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# models of state funded dental remuneration within Europe

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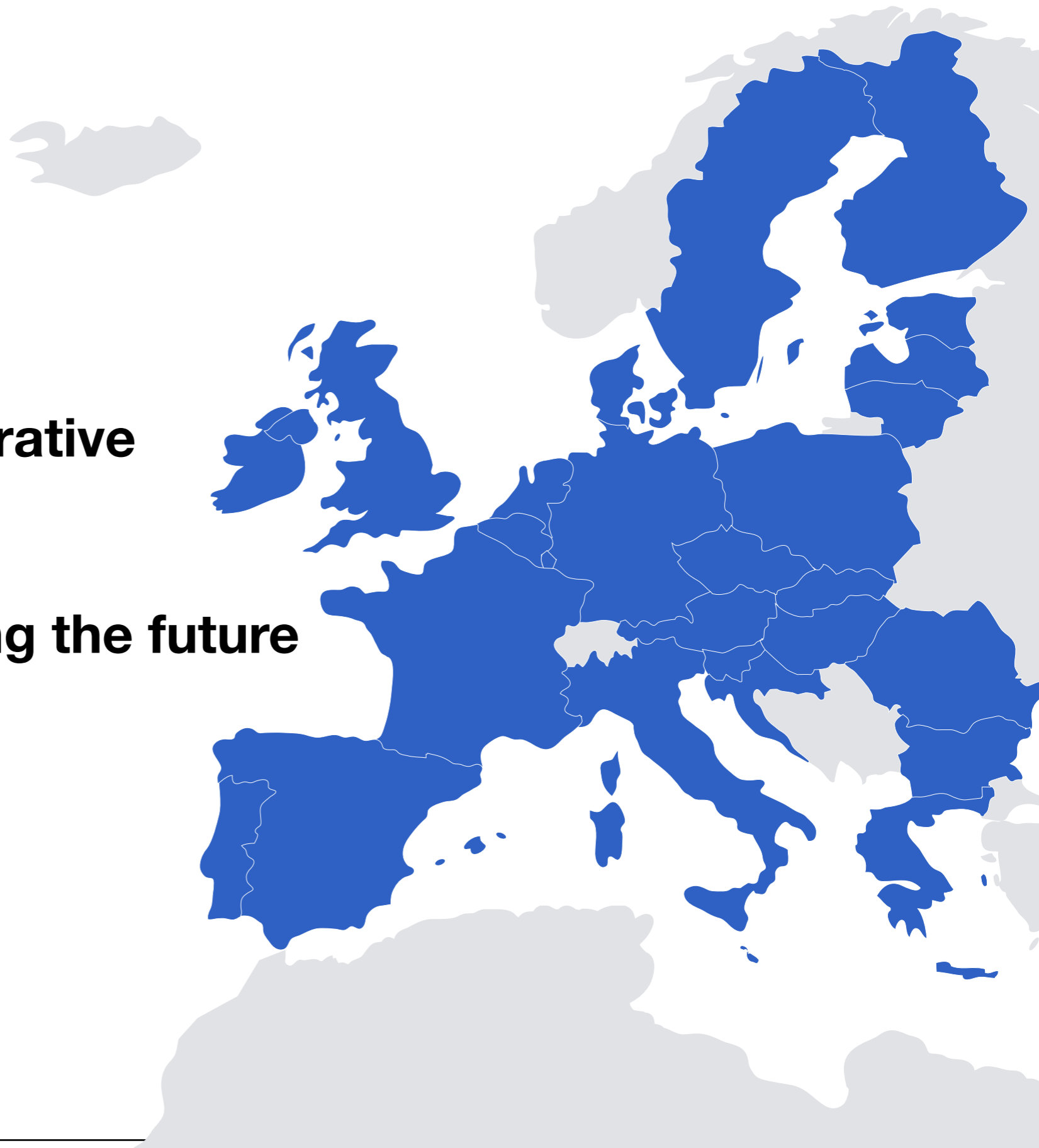
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# OUTLINE

- **some fundamentals**
- **a framework for comparative analyses**
- **issues**
- **some thoughts regarding the future**

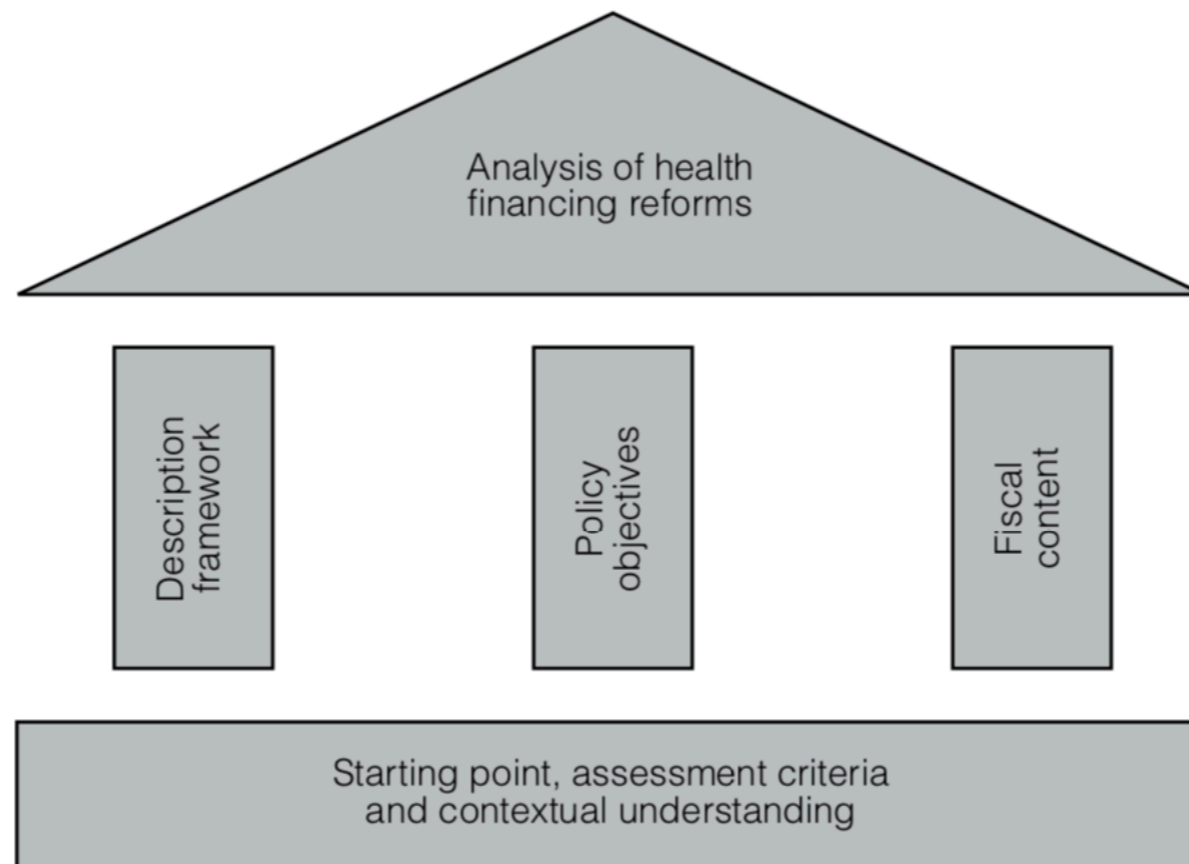


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# fundamentals

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- care arrangements evolve as part of the fabric of a society
  - every care arrangement has three elements:
    - finance
    - delivery
    - governance
  - dental care arrangements differ to those found in medical care
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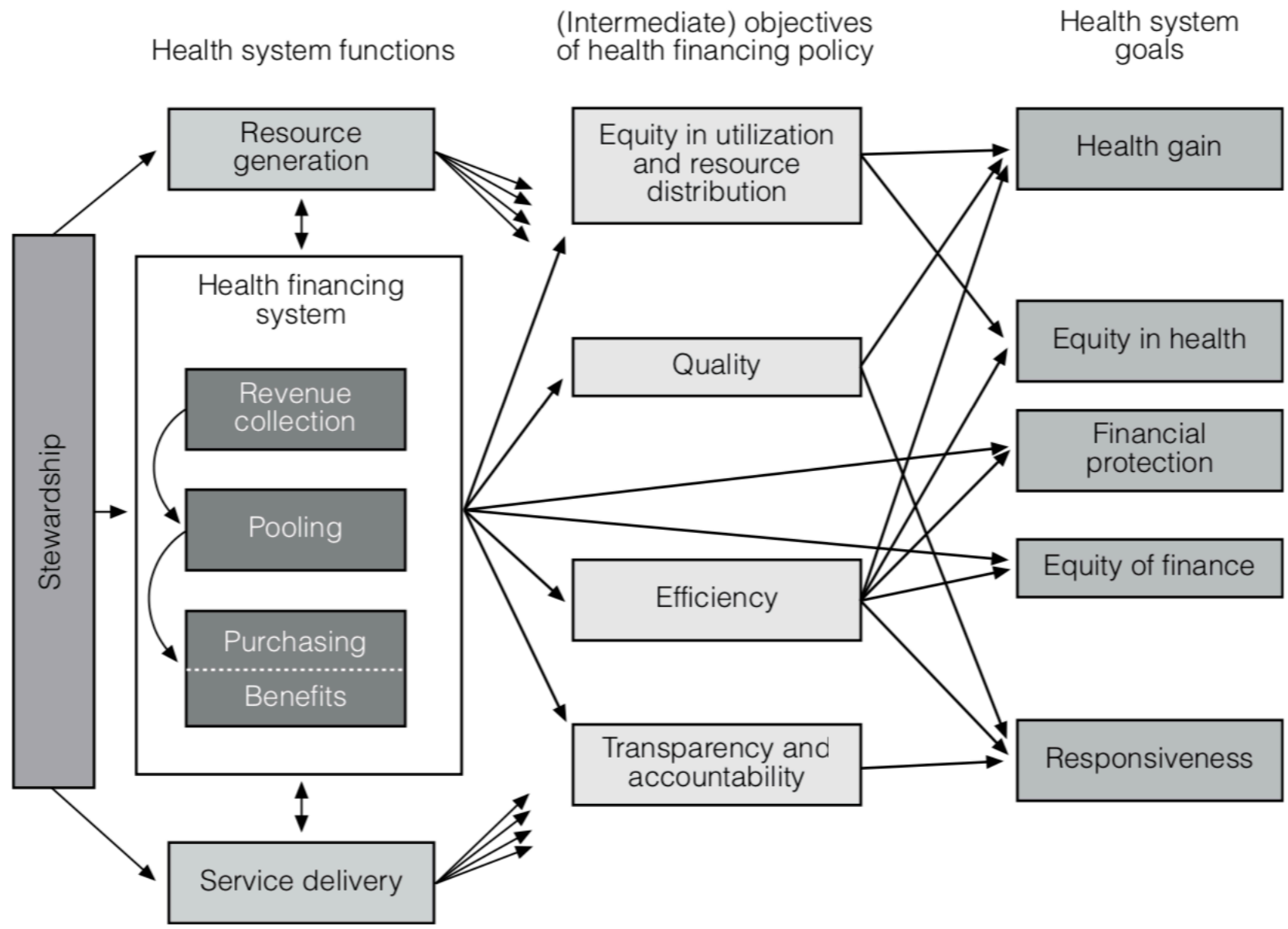
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Kutzin J (2008). *Health financing policy: a guide for decision-makers*.

Health financing policy paper.

Copenhagen, WHO Regional Office for Europe.

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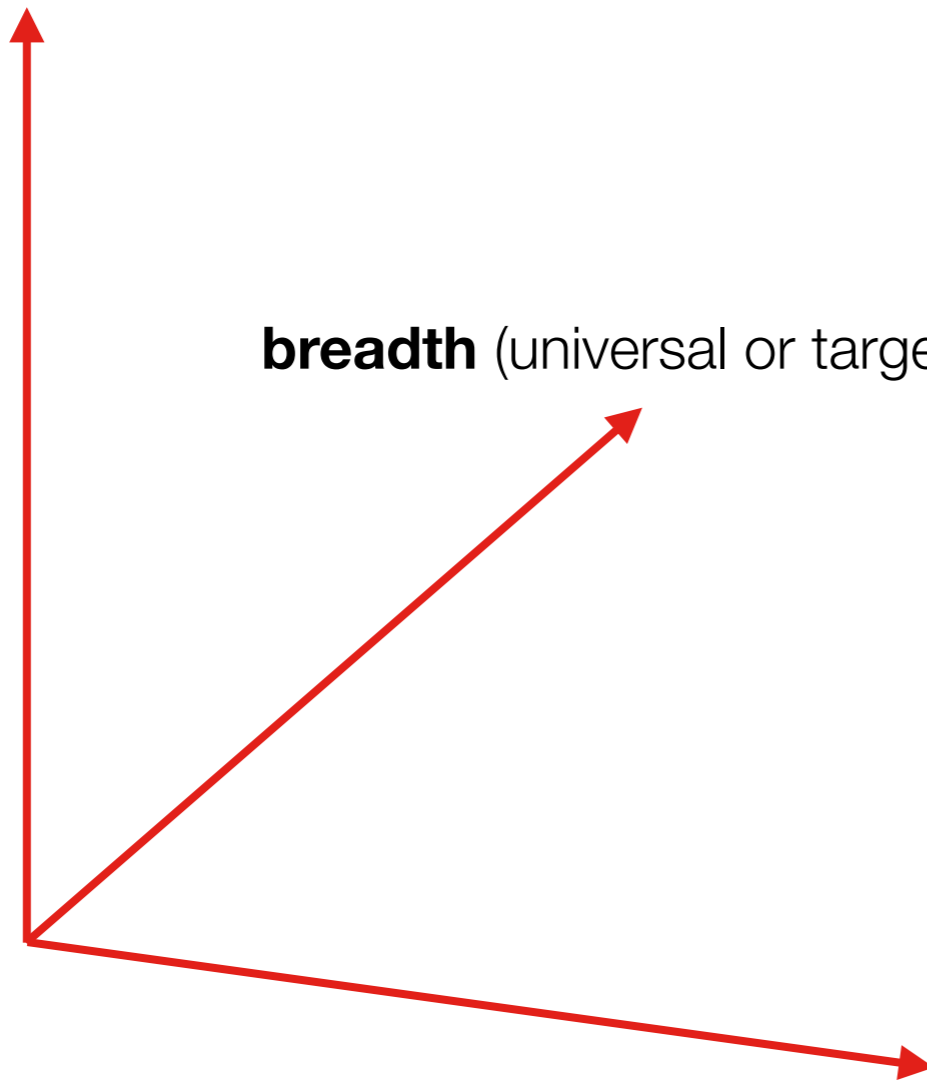
Kutzin J (2008). *Health financing policy: a guide for decision-makers*.

Health financing policy paper.

Copenhagen, WHO Regional Office for Europe.

# a framework for comparative analyses

**scope** (basic to comprehensive)



**breadth** (universal or targeted)

**depth** (shallow or deep)

| domain  | description                 | categories                      |
|---------|-----------------------------|---------------------------------|
| scope   | eligibility                 | all or selected groups          |
| depth   | extent of cost sharing      | none through to full cost       |
| breadth | extent and type of services | exam only through comprehensive |

# depth: time line for co-payments in the UK

| Government | Date         | Routine Treatment  | Crowns/Inlays/Pins | Synthetic | Metal  | Max Charge |
|------------|--------------|--|--------------------|-----------|--------|------------|
| Lab        | May 1951     | -  | -                  | £4.25     | £4.25  | £4         |
| Con        | May 1952     | Full cost up to £1.00  | -                  | £4.25     | £4.25  | £4         |
| Con        | May 1961     | Full cost up to £1.00  | -                  | £5.00     | £5.00  | £5         |
| Lab        | May 1968     | Full cost up to £1.50  | -                  | £5.00     | £5.00  | £5         |
| Lab        | August 1969  | Full cost up to £1.50  | -                  | £6.25     | £6.25  | £6.25      |
| Con        | April 1971   | Half the cost of all treatment                                     |                    |           |        | £10        |
| Lab        | January 1976 | Full cost up to £3.50  | -                  | £12       | £12.00 | £12        |
| Lab        | April 1977   | Full cost up to £5   | £10                | £20       | £30    | £30        |
| Con        | July 1979    | Full cost up to £7   | £12                | £24       | £36    | £36        |
| Con        | April 1980   | Full cost up to £8   | £18                | £30       | £50    | £54        |
| Con        | April 1981   | Full cost up to £9   | £20                | £33       | £58    | £60        |
| Con        | April 1982   | Full cost up to £13  | £24, £48           | £35       | £74    | £90        |
| Con        | April 1983   | Full cost up to £13.50   | £26, £50           | £38       | £80    | £95        |
| Con        | April 1984   | Full cost up to £14.50   | £30, £59           | £44       | £92    | £110       |
| Con        | April 1985   | Full cost up to £17 and 40% of excess                              | £33, £63           | £47       | £98    | £115       |
| Con        | April 1988   | 75% of the costs of treatment                                      |                    | £59       | £142   | £150       |
| Con        | January 1989 | 75% of costs including charge for dental examination               |                    |           |        |            |
| Con        | April 1989   | All chargeable treatment and appliances charged at 75% of the cost |                    |           |        | £150       |

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# issues

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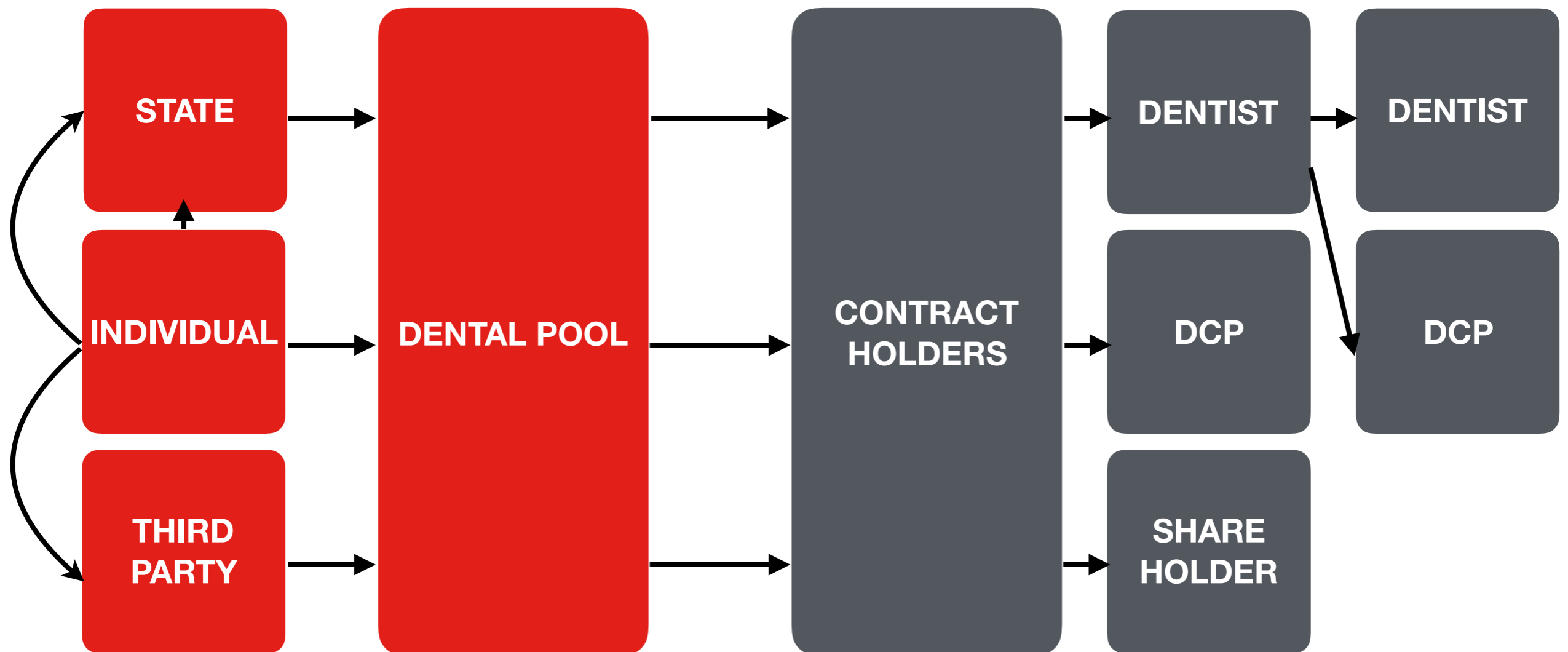
- funding
  - some examples
  - conclusions
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# funding

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# expenditure

(per capita US\$ purchasing power parity, 2006)

Source: OECD Health Data, 2008

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| Country | Total | Public | Private | % public |
|---------|-------|--------|---------|----------|
| Finland | 138   | 64     | 74      | 46.4     |
| France  | 157   | 58     | 99      | 37.0     |
| Germany | 254   | 152    | 102     | 59.9     |
| Spain   | 121   | 2      | 119     | 1.5      |
| Sweden  | 239   | 88     | 151     | 36.8     |

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# funding sources

| Country        | population coverage                | scope for adults       | scope for children   | user charges  |
|----------------|------------------------------------|------------------------|--|---|
| <b>Finland</b> | universal                          | all except prosthetics | free up to 18 years  | determined locally within limits set by the Government; patients contribute 20% |
| <b>France</b>  | universal (under shi)              | comprehensive          | regular check-ups and treatment except dentures and orthodontics | shi: 70%, patients: 30%   |
| <b>Germany</b> | entitlement (under shi)            | comprehensive          | free up to 18 including oath                                     | variable: 50% crowns, bridges etc. reimbursement providing criteria met         |
| <b>Spain</b>   | universal (acute)<br>some targeted | acute/emergency        | free 7-15yrs   | public dental services no charge  |
| <b>Sweden</b>  | universal                          | comprehensive          | free up to 20 yrs  | scaled costs (50% if between 3000 and 15000 SEK within 12 months)               |

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# some examples: older adult population

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## France

Breadth: universal

Depth: shallow

Scope: comprehensive +  
dentures

Mechanism: FFS

## Italy

Breadth: universal

Depth: shallow

Scope: comprehensive +  
dentures

Mechanism: FFS

## Germany

Breadth: universal

Depth: deep

Scope: comprehensive +  
major

Mechanism: FFS

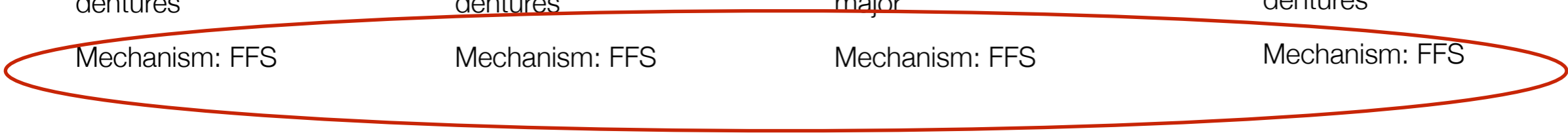
## Sweden

Breadth: universal

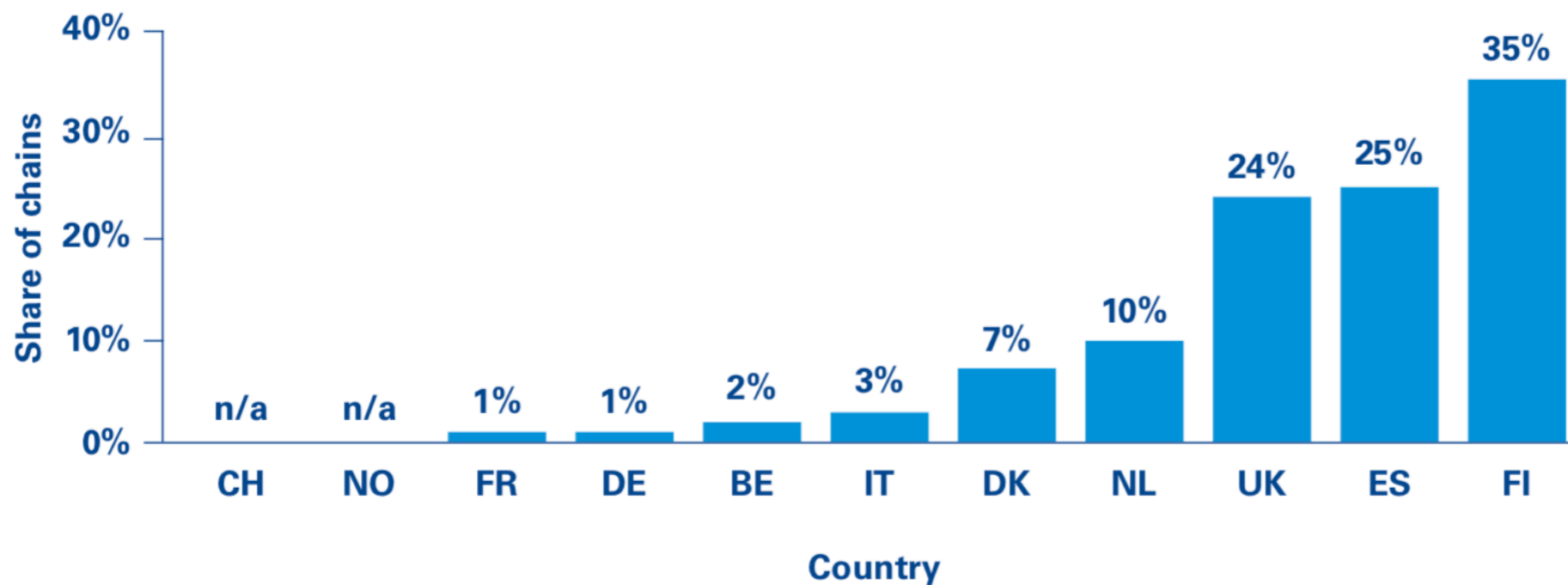
Depth: shallow

Scope: comprehensive +  
dentures

Mechanism: FFS







# corporate sector size of dental market

Source: KPMG analysis and market interviews (2016).

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# some thoughts regarding the future

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- all countries have moved away from universal, comprehensive and deep systems.
  - targeted groups but are country specific
  - children are 'managed' differently to adults
  - funding will vary and is dependent upon the economy
  - employment arrangements are changing
  - FFS the most common
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# summary

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- overall 'direct' state funding has reduced over the last 50 years
  - 'controlled' reduction through one of three routes:
    - co-payments
    - priority groups
    - types of interventions
  - rise in corporate sector
  - fee-for-item remains the most common reimbursement arrangement
  - recent rise in salaried arrangements
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**thank you for your  
attention**

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