

Policy Statement 2.5.3 – Delivery of Oral Health Care: Capitation Dental Schemes

Position Summary

Capitation Dental Schemes involve a dental practitioner being contracted to provide dental services for a set fee per person for a given period. These schemes should not be introduced as a funding model for dental treatment.

1. Background

- 1.1. Capitation Dental Schemes are a form of funding or insurance for dental services, which have rarely been used in Australia. They have a minor role in USA and UK but are generally not popular.
- 1.2. Capitation schemes have been used more widely in consultative health practice such as general medical practice services under the National Health Service in the United Kingdom.
- 1.3. Capitation Dental Schemes may be designed as either maintenance plans or comprehensive plans. A maintenance plan typically covers yearly or twice-yearly examination and radiographs and emergency treatments only. A comprehensive plan generally offers a wider schedule of services and may be linked to a traditional dental insurance plan for more expensive treatment.
- 1.4. The reasons dentists choose not to participate in Capitation Dental Schemes include inadequate pricing schedule, concerns about opportunity to provide quality service, and a lack of control of patient treatment options.
- 1.5. Oral diseases are widespread and common and as such, do not have the essential characteristics of an insurable risk.
- 1.6. Most oral disease can be prevented through good personal oral hygiene and diet, abstinence from tobacco use, community-based preventive activities such as water fluoridation and regular dental visits.
- 1.7. Treatment costs are considerably higher than the costs of preventing oral disease.
- 1.8. Civil liberties and privacy issues will impede the ability of public or private administrators of capitation dental schemes to attribute dental risk classifications to individual patients.

Definitions

- 1.9. CAPITATION DENTAL SCHEME is a dental benefits program in which a dental practitioner is contracted to provide specified dental services for a set fee per person for a given period.

2. Position

- 2.1. Capitation Dental Schemes in Australia are not supported for funding dental care.
- 2.2. The first priority for dental funding must be community-based preventive activities such as water fluoridation, oral health promotion, dietary education, and smoking cessation initiatives.
- 2.3. Publicly funded oral health programs should be targeted to eligible groups and individuals as per ADA Policy Statement 2.5.1 “Delivery of Oral Health Care: Funding: Government”.
- 2.4. Capitation Dental Schemes should be independent of dental care providers.

Policy Statement 2.5.3

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