EDITORIAL

Paying for a cavity free future

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Technology – can't live without it and sometimes can't live with it. It's absolutely amazing, until it is so frustrating that it drives us to distraction. One of its advantages is that it does cut down on printed copies of apparently worthy documents that might otherwise remain peacefully undisturbed. In turn this saves periodically heaving large quantities of dusty pages into the recycling bin where the guilt of not reading them is at least partially assuaged by the self-congratulation of saving the equivalent of at least another tree branch.

I know that I am not alone in this exercise and have lost count of the number of reports, analyses and commissions that fall into this behavioural trap but which are now more ecologically confined to a handful of electrons stored somewhere (in a cloud, in a data facility in a Nevada desert?) that doesn't ruffle my conscience. I mention this because, contrary to the pattern, from time to time a document comes along that bucks the trend, that I actually want to print out and read and find of value. And it happened the other day. On the face of it *Towards paying for health in dentistry*¹ could be yet another addition to a pile of politely stacked worthiness but is in reality not only an interesting read but also a very pragmatic next step towards solving the conundrum of how to fund preventive dentistry.

The document summarises the progress to date of a process that has been fragmentally tackled by a series and variety of organisations and groups. These now seem to be coalescing in a concerted effort to find real world solutions to the problem of how to pay for the prevention, and if necessary early intervention in caries. It is divided into three main sections: what we should pay for; who the system must work for; and how we deliver the change needed.

The guiding principle is that we do not need more evidence to show that preventing caries is possible but that we need to align existing knowledge and translate it into action.

Thus, in the first section the document states that the new payment model needs a set of standardised and measurable health outcomes. It is envisaged that these will drive the design and implementation of effective preventive interventions as well as providing the data required to calculate the supportive remuneration. In this it suggests the adoption of the term 'cavity-free' as an overarching and readily understandable goal (or aspiration) that is applicable at individual, practice and population levels. Further, the means to achieve this is identified as using evidence-based and innovative interventions and in collaboration with other health professionals, that is, not isolating the process within the dental system.

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In terms of for whom the system must work, the paper sensibly looks at three different groups: patients, professionals and those providing funding whether state or through other means. Detailed proposals follow but the crucial commonality is that each of the parties involved have to have a 'belief' in the value and positive outcome of the model. Patients need to be positively influenced to adopt preventive behaviours, practitioners need to buy-in to the intellectual and ethical level as supported by evidence and acceptable remuneration and funders need to be assured that in essence value for money is being delivered. As knowledgeable professionals we will accept that this analysis is sound but it is the implementation that has so far eluded us.

To this end the third aspect of the document, all of which is based on the

outcomes of what was called 'The Second Policy Lab', a meeting held in London last autumn with 36 international experts both in person and virtually via the internet, continues by proposing how such changes might be delivered. Here, four fronts are advocated: leadership from the dental profession; working collaboratively with a variety of stakeholders to include patients, governments, industries and others; establishing consistent standards and necessary data; and finally adapting the blueprint for the different types of health systems that exist around the world.

Overall it provides a very considered, practical and optimistic view of how we might act to bring together our impressive

accumulated knowledge of the caries process, its prevention and treatment (minimal or more extensive). Further, to find a way through the social, political and financial maze in order to apply it for the benefit of our patients and the wider populations who have access to healthcare. It has long seemed to me to be both fascinating and incredible that a condition caused by organisms that we are not even able to see with the naked eye can create such a fundamentally disruptive human condition that to date has evaded an effective response. Perhaps we are now at the beginning of finding a solution to the problem. I for one am not adding this document to a dusty pile. ■

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References

1. ACCF. Towards paying for health in dentistry. 2019. Available at <http://www.acffglobal.org/wp-content/uploads/2019/02/Towards-paying-for-health-in-Dentistry-Policy-Lab-Report.pdf> (accessed February 2019).