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A new capitation payment system in dentistry: the patients' perspective

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Objective: To investigate patients' experiences of a new payment system for dental care in Sweden. ***Methods:*** Twenty interviews, with 12 women and 8 men, were analysed by thematic content analysis. The interviewees were all regularly attending patients, strategically selected from five general Public Dental Service clinics in urban Gothenburg, Sweden, who had chosen a new payment system based on capitation rather than the traditional fee-for-service system. Conducted by two clinical psychologists/researchers independent of dental profession, the interviews were guided by a semi-structured schedule, which included questions about the new payment system and about dental care and oral health. All interviews were audio-recorded and transcribed verbatim. ***Results:*** Two themes emerged from the analysis: "Choice" and "Commitment". The sub-themes defined patients as having chosen the new capitation scheme on their own initiative or after being influenced by relatives or by their dentist, and that the change of payment system was occasioned by previous bad (dental) experiences or in the hope of future (dental health) gain. The commitment was perceived as affording economic security and, through the contractual relationship with the provider, regular calls to attend the clinic. ***Conclusions:*** Patients were generally in favour of the new payment system for dentistry in Sweden; however, important arguments were raised to improve the system, such as better communication concerning the contract and risk assessment.

Key words: *qualitative research, dental insurance, patient preferences, patient satisfaction, Sweden*

Introduction

Since the introduction of the Swedish Dental Insurance scheme for all citizens in 1974, dental care for adults has been paid for according to a fee-for-service system. From July 1st, 2009, the option to choose a capitation payment system, similar to a voluntary insurance, instead of the traditional fee-for-service payment system, has been available for adult patients in all 21 County Councils/Public Dental Service (PDS) organisations in Sweden. Today, a substantial proportion (about 20%) of all Swedish adults using the PDS have chosen this new payment system (Andås and Hakeberg, 2014).

In the capitation payment scheme ("Dental Care for Health"), the patient is offered a premium category with a fixed price, based on a risk classification made at each clinic. If the patient agrees to the payment scheme, he/she will receive all basic dental treatment needed, without any additional costs according to a specified contract. The contract also includes an individually designed self-care protocol that the patient agrees to follow (Johansson *et al*., 2007; Zickert *et al*., 2000).

Changes to health care systems, such as a new payment scheme for dentistry, may have consequences on various levels: for patients, health care personnel and for society. The potential impact may concern different areas, such as the economy, care content and further health care development. It is of general interest to evaluate such changes to health care systems from different perspectives, including those of the patients. Effects on health and health-related behaviour are important outcomes to investigate, as an underlying aim of health care is to prevent disease and promote health.

Many studies of dental care report that patients are, in general, satisfied (Newsome and Wright, 1999). The cost of treatment may be a major reason for not being satisfied with dental care, as shown in a study on patient satisfaction with endodontic treatment (Hamedy *et al*., 2013). Patient satisfaction has also been shown to be related to improved outcome of care, and higher oral health-related quality of life has been shown in patients who were satisfied with their visits to the dental service (Ayala-Luis *et al*., 2014).

Regarding the new capitation payment scheme in Sweden, it could be argued that the mere addition of an extra payment option through the new capitation scheme may, in itself, be seen as a welfare gain for patients. The special features of the new payment scheme may increase patient participation and contribute to more preventive care instead of restorative care (Johansson *et al*., 2007; Zickert *et al*., 2000), due to changed incentives for patients and for caregivers. It is vital to assess properly how patients perceive their dental care in relation to any relevant benefits or disadvantages from the introduction of an alternative payment system.

An interview study on the expectations of dental personnel conducted at the time when this capitation payment scheme was introduced revealed concerns about possible advantages for patients, increased workload and a potential dilemma when assigning patients to premium classes according to the risk classification (Hallberg *et al*., 2011).

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Less is known about the patients' perspective on the new payment system, regarding their experience of and attitudes to the payment system. Do patients report advantages and disadvantages of the system? Do they report changes in behaviour? An interview study was conducted to explore these questions. Qualitative research methods are increasingly recognised as providing a deeper understanding of beliefs and attitudes than, for instance, the insight obtained through questionnaires (Stewart *et al*., 2008). Thus, the aim of this interview study was to explore patients' experiences and attitudes to a new dental payment system with regard to the contract, risk assessment, dental care content and economy, as well as the advantages and disadvantages of the payment system.

Method

Respondents were recruited from five general dental clinics (Public Dental Service) in one of the larger cities in the south of Sweden. The respondents were strategically selected, with regard to age and gender, from among the patients who had chosen the new capitation payment system. The 26 respondents who agreed to participate were contacted by telephone by two of the authors (JS, IT) but six were lost to the study: two did not show up for their appointments; one changed her mind after receiving further information and the remaining three could not be contacted and did not respond to two requests to return phone calls. The remaining 20 individuals were considered a sufficient sample, since their background characteristics covered a sufficient range with respect to age, gender and dental clinics attended. Ten interviews were conducted by each of the two authors (JS, IT) at the Department of Psychology, University of Gothenburg, during the spring of 2013. The interviews were audio recorded and transcribed verbatim by a research assistant.

A semi-structured interview schedule was developed and the interview questions were formulated with the intention to gain an understanding of the new capitation payment system. The topics included were:

- the procedure when the interviewee became a patient in the new payment system;
- experience of dental care, from childhood and onward;
- attitudes towards teeth and dental care in the original family;
- the experience today of being a patient in the new system;
- knowledge about the contents of the scheme, and thoughts about the scheme in the future.
- The interviewees were also asked about thoughts and feelings that may arise when they meet someone who has visibly bad teeth and how they would feel themselves if they, for some reason, had visibly bad teeth. The same main topics were explored in each interview.
- Since little is known about the patients' perspective on the new capitation payment system, we found inductive thematic analysis a useful method due to its ability to identify explicit themes and its low level of interpretation required in analysis. The procedures suggested by Braun and Clarke (2006) were followed.

Two interviewers read and reread all interview transcripts to obtain a sense of the whole and to become familiar with the data. After the initial reading, they separately reread the data and took descriptive notes of the parts related to the aim of the study. Subsequently, all data extracts concerning the respondents' experiences of the payment scheme were coded with the intention to find the most suitable code for each extract. This process was inductive in the sense that the transcripts were coded without the aim to fit codes into a specific framework. Five transcripts were coded at a time and compared and discussed until consensus was reached. This process was performed during the coding of all twenty transcripts. The codes agreed upon were then listed, ideas were discussed, and the codes were structured and restructured to identify the narratives' main themes. To satisfy Elliot and colleagues' (1999) credibility checking criterion, the analysis was corroborated with the second author who is a dentist/researcher. When differences arose, these were discussed, and agreement was reached regarding the most suitable interpretation. Two main themes emerged in the narratives: choice and commitment. Sub-themes were created to give structure to the main-themes. Finally, the coded data extracts were reread by three authors (JS, CAA, IT) to ensure that the themes and sub-themes covered the research question. The data extracts were reviewed to find the examples that best epitomised the participants' experiences.

Results

The respondents were twelve women and eight men with ages ranging 24 to 60 years. Sixteen were employed, three were studying and one was unemployed. All but one were born in Sweden.

The themes are presented with explanations, summaries and quotes that demonstrate the relationship between the data and the themes. An overview of the themes and sub-themes is presented in Table 1. The quotes were translated into English, edited and abbreviated to make them easier to read. To give some context, the gender and ages of the participants are stated after each quote.

Table 1. Themes and sub-themes

1. Choice	1.1 Avoiding embarrassment
	1.2 No more mistakes
	1.3 An (un)informed choice
	1.4 An influenced choice
2. Commitment	2.1 Economic security
	2.2 A safe habit
	2.3 Known and unknown rules

1. Choice

The motive described for becoming an insurance patient could also be viewed as the same motive as taking care of one's teeth, which, in turn, resulted in the decision to choose the new capitation payment system instead of the fee-for-service system. In most cases, the participants described this as being an easy decision to make. Some of them reported that they had signed the agreement after receiving information from the Public Dental Service, others that they had requested the change of payment system after being told about it by a relative or acquaintance.

1.1 Avoiding embarrassment.

A recurring theme was the embarrassment linked to having bad teeth and this was an important reason for developing good oral hygiene. A few participants described feelings of shame based on personal experience, whereas others discussed this aspect from a more hypothetical point of view.

> *I don't think I would have let it go that far. I would probably have tried to fix a new tooth as soon as possible, if I had lost one, and pay for it, no matter what the price was. I would probably have been quite embarrassed and would not have wanted to show it, but speak without opening my mouth too much, I think. (male, 40 yrs)*

1.2 No more mistakes.

For some of the participants, the decision to join the insurance scheme appeared to be based on a desire not to repeat previous mistakes. They reported that the decision was arrived at after a period of neglected oral care. To them, the choice of opting for a dental insurance scheme represented a strategy aimed at ensuring good, future oral health.

> *I didn't see a dentist for four years or so, because I just didn't get around to it. And then I got problems and went to the dentist and had fillings and then I made up my mind. Since then, it's just been beneficial to have the insurance. (male, 36 yrs)*

The way of relating to one's teeth was sometimes described as being based on the person's relationship to other people. Stories about couples or families with a shared attitude to their oral health were common. Some of the participants stated that the decision to choose a dental insurance scheme was made jointly together with a partner.

> *But the last time I was there, I felt—and I don't know why—that now I have to get my act together. I think I get sloppy together with my partner and that influences me a lot; if one is sloppy then the other gets sloppy too. Then it's not just me. But then we decided, both of us, to make sure that we clean our teeth every morning and night and use dental floss and fluoride. (female, 28 yrs)*

1.3 An (un)informed choice.

Some of the participants had been told about the insurance scheme by a relative or a friend, whereas others had received the information from their dentist. Only a few reported that they had seen the scheme advertised in other contexts than when visiting the Public Dental Service. Some participants reported that they lacked clear information about the scheme and its benefits and disadvantages, whereas others said that they were satisfied with the information they had received.

> *I believe it was good information, because when you take out other insurances, perhaps you do it without thinking so much about it. You read through the agreement and you're none the wiser. With this one, it was as if they presented a scheme that was better for me than for those financing it. It was very good; they sold the scheme in a really good way. No one would say no to that insurance, there is no reason not to have it. (male, 24 yrs)*

The fact that the information and the insurance scheme were linked to the Public Dental Service was described as a positive aspect, as the Public Dental Service was associated with reliability.

> *When you use the Public Dental Service, you feel that it is at least relatively reliable. It's not as if someone phones you up to sell you cheap socks or something. It seemed trustworthy. (female, 28 yrs)*

On the other hand, in some cases, the participants stated that they had signed up for the scheme without having been given any information. Some participants stated that they had not received enough information, either at the time of signing, or afterwards. Other participants lacked a dialogue about the scheme and its potential benefits and disadvantages.

> *I think the dentists apply a sort of top-to-bottom perspective when you sign up for the scheme. You have no say at all. They offer you the scheme and you can only say yes or no. There's no discussion. (female, 60 yrs)*

Several participants underlined that they would have liked the Public Dental Service to take more responsibility for ensuring that the patients had read the agreement. Some participants also expressed a need for more explicit information about how to use the scheme.

> *I think that they should underline more strongly that you have to read the agreement so you really know what's in it. They should be a bit clearer on the patient's own responsibility and how you can benefit from the scheme when you need it. (male, 24 yrs)*

Others described the information as superficial and insufficient.

> *The information was very superficial. You were given a piece of paper to read through, a bit like when you surf the web and accept the conditions. A bit like that. (female, 36 yrs)*

1.4 An influenced choice.

Several participants, who had not received information about the dental insurance scheme via the Public Dental Service, reported being informed by a relative or friend. In general, the information had been positive, and had influenced the participants to contact the Public Dental Service themselves. Some participants stated that they had received the information from a friend, colleague or partner; however, the most common source of information was the patient's mother.

> *I got the information from my mother because she works in the dental service. She just said that it was a good thing and she gave me a brochure to read and then decide for myself. (female, 36 yrs)*

Several participants reported that others had pointed to the economic benefits of the scheme and that this aspect was of particular interest to them.

I think most people I know have got the insurance. Yes, because we have talked about how low the premium is, or how much you pay every month. Some people I know pay next to nothing. But that's what we have talked about the most, how little you pay every month. And then we decided together. (female, 25 yrs)

2. Commitment

Most participants expressed satisfaction with the scheme and many of them emphasised the economic benefit. Others stressed the regularity aspect and how the feeling of being able to avoid unforeseen expenses gave them a sense of control. The participants' experience of the conditions in the agreement varied; some of them were aware of the terms and conditions, whereas others were unsure about their own obligations.

2.1 Economic security.

The economic security aspect of the dental payment scheme was stressed, especially the importance of foreseeable costs or the advantage of paying either small sums every month or once annually.

I think it's practical. You pay in small instalments and then you don't have to fork out massively if you get a problem with a wisdom tooth or something, because you have already paid a fixed amount. (female, 51 yrs)

Some participants also described the scheme as making life simpler.

Another advantage is that I pay one bill every year, so when I go for a check-up I don't have to think about the money, I just go there. (male, 40 yrs)

Some participants toyed with the idea of saving the corresponding monthly amount in a bank account, instead of having the insurance. However, most of them concluded that this was not a viable option, as there would be a risk of the money being used for other unforeseen expenses instead.

It's also better than saving, because if you keep the money in an account it's easy to use it if something else happens or if the kids need something. (female, 36 yrs)

The economic security aspect of the insurance also applied to the future, and a majority of the participants stated that they would probably remain in the scheme; however, they underlined the importance of a fixed monthly fee that would not "take off" uncontrollably.

I think I will have the insurance for the rest of my life, if it continues like this and there are no massive increases. Yes, absolutely. (male, 32 yrs)

Despite the economic security aspect of the scheme being emphasised by most of the participants, some of them expressed a degree of uncertainty, for example, that dentists would not fill a tooth because the patient would then get too "expensive".

I feel sometimes that something is on its way, but they may not want to make a filling… It doesn't necessarily have to be like that, but you never know. They may not do something because they know they get the money and then they don't want to do the filling. I can see in the picture that there isn't anything, but sometimes it feels as if you're being tricked, but you never know. (female, 32 yrs)

2.2 A safe habit.

The emotional security and the advantage of always seeing the same dentist or dental hygienist were emphasised at least as often as the economic security aspect.

I'm very satisfied with the people there, the dentist and the dental hygienist. I'm getting a new one now, but I'm very pleased with them. And I feel comfortable with seeing the same dentist. (female, 40 yrs)

A prominent pattern was the emphasis on the advantage of being called for an examination, and the participants stated that this routine could compensate for their own problems with remembering when they last had their teeth examined.

I think it's easier because it gets done. That was almost the most important advantage—not primarily the money—but that they call you; that it's a system that guarantees regular dental care. That's good service in my book. (male, 36 yrs)

Some participants also mentioned that the insurance had resulted in changed habits and most of them emphasised regularity as an important factor for maintaining good dental health.

I have probably pulled myself together since last time, because then it had been pretty bad for a long time. And then I felt that, no more, so now I have stopped drinking so many fizzy drinks and things like that. They asked about my habits and so on. So now I have changed them a bit, as a matter of habit, so I don't abuse them. (female, 24 yrs)

Almost all the participants described how they had convinced others to sign up for the scheme. In those discussions, they had underlined the simplicity and the regularity of the scheme as the most positive aspects. The participants almost took on the role of live advertising pillars for the insurance scheme.

When I signed up for the scheme, I said: "Guess, what I have done?" And that it was a good scheme. "Perfect, you don't have to think about it." So, yes, I think, I've been going on at people so they have signed up too. (female, 35 yrs)

2.3 Known and unknown rules.

The participants' attitude to the rules of the contract in the scheme varied. Some of them had a good understanding of the rules and said that they were easy to follow.

The rules are easy because there aren't all that many of them. You have to use dental floss and brush your teeth twice a day. (female, 40 yrs)

Some of the participants stated that the rules did not affect their routines to any greater extent, as they had always looked after their teeth.

I did all this already before, so it wasn't too difficult for me. So, no problems. (female, 24 yrs)

Others stated that the risk of being placed in a group with a higher monthly premium motivated them to following the rules of the contract.

I suppose they'll notice if you don't follow the rules and then they just stick you in a more expensive group. (female, 60 yrs)

Nevertheless, most of the participants were uncertain about their rules in the scheme. Some did not know that there were any rules at all, whereas others said that they were aware of rules but uncertain about what they involved.

You should brush thoroughly. And use fluoride, I remember that. I can't remember if there was anything else. But that was it, anyway, to be careful with sweets and sugar and that sort of stuff. I seem to remember that's what it was, but I'm not sure. (male, 32 yrs)

Others said that they hadn't read through the agreement they had signed and that they therefore lacked knowledge about the rules they had committed to comply to.

I don't know if the agreement says exactly, "If you do this, the agreement is invalidated." But I haven't followed, I mean I haven't even read it, but it's sort of like that when you buy… (male, 24 yrs)

This lack of knowledge could be due to the dentists having failed to point out that the scheme also involved obligations on the part of the patient.

I've never really thought about it, I don't think they described it like that either. Maybe they did, but it doesn't ring a bell. (female, 35 yrs)

Some of the participants speculated as to the contract in the scheme and seemed to reflect for the first time about the agreement also involving personal commitments.

I really don't know. You have to pay if you don't turn up. They give you an appointment and if you don't turn up you have to pay anyway. And I think you have to pay a penalty charge. But I don't know how that would influence the scheme. Or if you just call them and cancel. It seems almost hard to believe that it would. If you don't show up for years, it could probably have an impact, I suppose. These are just speculations, I'm trying to draw conclusions. (female, 51 yrs)

Discussion

The results from this interview study on patients' view on a new capitation payment system in the Swedish PDS describes two main themes; aspects concerning "choice" and attitudes related to "commitment."

The results indicate that patients choose to enter the capitation payment agreement on their own initiative or after being influenced by a next-of-kin or by their dentist. They seem to make the decision on the basis of earlier (bad dental care) experience, or for future gain. They enter the agreement more or less well informed.

Commitment to the payment contract seems to entail economic security: no unforeseen expenses, but also one large payment broken down into several manageable ones. The commitment is further perceived as providing simplicity surrounding the dental visit, and the dental cost. In addition, the commitment is considered to be an arrangement that provides safety also in areas other than the patient's economy, for instance by reducing the risk of forgetting to schedule the yearly appointment – and thereby jeopardising the patient's dental health – and by making it possible to see the same dentist. An additional advantage is that the commitment is based on a contract that both parties must comply with. Some of the respondents state that the terms of the agreement are well known and easy to comply with, whereas others state that they have next to no knowledge of the terms.

The findings reported above clearly relate to the aims of the present study, that is, to explore patients' experiences of and attitudes to the new dental payment system, considering a broad range of aspects.

Research on satisfaction with health care is of increasing interest to both decision-makers and care providers (Crow *et al*., 2002). There is evidence indicating that the most important health service factors for patient satisfaction are the patient-practitioner relationship and the provision of information (Kvåle and Bondevik, 2008; Murtomaa and Masalin, 1982; Newsome and Wright, 1999; Sondell *et al*., 2002). Research shows that patients, regardless of age, wish to be more involved in making decisions about their own everyday care (for instance, individually optimised oral health measures) than in decision-making requiring medical expertise (Thompson *et al*., 1993). It has been suggested that patient satisfaction is based on the patient's care expectations in relation to their perception of the service received (Clow *et al*., 1994). This is supported by narratives from this study, where there are frequent and diverging testimonies of the value of and need for information, as well as the valuation of a safe, continuous relationship with the dental personnel.

The choice does not seem to be based primarily on the information given. Instead, the choice was mostly influenced by trust in the Swedish welfare system, in the Public Dental Service, and in what was said by relatives and friends. It is also important to stress that in the Swedish context, having bad teeth is associated with being socially marginalised (Trulsson *et al*., 2002). Most participants in the present study stressed the embarrassment linked to having bad teeth.

The fact that the interviews and the coding were carried out by two authors not working in the dental field

may foremost be considered a strength. It is a methodological strength in the sense that neither the interview nor the coding was influenced by preconceptions of the new capitation payment scheme, since the respondents were interviewed by researchers not representing the system to be evaluated. However, it is also possible that this lack of knowledge limited the opportunity to ask follow-up questions and thus deepen the interview. To account for that possibility, we used a detailed interview protocol. These considerations were made to strengthen the internal validity of the study, considering the phenomenon investigated and the method of interpretation (Malterud, 2001). The heterogeneity of the present study's respondents in respect of age, gender and dental clinics attended may suggest that these findings would be valid across other dental care organisations/clinics.

Patients can serve as a potentially useful resource in acting as advertisements helping to promote the scheme. Furthermore, there appears to be room for improvement with regard to information, not only when it comes to providing information, but also in terms of encouraging patients to embrace the content of the payment scheme and explore the best individual use of the scheme, as described in the contract.

The results may also give rise to a need to explore and interpret expectations and attitudes to the scheme from the opposite side, that is, the dental staff introducing and administering the scheme. The use of a contract or agreement may be further investigated in the described setting. Is it possible to change individuals' health behaviours by a more effectively use of the contract and its content? This may be a challenge to dentistry, in order to improve preventive and promotional measures in clinical practice.

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