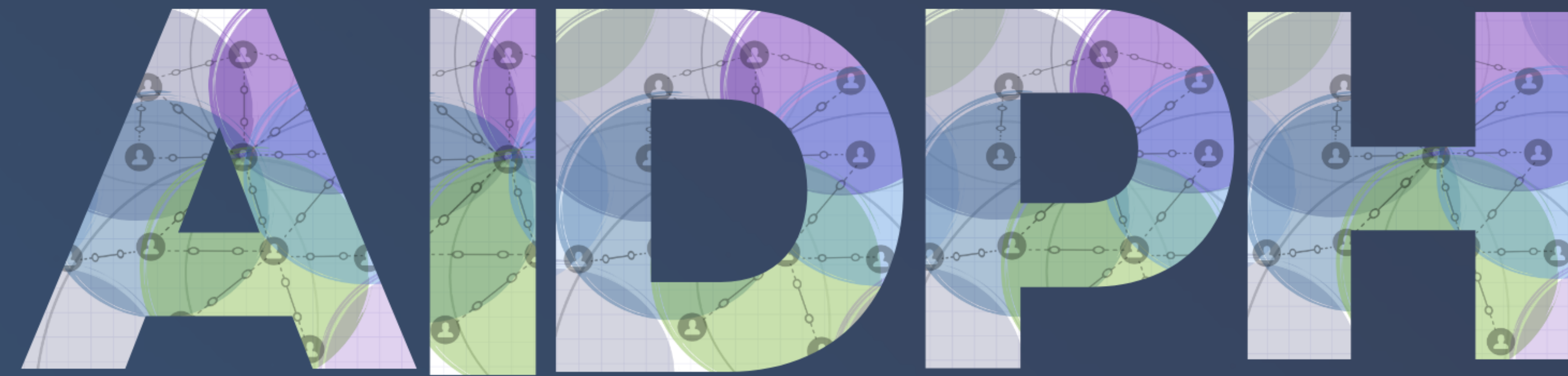


2019



COLLOQUIUM

**EVOLVING THE DENTAL PUBLIC
HEALTH LANDSCAPE:
INTERPROFESSIONAL PRACTICE
AND VALUE-BASED CARE**

January 24-25, 2019 | San Antonio, TX



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OPENING REMARKS

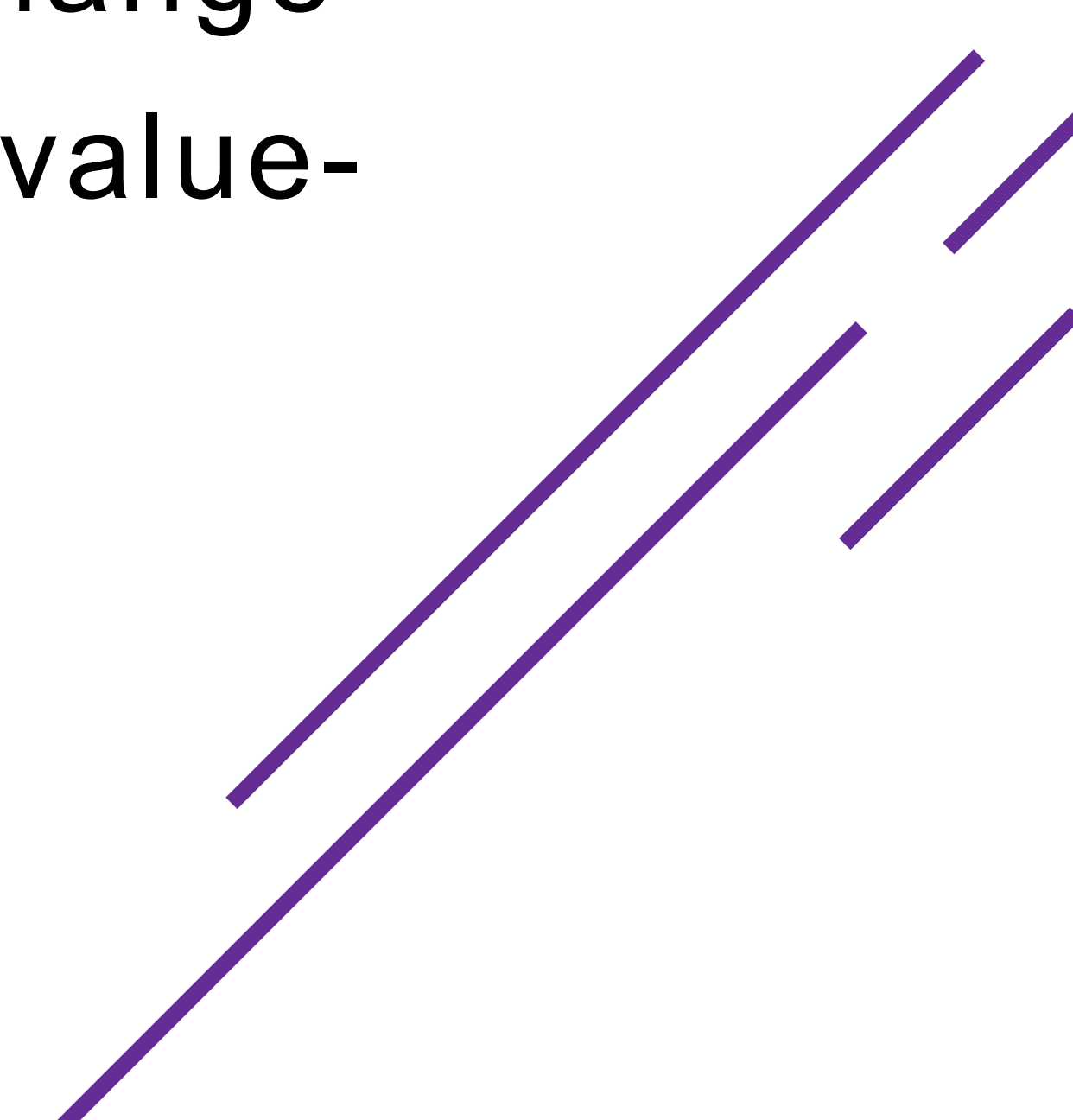


Dr. David Cappelli, AIDPH Executive Director, opened the colloquium to welcome attendees to an interactive, engaging session focused on value-based payment models and interprofessional care delivery.

Dr. Frances Kim, AAPHD Executive Director, welcomed attendees and described the support AAPHD has for value-based care and the scientific value of the colloquia.



Ms. Alison Corcoran, President of the DentaQuest Partnership, discussed the need for revolutionary change in dentistry, driven by oral health advocates, toward value-based care delivery.



“ Our mission is to lead the advancement of dental public health through science and education. The colloquium is only one example of the work that is accomplished through AIDPH.

The American Institute of Dental Public Health is happy to welcome you here today for the colloquium and hope that you take advantage of our many learning opportunities. I hope that you find our programs and projects both interesting and valuable.

It is from this group of individuals that true change will happen and I look forward to realizing that change in the years to come. I hope that you will share your knowledge and expertise with us over the next two days. I am looking forward to this communal learning experience. ”

-David Cappelli

“ We know the system is broken, but we believe it can be fixed. We need a person-centered oral health revolution that recognizes and acts on the fact that health starts in the mouth, and that bridges the historic divide between oral and overall health.

A revolution that changes the system to measure and pay for outcomes not procedures. A revolution that addresses health equity disparities by improving access, coverage and care; and a revolution that takes oral care beyond the dental chair, focusing on prevention and meeting people where they live and work.

This is the revolution. This is what we call Preventistry. ”

-Alison Corcoran

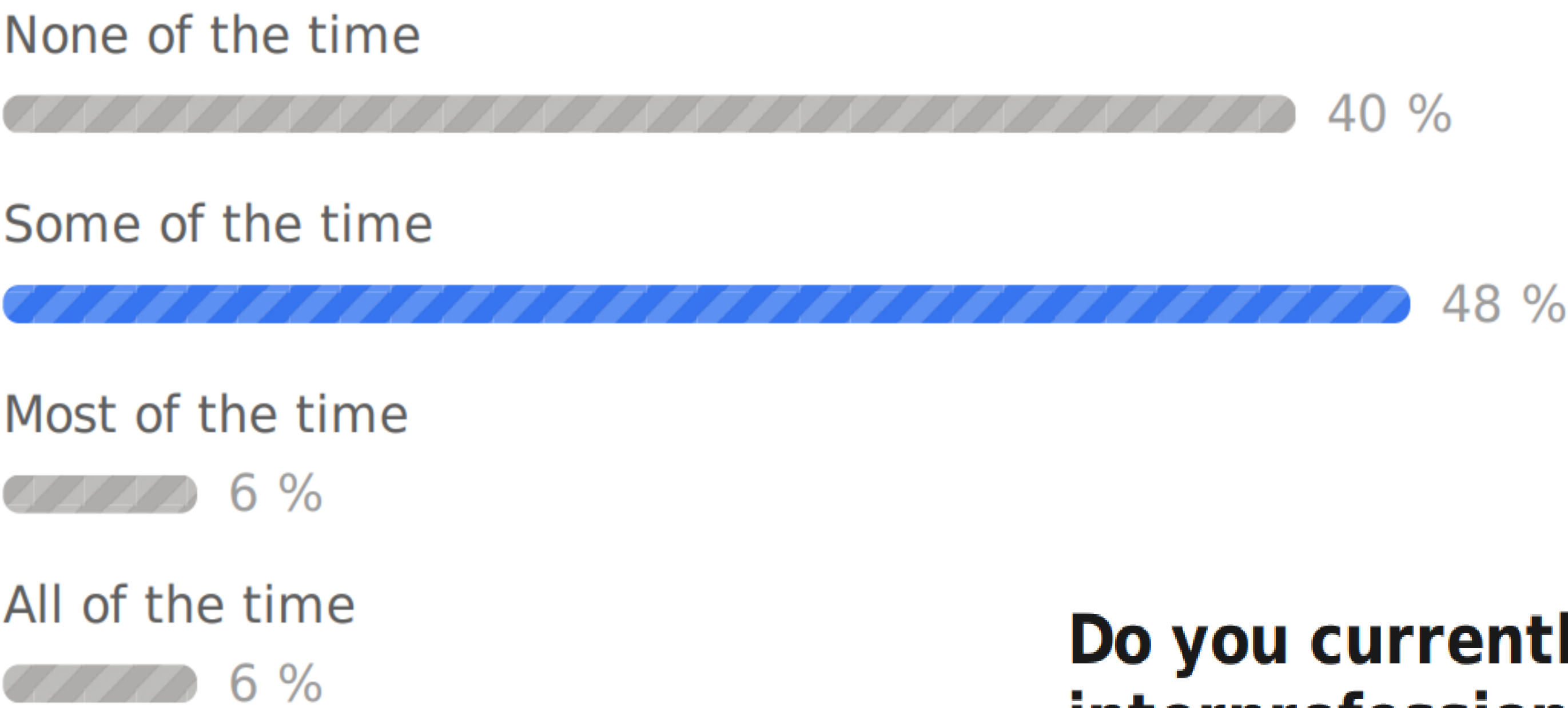


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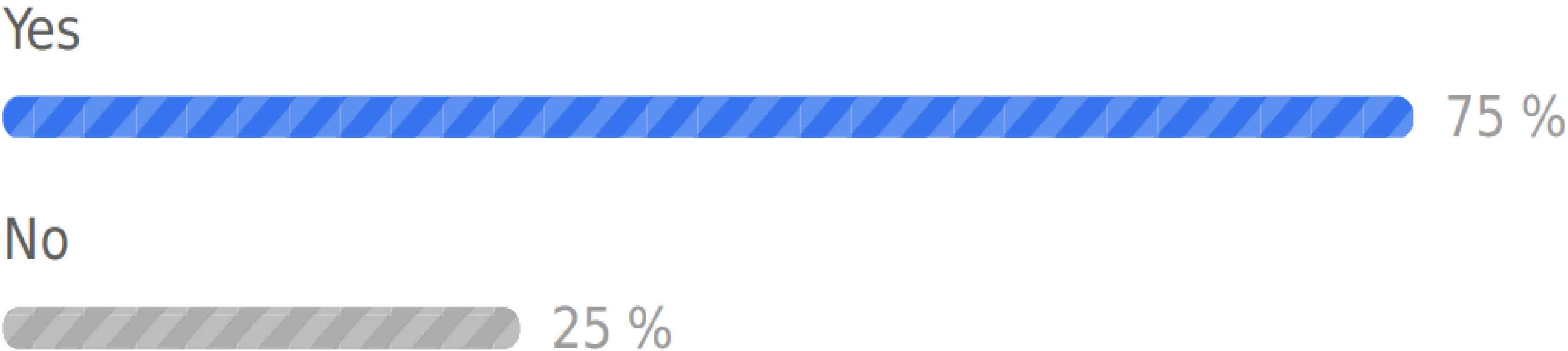
ATTENDEES

COLLOQUIUM ATTENDEES used Slido, an audience participation software, to provide feedback during presentations and discussion sessions. Attendees were asked if they actively worked in a value-based system and currently worked in an interprofessional environment. Most attendees seldomly worked in a value-based system but a large portion work in an interprofessional environment.

I actively work in a value-based health care delivery system...



Do you currently work in an interprofessional environment?



ADDITIONAL OPENING RESPONSES included attendees' current field of work. A large portion of the audience came from nonprofit and research sectors, closely followed by dental and academic professions.

What is your current field of work?





PRESENTATIONS





Patricia Braun
MD, MPH, FAAP



Michael Plunkett
DMD, MPH



Matt Salo
BA



John Snyder
DMD



Elizabeth Mertz
PhD, MA



Mark Doherty
DMD, MPH, CCHP



Evelyn Ireland
CAE, MPA



Ann Greiner
MCP



Sean Boynes
DMD, MS

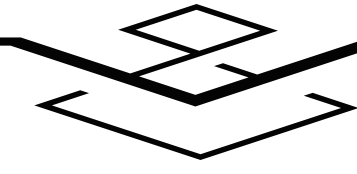


Mary Foley
RDH, MPH



Jeff Chaffin
DDS, MPH, MHA, MBA

DENTAL CARE: ON THE PATH FROM VOLUME TO VALUE

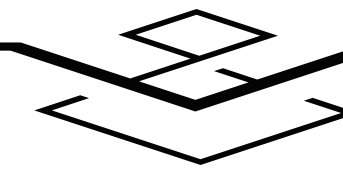


ANN
GREINER

Two reform models have gained traction: Patient-Centered Medical Homes (PCMHs) and Accountable Care Organizations (ACOs). The PCMH -- designed as a more comprehensive, team-based and patient-centered model of primary care-- long envisioned oral care being integrated into ambulatory care. The ACO model-- intended to better coordinate physician, hospital and other settings of care-- is also in conceptual alignment with the notion of medical - dental care integration. This presentation will focus on the degree to which dental care is associated with new accountability models, examine the status of dental quality measures, and explore how dental practices are experimenting with value-based payment arrangements. It will also consider how dental care may evolve as more data about performance becomes available, pressures increase on dentists and the dental team to provide more value for the spend on dental care, and as the industry consolidates.

“ Millennials are disrupting health care delivery. Less brick-and-mortar, more virtual care and provider access in non-traditional settings. ”

DENTAL CARE: ON THE PATH FROM VOLUME TO VALUE

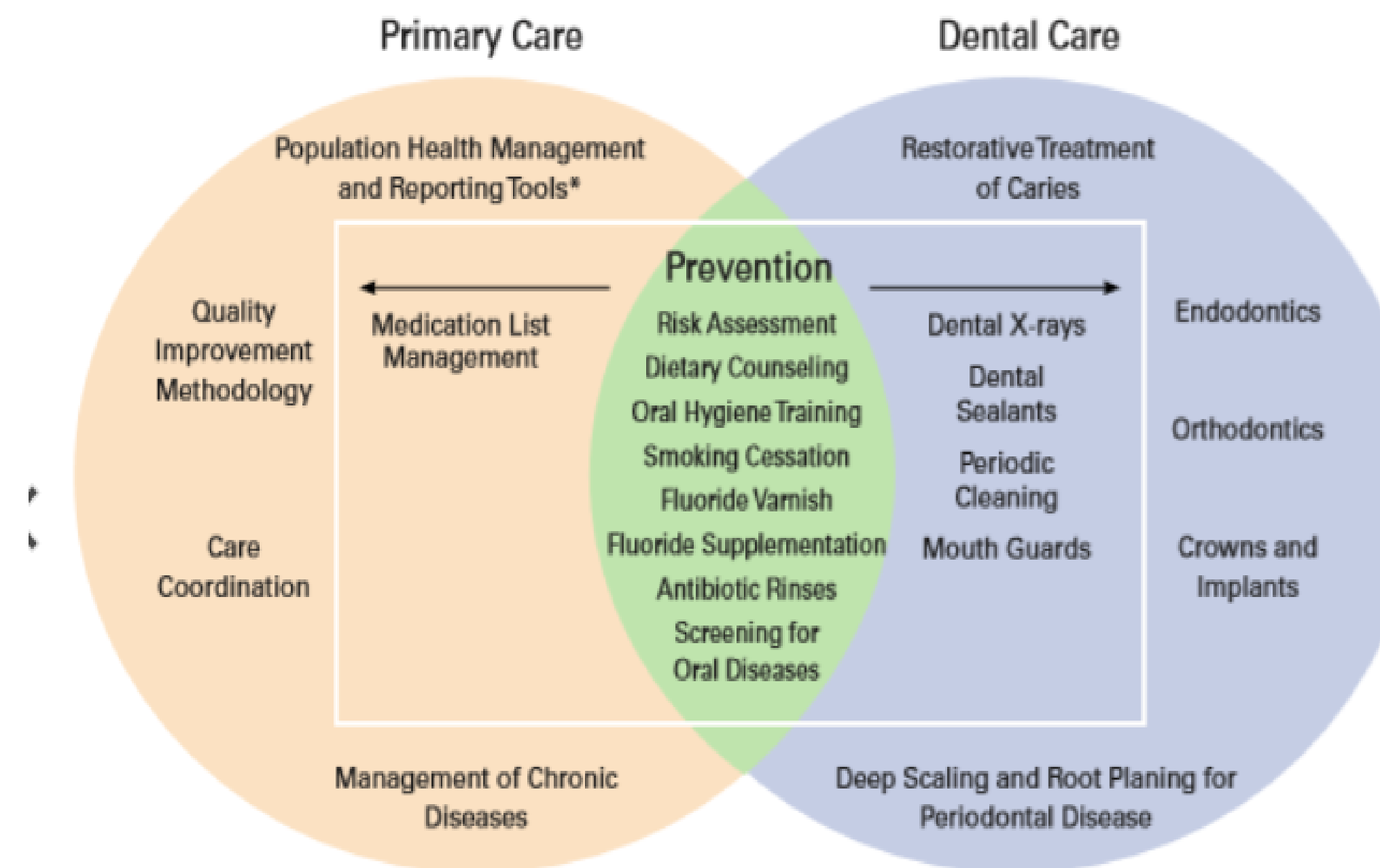


Oral Health and Value Based Payment

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

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

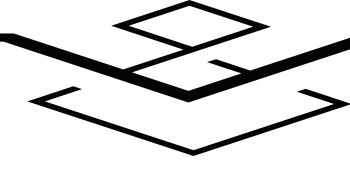
Partnerships between medical and dental partnerships for in-service training, bi-directional referrals

Provide clarity around the roles/responsibilities of team members

Summary of Potential Next Steps on the Value-Based Pathway

- ▶ 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

INTEGRATION, ORAL HEALTH, AND INTERPROFESSIONAL PRACTICE

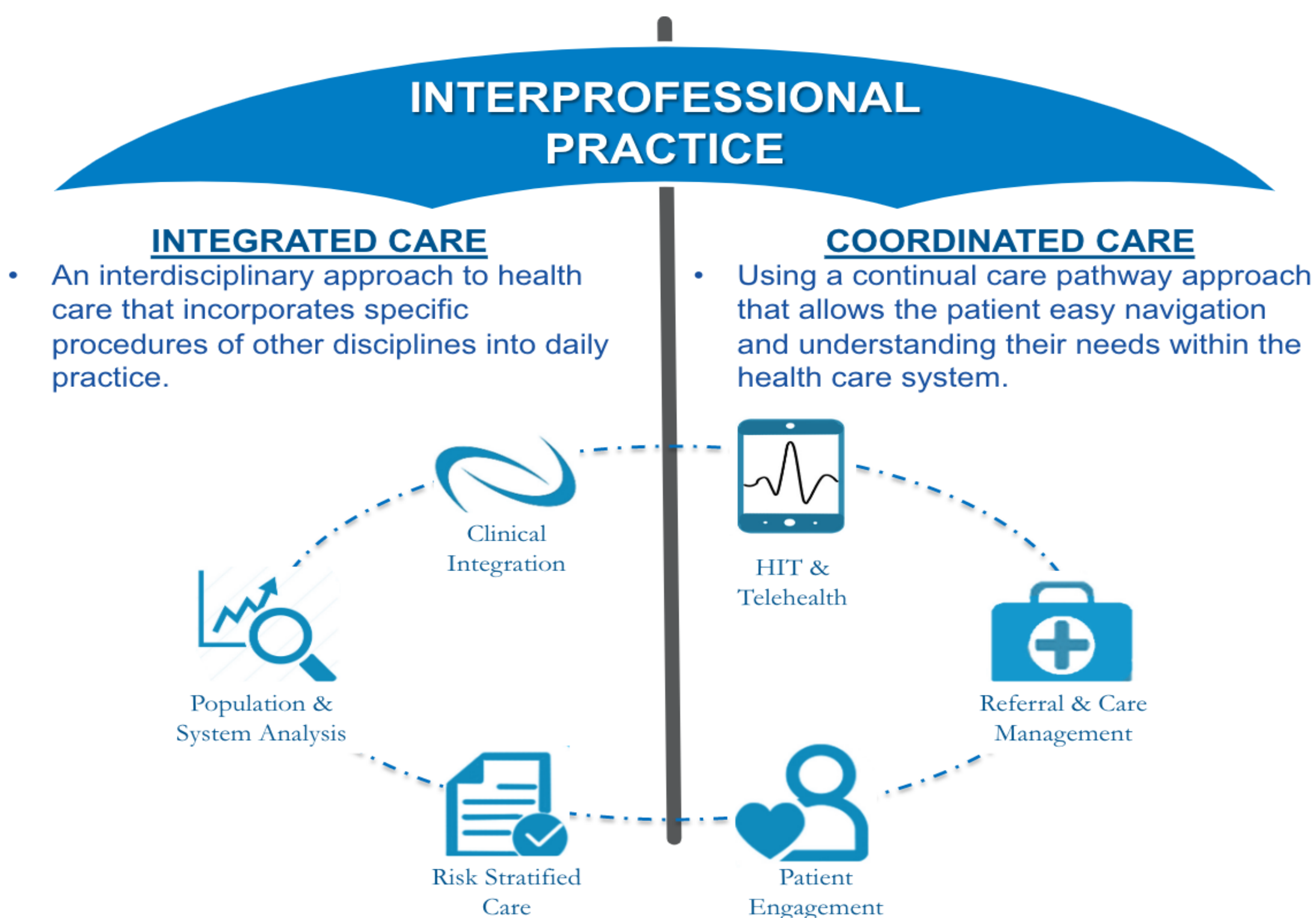
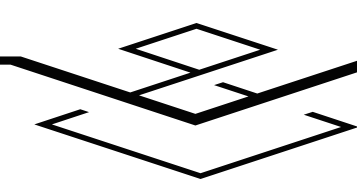


SEAN
BOYNES

Born out of the ongoing paradigm shift that finds a changing healthcare landscape, interprofessional practice (IPP) can be utilized as a tool to bring traditionally siloed organizations and caregivers into a person-centered care model. However, medical and dental care teams tend to be hesitant in interprofessional partnering because of limitations in technology, payment, and effective communication. The overall aim of the course is to provide lessons learned and the solutions that resulted to more effectively bring medical and dental care teams together to provide improved integrated care to patients.

“ We're part of one of the worst healthcare systems in the nation. But that means we have limitless opportunity to do better together. ”

INTEGRATION, ORAL HEALTH, AND INTERPROFESSIONAL PRACTICE



Overcoming the Dental Hidden Curriculum

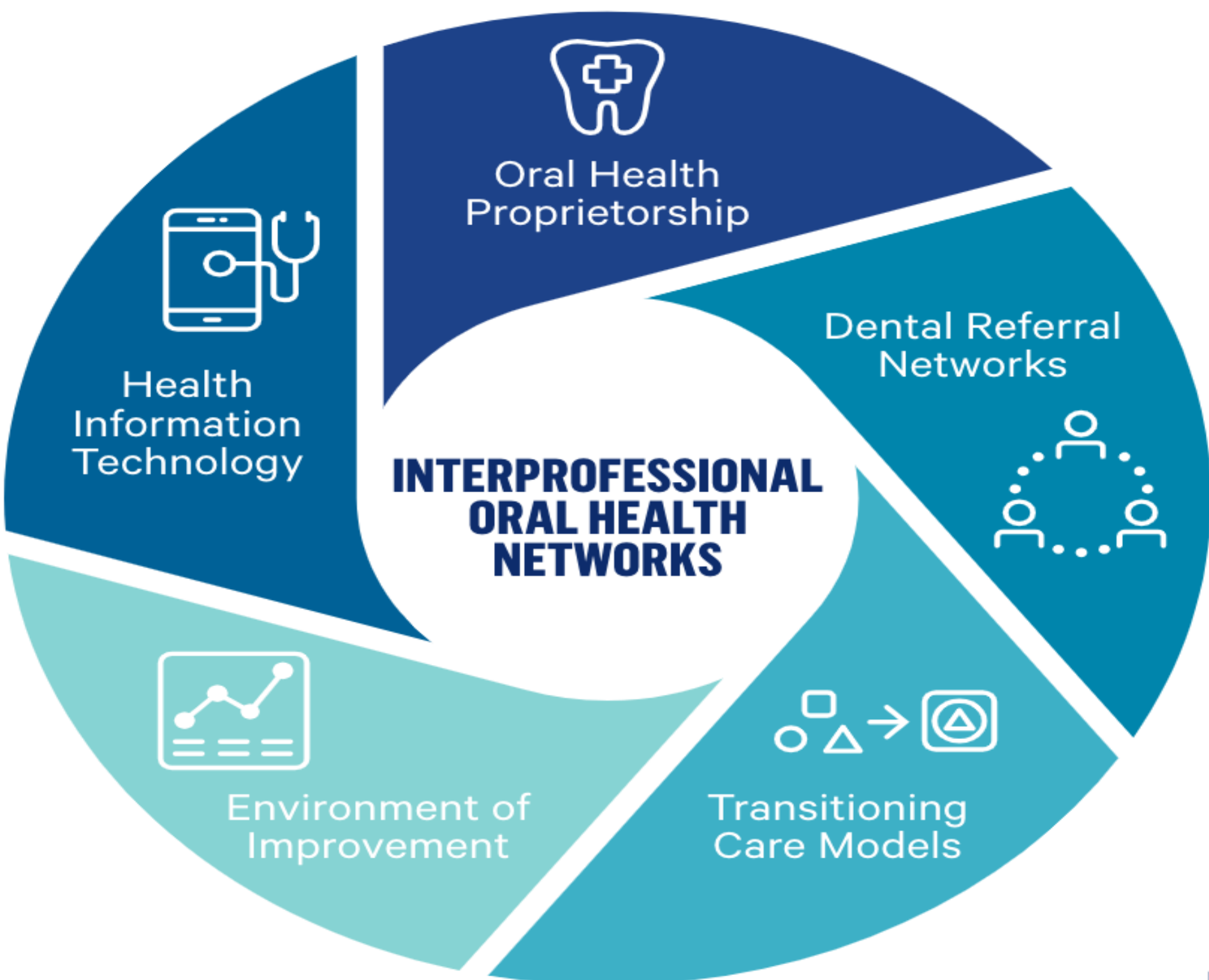
Medical and dental professionals are educated and trained separately and then they practice how they are trained - separately.

The “hidden curriculum” about oral health in dental training:

- Oral health means dental care
- Teeth are the domain of dentists
- I do not see a need to know about treating systemic diseases
- Physicians consider us as an inferior “doctor”
- Surgical intervention gets me to graduation & pays the bills after
- Why is this patient coming to ME about their health?
- Team, what team? I’m holding my own suction over here.

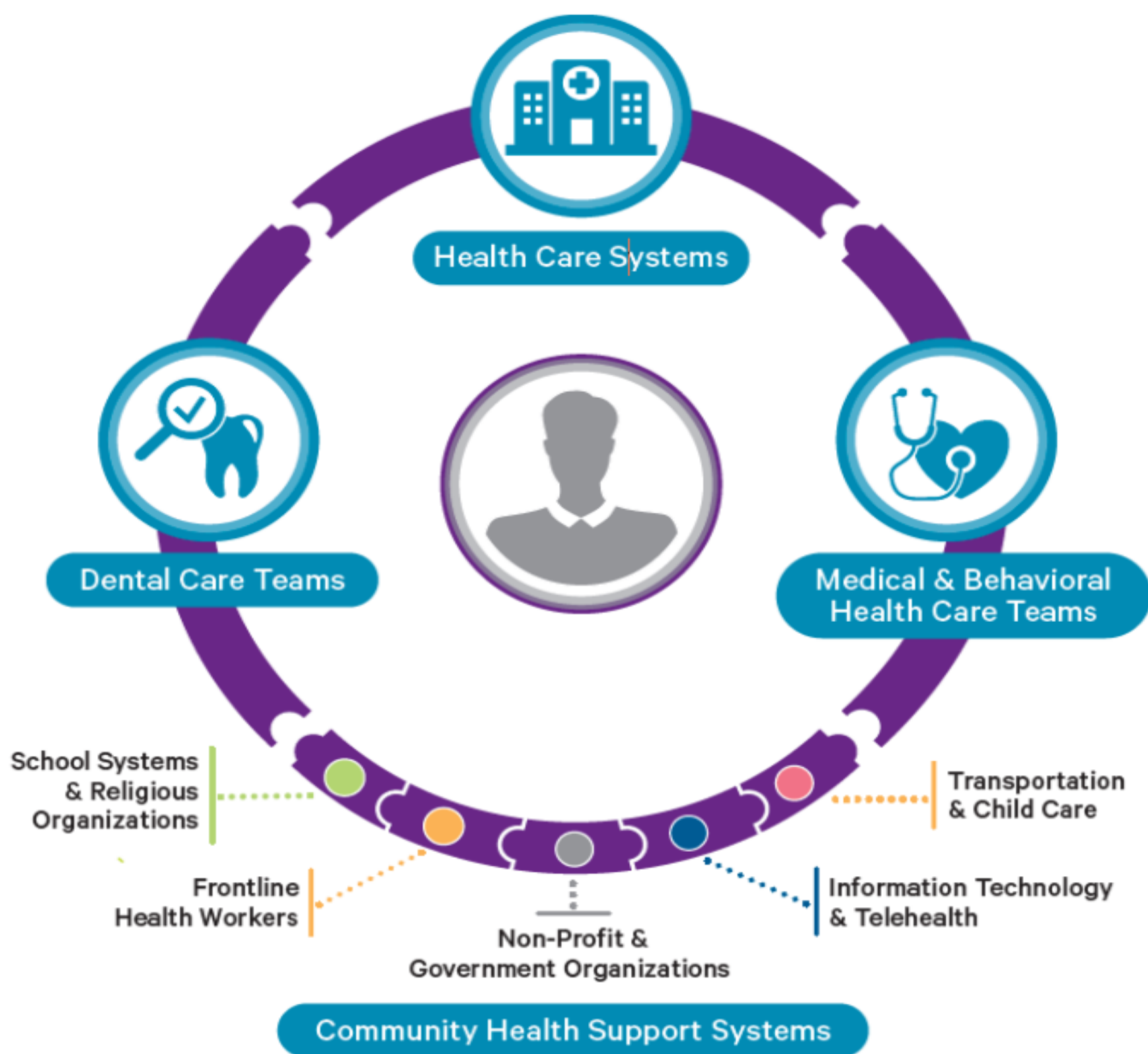
DentaQuest

CREATING AN INTERPROFESSIONAL ORAL HEALTH NETWORK



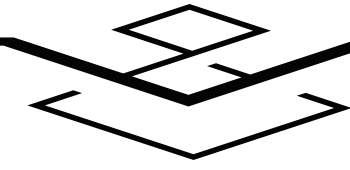
DentaQuest

A PERSON-CENTERED PATHWAY



DentaQuest

INTERPROFESSIONAL MEDICAL-DENTAL COLLABORATION

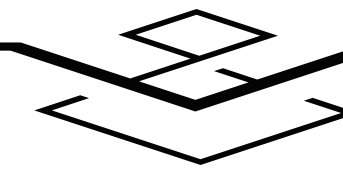


PATRICIA
BRAUN

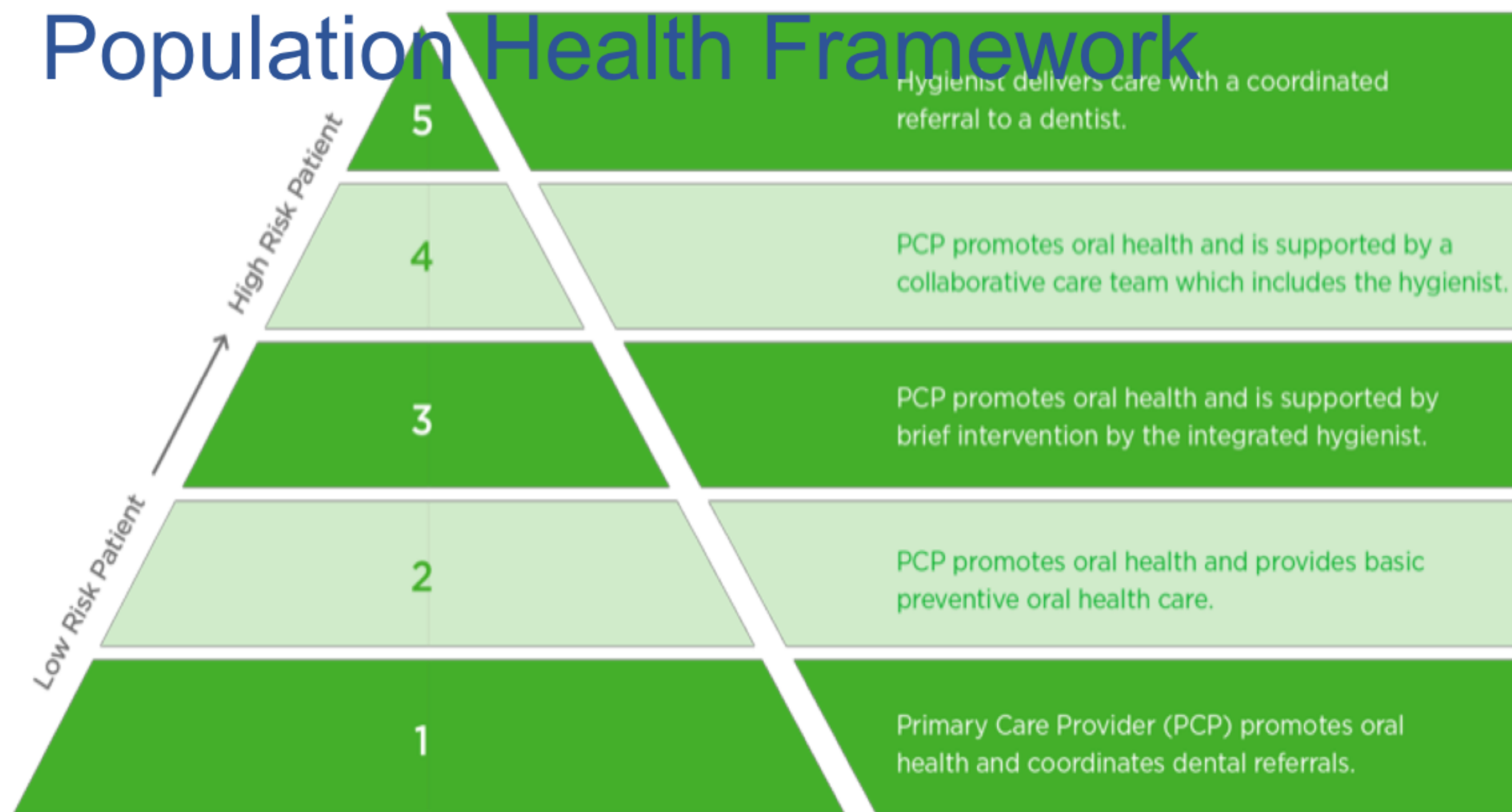
Oral health inequity has long existed, yet, oral health is an essential part of overall health. Access to dental care can be a challenge for many populations for various reasons including lack of dental insurance, lack of dental providers who accept the client's dental insurance, socio-economic barriers, cultural barriers, and more. Leveraging the medical visit to promote oral health is an interprofessional approach to reduce the dental gap. During this session, we will examine a variety of interprofessional, collaborative approaches to medical-dental integration. We will examine the current status of primary prevention of dental disease for young children by non-dental providers. We will then dive into the stepped-approach of integrating dental hygienists into medical care teams. We will highlight the developing best-practices to medical-dental collaboration.

“Physicians are supportive of integrated care settings and encourage dental workforce to collaborate in care delivery.”

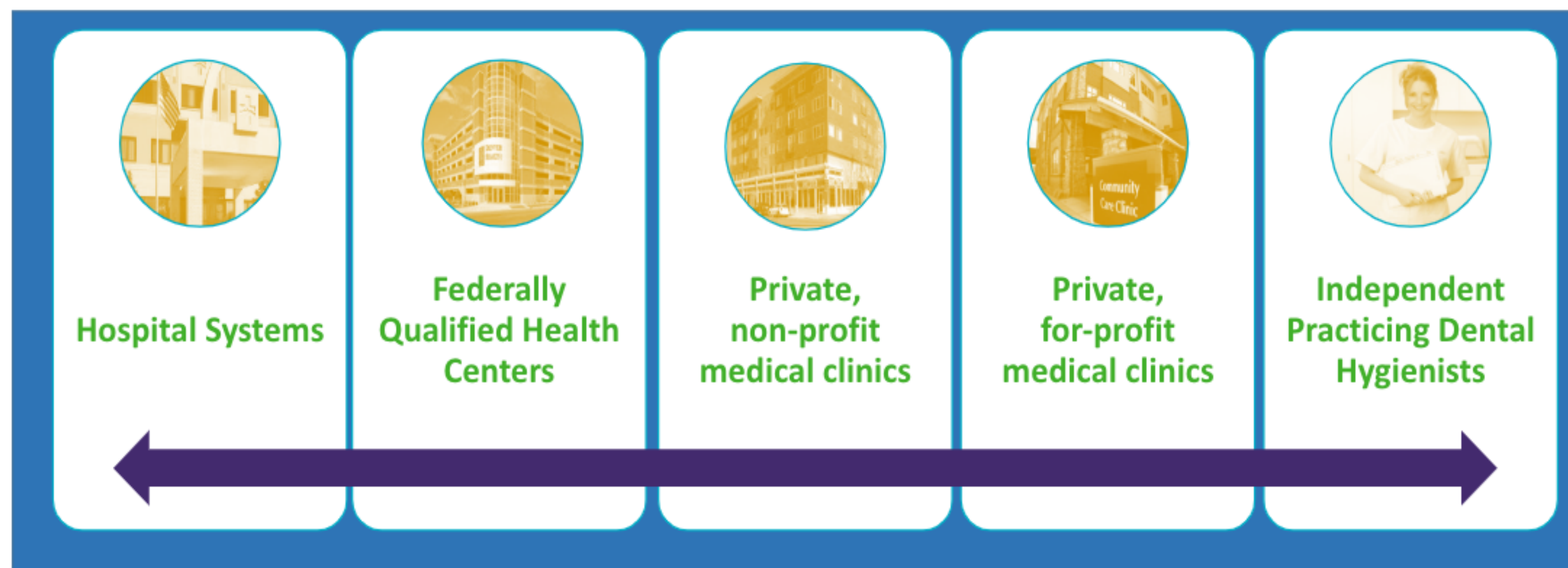
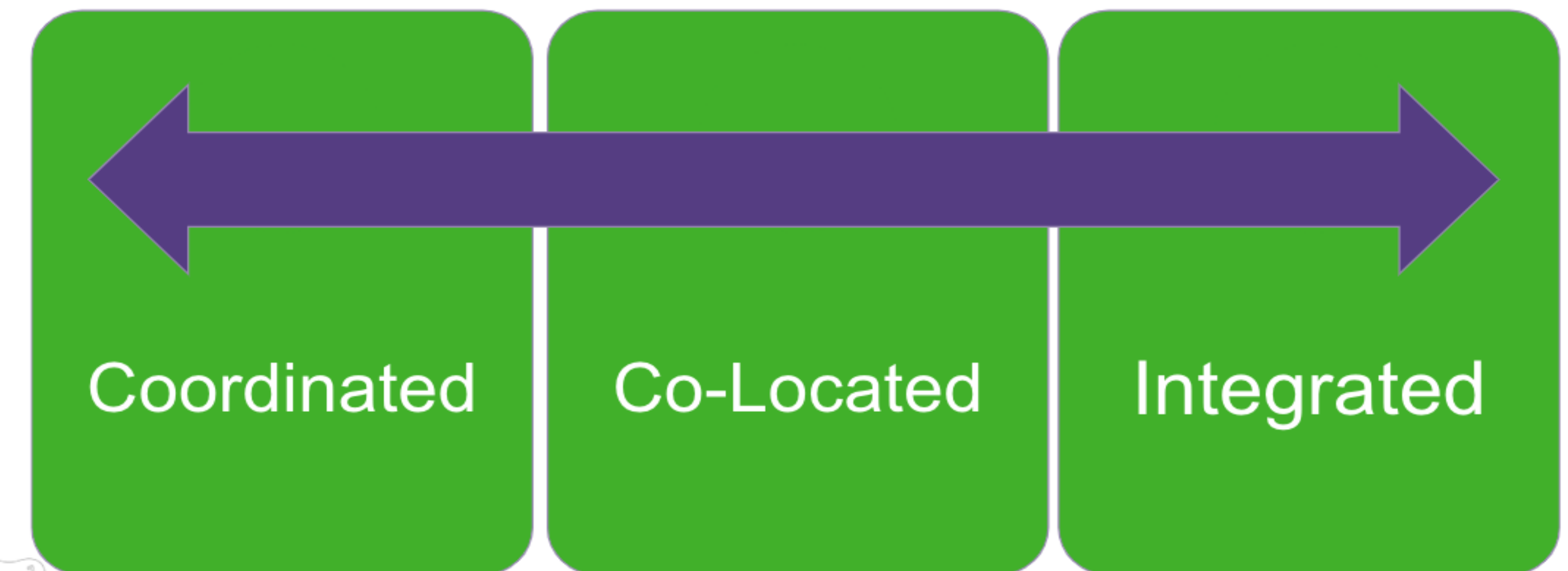
INTERPROFESSIONAL MEDICAL-DENTAL COLLABORATION



Population Health Framework



Levels of Integration



CO MDI - Practice Type



COLORADO FOUNDATION

Integrated Care Workflows

Team-based care

- * Extension of core team
- * Huddles and team times



Dental hygiene visits in the medical space

- * Scrubbing medical schedule and identifying patients
- * Warm hand offs from medical
- * Scheduled dental hygiene new visits and recall visits.



Follow-Up

- * Treatment planning with medical team
- * Risk-based follow up/recall
- * Coordinated referral to dentist



COLORADO FOUNDATION



ROLE OF ORAL HEALTH WORKFORCE IN THE HEALTH CARE VALUE EQUATION



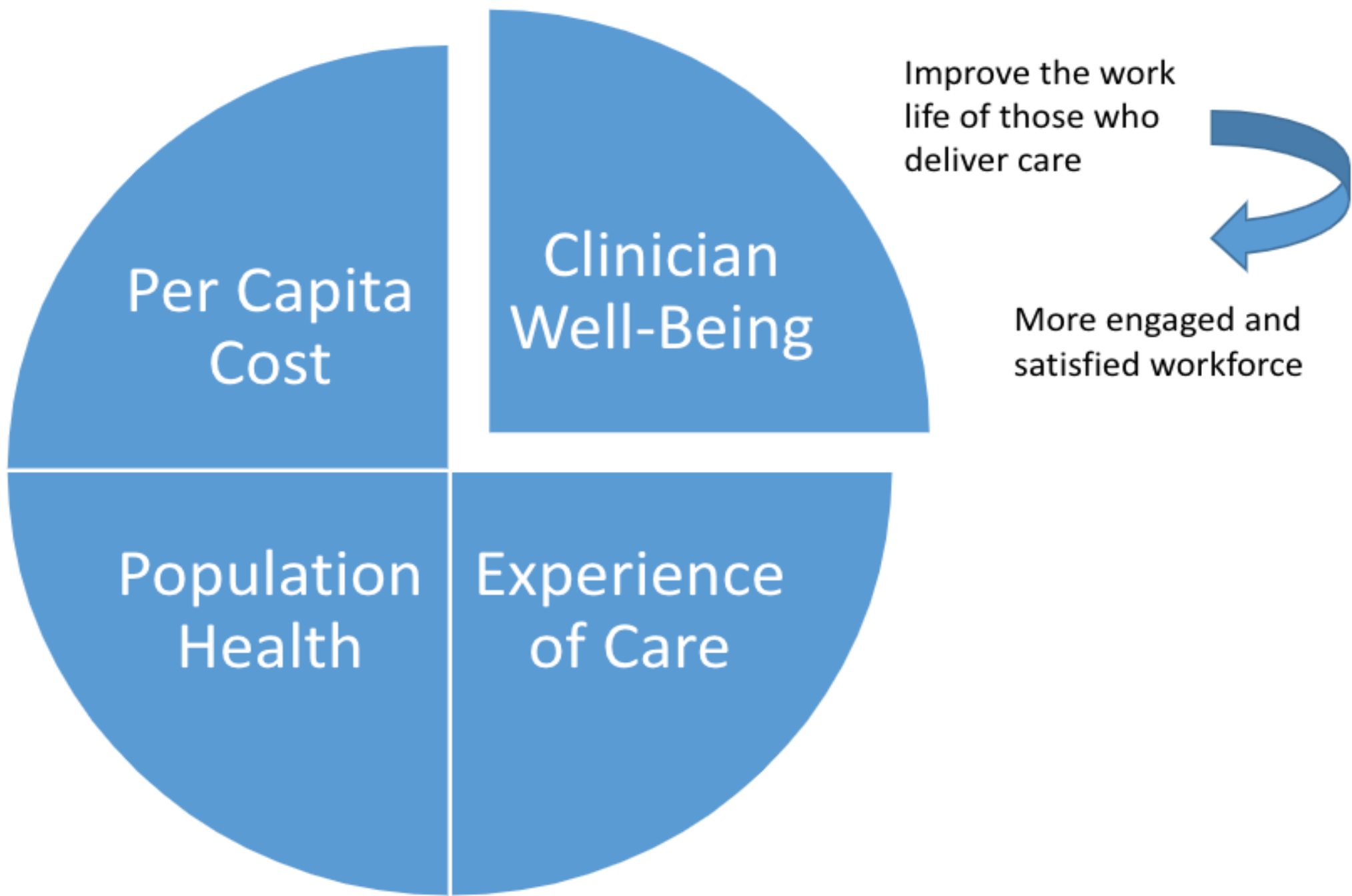
ELIZABETH
MERTZ

The landscape of dentistry, dental public health, and the care delivery systems is changing. Adapting to the new and evolving environment of care is challenging for our current workforce due to the rigid structures and policies which scaffold traditional models of care, finance, and practice. This session will explore the ways in which the workforce contributes to the value equation, and in an interactive and engaging session, elicit from participants the challenges and opportunities for workforce redesign efforts to improve the oral health of the public.

“Dentistry is stuck in fee-for-service with no links to quality or value. We have to drive change to break the cycle and innovate.”

ROLE OF ORAL HEALTH WORKFORCE IN THE HEALTH CARE VALUE EQUATION

Quadruple Aim: Better Care, Better Health,
Lower Costs, Engaged Workforce



Value Equation in Health Care**

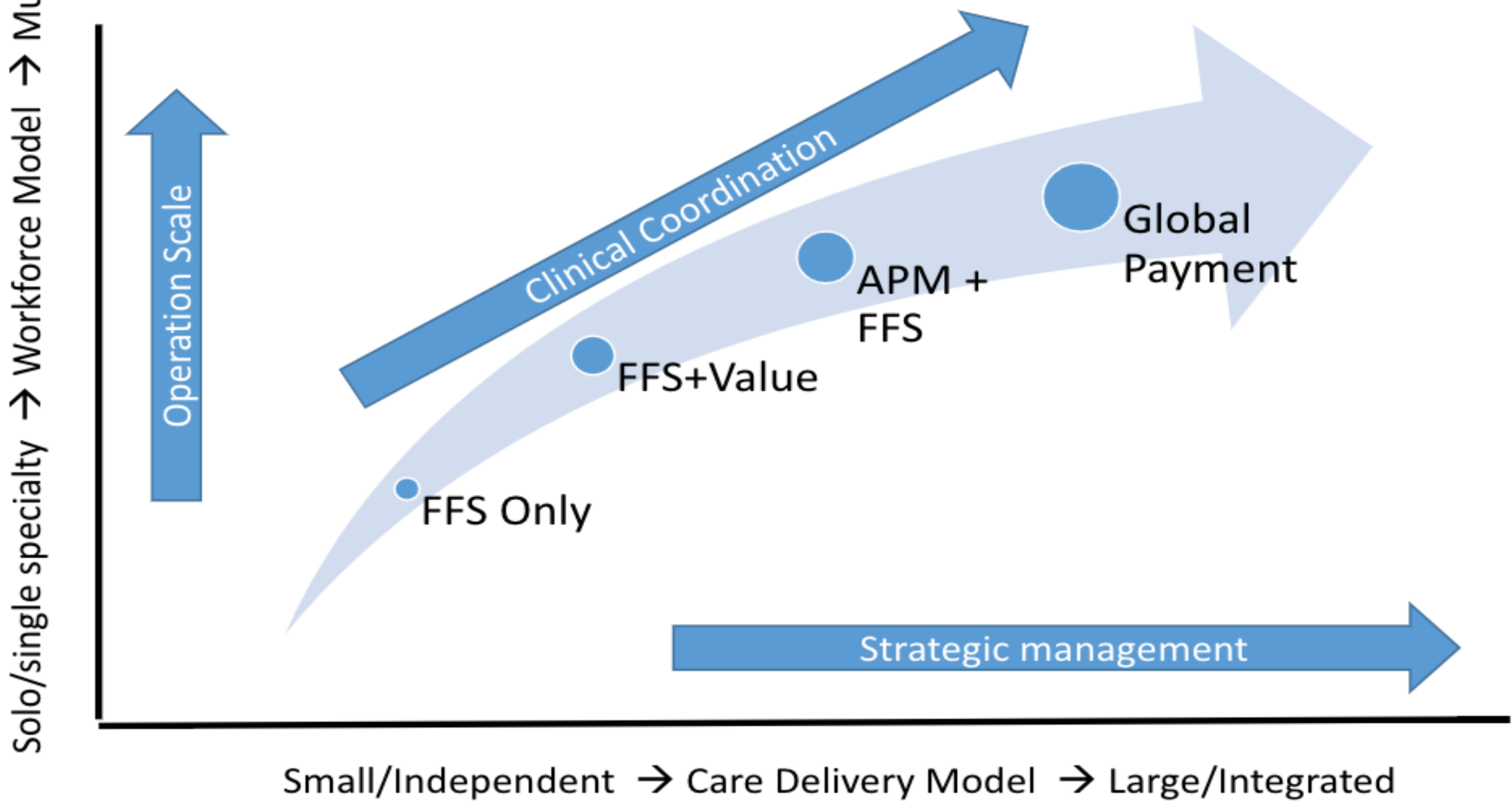
$$V = \frac{Q + S}{C}$$

(VALUE) = (QUALITY) + (SERVICE) / (COST)

- Health outcome achieved per dollar spent*
- Equation principle
 - Defined around outcomes
 - Depends on real world results. Process is tactical toward these ends
 - Shifts focus from volume to value
 - Outcomes are condition specific and patient specific
 - In equation above outcomes are represented by Quality of Care and Patient Experience
 - Re: Porter - quality usually means adherence to evidence based guidelines, and quality measurement focuses over whole care processes.
 - Costs refer to full cycle of care, not individual services
 - Value for the patient is created by providers' combined efforts over the full cycle of care.

*Porter, M. (2010) What is Value in Health Care. NEJM. 363:2477-2481. <https://www.nejm.org/doi/full/10.1056/NEJMp1011024>
**<https://uofuhealth.utah.edu/value/value-equation.php>

Workforce transitions in dental care redesign



Key Challenges

- Quality measurement & IT/EHRs
- Evidence based practice & clinic decision support
- Professional resistance to change
- Lack of incentive intersections between dental, medical and public health to produce value
- Strategic Leadership
 - Public Health has much to offer in this space
- Public policy for oral health equity

CRACKING THE CODE! ORAL HEALTH VALUE-BASED CARE TRANSFORMATION



MARK
DOHERTY

This presentation will take a deep look into value-based care discussing what transformation from a fee for service reimbursement and care system to a value-based model in medicine has looked like and more importantly for us in Oral health: what oral health value-based care (OHVBC) transformation may look like for us. It will show the main tenets of OHVBC, what OHVBC is and what it is not. It will demonstrate the domains and competencies needed to be successful in an OHVBC systems change and it will examine several models of OHVBC to demonstrate that one model of OHVBC does not serve all situations and beneficiaries.

“ Health care has to change across the board. We spend too much on poor health outcomes. Oral health has plenty of opportunities to lead the charge. ”

CRACKING THE CODE! ORAL HEALTH VALUE-BASED CARE TRANSFORMATION

Why Health Care Payment Reform?



Source: Institute of Medicine Report – The Healthcare Imperative

Health Systems Change Framework

TRIPLE AIM

Improve the Patient EXPERIENCE Achieve Better HEALTH Through Improved Outcomes Manage or Reduce COSTS

EXHIBIT 1

Three Eras Of Health And Health Care—Three Operating Systems

	First era—1.0: medical care and public health services (1850s to 1960s)	Second era—2.0: health care system (1950s to present day)	Third era—3.0: health system (2000 going forward)
Definition of health	Absence of acute disease	Reduction of chronic disease	Creating capacities to achieve goals, satisfy needs, fortify reserves
Goal of health system	Improve life expectancy	Reduce disability	Optimize health
Model of health and disease causation	Biomedical	Biopsychosocial	Life-course health development
Primary focus of services	Diagnose and treat acute conditions	Prevent and manage chronic disease	Promote and optimize health of individuals and populations
Organizational operational model	Clinics and offices linked to hospitals	Accountable care organizations and medical homes	Community-accountable health development systems
Dominant payment mechanisms	Indemnity insurance; fee-for-service	Prepaid health benefits, capitation	Health trusts and management of balanced portfolio of financing vehicles
Role of health and health care provider/organization	To protect from harm, cure the sick, and heal the ill	To prevent and control risk, manage chronic disease, and improve quality of care	To optimize health and well-being
Role of individual and community	Inexperienced patient	Activated partner in care	Co-designers of health

http://www.dosseydossey.com/barbara/pdf/Dossey-Integral_Nursing_HN_6th_ed.pdf

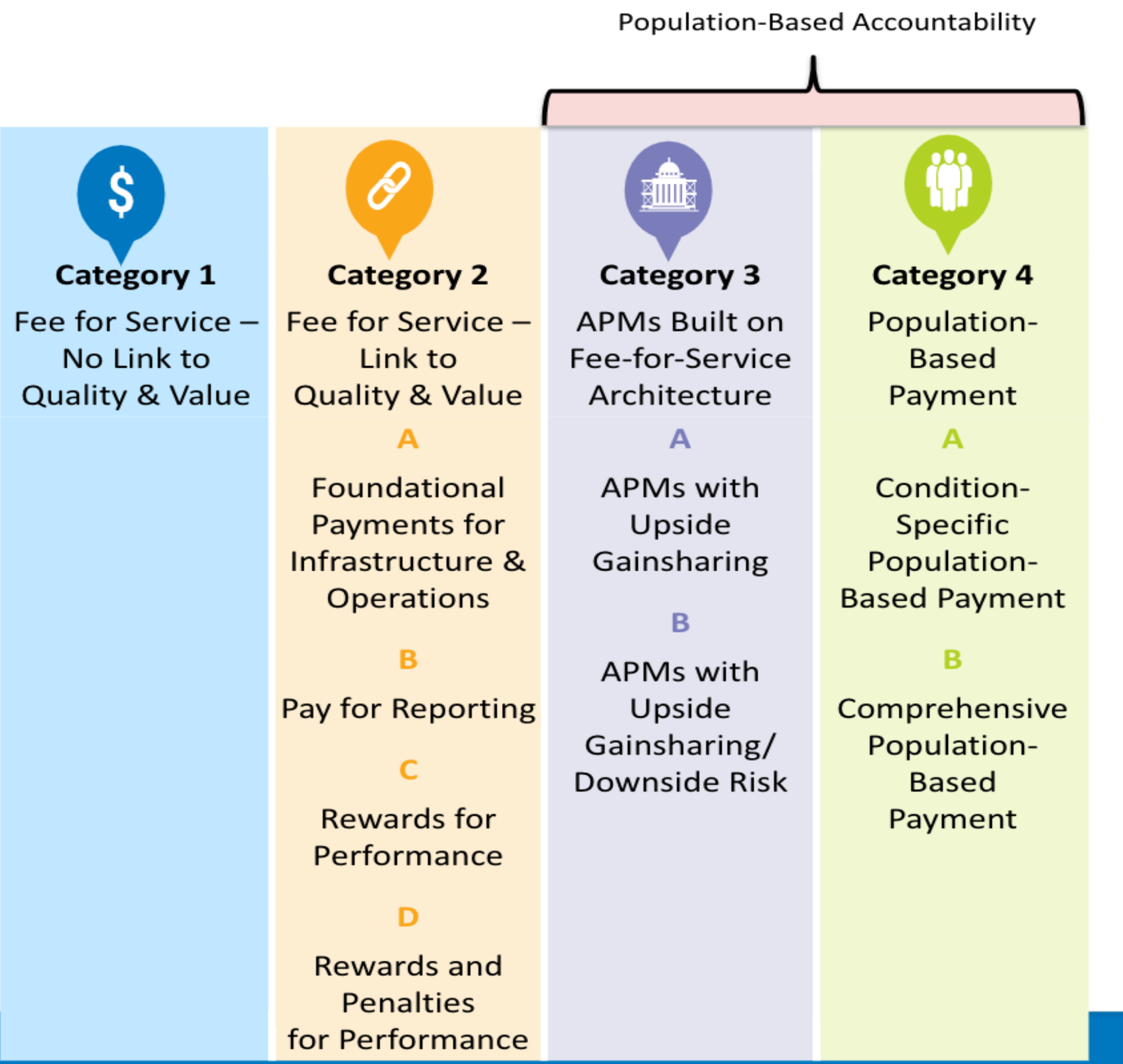
<http://www.ihl.org/resources/Pages/Publications/Era-Three-for-Medicine-Health-Care.aspx>



APM Framework

The Framework is a critical first step toward the goal of better care, smarter spending, and healthier people.

- Serves as the foundation for generating evidence about what works and lessons learned
- Provides a road map for payment reform capable of supporting the delivery of person-centered care
- Acts as a "gauge" for measuring progress toward adoption of alternative payment models
- Establishes a common nomenclature and a set of conventions that will facilitate discussions within and across stakeholder communities



Source: HCPLAN

Creating the Win-Win-Win-Win!!



Payers-Contractors-Providers-Patients

EXPLORING PATHS FOR DENTAL INTEGRATION AND COORDINATED CARE

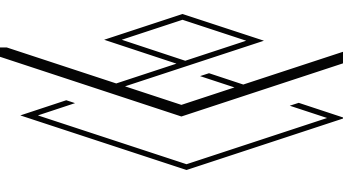


EVELYN
IRELAND

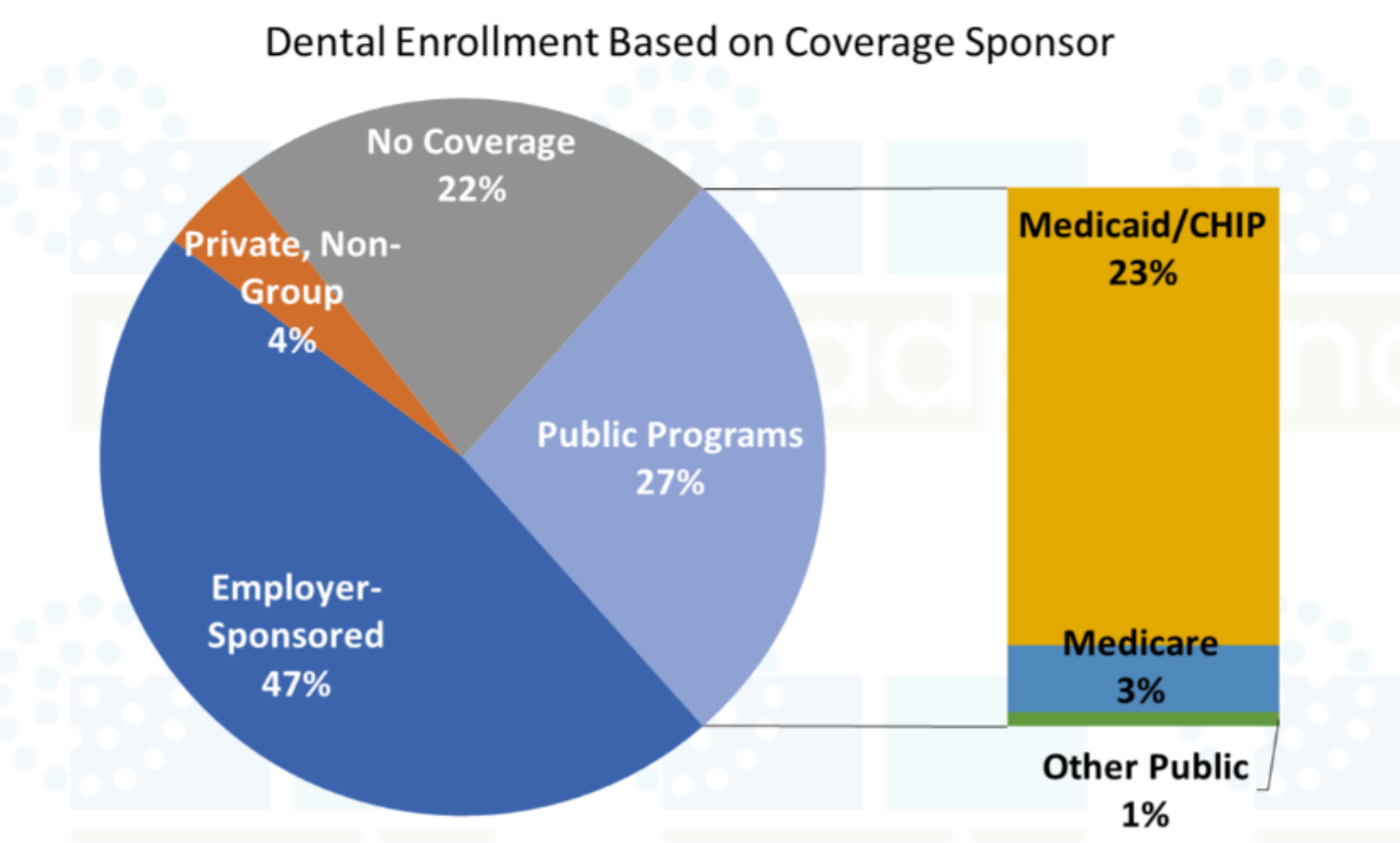
Dental and medical care delivery have been siloed for decades. Since the Surgeon General's 2000 Report Oral Health in America's finding that oral health is integral to general health, understanding of this linkage has been growing. Understanding has been fueled by studies by insurers of the impact of periodontal treatment on medical treatment costs for high cost medical conditions and more recently by similar studies of preventive dental care in both the private and public sector. This presentation will focus on the trends in the dental market as well as consumer and employer awareness that illuminate new paths for dental integration into overall health care delivery.

“Oral health advocates have made progress in increasing dental coverage over the last decade. Overcoming access to care folds into value-based payment models.”

EXPLORING PATHS FOR DENTAL INTEGRATION AND COORDINATED CARE



2017 Sources of Dental Coverage



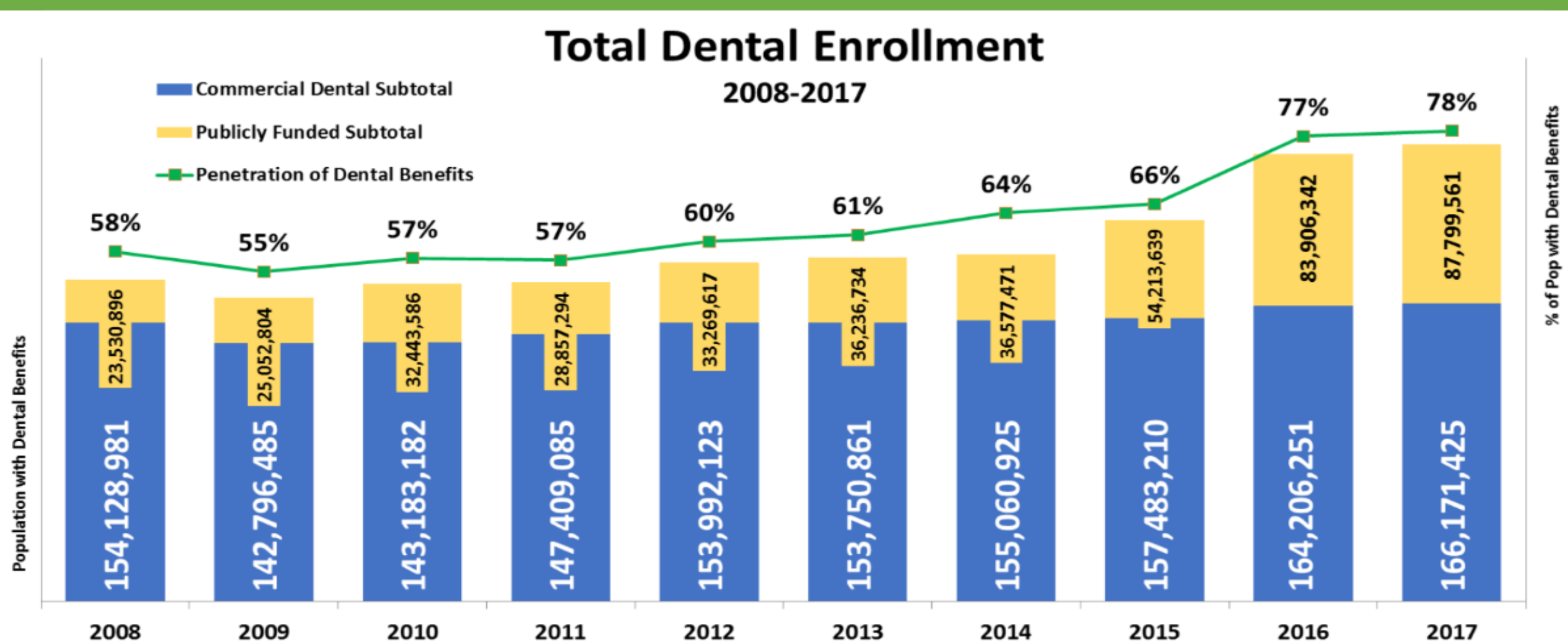
- Only 22% of Americans have no dental benefits.
- A little more than half of the population gets dental benefits in the private market—through employers or by purchasing as an individual.
- Just over a quarter of the population gets dental benefits through a public program.
- About 4% of the population has individual coverage for dental services.

SOURCE: NADP 2018 Dental Benefits Report: Enrollment
Presentation to TDA Council on Professions and Trends

January 12, 2019



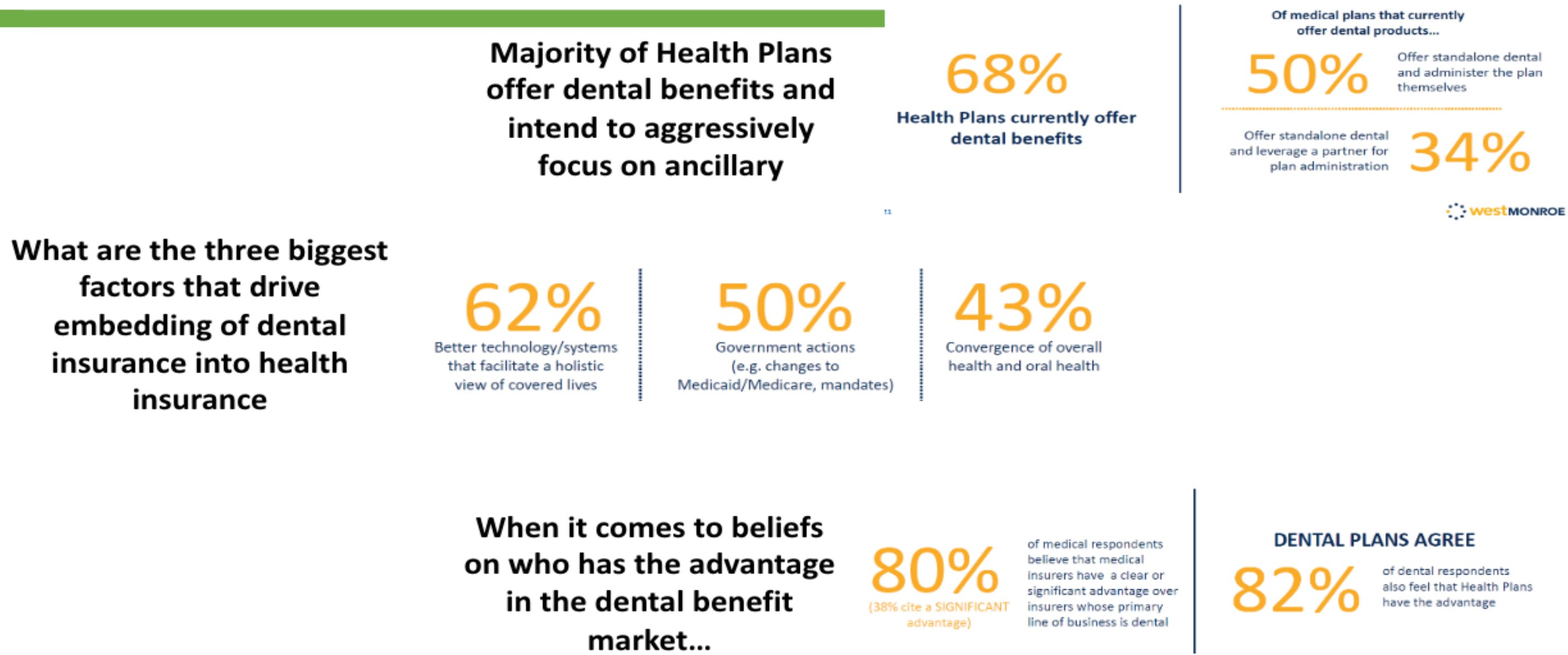
National Dental Enrollment



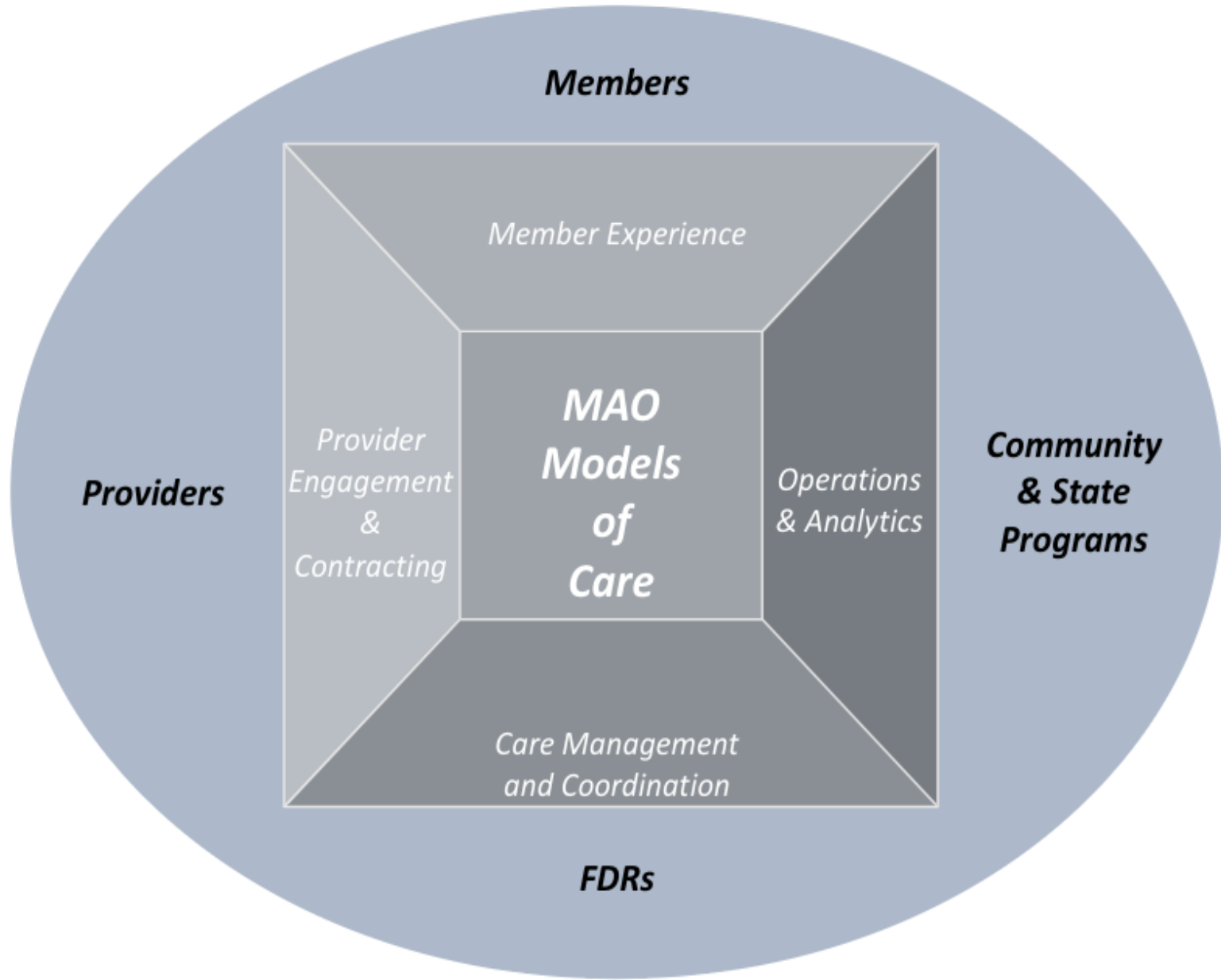
Source: NADP 2018 Dental Benefits Report: Enrollment



The Stage for Medical-Dental Integration



Future MA Models of Care



As care delivery evolves through more effective Models of Care, MAOs will continue to work with and expect delivery partners to participate in building stronger and more effective programs for their members, including payment models.

FDRs, like dental plans should move ahead in exploring how these systems can work in their care systems.

KAISER PERMANENTE: INTEGRATED VALUE BASED CARE MODEL



JOHN
SNYDER

Permanente Dental Associates has a 45-year history of collaboration with medical professionals to provide a total healthcare option for Kaiser Permanente members. The integration of dental care started as part of a small pilot embedded within the health care system. PDA began to identify and pursue opportunities to improve health outcomes by leveraging the dental appointment to encourage compliance with preventative primary care services. With the launch of Wisdom, Epic's integrated electronic health record, dentists can now act as a full care team partner, closing care gaps in the dental setting or coordinating care to other medical providers. In looking to the future, PDA and the Kaiser Dental Program is experimenting with different workforce models to support the best possible health outcomes for our patients.

“It's taken a while to move the need toward true interprofessional practice and we still have more to go in the journey toward integration.”

KAISER PERMANENTE: INTEGRATED VALUE BASED CARE MODEL

Care and Coverage

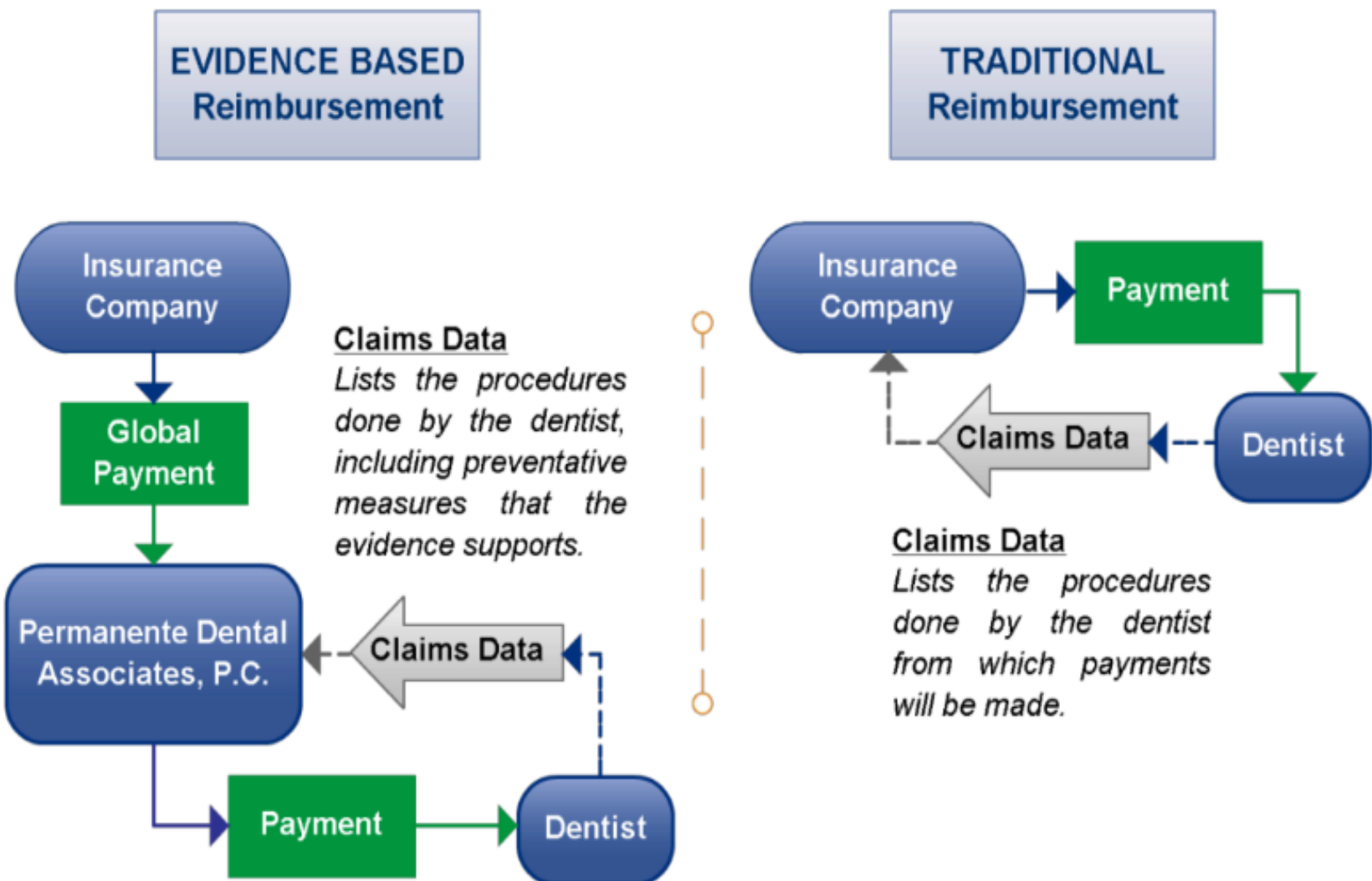
What Makes Kaiser Permanente Unique:
Vertical Integration

Our Mission
We exist to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve.

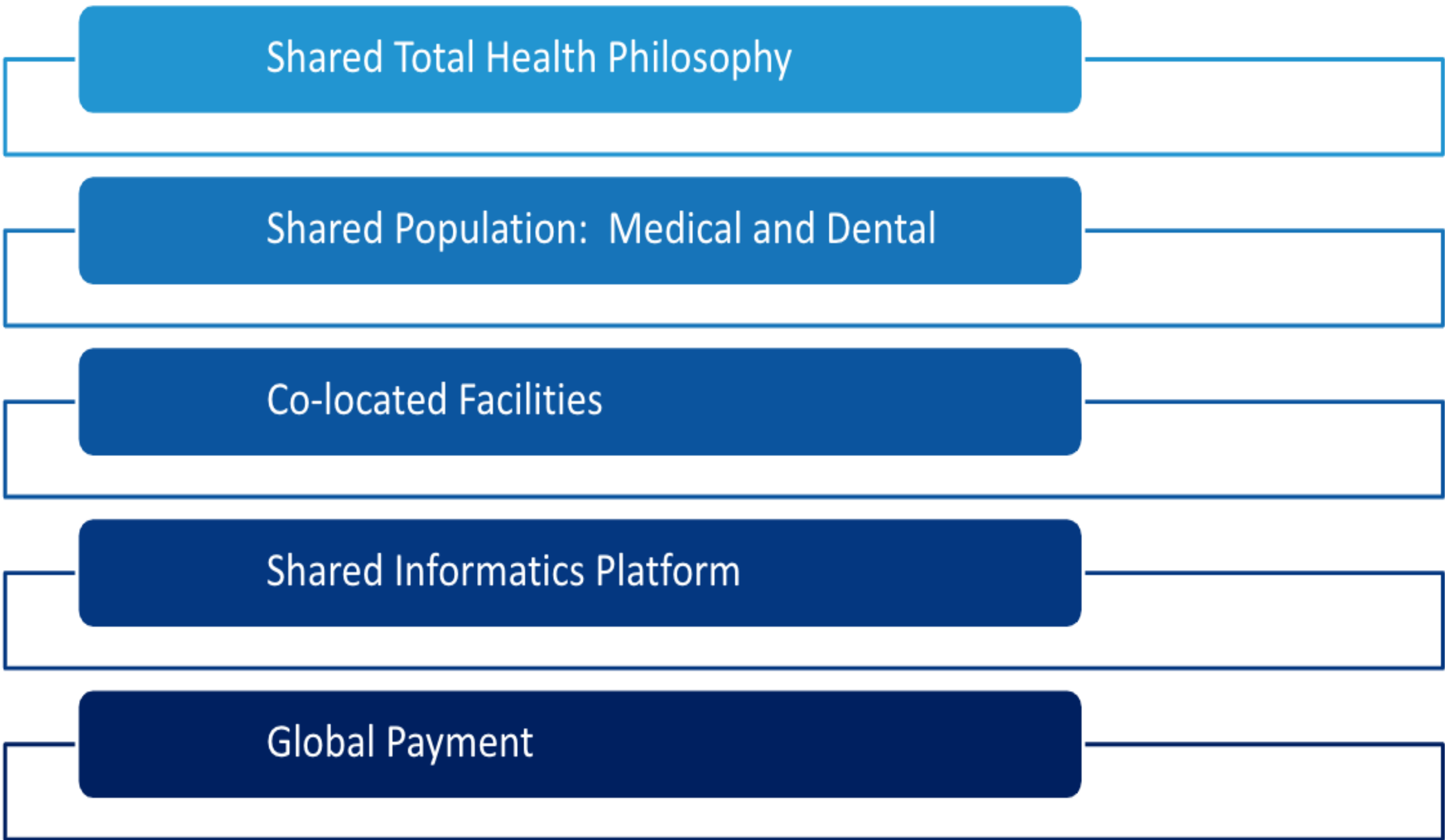


Value Based Compensation

■ Per Member / Per Month (PM/PM) Global Payment

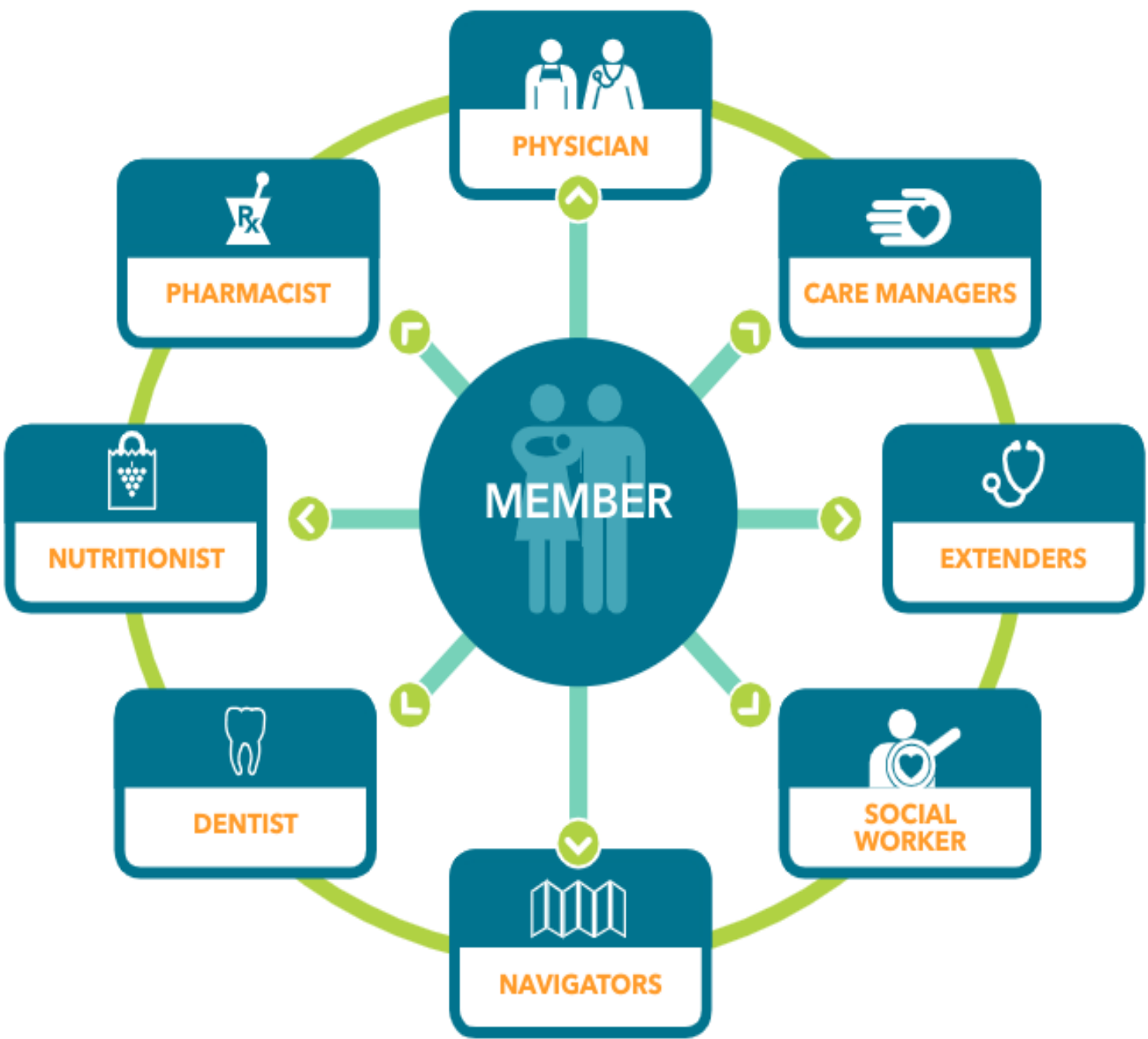


Essential Elements of our Integrated Care Model

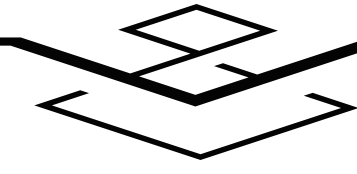


Fully Integrated Electronic Health Record

Dental providers are part of the care team and extenders of primary care



DEMONSTRATING VALUE THROUGH INTEGRATED PRIMARY HEALTHCARE



PANEL DISCUSSION



Defining value and value based payment is an integral part of improving quality in healthcare. Dental has been slower to adopt quality and value based payments as opposed to those in medicine. Dentistry has not largely adopted diagnostic coding and this limits work in quality. Quality is an emerging area and dental benefits administrators are starting to look at pay for performance as one form of value-based payment and the use of Dental Quality Alliance measures in payment schemes are being investigated. This panel will explore how dental payors approach and support value-based payment models in the US and how consumers benefit from a value-based care system.

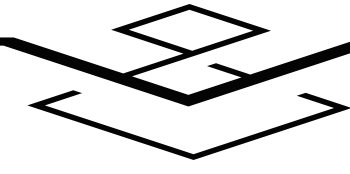
Will change happen more effectively from insurers, patients, or providers? Which group is best primed to drive the shift toward value?

An integrated EHR is important to move interprofessional practice forward. What initiatives are on the horizon in your organization to create a combined EHR?

How can we get payers motivated to move toward a value-based system? It requires a massive restructure- what can we do to encourage momentum?

Do you think dental insurers have the ability to shift patient expectations away from dental procedures to oral health? If so, what would it take?

DEMONSTRATING VALUE THROUGH INTEGRATED PRIMARY HEALTHCARE



Key Takeaways

- Without investment in people and clinical leadership you'll never get meaningful change in transforming the system.
- We need to connect the traditional silos we have been working in and integrate our services.
- The value of performing caries risk assessment to the insurers was that it creates conversation between the dentist and the patient.
- We are encouraging providers to use validated quality measures that have long term outcome enhancements.
- We need to educate students at the dental school about the changes in the dental services platform to impact their knowledge base and have an effect in their behavior. If we can make the faculty at dental schools recognize the transition and paradigm shift, it would be a piece to the solution.
- From the health economic standpoint, there is no need to expand workforce, anytime you can provide a high quality of service from a provider that is appropriate for their scope, in a system that has the continuum of care. You will lower the cost if you do it right.
- Dental therapists are part of a valuable solution to the whole system. The therapist will help in treating the disease. But we need a continuum and we need something even before the disease develops. We need to think more on the prevention of the disease.
- The insurers and the providers are in a symbiosis, they rise and fall together. To have integrated services and interprofessional care, the insurers must give power to the providers.

MEDICAID: DELIVERY AND PAYMENT REFORM TRANSFORMATIONS

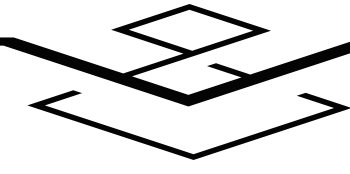


MATT
SALO

Medicaid is the largest health care system in the United States. The program design and populations it serves can bring about improvements in the health care system and patient outcomes. Through this session, participants will gain key insights into implications of the 2018 midterm elections for Medicaid at both state and federal levels. Given that a key characteristic of state Medicaid programs is the drive towards value-based care, this session explores what this means and how the dental industry can understand and take advantage of these trends.

“The job of State Medicaid Directors is to improve the health care system of the people they serve, being responsible stewards of the taxpayer dollars, and ultimately doing so in a way that is politically and culturally relevant.”

MEDICAID: DELIVERY AND PAYMENT REFORM TRANSFORMATIONS



Key Takeaways

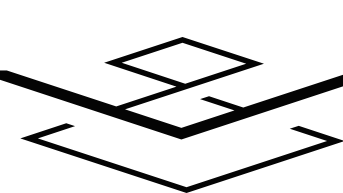
- The change from fee-for-service to managed care will vary from state-to-state. The destination may look different.
- The goal is to figure out some level of uniformity and commonality to bring about the change in the health care system.
- Generally healthy people do not drive the Medicaid expenditures. Medicaid serves, the oldest, the sickest, the frailest, the poorest, the most medically complex, the people who are intersecting the different traditional silos of health care.
- Change in behavior in a health care system will not be sustainable if there is no inherent financial incentive aligned with it.
- Leadership has been defined as disappointing your followers at a rate that they can sustain. Thus, the question for us is, how are we going to make the proposed changes in the health care system to be sustainable?



4

DISCUSSION SESSIONS

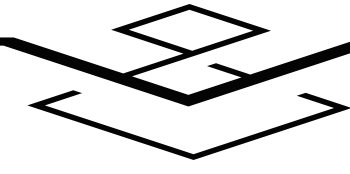
SESSION ONE: PLANNING FOR THE FUTURE LANDSCAPE OF ORAL HEALTH



What is the current state of integration with your organization and how can you close the gap with your ideal state?



SESSION ONE: PLANNING FOR THE FUTURE LANDSCAPE OF ORAL HEALTH



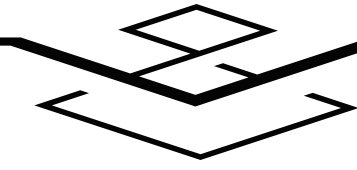
Having the right message is incredibly vital.

- We need to talk about the impact of disease and not the prevalence of disease.
- It is not about smile, it is about the impact on employment, it is about the impact on school readiness.
- Integration and collaboration at the community level is essential before we move on to system level integration and collaboration.
- Change in behavior is essential, just drilling and filling will not solve the problem.
- The biggest problem is that the benefit structure dictates the standard of care.

Audience success stories in bridging the gap.

- Hygienist-driven fluoride application program working in collaboration with pediatric dentists and their staff.
- Incorporating oral health education with medical education at the ground level for third year medical students.
- Interprofessional education and practice at community health centers where medical and dental students worked together. Warm hand off where the medical or dental student walk the patient to the dental clinic.

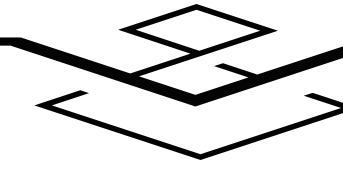
SESSION TWO: SMALL GROUP PROBLEM-SOLVING ON HEALTH WORKFORCE



- 1 What infrastructure changes or paradigm shifts need to occur in interprofessional practice order to accommodate a true patient-centered care model? What actionable steps can conference attendees take toward a new model?
- 2 Dental students are typically trained in a dental clinic vs. a hospital or primary care setting without other primary care providers (e.g. nurses, physicians, mental health providers, etc.) How does this impact workforce models? Should dental schools change how they train students? If so, what changes should be made and how can they be implemented?
- 3 The Rural Health Info Hub estimates that there are 39% fewer dentists working in rural areas compared to metropolitan areas. Data shows dentists working in rural areas are older than those working in metropolitan areas. This trend also holds true for physicians. How can we increase workforce capacity and innovate care models in rural areas? What actionable steps can conference attendees take toward advocating for rural health?
- 4 The current array of dental providers and dental care delivery models within which they work, for the most part, lack the infrastructure required for maximizing value under new payment models, including utilization of interprofessional teams. What would the incremental steps look like to move the models up the value chain and how could the current workforce be redeployed toward that effort? What is missing that would need to be added in?
- 5 The CDC recently released a report entitled, “Public Health 3.0: A Call to Action for Public Health to Meet the Challenges of the 21st Century.” The report calls for a new model in which “leaders serve as Chief Health Strategists, partnering across multiple sectors and leveraging data and resources to address social, environmental, and economic conditions that affect health and health equity.” How can these chief health strategists be identified, recruited, trained, and implemented for oral health?



SESSION TWO: SMALL GROUP PROBLEM-SOLVING ON HEALTH WORKFORCE



Infrastructure changes: Co-located clinics, either physically or virtually; single electronic health record system or interfaceable electronic systems; advanced level of cyber security; list of metrics and defining value
Steps to take: advocate for integration at legislature and administration; payors can incentivize changes in models; taking successful models (eg Willamette) and educating those in charge

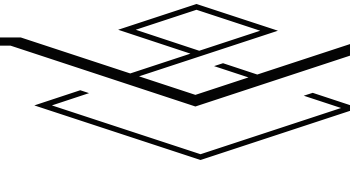
Yes, dental students should be trained in alternative settings and become comfortable working with other medical and dental providers. This expands the workforce. Yes, dental schools should include dental hygienists and dental student learning opportunities. CODA changes or a dental public health curriculum track should be explored.

Loan forgiveness to new dentist graduating. Recruit dental students who came from rural areas. Entice existing, seasoned dentists to move to rural areas (benefits, retirement options, etc). Government provided health insurance/benefits. Recruit military (former) dentists and or seasoned dentists, who may have had a well rounded dental experience and feel comfortable to move to a rural area without many resources for specialty

Integrated IT and EHR. Without many customizations so that systems can “speak” to each other seamlessly. Work to the top of the scope of the license. Building and expanding the dental team.

To identify: CMS Schools of public health
Data experts Educational institutions
Third party payers AARP and those who deals with older adults. To recruit: Push the cause
Work to identify key players in group identified in the first section Training
Clear concise and consistent messaging

SESSION THREE: ROUNDTABLE DISCUSSION TOPICS



Why the oral health value-based care system is the future of dentistry

The evolving dental workforce

Integration, interdependency, and Lord Voldemort

Value-based oral health metrics

Population health: One size does not fit all

Academia: How are we training in value-based care?

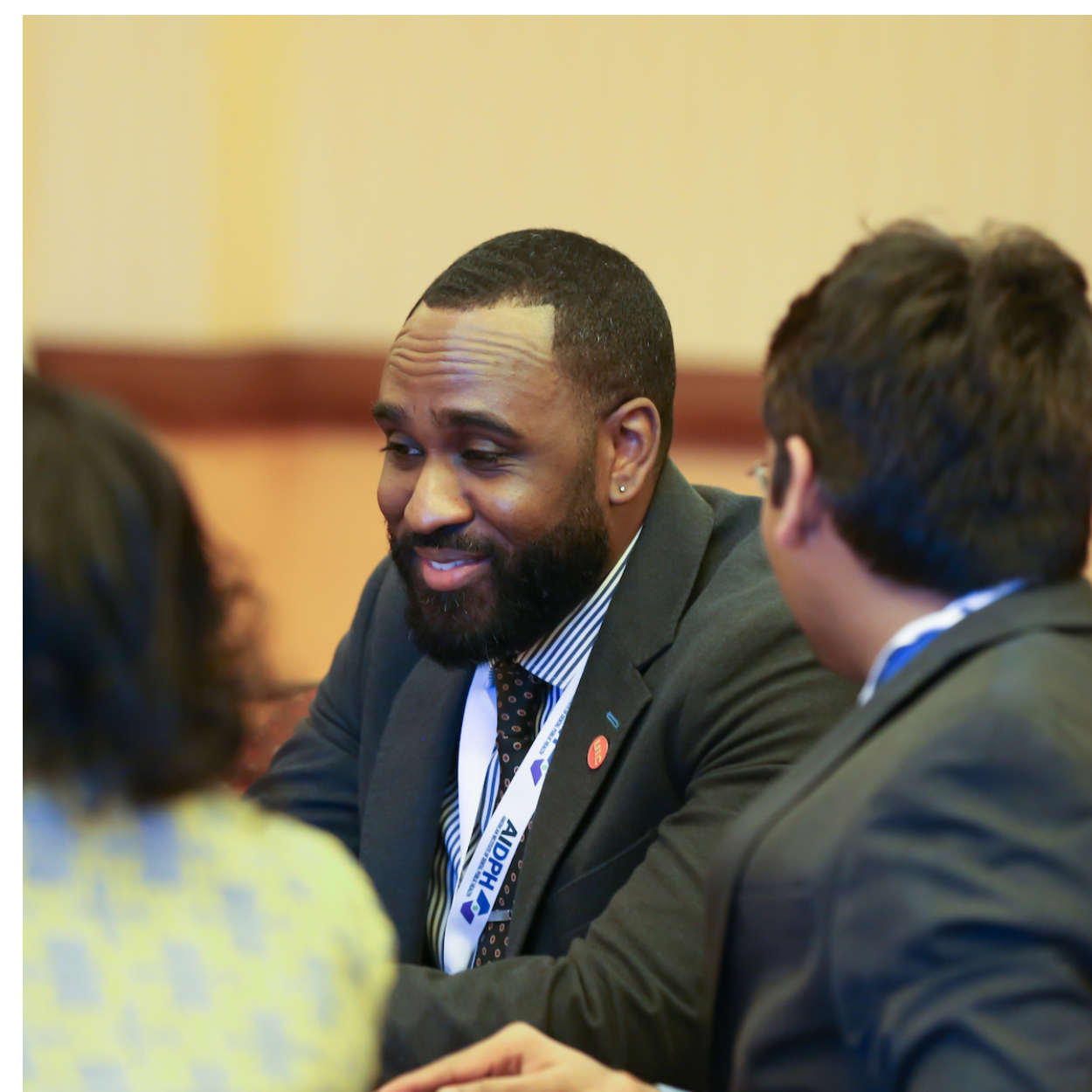
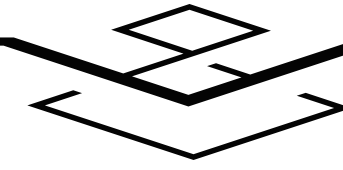
Medicine and Dentistry: How can we work better together

Collaborations in professional associations

Health policy: What are we missing

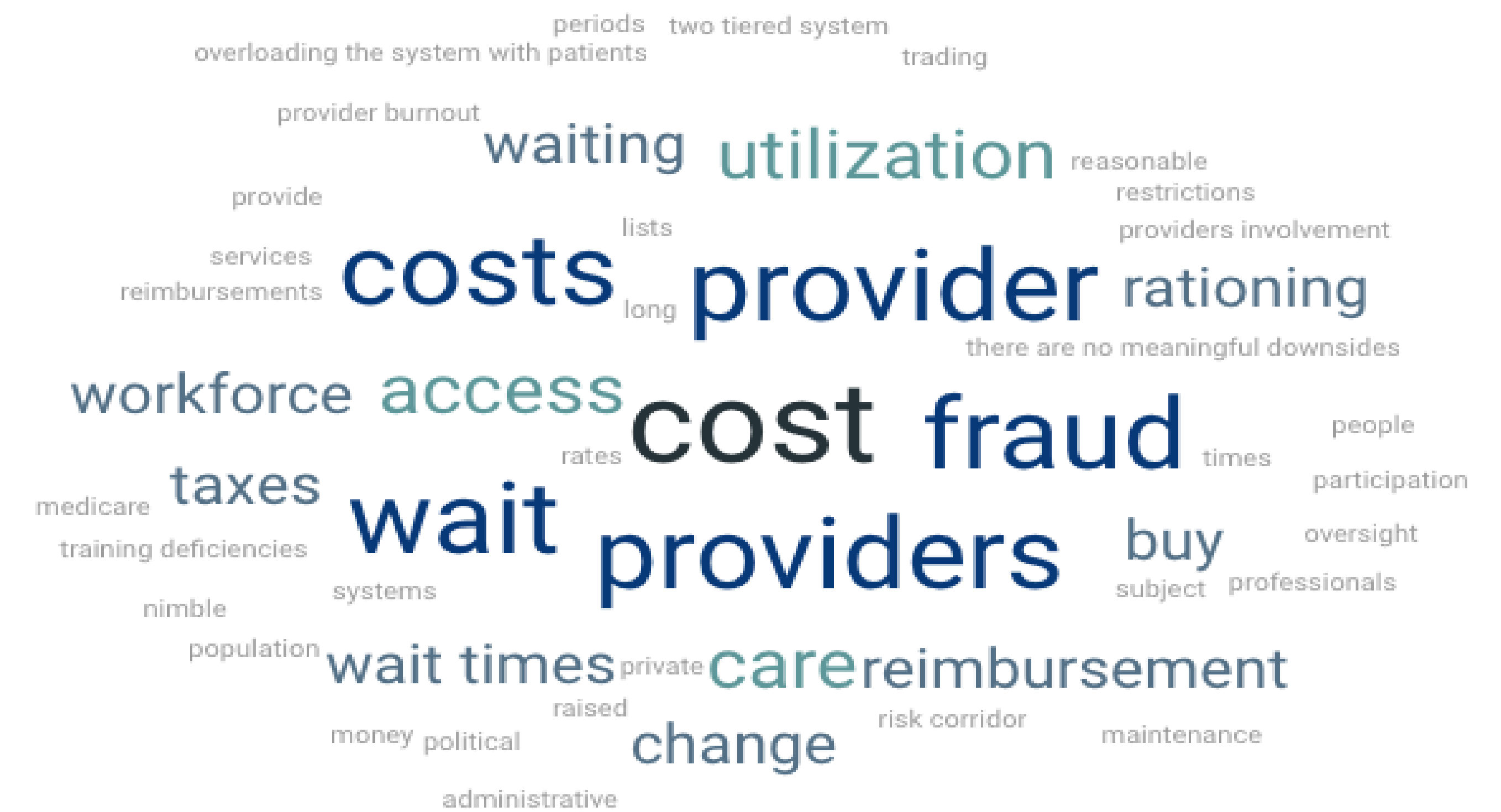
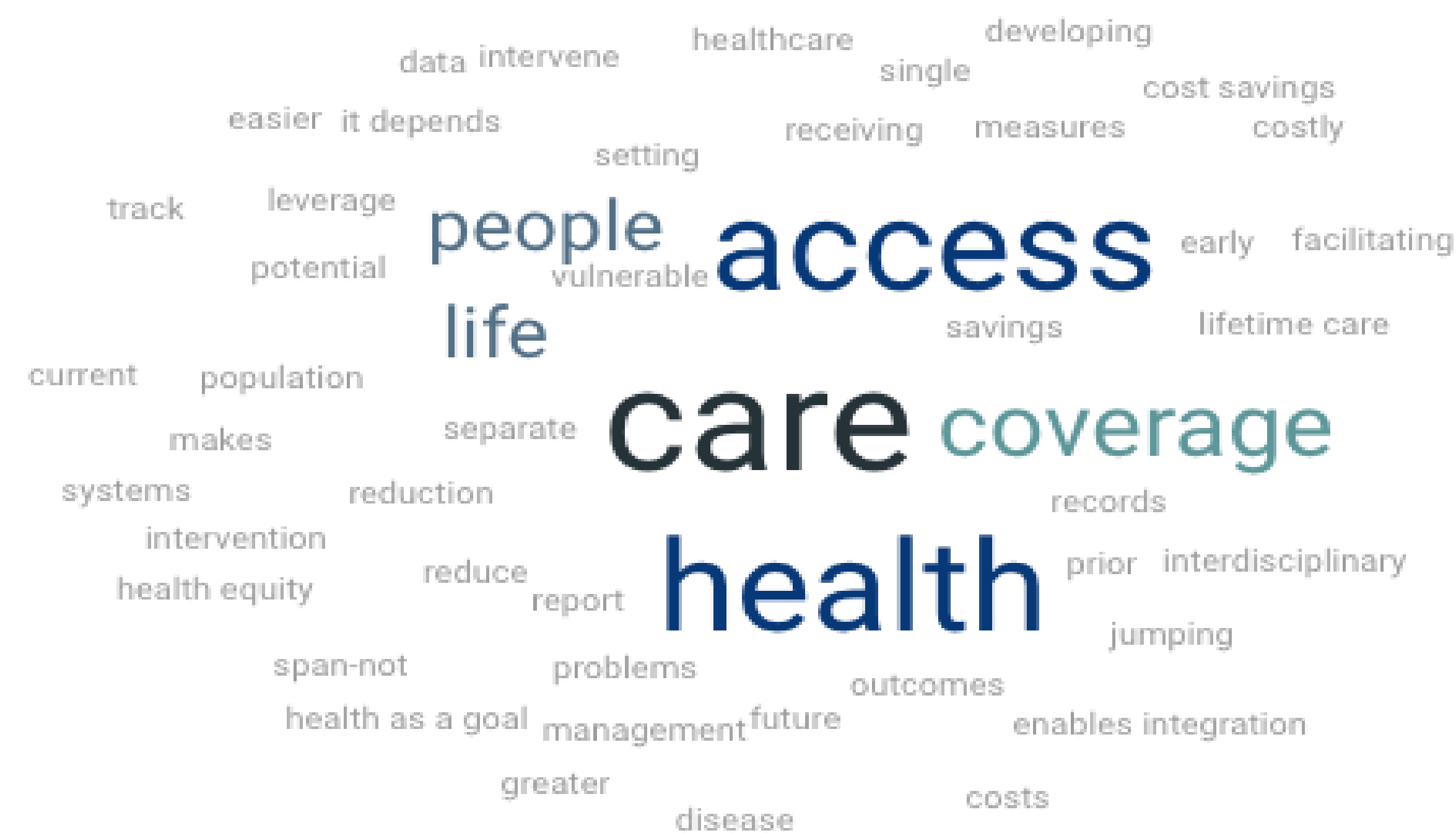


SESSION THREE: ROUNDTABLE DISCUSSION TOPICS



What are the strengths of Medicare for All?

What are the weaknesses of Medicare for All?



Based on your discussion, should we implement Medicare for All?

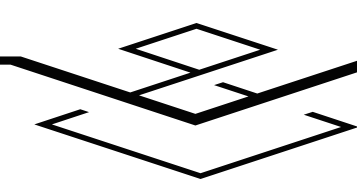
Yes



No



SESSION FOUR: MEDICARE FOR ALL AND ACA EXPANSION



IF YOU SAY YES: How do you move the needle forward in this political climate? Is there sufficient workforce? How do you fund the expansion?

Team approach to providing healthcare services. Variety Of provider types. More accessible clinics/retail centers to access services.

Fixing the student loan problem/ education system

Increasing workforce Considering mid-level dental providers Stratification of care Possible increased taxes individuals contributing Not building a wall!

Take the wall money, focus on workforce expansion and cross training, eliminate tax deductibility of benefits and set a health tax, focus on waste and duplication, streamline record keeping and measures

Incrementally. Expand dental therapists. Fund through income taxes.

AARP lobbyists get involved Need more health care coordination Use the wall money

Not a sufficient workforce

Use data to identify vulnerable populations to allocate funds. Make this data more accessible. Expand the workforce to include business and marketing.

Raise reimbursement rates for providers so we can increase access and add workforce

Demonstrate decrease overall cost to government and business bottom line Improve team based training Payroll tax

IF YOU SAY NO: How do you address the lack of access to oral health care with an expansion? How would you fund alternatives?

Pilot study to understand obstacles, add tax on soda, cigarettes,etc. teledentistry, not separating in medical and dental insurance

Pilot study to understand obstacles, add tax on soda, cigarettes,etc. teledentistry, rebranding of separating in medical and dental insurance

Grants to replicate setups like Kaiser Permanente, expansion of Medicaid so that access is increased for lower incomes, more robust public health efforts for prevention

Continue to advocate for dental mid-level providers, expand teledentistry capabilities and infrastructure, advance interprofessional integrated care.

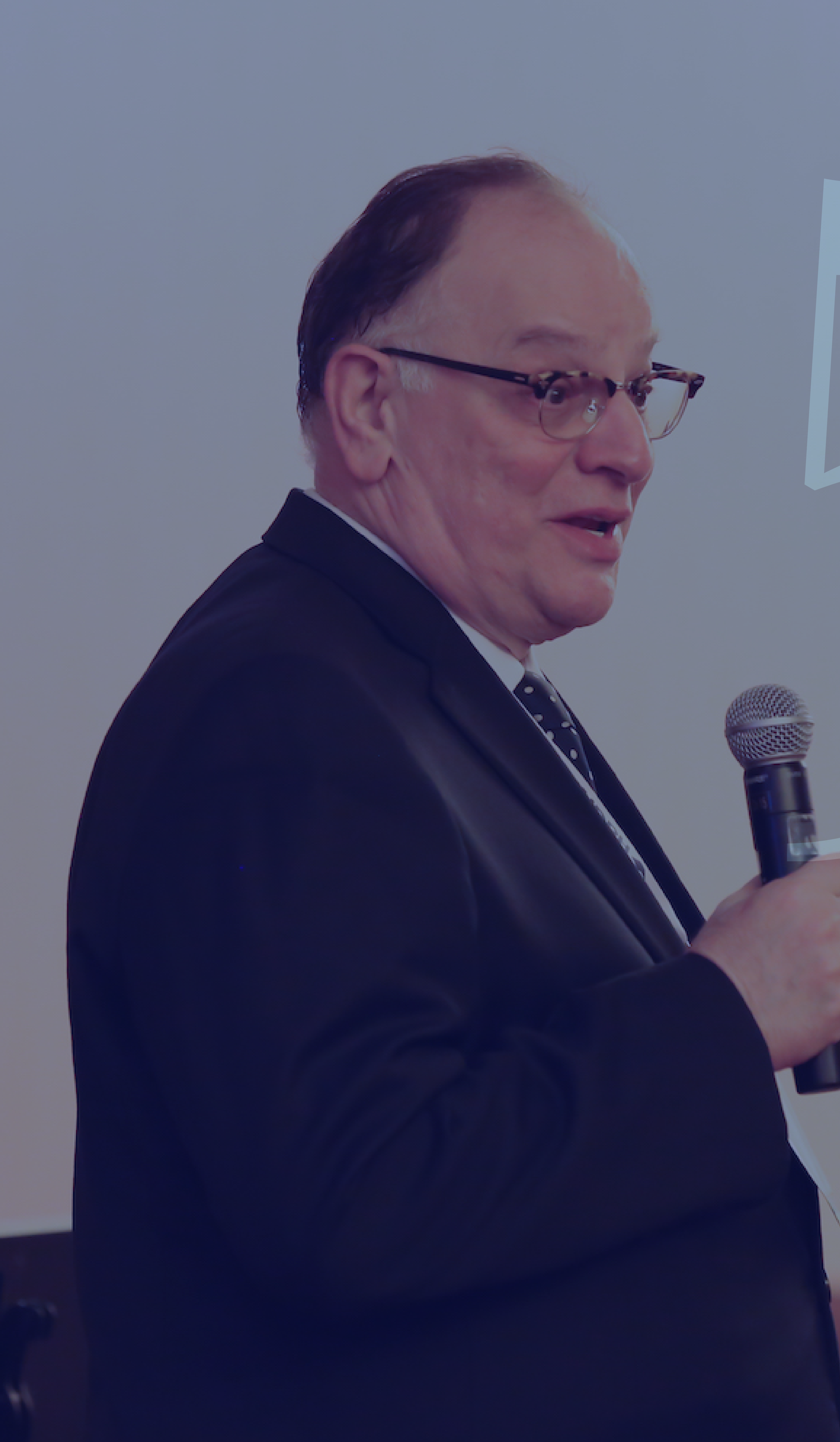
Dental therapy

Restructuring dental insurance to mimic health insurance.

Partial expansion, not Medicare for all immediately. Train more providers to build infrastructure gradually increasing coverage cutpoints. Incentives through loan forgiveness for providers. Redirecting of existing funding for most costly procedures.

Have to think outside the box to increase access and it must be custom to the area, the population, workforce capabilities, etc. Must work with all healthcare providers and payor mixes to fund alternatives to treating the whole patient.

Increase midlevel providers.



5

CLOSING REMARKS



“ We hope that you have walked away today with new information, new perspectives, and a new network of advocates. We can only change the system through collaboration and convenings like this are the first step in moving the needle forward.

AIDPH appreciates your willingness to open yourself to new ideas through our colloquia. These themes can be provocative and we hope you'll take the time to consider what you've heard over the last few days. ”

-David Cappelli

REACTIONS TO CLOSING POLLS

How do we move the needle on interprofessional practice?

collaboration

education

replication

leadership

hope

mandate

promising

incremental

courage

law

mentorship

address

nondental

patient centered

intraprofessional

increased co location

through the educational system

find champion

interdisciplinary training

medical

starts

dental education

perserverance

confidence

social

job

policy

health

world

table

dialogue model

join

curriculum

determinant

infrastructure

integrating

education of physicians

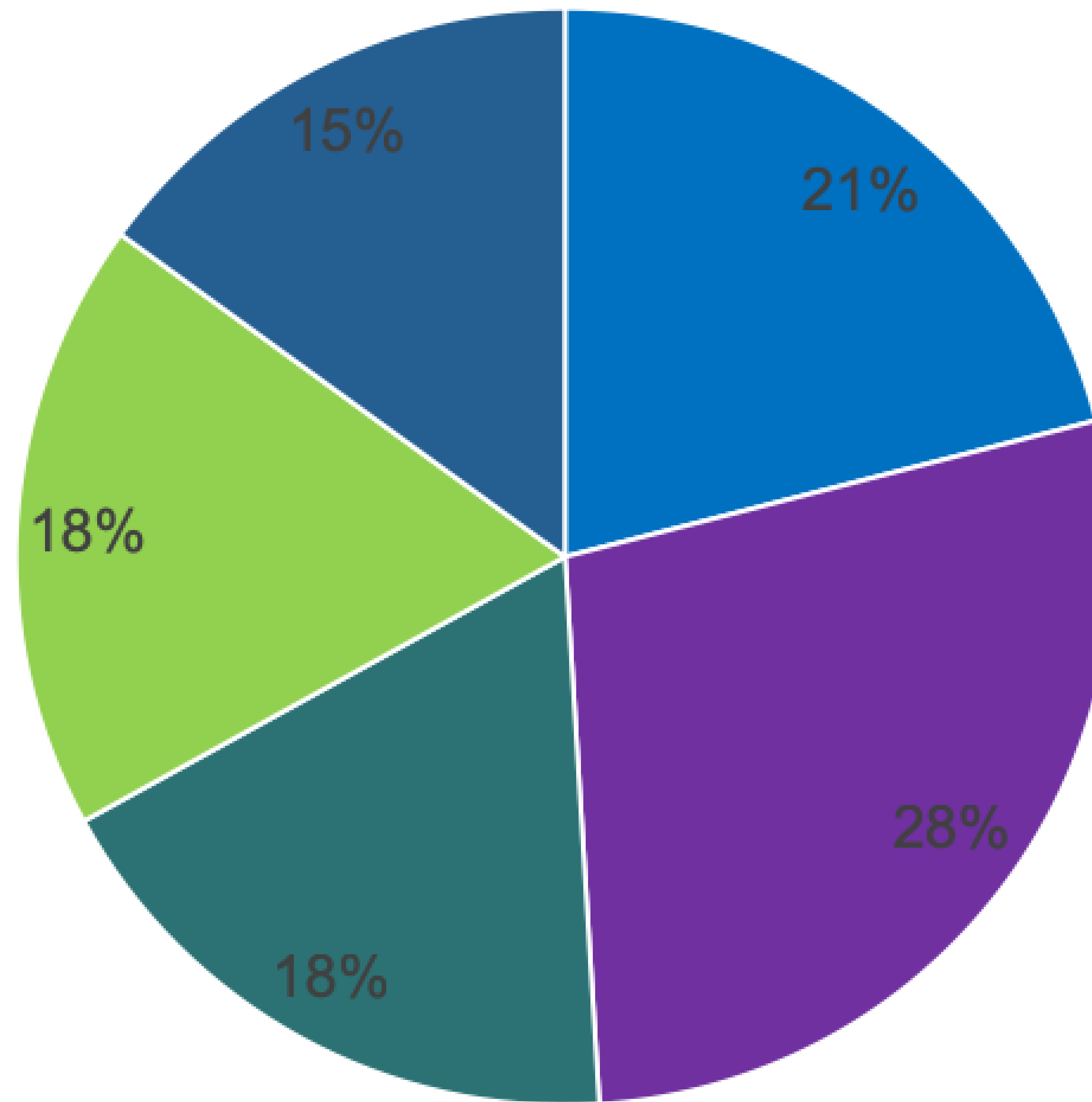
one step at a time

conversation

How do we move the needle on value-based payments?

A word cloud visualization featuring the words "incentive" and "education" as the central, largest elements. Surrounding them are numerous other terms related to healthcare policy and innovation, such as "policy", "technology", "metrics data", "standardized payment system", "demand by patient", "awareness", "make educate purchaser", "cost benefit marketing", "election understanding", "medical data driven", "risks and benefits", "patient define the value", "dental", "workable group hope solution", "school center", "insurer", "redefining health change", "evidence research", "implement", "consumer education", "level", "innovation", "standardize", "inedr", "outreach", "coding", "motivation restructure", and "broker". The words are arranged in a circular pattern around the center, with varying font sizes and colors (shades of blue and grey) to represent their relative frequency or importance.

How will you personally change oral health care delivery?



■ Evaluate ■ Educate ■ Advocate ■ Collaborate ■ Innovate



SPEAKER INFORMATION

Evolving the Dental Public Health Landscape: Interprofessional Practice and Value-Based Care



Ann Greiner
MCP

Ms. Ann Greiner serves as President & Chief Executive Officer of the Patient-Centered Primary Care Collaborative. In this role, she is responsible for leading the overall organizational strategy and fostering strategic partnerships throughout the health care sector nationally. Ann directs the PCPCC's policy agenda, working across a diverse stakeholder group of more than 60 executive member organizations to advance an effective and efficient health care system built on a strong foundation of primary care and the patient-centered medical home (PCMH). She previously served as Vice President of Public Affairs for the National Quality Forum where she increased the visibility and influence of NQF on Capitol Hill. Ann has held high-profile roles at the American Board of Internal Medicine, the National Academy of Medicine and the National Committee for Quality Assurance (NCQA). Ann has a Master's Degree in Urban Planning from the Massachusetts Institute of Technology and a Bachelor of Arts Degree in English Literature from Hobart and William Smith Colleges.

Evolving the Dental Public Health Landscape: Interprofessional Practice and Value-Based Care



Sean Boynes
DMD, MS

Dr. Sean G. Boynes is a Dentist Anesthesiologist who received his D.M.D. from the University of Pittsburgh and completed a three year residency in anesthesiology from the University of Pittsburgh Medical Center. He currently serves as Director of Interprofessional Practice at the DentaQuest Institute overseeing national programs and initiatives focused on the integration and coordination of care. Previously, he served as Director of Anesthesia and Pharmacologic Research at the University of Pittsburgh School of Dental Medicine. He has been recognized by many organizations for his work in health policy and clinical care, that include: the National Health Service Corps featured him as one of the 40 top clinicians for their 40th Anniversary Celebration, the South Carolina School Nurses Association named him recipient of the Distinguished School Services Award, the National Children's Oral Health Foundation lists him as a Dentist of Distinction, and he was given the President's Award from the National Network for Oral Health Access.

Evolving the Dental Public Health Landscape: Interprofessional Practice and Value-Based Care



Patricia Braun
MD, MPH, FAAP

Patty Braun is a Professor of Pediatrics, Family Medicine, Public Health and Dental Medicine at the University of Colorado. Dr. Braun conducts oral health disparity research and evaluation at the Adult and Child Consortium of Research and Dissemination Science. She is leading the evaluation of the Colorado Medical-Dental Integration Project and SMILES Dental Project. She is currently the Chair of the American Academy of Pediatrics Section of Oral Health Executive Committee. Dr. Braun has also been a practicing pediatrician at Denver Health, a large safety-net healthcare system, for 23 years. She can be reached at patricia.braun@ucdenver.edu.

Evolving the Dental Public Health Landscape: Interprofessional Practice and Value-Based Care



Elizabeth Mertz
PhD, MA

Dr. Mertz is an professor at the University of California, San Francisco, with a joint appointment in the Department of Preventive and Restorative Dental Sciences, School of Dentistry and in the Department of Social and Behavioral Sciences in the School of Nursing. She is affiliated with the UCSF Center to Address Disparities in Children's Oral Health (CANDO), the Philip R. Lee Institute for Health Policy Studies and Healthforce Center where she has worked since 1997. Dr. Mertz has researched, published and lectured on a broad range of health care workforce, health policy, and health services research topics such as supply and demand of providers, health professions regulation, state and federal workforce policy, access to care, oral health disparities, and evolving professional practice models. She holds a BA from the University of Southern California, a MA from the Humphrey Institute of Public Affairs at the University of Minnesota and a PhD in medical sociology from the University of California, San Francisco.

Evolving the Dental Public Health Landscape: Interprofessional Practice and Value-Based Care



Mark Doherty
DMD, MPH, CCHP

Dr. Mark Doherty was named Executive Director of the DentaQuest Institute's Safety Net Solutions (SNS) program in 2005. In this role, Dr. Doherty provides oversight, leadership and direction for safety net dental practice training and technical assistance consulting projects provided by SNS. Under Dr. Doherty's direction, the SNS program has grown from a pilot program in three Massachusetts community health centers in 2006 to a national program serving over 500 safety net dental programs in over 45 states in 2017. For nearly 30 years, Dr. Doherty served as the Director of Oral Health Services at the Dorchester House Multi-Service Center, an FQHC in Boston, MA. Mark has been recognized for his national work with many awards including the American Association of Community Dental Program's John P Rossetti Oral Health Impact Award in 2017, the National Network for Oral Health Access President's Award in 2016, and many others.

Evolving the Dental Public Health Landscape: Interprofessional Practice and Value-Based Care



Evelyn Ireland
MPA, CAE

Evelyn Ireland has been the voice of the dental benefits industry for her 26 years as the Executive Director of the National Association of Dental Plans (NADP). Ms. Ireland has more than 32 years of experience as a trade association CEO and over 45 years of experience in the fields of government and insurance. She began her work in the insurance field at the Texas Legislature for the Chairman of the Insurance Committee then moved to the Texas State Board of Insurance for 10 years where she led the agency through its first “sunset process” as Director of Research and Information. In 2006, she was named by Insurance Newscast as one of the “100 Most Powerful People in the Insurance Industry.” She holds a Bachelor’s degree in Fine Arts from Texas Tech University and Masters of Public Affairs from the LBJ School of Public Affairs at UT Austin.

Evolving the Dental Public Health Landscape: Interprofessional Practice and Value-Based Care



John Snyder
DMD

Dr. John J. Snyder completed his dental education at Oregon Health & Science University School of Dentistry in 1986. After completing a General Practice Residency at Hartford Hospital in Connecticut, Dr. Snyder returned to Oregon and joined Permanente Dental Associates (PDA) in 1987. Since that time he has served PDA in multiple leadership roles and in 2008 he was elected by PDA Shareholders to serve as the Dental Director and Chief Executive Officer for Permanente Dental Associates. He is currently serving in his second term. He has remained a strong advocate for evidence-based dental practice, oral health research, and medical-dental integration throughout his career, and has enjoyed numerous national and international speaking opportunities to share his passion for expanding total health and wellness.

Evolving the Dental Public Health Landscape: Interprofessional Practice and Value-Based Care



Jeffrey Chaffin
DDS, MPH, MBA, MHA

Dr. Chaffin is the Vice-President and Dental Director for Delta Dental of Iowa. He manages scientific and clinical aspects of policy related to the administration and delivery of oral health care benefits. His academic appointments include Assistant Professor and Dental Public Health Residency Director for A.T. Still University. Prior to his current position, Dr. Chaffin served as the State Dental Officer in the Wisconsin Department of Health Services. The Wisconsin Oral Health Program focused on promoting and improving oral health for all residents. He completed a 21-year Army career with his last assignment serving as the Dental Chief for the TRICARE Management Activity. Dr. Chaffin is a Diplomate of the American Board of Dental Public Health and is a Past President of the Board. He is also Immediate President of the American Association of Public Health Dentistry. He currently serves on the board of the Delta Dental of Iowa Foundation and is a Board Director of Oral Health America.

Evolving the Dental Public Health Landscape: Interprofessional Practice and Value-Based Care



Michael Plunkett
DDS, MPH

Mike Plunkett is Dental Director for Strategy and Business Development for Permanente Dental Associates, which partners with Kaiser Foundation Health Plan to form the Kaiser Permanente Dental Program. In his role Dr. Plunkett develops and drives strategic initiatives around systems integration, care model innovation, and business partnerships. He also maintains an active clinical practice with a focus on Oral Surgery. Dr. Plunkett holds an appointment as Assistant Professor of Community Dentistry at Oregon Health and Sciences University (OHSU) where he directs a course series in Health Care Systems & Finance and lectures on dental practice management. Dr. Plunkett's executive appointments within the Oregon Health Authority have included the Oregon Public Health Advisory Board, Health Evidence and Review Commission, and Medicaid Advisory Committee. In 2013 Dr. Plunkett received the Leadership in Health Transformation Award by the Oregon Primary Care Association.

Evolving the Dental Public Health Landscape: Interprofessional Practice and Value-Based Care



Mary Foley
RDH, MPH

Mary E. Foley is the Executive Director of the Medicaid|Medicare|CHIP Services Dental Association (MSDA). She is a licensed dental hygienist in Massachusetts and holds a Master's Degree in Public Health, with a concentration in Epidemiology and Biostatistics from the University of Massachusetts School of Public Health and Health Policy. Just prior to her current position, Ms. Foley served as the Dean of the Forsyth School of Dental Hygiene at the Massachusetts College of Pharmacy and Health Sciences in Boston, Massachusetts. Since joining the Medicaid|Medicare|CHIP Services Dental Association, Ms. Foley has been instrumental in broadening national and state level stakeholder collaboration, raising awareness of oral health within US DHHS and CMS, and developing an online National Profile of State Medicaid and CHIP Oral Health Programs.

Evolving the Dental Public Health Landscape: Interprofessional Practice and Value-Based Care



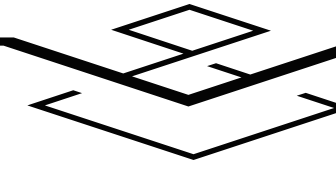
Matt Salo
BS

Matt Salo was named Executive Director of the National Association of Medicaid Directors (NAMD) in February 2011. The association represents all 56 of the nation's state and territorial Medicaid Directors, and provides them with a strong unified voice in national discussions as well as a locus for technical assistance and best practices. Matt formerly spent 12 years at the National Governors Association, where he worked on the Governors' health care and human services reform agendas, and spent the 5 years prior to that as a health policy analyst working for the state Medicaid Directors as part of the American Public Human Services Association. Matt also spent two years as a substitute teacher in the public school system in Alexandria, VA, and holds a BA in Eastern Religious Studies from the University of Virginia.



APPENDIX

CONFERENCE AGENDA: THURSDAY



Thursday, January 24, 2019

7:00 am - 8:00 am: Breakfast and Registration

8:00 am - 8:30 am: Welcome

8:30 am - 9:30 am: Keynote Address- Dental Care: On the Pathway from Volume to Value

Ann Greiner, MCP

9:30 am - 10:00 am: Break

10:00 am - 11:00 am: Integration, Oral Health, and Interprofessional Practice

Sean Boynes, DMD

11:00 am - 11:30 am: Discussion Session

11:30 am - 12:30 pm: Lunch

12:30 pm - 1:30 pm: Interprofessional Medical-Dental Collaboration

Patricia Braun, MD, MPH, FAAP

1:30 pm - 2:30 pm: Role of Oral Health Workforce in the Health Care Value Equation

Elizabeth Mertz, PhD, MA

2:30 pm - 3:00 pm: Discussion Session

3:00 pm - 3:30 pm: Break

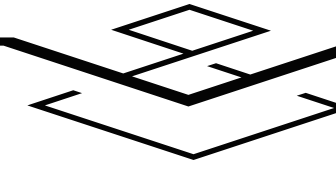
3:30 pm - 4:30 pm: Cracking the Code! Oral Health Value Based Care Transformation: Putting Value into our Dental Visits

Mark Doherty, DMD, MPH, CCHP

4:30 pm - 5:00 pm: Discussion Session

5:00 pm: Adjourn

CONFERENCE AGENDA: FRIDAY



Friday, January 25, 2019

7:00 am - 7:45 am: Breakfast and Registration

7:45 am - 8:00 am: Welcome

8:00 am - 9:00 am: Exploring Paths for Dental Integration and Coordinated Care

Evelyn Ireland, CAE

9:00 am - 10:00 am: Kaiser Permanente: Integrated Value Based Care Model

John Snyder, DMD

10:00 am - 10:30 am: Discussion Session

10:30 am - 11:00 am: Break

11:00 am - 12:00 pm: Demonstrating Value Through an Integrated Primary Healthcare System

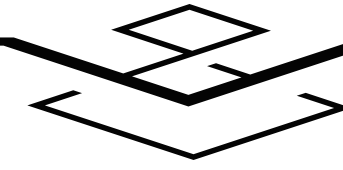
Jeffrey Chaffin, DDS, MPH, MBA, MHA; Mary Foley, RDH, MPH; Mike Plunkett, DDS, MPH

12:00 pm - 1:00 pm: Medicaid: Delivery System and Payment Reforms are Transforming US Health Care

Matt Salo, BS

1:00 pm: Conclusion

PARTNERS IN PLANNING

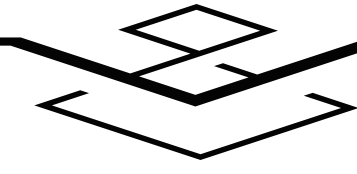


The American Association of Public Health Dentistry (AAPHD) provides a focus for meeting the challenge to improve oral health. AAPHD membership is open to all individuals concerned with improving the oral health of the public. Founded in 1937, AAPHD accepts the challenge to improve total health for all citizens through the development and support of effective programs of oral health promotion and disease prevention. The mission of AAPHD is to develop partnerships with members and stakeholders that have an interest in public health dentistry, translate evidence into policies and programs, and develop talent and leadership in the field of public health dentistry. AAPHD is also the sponsoring agency of the American Board of Dental Public Health which is the national examining and certifying agency for the specialty of Dental Public Health.



DentaQuest Partnership for Oral Health Advancement is laser-focused on transforming our broken health care system to enable better health through oral health. Prioritizing person-centered care, the DentaQuest Partnership will drive health system transformation at the local, state and national levels in pursuit of DentaQuest's common mission ? to improve the oral health of all. The DentaQuest Partnership will lead this revolution through grantmaking, research, care improvement initiatives, and a leading voice in three high-impact areas of focus: establish single, national oral health measurement system, pursue person-centered models of care through value-based transformation, and advocate for public adult dental benefit to expand access.

PARTNERS IN PLANNING: MEMBERS OF THE COMMITTEE



David Cappelli

Executive Director, The American Institute of Dental Public Health

Annaliese Cothron

Program Director, The American Institute of Dental Public Health

Frances Kim

Executive Director, The American Association of Public Health Dentistry

Steve Pollock

President and Chief Executive Officer, DentaQuest

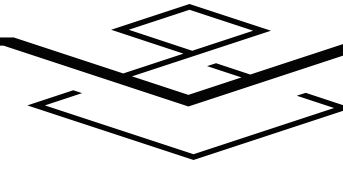
Mike Monopoli

Executive Director of Grant Strategy, DentaQuest Partnership

Tequila Terry

Executive Director, DentaQuest Institute

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You can access the full video presentations and presenter slides on the AIDPH website.

Visit www.AIDPH.org/colloquium to view recordings of all colloquium topics:

Evolving the Dental Public Health Landscape: Interprofessional Practice and Value-Based Care

Precision Public Health and the Future of Dental Public Health

Dental Public Health Informatics: Opportunities in a Changing Environment



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