Pay for Performance: Will Dentistry Follow?

This paper sets out to explore the potential usage of the payment of care providers to influence quality, in particular whether one form of financial incentive structure, namely payment-for-performance, could be used in dentistry. The authors conclude that payment-for-performance may be eventually used but, for a number of reasons including the existing remuneration arrangements and the lack of evidence-based performance measures in part as a result of a lack of evidence-based guidelines, any proposals should adopted with caution.

While the content of the paper is highly relevant and deals with an important subject, at present the paper cannot in my opinion be recommended for publication for a number of reasons.

The overall structure of the paper needs considerable modifications. The authors are dealing with a number of topics, namely quality, structure of the care delivery system and incentive issues (although those covered in the present paper are largely financial). The overall theme that the paper is attempting to suggest is that, as performance is difficult to define, not least as the evidence base underpinning dentistry is limited, that the usage of ‘pay-for-performance’ arrangements should be adopted with caution. While I would accept the overall premise made in the paper, it currently does little to add to the existing debate. The issues have been simplified.

First, one of the main problems of making comparisons across countries is the ability to transfer what are very contextualised policy decisions to another setting. The comparisons that the authors make are in the main from only two countries. However, the starting point for both systems is very different: the United Kingdom has a nationalised system based on universal coverage; the United States a privatised system in which access is a major problem and in addition at considerably greater costs than the UK. This makes the setting very different as the political impetus for change comes from a different base. The problems of the delivery system in the United States are also wider than rising costs and variable quality; they include access and payment for prescription drugs.

The second issue also centres on the transferability, namely that of measures of the qualities of care in medicine and dentistry. While I would totally support the authors comments on how the use of targets influences the manner in which
providers respond (the reference used in the paper currently is limited and I have identified 3 which I would recommend), it is only part of the story. The question that arises is why were the targets set? I would argue that all care systems use financial incentives to steer performance. The authors highlight the limitations of the use of structural or process measures (although these in themselves may improve certain of the qualities of health care) but fail to suggest outcome measures that might be used in any detail. It is this issue that the paper needs to expand. What are the outcomes that should be used to help define the qualities of dental care? How might the incentive arrangements help these to be achieved?

Third, while there are a considerable number of references used, many are dated and limited in their analyses given the topic. I would wish to see fewer and more pertinent references used. This could be achieved through the restructuring of the paper into three sections: namely remuneration options, issues surrounding the definition of the qualities of health care and the differences between general and dental health care.

In summary, I cannot at present recommend the paper for publication. It requires a rethink on the key elements that it is trying to convey. One of these is the need to make comparisons to alternative delivery systems; I think this detracts from the main message and as highlighted above, care systems are highly contextualised. A paper that addresses the key principles of remuneration, its links to the qualities of health care and a comparison of dentistry with general care limited to the United States would be my suggested starting point.

References.


Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests