A review of assessments of inappropriate payments in the DTSS

Précis

This paper reviews a recent Department of Health and Children report relating to inappropriate payments in the Dental Treatment Services Scheme in the context of previous research.

Abstract

A recent report, produced for the Department of Health and Children, suggested that inappropriate payments in the Dental Treatment Services Scheme may be above 10%.

Aims

To review past publications on the topic of inappropriate payments in the DTSS and compare their conclusions and methodologies to that of the recent report.

Methods

A literature search (including grey literature) was carried out.

Results

Two studies and three reports were identified as fulfilling the search criteria. The conclusions and methodologies were assessed and compared to the recent report.

Conclusions

There are a number of contrasts between the recent report and previous research. These include: (a) unlike previous research, the recent report does not describe the methodology used to arrive at its estimate; and, (b) the estimate made by the recent report is larger, by a factor of more than two, compared to the sole other estimate made in the previous literature.

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Introduction

In 2009, UK-based Oral Care Consulting Ltd (OCC) was asked by the Department of Health and Children (DoHC) to produce a short report on the current status of probity assurance within the dental sector as undertaken by the Health Service Executive (HSE). The resulting report, entitled 'A Report on Probity Assurance Within the Dental Care Sector'[1] (the recent report) was the latest of a series undertaken by this consulting firm (or a director) concerning public dental services in Ireland, with a particular emphasis on probity assurance in the Dental Treatment Services Scheme (DTSS). The recent report was submitted to the DoHC in February 2009 and issued in November 2009.

In the recent report, OCC states:

"Based on work in alternative care systems, OCC estimates at least 10% of payments are likely to be inappropriate".

OCC further states:

"It is difficult to assess the amount at risk in such circumstances but work in England and Wales suggests that, after operating a probity system for many years the raw risk (that is, before checks) of inappropriate payments being made is at least 8% of the total expenditure. In a system with few if any checks, such as that operated by the HSE, and boosted by apparent changes in the attitude of the authorities to such issues, a much higher rate, probably in excess of 10%, would be expected".

However, in the body of the recent report, OCC states:
"We have not been supplied with any information except that which infers that a sum in the region of €60k [was] recovered, but not in more recent years".
It is difficult to reconcile the recent report's assertion of a more than 10% level of inappropriate payments and the comments in relation to the €60k, which represents only a fraction of 1% of the DTSS' annual budget. Unfortunately, OCC does not give a reference for the "work in England and Wales", making it impossible to assess the methodology used and its relevance, if any, to the DTSS. This paper will compare the recent report to previous research on probity of payments in the DTSS.

Aim

The purpose of this paper is to compare the recent report's estimated size of inappropriate payments in the DTSS to estimates made, if any, in previous studies of the DTSS and to compare and evaluate the methodologies used.
Terminology: The recent report does not define what is meant by the term 'inappropriate payments'. It is therefore unclear whether the term is intended to include 'honest' mistakes on the D claim forms, such as transcription errors, clerical errors or misinterpretations. Alternately, the term, as used in the recent report, may be intended to mean provider fraudulent payments. Commentators[2] have interpreted the term in this manner. The term 'inappropriate payments' as used in this paper refers to payments other than those made for services provided based on need.

Methods

The literature (including the grey literature) was searched for research on inappropriate payments in the DTSS. The search term was initially that used in the recent report, that is, "inappropriate payments". Subsequently, further terms were added as research was reviewed. The final search terms were: inappropriate payments; unexplained payments; probity assurance; fraudulent claims; provider fraudulent claims; misappropriated claims; and, supplier-induced demand (AND) the DTSS. The reference period was 1994 to the present. Databases searched were MEDLINE, CINAHL, LENUS, GOOGLE, and the document archives of the HSE and DoHC. Searches were carried out on October 21 and 28, 2009, and November 4, 2009. Reference lists of published works were checked to identify additional studies not identified in the search. Published authors were consulted and requested to suggest any relevant research for inclusion. Searches were limited to the English language.

Results

The literature search identified two published studies. The first, by Woods, is a PhD dissertation published in 2005 entitled 'Aligning Treatment Provided with Epidemiologically Predicted Need for Oral Health Services by GMS Recipients in the Republic of Ireland'.[3] The author compared the epidemiologically predicted need with the level of treatments actually provided in the DTSS. He found that it is not possible to be definitive on the issue of supplier inducement, i.e., demand that exists beyond what the well-informed patient would have chosen. However, he believes that the structure of the DTSS certainly provides the opportunity. The author concludes that the patterns of service provision suggested that supplier inducement may exist in the DTSS, but we cannot reasonably assess its scale or even be conclusive as to its existence. The methodology is fully described and its sources referenced in this study.
The second study, by Lynch, was published in 2009 in the *Journal of the Irish Dental Association* and entitled 'Results of a peer review process: the distribution of codes by examining dentists in the Republic of Ireland 2006-2007' (*JIDA* 2009; 55 (1): 38).[4] The author analysed the distribution of codes assigned in 2,991 reports made by examining dentists in the DTSS between 2006 and 2007. He found that a minority of reports (4.8%) where there was a significant disagreement, related to a small number of dentists (3.9% of contracting dentists). The term 'significant disagreement' was the term used in the report coding instructions issued to the examining dentists and may be partially synonymous with the term 'inappropriate payments' used in the recent report. The methodology is fully described and its sources referenced in this study.
The literature search also identified three relevant reports. The first, by Batchelor and Stirling, was commissioned by the DoHC and produced in 2002, entitled 'Final Report on the Probity Arrangements within the DTSS'.[5] The authors found that shortcomings in the definition of standards in both clinical and non-clinical areas were apparent, accountability within the system was poor and the arrangements that existed to deal with perceived breaches in probity were inadequate. This presented difficulties when making judgments on the extent of any deviation from acceptable practice. The authors concluded that there was a lack of information on the magnitude of existing problems in the DTSS arrangements. The methodology was described and sources were referenced.
The second report, commissioned by the DoHC, was written by OCC and submitted in 2007, and was entitled 'An assessment of the progress of probity assurance arrangements within the DTSS'.[6] This report (for clarity it will be termed the 'assessment report') concluded that the HSE had made considerable progress in implementing the recommendations of Batchelor and Stirling regarding probity arrangements. In particular, many of the structural elements of a probity assurance system had been introduced, including the establishment of an examining dentist scheme. The assessment report identified a number of areas where further progress should be made over and above current performance. These included a valid database that would provide timely opportunities for relevant analyses over an extended period, a trained and calibrated examining dentist team, and good collaborative working between the payments agency, contracting agency and the probity unit. However, the assessment report did not estimate the extent of inappropriate payments. The methodology was described and sources were referenced.
The third report was commissioned by the DoHC and submitted in 2009 by OCC. Its title was 'An analysis and evaluation of the Public Dental Service of the HSE'[7] (for clarity it will be termed the 'evaluation

Table 1: Previous research.

Author Type and year of publication	Was methodology described?	Summary of conclusion(s)
Woods PhD thesis, 2005	Yes	The patterns of service provision suggested that supplier inducement may exist in the DTSS but we cannot reasonably assess its scale or even be conclusive as to its existence.
Lynch Scientific paper, 2009	Yes	Of 1,229 patient examinations by examining dentists in 2006/7, 4.8% were assigned a code indicating significant disagreement. A total of 47 contracting dentists (3.9% of contracting dentists) received such reports.
Batchelor and Stirling Report, 2002	Yes	There was a lack of information on the magnitude of the then existing problems in the DTSS arrangements, making quantification of the problem impossible.
Oral Care Consulting Report, 2007 ('assessment report')	Yes	No conclusion was made as to the magnitude of inappropriate payments.
Oral Care Consulting Report 2009 ('evaluation report')	Yes	Any current estimate of inappropriate payments in the DTSS would be inaccurate without a substantial improvement in data handling.

report'). In the evaluation report, OCC states that any assessment of the qualities of care, including assessments of the efficiency, equity or value for money, will require a substantial improvement in data handling and probity matters in general. These statements were based on an assessment of the current activities of the Public Dental Service, which play a key role in undertaking probity assurance through the monitoring of reports provided by the Primary Care Reimbursement Service. The evaluation report infers that any current estimate of inappropriate payments in the DTSS would be inaccurate without the substantial improvement in data handling mentioned. The methodology was described in this report and sources were referenced. A summary of results is presented in **Table 1**.

Discussion

Inappropriate payments has been described as a pervasive problem affecting the healthcare sector internationally.[8] Examination of disciplinary cases heard by dental regulatory authorities in, for example, the UK, indicates that dental care delivery systems are not immune from this problem.[9] The challenge lies in quantifying the problem. Tanzi puts it neatly: "If (it) could be measured, it could probably be eliminated".[10] The major difficulty in measurement is the fact that provider inappropriate payments are non self-revealing. The provider is unlikely to announce involvement, the patient may be unaware or indifferent, and there may be little incentive for management to draw attention to its own perceived failings. Unfortunately, common international practice seems to be that data regarding inappropriate payments involving dentistry per se are not maintained by government agencies. Typically, dentists are grouped with healthcare professionals, such as physicians, pharmacists, opticians and others, when such data are compiled.[11] Therefore, the onus lies with researchers, seeking to quantify inappropriate payments made specifically to dentists, to use statistically valid sampling procedures or other accepted scientific techniques. Otherwise they are simply giving an opinion, albeit perhaps an expert opinion. Expert opinion is ranked lowest in the hierarchy of study types adopted by the Agency for Health Care Policy and Research.[12] There is a danger that such an opinion, as given in the recent report, would be misinterpreted and deemed an established fact. This would have serious implications for contracting dentists, and indeed patients, in a publicly funded delivery system such as the DTSS.

Conclusions

The recent report differs from previous research in a number of ways. Firstly, the estimate of inappropriate payments made in the recent report was larger, by a factor of more than two, than the sole estimate made in previous publications. Secondly, the methodology (how OCC arrived at the figure) is not stated in the recent report, unlike previous research where the methodology was generally well described. Thirdly, the source mentioned ("work done in England and Wales") is not referenced, unlike previous research. Fourthly, although the recent report repeatedly stresses the lack of available data ("although few data exist"; "it is difficult to assess the amount at risk in such circumstances"; "the detailed Risk Assessment to guide further probity measures has not been actioned") OCC is not inhibited in making an estimate. This is in contrast to previous research where authors did not make an estimate due to the perceived lack of pertinent data in the DTSS.

Implications for future policy

The design of a probity assurance system depends largely on the level of risk. The author of this review suggests that any future estimate of the level of inappropriate payments to dentists in the DTSS should be based on statistically valid sampling procedures or other accepted scientific techniques. Future policy of the HSE concerning the type of probity assurance system proposed for the

DTSS should be guided by a risk analysis that is evidence based with a sound methodological foundation.

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