“Not yet,” say Andreea Voinea-Griffin, LHC Scholars Gregg Gilbert, Monika Safford and colleagues. “Several pilot programs could be tested at this time but widespread performance-based reimbursements appear premature. Given that many medical innovations are eventually transferred to dental services, it is reasonable to expect that pay-for-performance (P4P) will be implemented in dental practice based on the P4P trend occurring in medicine.”

P4P is an incentive system aimed at linking provider reimbursement to the quality of care provided. Implementing P4P programs is challenging, but these programs continue to expand. In medicine, P4P advocates did not wait for the results of rigorous research or the development of extensive evidence-based guidelines before experimenting with performance-based programs. However, these programs did not start with solo practitioners and did not mandate provider participation. Most P4P programs used in medicine today are voluntary and involve healthcare systems and large physician practices. These structures are not the predominant model of care in dentistry. In addition, it is difficult to interpret dentist performance data due to limited diagnostic and patient risk information.

The researchers reviewed several studies to assess P4P as it applies to dentistry and to propose guidelines for pilot programs. To generate meaningful conclusions, programs should focus on areas of dentistry relevant to the majority of dentists, such as restorative care, and special attention must be paid to choosing measures under dentists’ control and adjusting the results to patient risk. Performance goals would best be individualized to each dentist and expressed as percent change and predetermined targets for all dentists. Clinicians will be interested in seeing the link between P4P and quality via clinical outcomes and programs should target areas that support specific treatments or at least accepted clinical recommendations that have broad consensus.

“Quality in dental care is not clearly defined and is difficult to measure,” say the researchers. “Without a culture of quality measurement and improvement, development of more best practices, clinical practice guidelines, and evidence-based quality indicators, dentistry will continue to lag behind medicine in the adoption of P4P.”