

Control and assessment of reimbursed dental care in Belgium:

ILLUSTRATION BY 2 STUDIES

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NIHDI : *National Institute for Health and
Disability Insurance*



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CONFLICT OF INTEREST

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Maladie Invalidité)

[**NIHDI** : *National Institute for Health and Disability
Insurance*]

"I have no potential conflict of interest to report"



I. Restorative Dental Care: repeated billing

for interventions on the same tooth

An investigation

- **conducted by the National Investigation Unit**
- **done by Marc Eisenhuth M.D., Erik Koopmans M.D., Anne-Laure Buisson Stat.**
- **presented by Marc Eisenhuth, M. D.**

CONTENT

- 1. What are we talking about? Scope**
- 2. Where do we draw the line? 'Waste'**
- 3. How did we stay in touch? Campaign by mail**
- 4. Was it worth it? The impact**
- 5. What can we learn?**



1. What are we talking about? Scope

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- ❑ **studied population: 7,176 dentists
(2007- 2009)**
- ❑ **conserving dental care**
 - **dental filling**
 - **coronal restoration**
- ❑ **applied on the same tooth**
- ❑ **of insured patients over 15 years old**
- ❑ **ambulatory treatment**
- ❑ **repeated billing in 1 year**



"Are you SURE you don't want to upgrade your Dental Insurance Plan?"

2. Where do we draw the line? 'Waste'



2. Where do we draw the line? 'Waste'

- ❑ investigation: all the Belgian dentists
- ❑ initial period as reference
 - *1 June 2008 – 30 November 2008*
 - *'first intervention' semester*
- ❑ observation period:
 - *1 December 2008 – 30 November 2009*
 - *check: billing repeated?*
- ❑ definition 'repetition rate':
 - *numerator*: number of interventions billed in reference period and repeatedly billed for a same tooth within 1 year later.
 - *denominator*: number of all the interventions billed in the reference period. ⁸



2. Where do we draw the line? Waste

- ❑ rates in reference period:
 - median repetition rate: **7.4%**
 - average repetition rate: **8.5%**
- ❑ international guidelines and Belgian experts
- ❑ no link with factors
 - ❖ **social**: 88.9% repetitions applied on not socially protected insured patients (without increased refund)
 - ❖ **economic**: the dentist's global activity
 - total amount billed for conserving care
 - total amount billed to the health insurance
 - ❖ **geographic**: negligible differences between provinces



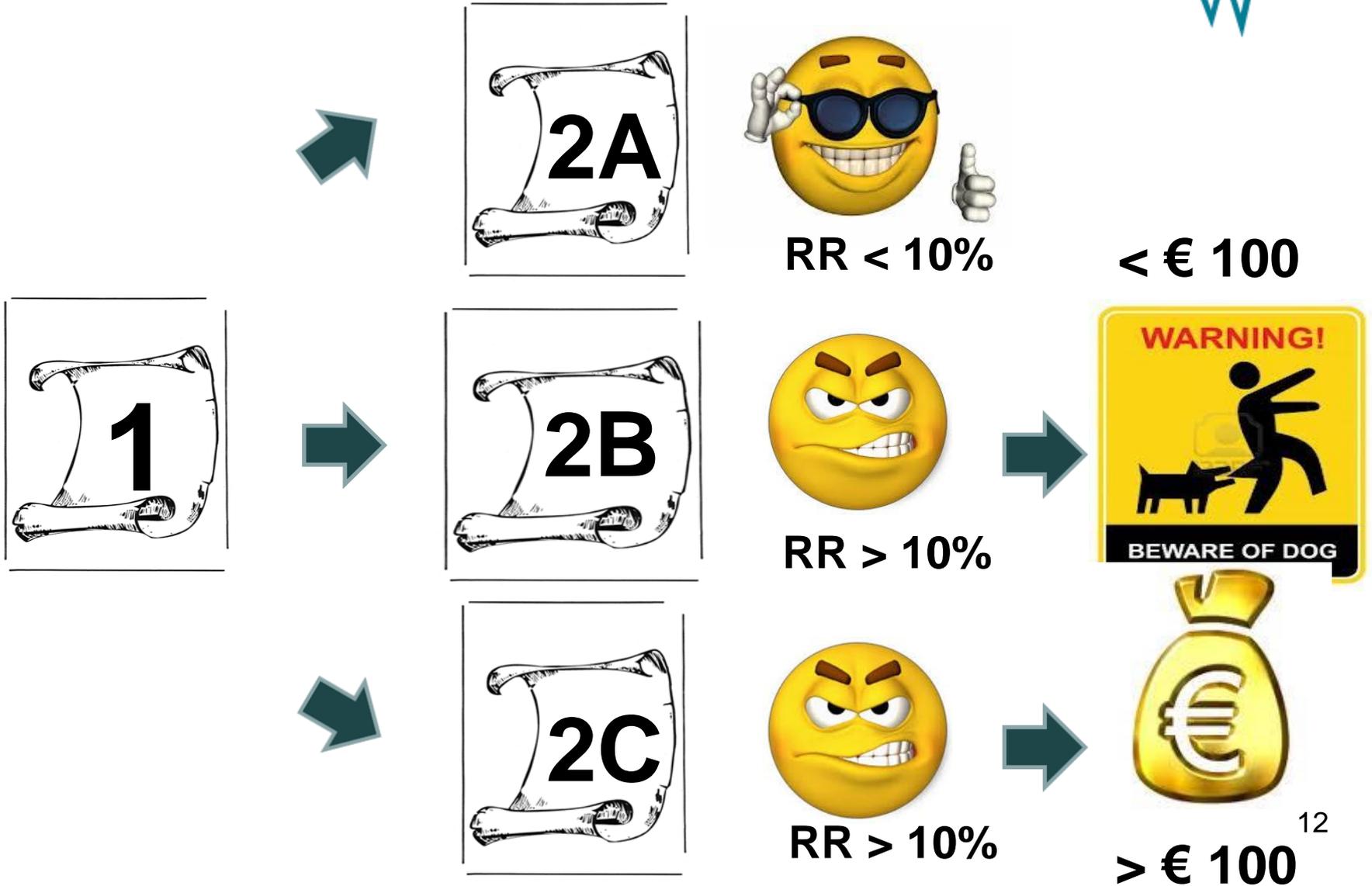
2. Where do we draw the line? Waste

- **conclusion:**
repetition rate > 10%
is unacceptable :
 - **incorrect billing (dental care not administered)**
 - **low quality care**



3. How did we stay in touch? Campaign by mail

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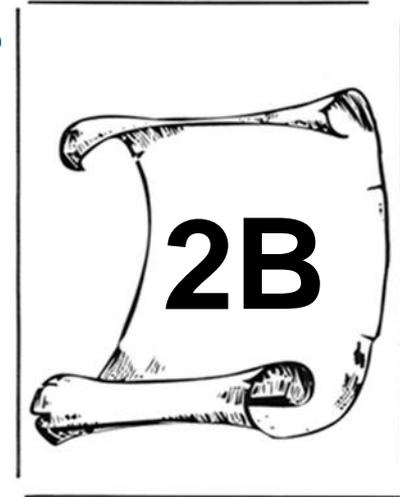
3. How did we stay in touch? Campaign by mail

- ❑ sent in September 2013
- ❑ to 760 dentists
- ❑ studied period: 01/10/2011 – 31/ 03 /2013
- ❑ content:
 - your RR is OK: **X.X % (< 10%)**
 - we keep following this issue



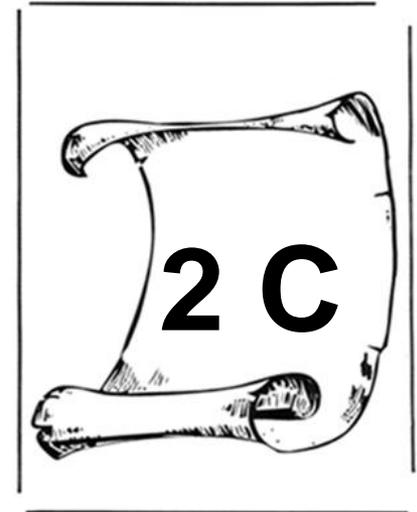
3. How did we stay in touch? Campaign by mail

- ❑ sent in September 2013
- ❑ to 22 dentists
- ❑ studied period: 01/10/2011 – 31/ 03 /2013
- ❑ content:
 - your RR: **XX.X % (> 10%)**
 - legal consequence:
 - *estimated damages for Compulsory Healthcare Insurance : < 100 €*
 - *we warn you*
 - we keep following your billing behaviour



3. How did we stay in touch? Campaign by mail

- ❑ sent in September 2013
- ❑ to 174 dentists
- ❑ studied period: 01/10/2011 – 31/03/2013
- ❑ content:
 - your RR: **XX.X % (> 10%)**
 - legal consequence:
 - *estimated damages for CHI:*
> 100 €
 - repayment request





4. Was it worth it? The impact

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- AS A RESULT OF FIRST LETTER :
 - 79.6% of all dentists initially $> 10\%$:
now $< 10\%$...
 - impact on budget: € 8.5 mio reduction
in conserving dental care (4.7%)
 - general impact on behaviour

4. Was it worth it? The impact

- AS A RESULT OF SECOND LETTER :
 - 174 affidavits with repayment request for a total amount of **€ 274,152.92**
 - from € 100.96 to € 15,444 per dentist (RR >10%)
 - if no repayment: legal administrative procedure for imposed repayment (via Committee and Chamber of First Instance)

to reduce the recession costs
we use no pain killer



5. What can we learn?

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- ❑ data supply by health insurance funds
 - *quick*
 - *reliable*
- ❑ data mining tools
- ❑ well thought-out investigation design
- ❑ information
- ❑ effective legal instruments to cope with waste



II. Assessment report on the use of panoramic radiography by graduates in dental sciences

An investigation

- **conducted by the Department of medical assessment at the NIHDI**
- **done by Marc De Naegel, M.D.**
- **presented by Marc Eisenhuth, M. D.**

1. BACKGROUND



Between 2002 and 2008 the number of OPGs (panoramic radiographs) made by dentists (graduates in dental health) increased

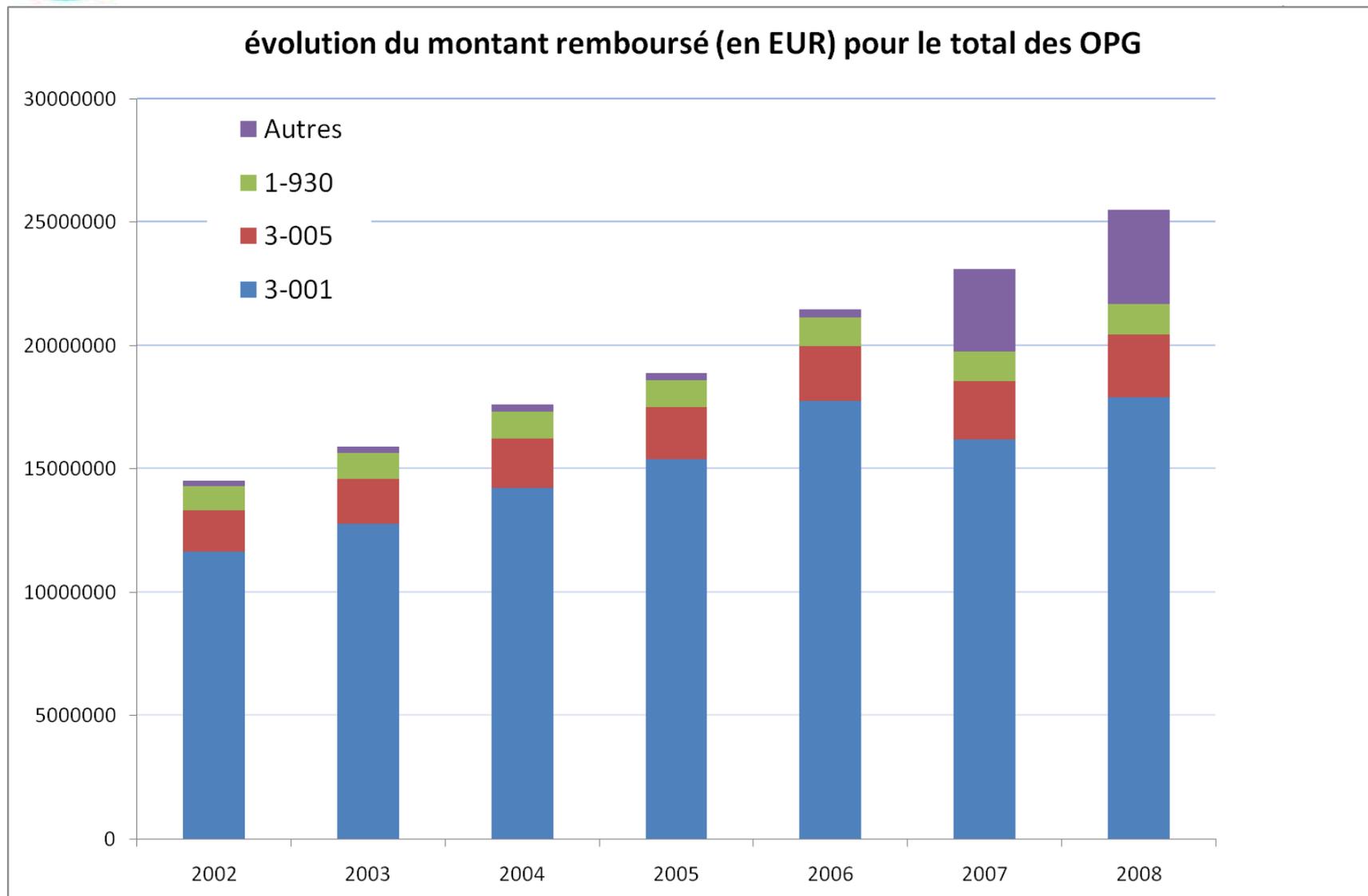
- **by 42.18%**

while the reimbursed amounts increased

- **by 75.53% (i.e. EUR 10,969.163)**



1. BACKGROUND



2. OBJECTIVE



The project is aimed at finding an explanation for:

- the strong increase in the provision of OPGs (*“orthopantomographs”*)
- the uneven number of OPGs depending on the dental care providers

The project is focused on two aspects:

- dental care providers who made several OPGs with respect to a given patient;
- the medical indications used by the providers

3. METHODOLOGY

The study consists of two parts:

1 : first, we studied the indications proposed in the literature dealing with the provision of OPGs.

2 : on the other hand, with regard to certain providers, we examined those indications with respect to which the provision of OPGs was actually acknowledged.

The study was limited to the provision of OPGs acknowledged by dental care providers who graduated in dental sciences

3. METHODOLOGY

To question dental care providers, we worked in two steps:

1 : we started a preliminary investigation to assess the questionnaire used and then we checked if there was a difference between the responses to the written survey and those of the oral inquiry;

2 : we then sent a written questionnaire to 275 graduates in dental sciences (5,500 OPGs) with respect to their indications in the final survey.

4. RESULTS

- **It is impossible to explain why the number of OPGs increases every year.**
- **After analyzing the indication(s) as well as the circumstances in which OPGs are made, we demonstrated in the discussion that 56.20% of the OPGs made could be considered "non-compliant".**

4. RESULTS

- **The main indications and circumstances considered as non-compliant are the following:**
- **CARIES**: they are mentioned by 95.62% of the dentists for 46.34% of the OPGs
 - **detection of occult disease and examination of the condition of the MOUTH**: they are mentioned by 97.81% of the dentists for 68.10% of the OPGs;
 - **THE FIRST CONTACT with the patient**: this is mentioned by 97.81% of the dentists for 36.28% of the OPGs.

4. RESULTS

- If we extrapolate the 2009 data to all the dentists who meet the criteria applied to the sample (i.e. at least 50 OPGs and less than 10% of radiographs for orthodontics):
 - 318,814 OPGs totaling EUR 9,934,411 were wrongly acknowledged in 2009 and
 - 118,305 OPGs totaling EUR 3,686,434 are doubtful in terms of indications.

5. CONCLUSIONS

- **Information campaign for dentists regarding the proper use of OPGs**
- **Limitation of the authorized indications with respect to the provision of OPGs**
- **Repeated OPGs within 2 years should be subject to authorization by a medical officer. The costs of repeated OPGs after 1 year can be assessed at EUR 1.5 MILLION; in this respect the costs of the repeated OPGs sharing the same indication may be assessed at EUR 0.5 MILLION.**

5. CONCLUSIONS

- **Establishment of criteria to the attention of medical officers in order for them to be able to refuse or allow repeated OPGs within a 1-year or 2-year period : 87.69% of the repeated OPGs were repeated on the basis of “non-compliant” indications.**

A letter was sent in late 2013 to about 3,000 dentists selected on the basis of the following criteria: more than 50 OPGs and less than 10% of radiographs for orthodontics in 2011.

An impact assessment is scheduled for 2015.



Thank you for your attention!

Stockholm - September 11, 2014

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