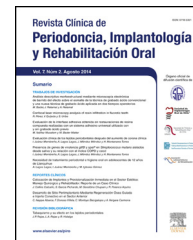




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## ORIGINAL ARTICLE

### Pay-for-performance and efficiency in primary oral health care practices in Chile



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#### KEYWORDS

Pay for performance;  
Efficiency;  
Child health services;  
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Chile

#### Abstract

**Background:** Payment mechanisms for health care providers have been used as a strategy to improve management, health indicators, cost containment, equity and efficiency. Among the mechanisms implemented in the past decade is pay-for-performance (P4P). In Chile, it was incorporated since 2003 in primary care in addition to the salary by seniority and training.

**Objectives:** To assess the impact of P4P on the efficiency of primary oral health care providers in Chile.

**Methods:** We performed a retrospective cohort study to compare the performance of oral healthcare practices belonging to primary health providers measured by the rate of dental discharge in 6 year-old children between years in which P4P was used and years in which P4P was not used, in the 52 municipalities of the Metropolitan Region of Chile. We also explored whether rurality, and the human development index (HDI) had an association with the efficiency of health care teams. We calculated the rate of discharge per 1000 patients, and its adjusted and unadjusted association with the predictors of interest, using a Random-effects Poisson regression.

**Results:** We found statistically significant differences in the rate of dental discharges when comparing P4P versus no P4P (822.59/1000 and 662.59/1000, respectively,  $p < 0.0001$ ) and high versus low HDI (692.23/1000 and 832.85/1000, respectively,  $p = 0.01$ ). Rurality was not statistically associated with P4P (727.24/1000 in rural and 770.19/1000 in urban municipalities,  $p = 0.553$ ). Unadjusted and adjusted rate ratios were very similar.

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*Conclusions:* P4P financial incentives can improve the performance of primary care dental practices, and seem to be useful interventions to improve the performance of oral health care providers.

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## PALABRAS CLAVE

Pago por desempeño;  
Eficacia;  
Servicios sanitarios infantiles;  
Atención sanitaria oral;  
Chile

## Pago por desempeño y eficacia de las prácticas de atención sanitaria primaria oral en Chile

### Resumen

*Antecedentes:* Se han venido utilizando mecanismos de pago a los profesionales de la atención sanitaria para mejorar la gestión, los indicadores sanitarios, la contención de costes, la equidad y la eficacia. Entre los mecanismos introducidos en el último decenio se encuentra el pago por desempeño- pay for performance (P4P). En Chile, se lleva incorporando a la atención primaria desde 2003, además del salario por antigüedad y la formación.

*Objetivos:* Evaluar el impacto del P4P sobre la eficacia de los profesionales de la atención sanitaria oral primaria en Chile.

*Métodos:* Realizamos el estudio comparativo de un grupo, para comparar el desempeño de las prácticas de los cuidados sanitarios orales de los profesionales de la salud primaria, medido mediante el índice de las altas dentales en niños de seis años, entre los años en que se utilizó el P4P y los años en que no, en cincuenta y dos municipios de la región metropolitana de Chile. También exploramos si la ruralidad y el índice de desarrollo humano (IDH) estaban asociados a la eficacia de los equipos de atención sanitaria. Calculamos el índice de altas por 1000 pacientes, y su asociación ajustada y no ajustada a los predictores del interés, utilizando el modelo de regresión de los efectos aleatorios de Poisson.

*Resultados:* Encontramos diferencias estadísticamente significativas en el índice de altas dentales al comparar P4P frente a no P4P (822,59/1000 y 662,59/1000, respectivamente,  $p < 0,0001$ ), y el elevado frente al bajo IDH (692,23/1000 y 832,85/1000, respectivamente,  $p = 0,01$ ). La ruralidad no estuvo estadísticamente asociada al P4P (727,24/1000 en municipios rurales y 770,19/1000 en municipios urbanos,  $p = 0,553$ ). Los ratios no ajustados y ajustados fueron muy similares.

*Conclusiones:* Las incentivas financieras P4P pueden mejorar el desempeño de las prácticas de atención primaria dental, y parecen resultar unas intervenciones útiles para mejorar el desempeño de los profesionales de la atención sanitaria oral.

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## Introduction

Oral health is recognized as an important component of the overall health of individuals and the community. Socio-economic inequality in children's oral health exists within developed countries and between countries with different levels of development.<sup>1</sup> Population programs aimed at improving upstream factors are of priority for further improving children's oral health in different populations.<sup>1</sup> In this context, dental care has been incorporated into the service portfolio of the health systems of many countries.<sup>2</sup> This has resulted in an increase or redistribution of resources allocation in the health field in order to extend the coverage of dental services.<sup>3,4</sup>

Payment mechanisms for health care providers have been used in different environments as a strategy to improve management, health indicators, cost containment, and

efficiency.<sup>2</sup> Among the most used to reimburse healthcare providers are fee-for-service (FFS) and capitation. Literature links FFS to higher productivity but also to perverse incentives toward over-treatment.<sup>5</sup> The per capita funding mechanism encourages cost containment, coordination between health providers and greater equity in the allocation of resources.<sup>6</sup>

In the context of the health reform, Chile has implemented and deepened a series of transformations aimed at improving the efficiency and equity in the health system.<sup>4</sup> One strategy has been to incorporate new payment mechanisms as a tool to ameliorate the management and health indicators, and to help contain costs and improve efficiency. Since 1990, the capitation mechanism financed Primary Health Care in Chile. It consists in transferring government contributions to the primary care management entities.<sup>4</sup>

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