Background

Dental care in Sweden is governed by Parliament in the Dental Act but the responsibility for providing dental care for the population is delegated to the 21 geographically defined and politically governed counties.

About half of the Swedish dentists are publicly employed by the county councils in the Public Dental Health Service (PDHS) and the remainder are Private Practitioners (PPs).

The Dental Act requires every PDHS to cooperate with other PDHSs, with other organisations and with others. Among these others are the Private Practitioners. Here we are interested in the cooperation with other PDHSs and the Private Practitioners.

Objective

The PDHS can be organised in various ways. Here we investigated the impact on cooperation from the following factors:
1. a separate political board governing only the PDHS,
2. a clear-cut purchase provider split organisation (P/P split) where the PDHS only functions as a provider of care, and
3. the absolute size of the PDHS as measured by the number of inhabitants in each county.

Conclusions

There appears to be a potential for development of the cooperation between PDHSs and also for more cooperation with Private Practitioners.

Method

The Chief Dental Officer (CDO) is the non political top manager of the PDHS in each county. A questionnaire was mailed to the 21 CDOs containing questions on cooperation and on other aspects of management. Bivariate analyses were used.

Results

Answers were received from all 21 counties.
Four counties reported cooperation on management and policy levels.
Cooperation with other PDHS was reported by 65%; usually in emergency care and in specialist dentistry.
Cooperation with Private Practitioners was stated by 9 CDOs, most frequently pertaining to out of hours emergency care and regular care for children.

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1. Answers from PDHSs with a separate political board did not covary with any different pattern of cooperation
2. Seven PDHS stated that they had a fully developed P/P split and four that there was no such division of tasks. A clear P/P split showed no difference as regards cooperation with other PDHS. However, these CDOs reported less cooperation with the Private Practitioners (Spearman’s rho-0.45)
3. No correlations were found between size of county and the pattern of cooperation.

Discussion

Neither an organisation with a separate political board nor with a clear P/P split revealed any difference in cooperation between PDHSs.

CDOs within a P/P split organisation reported less cooperation with Private Practitioners. Perhaps the CDOs did not regard the present activities as cooperation or the cooperation might be on the purchaser’s level, not on the provider’s.