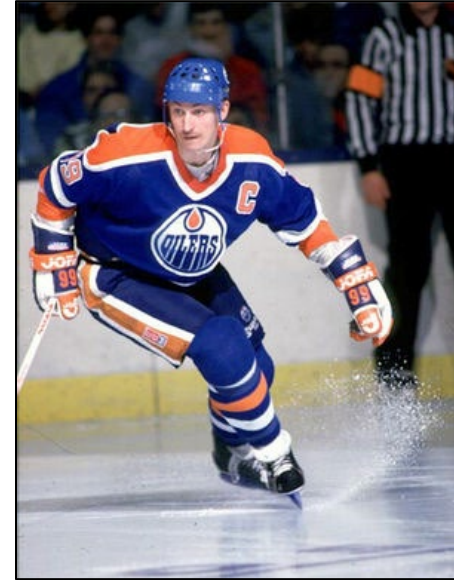


Trends Reshaping Dentistry

Where the Quality Movement Fits In

Marko Vujicic
Chief Economist & Vice President
Health Policy Institute

Today



“Skate to where the puck is going...not where it is.”

A 20-year Retrospective on Oral Health in America

Oral Health in America

Advances and Challenges

International Journal of Health Economics and Management
<https://doi.org/10.1007/s10744-019-00274-x>

RESEARCH ARTICLE

Consolidation in the dental industry: a closer look at dental payers and providers

Kamyar Naseeh¹ · John R. Bowbls² · Marko Vujcic³ · Sean Shengshu Huang³

Received: 14 May 2019 / Accepted: 25 September 2019

ORAL HEALTH COST & CARE

By Marko Vujcic, Thomas Buchtemer, and Bartel Klok

Dental Care Presents The Highest Level of Financial Barriers, Compared To Other Types Of Health Care Services

JAMA Network | Health Policy

Earnings of Employed and Self-employed US Health Care Professionals, 2001 to 2015

Original Investigation | Health Policy

Abstract
 We examine the dental practice, the doctor at a dental manager become more prevalent data from the AHA from the United States from FAJR Health the size of dental market concentration inductive evidence dentist's decision incongruities imply that commercial dental

Keywords
 JEL Classification

Introduction
 Traditionally, US new dentists that become utilized become salaried or dental Assoc

2176 HEALTH AFFAIRS

Health Policy Institute
 AHA American Dental Association

International Students in U.S. Dental Schools

827 INTERNATIONAL DENTAL SCHOOL GRADUATES WERE ADMITTED WITH ADVANCED TRAINING IN 2018-19. MORE THAN HALF OF THESE WERE ADMITTED IN THE 2ND YEAR OF THE PROGRAM.

INTERNATIONAL STUDENTS IN U.S. DENTAL SCHOOLS IN 2018-19: 62% OF U.S. DENTAL SCHOOLS (OF 146) OFFERED AN ADVANCED TRAINING PROGRAM.

SECOND YEAR THIRD YEAR

Dentist Earnings and Business in the U.S.

AVERAGE ANNUAL NET INCOME, DENTISTS IN PRIVATE PRACTICE

DENTISTRY AVERAGE NET INCOME HAS INCREASED

GENERAL PRACTITIONERS SPECIALISTS

Emergency Department Visits for Dental Conditions – A Snapshot

EMERGENCY DEPARTMENT VISITS FOR DENTAL CONDITIONS AMONG ADULTS BY RACE

EMERGENCY DEPARTMENT VISITS FOR DENTAL CONDITIONS AMONG ADULTS BY AGE

PERCENTAGE OF DENTIST PRACTICES REPORTING MOST FREQUENT REASON FOR VISIT TO THE CHAIR IN NUMBER OF EMERGENCY VISITS

NUMBER OF VISITS PER 1,000 POPULATION

OVER 14 SECONDS

2.2 MILLION

70%

\$2.4 BILLION

41% of all emergency department visits for dental conditions among adults in the United States that are paid for by Medicaid.

68% of all emergency department visits for dental conditions among children in the United States that are paid for by Medicaid.

Medicaid expansion under the Affordable Care Act led to increased dental coverage and dental care use among Medicaid-covered adults, some of which occurred in hospital emergency departments.

NIH Office of the 2019 Activities and Programs Director, Agency for Healthcare Research and Quality, as well as the "Real Research, Real Impact" study of the National Emergency Department and Urgent Care Research Network. Health Affairs. November 14, 2019. doi:10.1136/hlthaff.2019.015000. Copyright © 2019 American Dental Association. All rights reserved. Health Affairs. November 14, 2019. doi:10.1136/hlthaff.2019.015000.

Key Conclusions from the Evidence

- 1. Mouth is connected to body.** Lots of new, compelling research today about oral health's link to overall health and well-being, medical care costs, and the economy.
- 2. Big gains in oral health among kids.** Steady improvements in oral health measures, big increases in dental care visits. Largest gains have been among low-income children and non-white children. Improvements driven by significant expansions of dental coverage for kids, especially through public programs.
- 3. Much less progress for adults and seniors.** For working-age adults, oral health outcomes have not improved. Dental care use has been declining very slowly. Disparities by income and race have been stable. For seniors, some improvements in some oral health outcomes, but mostly among the wealthy.
- 4. Cost barriers are really important.** Dental care stands out from other health care services in terms of being unaffordable. Working-age adults, especially low-income adults, face the highest cost barriers to dental care. Cost is the top reason adults and seniors do not go to the dentist.
- 5. Big picture,** the current model of dental care delivery and financing is working fairly well for about half the U.S. population, including the vast majority of kids and middle- and upper-income adults and seniors. If we want more Americans accessing care, we need big reforms.

What Needs to Happen?

Commentary

Guest Editorial

JADA
THE JOURNAL OF THE AMERICAN DENTAL ASSOCIATION

Our dental care system is stuck

And here is what to do about it

Marko Vujicic, PhD

We will not see major expansions in dental care use and sustained improvements in oral health in the coming years, especially among those with the highest needs, under the status quo model. The dental care system needs major reforms.

What Needs to Happen?

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Address the Dental Coverage Gap

Consider dental care an essential health benefit for all age groups. Provide comprehensive dental coverage in public health insurance programs and as a core benefit in private health insurance coverage.

Define and Systematically Measure Oral Health

Define and systematically measure oral health in ways that are meaningful and relevant for both patients and providers, but mostly for patients. Measure what is done for patients, not just what is done to patients.

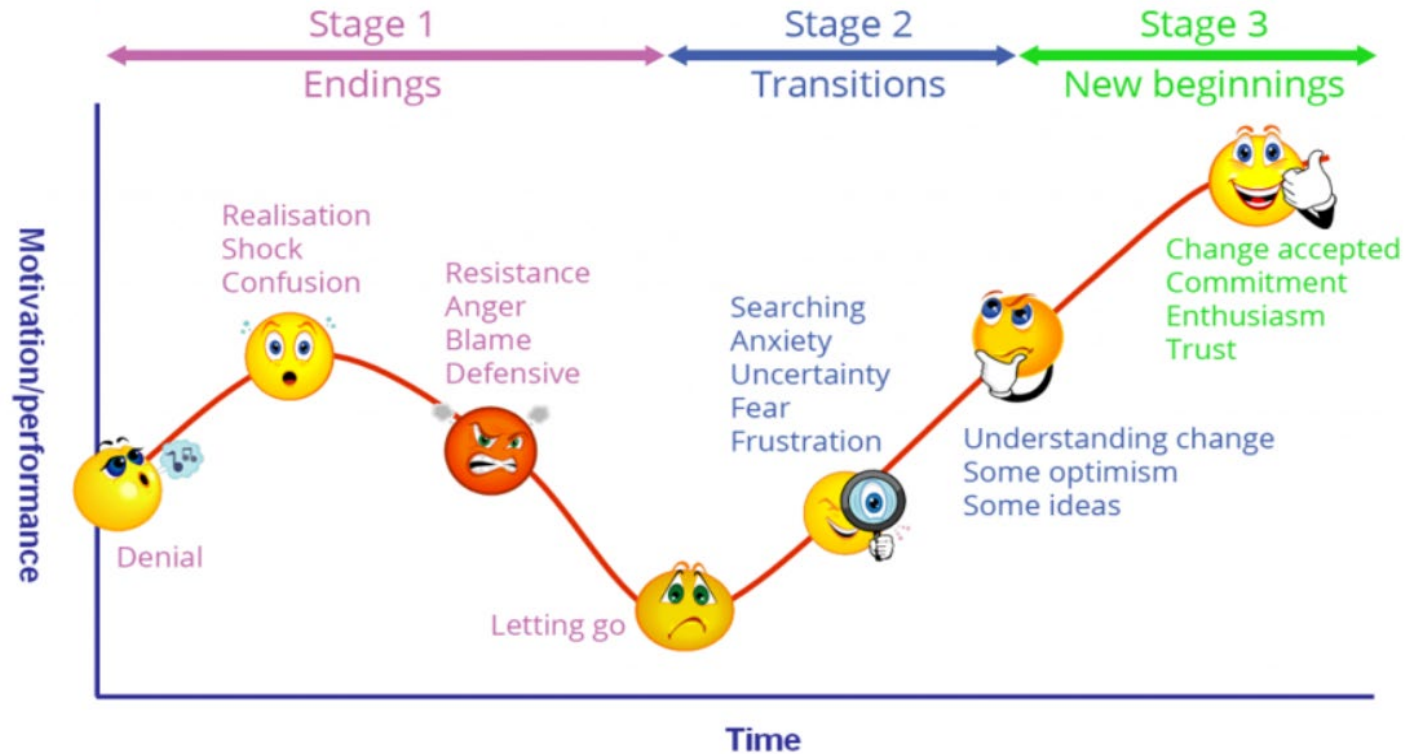
Tie Reimbursement, Partly, to Outcomes

Make some small portion of provider compensation dependent on oral health outcomes or, at a minimum, on some intermediate measures that influence outcomes and are more within the direct control of providers.

Reform the Care Delivery Model

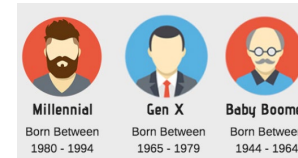
Get dentistry out of its care delivery silo. Engage the rest of the health care system to nudge people into dental care. Rise above scope of practice turf wars fueled by fee-for-service payment.

Change is Hard



Some Big Trends that are Coming

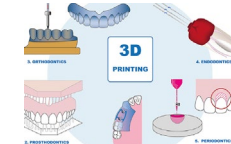
1. Shifting Practice Models



2. Intensified Consumerism



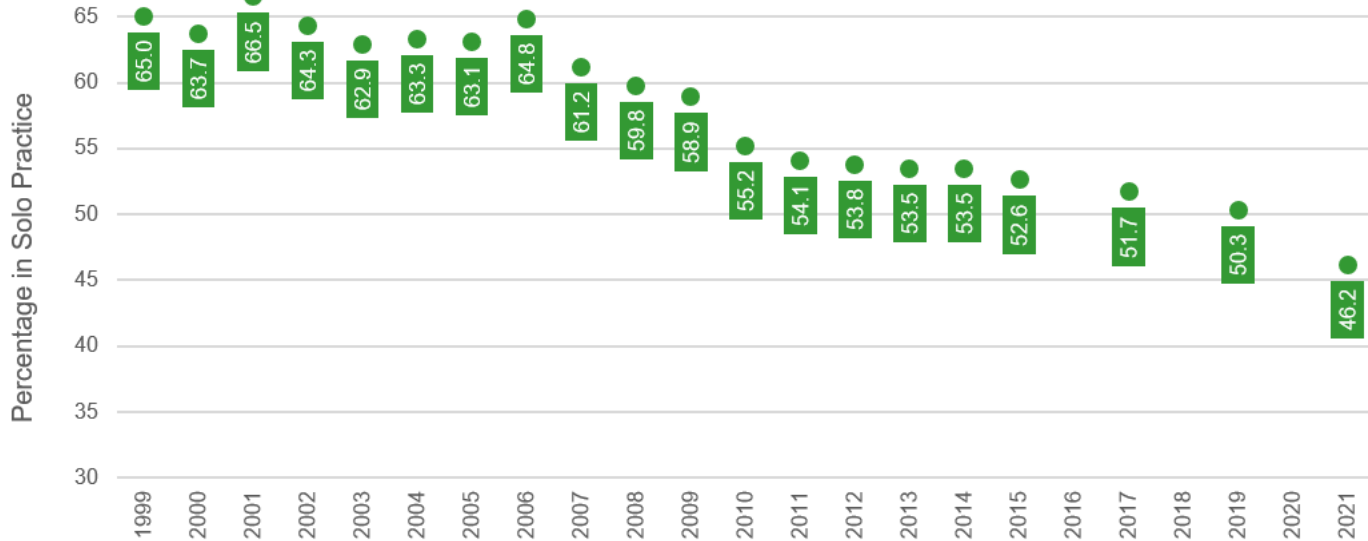
3. Enabling Technology



4. Payment Reform



Fewer Dentists are in Solo Practice

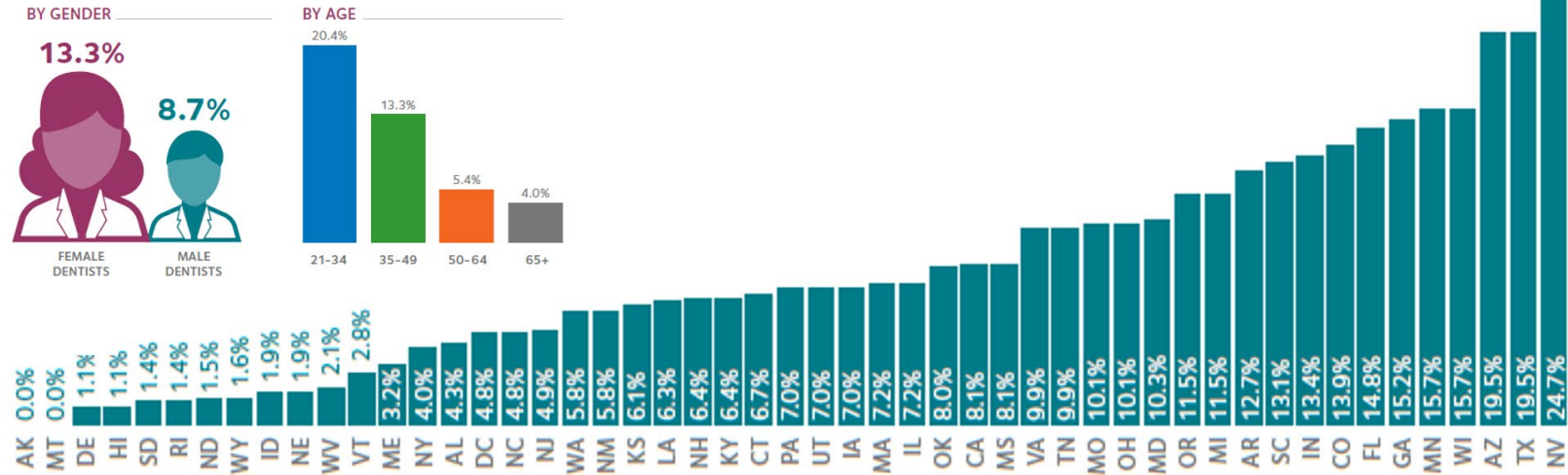


Solo practice continues to decline. This trend is accelerating.

Practice Consolidation is Accelerating



How Big are Dental Service Organizations?



Practice Consolidation is Accelerating

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DOI: 10.1002/jd4.1256

ASSOCIATION REPORT

ADEA | THE VOICE OF DENTAL EDUCATION | WILEY

Dentists of tomorrow 2020: An analysis of the results of the 2020 ADEA Survey of U.S. Dental School Seniors

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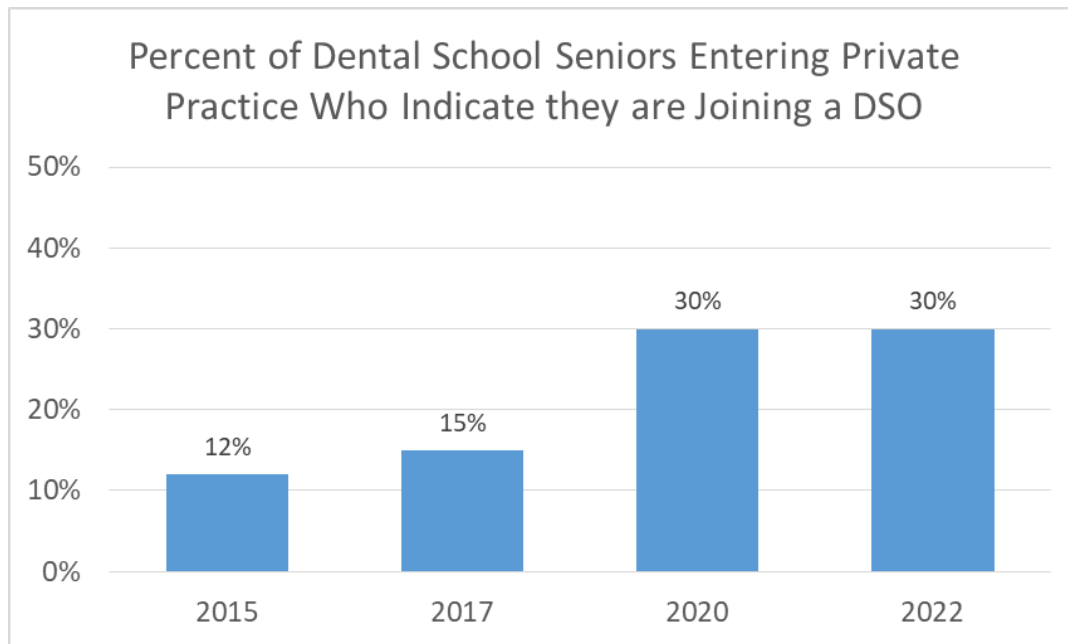
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Abstract
Purpose/Objectives: This study examines the journey of U.S. dental schools' predoctoral senior class of 2020, from the influences on and their motivations to pursue careers in dentistry, aspects of their dental school experiences, to plans upon graduation and the investment in their careers.
Methods: The study is an analysis of the results of the ADEA Survey of Dental School Seniors, 2020 Graduating Class. Each year, ADEA surveys senior predoctoral students from the accredited U.S. dental schools. Whenever feasible, the answers of the survey respondents from the 2020 class were compared with their 2015 counterparts.
Results: The analysis revealed that 46% of the 2020 respondents decided to become a dentist before going to undergraduate college, more than the proportion of those deciding while in college (42%). When it comes to preparedness to practice dentistry, the responses indicated a high level of readiness to go into the profession. Seventy-seven percent of survey participants reported the COVID-19 pandemic did not affect their plans after graduation. Between 2015 and 2020, the share of survey respondents who planned to go into advanced dental education immediately after graduation increased from 35% to 40%. Almost a third of the 2020 respondents who planned to go into private practice immediately upon graduation intended to join a Dental Service Organization (DSO). Grants and scholarships represented a higher share of the average funding for dental education for the 2020 respondents than five years ago. The share of respondents expecting to graduate without any loans to finance their dental degrees and pre-dental education (educational debt) increased significantly, from 12% in 2015 to 17% in 2020.
Conclusion(s): This research shows that during these uncertain times, U.S. dental schools continued their mission to train and graduate oral health professionals fully prepared to go into the profession.

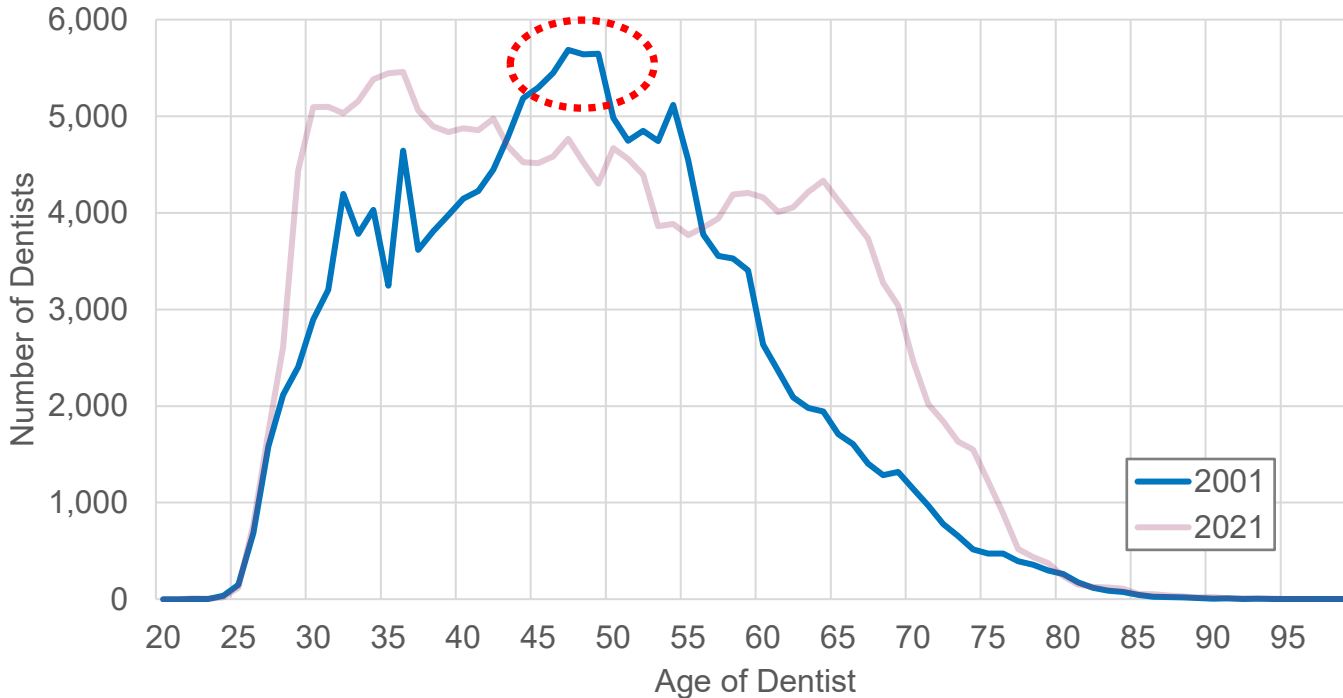
KEYWORDS
careers in dentistry, dental education, dental schools, dental students, student finances

J Dent Educ. 2021;85:427-440. | wileyonlinelibrary.com/journal/jd4 | © 2021 American Dental Education Association | 427



We Have a Major Generational Divide

Age Distribution of the Dentist Workforce

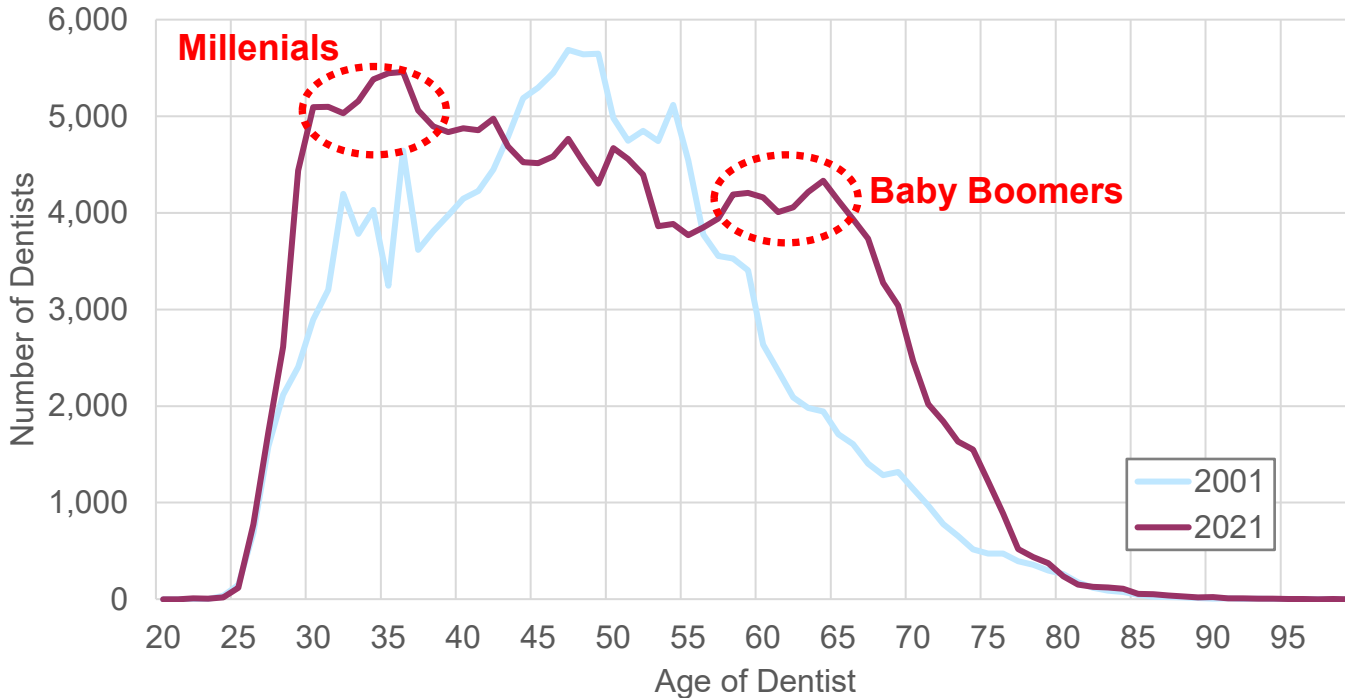


Twenty years ago, there were lots of dentists in their mid-40s.

There were not a huge number of really young or really old dentists.





We Have a Major Generational Divide

Age Distribution of the Dentist Workforce



Today is different. There is a clear generational divide— lots of retirement age dentists and lots of young dentists.

Value Based Payment

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

While VBP models encourage cost savings, to prevent cutting corners on care, all arrangements in Category 2C or above must be linked to quality performance to ensure that cost savings do not come at the expense of quality.

Value Based Payment

CHCS Center for Health Care Strategies, Inc.



Moving Toward Value-Based Payment in Oral Health Care

February 2021

Made possible by the DentoQuest Partnership for Oral Health Advancement.

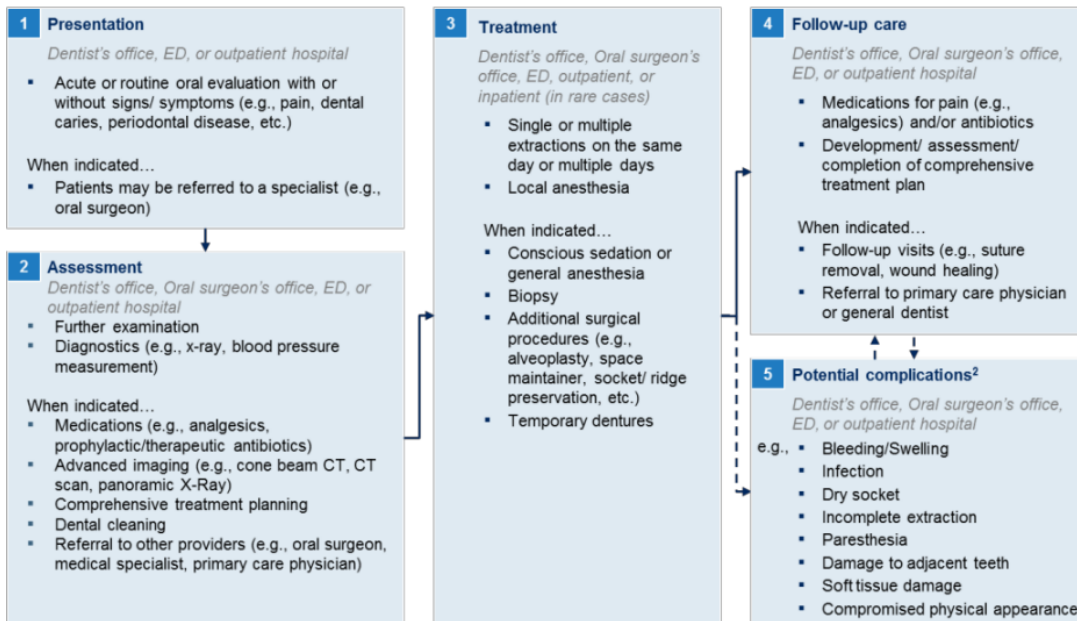
Perhaps the deepest challenge in implementing VBP in oral health care is related to how electronic data are used at both the practice and system level, including gaps in coding, data collection, exchange, and analysis.

Value Based Payment

EXHIBIT 1 - PATIENT JOURNEY FOR THE TOOTH EXTRACTION EPISODE



Patient journey¹

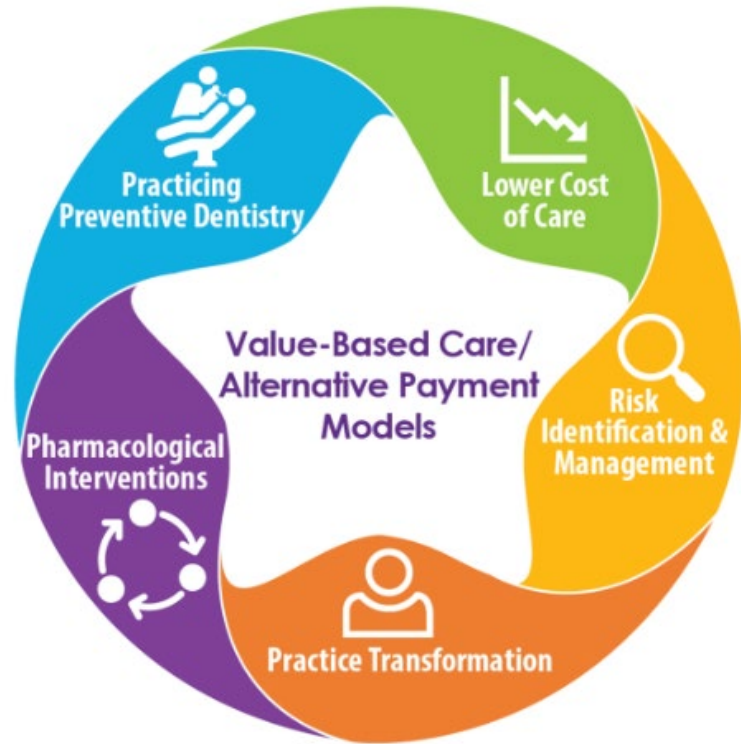


¹ Represents typical patient pathway; individual patient pathways may differ based on the patient's clinical status

² Potential complication list is not exhaustive

SOURCE: Clinical guidelines; expert interviews

Value Based Payment



Value Based Payment

Box 2. Advice to the provider community.

- Embrace It** Accept value-based care as the future model for dentistry. It is certainly a long way down the road, but make no mistake: it is down the road.
- Be Prepared** Start amassing the clinical knowledge base. Assess the quality of clinical evidence on treatment protocols associated with a particular diagnosis and a particular patient risk profile. Focus on care standardization when the evidence exists and limiting variation in treatment patterns across providers, regions, and health care systems.
- Lead It** Dentists cannot afford to be on the sidelines. They need to lead and shape this movement. Set up key stakeholder groups now. As noted above, there are major issues that need to be worked through to make this model a successful one. Engage in discussions about how to meaningfully define and measure oral health outcomes and identify what systems and tools are needed to collect data and achieve effective patient engagement.
- Be an Early Adopter** Invest in data and institutions. Value-based care requires detailed diagnoses data, outcomes data, and risk-factor data. Stakeholder groups need to lay out the parameters for all of these systems.

Value Based Payment



“We are 25 years in to a 40 year health care transformation. The volume to value transition will be slow, and not a straight road.”

Mike Leavitt, Founder, Leavitt Partners, Former Secretary, HHS



“There is no turning back to an unsustainable system that pays for procedures rather than value.”

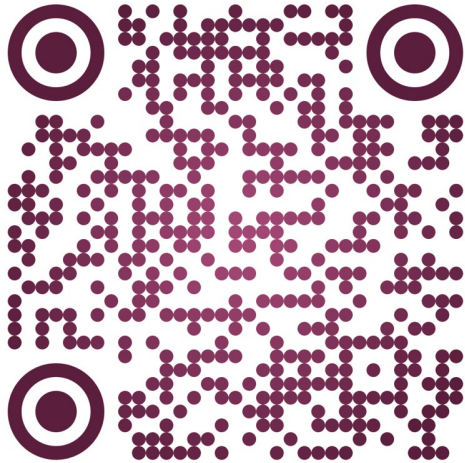
Alex Azar, Former Secretary, HHS



“I want to make clear that our commitment to value-based care has never been stronger. True innovation means failing until we get things right.”

Liz Fowler, Director, Center for Medicaid and Medicare Innovation

Thank You!



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