Author’s response to reviews

Title: Willingness and ability to pay for unexpected dental expenses by Finnish adults

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Answers and clarifications to referee II. 29 March 2012

Title: Willingness and ability to pay for unexpected dental expenses by Finnish adults

Version: 1 Date: 15 February 2012

Reviewer: Dorthe Holst

Reviewer’s report:

The introduction is broad and lengthy and does not lead to the specific aims of testing WTP and ATP. The financing of Finish dental care has improved recently. There is little obvious reason therefore to explore WTP and ATP and less so in urban areas. The level of reported use of dental services is high in the study areas. The demand has increased after the improved reimbursement arrangements.

The paradox is not a paradox. When people retain more of their natural teeth a higher level of restoration is a step towards improved oral health.

We would like to thank the referee for carefully reading our paper. The authors’ experience has shown that because a Public Dental Service is a relatively unusual oral health care provision model, it is necessary to explain the scene briefly. We have taken out a sentence here and there to make the paper shorter. Also the word “paradoxically” has been taken out. And naturally, we disagree as regards the study being unnecessary.

The response level is low, unfortunately. The robustness of the relationships were not examined.
The initial response rate was not too bad for a questionnaire study these days. But, of course, questions about WTP or ATP are somewhat specific and all respondents did not answer them, which we agree is unfortunate. From the robustness perspective, over- or under-representation of certain groups was not observed from the data.

However, computing detailed robustness and representativeness numbers would have required data that did not exist. Thus reasoning would rather have been based on guesses or second hand information, of questionable reliability. We have added two sentences about this in the revised version of the article.

It is surprising that a high percentage of the respondents stated that they were in need of dental care even though 90% had visited the dentist within the last two years. What does that indicate about the statement "I need dental care"?

The authors do not feel this is so surprising. When an adult visits a dentist, most often something to do is found – in Finland, this might often be re-restorations of old composite fillings or removal of calculus or at least a fluoride treatment. This makes the patient think he or she is in need of treatment. We kept the question in Table 1 although it is not of top importance.

Table 2
In this table the referee thinks that the direction of the calculation is wrong. WTP and ATP are the dependent variables. Income is the independent and the percentages should be calculated with the categories of the independent as a basis. Try again.

The order of the percentage calculations was not originally based on whether the variable was independent or dependent but rather on the authors' main interest in dividing the population according to their WTP and ATP, which we considered the most interesting way of presenting the results. However, the table has been changed according to the referee's suggestion and hence, instead of presenting the column percentages, the table will establish the row percentages.

There is a systematic relationship between income and WTP and ATP. This is hardly a surprise. What about the level of willingness and ability? This could be commented. What could be expected given a situation where NHI reimburses a lot more than previously? What can we learn from this study? That rich people are always willing and able to pay more if confronted with a must and need situation?

Yes, we agree, these days 'simple truths' are often forgotten. In this study, the punch line of the result is three fold. First, correct incentive mechanisms are required to maintain the level of quality in public health care. Another finding is
that if a system is changed in order to become more competitive, i.e. the public and the private sector were competing with similar reimbursement schemes for the patients independently of sector, then either the quality should decrease, if the public budget was kept fixed, or the out-of-pocket payments would increase dramatically for low-income clients. This is to say that, from a public policy point of view, the current system is of high quality and maintains very well a balanced budget. Thirdly, the same level of quality with the same public costs would be extremely hard to attain if the system were to change in any direction. This discussion falls a bit outside of our practical work and, as the referee has already pointed out, the text is long and we did not want to start a longer discussion – we can probably use this in our next paper.

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Not suitable for publication unless extensively edited.

The English language had been revised by a native English speaker with long experience with language revision of dental papers.

Statistical review: Yes, and I have assessed the statistics in my report.