THE VALUE OF ORAL HEALTH

June 27, 2019
Learning Objectives

By the end of this webinar, participants will be able to:

1. Recognize how healthcare and oral health care are changing
2. Develop a basic understanding of value options in oral health
3. Identify potential strategies for achieving person-centered care
Housekeeping

• All lines will remain muted to avoid background noise.

• A copy of the slides and a link to the recording will be shared after the webinar concludes.

• In order to receive CE credit you must fill out the webinar evaluation, which will be shared at the end of the presentation. The evaluation must be completed by **EOD Wednesday, July 3** to receive CE credit.

The DentaQuest Partnership is an ADA CERP Recognized Provider. This presentation has been planned and implemented in accordance with the standards of the ADA CERP.

*Full disclosures available upon request
After the presentations we hope to have some time for Q&A

Two ways to engage:

• Use the raise hand feature and we will unmute you
• Type your question in the chat box
Presenter:

Sean Boynes, DMD, MS
Executive Director, Person-Centered Care
DentaQuest Partnership for Oral Health Advancement
THE VALUE OF ORAL HEALTH

Sean Boynes, DMD, MS
Executive Director, Person-Centered Care
DentaQuest Partnership for Oral Health Advancement
Status Quo:

Relative Health Care System Performance and Spending in 11 High-Income Countries.

Schneider et al. Commonwealth Fund, 2017
# Changing Priorities: The 1.0 to 3.0

<table>
<thead>
<tr>
<th>Goals of health system</th>
<th>Improve life expectancy</th>
<th>Reduce disability</th>
<th>Optimize health</th>
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<tbody>
<tr>
<td><strong>FIRST ERA - 1.0</strong>&lt;br&gt;Medical care &amp; public health services</td>
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<tr>
<td><strong>SECOND ERA - 2.0</strong>&lt;br&gt;Health care system</td>
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<tr>
<td><strong>THIRD ERA - 3.0</strong>&lt;br&gt;Health system</td>
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<tr>
<td><strong>Primary focus of services</strong></td>
<td>Diagnose and treat acute conditions</td>
<td>Prevent and manage chronic diseases</td>
<td>Promote and optimize health of individuals and populations</td>
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<tr>
<td><strong>Role of health and health care provider/organization</strong></td>
<td>To protect from harm, cure the sick, and heal the ill</td>
<td>To prevent and control risk, manage chronic disease and improve quality of care</td>
<td>To optimize health and well being</td>
</tr>
<tr>
<td><strong>Role of individual and community</strong></td>
<td>Inexperienced patient</td>
<td>Activated partners in care</td>
<td>Co-designers of health</td>
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</table>
Oral Health and a Healthy Life
The Economic Burden of Oral Disease

ORAL DISEASE IS THE 4TH MOST EXPENSIVE DISEASE TO TREAT IN MOST INDUSTRIALIZED COUNTRIES

Creates a profound economic burden

1 2 3 4 5

Oral Disease

CHANGING CONSUMERS AND EMPOWERING CONSUMERISM

Cool. The tooth fairy put a few bucks in my PayPal account last night.
What Do Patients Want?

They want convenience

- **43%** Want to be able to request appointments online
- **41%** Want convenient/extended hours during the week
- **38%** Want to see an informative, up-to-date practice website
- **36%** Want dentists to have weekend hours
- **33%** Want dentists who are able to offer immediate appointments
What Do Patients Want?

To read and evaluate reviews

86% of consumers surveyed will pay more for services with higher ratings and reviews.

www.dds1800.com/whitepapers/What_Dental_Patients_Want/
What Do Patients Want?

VALUE

• The offer of preventive dental care and advice was an amazing revelation for this group of patients as they realized that dentists could practice dentistry without having to “drill and fill” their teeth.

• All patients, regardless of the practice they came from or their level of clinical risk of developing dental caries, valued having a caring dentist who respected them and listened to their concerns without “blaming” them for their oral health status.

• These patients complied with and supported the preventive care options because they were being “treated as a person not as a patient” by their dentists.
“Ch-ch-ch-ch-changes. Turn and face the strange.”

- DAVID BOWIE

Song writer, musician, entertainer and actor.
Signs of change...

- Focus on prevention and early intervention with increased focus from industry on prevention agents and devices
- Continued efforts for MDI and interprofessional practice
- Efforts to increase diagnostic codes utilization in dentistry
- Increased use of electronic records and practice management
- Continued consolidation of care delivery systems
- Changing dental workforce environment
- Care being delivered outside of the traditional brick and mortar dental office
State Medical Managed Care Penetration, July 1 2016

0% (2 states)  >0-50% (1 state)  51%-65% (5 states)  66%-80% (19 states)  81%-100% (25 states)

Source: Mathematica Policy Research, Spring 2018, Medicaid managed care enrollment and program characteristics, 2016, CMS. Table 1.
State Dental Managed Care Penetration, as of July 1, 2016

Source: Mathematica Policy Research, Spring 2018, Medicaid managed care enrollment and program characteristics, 2016, CMS. Table 2.
Average Per Patient Spending on Dental in Medicaid, by Age and Plan Type, 2017

- FFS - National Medicaid Average
- APM - National Medicaid Average
Dental Service Utilization Rate, by Age and Plan Type, 2017

% of Enrolled Accessing Dental Services

- FFS - National Medicaid Average
- APM - National Medicaid Average
LAUNCHING VBP AT DENTAQUEST

Network Programs
DentaQuest’s VBP Goal

Value-based payment strategies to support our Preventistry® approach that tie to the Quadruple Aim:

1. Promoting Better Outcomes = Better Health
2. Improved Quality = Better Care
3. Controlled Cost = Lower Cost
4. Provider Satisfaction = Clinician Experience
What We Are Doing

• “Patient-Centered” Dental Home (PCDH)
  • Defining what an accountable dental home is
  • Defining characteristics of an accountable provider/office

• VBP Provider Agreement/Contract
  • Safe guards (warranties/penalties) to enact provider accountability, meeting metrics, patient-centered dental home and improving oral health of patient population

• Alternative Payment Models
  • DentaQuest 2019 Models
    ▪ FFS + Incentive
    ▪ Full Capitation + Incentive
    ▪ Partial Capitation(Class I) + FFS (all other classes)+Incentive
    ▪ Risk Share
<table>
<thead>
<tr>
<th>CATEGORY 1</th>
<th>CATEGORY 2</th>
<th>CATEGORY 3</th>
<th>CATEGORY 4</th>
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<tbody>
<tr>
<td>Fee for Service - No Link to Quality &amp; Value</td>
<td>Fee for Service - Link to Quality &amp; Value</td>
<td>APMs Built on Fee-for-Service Architecture</td>
<td>Population-Based Payment</td>
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<td>Foundational Payments for Infrastructure &amp; Operations (e.g., care coordination fees and payments for HIT investments)</td>
<td>APMs with Shared Savings (e.g., shared savings with upside risk only)</td>
<td>APMs with Shared Savings and Downside Risk (e.g., episode-based payments for procedures and comprehensive payments with upside and downside risk)</td>
<td>Condition-Specific Population-Based Payment (e.g., per member per month payments, payments for specialty services, such as oncology or mental health)</td>
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<td>Pay for Reporting (e.g., bonuses for reporting data or penalties for not reporting data)</td>
<td>Comprehensive Population-Based Payment (e.g., global budgets or full/percent of premium payments)</td>
<td>Integrated Finance &amp; Delivery Systems (e.g., global budgets or full/percent of premium payments in integrated systems)</td>
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<td>Pay-for-Performance (e.g., bonuses for quality performance)</td>
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https://hcp-lan.org/apm-refresh-white-paper/
What We Are Doing Cont’d

• **VBP Scorecard**
  - Provider Performance Reporting (Metrics & Measures)
    - Prevention: Risk Assessments, Sealants, Fluorides
    - Access to Care & Cost of Care
  - Incentives: Monetary and Non-Monetary Rewards
    - Reimbursement for meeting metrics
    - Star Ratings, Reviews, Awards

• **Communication & Education Plan**
  - Developing trainings and communications for all stakeholders
  - Equipping all stakeholders with tools, mechanisms and resources to secure and manage VBP contracts
  - Partnership for Oral Health Advancement: Educational Modules and Continuing Education Credits

• **DentaQuest System Enhancements**

Source: CHQPR
Engaging the Patient

The healthcare system is complex and insufficient cross-discipline communication make it amazingly difficult to navigate.

Care coordination is a fundamental aspect of overall population health and assists organizations and care teams to shift their focus from a diagnose-and-treat to optimize what happens between episodes of care.

In many cases, this means addressing social and wellness aspects of patients' lives outside the healthcare system.

In dentistry, care coordination has been focused on improving broken appointment/no-show rate.

Tenants of Patient Engagement

“Patient engagement is the act of patients and providers working together toward the end goal of improved patient wellness.”

- Access to Care
- Patient Activation
- Patient Satisfaction
- Patient-Provider-Care Team Communication
- Care Team Satisfaction
## What Does it Look Like?

<table>
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<tr>
<th><strong>TRADITIONAL DENTAL CARE</strong></th>
<th><strong>VALUE-BASED ORAL HEALTH CARE</strong></th>
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<tr>
<td>Fee-for-service model incentivizes high cost, complex procedures and focuses on volume</td>
<td>Providers paid to care for a population; incentives for preventing dental disease</td>
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<td>Treating dental disease after it occurs</td>
<td>Prevention-focused, minimally invasive care that includes innovative new solutions for better health outcomes</td>
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<tr>
<td>Dentistry is siloed; limited interaction with other health care disciplines</td>
<td>Incentives for medical-dental integration between primary care and dental providers</td>
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<tr>
<td>Electronic dental records store information and meet billing needs</td>
<td>Electronic health records focused on linking quality to care</td>
</tr>
<tr>
<td>All patients receive the same care, regardless of need, which can waste resources</td>
<td>Patients receive risk-based care that corresponds to their needs; the appropriate distribution of resources</td>
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</table>
OUR DISEASE MANAGEMENT STORY
Risk-Stratified Care and Population Health Medicine

American Academy of Family Physicians

• “Risk-stratified care management (RSCM) is the process of assigning a health risk status to a patient, and using the patient’s risk status to direct and improve care. The goal of RSCM is to help patients achieve the best health and quality of life possible by preventing chronic disease, stabilizing current chronic conditions, and preventing acceleration to higher-risk categories and higher associated costs.”
Risk-Stratified Care and Population Health Medicine

Adapted From: Health Care Advisory Board interviews and analysis.
Measurement for Dental Caries Management

Process Measures
• % of patients with caries risk assessed
• % of patients with SMG reviewed
• % of treatment plans completed within 12 months of being established

Outcome Measures
• % of initially high-risk patients with new caries lesions
• % of initially high-risk patients with decreased risk status
• % of initially low-risk patients with risk status maintained
Telling the Story of Improvement

Displaying data over time allows us to make informed predictions, and thus manage effectively.

- Huddles tried
- Calibration training held
- Reminders built into EDR

Direction of Goodness
Are disease management efforts helping patients achieve better health?

Work to improve specific processes and track over time

Focus on oral health outcome
What About Here - Are Patients Getting Healthier?
Wait a minute. Wait a minute Doc, uh, are you telling me you built a time machine ... out of a DeLorean?

The way I see it, if you’re going to build a time machine into a car, why not do it with some style?
Risk-Stratified Annual Surgical Dental Intervention Costs

Number of Patients with Surgical Dental Interventions, by Risk

- High Risk: 17,867
- Moderate Risk: 7,168
- Low Risk: 2,680

Box and Whisker Plot of Risk Stratified Annual Surgical Dental Intervention Costs

- Low Risk
- Moderate Risk
- High Risk

Costs:
- Low Risk: $271 - $135 - $72
- Moderate Risk: $613 - $297 - $152
- High Risk: $434 - $210 - $112
QUESTIONS?
Webinar Evaluation

https://www.surveymonkey.com/r/June27DQPWebinar

*Must complete by **EOD Wednesday, July 3** in order to receive CE credit
Next Webinar

Teledentistry – Closing Gaps in Oral Health

Presenters: Dr. William Bailey, Dr. Paul Glassman, Sharity Ludwig

Thursday, July 25 2-3 p.m. ET

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www.dentaquestpartnership.org