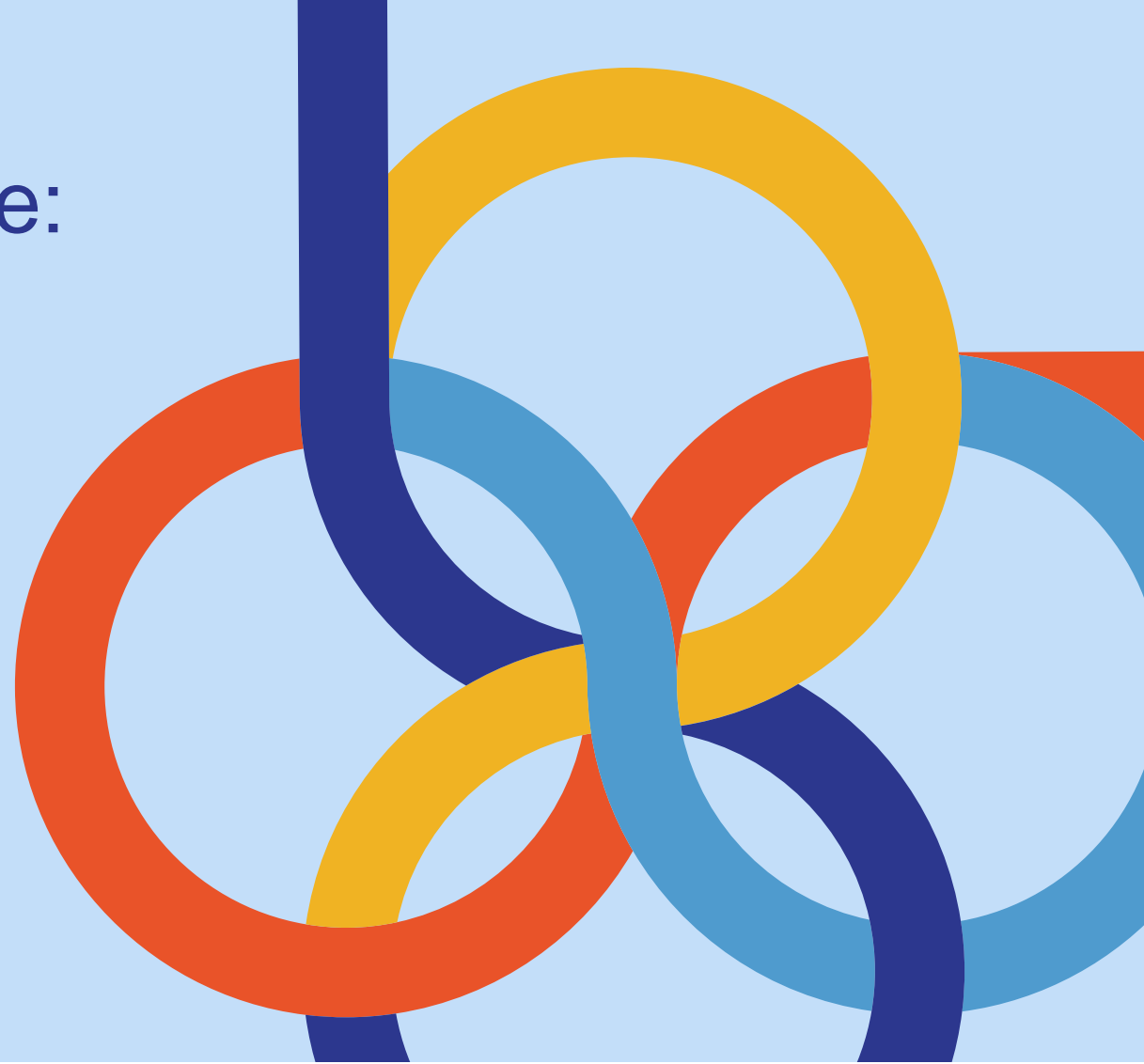


The Shape of Things to Come: Value-Based Care

Missouri Oral Health Summit
March 3, 2023



We are building
a future where
every person
can reach their
full potential
through optimal
health.



Driving Change Through 5 Areas of Activation

To drive meaningful change, we approach key oral health issues from a variety of perspectives and through a variety of tools.



Disclosure

Speaker has no relevant financial relationships to disclose.

Learning Objectives

At the end of this session, you'll be able to:

1. Describe the current healthcare environment.
2. Define value-based care and identify how it is applicable within oral health.
3. Identify opportunities to enhance dental team readiness for value-based care.

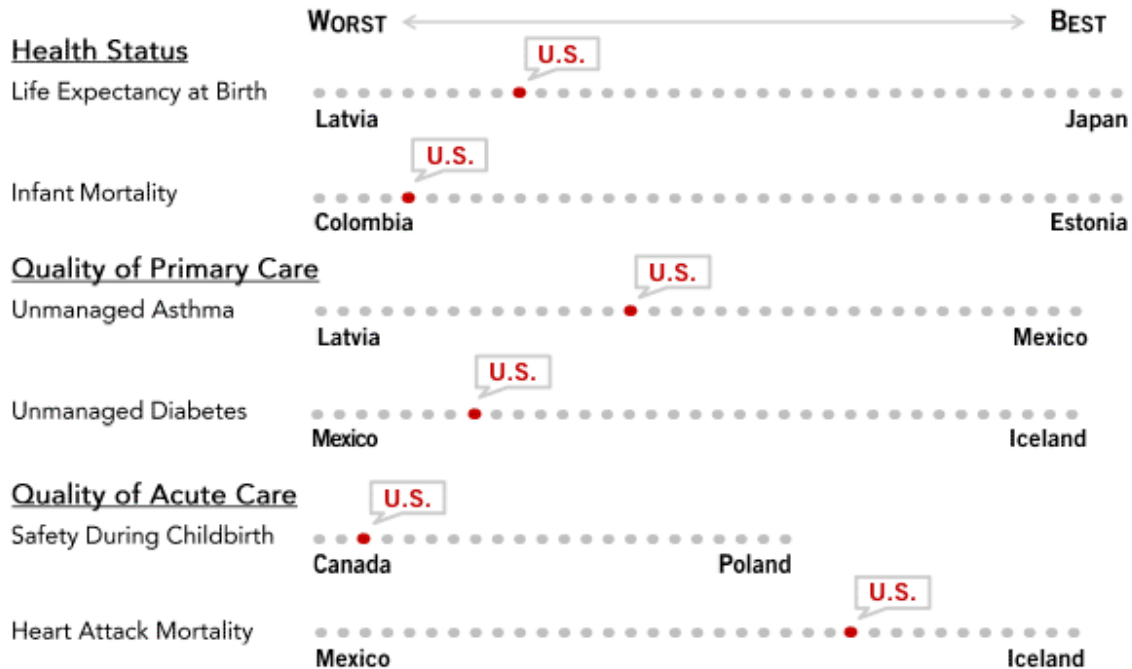
What is Value-Based Care?

Why are we seeking it?

Rising Costs, Worse Health Outcomes



Although the United States spends more on healthcare than other developed countries, its health outcomes are generally not any better



SOURCE: Organisation for Economic Co-operation and Development, OECD Health Statistics 2020, July 2020.
 NOTES: Data are not available for all countries for all metrics. Data are for 2019 or latest available.
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CHRONIC DISEASES IN AMERICA

6 IN 10
Adults in the US
have a **chronic disease**

4 IN 10
Adults in the US
have **two or more**

THE LEADING CAUSES OF DEATH AND DISABILITY
 and Leading Drivers of the Nation's **\$3.8 Trillion** in Annual Health Care Costs

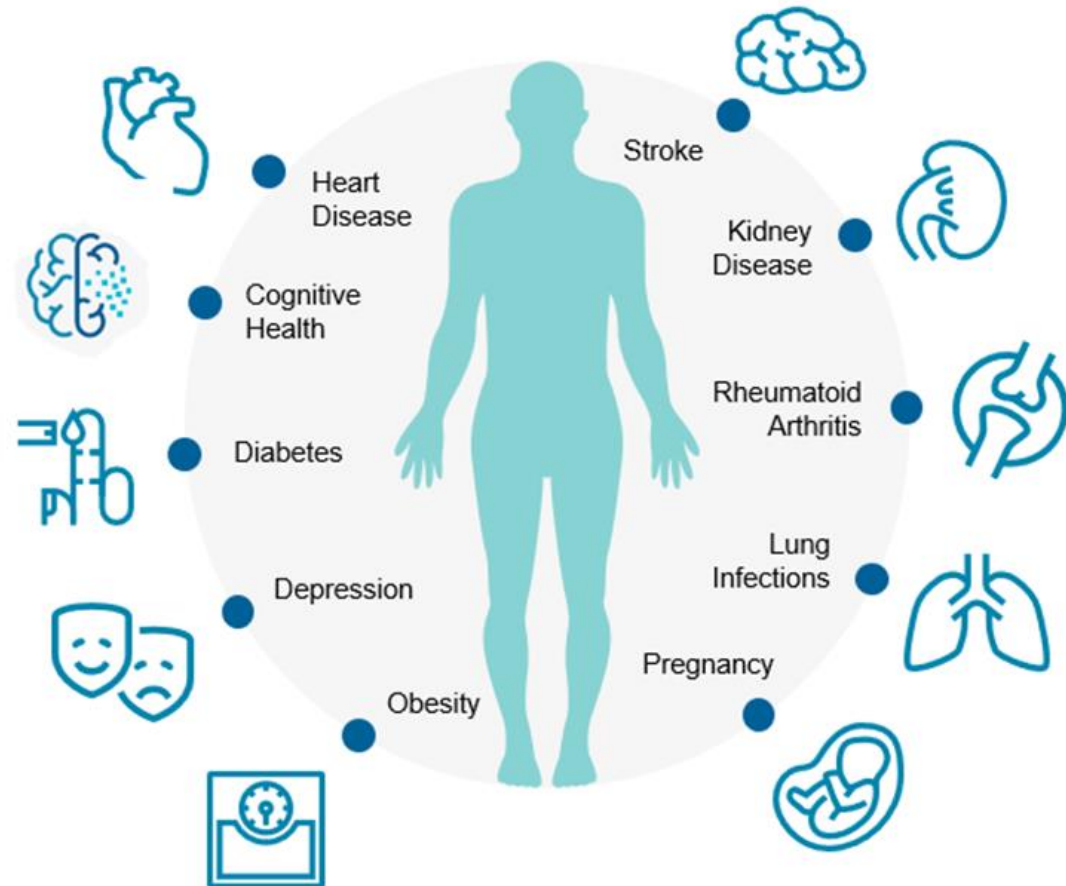
Mouth – Body Connection

The health care system could save up to

\$100M

each year if dental offices performed screenings for **diabetes, high blood pressure, and high cholesterol**

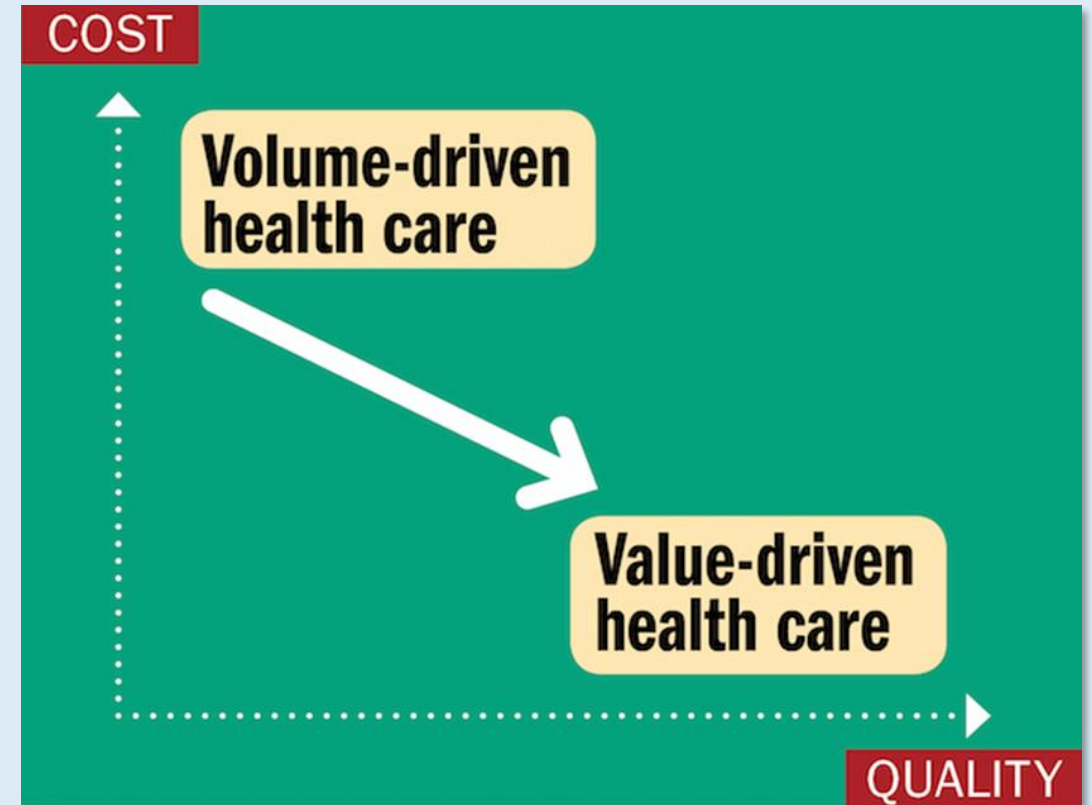
Medical-dental Integration between **oral health** and **chronic disease prevention programs** benefits patients and saves money.



How Do We Define Value?

$$\text{Value} = \text{Quality} / \text{Cost}$$

Value is realized when quality and outcomes improve while cost of care decreases or remains the same



Value- Based Care

a healthcare delivery model
in which providers are paid
based upon making patients
healthier while reducing costs
of care



A **value-based system** can improve shared vision for oral health **access** and **equity**.



Provide the right care

- Evidence-Based
- Person-Centered



To the right people

- Equity & Access
- Risk-Based
- Alternate Settings



For the best outcomes

- Focus on Prevention
- Whole Health
- Interprofessional Practice
- Measurement
- Incentives

Realizing Value-Based Care in Oral Health

**Value
Transformation**



Equitable: focus on identifying and addressing disparities through data insights, population health management, and enhancement of alternative care settings



Accessible: Improve quality of care delivery while addressing community health (SDOH)



Integrated: Shared care opportunities between medical and dental professionals and community resources

VBC Transformation

Care Delivery

- Transitioning from reconstruction to prevention
- Early detection of disease risks and disease states
- Tailoring interventions for each individual need
- Integrating services with a common overarching mission

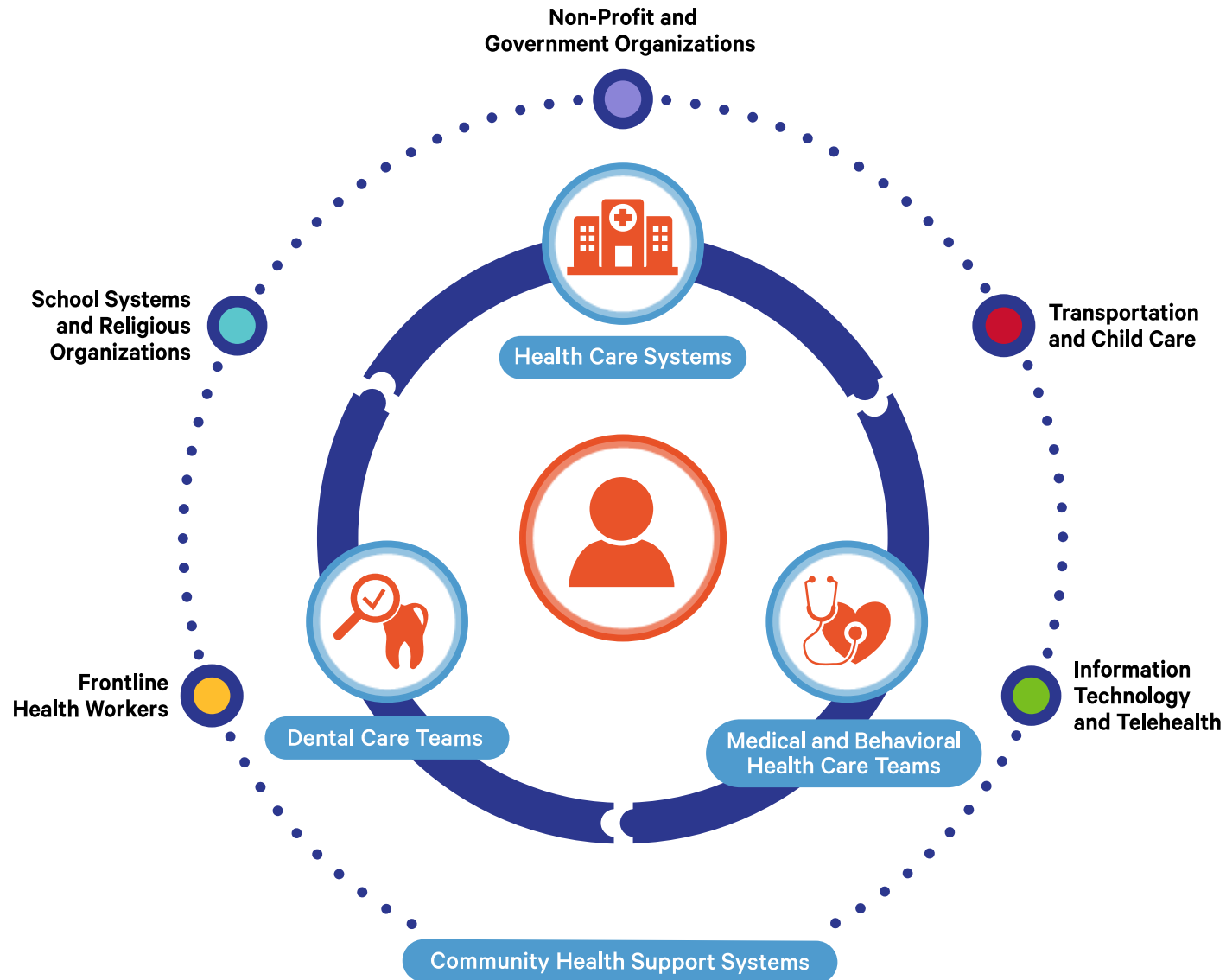
Infrastructure

- Preparing for new payment models
- Workflow changes
- Measurement and Data Analytics

People/Partnerships

- Team-Based Care
- Social determinant needs and use of community-based resources
- Leadership support and planning

Integrated, Person-Centered Care



Population Health

Existing Model



A “one-size-fits-all” model, where the same level of resource is offered to every patient, is clinically ineffective and expensive

Transformation



Enables providers to identify the right level of care and services for distinct subgroups of patients based on their risk level

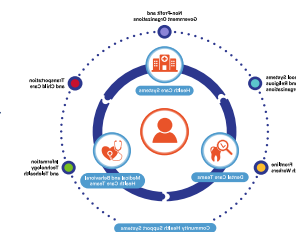


Segmenting the population according to health care needs allows for personalized care models and efficient targeting of resources at a lower cost

Evolving Care Models from an Oral Health Perspective: Elements of Integration for Dental Care Teams



	Not Integrated	Low Integration	Moderate Integration	High Integration
Care Delivery & Coordination	No coordination or referrals	Passive referrals Risk assessment Team-based care	Bidirectional referrals Disease management Individuals w/i care teams practicing at top of license	All providers sharing responsibility for care management
Equity	Bifurcated structure to medical and dental coverage	Community engagement Identifying social needs (physical, social, emotional)	Identifying and addressing individual needs (physical, social, emotional)	Person-centered, holistic Strong community engagement
Data Sharing	No data sharing	Practice-to-practice processes for data transfer	System processes for data transfer	Integrated EHRs Interoperability
Measurement	Limited measures (provider performance or population health)	Symmetry or alignment in process metrics (access, service delivery, referral completion, etc.)	Shared process metrics and outcome metrics	Health outcome-based, cost and patient satisfaction levels indicators of success Predictive analytics
Payment	FFS	FFS or lower-level dental APM (including physician-administered oral health services)	APM Shared Performance Incentives	Global Payment and/or Integrated Financing



Team-Based Care

STRUCTURE OF THE TEAM

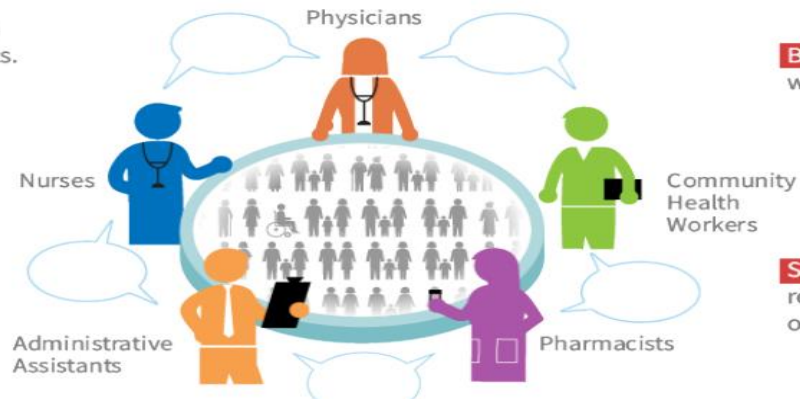
There is no ideal team size or composition. These depend on the **needs and size of the patient group**, as well as the competencies of the health workforce.



TEAM CULTURE

Team members should work to build a strong team culture to support patients. It is important that team members:

Communicate about delegation of responsibilities



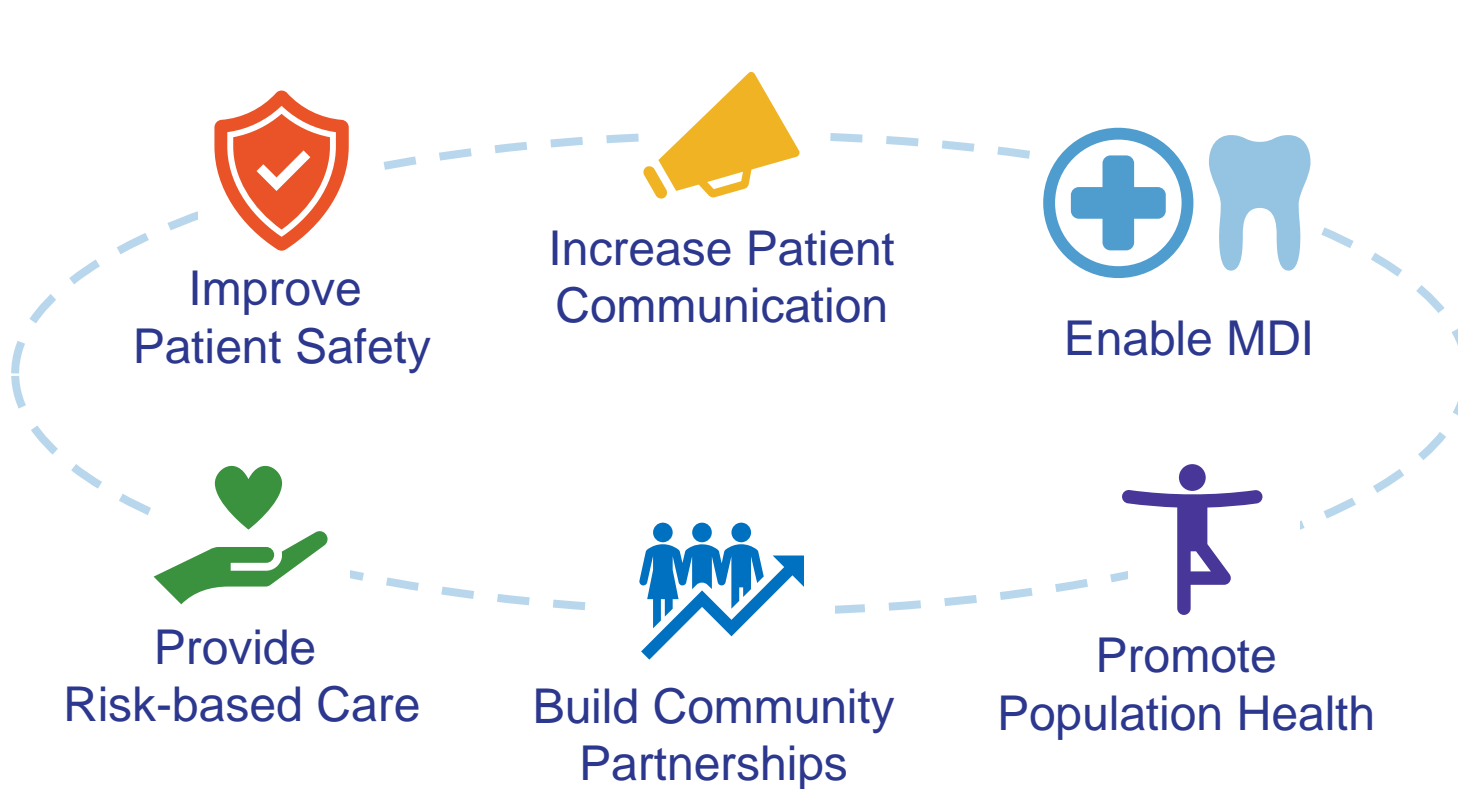
Build respect and trust within the team

Share a sense of collective responsibility for the health of their patients.

Hmm..
Where are we on here?



Improving Health Through Coordinating Care



68.5%

of providers could recall an instance when access to medical or dental information **would have improved care.**

Expanding Our Teams

Physician, NP, PA

Dentist

Dental Hygienist

Dental Therapist

RN

Dental Assistant

Medical Assistant

CHWs/Promotores

Peer Coaches & Navigators

Front Office

IT Programmers

Leadership



What if you know a patient that:



But Also...

What if you are unable to determine any of this?

What if this represents a significant portion of your patient-base?

What if you are being paid for outcomes rather than services?

Addressing SDOH

Guidelines were developed that can facilitate other CHCs in addressing social determinants of health in strategic action planning and policy development. The 8 guidelines are to:



Data & Measurement

“Understanding your system is the beginning step in making any type of improvement”

Role of Data

- Understanding the current system
 - Infrastructure
 - Barriers and enablers
 - How well it performs
- Establishing baselines



“Without data, you're just another person with an opinion.”

W. Edwards Deming

Question

What kind of data does your organization collect and review to inform clinical and operational decision making?

- a. Clinical data
- b. Financial data
- c. Demographic data
- d. Social needs data
- e. We do not collect or review data
- f. Not applicable to me

Value of Data



Gives insight into patient needs, operations, care delivery and financial status



Helps determine where opportunities for improvement exist



Essential to understanding value of provided care



Improves provider alignment and ability to deliver comprehensive care

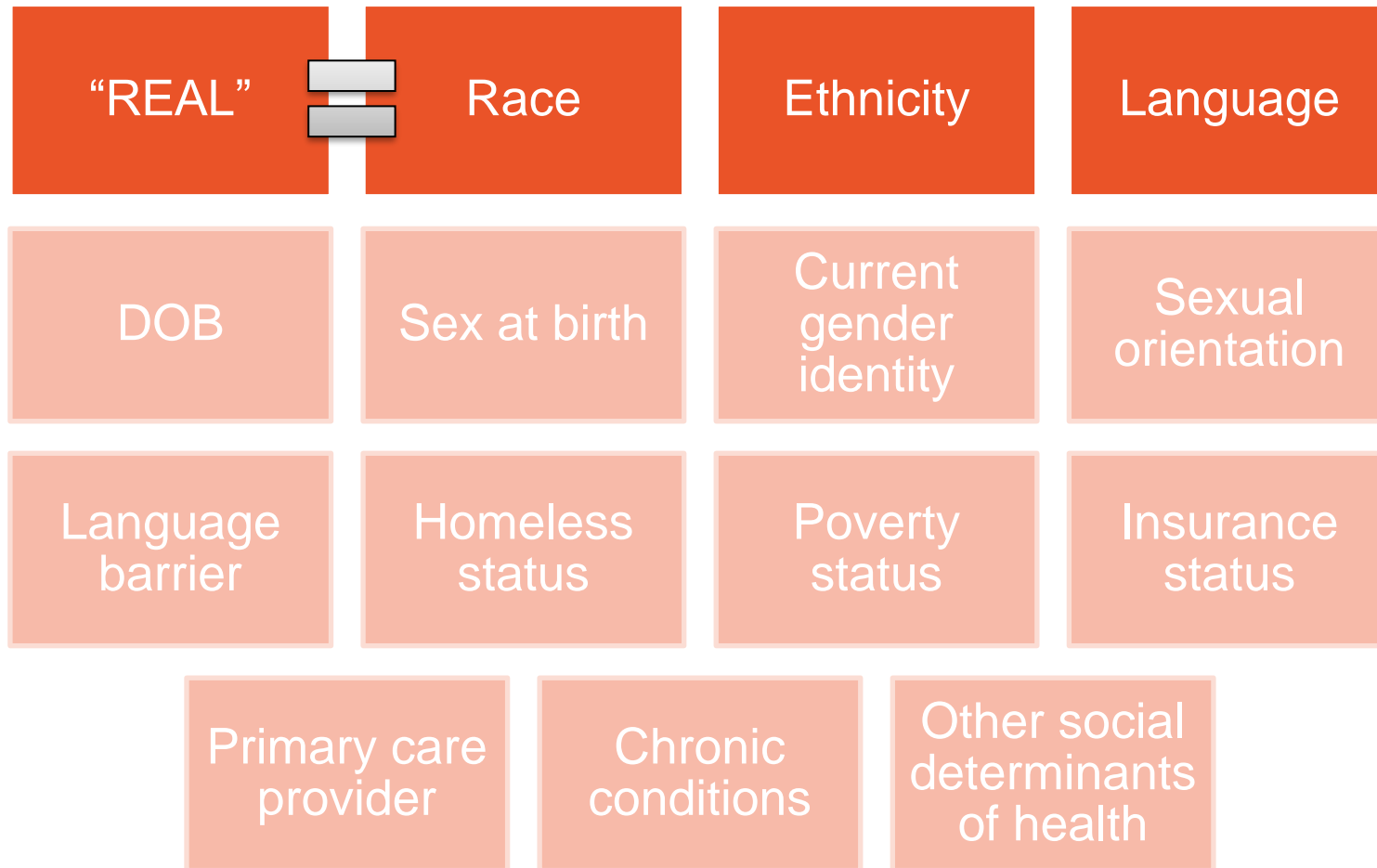


Provides insight into health equity among community and patient population

Keeping Equity Central to Oral Health



Enhancing “REAL” Data to Start



Value

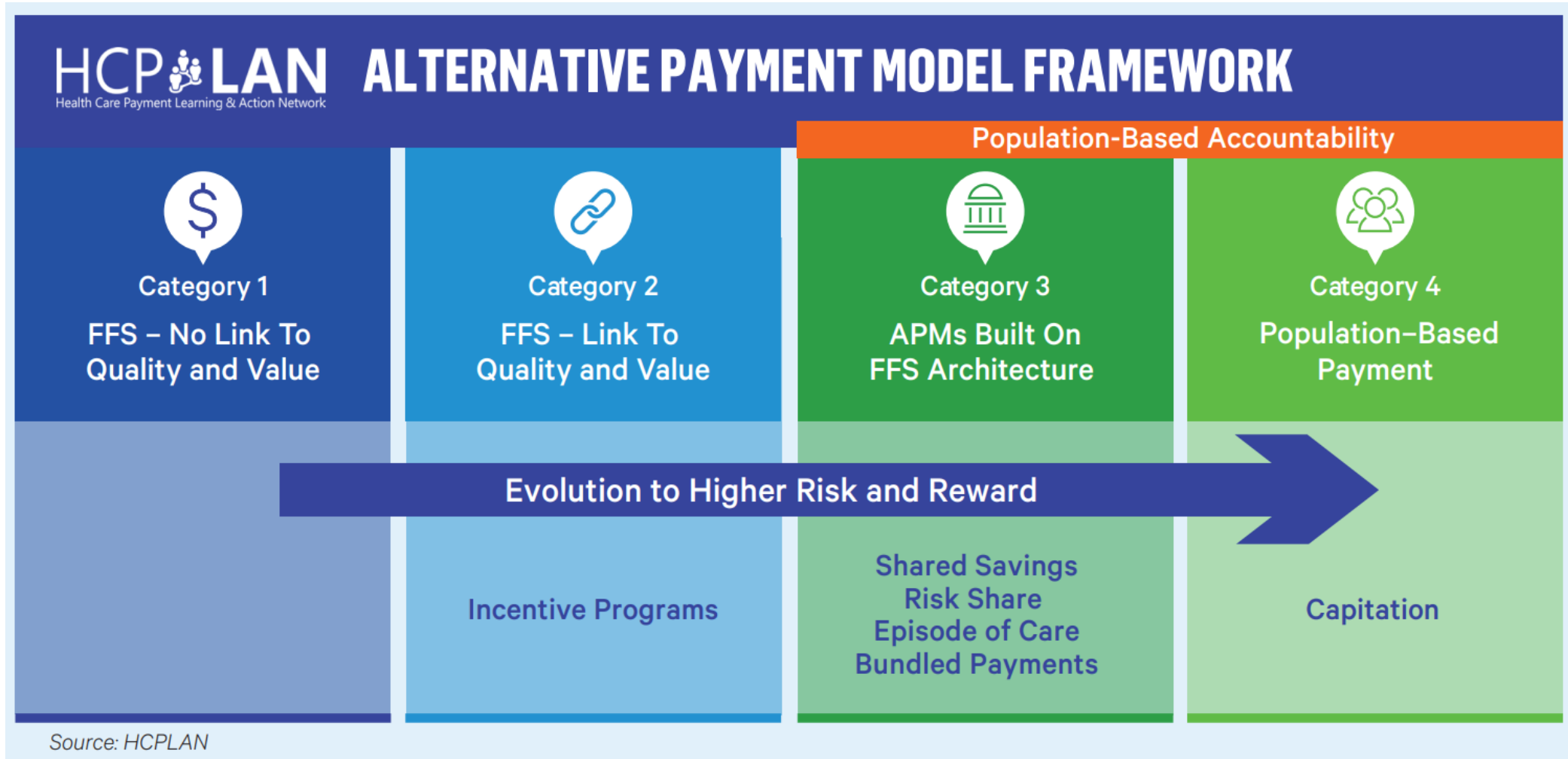
- Measure and address clinical and nonclinical needs
- Personalize care
- Equity insight

Value-Based Care vs. Value-Based Payment

Value-based care (VBC) is a care delivery model in which providers are rewarded for quality health outcomes rather than the quantity of care delivered.

Value-based payment (VBP) is a broad set of performance-based strategies that link financial incentives to a provider's performance on a broad set of defined quality measures.

Value-Based Care Payment as an Enabler



Value-Based Payment Example

Common in several states



Reimbursement Model

- Fee-for-service with pay-for-performance (P4P) bonuses paid quarterly or annually for achieving agreed upon operational and clinical goals
 - % children needing sealants receiving sealants
 - % assigned/attributed patients receiving a CRA

Value-Based Payment Example

Arizona Medicaid

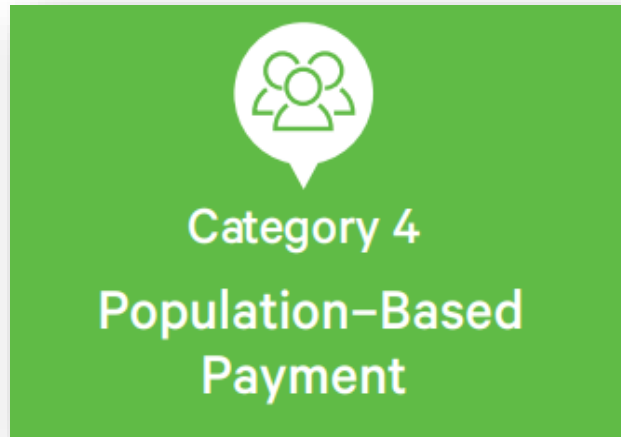


Reimbursement Model

- Encounter rate adjusted annually based on performance against 3 quality metrics
 1. Colorectal cancer screening
 2. HbA1c scores among patients with diabetes
 3. Child and Adolescent weight assessment and counseling
- Applies to all medical, behavioral, and dental face-to-face encounters

Value-Based Payment Example

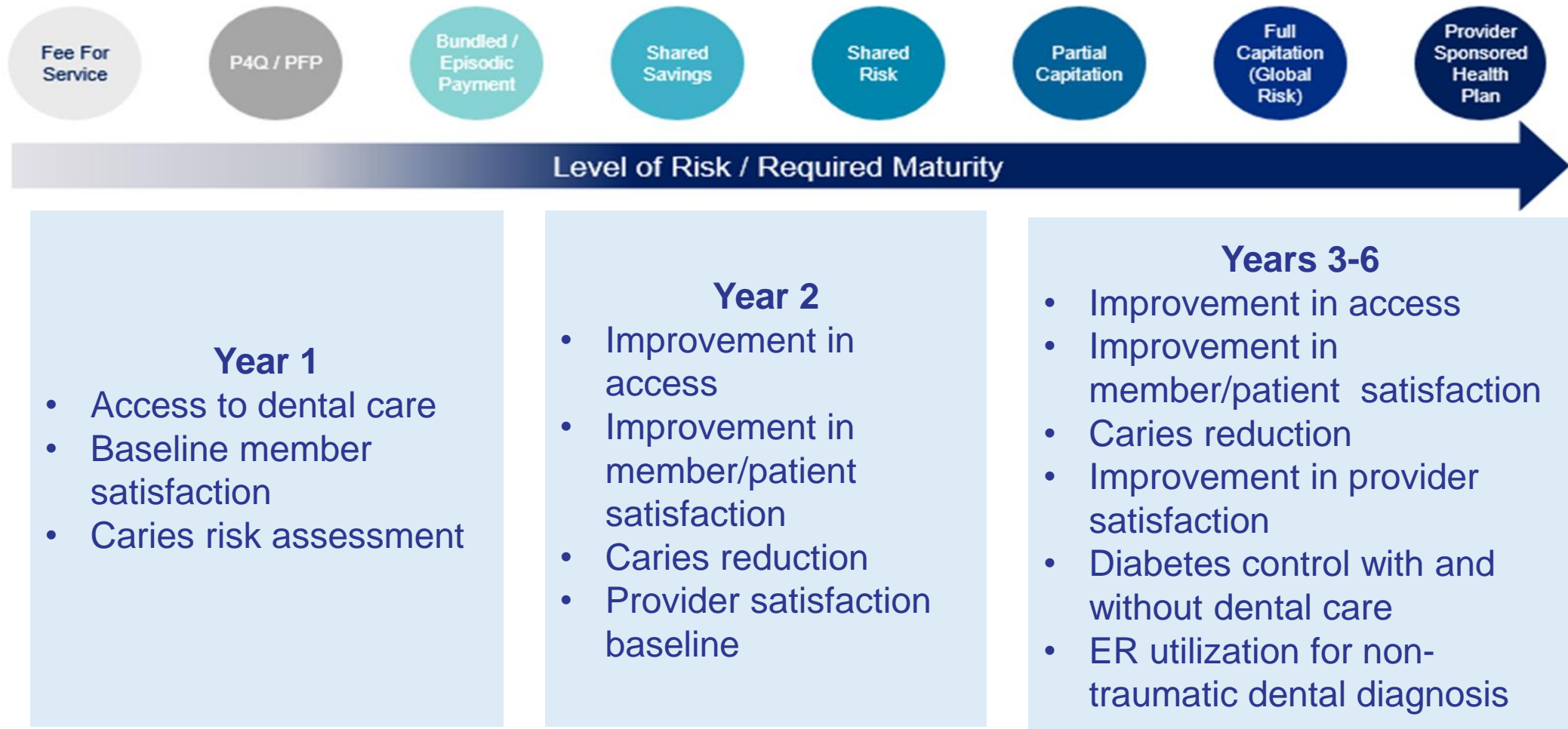
Oregon Coordinated Care Organizations



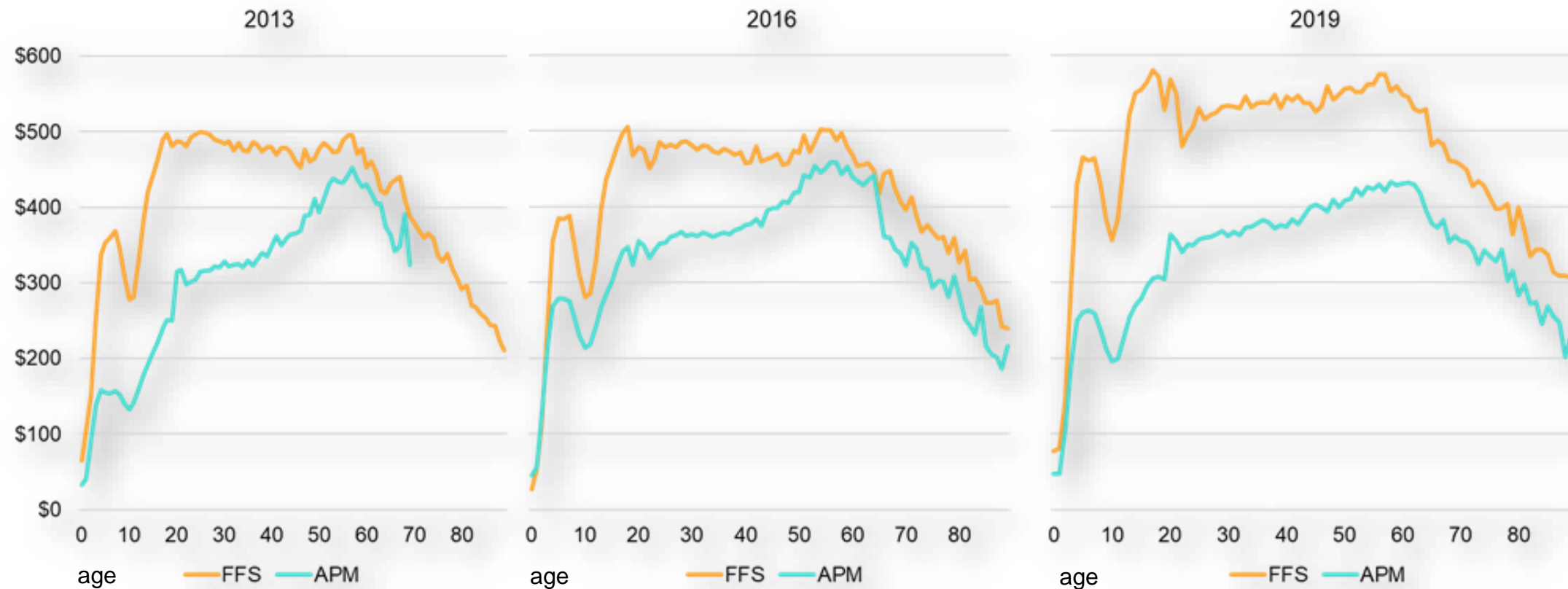
Reimbursement Model

- Fixed dollar amount paid to provide care to patients that have a specific condition(s) in a given time period, such as a month or year.
- Payments are based upon the care or conditions of populations.
- Non-specified conditions remain reimbursed under FFS or other payment method.
- Provider is at full risk for management of the care to their patients within the budget (i.e., fixed dollar amount)

Measurement Progression in Value-Based Contracting



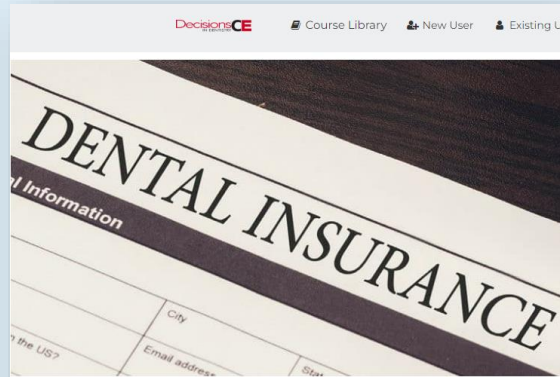
APMs in Oral Health: Recent Outcomes Focused Report



“Perhaps the deepest challenge in implementing VBP in oral health care is related to how electronic data are used at both the practice and system level, including gaps in coding, data collection, exchange, and analysis.”

Center for Healthcare Strategies

APMs in Oral Health: CEUs and Resources



Update on Alternative Payment Models in Oral Healthcare
This new analysis paints a fresh perspective on traditional versus emerging reimbursement models for dental services.
By Caroline D McLeod, RDH, MS, Madhuli Samtani, BDS, MPH, Adrianna MPA and Eric P. Tranby, PhD — On Nov 17, 2022

PURCHASE COURSE

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The past decade has seen that de-emphasizes the value of payment for the quality of payment. This transformation is rising cost of U.S. healthcare associated health outcomes, chronic disease, lack of ad



<https://decisionsindentistry.com/article/update-alternative-payment-models-oral-healthcare/>



TUSK
FREE Dental Practice Valuation
Learn the true value of your dental practice when selling to a DSO/OPG/ISO.

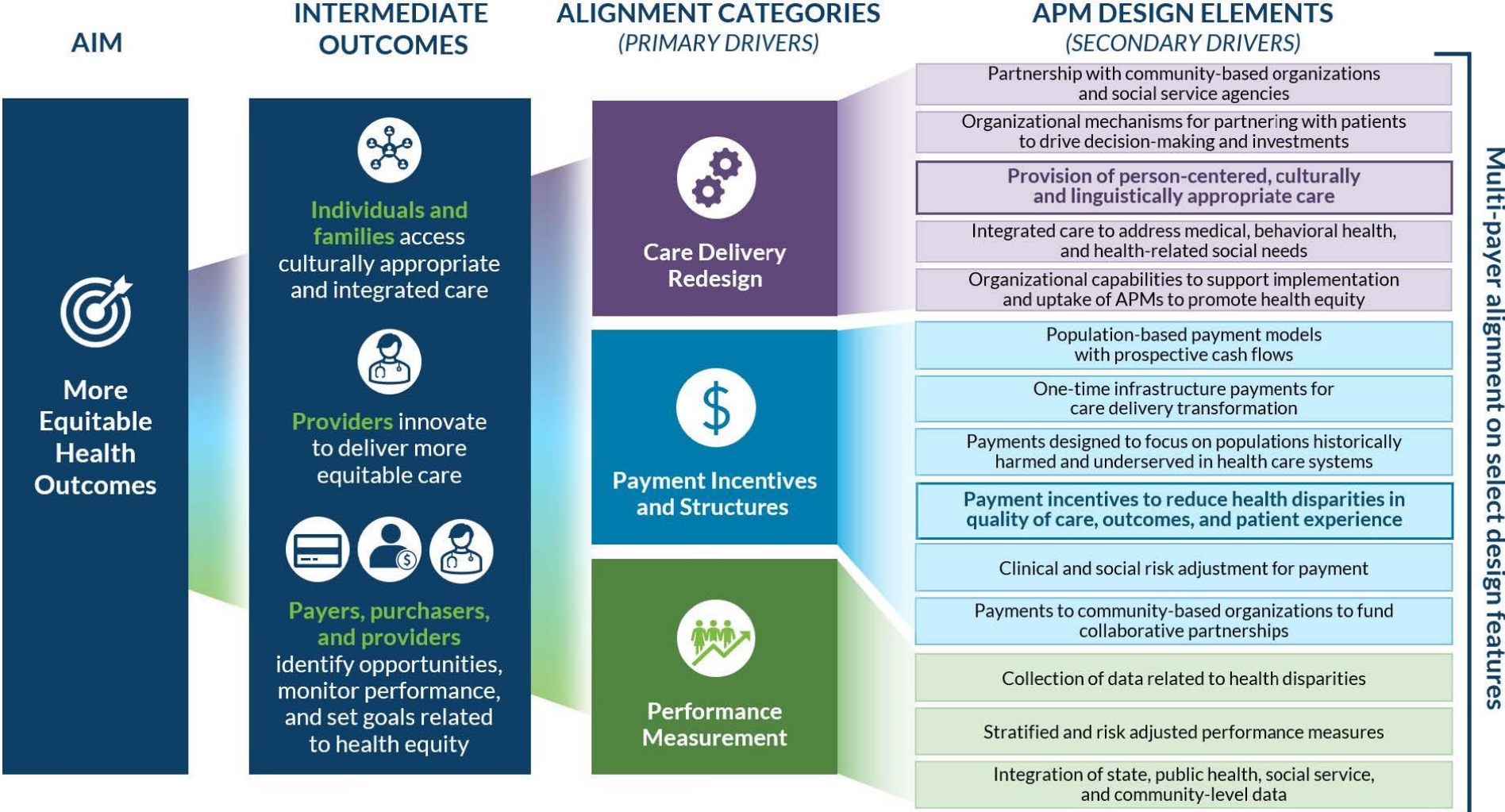
LATEST

From the dentist survival
Anna Fil
Dental O



<https://www.dentaleconomics.com/macro-op-ed/dental-outreach/article/14282099/valuebased-payment-alignment-a-case-study-for-oral-health>

HCPLAN: Advancing Health Equity through APMs

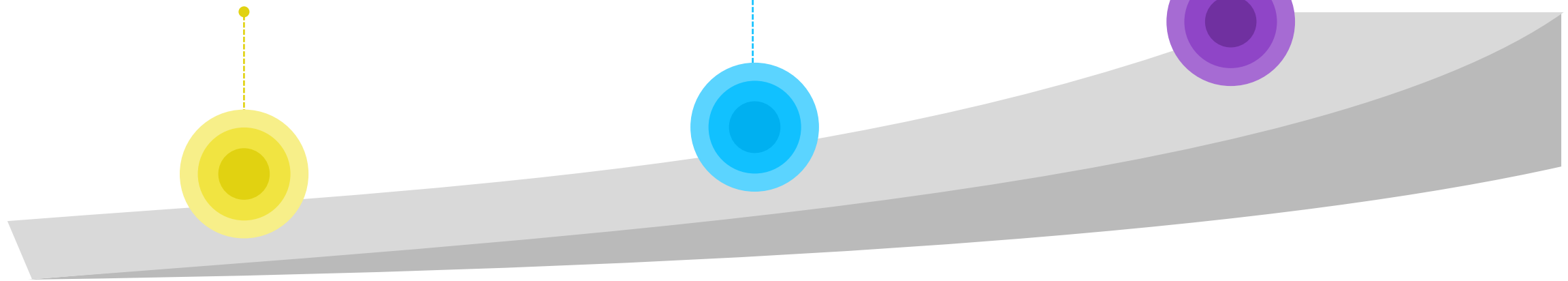


Key Opportunities for Audience

Increased awareness of changing healthcare delivery and payment models that will continue to involve dentistry

Understand local landscape of and advocate for oral health in value transformation

Help dental care teams be ready to participate!



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Questions?

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