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Role of the Oral Health Workforce in the Health Care Value Equation

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Marshfield, WI

Learning Objectives

1. Review the basic components of the value equation in health care
2. Review key historical elements of the dental-medical divide and the challenge of externalities
3. Describe organizational design approaches to reorient workers and workflow to the value approach
4. Workforce implications of health care redesign efforts
5. Explore changing dental workforce models and their impact on the health care value equation

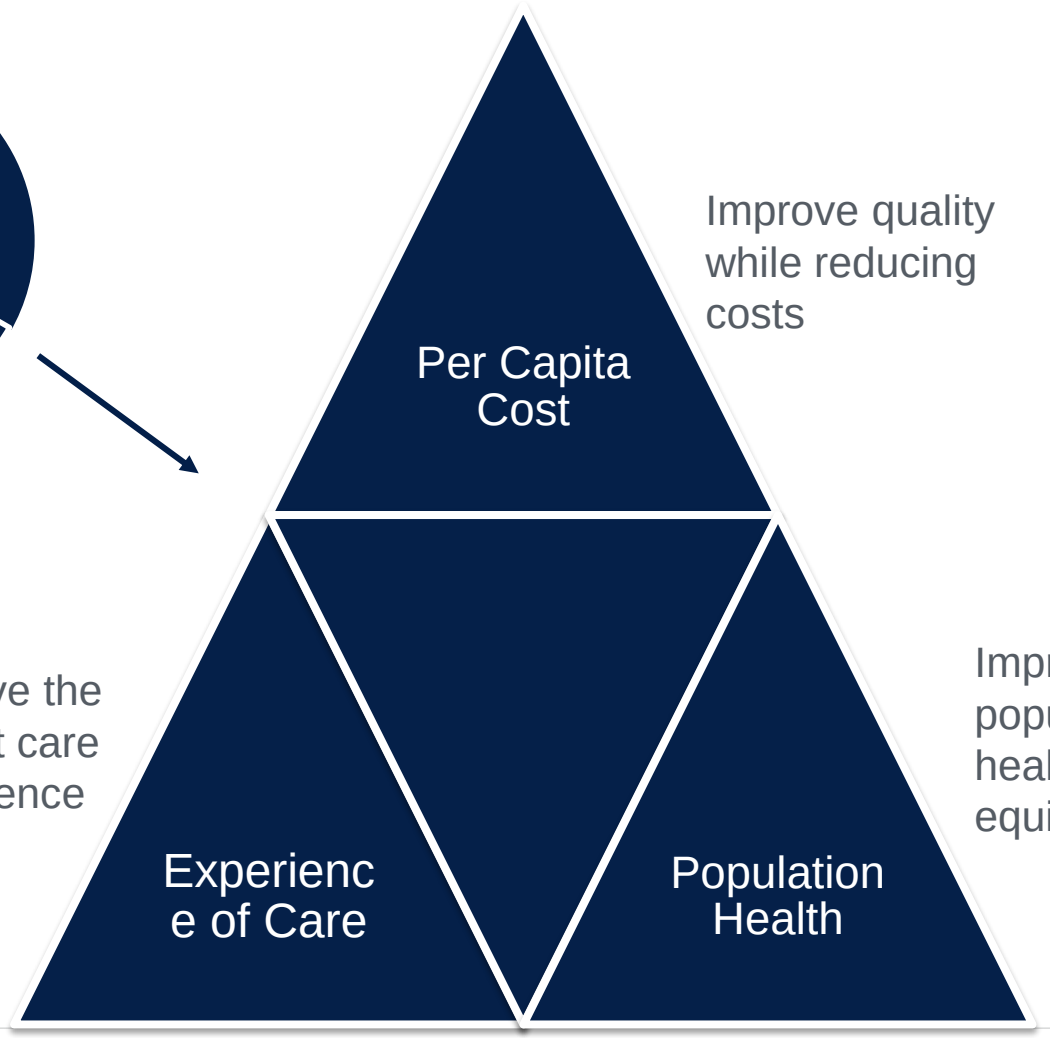
Definitions & Context

Learning Objective 1: Review the basic components of the value equation in health care

Value Based Care (VBC)

- A health care delivery model in which providers are rewarded for **quality health outcomes** rather than the quantity of care delivered, with the triple aim of better care for individuals and improved population health at lower cost.
- Following the Affordable Care Act (ACA), VBC was driven primarily by the Centers for Medicare & Medicaid Services (CMS) goals to prioritize value through Medicare contracting.
- In dental care, efforts are primarily in the children's' Medicaid payment space

Triple Aim: Better Care, Better Health, Lower Costs



Improve quality while reducing costs

Improve the patient care experience

Improve population health and equity

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Source: Institute for Healthcare Improvement. http://www.ihi.org/Engage/Initiatives/TripleAim/Pages/default.aspx

Quadruple Aim: Better Care, Better Health, Lower Costs, Engaged Workforce

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Source: Bodenheimer T, Sinsky C. From triple to quadruple aim: care of the patient requires care of the provider. *Ann Fam Med*. 2014;12(6):573–576.

The US dental workforce challenges

- Access to care problematic for 30% of US population
- Increasing dentist supply, but at great cost (avg debt is $250K+) and 8+ yrs of college+ education
- Geographic maldistribution of providers, highly segmented public/private markets
- High variations in capacity use (eg. low level of busyness reported in many private practices, high level of impacted public practices)
- Most providers not working to top of scope, high level of variation in scope by states

Value Equation in Health Care**

- Health outcome achieved per dollar spent*

  Hypothesis: If value improves, then patients, payers, providers, and suppliers can all benefit while the economic sustainability of the health care system increases.

*Porter, M. (2010) What is Value in Health Care. NEJM. 363:2477-2481. https://www.nejm.org/doi/full/10.1056/NEJMp1011024
**https://uofuhealth.utah.edu/value/value-equation.php

Value Equation in Health Care**

Health outcome achieved per dollar spent*

Equation principles

- Defined around
- Depends on resu Process is tactical toward these ends
- Shifts focus from volume to value
- Outcomes are condition specific and m
  - In equation above outcomes are represent of Care and Patient Experience
  - Re: Porter - quality usually means adherence to evidence guidelines, and quality measurement focuses overwhelm processes.
- Costs refer to full cycle of care, not individual service.
  - Value for the patient is created by providers' combined efforts over the full cycle of care.

Shift from production to quality

What the workforce does

How the workforce works together

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**https://uofuhealth.utah.edu/value/value-equation.php

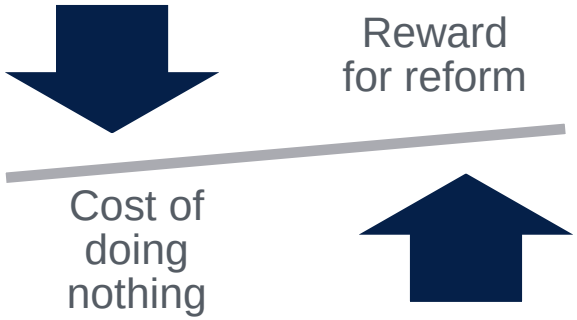
Value of/in Dentistry

Learning Objective 2: Review key historical elements of the dental-medical divide and the challenge of externalities

Historical separation across all sectors

- Workforce and education
- Delivery system
- Insurance design and coverage
- Federal and state policy
- Scientific discovery and research
- Technology and infrastructure

Externalities =

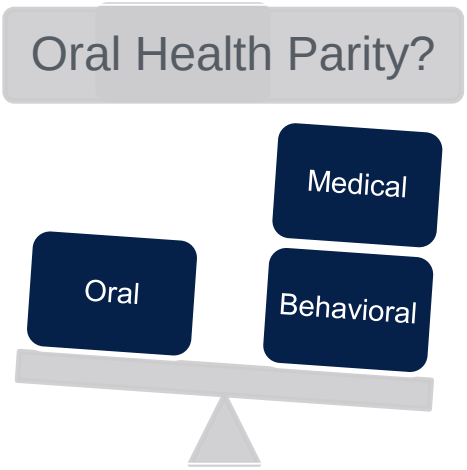


Value in Integration vs. Value in Separation?

Integration: promises to improve patient experience and outcomes through better screening, referral and coordination of care while reducing overall costs through better prevention and early treatment

- Few good models in direct health service delivery, better success in public health

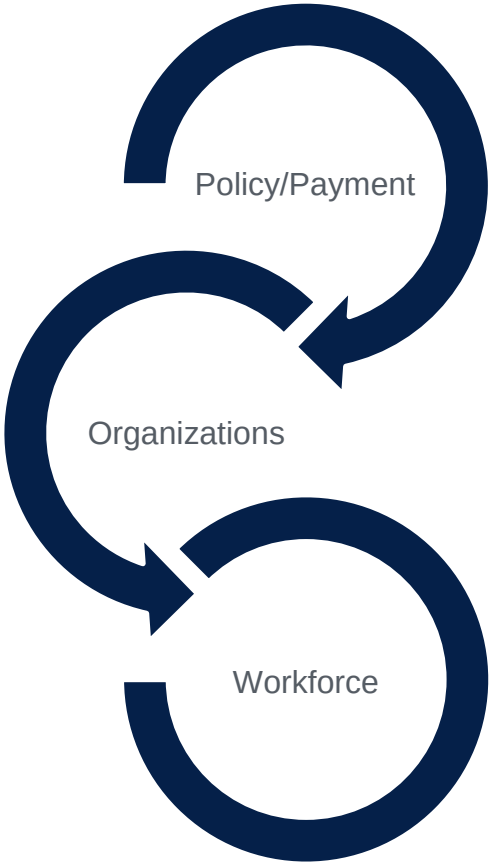
Separation: adopt policy approaches from medical or behavioral health and transport them to the dental field to drive value



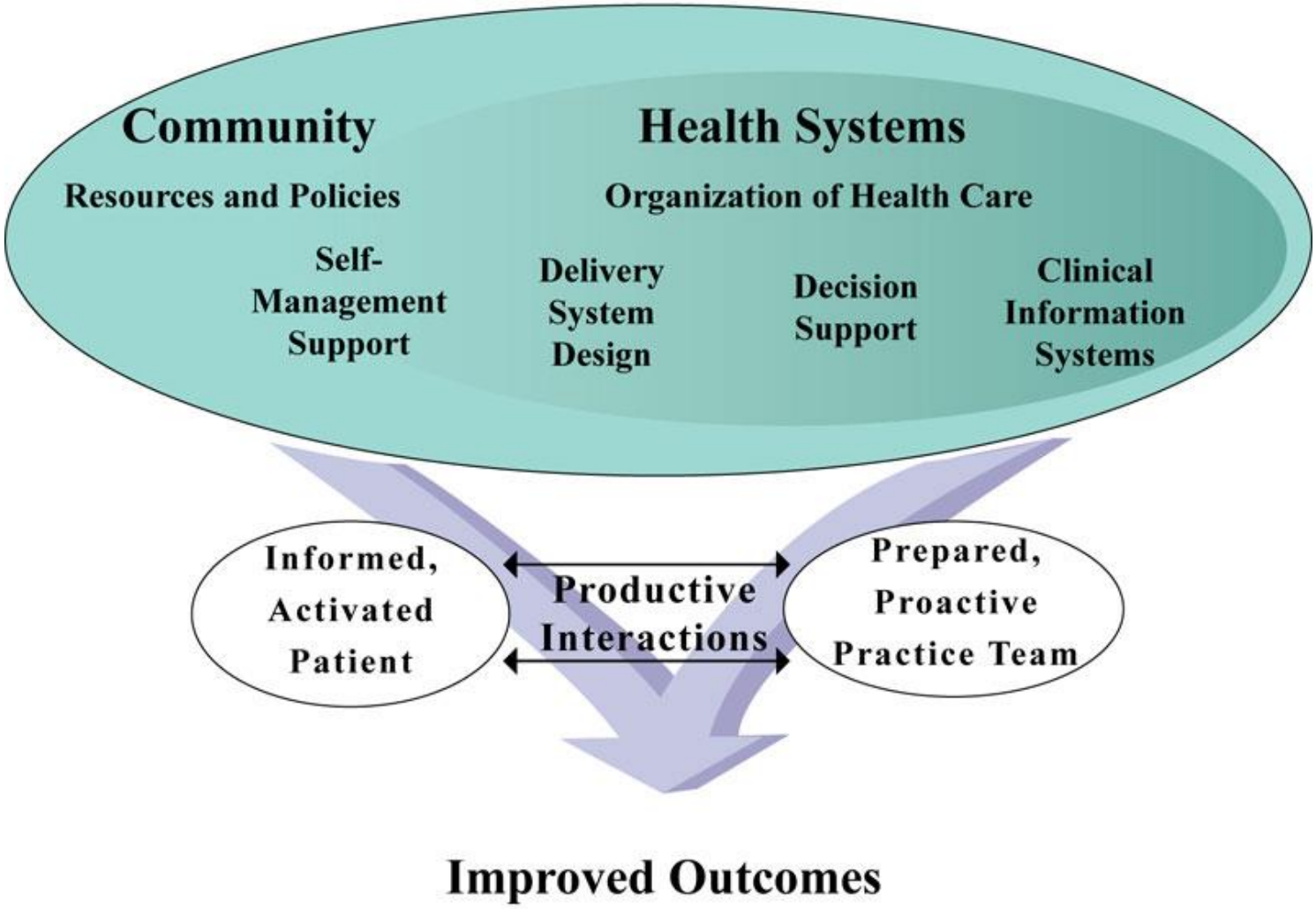
System-level reorganization of work

Learning Objective 3. Describe organizational design approaches to reorient workers and workflow to the value approach

Organizations! The missing link

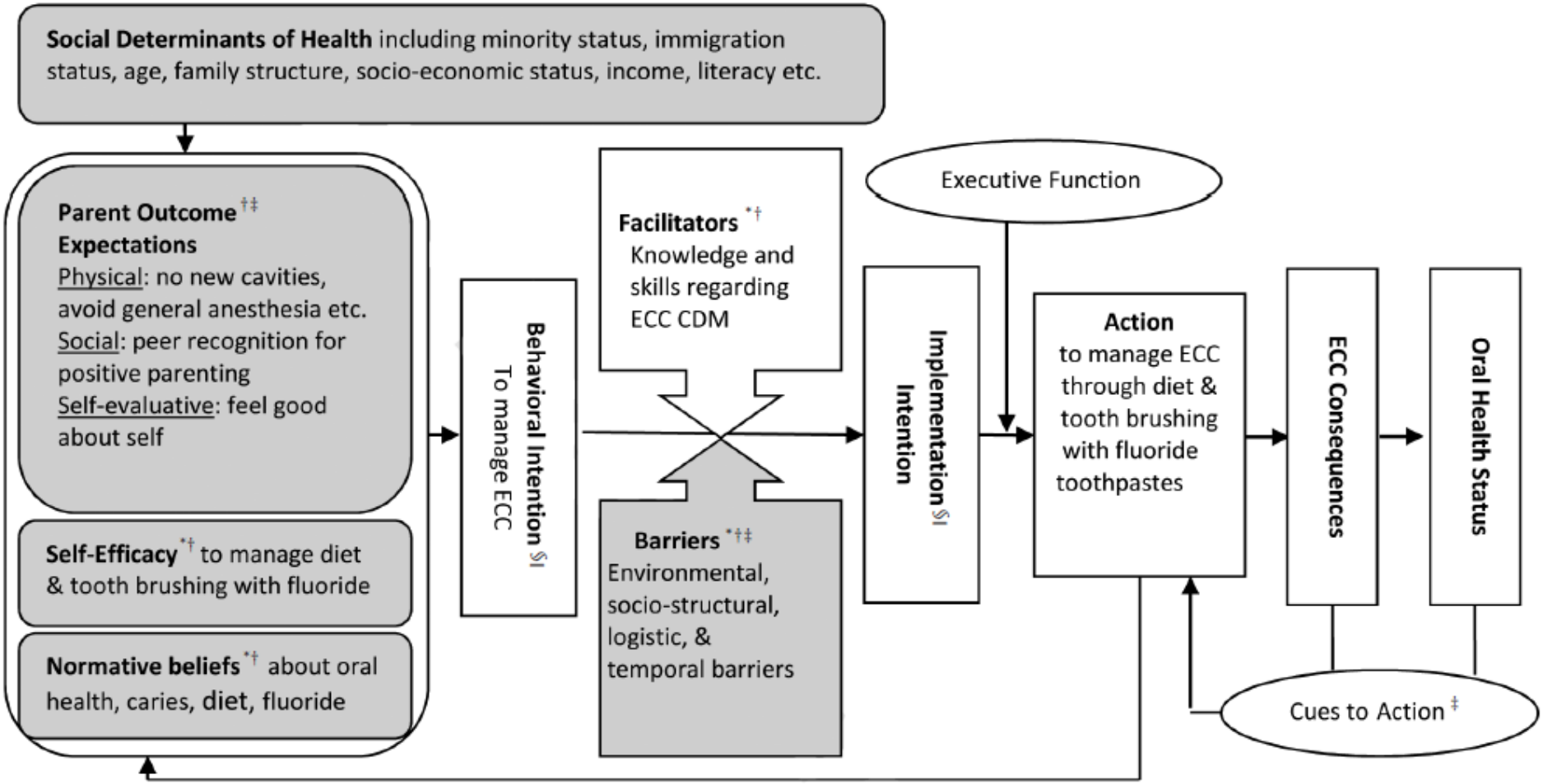


Chronic care model



Source: http://www.ihi.org/resources/Pages/Changes/ChangestoImproveChronicCare.aspx

Chronic Oral Disease Management



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Edelstein BL, Ng MW. Chronic Disease Management Strategies of Early Childhood Caries: Support from the Medical and Dental Literature. *Pediatric dentistry.* 2015;37(3):281-287.

Patient-centered medical homes

- **The medical home encompasses five functions and attributes: comprehensive care, patient-centered, coordinated care, accessible services, quality and safety**

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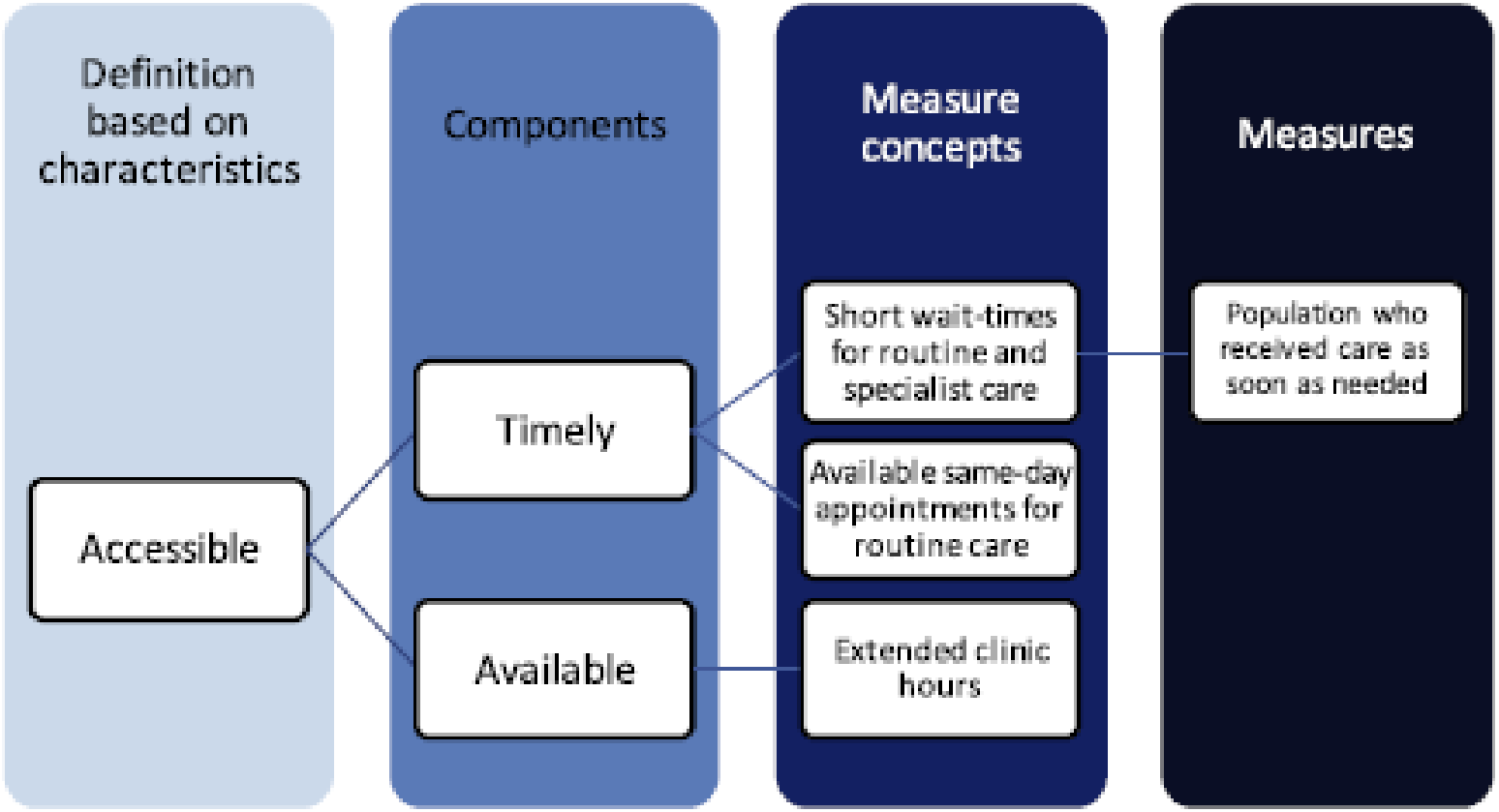
Source: AHRQ. https://pcmh.ahrq.gov/page/defining-pcmh

Patient-Centered Dental Home



Four-level framework used for PCDH model development [Colour figure can be viewed at wileyonlinelibrary com]

Damiano P, Reynolds J, Herndon JB, McKernan S, Kuthy R. The patient-centered dental home: A standardized definition for quality assessment, improvement, and integration. *Health services research.* 2018.

Accountable Care Organizations

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Source: CMS. https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ACO/
Graphic taken from ADA Health Policy Institute.
https://www.ada.org/~/media/ADA/Science%20and%20Research/HPI/Files/HPIgraphic_1015_1.pdf?la=en

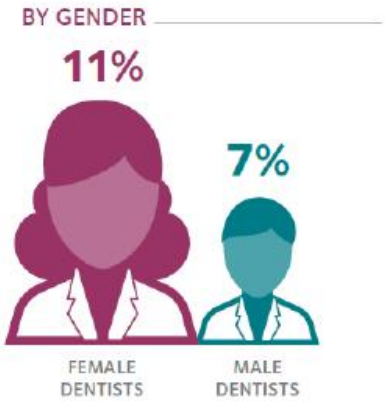
Dental and ACOs

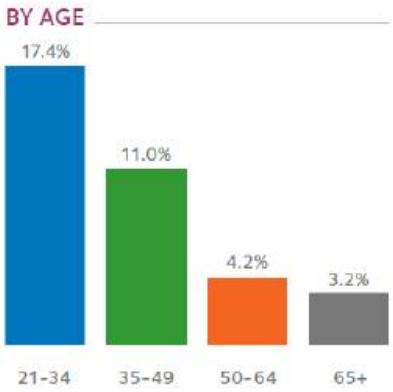
- Rationale is strong to include from patient, cost and overall health perspective
- Biggest limitation is lack of integrated health information technology
- As of 2016, only 14% of ACO's surveyed had any responsibility for dental
  - Those that did also tended to have vision, hearing & speech – so were more comprehensive in nature
- Oregon's health transformation has large ACO dental compoennt

- Colla CH, Stachowski C, Kundu S, Harris B, Kennedy G, Vujicic M. Dental care within accountable care organizations: challenges and opportunities. Health Policy Institute Research Brief. American Dental Association in partnership with The Dartmouth Institute for Health Policy & Clinical Practice. March 2016. Available from: http://www.ada.org/~/media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_0316_2.pdf.
- Blue C, Riggs S. Oral Health Care Delivery Within the Accountable Care Organization. The journal of evidence-based dental practice. 2016;16 Suppl:52-58.
- Mayberry ME. Accountable Care Organizations and Oral Health Accountability. *American journal of public health.* 2017;107(S1):S61-S64.

Dental Delivery System Trends

How Big are Dental Service Organizations?





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https://www.ada.org/~/media/ADA/Science%20and%20Research/HPI/Files/HPIwebinar05222018.pdf?la=en

Health workforce approaches and implications

Learning Objective 4: Workforce implications of health care redesign efforts

Examples of strategies include:

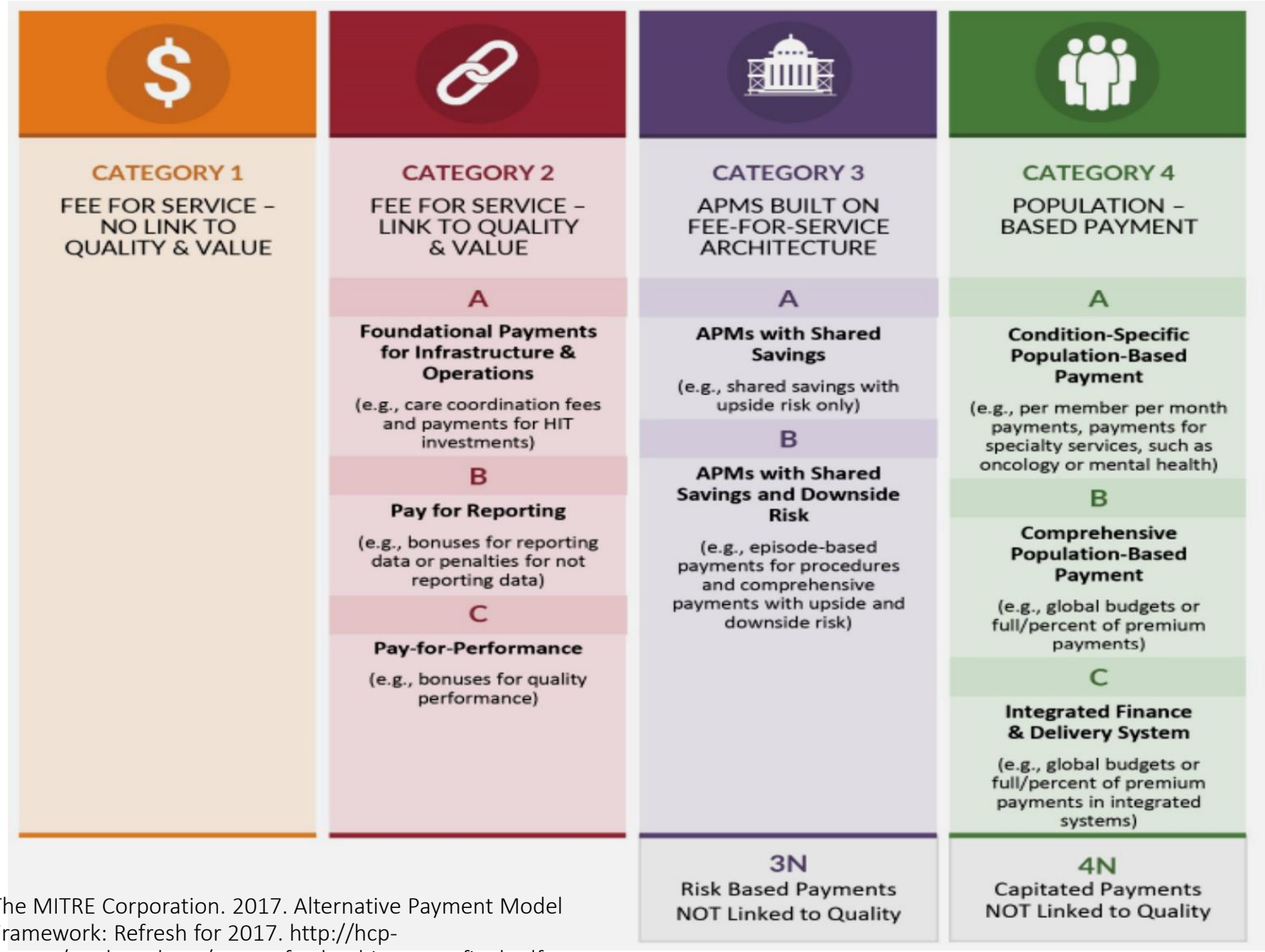
- Strategic management
- Patient Navigation/Care Coordination
- Team reorientation: comprehensive, coordinated, collaborative, care models.
- IT /Measurement Integration/e-Health
- Working top of license/scope
- Home & community based services

Risks:

- Upfront costs
- Burnout
- Confusion on roles
- Data - Garbage in-Garbage out’
- Changing generational values regarding work and life balance

Dental workforce implications of adapting to value-based payment models

Learning Objective 5: Explore changing dental workforce models and their impact on the health care value equation



The MITRE Corporation. 2017. Alternative Payment Model Framework: Refresh for 2017. http://hcp-lan.org/workproducts/apm-refresh-whitepaper-final.pdf

Workforce redesign to support VBC

What skills can be retooled from existing staff models, and what is new?

	Level 1: FFS	Level 2: FFS+Value(A,B,C)	Level 3: APM + FFS(A,B)	Level 4: Global Payment (A,B,C)
Dental-only workforce implications	Current system	Central administration for overall control (A)	L2 + IT for data analytics, contract lawyers, clinical care coordination (A)	L3+ clinical decision support to meet population health goals (A)
		IT for data capture & reporting (B),	Strategic risk management (B)	Research capacity (B)
		Clinical management for QI (C)		Management structure to incentivize team performance (C)

Workforce redesign to support VBC

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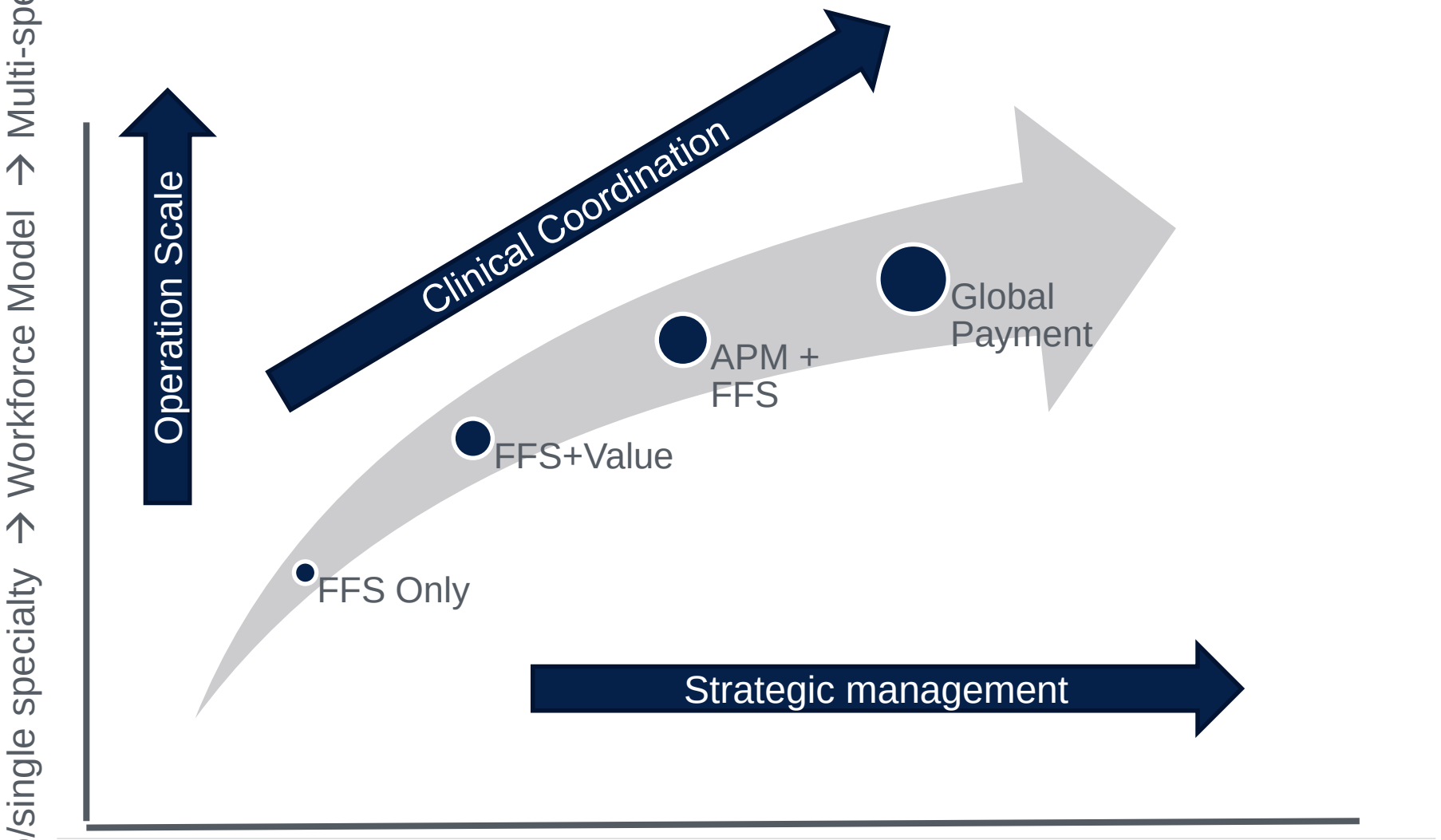
	Level 1: FFS	Level 2: FFS+Value(A,B,C)	Level 3: APM + FFS(A,B)	Level 4: Global Payment (A,B,C)
Dental-Medical integration implications	Referral Only	Capturing and reporting dental outcomes in broader health context (measure enhancement)	L2+ Shared risk management & care coordination	L3+ shared system/team accountability for health and dental outcomes
Social-health integration implications	Referral Only	Capturing social determinant data (data and measure enhancement)	L2+Redesigning risk management & coordination	L3+ whole person population health management

Workforce transitions in dental care redesign



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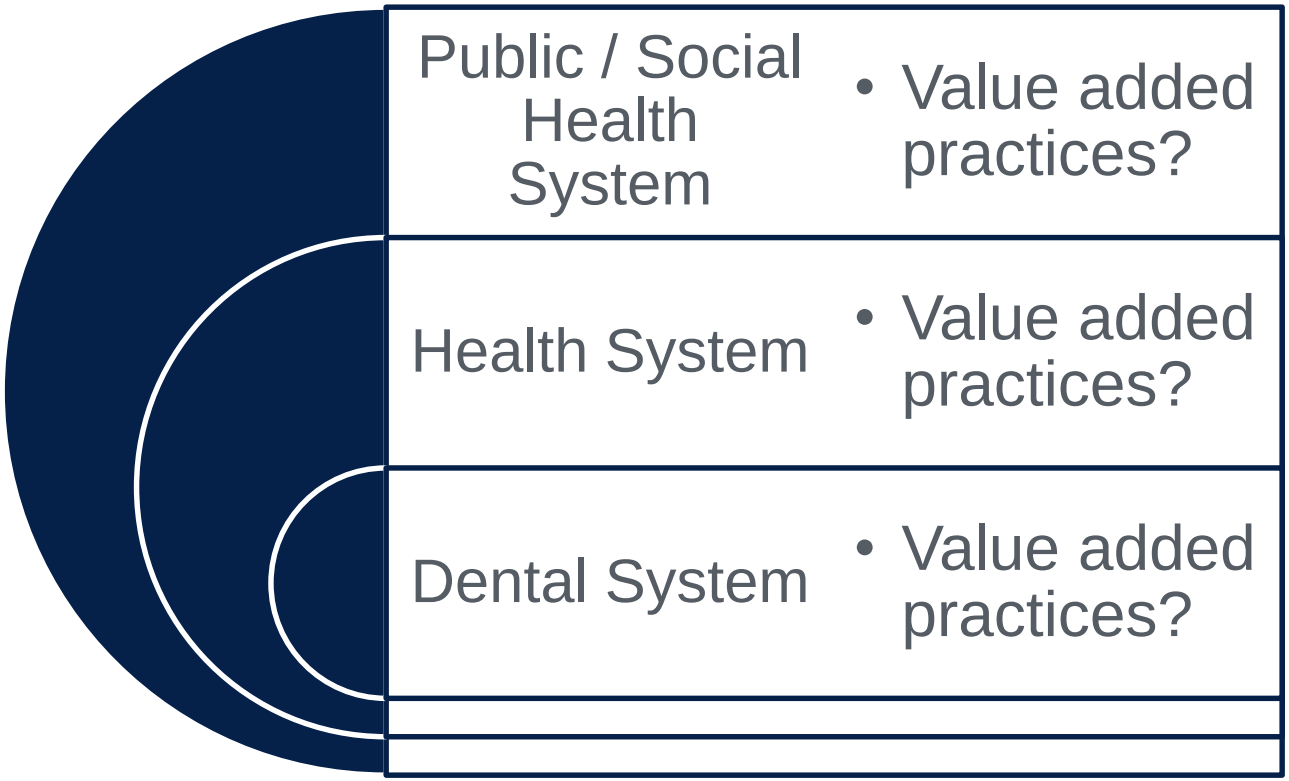
Value: Leveling Up

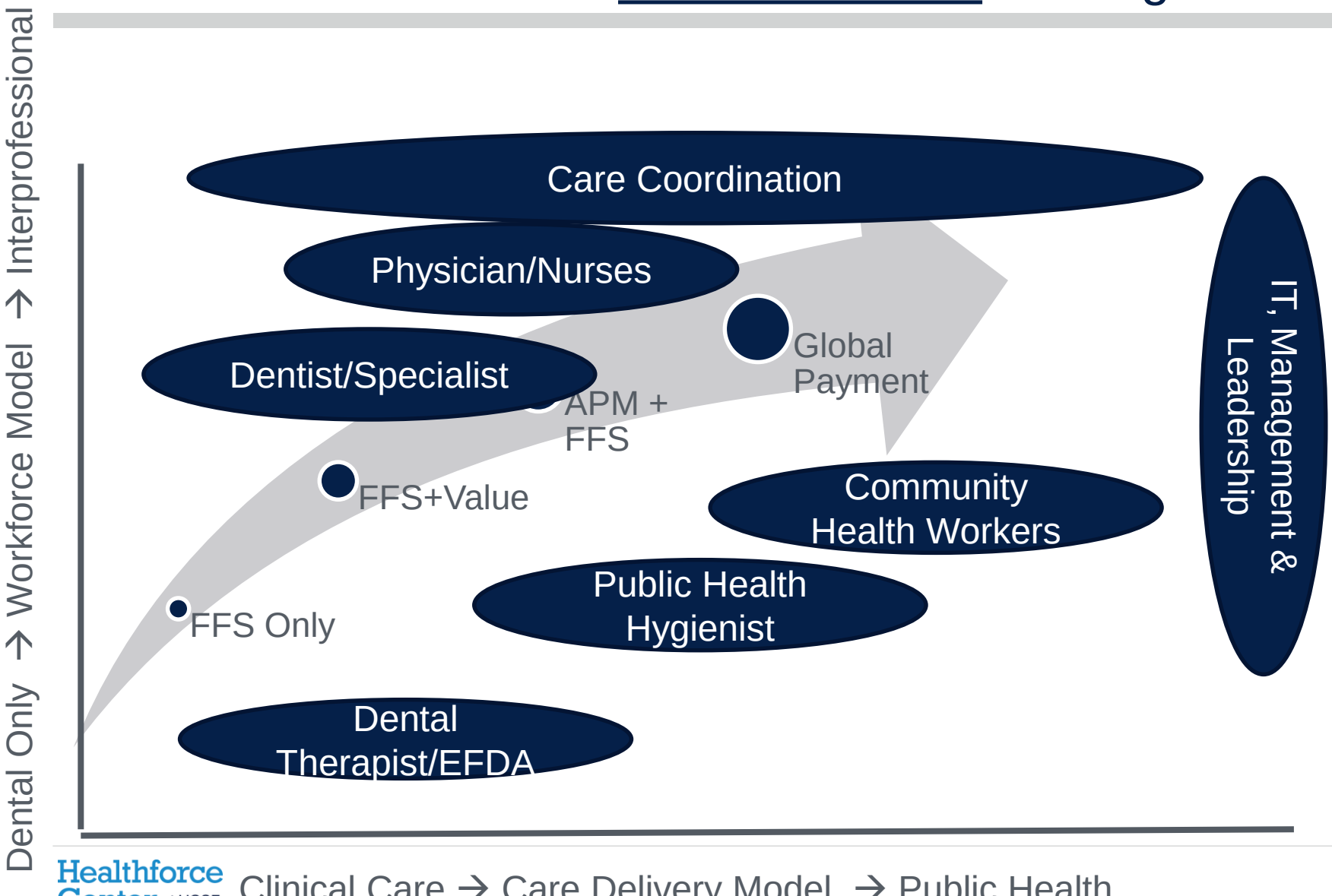


Do value added practices at one level also contribute at the next?

New and Emerging Dental Care Providers

- Dental Therapist
  - Alaskan Dental Health Aide (DHAT)
  - Dental Therapist / Advanced Dental Therapists (DT / ADT)
  - Advanced Dental Hygiene Practitioner (ADHP) = ADT + RDH
- Dental Hygienists in Alternative (RDHAP), Public Health, or Direct Access Practice
  - Also can have expanded function (restorative, e.g., Oregon)
- Extended Function Dental Assistant (EFDA)
  - CA: Dental Sedation Assistant and Orthodontic Assistant Permit Holders
- Community Dental Health Coordinator (CDHC)
  - Primary roles are to connect patients to dentists and provide community-based preventive education
  - Alternative variations are community health workers or social workers who add dental to case load
  - In Tribal system have Primary Dental Health Aide (PDHA)
- Primary Care (MD, NP, PA etc) & Public Health Practice (PHNs,)

Workforce transitions in oral health care redesign



Cycle of Dental Isolation

Taking stock…

- Lots of waste and excess in system along side great need
- Conceptual framework of VBP is well defined
- Pilot projects abound
- Stakeholders are engaged in looking for new/better ways to solve intractable problems
- Workforce innovations continue to spread and adapt to local circumstances
- Quality & payment linked accountability can provide the bridge to traditional workforce disputes

Key Challenges

- Finding consensus across stakeholders for shared goals
- Quality measurement using Dx & IT/EHRs
- Evidence based practice & clinic decision support
- Professional resistance to change
- Lack of incentive intersections between dental, medical and public health to produce value
  - Pipeline of interprofessional practice
- Strategic Leadership
  - Public Health has much to offer in this space
- Public policy for oral health equity

Thanks!

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Resources

- https://aidph.org/2019-value-based-care/
- http://hcp-lan.org/workproducts/apm-refresh-whitepaper-final.pdf
- https://www.medicaid.gov/state-resource-center/innovation-accelerator-program/iap-downloads/functional-areas/vbp-oral-health-webinar.pdf
- https://www.chcf.org/wp-content/uploads/2019/04/CINLexiconFundamentalConceptsManagingRiskUnderstandingCost.pdf