Oral Health
Quality Improvement
In the Era of Accountability

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The US Health Care System is Undergoing Profound Change
Drivers of the Quality Movement in the U.S. Health Care System

1. the skyrocketing cost of health care unrelated to improvement in health outcomes,
2. increasing understanding of the harm and unwarranted variability our fragmented health care system produces,
3. evidence of the profound health disparities that still exist in the population in spite of scientific advances in care, and
4. increasing awareness of these problems in the age of consumer empowerment.
Drivers of the Quality Movement

#1 – The Cost of Health Care
Health Care Spending 1980-2010

Data: OECD Health Data 2012.
Wake Up Folks, It’s the Health Care!

- Health Care Spending
- Social Security
- Discretionary Spending (Defense and Non-Defense)
- Other Mandatory Programs

Sources: Congressional Budget Office’s Alternative Fiscal Scenario (January 2012), additionally assuming that troops overseas decline to 45,000 by 2015; Bipartisan Policy Center extrapolations

www.bipartisanshippolicy.org
What Changes In Survival Rates Tell Us About US Health Care

EXHIBIT 1

Per Capita Health Spending And 15-Year Survival For 45-Year-Old Women, United States And 12 Comparison Countries, 1975 And 2005

SOURCE Authors' analysis based on data from the sources described in the text. NOTES The dashed line separates 1975 values (blue circles) and 2005 values (red squares). Values are presented for the percentage of forty-five-year-old women surviving fifteen years.
Health Care Outcomes 2007-2010
US vs Best Performing Developed Countries

• Almost 2x more likely to die from a condition amenable to health care interventions before 75 years old
• Over 6 times more likely to have lower limb amputations as a consequence of diabetes than UK
• Almost 2x more likely to die in a hospital after admission for acute myocardial infarction than Denmark
• Almost 3x more likely to have post-operative sepsis during hospital stay than Switzerland
• Over 2.5 times more likely to have a foreign object left in the body during a procedure than Denmark

Data: OECD Health Data 2012.
Oral Health Expenses

U.S. National Dental Expenditures 2000 - 2021 ($ Billions)

Source: CMS National Health Expenditure NHE Historical and projections, 1965-2021
Oral Health Expenses

Consumer Price Index (CPI) and CPI for Dental Services (% of 2000 dollars)

Out-of-Pocket Health Expenses

**Consumer out-of-pocket health care expenditures in 2008**

- Prescription drugs (31.0%)
- Medical supplies (7.6%)
- In-patient care (8.8%)
- Outpatient/emergency room care (6.4%)
- Physicians’ services (15.9%)
- Dental services $30.7 billion (22.2.0%)
- Other professional services (8.1%)
- Out-of-pocket health care total $138.5 billion

Mean US Household Income

Mean Household Income Received by Each Fifth and Top 5 Percent in 2010 Dollars as % of 2000 Dollars

Source: CMS National Health Expenditure Projections 2010-2020
An analysis of dentists’ incomes, 1996-2009

Marko Vujicic, PhD; Vickie Lazar, MA, MS; Thomas P. Wall, MA, MBA; Bradley Munson, BA

Figure 2. General practitioners’ (GPs’) real net income and all explanatory variables index (all variable values indexed to 100 in 2005).
Dental Care Utilization Declined for Adults, Increased for Children During the Past Decade in the United States

Authors: Marko Vujicic, Ph.D.; Kamyar Nasseh, Ph.D.; Tom Wall, MA, MBA

February 2013

Figure 1: Percent of Population with a Dental Visit in the Past 12 Months, 2000-10

Source: Medical Expenditure Panel Survey, AHRQ. Note: Adults includes ages 19-64. Children includes ages 2-18. Changes are statistically significant at the 10% level for children (2001-2010) and adults (2003-2010).
Payers of Oral Health Expenses

National Dental Expenses 2000 - 2020
as % of Total National Dental Expenditures

Out of Pocket as % of Total
Private Insurance as % of Total
Public Insurance as % of Total

Source: CMS National Health Expenditure Projections 2010-2020
Drivers of the Quality Movement

#2 – Harm and Variability of Results
Drivers of the Quality Movement

#3 Health Disparities
Oral Health in America: A Report of the Surgeon General
The Surgeon General’s Report

• “Although there have been gains in oral health status for the population as a whole, they have not been evenly distributed across subpopulations.”

• **Profound** health disparities exist among populations including:
  – Racial and ethnic minorities
  – Individuals with disabilities
  – Elderly individuals
  – Individuals with complicated medical and social conditions and situations
The 2011 IOM Reports on Oral Health

Advancing Oral Health in America

Improving Access to Oral Health Care for Vulnerable and Underserved Populations
Themes from the 2011 IOM Reports on Oral Health

Improve access to services and oral health through:

- Chronic disease management
- Delivery Systems
  - Telehealth
  - Payment incentives
  - Workforce expansion
- Drive change and accountability through
  - Quality measures and improvement
Drivers of the Quality Movement in the U.S. General and Oral Health Care Systems

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2. increasing understanding of the harm and unwarranted variability our fragmented health care system produces,

3. evidence of the profound health disparities that still exist in the population in spite of scientific advances in care, and

4. increasing awareness of these problems in the age of consumer empowerment.
The Era of Accountability
The Triple Aim

• improving the experience of care
• improving the health of populations
• reducing per capita costs of health care
The Era of Accountability

The Urban Institute

Moving Payment from Volume to Value: What Role for Performance Measurement?

Timely Analysis of Immediate Health Policy Issues
December 2010
Robert A. Berenson
What is Value in Health Care?

- Value is defined as the health outcomes achieved per dollar spent over the lifecycle of a condition.
- Process measurement and improvement are important tactics but are no substitutes for measuring outcomes and costs.
Definitions

• Quality Measurement (QM)
  – collection of data about structure, process, or outcomes of health care activities

• Quality Assurance (QA)
  – data to compare results from health care activities against a pre-defined set of standards or quality indicators

• Quality Improvement (QI)
  – cyclical set of activities designed to make continuous improvement in health care structure, process or outcomes
Quality Improvement Systems

- **Plan**
  - Objectives, methods, measures, tasks
- **Do**
  - Work the plan
- **Study**
  - Gather data, analyze results
- **Act**
  - Decide what to do next
  - Incorporate the change, make a new plan
Six Aims for Quality Improvement

• Safe
• Effective
• Patient-centered
• Timely
• Efficient
• Equitable

Levels of Quality Improvement Activities

- Technical Procedures
- Individual Health Records
- Dental Practice Operations
- Community Delivery Systems
- Population Health Outcomes
Quality Measurement or Improvement Activities in Sectors of the Oral Health Delivery System

• Federal or National Agencies and Programs
• The Oral Health Safety-Net
• Large Group Dental Practices
• The Dental Benefits Industry
• Professional Dental Associations
• Hospital-based Dental Practices
• Dental Practice-based Research Networks
• DentaQuest National Quality Improvement Committee
The National Oral Health Quality Improvement Roadmap

A Plan to Develop the “10 Year Roadmap to Create Oral Health for All Using the Tools of Quality and Accountability”
The National Oral Health Quality Improvement Committee

- American Dental Association
- American Dental Hygienists Association
- CMS
- Dental Education Institutions
- Dental Group Practices
- Dental Quality Alliance
- HHS
- MSDA
- State Dental Directors
- Oral Health Advocacy Groups
The National Oral Health Quality Improvement Goals

Purpose:

To Develop a 10 Year Roadmap to Improve the Oral Health of All Using the Tools of Quality and Accountability

Objectives:

• Determine the characteristics of the desired oral health care system in 2023
• Consider how the tools of quality and accountability can move the current system to the desired system
• Facilitate actions to apply the concepts developed and move the system toward the desired vision for 2023
In developing this roadmap the committee has agreed to certain basic principles:

1. The US oral health care system has entered the Era of Accountability and the tools of quality improvement and accountability will be instrumental in making progress toward the committee’s vision.

2. Increased integration with the overall health care system and education and social service systems is essential.

3. The major drivers of a rapidly changing overall health system all apply to and will have profound impact on the oral health system.
In developing this roadmap the committee has agreed to certain basic principles:

4. It will be increasingly important for the oral health care system to demonstrate the “Value” produced by the nation’s oral health expenditures.

5. There must be an increased emphasis on prevention and disease management if those segments of the population with the greatest oral health disparities are to achieve and maintain good oral health.
The National Oral Health Quality Improvement Committee envisions a US Oral Health System in 2023 with the following characteristics. The system will:

1. Improve population health while increasing the value of health care expenditures.
2. Be focused on health outcomes.
3. Assure equity and eliminate disparities in oral health.
4. Promote basic oral health for All including freedom from active disease.
5. Be integrated with the overall health care system.
The National Oral Health Quality Improvement Committee envisions a US Oral Health System in 2023 with the following characteristics. The system will:

6. Prioritize prevention and disease management in the context of comprehensive care.
7. Permit multiple options for the delivery of services.
8. Develop and use evidence to improve consistency and reduce unwarranted variability in the delivery and outcomes of oral health care.
9. Engage people as active partners in care.
QUALITY IMPROVEMENT IN AN ERA OF ACCOUNTABILITY

In June of 2012, the DentaQuest Institute embarked on an initiative to develop a national strategy for quality in oral health care with the formation of the National Oral Health Quality Improvement Committee. The Committee is comprised of national leaders from dentistry, medicine, academia, business, government, and philanthropy who are tasked with developing a roadmap for an oral health care system that improves the oral health of all using the tools of quality and accountability.

The Committee was formed out of the ideas presented in the report compiled by Dr. Paul Gleason (who serves as the Committee Chair and also is a member of the DentaQuest Institute Board) and funded by the Institute and the W.K. Kellogg Foundation, “Developing a Vision for Oral Health Quality Improvement in an Era of Accountability”. The Committee has developed a vision for the future of oral health and is working to translate this vision into a national quality strategy. Below is the vision statement of the Committee.

**Oral Health System Vision Statement (PDF)**

The U.S. healthcare system is undergoing monumental changes. We have entered the "Era of Accountability" with the advent of "pay for performance" experiments, "accountable care organizations,” and the call for "value-based care."
Conclusions

• Lots of people are collecting lots of data
• The vast majority is used to inform or drive program change at large payer or plan levels.
• There are emerging examples of measurement that directly is tied to performance in a way that influences activities
• Movement from volume to value is beginning to be evident in oral health systems
Moving Oral Health Care from Volume to Value**

- Collect and Manage Data
  - Meaningful Use
  - EHRs
    + Other Data Sources

**Accountability (volume → value)**

- Incentives Based on Health Outcomes
- Measurement
- Monitoring

**Delivery Systems**

- Non-Traditional Settings
- Non-Dental Providers
- New Roles for Existing Personnel
- New Types of Allied Personnel

- Health Home
- Tele-Health
- Chronic Disease Management
- Prevention & Early Intervention

**Value** = health outcomes achieved per dollar spent over the lifecycle of a condition
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EHRs + Other Data Sources

Collect and Manage Data

Meaningful Use

Accountability (volume → value)

Measurement

Monitoring

Incentives Based on Health Outcomes

Delivery Systems
Moving Oral Health Care from Volume to Value**

**Value = health outcomes achieved per dollar spent over the lifecycle of a condition**
Opportunities for the Oral Health Industry
Practice/Learning/Advocacy

• Measures and data collection systems
• Meaningful use of data
• Quality improvement systems
• Outcomes-based incentives
• Community-based practice and financing systems
• Telehealth collaboration
• Distributed team-based delivery systems
• Dental education
• Accountability for oral health outcomes of eligible population
Zen saying

“Keep your head in the clouds and your feet on the ground”
Oral Health Quality Improvement In the Era of Accountability

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