

Dental Care: On the Path from Volume to Value

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Presentation Overview

The History of Value-Based Payment (VBP)

(Slow) Evolution for Medical Care

How Performance Measurement and the PCMH Fits in

Brief Overview of the PCPCC

Theory of Change Model to Achieve PCMH

How the Vision for Primary Care Has Evolved and Next Steps

Integration of Oral Health

With Primary Care

Into Value Based Payment Arrangements

Brief History of Value Based Payment (VBP)

- ▶ VBP starts with measures – they are foundational to payment reform because they define value
- ▶ First set of quality measures were advanced to catalyze progress against the 1979 Healthy People Goals (now working on HP 2030)
 - ▶ First-of-a-kind goals in the US; they initially emphasized prevention
- ▶ Measures focused on medical care – even though 1979 HP Goals included 4 goals related to oral care

1979 Healthy People Oral Goals

Forty Years Later How Much has
Changed?

1. Tooth decay = major preventable issue for children
2. Annual dental visit for adults to prevent tooth and gum disease
3. Community water supply fluoridation
4. Provide at one location: dietary guidance and dental care

Beyond Transparency – Transformation

In 1992, Clinton Plan emphasized report. Health plans responded with voluntary reporting on medical care performance; the transparency movement was born.

IOM Reports (1998 and 2001) helped convince policymakers that transparency was insufficient.

In 2000, U.S. Surgeon General identified oral disease as a priority health concern and documented pervasive and systematic barriers to dental care.

Multiple strategies needed: performance transparency + care delivery reform + payment reform

ACA: Most Consequential Healthcare Transformation Legislation Ever

- ▶ Started/furthered programs to transform care and delivery across sectors and enhance transparency – included dental care for children but little else for oral health
- ▶ Invested in the National Quality Forum to set standards for performance measures via endorsement; supported public reporting, all payer databases
- ▶ Funded the Centers for Medicare/Medicaid Innovation – \$10 Billion for 10 years
- ▶ Catalyzed care delivery models: PCMH and ACOs
- ▶ Bi-partisan bills built upon the ACA reform efforts, including MACRA

PCPCC: Early History

- ▶ Mid 2000's: Effort to re-design care delivery/payment: responding to employer, physician, and patient dissatisfaction
- ▶ 2007: Joint Principles for the Patient Centered Medical Home (PCMH)
 - ▶ Shout out to the pediatricians
 - ▶ 5 Principles: Patient-Centered, Comprehensive, Coordinated, Accessible and Committed to Quality/Safety
- ▶ 2007: PCPCC founded to spearhead multi-stakeholder advocacy

WHAT IS A PATIENT-CENTERED MEDICAL HOME (PCMH)?

It's not a place... It's a partnership with your primary care provider.



PCMH puts **you** at the center of your care, working with your health care **team** to create a **personalized plan** for reaching your goals.



Your **primary care team** is focused on getting to know you and earning your trust. They care about you while caring for you.



Technology makes it easy to get health care when and how you need it. You can reach your doctor through **email**, **video chat**, or after-hour **phone calls**. **Mobile apps** and **electronic resources** help you stay on top of your health and medical history.

Key Features of PCMHs

2007: PCPCC Theory of Change



**Gain consensus around
a vision for primary
care (Principles)**

*Hint: It must be shared
across diverse stakeholders*



**Articulate this vision in
standards**

Private sector accrediting
bodies



**Build the PCMH
Movement: Key Levers**

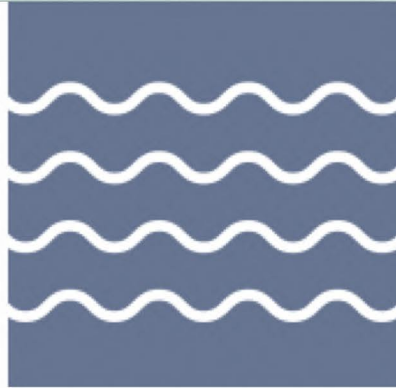
Employers – Contracts with
Health Plans

States – Via Legislation and
Role as Employers

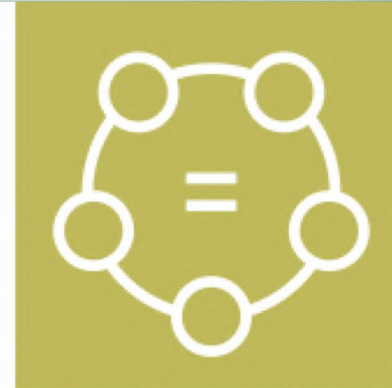
Federal – Via Legislation and
Innovation Role (CMMI)



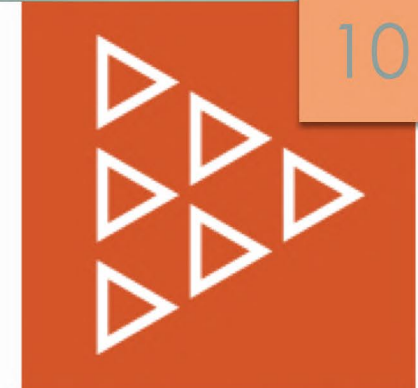
PERSON & FAMILY
CENTERED



CONTINUOUS



COMPREHENSIVE
& EQUITABLE

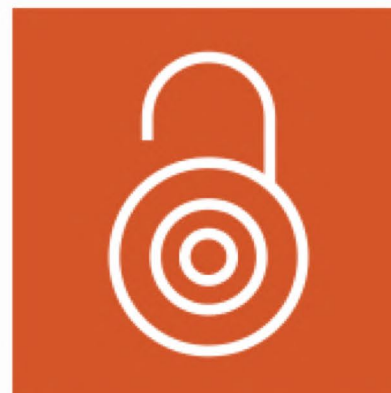


TEAM BASED &
COLLABORATIVE

Shared Principles of Primary Care



COORDINATED
& INTEGRATED

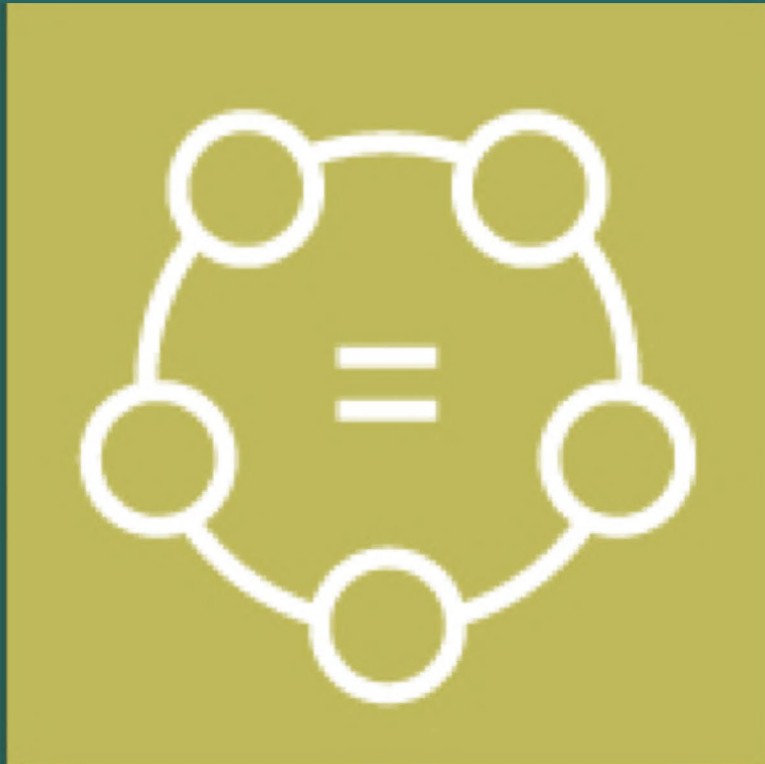


ACCESSIBLE



HIGH VALUE

Comprehensive Primary Care



Primary care addresses the whole-person with appropriate clinical and supportive services that include acute, chronic and preventive care, behavioral and mental health, oral health, health promotion and more. Each primary care practice will decide how to provide these services in their clinics and/or in collaboration with other clinicians outside the clinic.

Success (!) Yet Challenges Remain

- ▶ More than 20,000 PCMHs across the Country
- ▶ More than One in Five Primary Care Physicians Practice in PCMHs
 - ▶ Becoming more of a team sport, but do not yet have data on NPs or PAs
- ▶ Evidence Base for the Value of PCMH Continues to Grow
 - ▶ Peer Review Literature
 - ▶ State-based Programs
 - ▶ Health Plan Programs
 - ▶ CMS: studies of federal programs and innovations

Summary of Outcomes: Peer Reviewed Articles

Number of articles reporting: ■ Positive results ■ Mixed results ■ Negative results

Cost (n=13)



Quality (n=24)



Inpatient Utilization (n=6)



ED Utilization (n=10)



PCP Utilization (n=7)

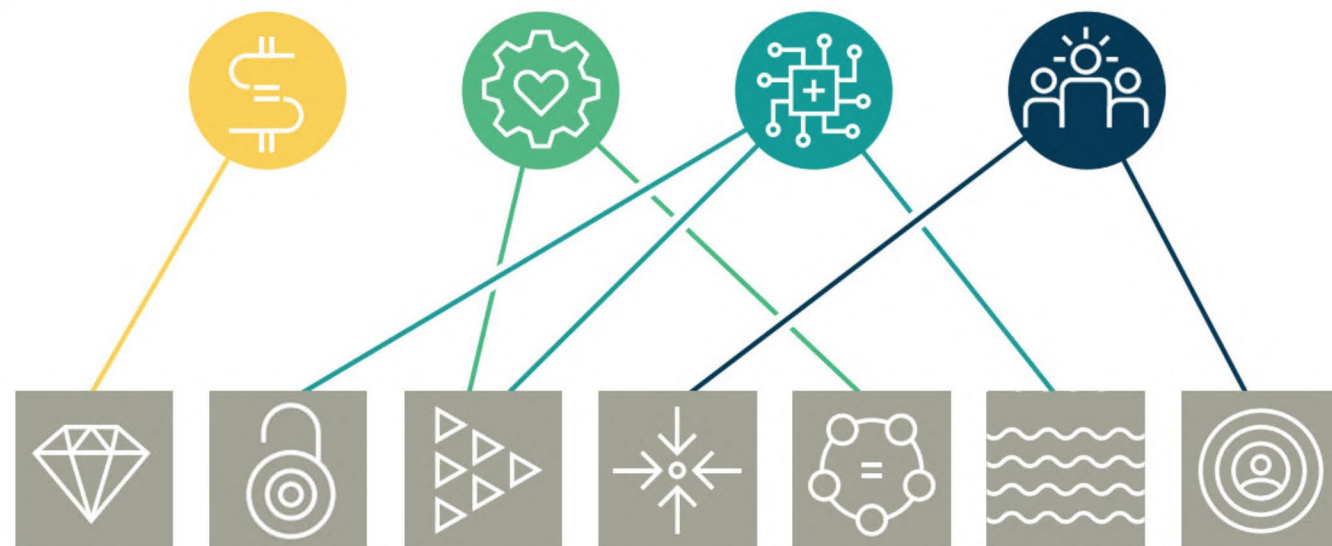


PCPCC 2017 Evidence Report

THE IMPACT OF PRIMARY CARE
PRACTICE TRANSFORMATION ON
COST, QUALITY, AND UTILIZATION

PCPCC 2018 Evidence Report

Advanced Primary Care: A Key Contributor to Successful ACOs



Literature Review:

- The six ACO success factors closely align with the **Shared Principles for Primary Care**
- ACOs with a primary care orientation :
 - Generally positive cost outcomes
 - Positive quality outcomes
 - Mixed utilization outcomes

Quantitative Analysis:

Medicare ACOs with a higher proportion of PCMH primary care physicians were **more likely to generate savings**

Medicare ACOs with a higher proportion of PCMH primary care physicians demonstrated **higher quality scores**, including on a significant number of process and outcome measures

Analysis of Successful ACOs

Challenges and Headwinds

- ▶ Continued under-investment in primary care (5-8% of total healthcare spend goes to primary care)
 - ▶ In many places, the PCMH model is not fully actualized
 - ▶ Current financial model may not be sustainable for practices
- ▶ Persistent silos: between oral care and medical care, between behavioral health and medical care, and between medical care and community-based services
- ▶ Market forces may be fracturing care but offer convenience/access
 - ▶ Retail clinics; Telemedicine; “Smart phone” care

2018 Theories of Change

Leverage

- Leverage states to compel more investment in advanced primary care models, including PCMH, to deliver on the Shared Principles
- Move from 5-8 % to 12 % primary care spend/total cost of care

Advocate

- Advocate for primary care-oriented benefit structure – antidote to high deductible health plans (HDHP)
- No/minimal co-pays & deductibles for PC; increasing PCMH prevalence

Carve out

- Carve out primary care from standard insurance benefit. Employers directly contract with primary care (DPC) -- also an antidote to HDHP
- But accountability and quality standards are needed

2018 Theories of Change: More Granular

- ▶ New payment/delivery models that bridge the behavioral health – primary care divide catalyzed by:
 - ▶ Opioid epidemic and deaths, overall addiction issues and rising suicide rates
 - ▶ Growing evidence base of the relationship between mental health and medical issues



Oral Health and Market Changes

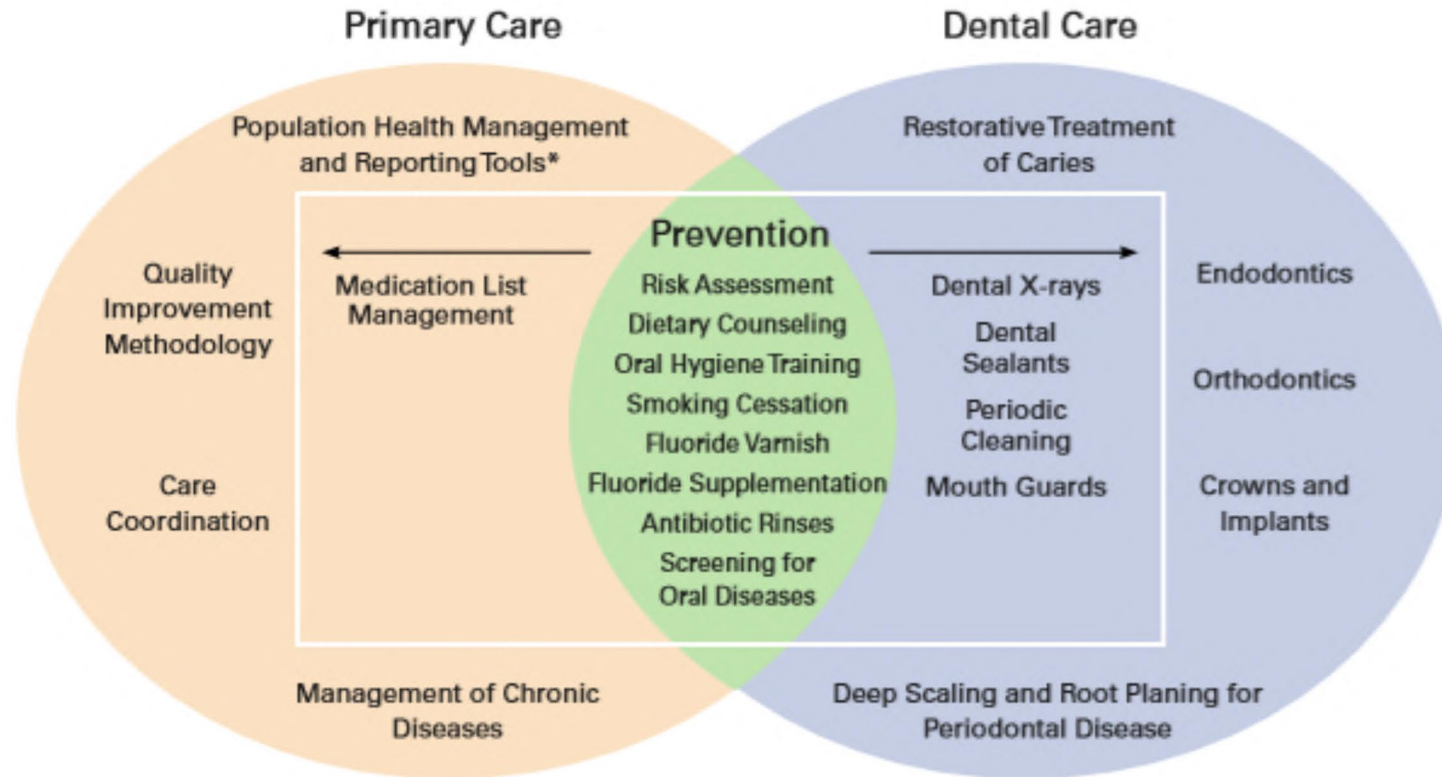
- ▶ Tale of two cities? Increased coverage for pediatric oral care but adult (under 65) oral coverage has declined
- ▶ Pressure to reduce dental costs and provide more value
 - ▶ Doubling of ER visits between 2000 and 2010
 - ▶ Preventive technologies
- ▶ Growing dental practice consolidation -- but still lags far behind consolidation of medical practices
- ▶ New settings of care and new technology-enabled modalities
- ▶ Potential workforce changes: role expansion for dental hygienists, new roles: CHW-level and mid-level providers

Oral Health and Value Based Payment

Lessons from the PCMH Campaign

- ▶ Define a shared vision for the future of Oral Health across stakeholders
 - ▶ Garner support of diverse team members
- ▶ Articulate the implications for care delivery and payment reform
- ▶ Define performance measures that can catalyze delivery system changes and link to payment
- ▶ Consider how technology can support this evolution
- ▶ Address workforce education and training

Figure 1: Partnering to Expand Prevention

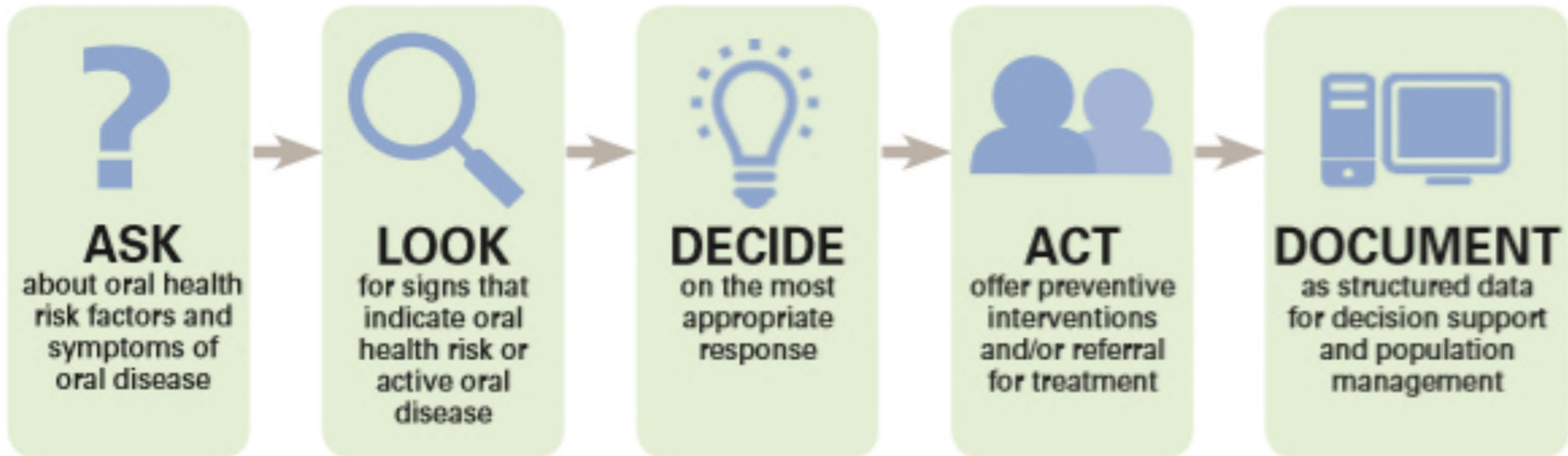


*Including structured EHR data and diagnostic codes, disease registries, and other tools

Bridge Between Dental Care & Primary Care

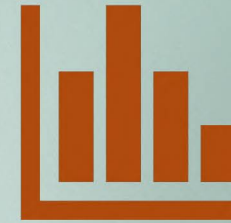
Oral Health Delivery: Role for PC

Figure 2: Oral Health Delivery Framework

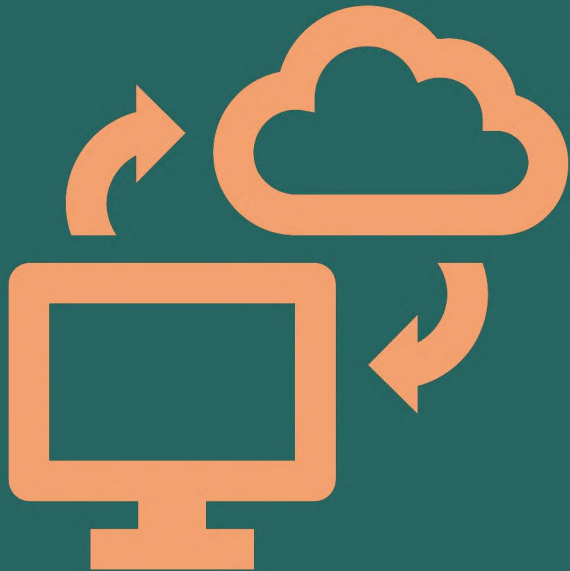


Performance Measurement Focused on Oral – PC Integration

- ▶ Clinical Process Measures
 - ▶ Screen and examine
 - ▶ Treatment as needed (denominator)
- ▶ Care coordination
- ▶ Patient Experience
- ▶ Clinical quality outcome and cost measures – the holy grail for payers



Role of Technology



- ▶ Integration of oral health into electronic health records
- ▶ Data collection, analysis and risk assessment to inform care
- ▶ Patient portal to communicate after visit summaries, patient education materials, tests
- ▶ Clinical decision support
- ▶ Communicate patient information between dental home and PCMH and vice versa

Education & Culture Change

Strengthen inter-professional education and training in academic settings around dental health content and competencies

Online training modules are available, e.g., Smiles for Life

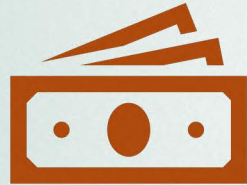
Partnerships between medical and dental partnerships for in-service training, bi-directional referrals

Provide clarity around the roles/responsibilities of team members

Payment Reform: The Hardest Nut



- ▶ Assess implications of current payment and coverage on downstream costs and patient outcomes



- ▶ Pilot test payment models that integrate oral and medical care – target states and health plans that understand the value of comprehensive primary care/PCMH and have innovated in the Medicaid space



- ▶ Evaluate the results of the pilots and build an evidence base related to the efficacy of prevention and integration with primary care/PCMH
- ▶ Spread successful models

Summary of Potential Next Steps on the Value-Based Pathway

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- ▶ Pursue integration with primary care – lessons learned from behavioral health
- ▶ Continued efforts on the performance measurement, technology, education/training and research fronts
- ▶ Pilot test and evaluate payment models
- ▶ Collaborate with the PCPCC

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