Improving Value in the Oral Health Care System: Payment Transformation

CareQuest Institute Continuing Education Webinar

May 27, 2021

CareQuest Institute for Oral Health™

Housekeeping

- All lines will remain muted to avoid background noise.
- A copy of the slides and a link to the recording will be shared after the webinar concludes. They will also be available on the CareQuest.org website under the **Education** tab. Select **Webinars**.

- **CE Credits**
- In order to receive **ADA CERP credit,** you must fill out an **evaluation form.**
- An email with a **link to the evaluation form** will be sent out **May 28.**
- Evaluations must be completed **by June 4** and the certificate will be sent shortly after that.

Your feedback is also greatly appreciated.

ADA C·E·R·P® | Continuing Education Recognition Program

The CareQuest Institute for Oral Health is an ADA CERP Recognized Provider. This presentation has been planned and implemented in accordance with the standards of the ADA CERP.

*Full disclosures available upon request

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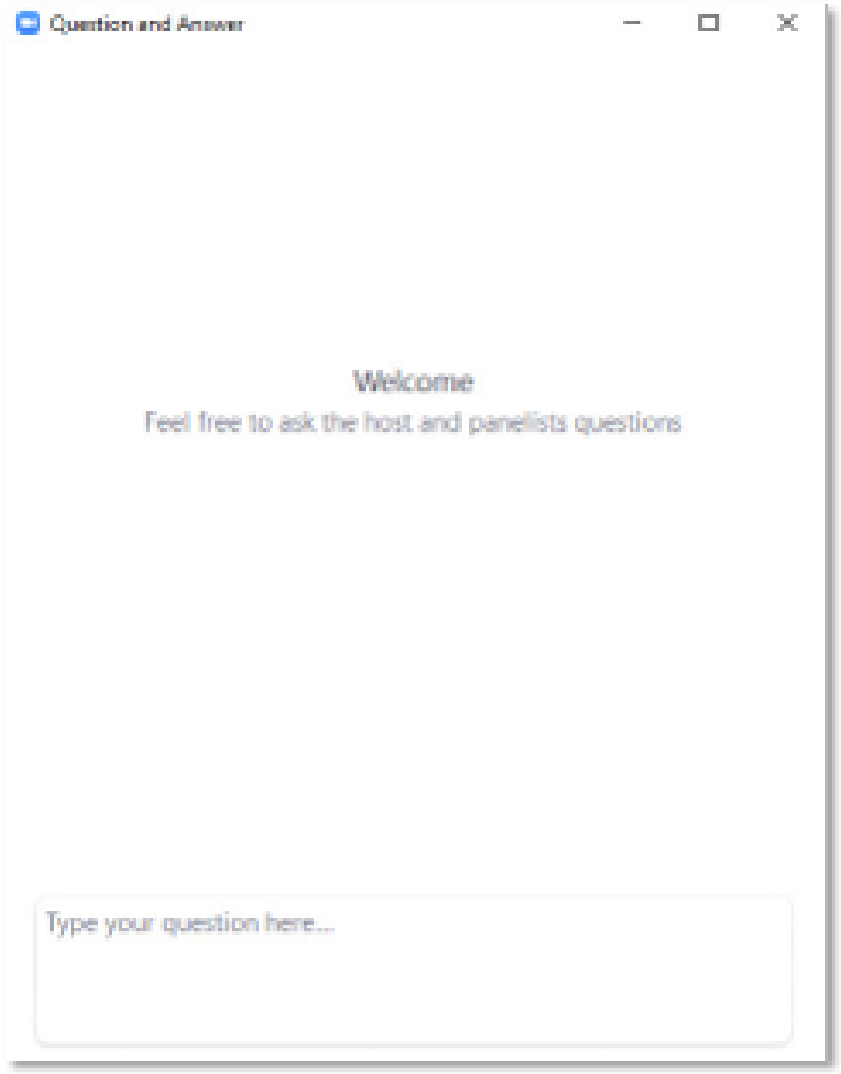
Question & Answer Logistics

- After the presentations we have time allocated for audience Q&A.
- We are not going to take any questions in between presentations. We will be monitoring the Zoom Q&A box through the entire presentation and we will do our best to answer all your questions at the end.
- Type your question in the **Question-and-Answer** box.



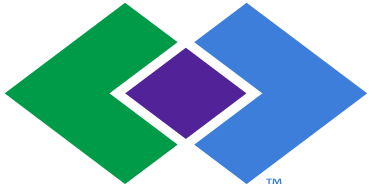
CareQuest Institute for Oral Health

Learning Objectives

- Understand how dental practices can apply the Triple Aim as their "new definition of quality".
- Recognize opportunities within transforming the reimbursement model connecting to salary and practice operations.
- Understand the importance of clinically-driven leadership, strong collaborative engagement, and complete investment between executive leadership, clinical operations, and care teams to foster trust and buy-in.
- Understand why the current dental delivery system is not serving our underserved populations well and what may work better.

Presenters

CareQuest Institute for Oral Health



HealthPartners®

HealthPartners Dental Group: Pursuing the Triple Aim Through Improved Medical/Dental Integration and Quality Outcomes

CareQuest Institute Webinar

Thursday, May 27, 2021

Quick Facts

A team of 25,000 people

Health Plan

- 1.8 million health and dental members in Minnesota and surrounding states

Medical Clinics

- 1.2 million patients
- 1,800 physicians
  - HealthPartners Medical Group
  - Park Nicollet Health Services
  - Stillwater Medical Group
  - TRIA
- 55 medical and surgical specialties
- 55 primary care clinics
- Multi-payer

Dental Clinics

- 600,000 dental members
- 75 dentists, 60 hygienists
- 4 Dental Therapists
- Specialties: oral surgery, orthodontics, pediatric dentistry, periodontics, prosthodontics
- 24 locations

Seven Hospitals

- **Regions:** 454 bed Level 1 trauma
- **Methodist:** 426 bed acute care hospital, featuring the Jane Brattain Breast Center
- **Lakeview:** 97 bed acute care hospital, national leader in orthopedic care
- **Hudson:** 25 bed critical access hospital, award winning healing arts program
- **Westfields:** 25 bed critical access hospital, regional cancer care
- **Amery:** 25 bed critical access hospital, including four clinics and an assisted living facility
- **St. Francis:** 86 bed community hospital (partial owner)

Research & Education Institute

HealthPartners®

Our unique position

Medical Group & Clinics

Hospitals

Institute for Education & Research

Medical & Dental Health Plan

DENTAL GROUP

Wellness Plan and Programs

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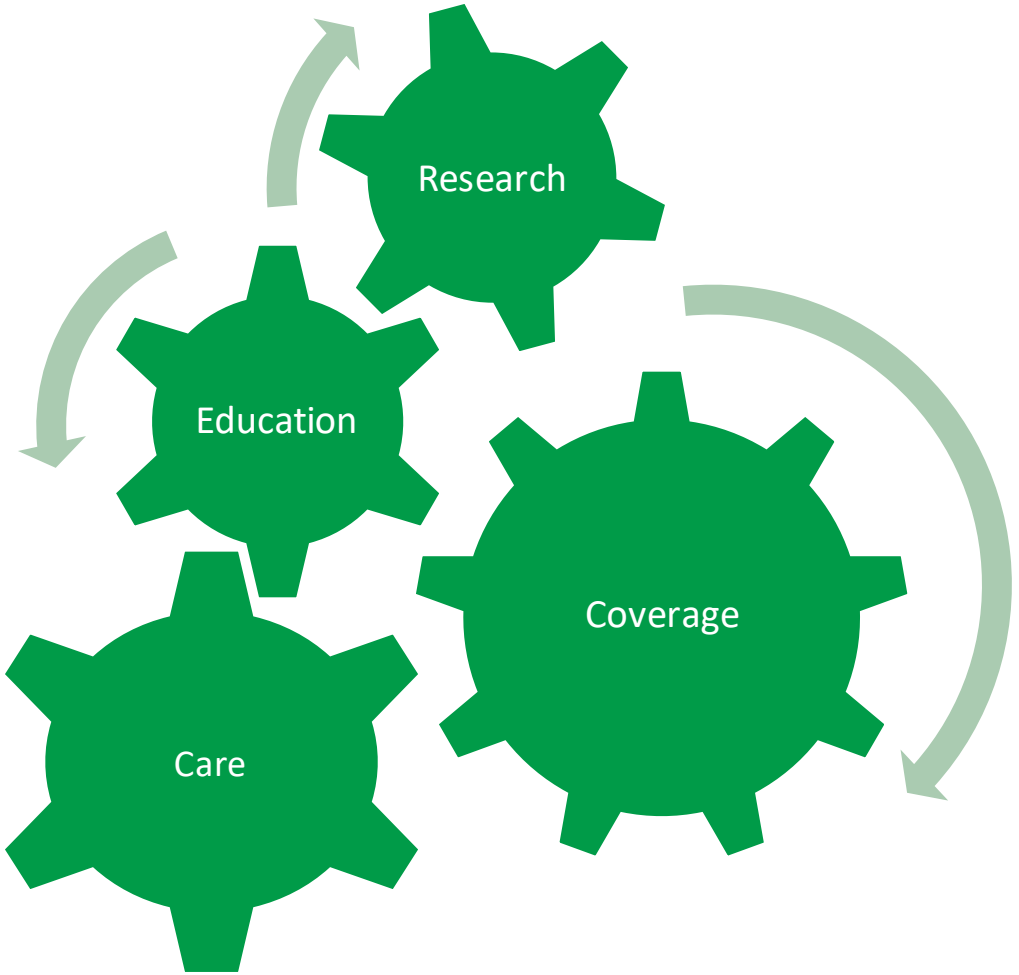
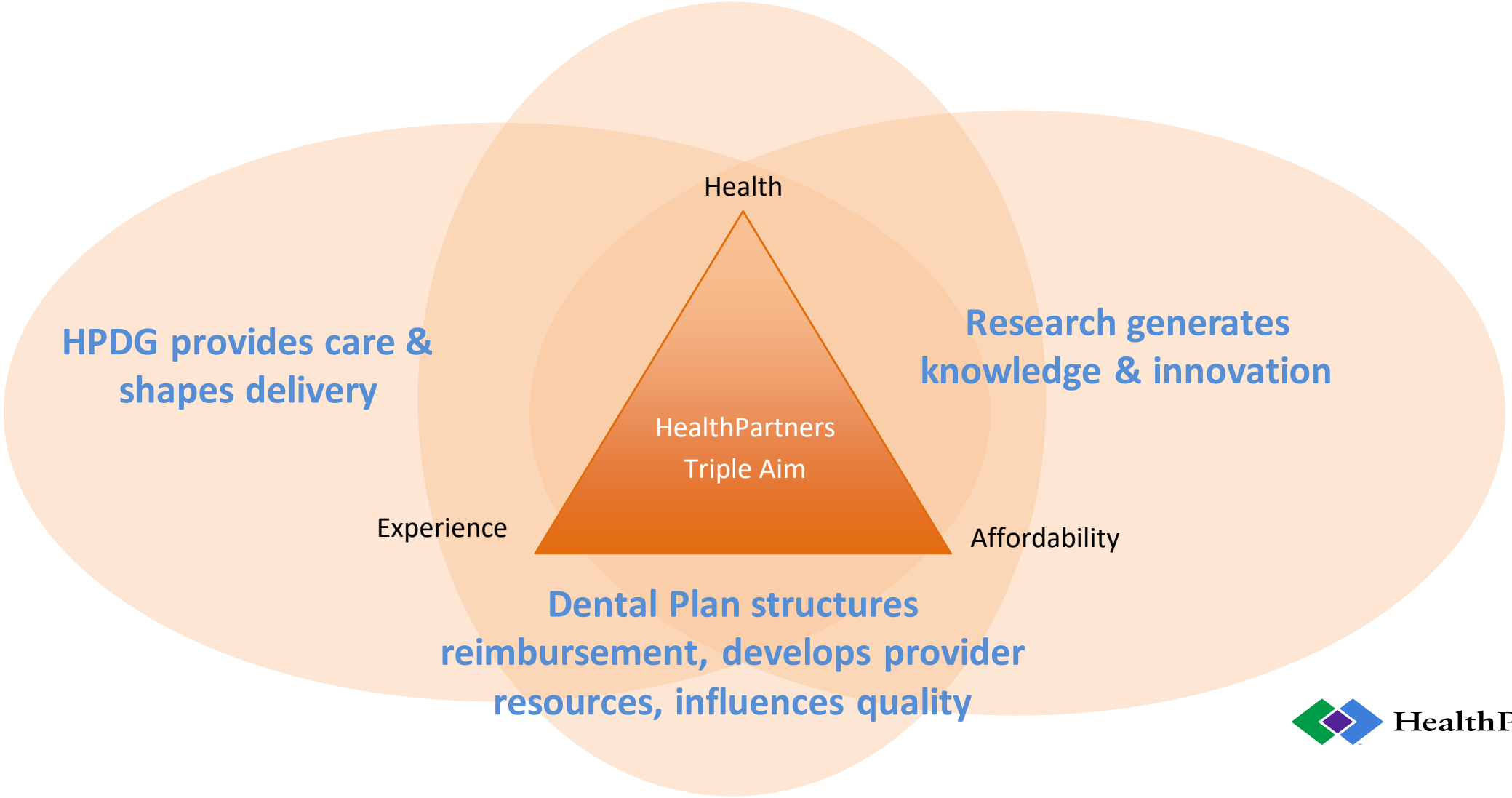
What differentiates our Organization?



HealthPartners Institute

A Shared Purpose



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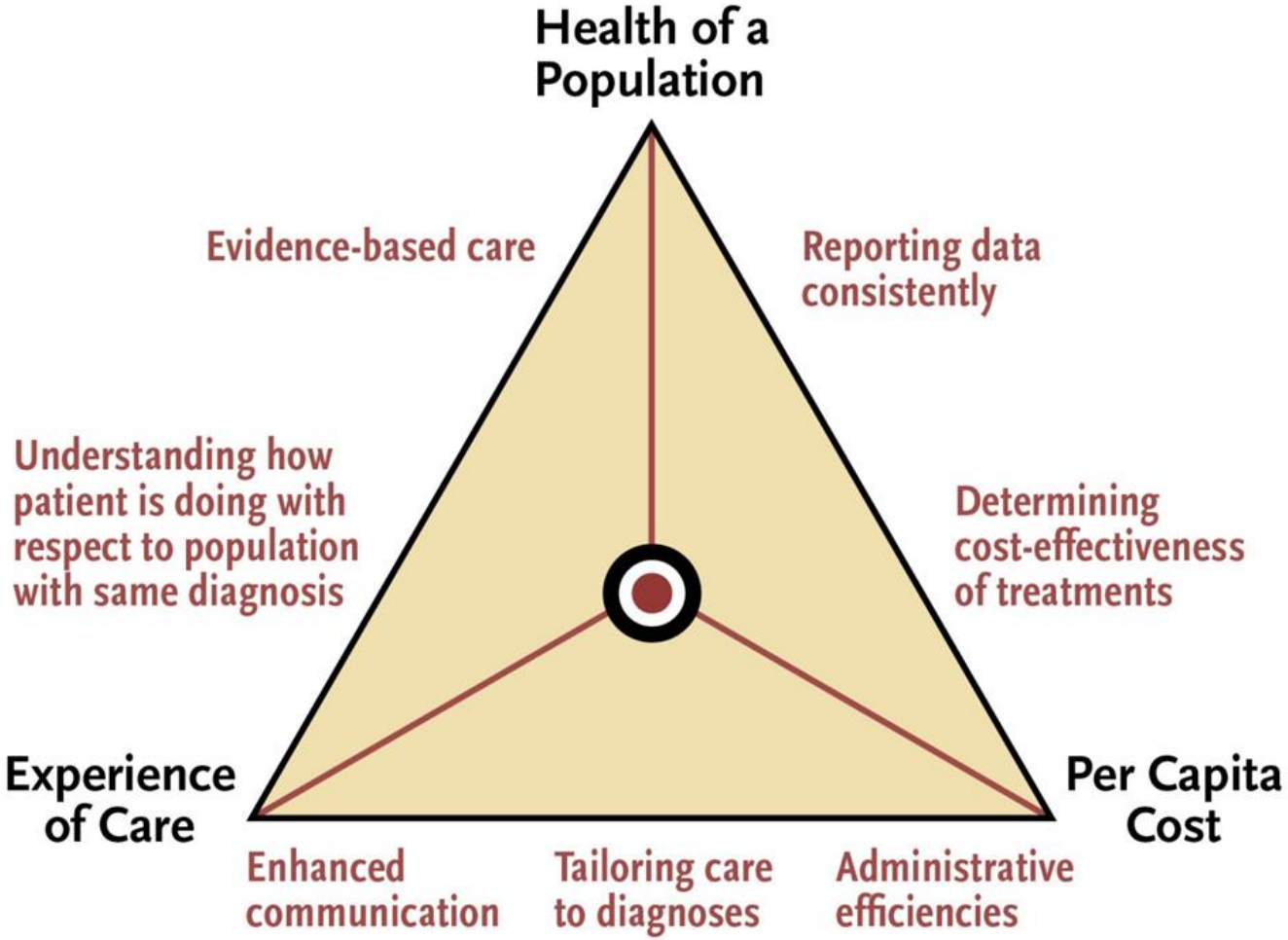
Striving towards the Triple Aim



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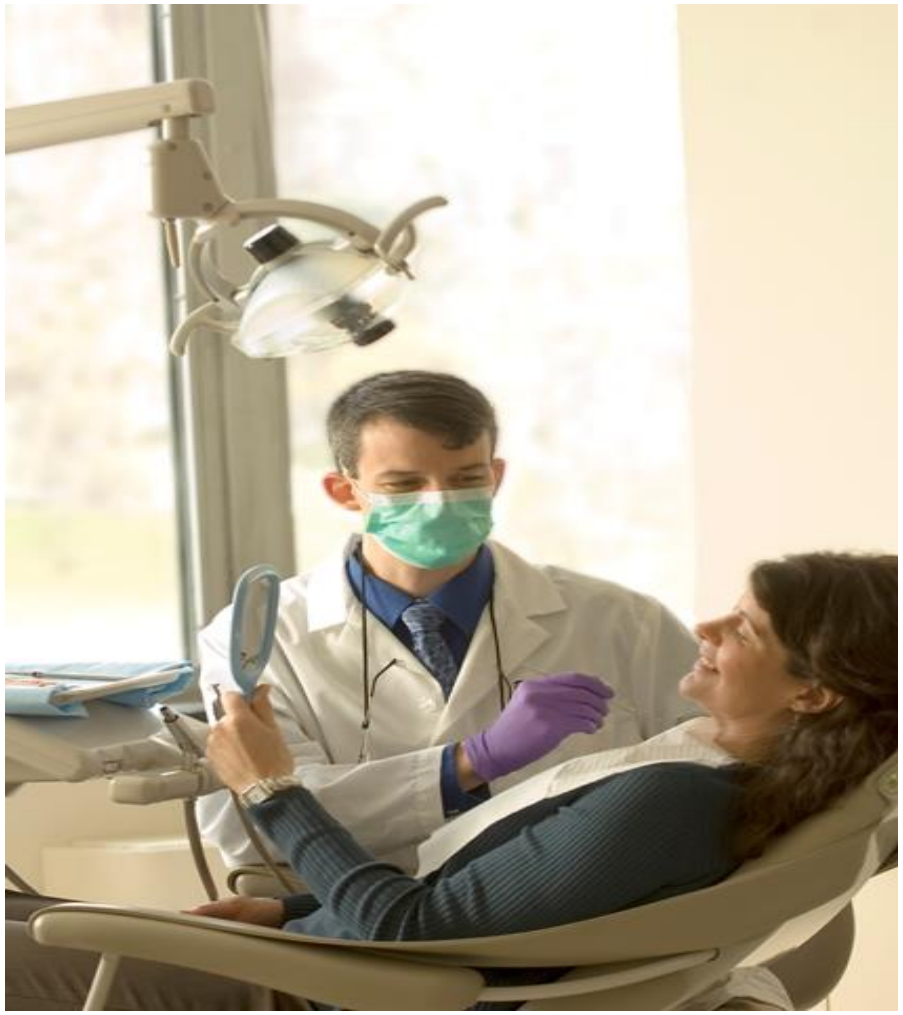
Source: IHI; Developed by R. Ramoni

Our Care Agenda



Practice principles:

- The delivery of the highest quality of care based on evidence-based care guidelines/best practices
- The integration of medicine and dentistry to improve the overall health of our patient populations
- A focus on disease management, disease risk assessment and risk reduction
- The preservation of hard and soft tissue
- Provision of the best experience for the patient
- Maintain/improve on overall cost-of-care

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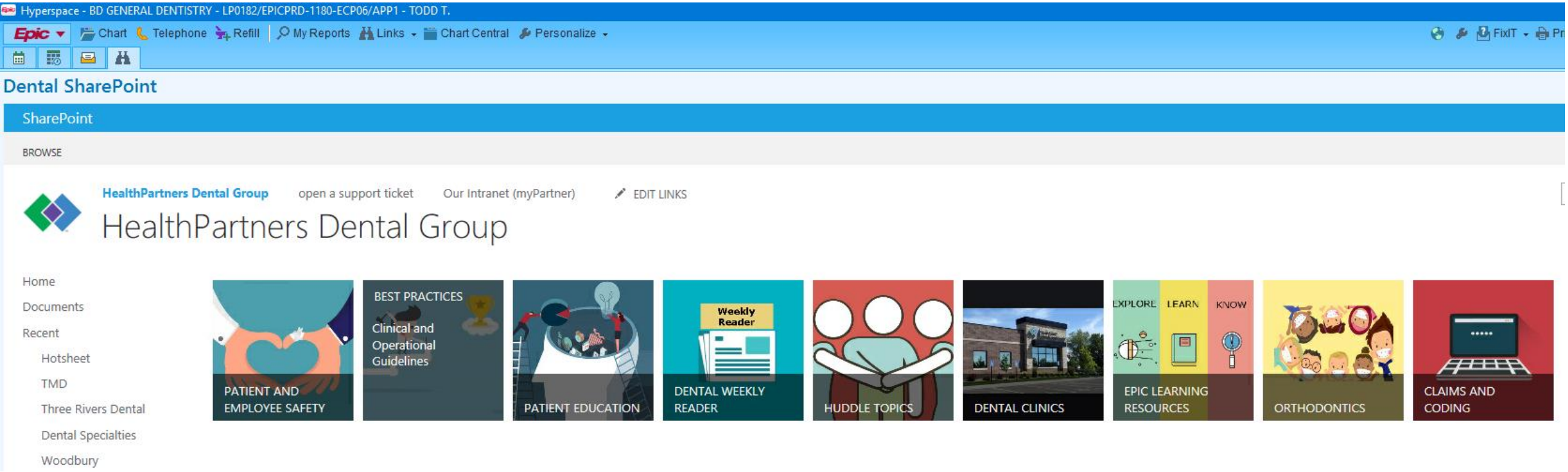
SharePoint Landing Page



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Integrated Electronic Health Record (EPIC)

- Initiated in October 2017
- Using “Wisdom” module of EPIC
- All information (medical/dental) is accessible by both medical and dental providers
- Allows for communication between providers that includes relevant patient information

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Improving Population Health (Example 1)

- Approached by Pediatrics to improve HPV vaccination rates
- Identify children who have had their first vaccination but have not returned for their second vaccination
- Developing a pilot project to give ‘warm handoff’ to pediatrics so that children can have their second vaccination at the same visit as their dental appointment

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Improving Population Health (Example 2)

- Approached to help with improving oral health for seniors with cognitive decline
- Developing tools for better education of caregivers
- Potential to provide oral health screenings, fluoride application in memory care and other facilities that these seniors regularly attend

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Metrics

- We collect data in many areas that relate to our care agenda
- Data is made available through various means including:
  - Tableau Dashboards
  - Electronic Reports
  - Epic Reports
  - Claims Data

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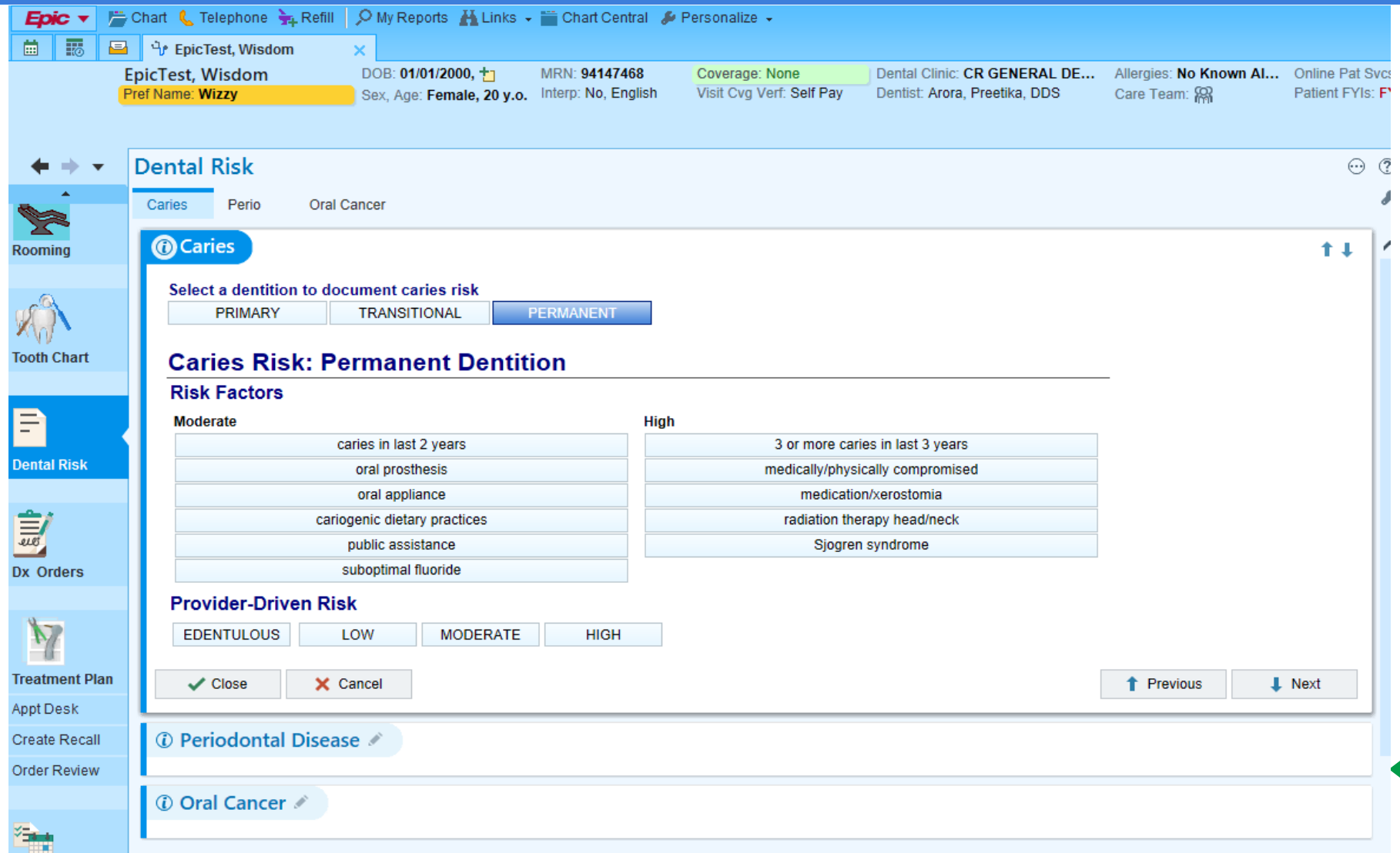
Caries Risk Assessment



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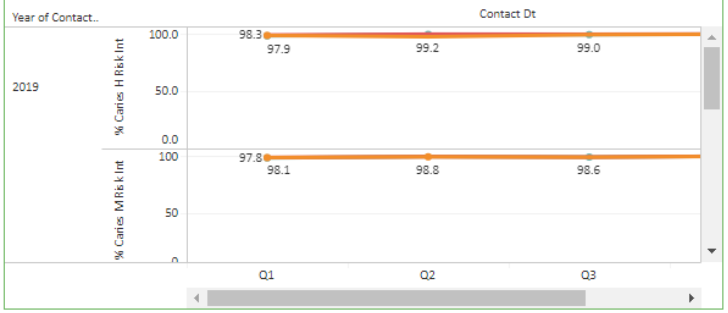
Caries Risk Assessment Dashboard

System Caries Risk and Intervention

System Caries Risk Percents: Risk Assessments and Interventions Line (pts)

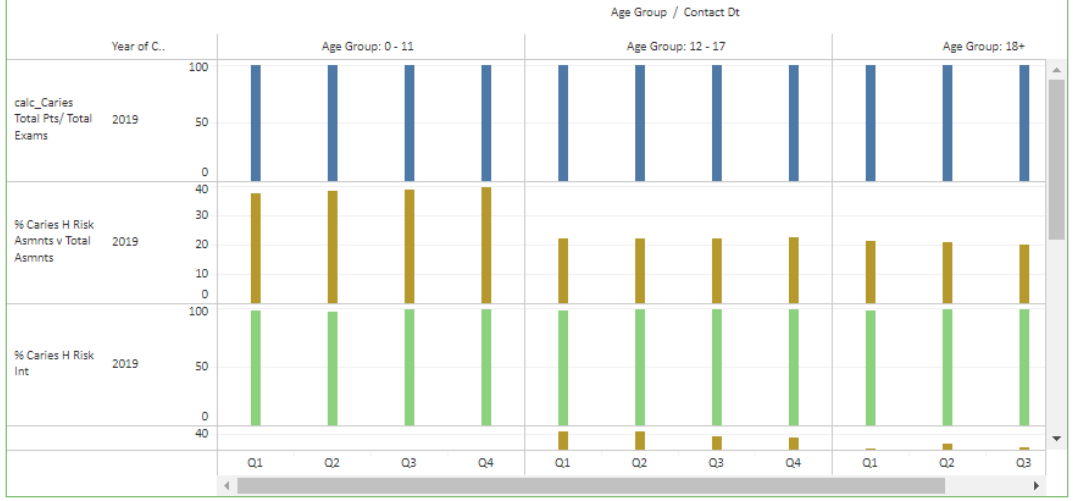


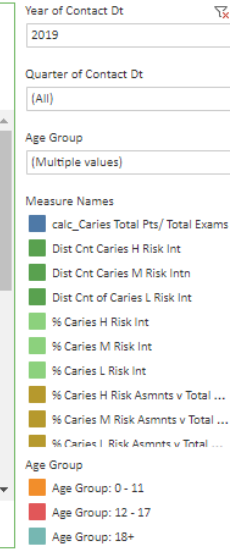
System Caries Risk Annual Risk Intervention: Assessments and Percent Table (pts)

Year of Contact Dt	Quarter of Contact Dt	Age Group	calc_Caries Total Pts/ Total Exams	% Caries L Risk Asmnts v Total Assmnts	% Caries L Risk Int	% Caries M Risk Asmnts v Total Asmnts	% Caries M Risk Int	% Caries H Risk Asmnts v Total Asmnts	% Caries H Risk Int	Caries High	Caries Low	Caries Mod	Caries High Int	Caries Low Int	Caries Mod Int	calc_All Risk As
2019	Q1	Age Group: 0 - 11	100.0	38.0	85.7	24.5	98.1	37.4	98.3	20,201.0	12,445.0	9,728.0	19,848.0	10,722.0	9,551.0	4
		Age Group: 12 - 17	100.0	37.0	64.6	41.0	98.2	22.0	98.6	6,300.0	6,912.0	9,297.0	6,192.0	4,655.0	9,102.0	2
		Age Group: 18+	99.9	43.5	53.6	35.1	97.8	21.4	97.9	46,961.0	50,221.0	52,812.0	45,853.0	26,537.0	51,589.0	14
		Total	100.0	41.8	60.1	33.7	97.9	24.5	98.1	73,462.0	69,578.0	71,837.0	71,893.0	41,914.0	70,242.0	21
	Q2	Age Group: 0 - 11	100.0	39.0	83.2	22.6	98.8	38.4	97.2	18,370.0	10,325.0	7,214.0	17,865.0	8,579.0	7,101.0	3
		Age Group: 12 - 17	100.0	37.0	63.4	40.9	99.0	22.1	99.4	5,881.0	6,063.0	7,769.0	5,867.0	3,877.0	7,672.0	1
		Age Group: 18+	99.9	42.6	53.2	36.8	99.0	20.6	99.2	41,948.0	43,566.0	50,266.0	41,652.0	23,356.0	49,751.0	13
		Total	99.9	41.4	59.2	34.6	99.0	24.0	98.6	66,199.0	59,954.0	65,249.0	65,384.0	35,812.0	64,524.0	19
	Q3	Age Group: 0 - 11	100.0	38.8	82.7	22.5	98.4	38.7	99.0	18,834.0	11,765.0	7,315.0	18,637.0	9,568.0	7,803.0	3

System Caries Risk and Intervention: Assessments and Percent (pts)

System Caries Risk Percents: Risk: Assessments and Interventions (pts)





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Access to Care

HealthPartners Dental Clinic

Missing data = No data submitted

General DDS and Specialty Service DDS Appointment Availability, by Clinic by Dentist

Report Print Date: 02/20/2020

Date Range: 1/8/2020 12:00:00AM to 2/19/2020 12:00:00AM

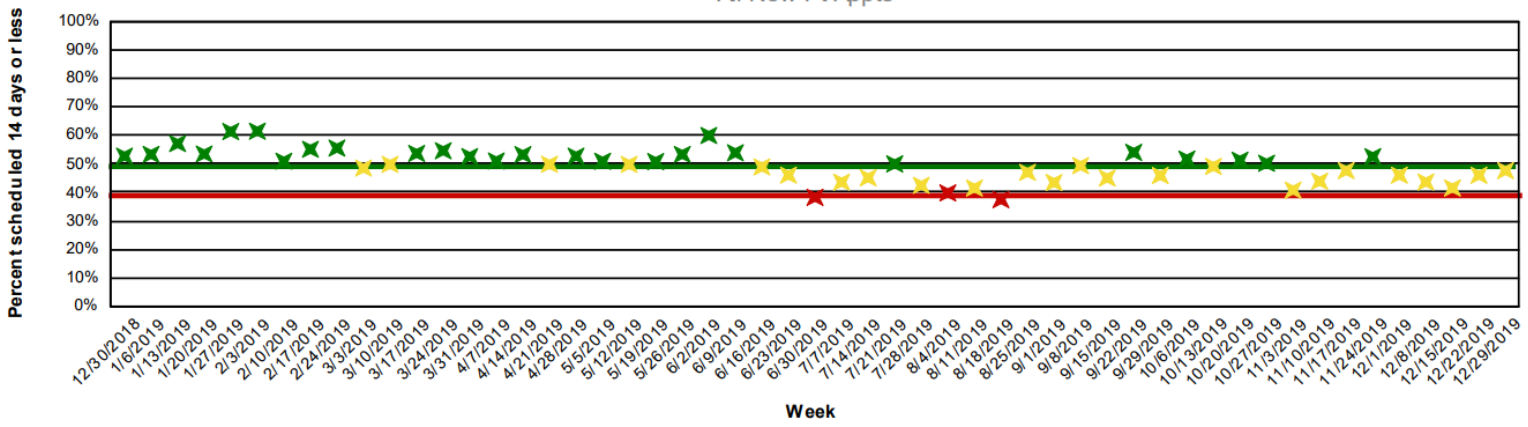
System Total		Total to Date	Jan 2020	Feb 2020
AH	Avg Op Days	27	29	23
AV	Avg Op Days	40	40	40
BD	Avg Op Days	101	106	94
BL	Avg Op Days	32	30	33
BL-S	Avg Op Days	42	43	40
BN	Avg Op Days	20	19	22
CD	Avg Op Days	38	37	40
CO	Avg Op Days	9	7	10
CR	Avg Op Days	40	40	39
CS	Avg Op Days	36	35	37
EP	Avg Op Days	22	22	22
EP-S	Avg Op Days	47	47	47
IG	Avg Op Days	16	16	18
LS	Avg Op Days	38	38	38
MA	Avg Op Days	24	22	26
MA	Avg Op Days	30	30	0
MI	Avg Op Days	15	11	19
PM	Avg Op Days	16	18	14
RI	Avg Op Days	24	22	27
SLD	Avg Op Days	19	18	21
SP	Avg Op Days	56	58	54
TMD	Avg Op Days	23	23	0
TR	Avg Op Days	11	11	11
WB	Avg Op Days	16	12	19
WD	Avg Op Days	16	16	15
WE	Avg Op Days	16	17	15
System Total	Avg OP Days	36	35	37

HealthPartners Dental Clinic

New Patient Scheduling YTD Summary 2019

Weekly Success Level

All New Pt Appts



	# Scheduled	Avg Lag Time	Under 14:	Over 14 days:	Success Rt:
All New Pt Appts:	31,886	19.0	15,045	16,841	47.18%

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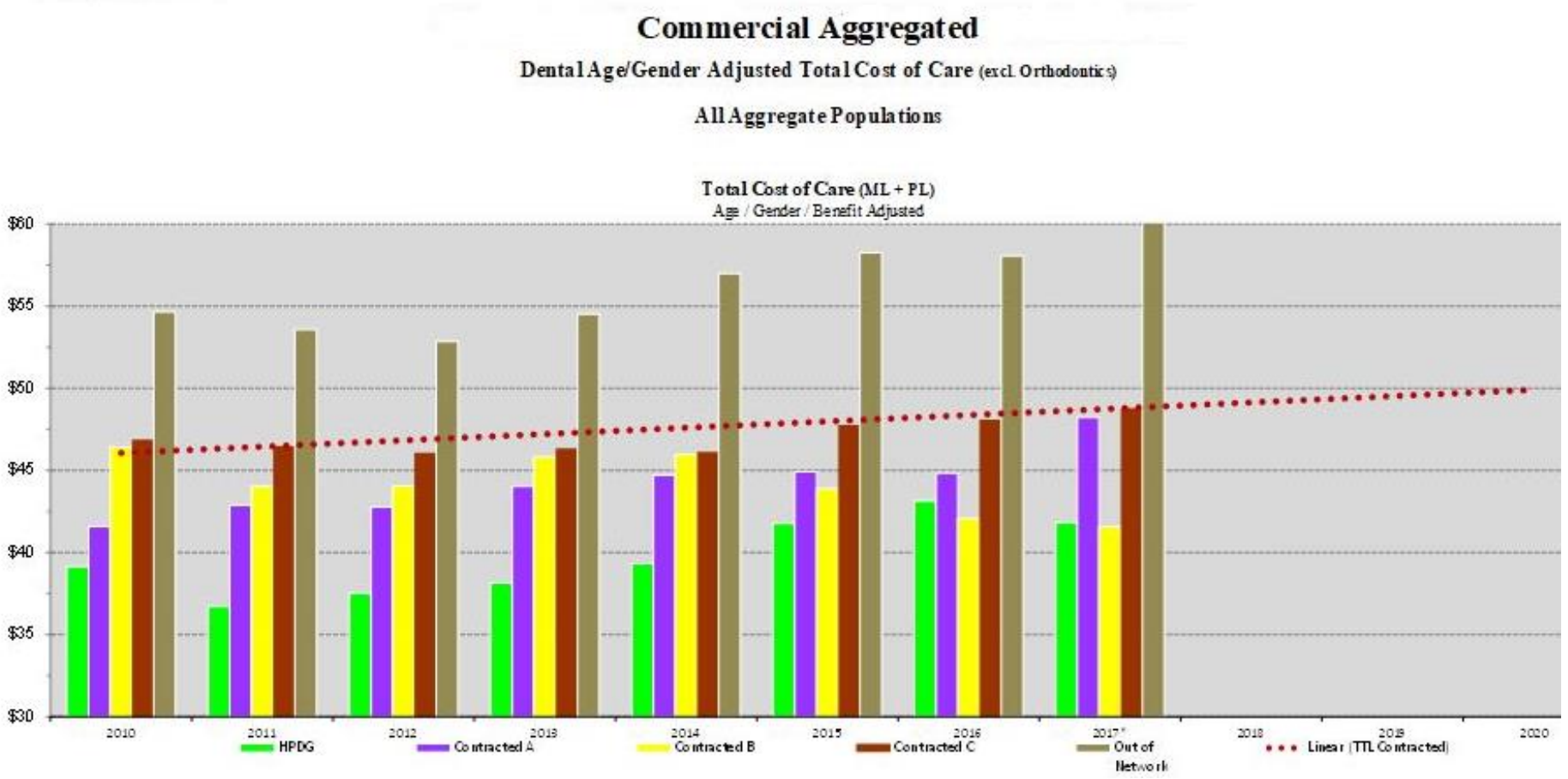
Total Cost of Care



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Incentivizing Quality

"Tell me how you measure me, and I will tell you how I will behave"

E.M. Goldratt (1990) The Haystack Syndrome: Sifting Information Out of the Data Ocean. North River Press, Croton-on-Hudson, NY, 1990, p. 26

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Dentist Reimbursement

- Approximately 85% of Dentist Reimbursement is on “Relative Time Units” (RTUs)
- Every CDT code has an associated number of RTUs
- For example, a porcelain crown is worth 90 RTUs while a 3 surface posterior composite is worth 35 RTUs and a 2 surface posterior composite is worth 25 RTUs
- Therefore, in the same time it takes you to do a crown, you do multiple restorations, you receive approximately equal number of RTUs

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RTUs

- Each RTU is assigned a dollar value
- Dentists get paid the number of RTUs multiplied by the dollar value of the RTU
- The dollar value of the RTU is based on multiple factors
  - Generally higher for specialists/pediatric dentists
  - Increases each year

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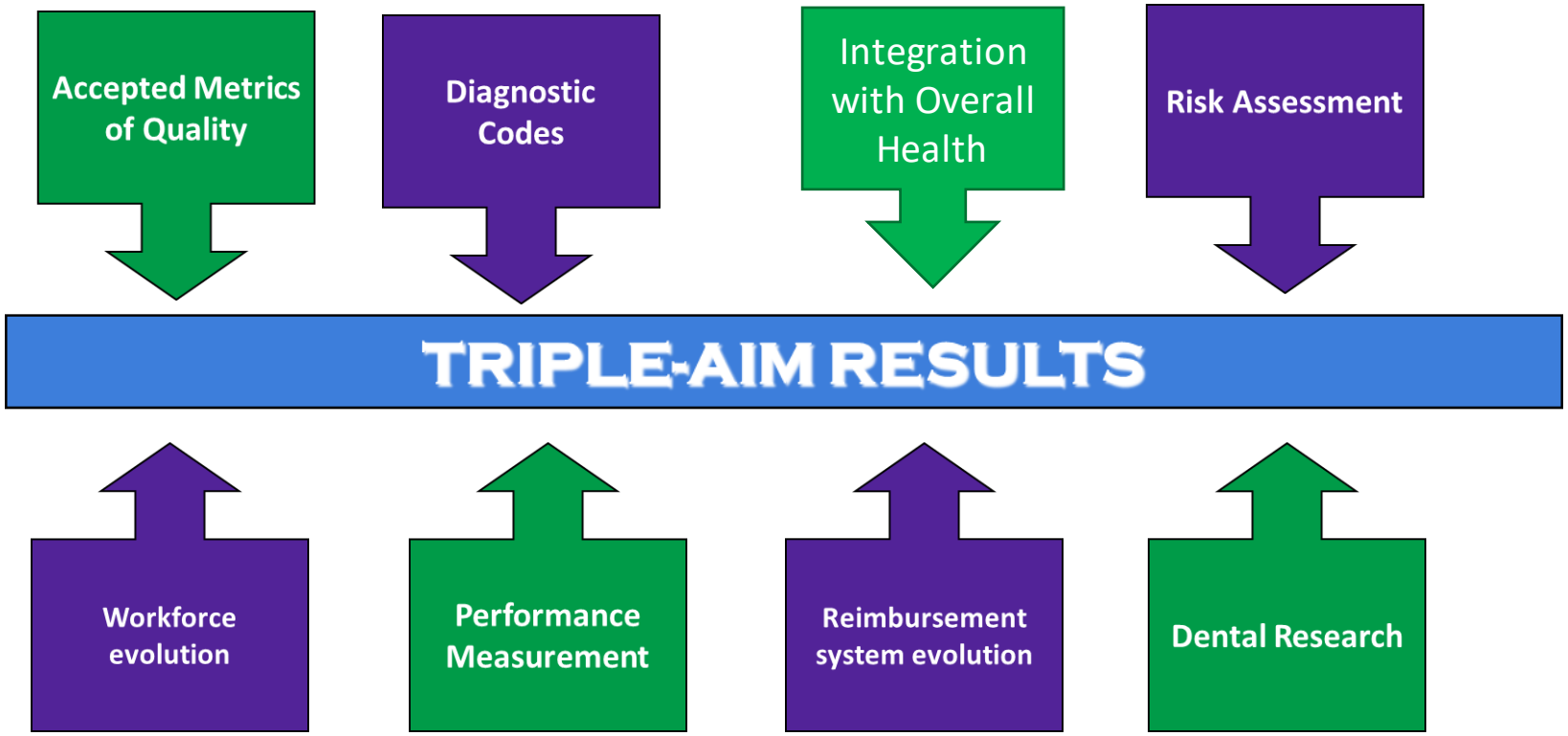
Driving to achieve results…



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Thank you!

David.S.Gesko@HealthPartners.com

www.HealthPartners.com/dental

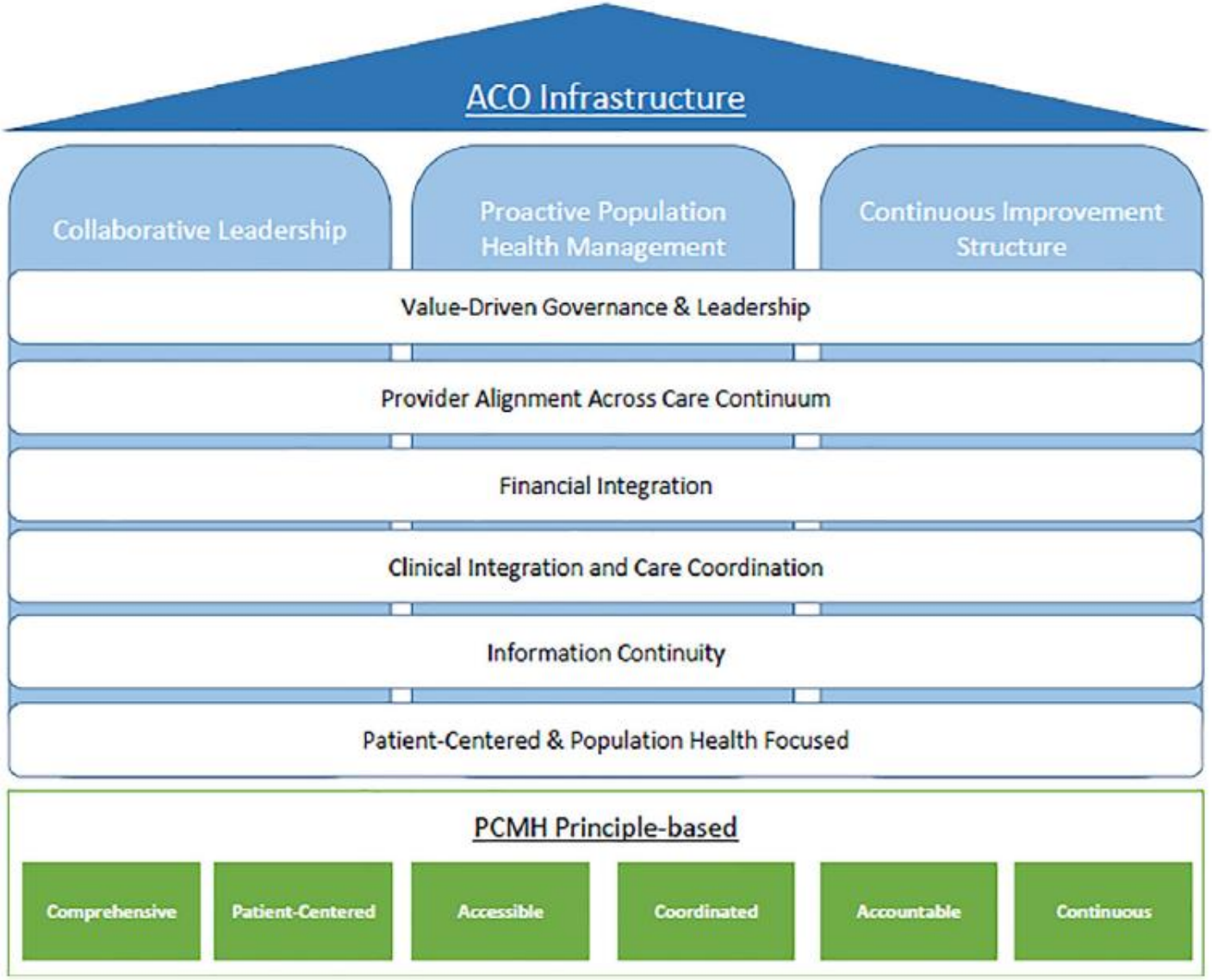
How do you implement value-based care methodologies in dentistry with existing dental organizational paradigms?

CareQuest Institute for Oral Health Webinar

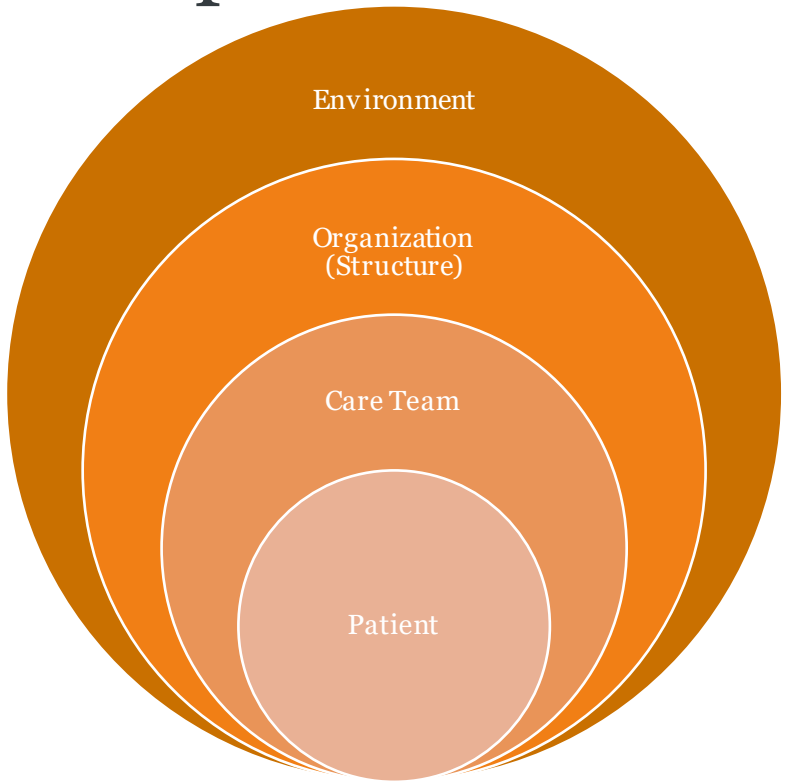
Improving Value in the Oral Health Care System: Payment Transformation

Willamette Dental Group

Willamette Dental Group: A Unique Enterprise



Lessons Learned #1: Visionary, clinically driven leadership & steadfast fortitude are vital



Implementing (Learning)

- Required fundamentals and infrastructure are established
- Shift made to model aligned with strategic goals
- Resources available to support change
- Clinical and Administrative leadership fully supportive and engaged

Evolution (Adopting)

- Processes, resources allocation, and culture evolve to fit the model and ensure value-based care delivery
- Emphasis (including investment) placed on continuous improvement

Integration (Owning)

- Integrated model across all internal and external providers and facilities to optimize patient care.
- Model aligned with payors to develop value-based payment delivery
- Continuous work to improve model

✓Since 1970, WDG has been clinically led and dedicated to pursuing value-based care.

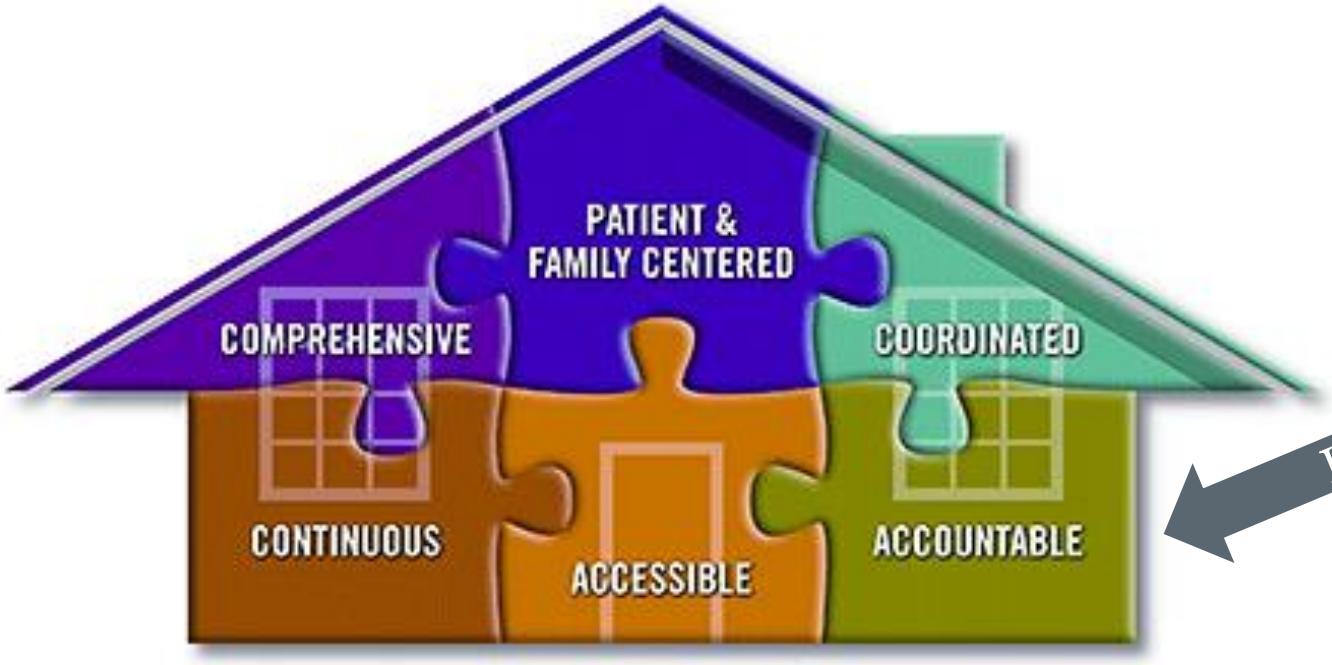
✓Persevered through many external economic, competitive, policy obstacles, and internal maturation challenges.

✓Experiences taught us this is an iterative "paving the road while driving on it" process – a journey, not a destination.

✓Requires strong collaborative engagement and complete investment between leadership and clinical operations and care teams.

Lessons Learned #2: Unwavering focus on change management process & structured prioritization

Lessons Learned #3: Financial & operational integration of insurance & care delivery requires focused, ongoing effort to align resources



Linkage

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

Lessons Learned #4: Importance of transparent & collaborative effort to develop timely relevant data & analytics

Information Sharing	Data Collection and Integration	Patient Safety	Privacy and Security

Care Coordination	Cohort-Population Management	Patient Relationship Management	Clinician Engagement	Financial (Risk) Management	Reporting	Knowledge Management

- Payment-care delivery model has undergone substantial changes as capabilities, science, and needs have evolved.
- We have learned valuable lessons; principally, the importance of transparent, collaborative engagement, and education of all involved to foster trust and buy-in.
- Additionally, the importance of ensuring timely measurability of performance sought and ability to create relevant data and reports that are available to the right people and location.
- Ongoing challenge is aligning integrated risk-based e-measures and third-party quality measure that are still predominately claims-based measures without risk-based considerations.

Contact

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Transformation of Oral Health Care Delivery

Why Transformation is Critical and the First Steps Needed to Proceed

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Why Do We Need to Transform Care?

- Population Oral Health
- Changing financial environment

Dentistry's Success in the Yakima Valley

- Private and public dental growth in the Yakima Valley
- ABCD program
- YVFWC : 2 clinics 6 ops to 7 clinics and 71 operatories in our home county
- YVFWC Productivity: Over $1,000,000 gross production/ dentist/ year
- YVFWC Encounters: 3,700 to 4,500/ dentist / year
- County-wide mobile school sealant program
- Access for Medicaid eligible children in Yakima County = from 28% to 68% * in 20 years
- Untreated decay = 8%**
- **WE WON- Or Did WE???**

***Washington Health Care Authority data**
**** Washington State Smile Survey 2015**

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The Success: Access is much better.
The Problem: Caries rate is WORSE.

Yakima County Smile Survey Data (3-5 year olds)	1996	2010	2015
All Children's Medicaid Access	22% (1996)	40.3% (2012)	65.4% (2017)
Untreated Caries	27%	14%	8%
Caries Experience (includes history of fillings)	35%	45%	49% ↑
Rampant Decay (7 or more teeth)	14%	14%	30% ↑

"We can't drill our way out of this problem."

Washington State Smile Survey Dashboard - Arcora Foundation | Tableau Public

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Another Problem: The Cost of Drill and Fill

- Annual Average cost to treat the 0-5 year old Medicaid population of Yakima County = $8,360,750.00
- Annual Average cost to treat the 0-5 year old Medicaid population of Washington = $74,065,000.00
- Does not include other costs such as those incurred from General Anesthesia (hospital and anesthesiologist costs)

Millions of tax dollars to treat a totally preventable disease!!!

We've Done Everything 'Right' But Still Failed

What's wrong?

Surgical Model: Treating symptoms, not disease

- Diagnose caries: Tx: fillings and more fillings

Limited Access: Treating only those who walk through the door

- 32% of the Medicaid eligible children did not see a dentist once in the past year

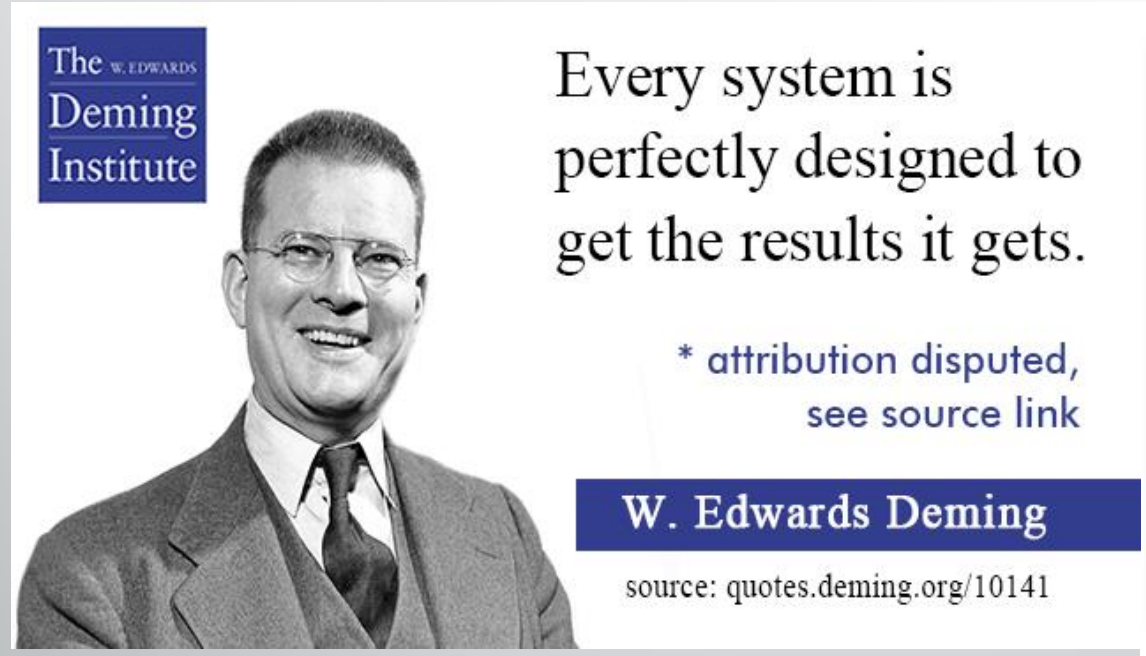
Not patient-centered

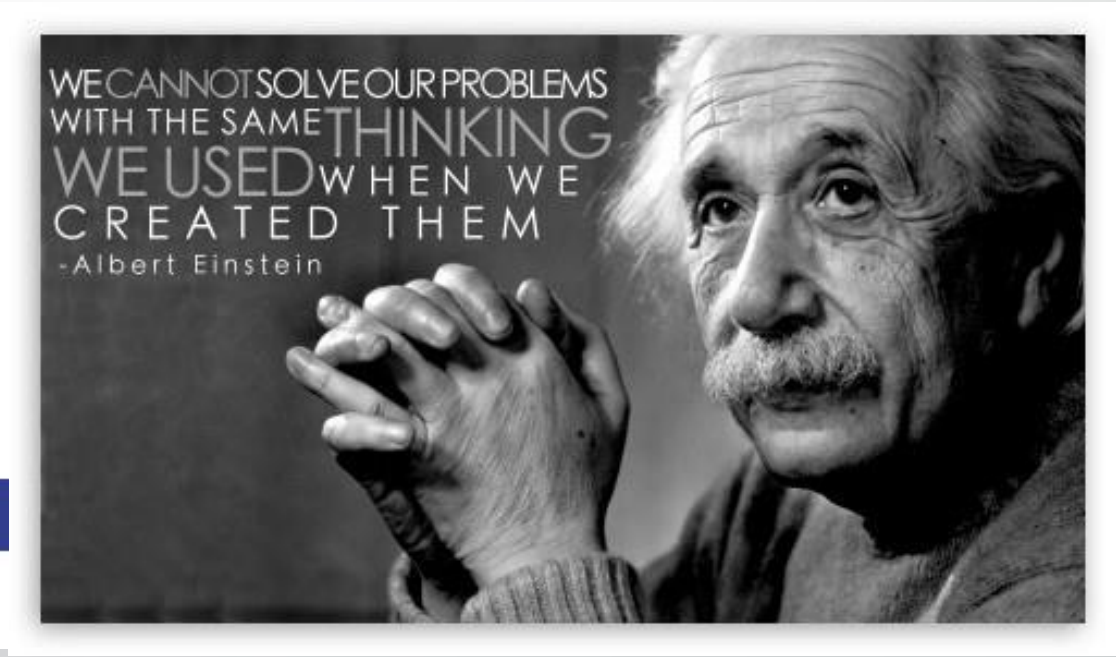
- Risk assessment without real risk follow-up
- No case management
- Only partial medical/ dental integration

Why propose Something Different *Now*?

- The data trend is clear: what we're doing is failing the populations we serve
  - Caries disproportionately affects YVFWC populations
- New technology available to understand and solve bigger problems
  - EDRs can help us identify those who fall through the cracks; SDF, tele-dentistry
- State and federal funding for dental is changing (Value Based Reimbursement) Based on health outcomes not procedures

Disruptors Needed!!





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Financial Disruptor: Risk Based Managed Care

- A game changer!!!
- Shared upside and downside risk
- So what shifts risk in favorable direction
  - Increasing specialty care capabilities within our program
    - Hiring specialists
    - Training general dentists to increase skill sets
  - Decreasing disease levels
  - Increasing access- going outside the walls of the clinic
- These concepts work for our current encounter based reimbursement system and risk based managed care

Clinical Disruptor

- Evidence based dentistry: Finding and doing what works, instead of what we've always done
  - Preventive vs the surgical model of care
  - Developing metrics to drive SDF and other preventative measures
- Realizing our patients are not just the ones who sit in our dental chairs
- Use the EDR to target patients at high risk- and PREVENT!
  - Recall by risk, SDF schedules, Caries at Recall etc.
- Utilizing new metrics to drive our providers in the direction we need
- Medical-Dental (and other departments) Integration
  - Enlisting the help of teams outside the dental clinic to screen for and prevent caries

Where Do We Go From Here?

Recipe for Success:

1. **Measuring what we want to improve -caries burden**
2. **Trying what we think will work (Evidence based intervention)**
3. **Measuring the impact of what we tried (outcomes)**
4. **Re-design/repeat**

- Metric dashboard to prove and guide the model
- Embedding a dental hygienist/ CHDC in the primary care medical team and in key community settings
- In-clinic shift from drill and fill to a new prevention paradigm

Mark Koday DDS

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Owner- Dental Quality Consulting of Washington LLC

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Questions

CareQuest Institute for Oral Health™

Where Can I Learn More About the Special Issue?

CareQuest Institute for Oral Health

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The Wicked Problem of the Oral Health Care System

A special edition of the Journal of Public Health Dentistry is dedicated to increasing awareness and education about value-based care (VBC) and the journey to systems change within oral health care. CareQuest Institute for Oral Health served as the guest editorial board, identifying and selecting key articles that advance VBC awareness and illustrate the need for oral health care transformation.

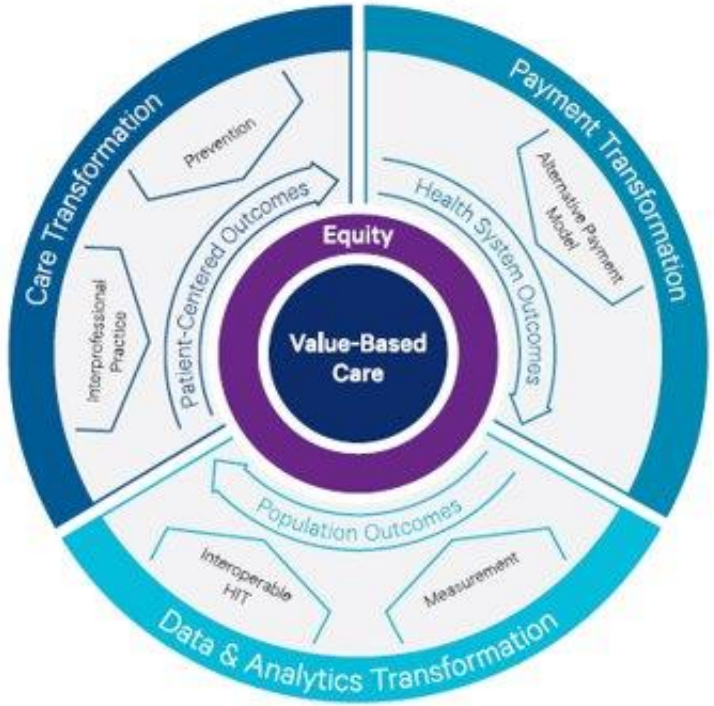
In 1973, two *Policy Science* authors coined the phrase *a wicked problem* – one that is complex, hard to define, involves multiple stakeholders and is interconnected with other problems.

Oral Health Care is a Wicked Problem. Value-Based Care Can Help to Solve it.

https://www.carequest.org/education/resource-library/wicked-problem-oral-health-care-system

JOURNAL OF
Public Health Dentistry

A System Ripe for Change: Progressing Value-Based Care in Oral Health
Guest Editors: Julie Frantsve-Hawley, PhD, CAE
Rebekah Mathews, MPA
Carolyn Brown, DDS, MA



Official Journal of the American Association of Public Health Dentistry
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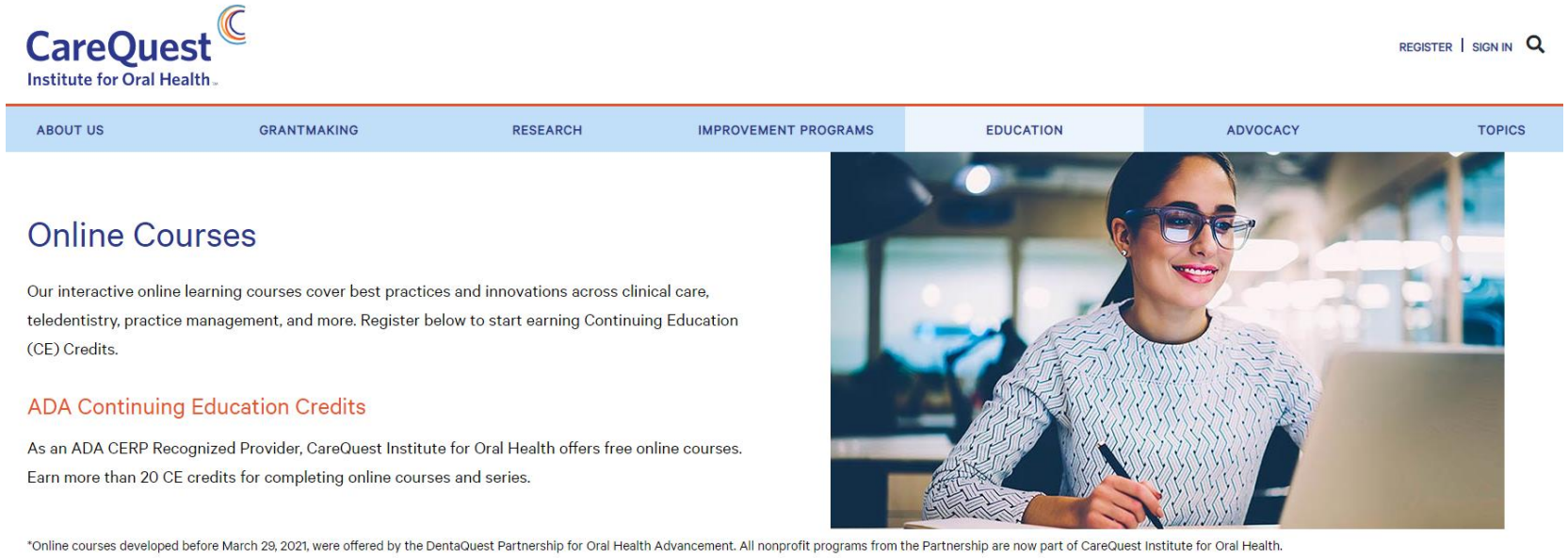

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Must complete by **June 4 in order to receive CE credit*

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- **Wednesday, June 9 at 1 PM ET**

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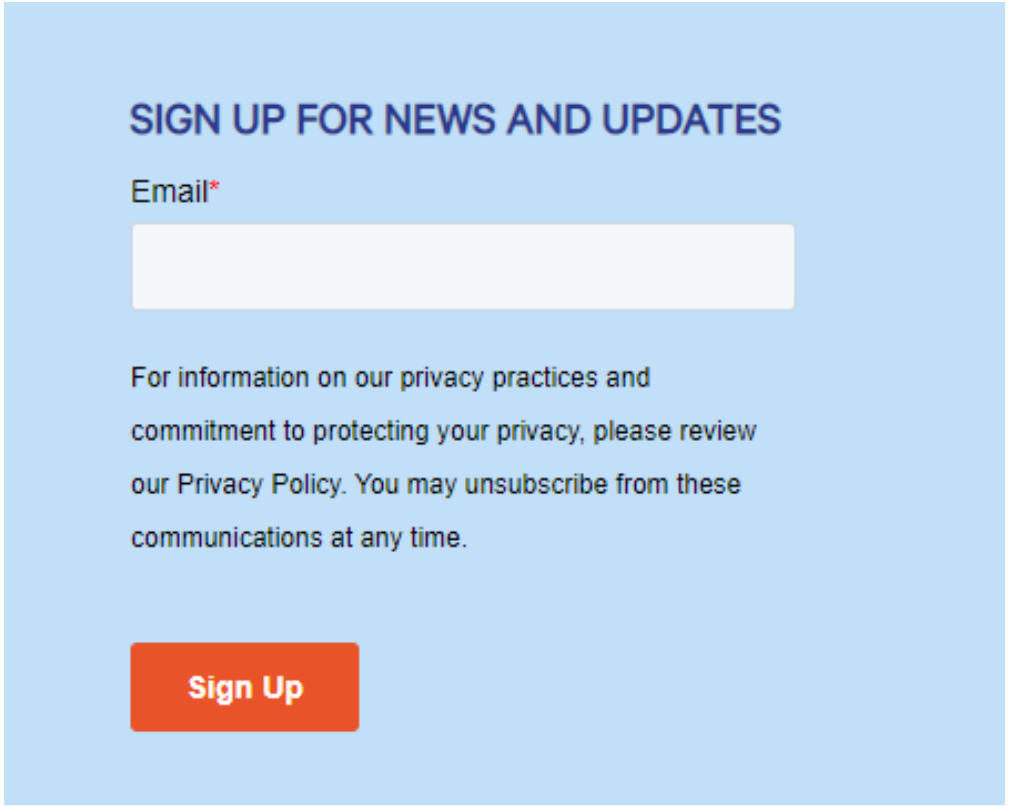

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