The world of capitation

Capitation care fee banding: aspects of reliability and validity of an online tool
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Author Q&A

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What are the advantages of capitation as a funding model?

De-coupling remuneration from inter-ventive care encourages a truly preventive approach to individualised care where achieving and/or maintaining patient health is the focus rather than the delivery of treatment. Patients benefit from a predictable financial commitment and usually have the opportunity to reduce this cost, to some extent, through effective self-care. Practices benefit because they have a predictable budget to work with as long as they achieve and maintain their patient registration targets.

Did the study indicate any possible disadvantages to capitation?

When using capitation as a funding model, it is important to ensure that the levels of capitation banding are set fairly to ensure remuneration is sufficient to fund appropriate preventive-based care. This study used an evidence-based risk assessment tool combined with a measure of disease levels to set banding levels and showed a more or less linear gradient in average oral health score values from those in the lowest need fee band A through to the highest need band E.

Do you think this work will have an influence on the NHS contract and/or prototypes?

We would like to see capitation given a much greater weighting in the NHS pilots. The focus on target activity levels undermine the stated aim of creating a dental contract with prevention at its core. We believe that this study demonstrates the importance of using a patient specific risk based approach to capitation rather than broad, generic parameters such as age, sex and location. This is especially important to ensure that the costs of managing patients with high needs are taken into account in NHS funding. ■

With ever increasing frustration, disappointment and dissatisfaction with the current UDA system, the world of capitation beckons as the potential alternative. Consequently, while dentists wait for the new dental contract to roll out, there is increased focus and scrutiny on capitation systems as an effective means of delivering patient care.

The Denplan Previser Patient Assessment (DEPPA) system is a currently used private capitation fee code guidance assessment tool with patients being allocated into one of five fee bands (A-E) depending on their risk category and 'oral health score' (OHS). Accordingly, Busby and co-authors set out to investigate the reliability and validity of such a tool. Ten thousand patients were assessed in 2013 and another 10,000 in 2017. Both populations had a similar oral health status; however, would this be reflected in the DEPPA assessment tool? The results were as follows:

- Both resulted in extremely similar proportions of patients allocated into each of the fee bands
- Both had an identical average OHS of 78
- The average OHS followed a consistent linear decline from low need Group A to high need Group E
- The average caries and periodontal risk scores rose consistently from Group A to Group E.

Thus, the tool appeared to be both reliable and valid. Reliable as it is producing consistent scores between different yet similar populations by different groups of clinicians, and valid as it accurately allocates patients into the correct band.

It was further noted that periodontal health proved to be the chief contributor to the allocation of patients to each band whereas the difference in tooth health scores is not as marked largely due to patients being unable to enrol onto the programme unless they have stable oral health. Moreover, the authors suggest an estimate can be made for the time required to care for a patient in each band from which fees can then be decided by that individual practitioner having taken into consideration their varying practice costs. Further studies can be conducted to standardise the time allocated to each banding, and the system can then be further revised to include bands for those who are currently in unstable oral health.

With a prevailing greater desire to provide individualised healthcare provision with an emphasis on prevention, the wheels are already in motion to render capitation as a substantial form of remuneration. And with the current dental contract due to be overhauled, it may only be a matter of time before clinicians will have to adapt to this new arrangement.

By Arthie Samuel