

## CED RESOLUTION

# DENTAL PRACTICE AND THIRD PARTIES IN EUROPE

MAY 2018

## I - INTRODUCTION

The growth of third party payers (TPP) is a significant development as regards the provision of dental care and treatment and has implications for oral health policy as well as carrying professional and commercial implications for dentists who are contracted by TPPs to provide professional services, therefore inevitably affecting patients. The CED is concerned that commercial imperatives introduced in a TPP relationship must not diminish the dentist's primary responsibility to provide the highest standard of care to the patient nor should it compromise the professional or ethical responsibilities facing the dental team. It is crucial that the primary relationship in the delivery of dental care remains to be between the dentist and the patient.

This paper sets out some important principles and policies to apply which prioritise the welfare of patients and respect the ethical and professional responsibilities and rights of the dental profession.

## II - THIRD PARTY PAYER

A third party payer is any organisation, public or private, that pays, contributes or intermediates towards healthcare expenses, on behalf of beneficiaries, such as employers, insurance companies and public health funding mechanisms. These payments, called third party payments, are distinguished by the separation between the individual receiving the service (*the first party*) the dentist providing the service (*the second party*) and the organisation paying or intermediating for it (*the third party*).<sup>1</sup> A third party is thus an outside body that can influence the relationship between the dentist and the patient. Such organisations include but are not limited to:

*Funding agencies (e.g. government departments, agencies and statutory authorities, private health insurances and private health organisations) which have responsibility for the entire fee for service, or part thereof.*

Rules and regulations governing the existence or non-existence of TPPs, as well as the way they operate, vary between countries. Nevertheless, some common basic guidelines should be established regarding the special characteristics of TPPs, which are in line with public health objectives.

## III - CED CONCERN

The primary relationship in the delivery of dental care is between the dentist and the patient who collaborate to develop strategies to ensure beneficial long term health outcomes. TPPs must not influence this relationship in any way that diminishes a patient's right to achieve long term optimum oral health. Inappropriate pressures from TPPs, driven by financial or budgetary interests, result in the loss of the health perspective.

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<sup>1</sup> Barry D. Alexander et al, American Health Lawyers Association, 2011, Fundamentals of Health Law.

## IV - CED POSITION

### ***Financial Involvement***

The financial involvement of TPPs should support appropriate oral healthcare for the patient and must rely on evidence based treatment decisions taken by the dentist with the consent of the patient, rather than by any type of benefit protocol. The TPPs should compensate fairly and promptly for treatment provided by the dentist to reduce or eliminate patients' out of pocket expenses.

Nevertheless, we recognise that TPPs can have a role to play in healthcare funding, and that they may be involved in healthcare funding where they can provide a solid foundation for a safe and quality-oriented health care system without interfering with the dentist's professional treatment decisions or the patient-dentist relationship.

### ***Influence***

As stated above, the primary relationship is between the patient and the dentist. Undoubtedly, third parties should not limit or influence the patient's choice of dental provider or create any kind of discrimination between patients of one provider.

### ***Transparency***

TPPs are responsible to provide patients with clarity and transparency about the scope of coverage of their policy. Complaints resolution mechanisms must be transparent and procedurally fair.

Dentists should be afforded appropriate support and assistance where they have concerns about any ethical or professional aspects of their practice.

### ***Engagement with dentists***

All dentists must be treated equally by TPPs, which should not impose any practices or fees that favour any particular dentist. The placing of restrictions on professional privileges of dentists by third parties for their own financial gain is unacceptable. Dentists must not be prevented from meeting their ethical obligations by TPPs.

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**Adopted by the CED General Meeting on 26 May 2018**

## FURTHER INTERNATIONAL INFORMATION

- **Council of European Dentists**, Joint Charter for Liberal Professions, November 2013; <http://www.cedentists.eu/component/attachments/attachments.html?id=437>
- **American Dental Association**, Comprehensive ADA Policy Statement on Inappropriate or Intrusive Provisions and Practices by Third Party Payers
- **Australian Dental Association**, Policy Statement: Dentistry and Third Parties, Amended by the ADA Federal Council in November 2017; [https://www.ada.org.au/Dental-Professionals/Policies/Third-Parties/5-1-Dentistry-and-Third-Parties/ADAPolicies\\_5-1\\_DentistryandThirdParties\\_V1](https://www.ada.org.au/Dental-Professionals/Policies/Third-Parties/5-1-Dentistry-and-Third-Parties/ADAPolicies_5-1_DentistryandThirdParties_V1)
- **Canadian Dental Association**, Position on Dental Benefits, June 2015;
- **FDI**, Policy Statement: Dental Practice and Third Parties, Revised version adopted by the FDI General Assembly, Madrid, 2017; <http://www.fdiworldddental.org/resources/policy-statements-and-resolutions/dental-practice-and-third-parties>