

# A New Payment Model in Swedish Dental Care

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Avhandlingen baseras på följande delarbeten:

- I **Andrén Andås C**, Hakeberg M. *Who chooses prepaid dental care? - A baseline report of a prospective observational study.* BMC Oral Health 2014; 14:146. PMID: 25472465
- II Strand J, **Andrén Andås C**, Wide Boman U, Hakeberg M, Tidefors U. *A new capitation payment system in dentistry: the patients' perspective.* Community Dental Health 2015; 32:83-88. PMID: 26263600
- III **Andrén Andås C**, Östberg A-L, Berggren P, Hakeberg M. *A new dental insurance scheme – effects on the treatment provided and costs.* Swedish Dental Journal 2014; 38: 57-66. PMID: 25102716
- IV **Andrén Andås C**, Hakeberg M. *Payment systems and oral health in Swedish dental care: observations over six years.* Submitted for publication, Community Dental Health

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# A New Payment Model in Swedish Dental Care

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## Abstract

The Public Dental Service introduced a new way of paying for dental care in 2007 in Region Västra Götaland, and in 2009 in all of Sweden. The new system, 'Dental Care for Health' (DCH), was based on capitation rather than the traditional fee-for-service (FFS) system. **The overarching aim** of this thesis was to conduct an evaluation of this new payment system with regard to patient attitudes, dental care and oral health.

The specific aims of the four included manuscripts were: **(I)** to describe potential differences in views on oral health and oral health behavior between the patients who chose the respective schemes; **(II)** to map the experiences and attitudes among the prepayment scheme patients with regard to the agreement, the dental care received, and the financial arrangements; **(III)** to compare the amount and type of dental care received by patients in the two payment schemes, respectively, and to conclude about the financial net of the prepayment scheme; and **(IV)** to measure over six years the development of oral health in terms of manifest caries incidence, in the two payment schemes.

**Study I** showed that patients who chose DCH reported themselves as being healthier and more engaged in health-promoting behaviors than patients in FFS. According to the qualitative analysis of interviews from **study II**, the DCH patients were satisfied with their choice and appreciated feeling secure when having an agreement with the PDS.

**Study III** reported that DCH patients had more preventive treatment and less restorative treatment than FFS patients. The outcome for oral health, as described by the incidence of manifest caries from six years adherence to either of the payment schemes, showed, in **study IV**, a 50% increase in the risk for caries in FFS compared with DCH, when important background factors were controlled for.

**Key words:** Dental care, Dental insurance, Capitation, Fee-for-service, Oral health, Lifestyle, Qualitative research, Patient preferences, Patient satisfaction, Dental caries.

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