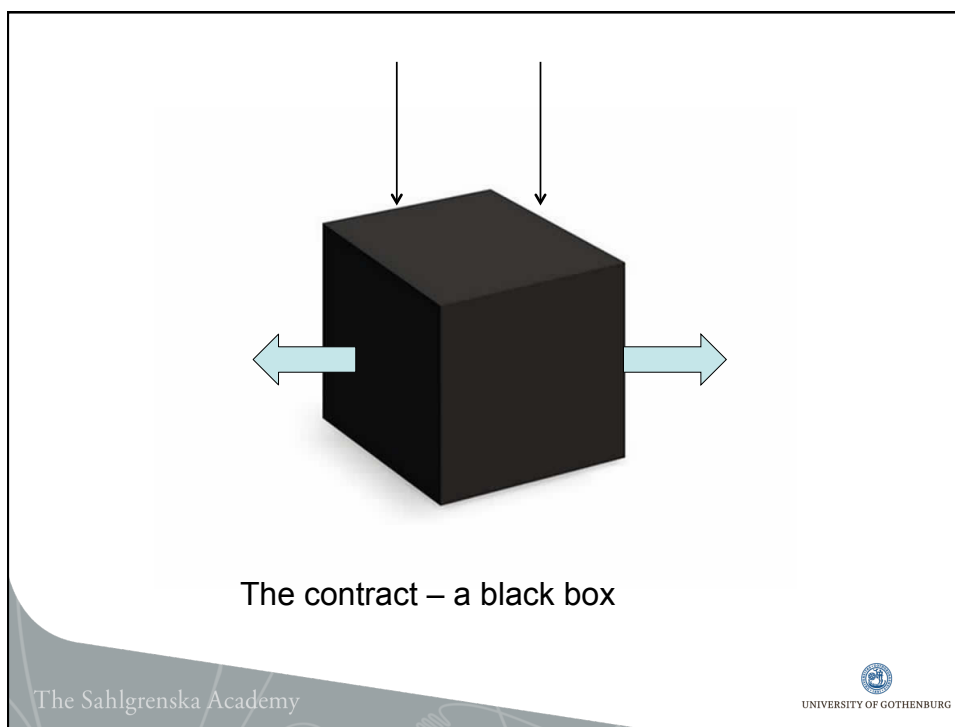
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Preliminary analysis

Qualitative study using thematic analysis:
Change of behavior e.g toothbrushing

The contract e.g a mutual agreement

Quantitative study analyzing 3-yr caries data:
Significant decrease of caries prevalence for CP



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Frisktandvård – Oral HealthCare

Conclusions

- Patients satisfied with the model
- Treatment shift
- Positive change of oral health behaviors and oral health
- What to include in the contract?

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