

Challenges and Opportunities: Tying it all Together

Julie Hawley, PhD CAE

**MOVING PAST
DISRUPTION**
TO IMPROVE
ORAL HEALTHCARE

Disclosures

- Julie Frantsve-Hawley has no relationships to disclose.
- All opinions and statements reflect my own views and ideas.

Personal Objectives

1. Every person in the room will **learn** something
2. Every person in the room will be inspired to **do** something

JEOPARDY!

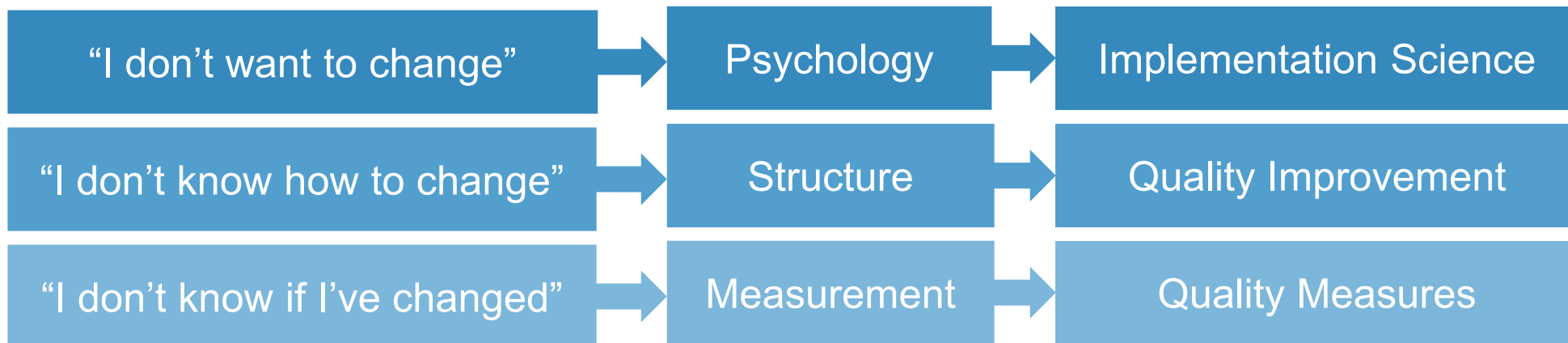
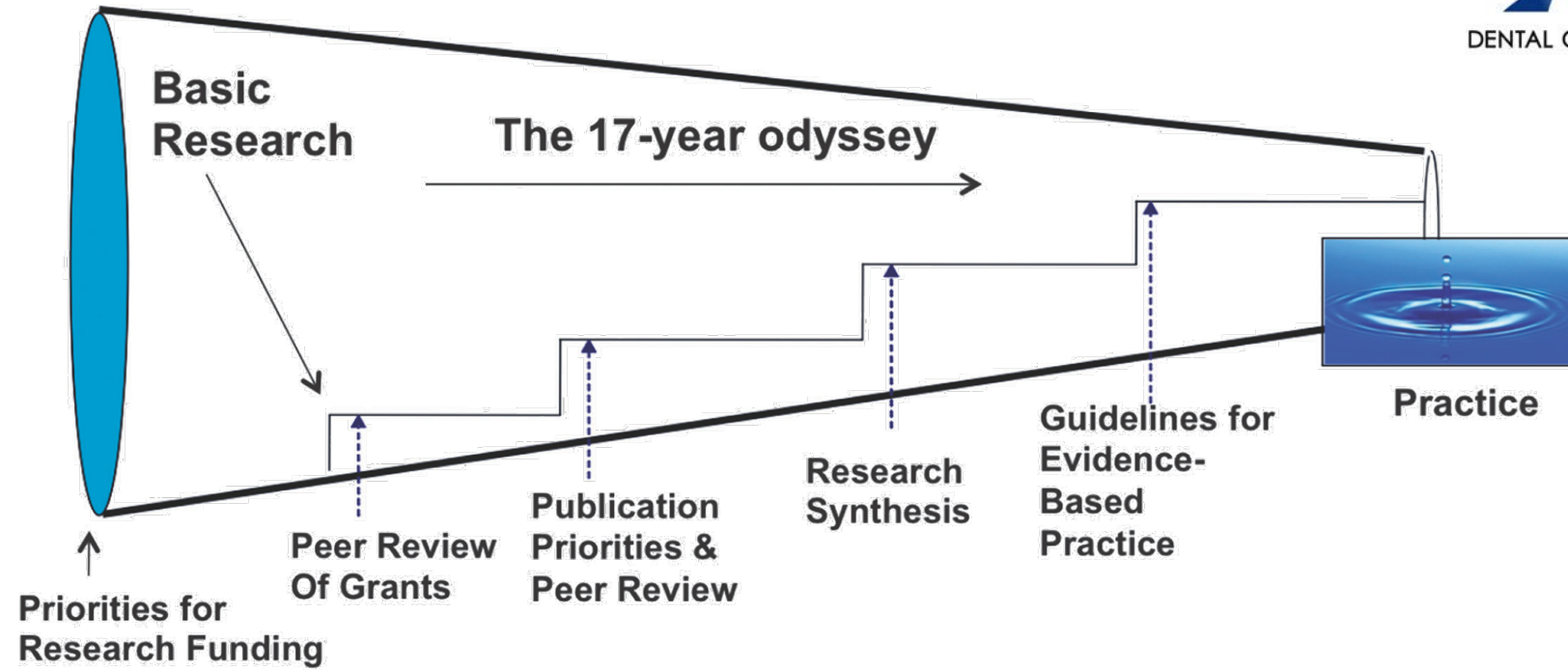
IMPLEMENTATION	LEARNING HEALTHCARE SYSTEMS	VALUE-BASED CARE	ADAPTING GUIDELINES FOR THE DIGITAL AGE	TYING IT ALL TOGETHER
<u>\$200</u>	<u>\$200</u>	<u>\$200</u>	<u>\$200</u>	<u>\$200</u>
<u>\$400</u>	<u>\$400</u>	<u>\$400</u>	<u>\$400</u>	<u>\$400</u>
<u>\$600</u>	<u>\$600</u>	<u>\$600</u>	<u>\$600</u>	<u>\$600</u>
<u>\$800</u>	<u>\$800</u>	<u>\$800</u>	<u>\$800</u>	<u>\$800</u>

THE SCIENTIFIC STUDY OF METHODS AND STRATEGIES THAT FACILITATE THE UPTAKE OF EVIDENCE-BASED PRACTICE AND RESEARCH INTO REGULAR USE BY PRACTITIONERS AND POLICY MAKERS

Answer

WHAT IS IMPLEMENTATION SCIENCE?

The Problem



**CHARACTERISTICS OF THE
EVIDENCE-BASED GUIDELINES THAT
PROMOTE THEIR USE**

Answer

WHAT IS INTRINSIC IMPLEMENTABILITY?

Intrinsic Implementability

Overall Guideline Factors

Specific Recommendations Factors

Barriers

- Too lengthy, **complex**, ambiguous and rigid
- **Incomprehensible** structure and language
- Poor local applicability and usability

- Providing suggestions rather than specific rules
- **Vague** and imprecisely defined recommendations

Facilitators

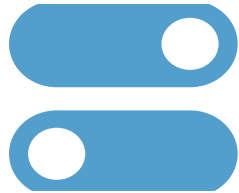
- Sequence recommendations in **order** of clinical procedures
- Conveying complex recommendation **visually** through tables, graphs and flowcharts

- Improving **specificity** of recommendations
 - Increases attitudes
 - Increases perceived control
 - Increases intentions to implement recommendations
- Using simple, **clear** and persuasive **language**
 - Reduces cognitive load
 - Increase understanding and retention
 - Render convincing and salient arguments

GuideLine Implementability Appraisal (GLIA)



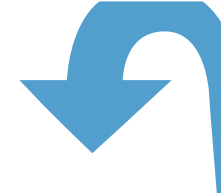
Executability



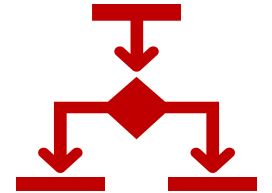
Decidability



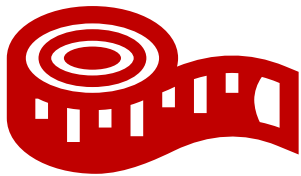
Validity



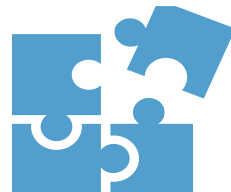
Flexibility



Process of Care



Measurability



Novelty & Innovation



Computability



Global

A CAREFULLY SELECTED GROUP OF CLINICAL EXPERTS AND STAKEHOLDERS WHO INTERPRET EVIDENCE AND DEVELOP RECOMMENDATIONS

Answer

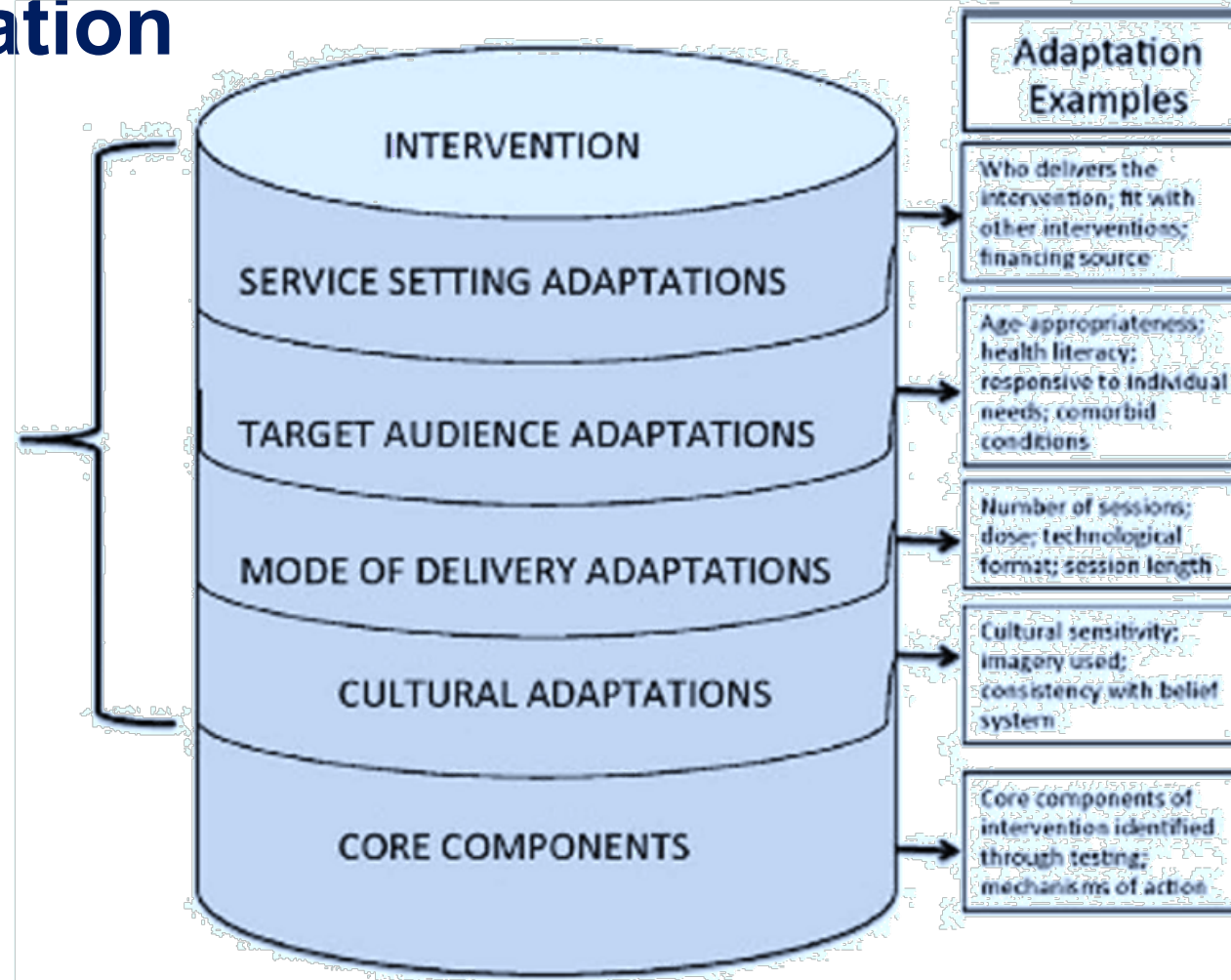
WHAT IS A GUIDELINE EXPERT PANEL?

Expertise



WHAT IS ADAPTATION?

Sources of Adaptation



Chambers & Norton, 2016

A HEALTH SYSTEM IN WHICH INTERNAL DATA FROM ELECTRONIC HEALTH RECORDS AND EXPERIENCE ARE SYSTEMATICALLY INTEGRATED WITH EXTERNAL EVIDENCE, AND THAT KNOWLEDGE IS PUT INTO PRACTICE

Answer

WHAT IS A LEARNING HEALTHCARE SYSTEM?

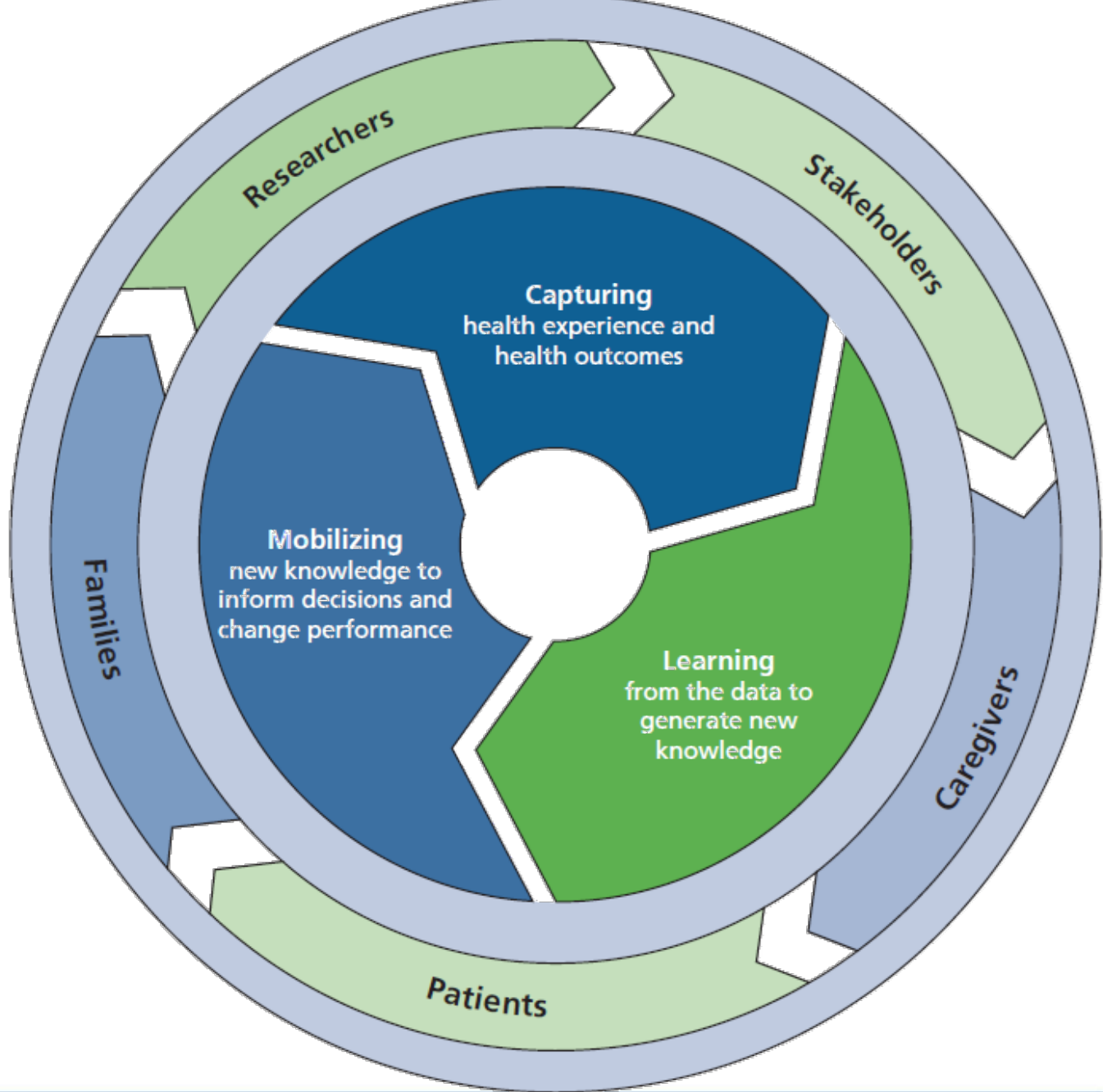
Core Building Blocks of a Learning Healthcare System

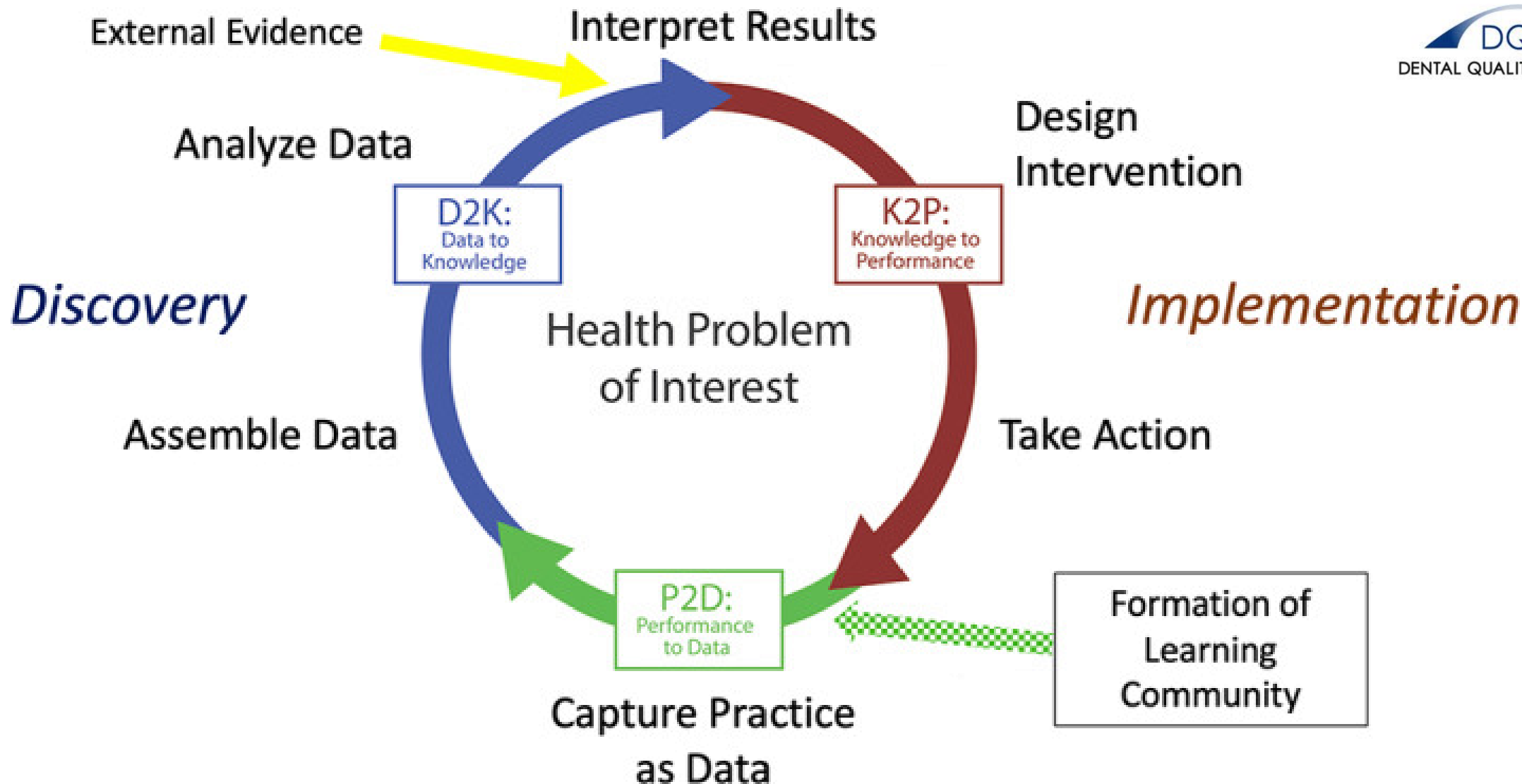
Learning Steps

Learning Community

- Data
- Medical & Dental EHR
 - Diagnostic codes

Research, Measurement, QI





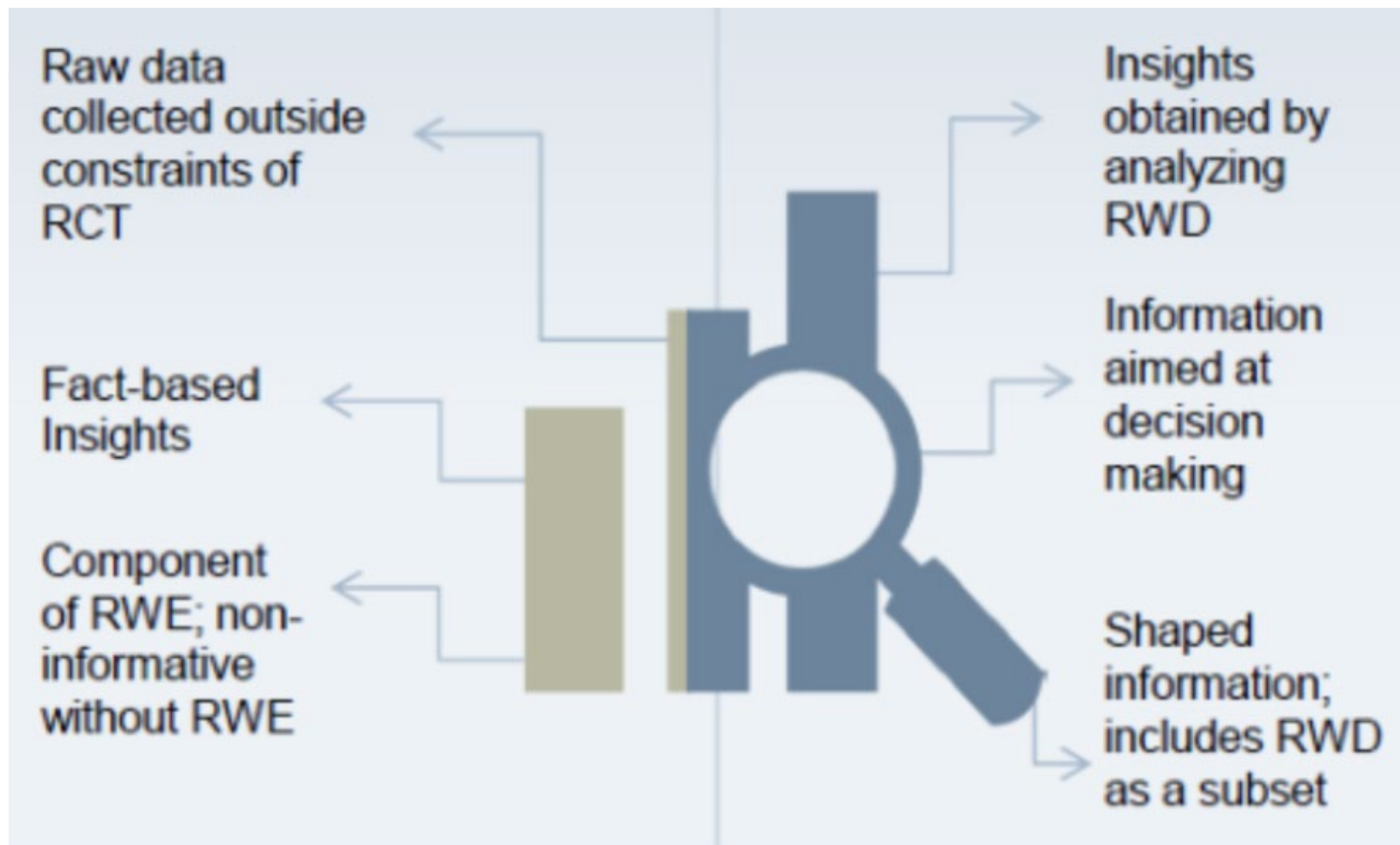
Friedman CP. What is unique about learning health systems? Learn Health Syst. 2022 Jul 15;6(3):e10328.

HEALTHCARE DATA DERIVED FROM SOURCES OTHER THAN TRADITIONAL CLINICAL TRIALS

Answer

WHAT IS REAL WORLD EVIDENCE?

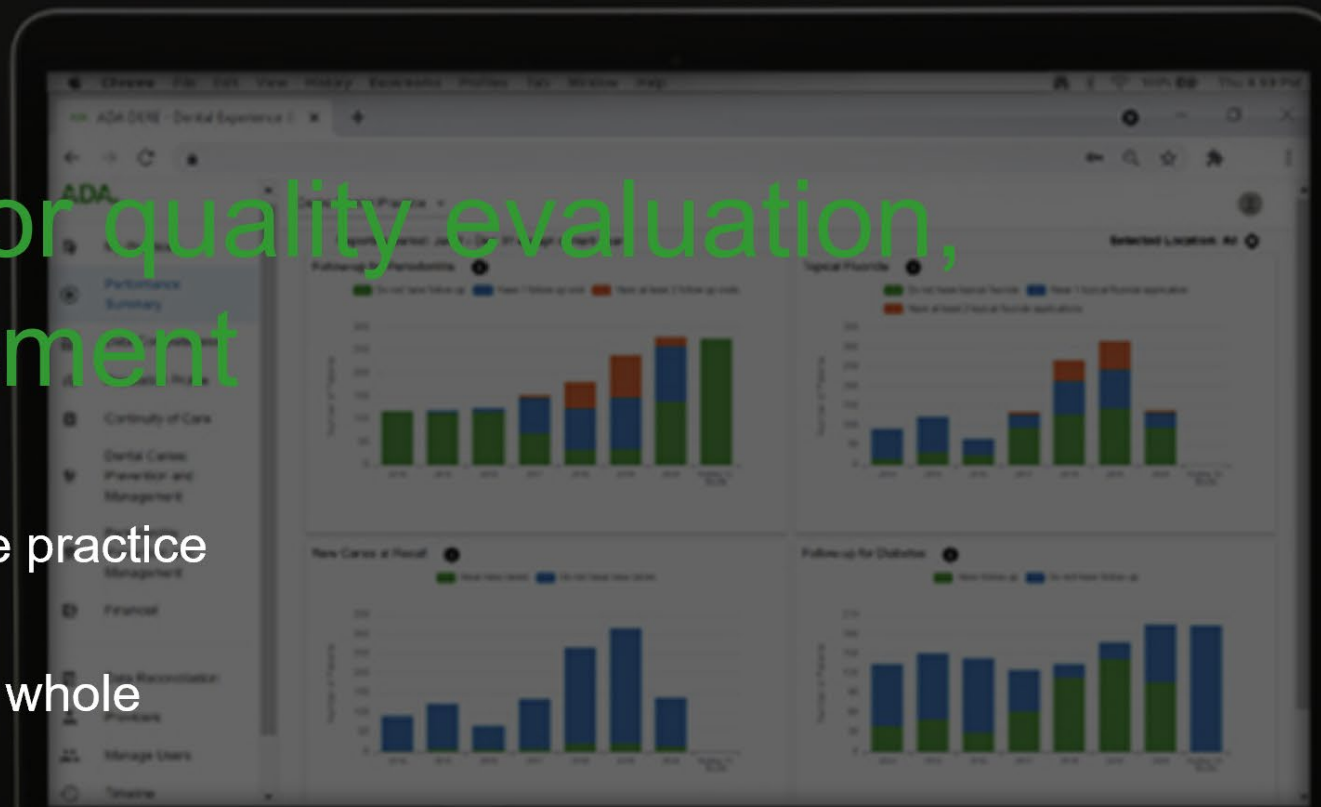
Real World Data vs. Real World Evidence





DERE for quality evaluation, improvement

- Within a single practice
- System-wide
- Dentistry as a whole



**DATA THAT IS SO LARGE, FAST OR COMPLEX
THAT IT'S DIFFICULT OR IMPOSSIBLE TO
PROCESS USING TRADITIONAL METHODS**

Answer

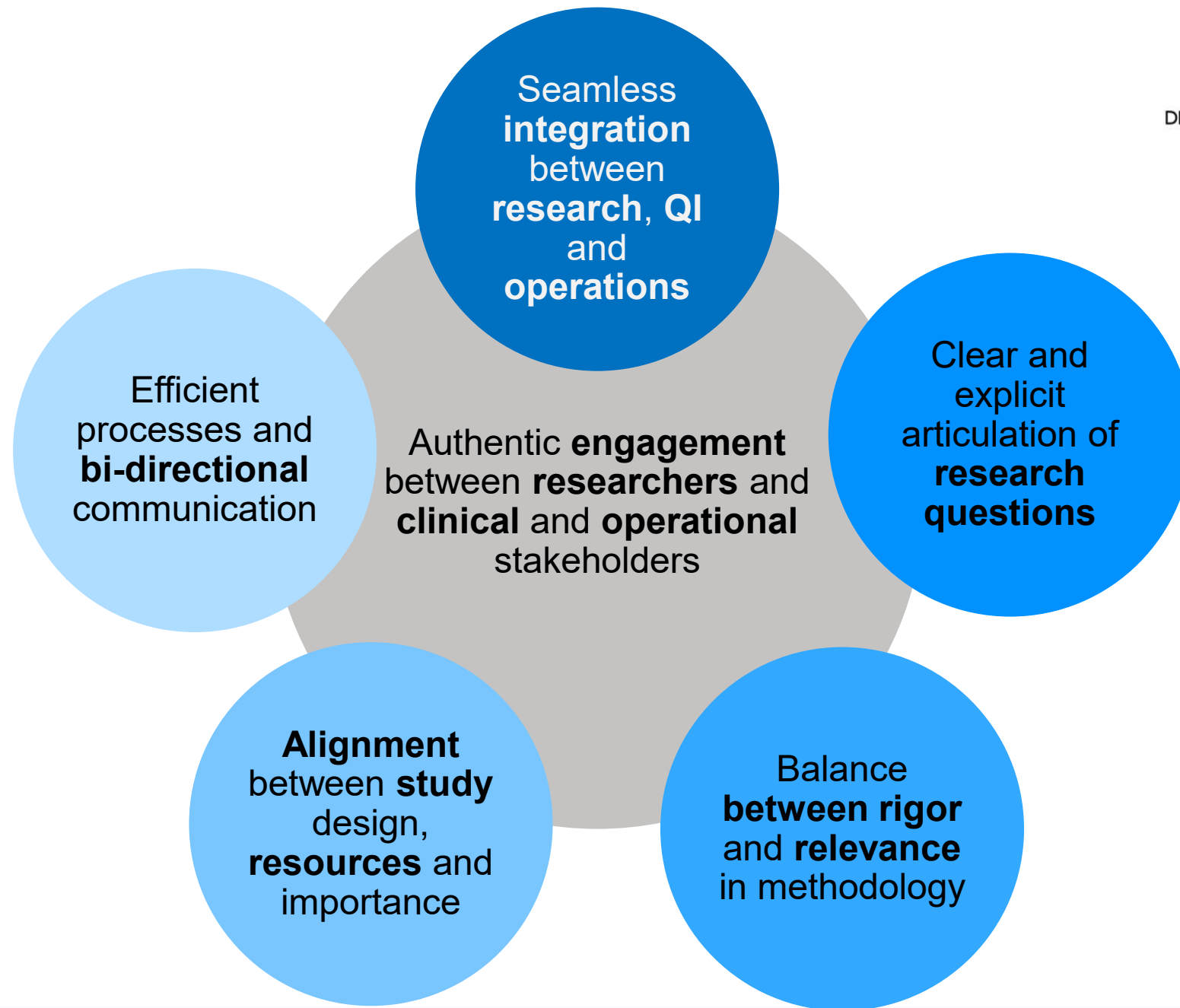
WHAT IS BIG DATA?

**ACTIVITIES CONDUCTED BY
RESEARCH TEAMS WORKING WITHIN
HEALTHCARE DELIVERY SYSTEMS IN CLOSE
PARTNERSHIP WITH HEALTH SYSTEM LEADERS**

Answer

WHAT IS EMBEDDED RESEARCH?

Features of Embedded Research



**A PROBLEM THAT IS IMPOSSIBLE OR DIFFICULT
TO SOLVE PARTLY BECAUSE OF ITS MULTI-
COMPONENT NATURE AND ITS
INTERCONNECTION WITH OTHER PROBLEMS**

Answer

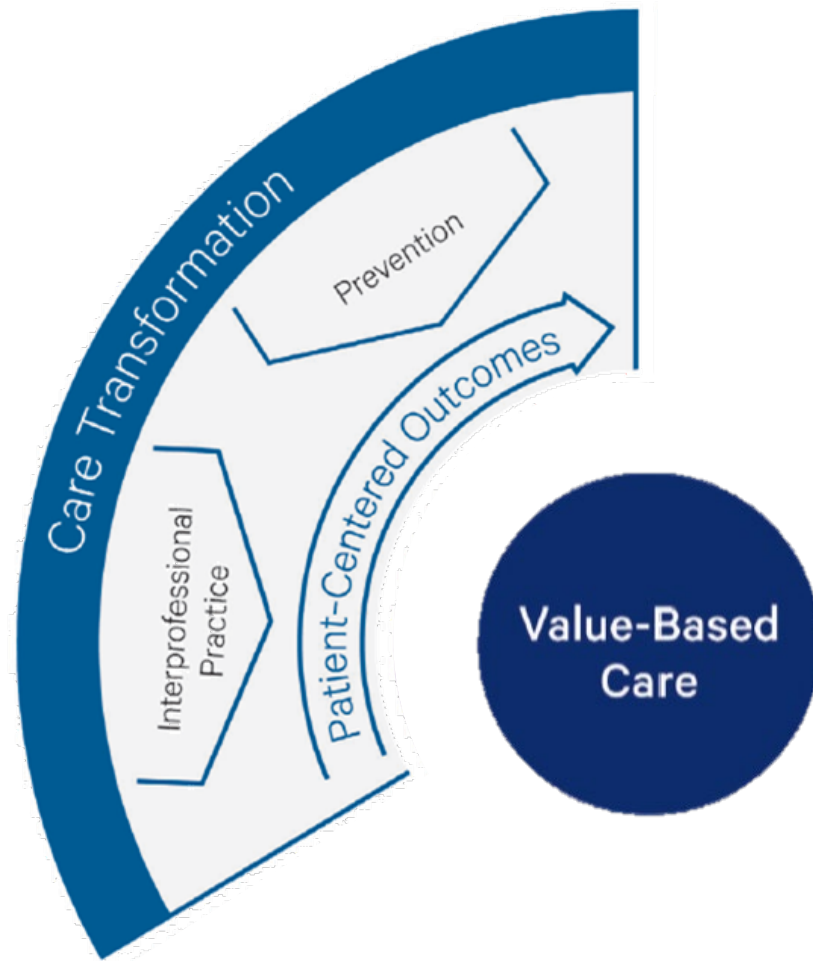
WHAT IS A WICKED PROBLEM?



A VALUE-BASED CONCEPT THAT INCLUDES STRATEGIES TO REDUCE CLINICAL VARIATION, INCREASE QUALITY, IMPROVE COST SAVINGS, AND ENABLE PATIENTS TO LIVE HEALTHIER LIVES IN AN EVIDENCE-BASED WAY

Answer

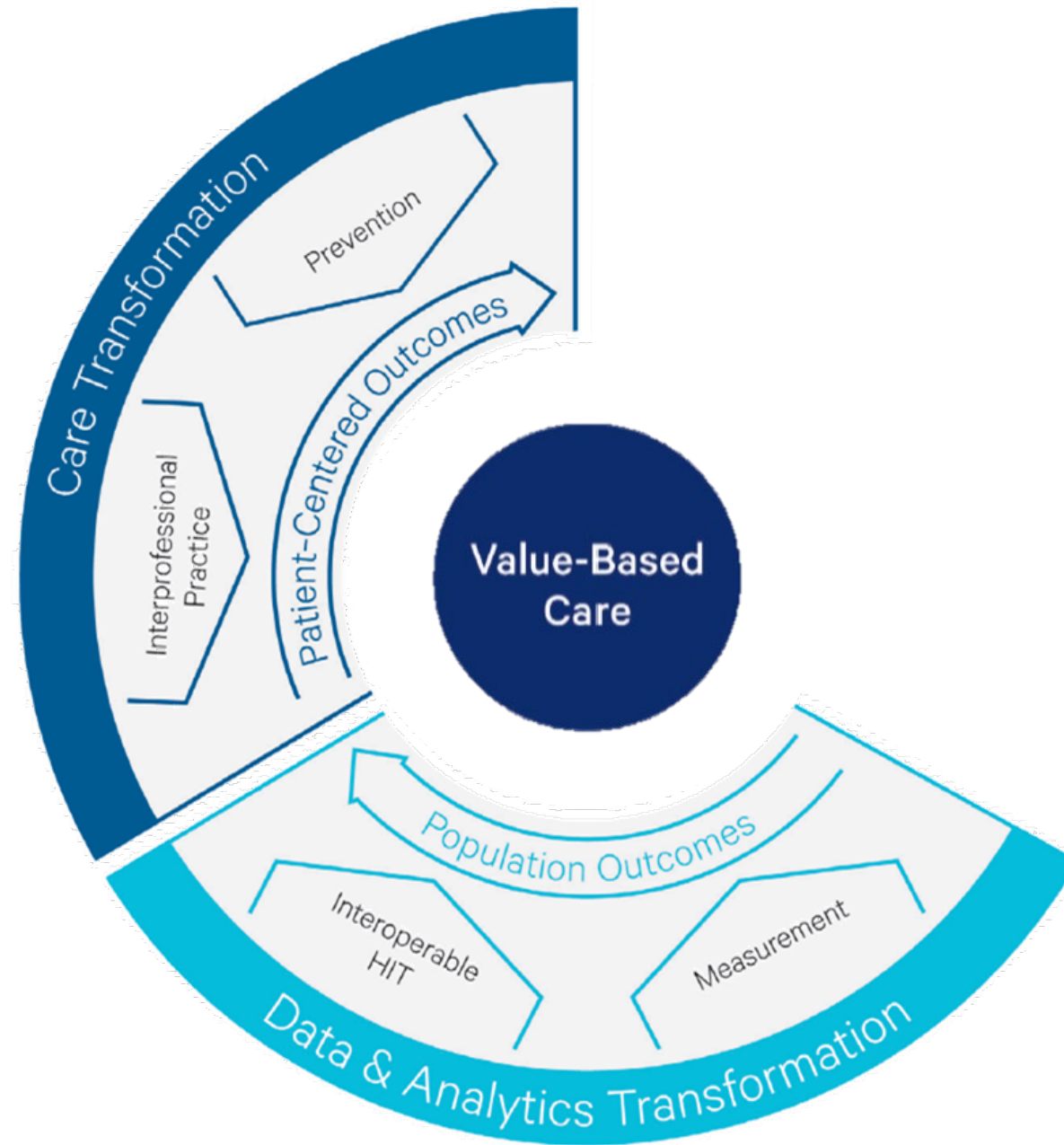
WHAT IS CARE TRANSFORMATION?



**A VALUE-BASED CONCEPT THAT INCLUDES
COORDINATED AND INTEROPERABLE HEALTH IT
SYSTEMS TO COORDINATE CARE**

Answer

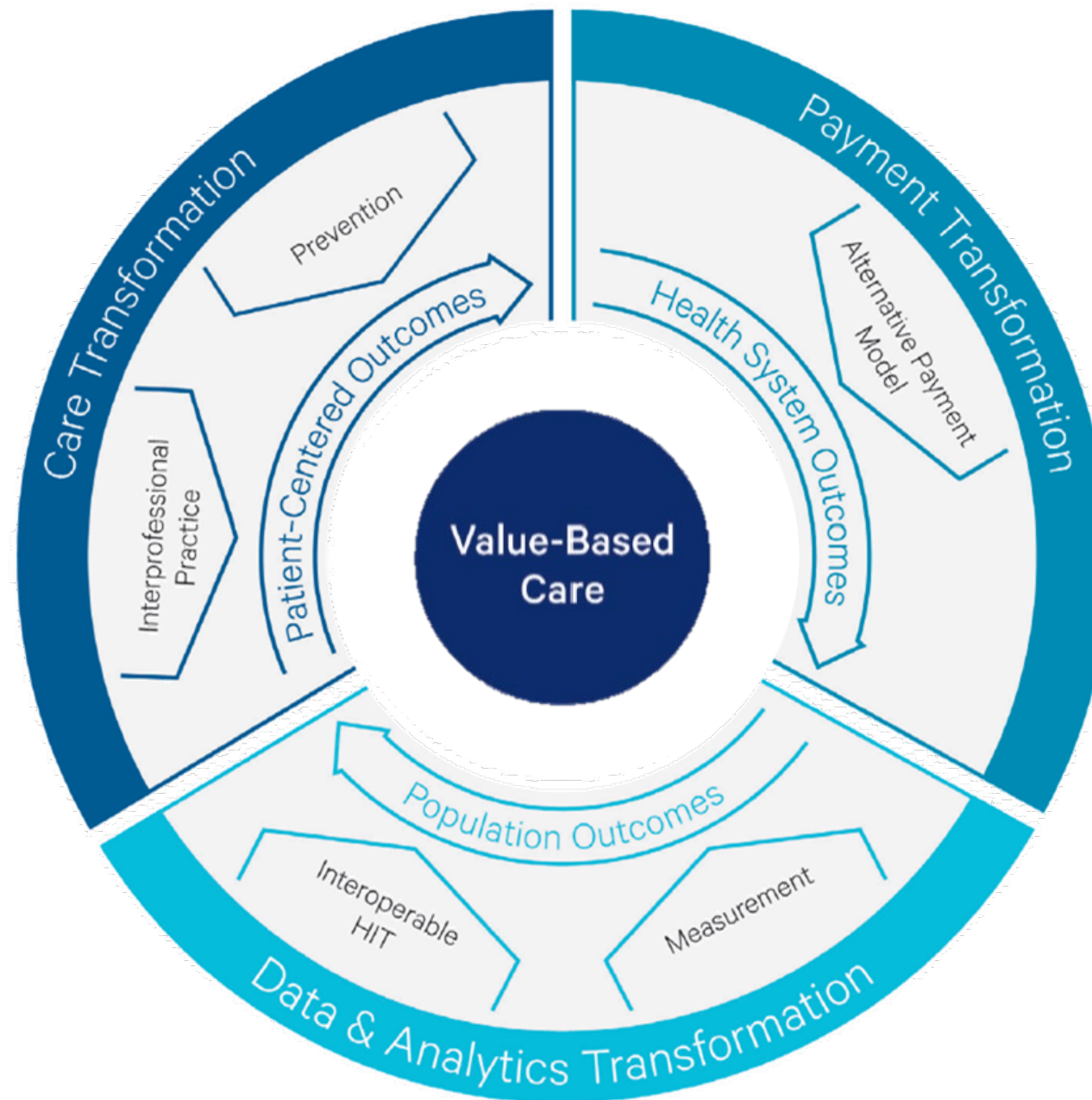
WHAT IS DATA & ANALYTIC TRANSFORMATION?







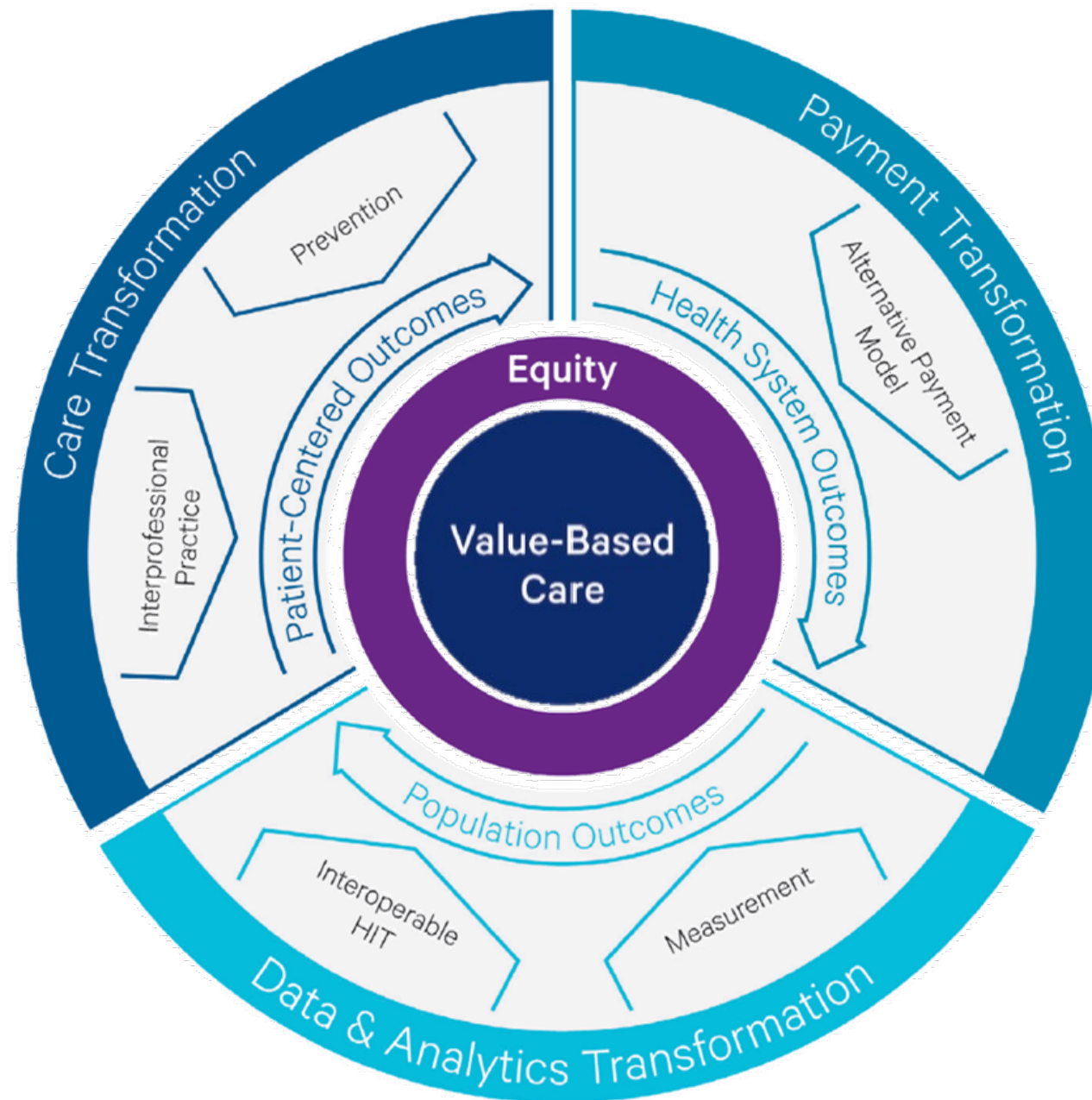
**A VALUE-BASED CONCEPT THAT PROVIDE
REIMBURSEMENT BASED ON IMPROVED ACCESS
TO CARE, QUALITY, OUTCOMES, AND COST
SAVINGS**

Answer

WHAT IS PAYMENT TRANSFORMATION?



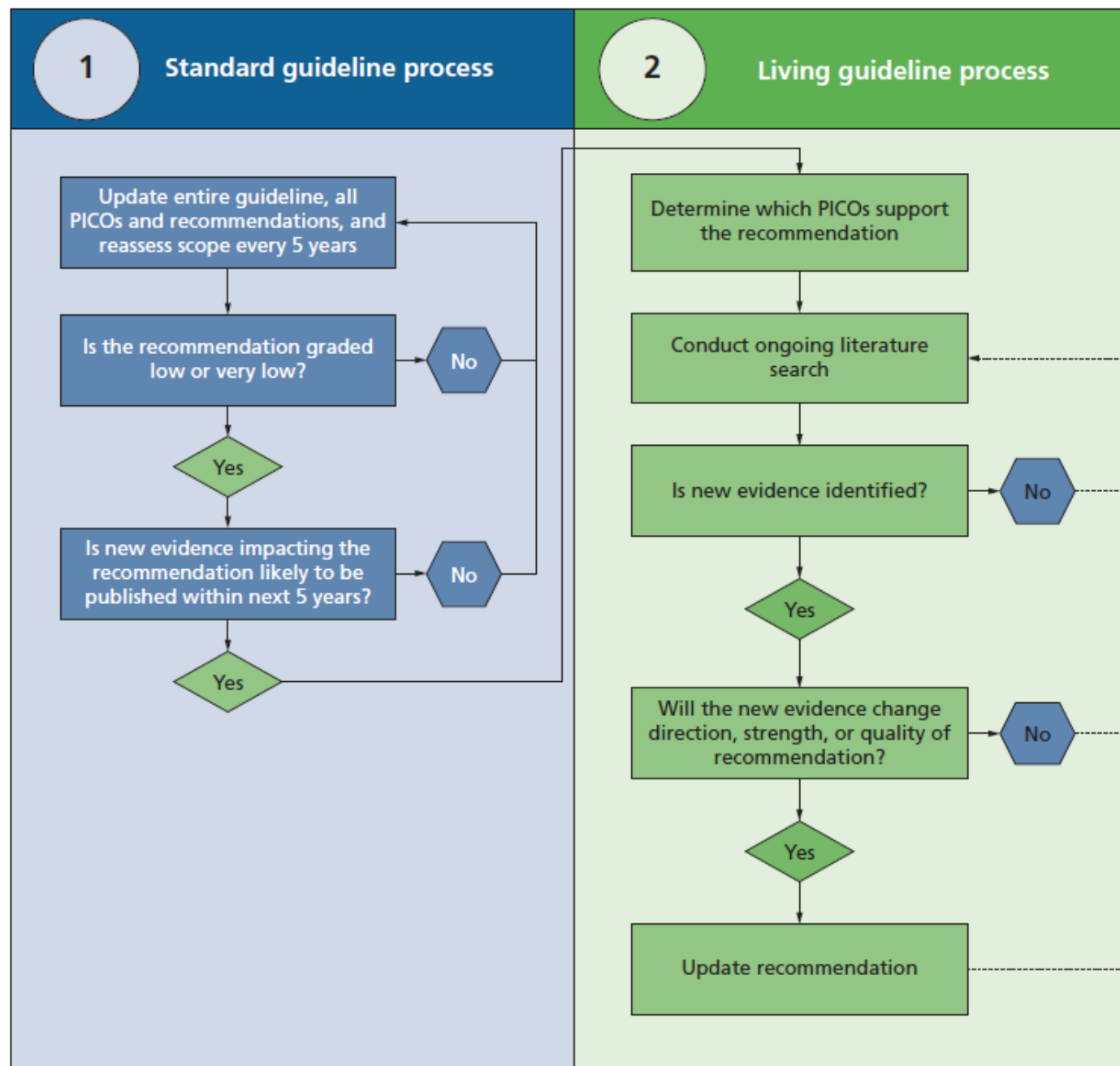
			
<p>CATEGORY 1 FEE-FOR-SERVICE – NO LINK TO QUALITY AND VALUE</p>	<p>CATEGORY 2 FEE-FOR-SERVICE – LINK TO QUALITY AND VALUE</p>	<p>CATEGORY 3 APMS BUILT ON FEE-FOR-SERVICE ARCHITECTURE</p>	<p>CATEGORY 4 POPULATION-BASED PAYMENT</p>
	<p>A</p>	<p>A</p>	<p>A</p>
	<p>Foundational Payments for Infrastructure and Operations (e.g., care coordination fees and payments for HIT investments)</p>	<p>APMs with Shared Savings (e.g., shared savings with upside risk only)</p>	<p>Condition-Specific Population-Based Payment (e.g., per member per month payments, payments for specialty services, such as oncology or mental health)</p>
	<p>B</p>	<p>B</p>	<p>B</p>
	<p>Pay-for-Reporting (e.g., bonuses for reporting data or penalties for not reporting data)</p>	<p>APMs with Shared Savings and Downside Risk (e.g., episode-based payment for procedures and comprehensive payment with upside and downside risk)</p>	<p>Comprehensive Populations-Based Payment (e.g., global budgets or full/percent of premium payments)</p>
	<p>C</p>	<p>C</p>	<p>C</p>
<p>Pay-for-Performance (e.g., bonuses for quality performance)</p>		<p>Integrated Finance and Delivery System (e.g., global budgets or full/percent of premium payments in integrated systems)</p>	



**AN OPTIMIZATION OF THE GUIDELINE
DEVELOPMENT PROCESS TO ALLOW UPDATING
OF INDIVIDUAL RECOMMENDATIONS AS SOON AS
NEW RELEVANT EVIDENCE BECOMES AVAILABLE**

Answer

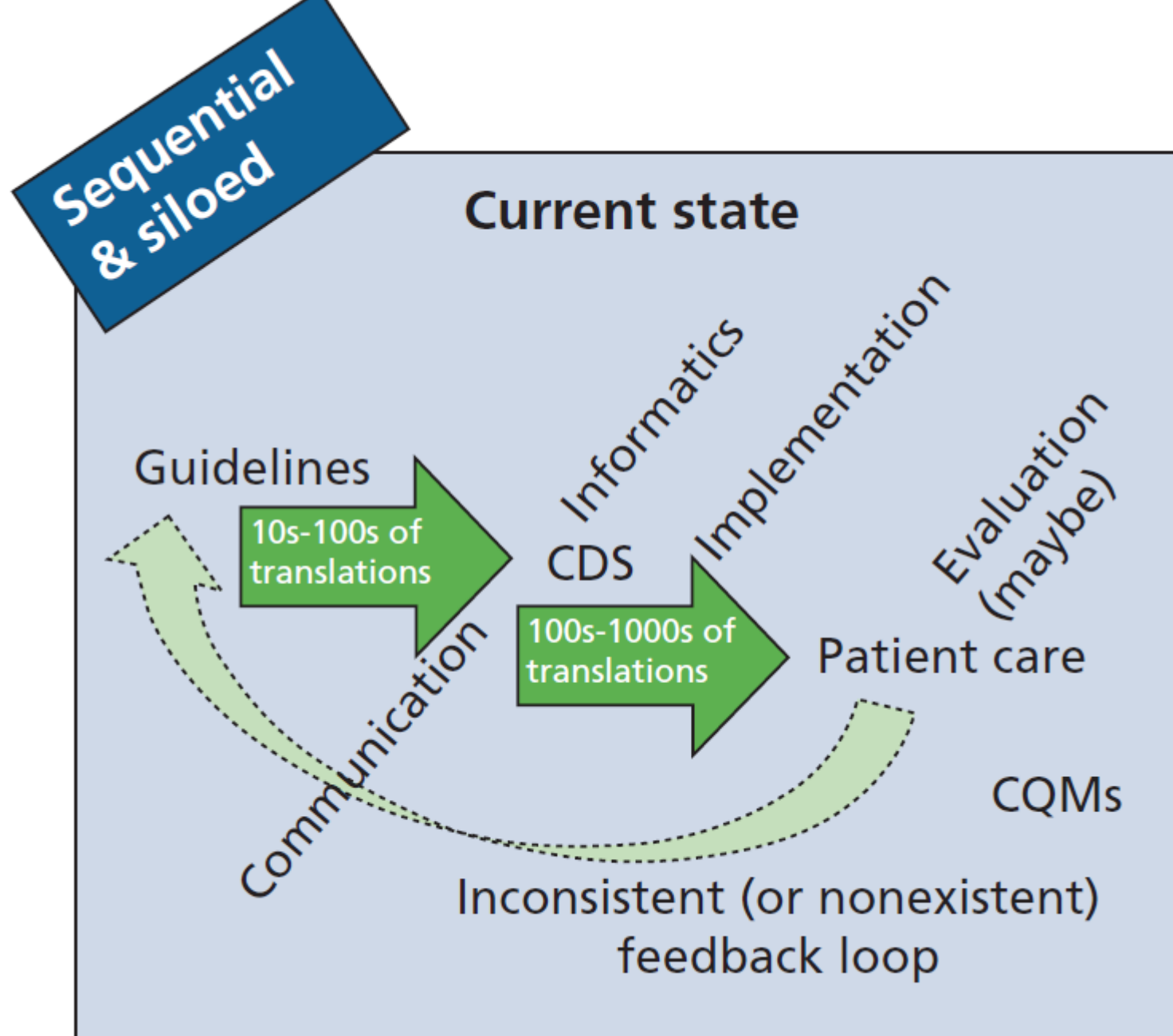
WHAT IS A LIVING GUIDELINE?



**A TERM THAT DESCRIBES HOW THINGS ARE
DONE TODAY**

Answer

WHAT IS “CURRENT STATE”?



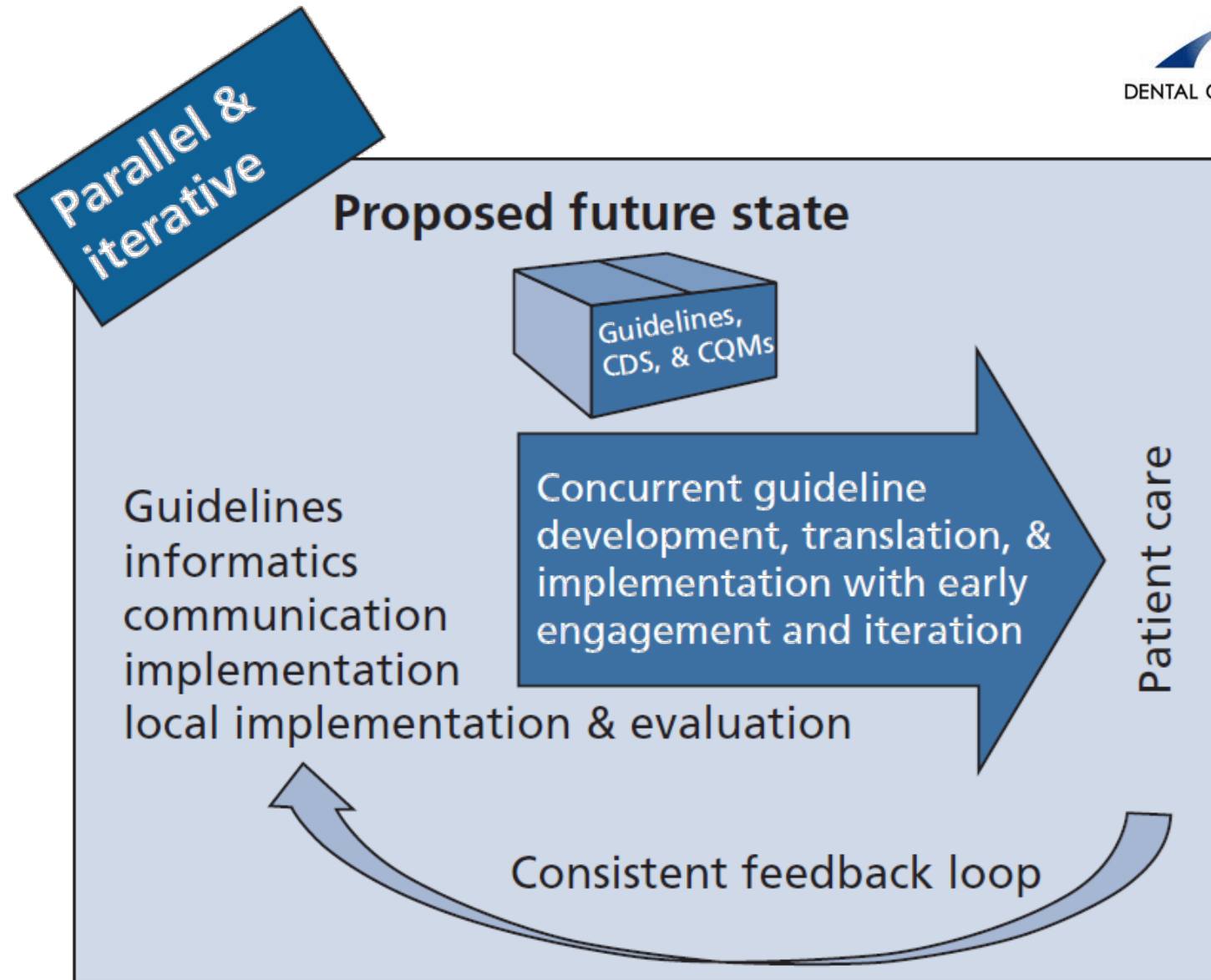
Current State of Guideline Development

**A DESCRIPTION OF THE PLANNED AND
IMPROVED, BUT NOT YET REALIZED CONDITION
OF A PROCESS, OPERATION OR SYSTEM**

Answer

WHAT IS A FUTURE STATE?

Future State of Guideline Development

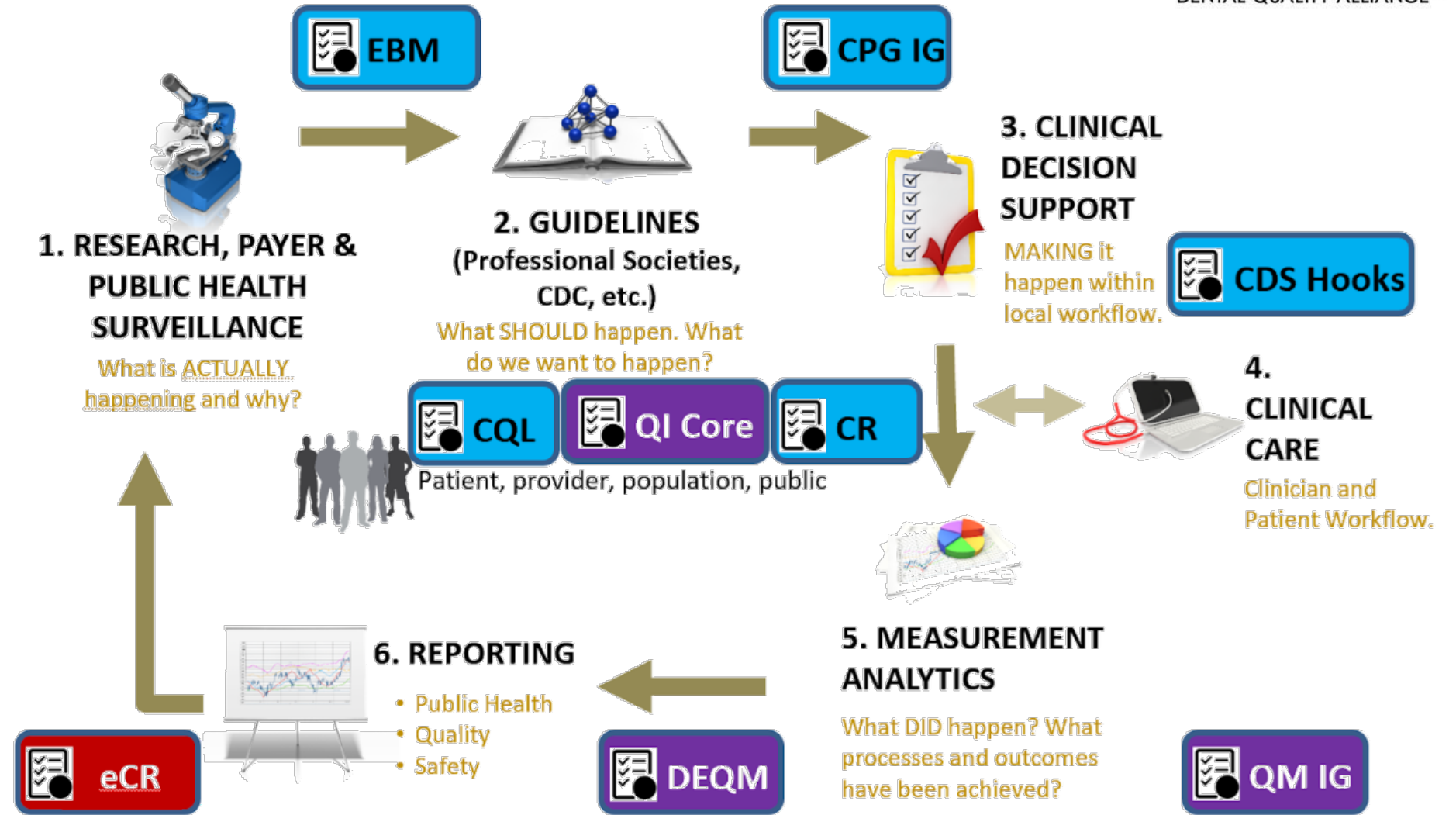


**EXPRESSION OF AND SHARING OF
HEALTHCARE GUIDELINES IN A GRAMMAR
UNDERSTOOD BY A SOFTWARE APPLICATION**

Answer

WHAT IS A COMPUTABLE GUIDELINE?

Adapting Guidelines for the Digital Age



**THE SET OF INDIVIDUAL OR GROUP MINDSETS
THAT CAN CAUSE DIVISIONS INSIDE A HEALTH
ORGANIZATION**

Answer

WHAT ARE SILOS IN HEALTHCARE?

5 Things to know about silos in healthcare....

SILOS IN HEALTHCARE



1 Horizontal relationships matter just as much as vertical ones

- Horizontal communication
- ↑ Outcomes
- ↓ \$

1 Horizontal relationships matter just as much as vertical ones

2 It doesn't just hurt the organization. It hurts patients and workers

- Horizontal communication
- ↑ Outcomes
- ↓ \$

- ↑ Problems, Friction, Conflicts, Redundancy, Waste
- ↓ Efficiency, Communications
- *Results*: Negative consequences to org, employee, pts

1 Horizontal relationships matter just as much as vertical ones

- Horizontal communication
- ↑ Outcomes
- ↓ \$

2 It doesn't just hurt the organization. It hurts patients and workers

- ↑ Problems, Friction, Conflicts, Redundancy, Waste
- ↓ Efficiency, Communications
- *Results*: Negative consequences to org, employee, pts

3 Silos cost us financially

- **Healthcare Waste**
 - Failure to deliver care
 - Over treatment
 - Low value care
- *Impact*: \$178B-\$268B Annually

1 Horizontal relationships matter just as much as vertical ones

- Horizontal communication
- ↑ Outcomes
- ↓ \$

2 It doesn't just hurt the organization. It hurts patients and workers

- Problems, Friction, Conflicts, Redundancy, Waste
- Efficiency, Communications
- *Results*: Negative consequences to org, employee, pts

3 Silos cost us financially

- Healthcare Waste
 - Failure to deliver care
 - Over treatment
 - Low value care
- *Impact*: \$178B-\$268B Annually

4 Breaking down silos can save money and improve patient care

- Coordinated Care:
 - ↓ ED visits, \$
 - ↑ Outcomes

1 Horizontal relationships matter just as much as vertical ones

- Horizontal communication
- ↑ Outcomes
- ↓ \$

2 It doesn't just hurt the organization. It hurts patients and workers

- Problems, Friction, Conflicts, Redundancy, Waste
- Efficiency, Communications
- *Results*: Negative consequences to org, employee, pts

3 Silos cost us financially

- Healthcare Waste
 - Failure to deliver care
 - Over treatment
 - Low value care
- *Impact*: \$178B-\$268B Annually

4 Breaking down silos can save money and improve patient care

- Coordinated Care:
 - ↓ ED visits, \$
 - ↑ Outcomes

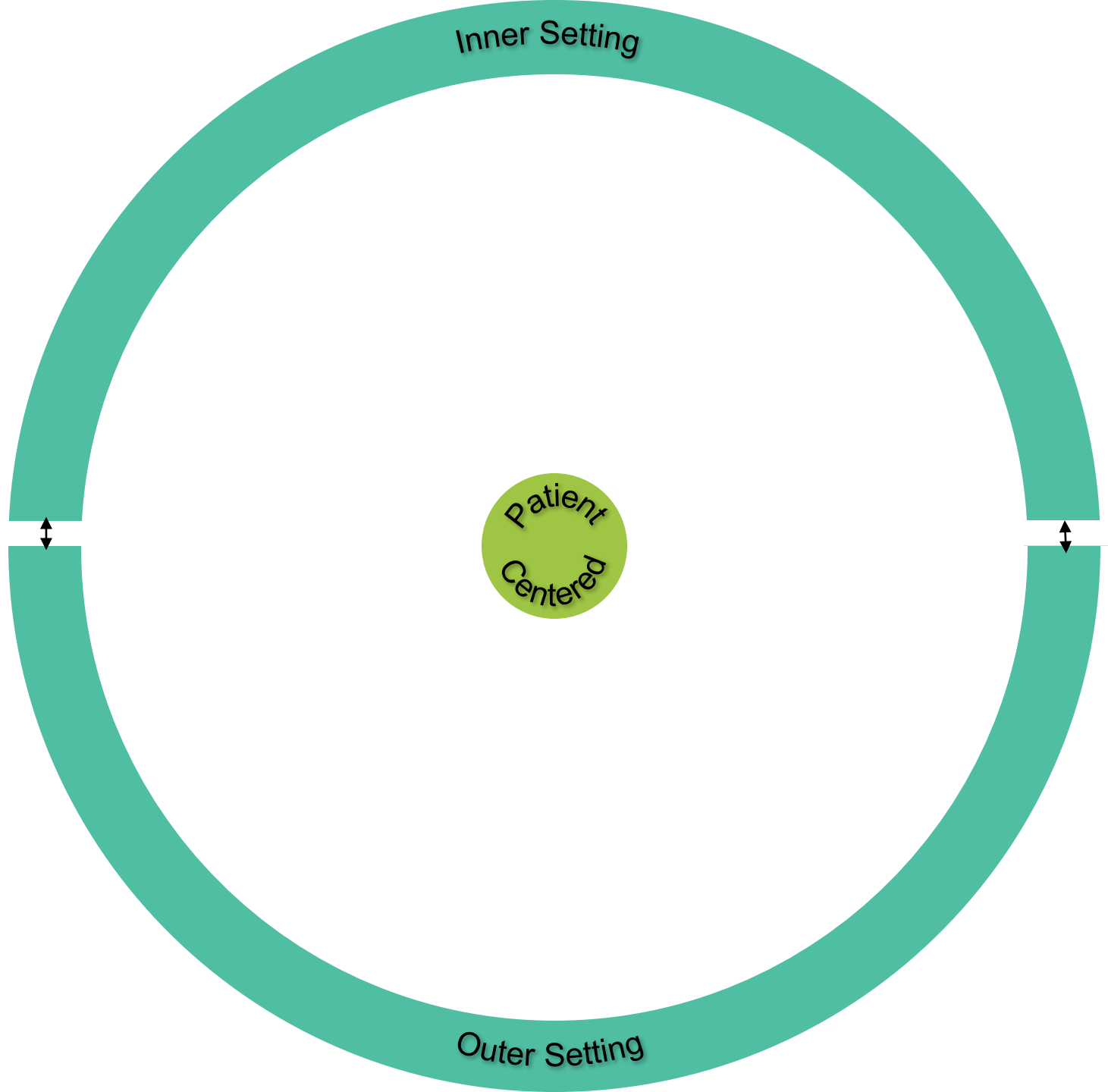
5 Breaking silos enables focusing on treating the whole patient, not individual problems

- Episodic approach:
 - ↑ \$, duplication of services
- Reimagine Healthcare system:
 - ↓ Silos
 - ↑ Quality, collaborative care, information exchange, shared accountability

**A TYPE OF CARE WHERE AN INDIVIDUAL'S
SPECIFIC HEALTH NEEDS AND DESIRED HEALTH
OUTCOMES ARE THE DRIVING FORCE BEHIND
ALL HEALTH CARE**

Answer

WHAT IS PATIENT CENTERED CARE?



A HOLISTIC WAY TO INVESTIGATE FACTORS AND INTERACTIONS THAT COULD CONTRIBUTE TO A POSSIBLE OUTCOME

Answer

WHAT IS SYSTEMS THINKING?

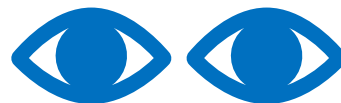
Systems Thinkers....



Seek to understand the big picture



Observe how elements within a system change over time, generating patterns and trends



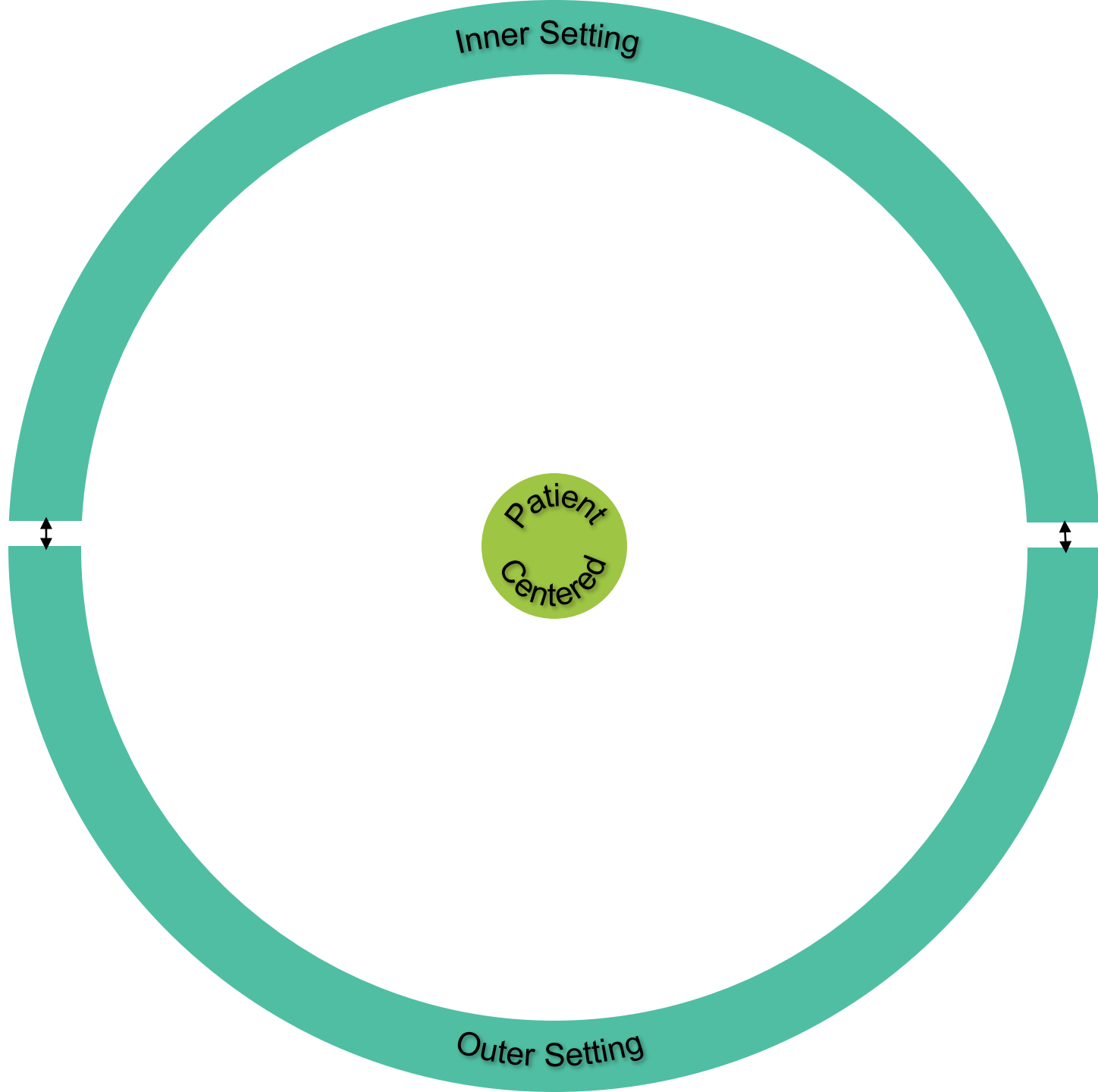
Recognize that a system's structure generates behavior

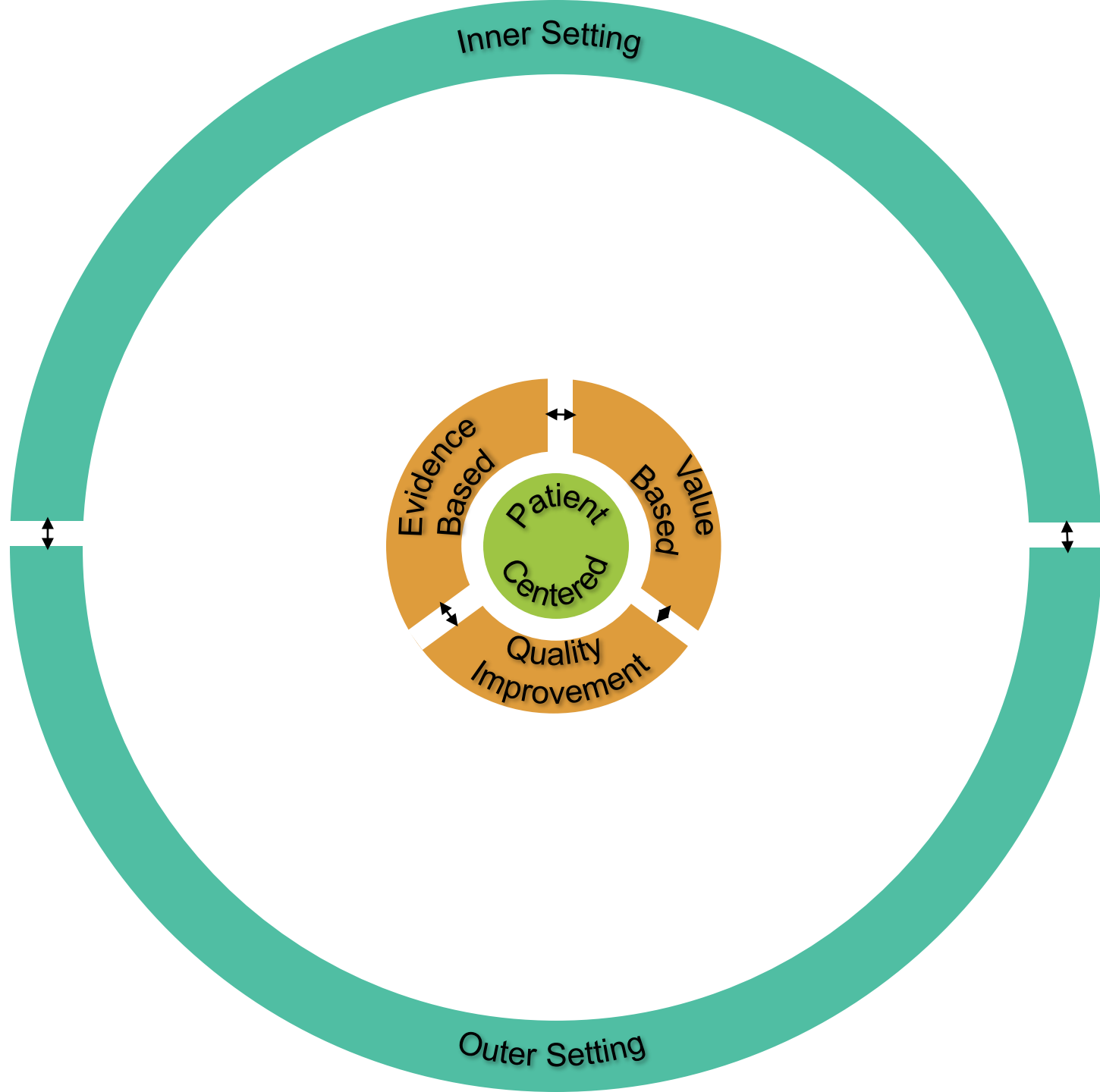


Make meaningful connections within and between systems



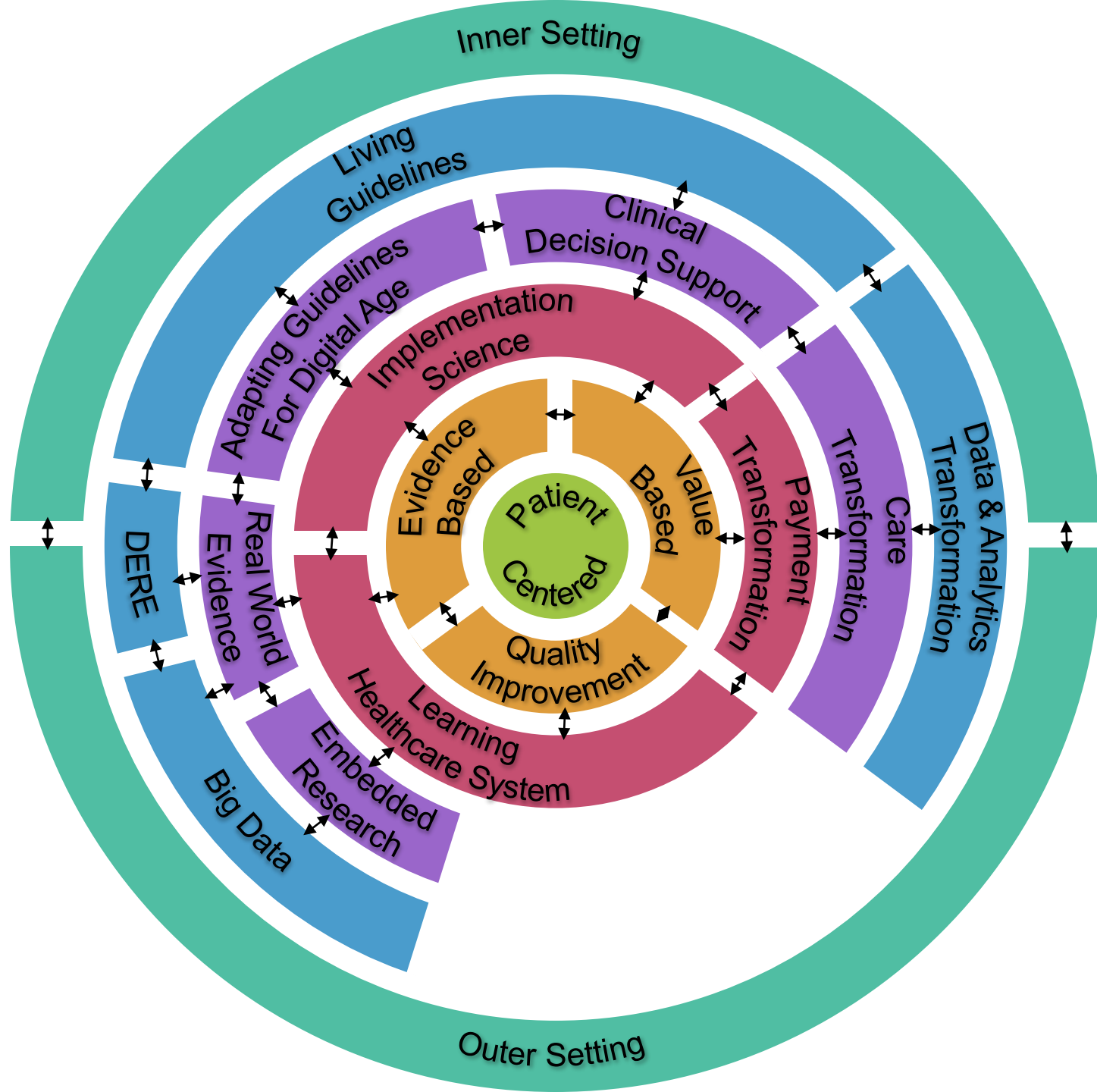
Use understanding of system structure to identify possible leverage actions

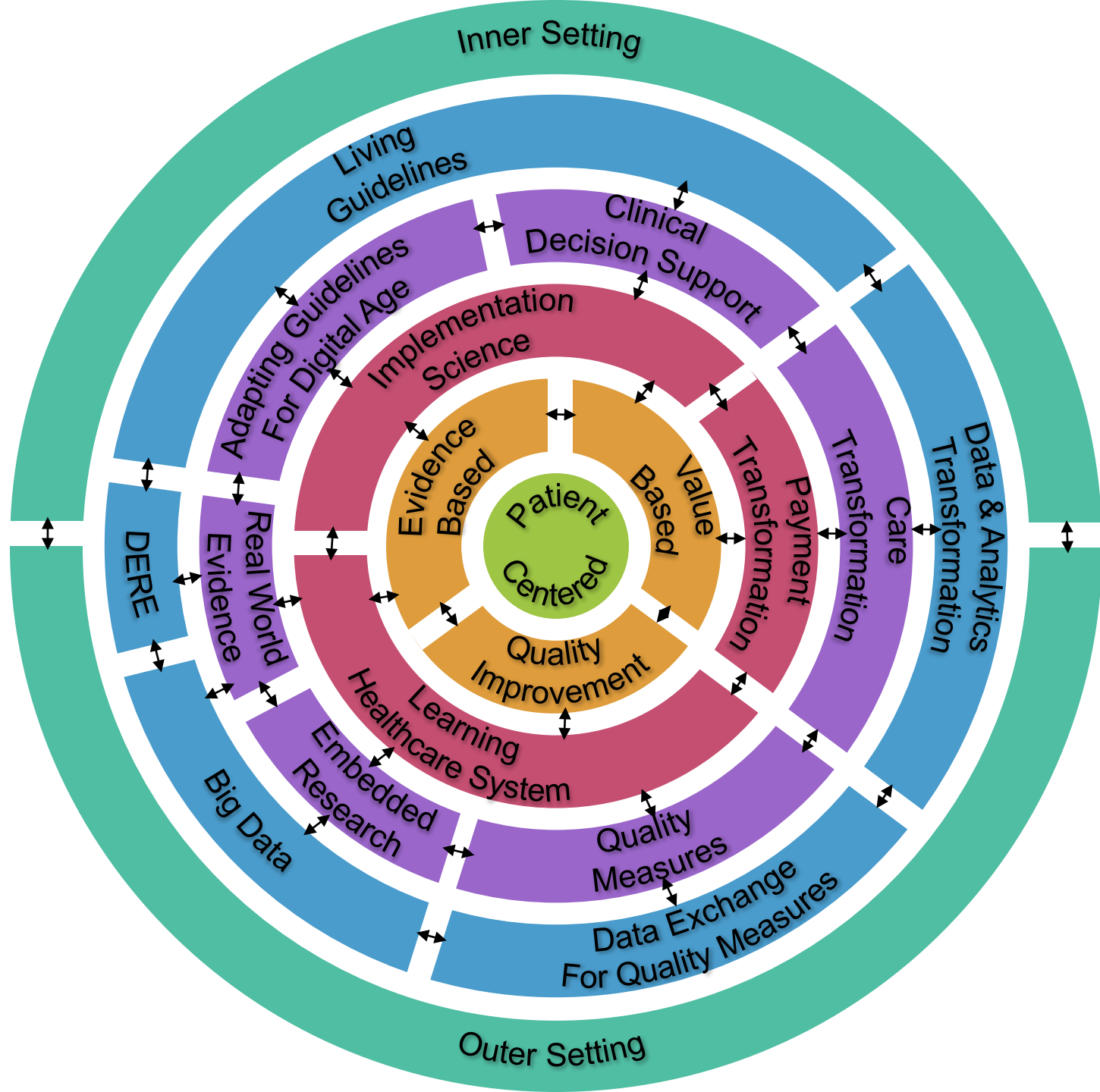




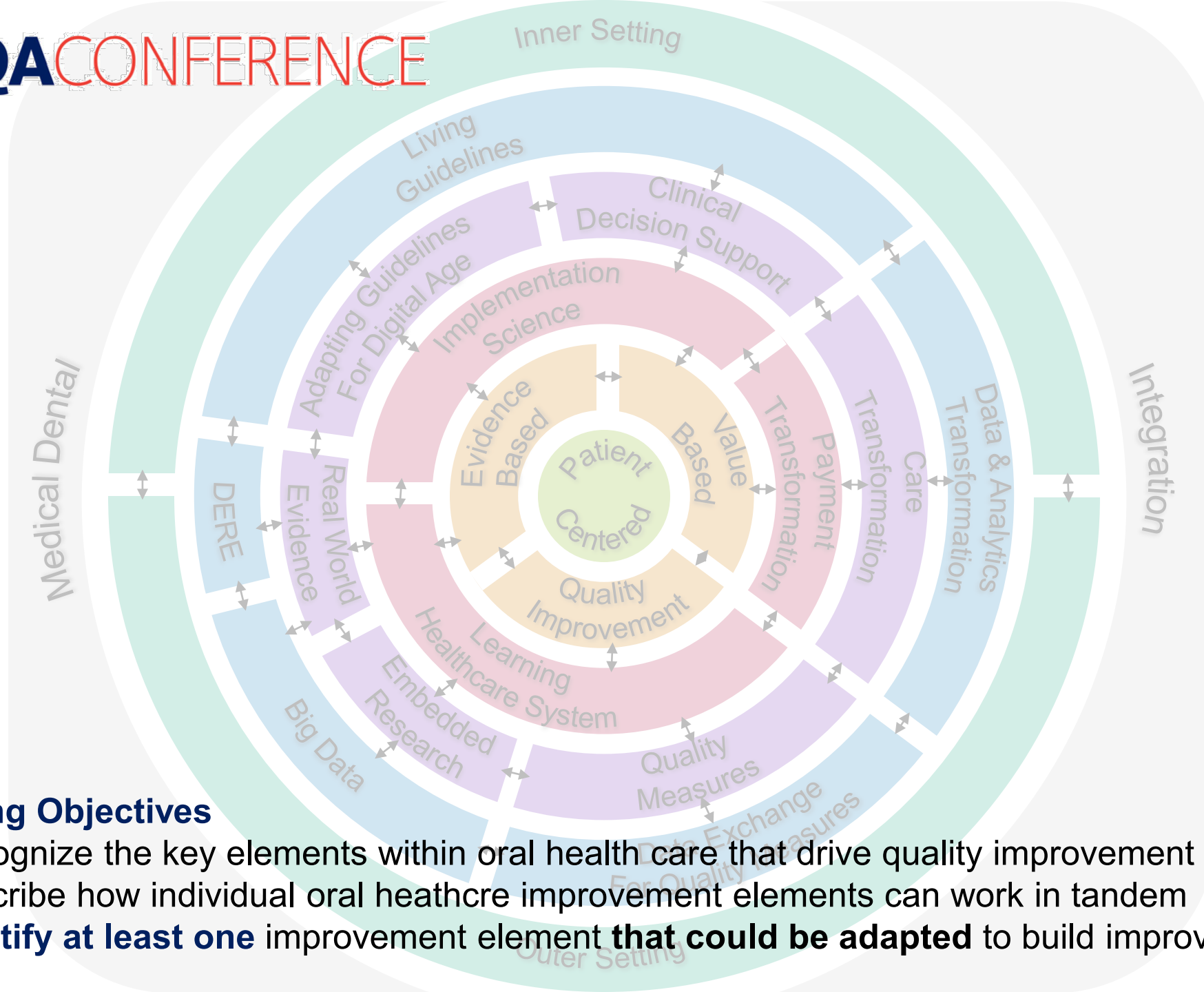












Learning Objectives

- Recognize the key elements within oral health care that drive quality improvement
- Describe how individual oral healthcare improvement elements can work in tandem
- **Identify at least one** improvement element **that could be adapted** to build improvement capacity

**SOMEONE WHO INSPIRES PASSION AND
MOTIVATES OTHERS TO FOLLOW**

Answer

WHAT IS A LEADER?

Personal Objectives

1. Every person in the room will **learn** something
2. Every person in the room will be inspired to **do** something



Questions?



Thank you!