

Constructing Value Based Dental Care Brick by Brick: *A Survey of Progress and Challenges*

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**MOVING PAST
DISRUPTION
TO IMPROVE
ORAL HEALTHCARE**

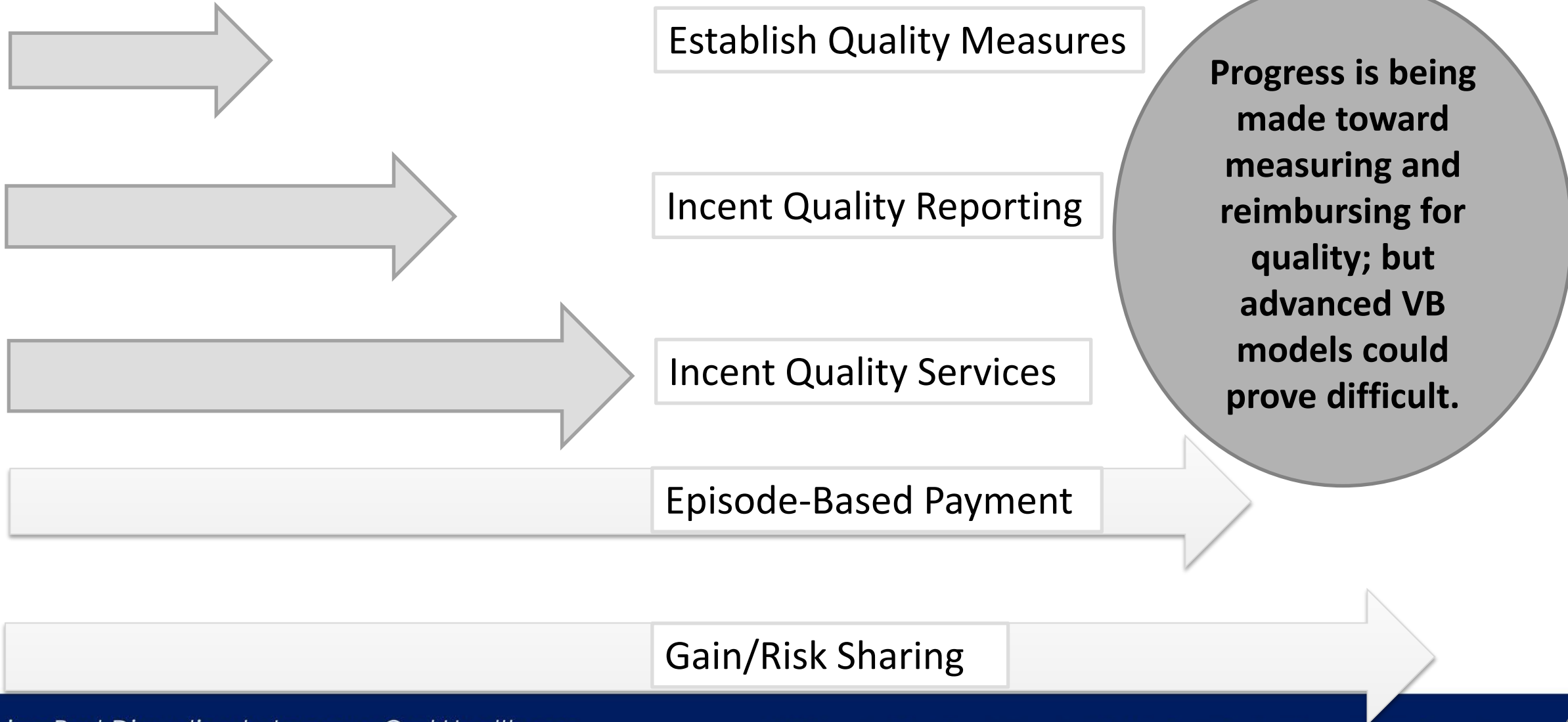
Disclosures

Mike Adelberg is the Executive Director of the National Association of Dental Plans. For this presentation, he interviewed five dental plans that are NADP members and surveyed published literature.

Today's Presentation

- Value-Based Reimbursement in Dental
- Progress to Date
 - How far have we gone?
- Progress Limiters
 - How far can we go?

Value-Based Reimbursement Continuum



Value-Based Reimbursement Presumes...

- A provider-payer “win-win” in which increased high-value care generates savings for the payer
- Payer shares savings with providers to incent more high-value care
- Provider is willing evolve behaviors per the value-based program
- In order to do this, we need to...
 - Identify and measure high-value care
 - Identify higher-cost members based on condition or another identifier
 - Provide tools (training, dashboards, etc.) to enable provider success
 - Invest in success; reimburse for success
 - Enhance trust between provider and payer

Progress to Date

How far have we gone?

Value Based-Aligned Activities

- “Dental Home” capitated payments for patient education, monitoring, and counsel (above per-service payments)
- Medical plan disease management teams that increasingly focus on oral health utilization – identifying and prodding under-utilizers
- Dental Plan member incentives
 - Enhanced benefits for members with chronic diseases that are better managed with increased dental services
 - (examples: quarterly cleanings for people diabetes and pregnant women)
 - Others: stroke, hypertension, certain cancers, certain BH conditions
 - Improved cost sharing for appropriately utilizing preventive benefits
 - (examples: higher annual max, lower coinsurance on major procedures)

Exploring Alternative Payment Models for Oral Health Care

An examination of the cost and utilization of alternative payment models for oral health care over a patient's lifetime.

By Sean G. Boynes, DMD, MS, Carolyn Brown, DDS, MEd and Eric P. Tranby, MA, PhD

The Pennsylvania Office of Rural Health

<https://www.porh.psu.edu/exploring-alternative-payment-models-for-oral-health-care/>

Methodology

Analysis of spending on dental care over the lifespan (ages 0 to 89) in FFS and APMs in a national Medicaid dataset for the years 2013-2017 in 13 de-identified states consisting of 17.8 million enrollees and 60 million dental claims made by more than 7.7 million patients

Results and Conclusions

- Changes in the overall health care system have a direct impact on dentistry.
- The data shows
 - Increased number of Medicaid APM claims,
 - lower overall spending in APMs vs FFS.
- Utilization of dental services under APMs improved over time.
- As the health care landscape continues to evolve, APMs for dental treatment incentivize utilization, access and quality care — and thus should improve health outcomes.

Periodontal Treatment Associated With Decreased Diabetes Mellitus–Related Treatment Costs

Madhuli Thakkar-Samtani, BDS, MPH, Lisa J. Heaton, PhD, Abigail L. Kelly, MS, Shelly Dionne Taylor, DMD, MPH, Linda Vidone, DMD, Eric P. Tranby, PhD

<https://jada.ada.org/action/showPdf?pii=S0002-8177%2823%2900022-3>

Methodology

This study of commercial insurance and Medicaid databases included overall outpatient, inpatient, and drug costs for patients with Diabetes Mellitus. The authors examined associations between overall health care costs per patient in 2019 according to use of periodontal services from 2017 through 2018.

Results and Conclusions

- Commercial insurance: periodontal treatment was associated with reduced overall health care costs of 12%
- Medicaid: periodontal treatment was associated with a 14% decrease in overall health care costs
- A healthy mouth can play a key role in diabetes management
- Expanding Medicaid benefits to include comprehensive periodontal treatment has the potential to reduce health care costs for Medicaid payers

LIBERTY Dental Plan's BRUSH Program

Benefits and Rewards for Utilization, Services and Healthy Outcomes

- Rewards positive outcomes such as disease prevention, health promotion and population health via financial incentives
- Engages the dental care team to take an active role in ensuring the patient's oral health
- Encourages beneficiaries to establish and maintain a dental home and follow proper oral health routine
- Clinical Chairside Caries Risk Assessment (CRA) Form to assess caries risk and overall dental health
 - Triaged patients are directed to the most appropriate level of care through the completion of the CRA form
 - CRA's risk level (low, moderate or high), patients may receive additional services (such as exams, wellness counseling and fluoride varnish), above and beyond their usual benefit

<https://www.libertydentalplan.com/Providers/Value-Based-Program.aspx>

Guardian Study Finds Employers Save Money When Employees Use Preventive Dental Benefits

- Guardian analyzed dental claims data from 2011-2017
- Employer groups were categorized based on the utilization of preventive and major services within their companies, the groups were categorized as high preventive utilization and low preventive utilization employers
- High preventive utilization employer group spent 39% more on preventive care over a six-year period, but 86% less on major and restorative dental services
 - By spending more on preventive care, this high utilization group had 16% lower preventive and major dental claims costs than the low preventive utilization employer group
- The Study also reveals that access to dental coverage encourages good oral health, which translates into a number of positive benefits for U.S. workers

<https://www.guardianlife.com/news/release/guardian-study-finds-employers-save-money-when-employees-use-preventive-dental-benefits>

AmeriHealth Caritas: Dental Value-Based Compensation Program

- Program provides performance-based financial incentives over and above a PDP practice's base compensation
 - compensation based on both quality and cost-efficiency measures that align with NCQA standards of care, including
 - Annual dental visits (HEDIS)
 - Sealants
 - Topical fluoride
 - Preventative services
 - Utilization of services
- Incentive payments are based on the performance of the provider's group practice and not on individual performance (unless the participant is a solo provider)
- The sum of the incentive payments for the program may not exceed 25% of the total compensation for medical and administrative services
- Eligibility: 300 or more enrollees on the last day of the measurement period to participate

<https://www.amerihhealthcaritasdc.com/pdf/provider/forms/provider-value-based-dental-guide.pdf>

Dental Plan Pilots – Administrative Measures

- Some interviewed NADP Plans are currently piloting value-based reimbursement for high performance on administrative measures
- Examples of Measures...
 - Appointment wait times
 - Grievance/complaint rates
 - Electronic claims submissions
 - Use of plan portal(s)
 - Regular verification of provider directory information

Dental Plan Pilots – Utilization Measures

- Some interviewed NADP Plans are currently piloting value-based reimbursement for high performance on utilization measures
- Examples of Measures...
 - Percentage of patients fully utilizing preventive benefits
 - Outlier measure for newly-fitted dentures requiring repair
 - Outlier measure for number of crowns
- High performance converts to points; points convert to payment

Progress Limiters

How far can we go?

Value Based Reimbursement Limiters

- Dental is inexpensive compared to medical
 - Fewer dollars to be saved and shared
 - Member persistency (or lack thereof) confounds modeling long term savings
- Dental measures are less mature than medical
 - Fewer measures
 - Less-widely adopted measures
 - Limited use of diagnostic codes

Looking Ahead

- There are reasons to be optimistic about increased value-based reimbursement in dental
 - Progress being made on measures (thanks DQA!)
 - Gradually increasing body of literature
 - Promising pilots
 - Medical-dental integration is a potential game changer
 - Dental impact on “presenteeism” is a less-discussed potential game changer
- But we need to be realistic
 - Lower cost of dental (vs. medical) could impede the development of the most robust value-based reimbursement models
 - Upstream payers need to be better engaged (big employers, gov’t)

Happy to Speak Again

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Thank you!