

Are You Ready for the Transition to Value-Based Care?

CareQuest Institute Continuing Education Webinar

Thursday, October 20, 2022

Housekeeping

- We will keep all lines muted to avoid background noise.
- We will send a copy of the slides and a link to the recording via email after the live program.
- We'll also make the slides and recording available on carequest.org.

To receive CE Credits:

- Look for the evaluation form, which we'll send via email within 24 hours.
- Complete the **evaluation by Friday, October 28**.
- Eligible participants will receive a certificate soon after via email.

We appreciate your feedback to help us improve future programs!



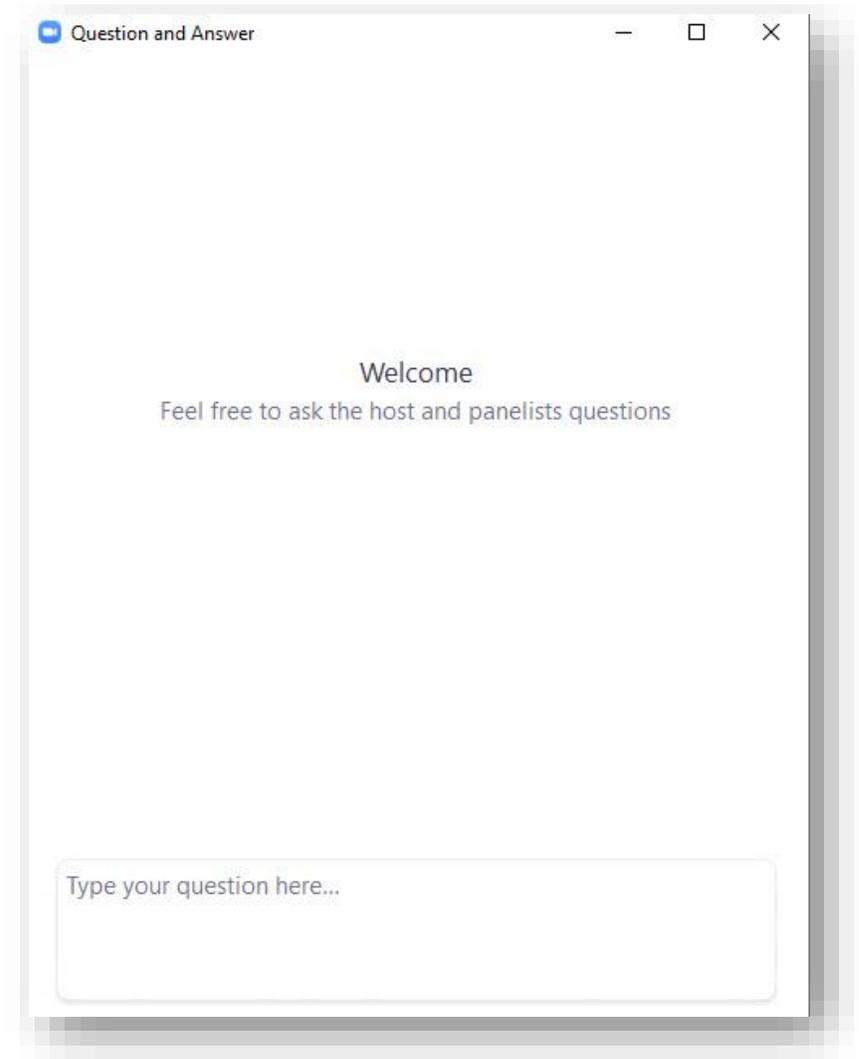
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*Full disclosures available upon request



Question & Answer Logistics

- Feel free to enter your questions into the **Question & Answer box** throughout the presentations.
- We will turn to your questions and comments toward the end of the hour.



Learning Objectives

At the end of this webinar, you'll be able to:

- Recognize the value — for patients and providers — of moving to a value-based care model.
- Identify the clinical and operational processes that support a value-based care model in oral health.
- Explain how leadership can support and plan for the implementation of a value-based care model.
- Collect resources and ideas to guide an organizational transition to value-based care.

Are You Ready for the Transition to Value-Based Care?



WEBINAR | Thursday, October 20, 2022 | 1-2 p.m. ET | ADA CERP Credits: 1

MODERATOR & PRESENTER



Rebekah Mathews, MPA
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PRESENTER



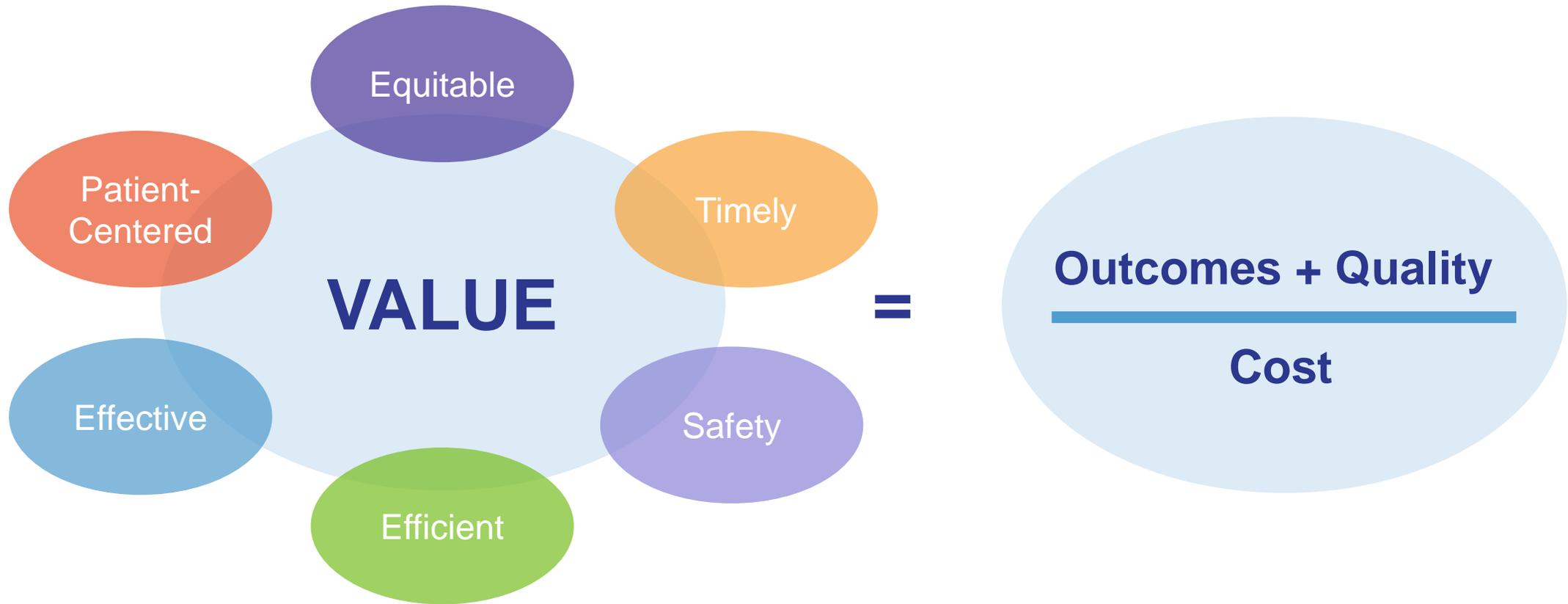
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RDH, MHA, PhD
Former Chief Operating Officer,
Willamette Dental Group

Value Transformation



A **value-based system** can improve shared vision for oral health **access** and **equity**.



Provide the right care

- Evidence-Based
- Person-Centered



To the right people

- Equity & Access
- Risk-Based
- Alternate Settings



For the best outcomes

- Focus on Prevention
- Whole Health
- Interprofessional Practice
- Measurement
- Incentives

Person-Centered Care

- Integrated and coordinated across the delivery system
- Managing chronic conditions and addressing complex needs
- Directed and informed by patients' goals, preferences, and values
- Includes patient-reported outcomes as measures of success
- Relationships built on trust and a commitment to long-term well-being



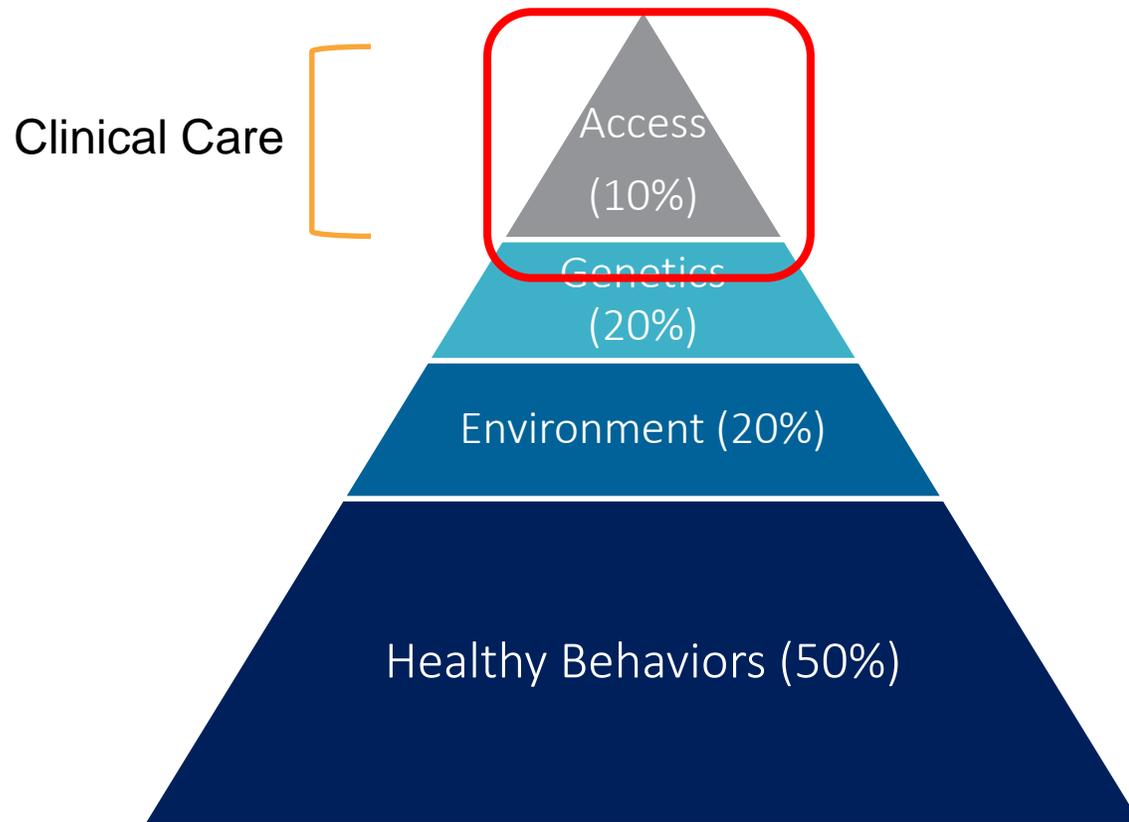
Integrated Model of Care
Care Management
Health-related Social Risks



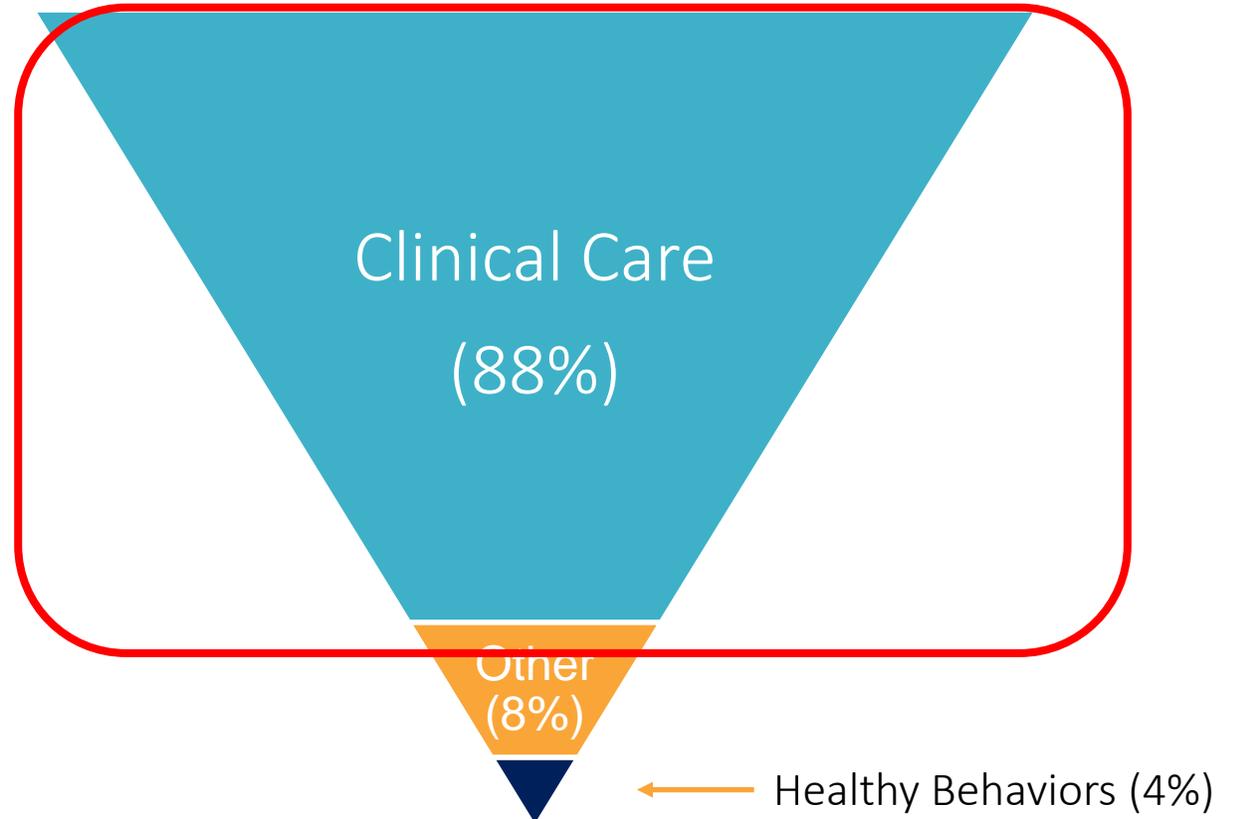
Shared Decision-Making
Patient-Reported Outcomes
Trusted Relationships

Social Determinants and Rethinking Our Spending

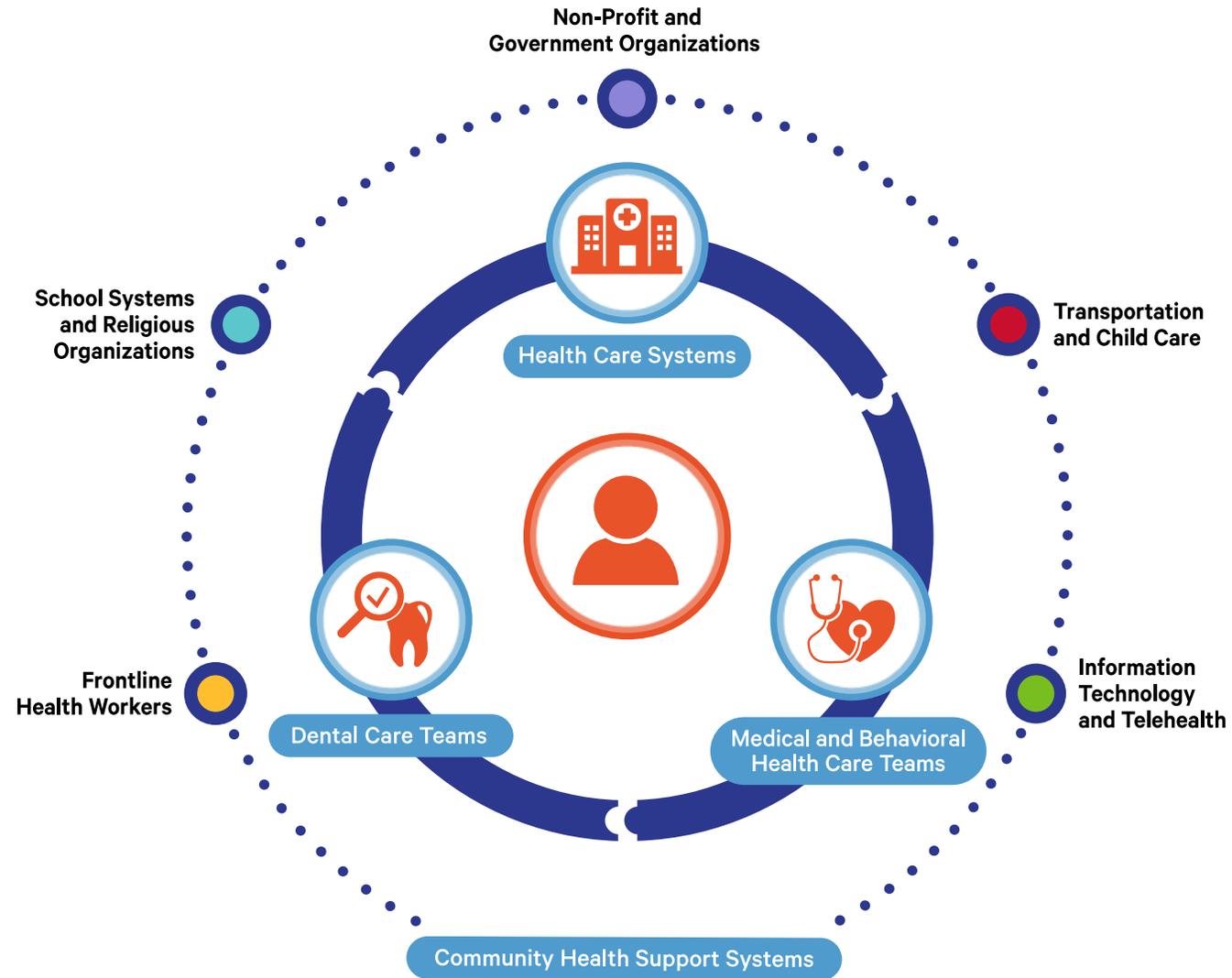
Impact of Determinants on Health



National Health Expenditures \$4.3T



Oral Health's Role in Integrated, Person-Centered Care



CMS Strategic Refresh: Vision for Advancing Value-Based Care

Key Themes

- Evaluated lessons learned within first 10 years of Innovation Center (CMMI)
- Set goal of 100% of FFS Medicare beneficiaries being in accountable care provider relationships by 2030
- Scaling model growth by inclusion of Medicaid
- Embedding health equity at the core



Value-Based Payment as an Enabler



Forecasted Growth of Value-Based Care

- Value-based contracts projected to increase from **15 to 22%** of insured lives, **covering nearly 65 million Americans by 2025.**
- Portion of insured population in “**at risk**” contracts will rise significantly, projected to grow **10% by 2025.**
- **Accountable care organizations (ACOs) and management service organizations** expected to continue steady growth.



Entering Alternative Payment Models

Category 2: FFS + Incentive Model (Pay for Performance)

- Establish the baseline
 - Understanding your population, operational performance, active contracts and payment models, regulatory environment
- Align data collection and measurement with carriers
 - What are shared key performance indicators?
- Set a roadmap
 - Identify and prioritize short-term and longer-term needs (operations, technology, staffing, partnerships, etc.)



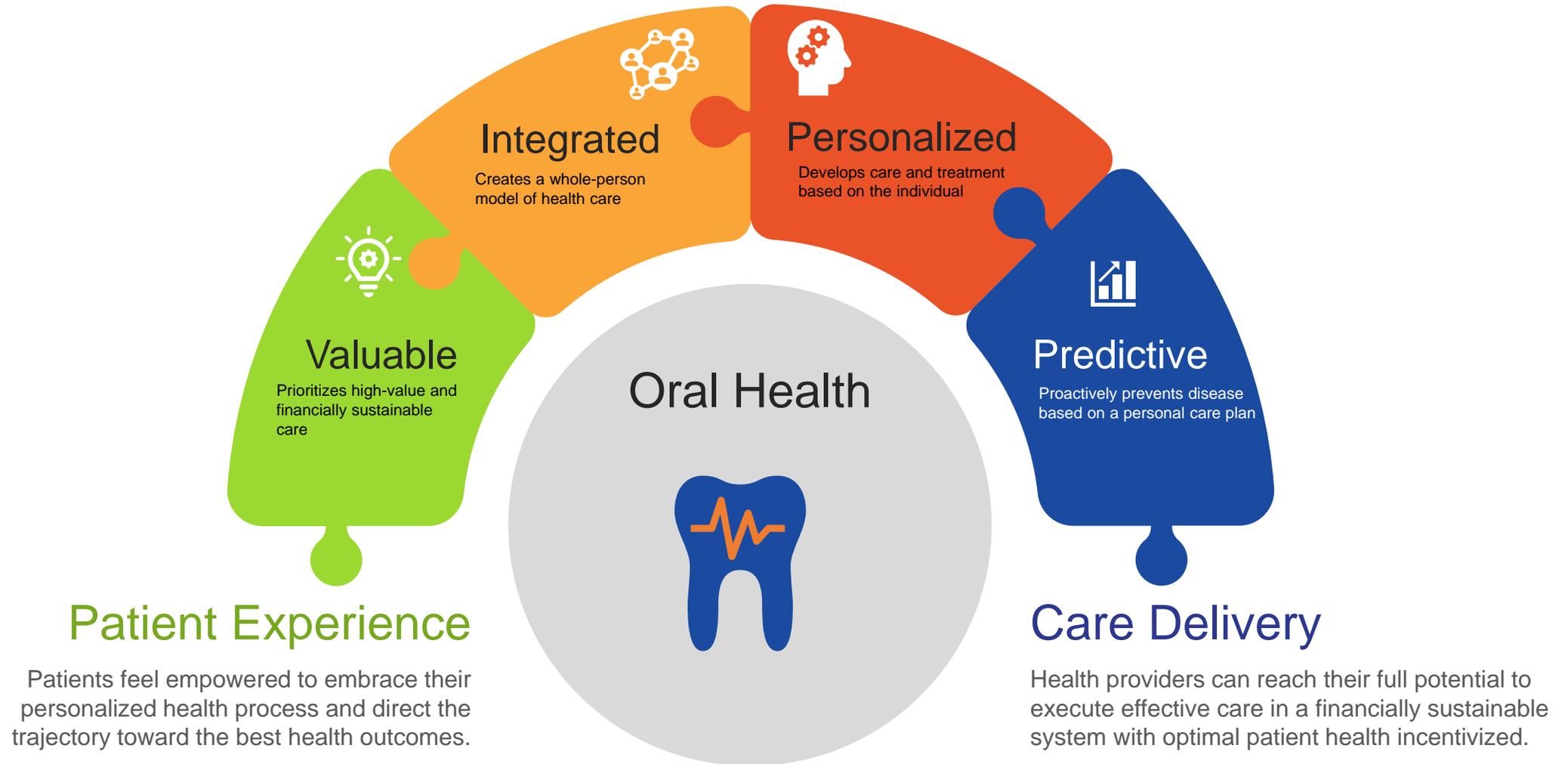
Higher Risk = Higher Reward

Category 4: Population-Based Payment

- Higher profit when patient's medical conditions are appropriately documented
- Care plans are established and tracked for each condition
- Higher profit connected to patient outcomes
- Well-managed patients are more profitable than unmanaged
- Provider receives percentage for each patient who is under risk agreement



Value-Based Care Transformation





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Value-Based Care Transformation: Getting Started



1. Evaluate your organizations current state with qualitative and quantitative data



2. Assess organizational readiness for VBC transformation



3. Explore value-based contracts and identify opportunities



4. Develop the VBC Readiness Plan prioritizing change tactics designed around the patient population served with goal to engage in a VBC contract

Gather the Data

- Financial data
- Operational data
- Clinical data
- Patient satisfaction survey data
- Qualitative
 - Patient
 - Provider
 - Community
- Other (new arising categories)



Identify the Future State



Achieving the best outcomes at the lowest cost



Person centered system organized around what the patient needs



Integrated care across facilities



Measure outcomes and cost for every patient

Right services by the right person at the right time in the right patient location

Build Workflows and Identify Needs

1. Risk-based care

2. Care coordination

3. Quality Measurement

Value of Risk-Stratified Care

Existing Model



A “one-size-fits-all” model, where the same level of resource is offered to every patient, is clinically ineffective, and is expensive

Transformation



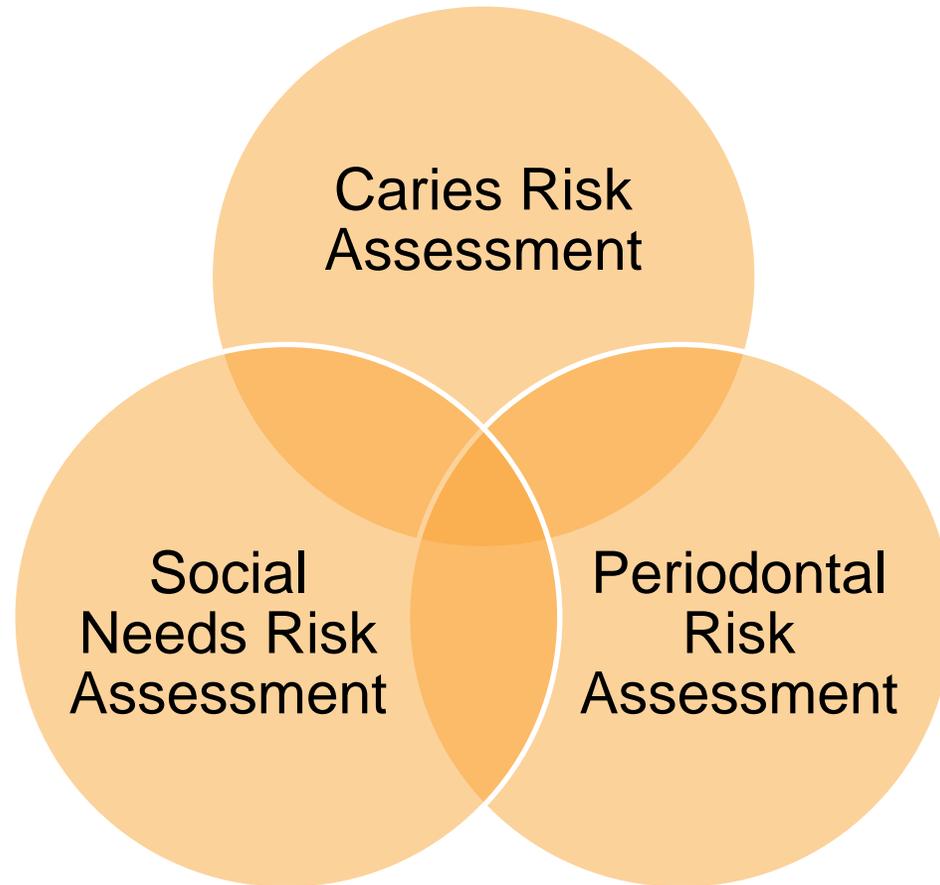
Enables providers to identify the right level of care and services for distinct subgroups of patients based on their risk level



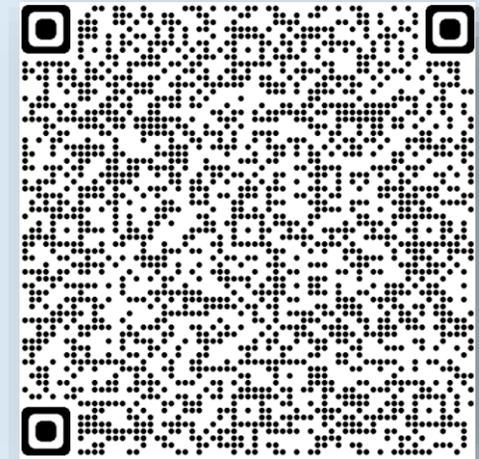
Understanding and acting on individualized health care and social needs aids in equitable care delivery



Three Types of Oral Health Risk Assessments



Risk-Based Treatment Planning



Access Link:

<https://decisionsindentistry.com/article/risk-based-treatment-planning/>

Importance of Risk Data



Aids providers in keeping track of change in patient risk for oral disease over time



Ensures provider delivery of an individualized health promotion and prevention message



Patients are empowered to create individualized self-management goals and make informed care decisions



Helps providers and patients engage with each other and appropriate clinical and non-clinical resources to improve health



Betsy Johnson

- 60 years old
- Type 2 Diabetes and Congestive Heart Failure
- Progressive CKD eGFR<30
- Unemployed
- Lives in Springfield, IL

About Betsy

Betsy is a retired school teacher. Her husband passed away a few years ago, and she currently lives with her daughter. She also has a son who lives in a different city. Betsy has had:

- **Type 2 diabetes** for 20 years
- **Chronic kidney disease** for 10 years
- **Congestive heart failure** for 2 years

Her doctor has been encouraging her to **think about what treatment she would prefer if her kidneys fail**, but the **options are confusing** and **thinking about it is stressful** for her.



Betsy's Typical Routine & Interactions

Betsy spends her days:

- watching TV
- walking around the house
- sometimes having a meal with friends

She finds **certain activities like reading more difficult** now due to **decreased vision**.

Betsy relies on her daughter to get to her various healthcare appointments.

She is finding it **hard to schedule appointments** with her physician and specialists because of **frequent time conflicts**.

When she does see her doctors, they **all seem to have different medication and diet plans** for her.

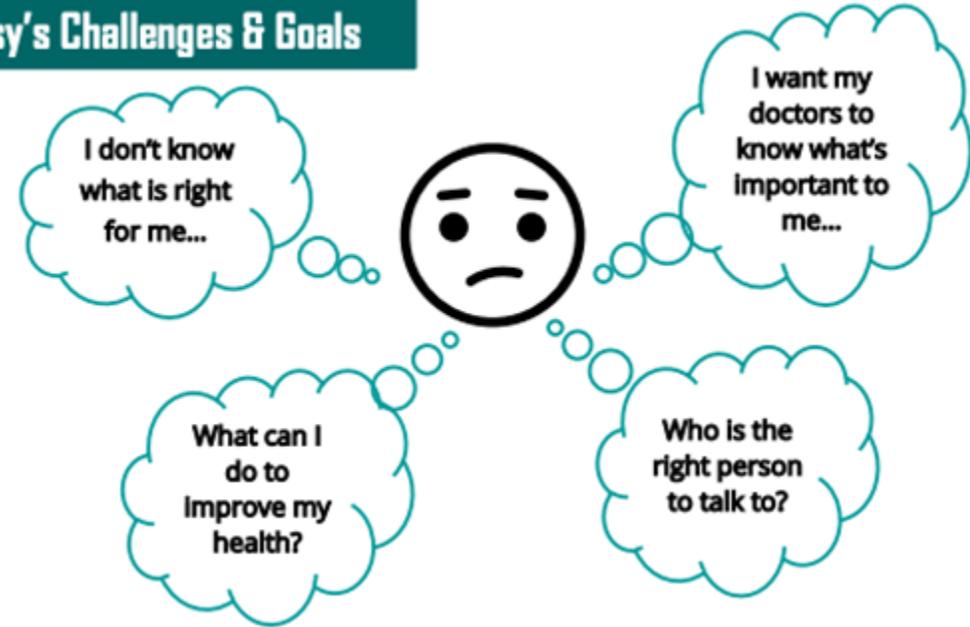
- Currently, she follows a **carbohydrate controlled, heart healthy diet**.



Betsy Johnson

- 60 years old
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- Unemployed
- Lives in Springfield, IL

Betsy's Challenges & Goals



Betsy is stressed because she does not know:

- who she should listen to
- what she should be eating
- which medications to take

She is **not sure how much phosphorous, sodium, and potassium to consume** given all her different conditions, and whether she should be focusing on them for her diet or if she should focus more on carbohydrates and fat.

Betsy wants to do what she can to **maintain her health but is confused**.

All these frustrations have caused Betsy to feel:

- helpless
- depressed
- anxious

She **doesn't want to worry her daughter**, but she doesn't know who else she can talk with about this.

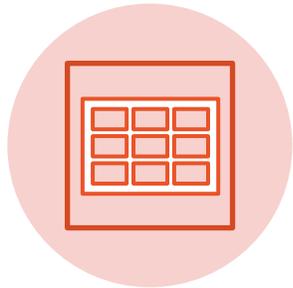
Overall Management of the Patient



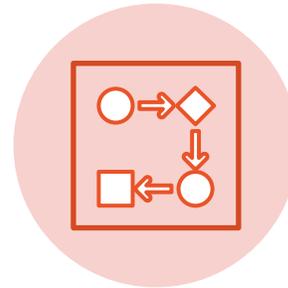
How does this information impact the treatment plan?



What medical information would you want from a primary care provider?



What type of priority data is needed to exchange with other specialties?



What do you see as the gaps in care?

What Is Care Coordination?

“Deliberately organizing patient care activities and sharing information among all of the participants concerned with a patient’s care to achieve safer and more effective care.” - *Agency for Healthcare Research and Quality (AHRQ)*



Effective Care Coordination . . .

- Is patient-centered, where needs and desires are considered
- Involves multiple providers
- Communication is key, and information flows to/from all providers involved

What Problems Does Care Coordination Address?

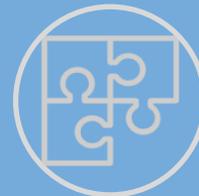
- Medical and dental care have long been siloed.

Silos



- Patients don't always know when they need dental care.
- Dental providers don't always have complete health history or Rx list.
- Medical providers don't often receive follow-up from dental providers.

Lack of information



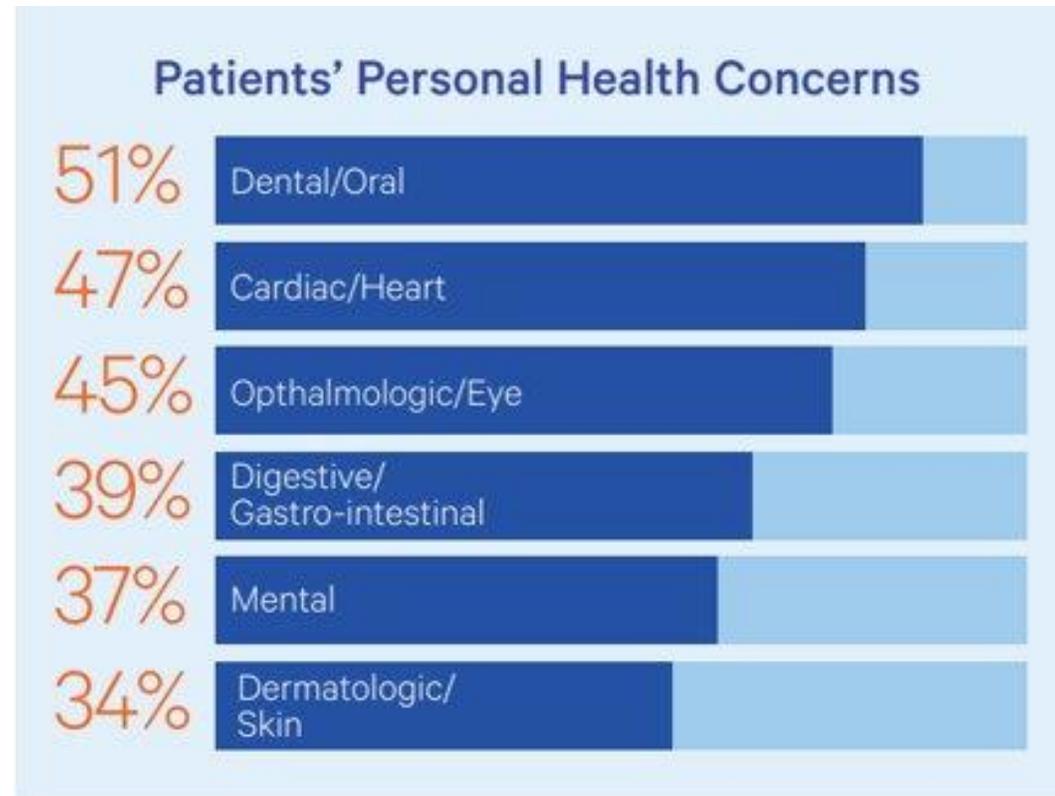
- Referral processes are often unique to each office, making referral tracking and management difficult.

Unique communication processes



Coordinating with Other Specialties

Dental and/or oral health tops the list of patient concerns. Care is coordinated with the other specialists on this list, so why not dental?



Understanding Options for Referrals

Safety Net Clinics

- Federally Qualified Health Centers
- Rural Health Clinics
- Free clinics

Dental Settings

- Private dental practice
- School-based clinics

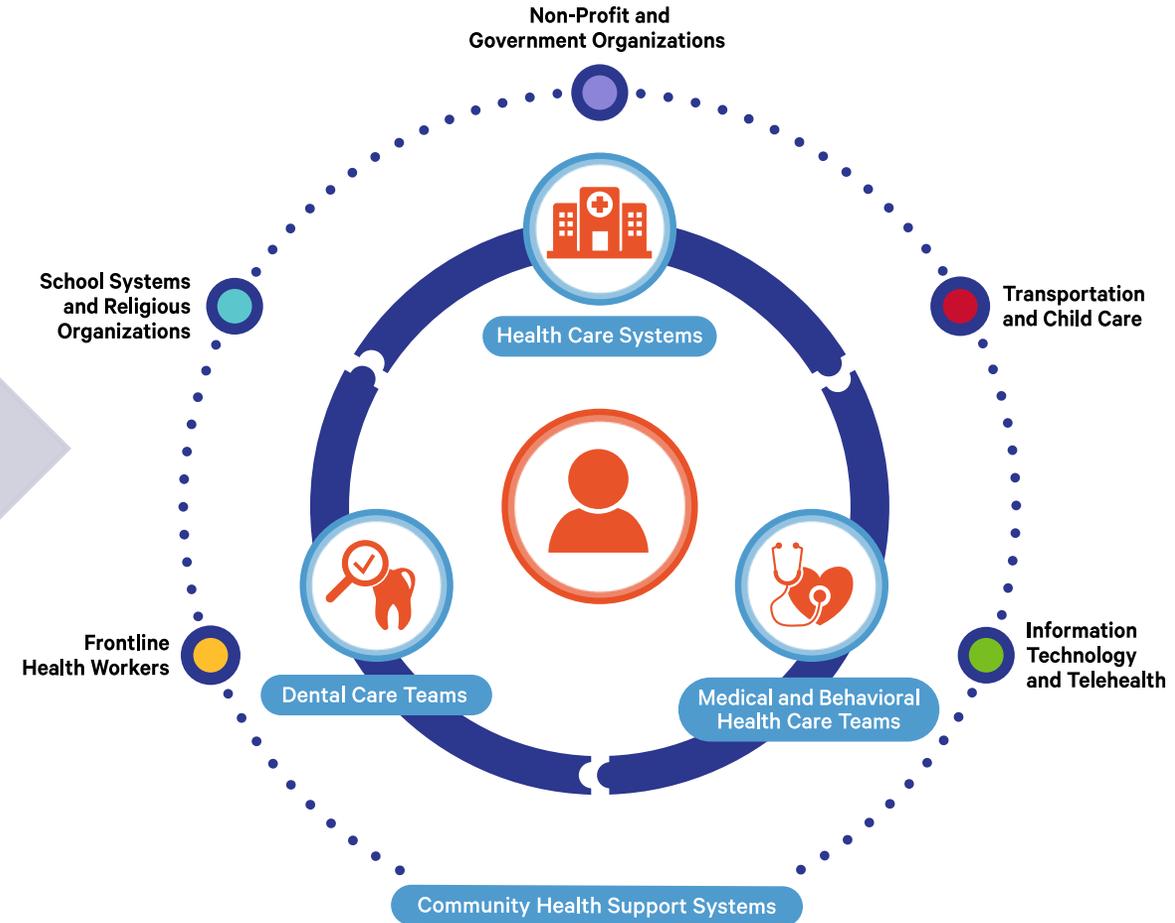
Less Frequently Available

- Mobile Units
- Charitable events (e.g., Missions of Mercy)

Build Partnerships

A VBC organization must partner with state and local agencies to facilitate access to health care, build trust, educate, and/or focus on specific conditions or populations.

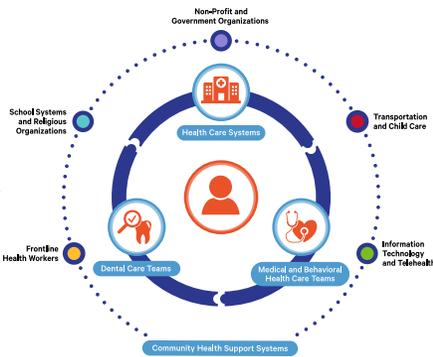
- WIC
- Head Start
- Title V (maternal & child health programs)
- County or state health departments
- School districts
- Other community-based organizations that target specific populations



Evolving Care Models from an Oral Health Perspective: Elements of Integration for Dental Care Teams



	Not Integrated	Low Integration	Moderate Integration	High Integration
Care Delivery & Coordination	No coordination or referrals	Passive referrals Risk assessment Team-based care	Bidirectional referrals Disease management Individuals w/i care teams practicing at top of license	All providers sharing responsibility for care management
Equity	Bifurcated structure to medical and dental coverage	Community engagement Identifying social needs (physical, social, emotional)	Identifying and addressing individual needs (physical, social, emotional)	Person-centered, holistic Strong community engagement
Data Sharing	No data sharing	Practice-to-practice processes for data transfer	System processes for data transfer	Integrated EHRs Interoperability
Measurement	Limited measures (provider performance or population health)	Symmetry or alignment in process metrics (access, service delivery, referral completion, etc.)	Shared process metrics and outcome metrics	Health outcome-based, cost and patient satisfaction levels indicators of success Predictive analytics
Payment	FFS	FFS or lower-level dental APM (including physician-administered oral health services)	APM Shared Performance Incentives	Global Payment and/or Integrated Financing



Design the Plan Around the Patient Experience



Moving toward VBC is a journey; it happens in distinct and purposeful steps and requires good preparation.

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Leadership Support and Planning Learning Objectives

Value-Based Oral Health Care



Learn

Discuss the importance of a phased-in approach to community engagement with the goal of learning, including through VBOHC pilot projects.

Phase 1:

Exposure (Walk)

Phase 2:

Capacity Building (Jog)

Phase 3:

Responsibility (Run)



Explore

Discuss strategies to communicate the importance of VBOHC engagement efforts to the staff at all organizational levels, including during leadership-level meetings and via organization-wide communications.



Create

Discuss the importance of VBOHC and dedicate time/resources for organization infrastructure and staff to devote to this work.



Acquire

Discuss the importance of prioritizing VBOHC employment of people with relevant lived experience (e.g., in job descriptions and hiring practices).



Engage

Discuss strategies to institutionalize community feedback about VBOHC into health care system policies and practices.

From Theory to Practice

What do courses look like when they align with the three-phased model?

	Phase 1: Exposure — Walk	Phase 2: Capacity Building — Jog	Phase 3: Responsibility — Run
Goals of This Phase	<ul style="list-style-type: none"> Introducing service-learning and course content/concepts. Initial skill development. Introducing academic reflection. Building cultural and interpersonal competencies. 	<ul style="list-style-type: none"> Increasing expectations, student responsibility for outcomes. Practicing personal/professional skills introduced previously. Progressing to higher-levels of critically reflective thinking. 	<ul style="list-style-type: none"> High-level student accountability for outcomes. Skill mastery, with professional development and application. Mastering higher levels of critically reflective thinking and expression.
Instructor Role	Primary Manager Define project, facilitate student interaction with partner, outline clear processes and expectations, provide close guidance.	Facilitator Provide structure but require student project management, select partners and establish outcomes, but invite student input.	Coach or Consultant Suggest strategies and structure, but empower students to implement and innovate. Monitor progress.
Level of Responsibility	Participants Design projects that invite students to join under your leadership, emphasize skill-building they will utilize later.	Contribution Gradually step back as students take more responsibility; invite student contributions to project design, process, and outcomes.	Full Responsibility Support students as they take charge of identifying and managing some or all project components.
Extent of Teamwork	Class Project Guide the entire class in a collaborative project ensuring each student finds a valuable role.	Individual Project/Role Help students foster skills and capacities by taking on individual projects and/or components of projects.	Small Group Project Ask students to create or join team-based projects, and to use previously developed skills to work effectively with others.
Intensity/Duration of S-L Project	One-Time/Discrete Integrate a clearly defined and time limited S-L project. Apply course content to this "case" throughout the semester.	Course-Basis Shift to a balance between course content and S-L with a project that extends across a longer time-period, requires more attention.	Long-Term Commitment Project is central focus of the course (such as a capstone), requiring use of content knowledge from prior courses.
Community Contact	Hypothetical/Non-Direct Maintain your control over student exposure to partners; projects may take place within the classroom.	Indirect Get students "onsite," but carefully manage direct contact with community; consider "background" support.	Direct Students work on site with populations served or general public. They manage contact with partners.

Phases of Implementation in Value-Based Oral Health Care Pilot Projects

PHASE 1: EXPOSURE

The Walking Stage —
creating a clear understanding of current needs and setting the direction of where your organization wants to go.

PHASE 2: CAPACITY BUILDING

The Jog Stage —
getting ready, and learning, involves getting the essential infrastructure hardwired as quickly as possible.

PHASE 3: RESPONSIBILITY

The Run Stage —
Building, sustaining, and holding the gains.

PHASE 1: EXPOSURE

The Walk

The 5 Elements

Leadership Role

Level of Responsibility

Extent of Teamwork

Intensity – Duration of the Project

Community Contact



PHASE 1: EXPOSURE

The Walk

The walking stage creates a **clear** understanding of current needs and where you want to go with Value-based Oral Health Care Delivery

- ➔ Your Leadership Role in Value-based Oral Health Care Transformation
- ➔ Gaining Reflections Participation of Transformational Drivers — Creating a Hot Team
- ➔ Building a Value-Based Oral Health Care Transformation Community

PHASE 1: EXPOSURE

The Leader's Role

“You must be single-minded.
Drive for the one thing on
which you have decided.”

~General George S. Patton



PHASE 1: EXPOSURE

Leadership Accountability: No More Excuses

Write a personal accountability plan and share it with the team or project manager

- How much time will you devote to the project?
- How do you like to be informed?
- How would the team like to receive feedback? Group? Individual? Formal or informal structure?



because I said I would.

<https://becauseisaidiwould.org>

PHASE 1: EXPOSURE

Determine Levels of Responsibility

Do you need a Project Manager?

What are the core competencies of a successful project manager?
[Core Competencies of a Successful Project Manager Skill \(pmi.org\)](http://www.pmi.org)

Can existing staff launch the project?

- Do they have to buy in?
- Will they have dedicated time to create a project plan and actionable deliverables?
- Someone must take the responsibility to drive the project!

PHASE 1: EXPOSURE

Extent of Teamwork



Hot Groups

Hot group members feel they are stretching themselves, surpassing themselves, moving beyond their own limits.



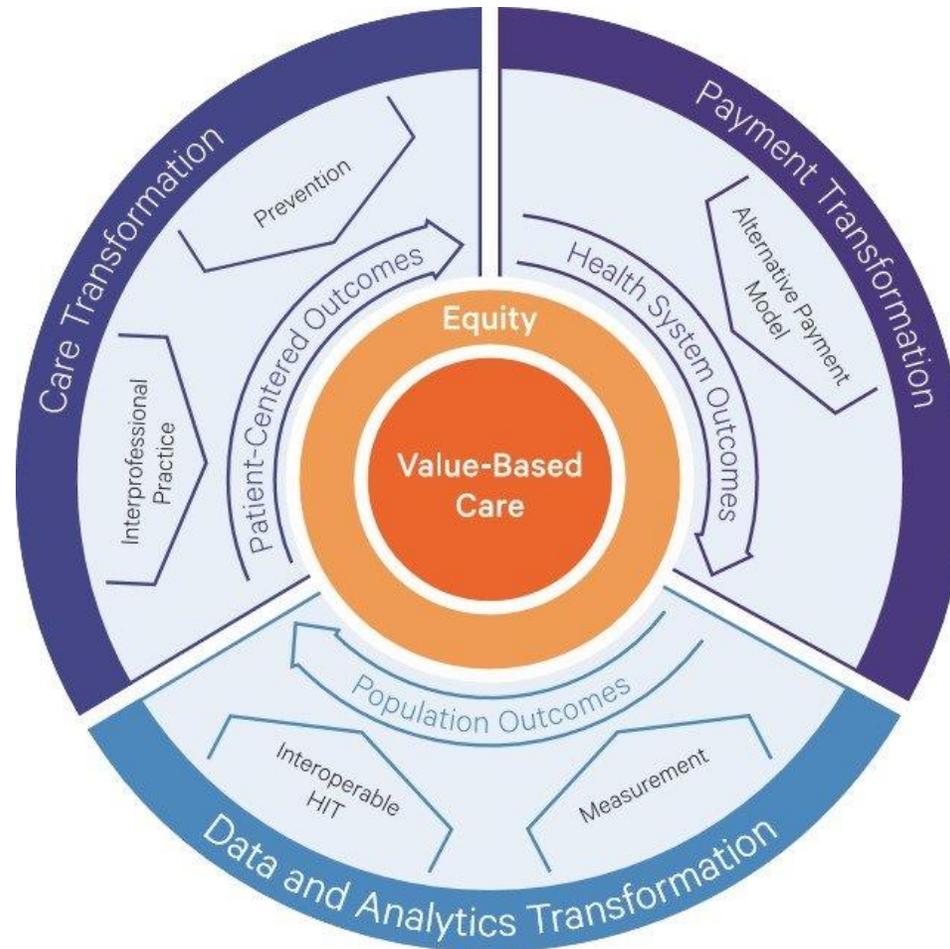
Case Study Bell Labs Hot Groups

[Hot Groups \(hbr.org\)](http://hbr.org)

PHASE 1: EXPOSURE

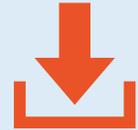
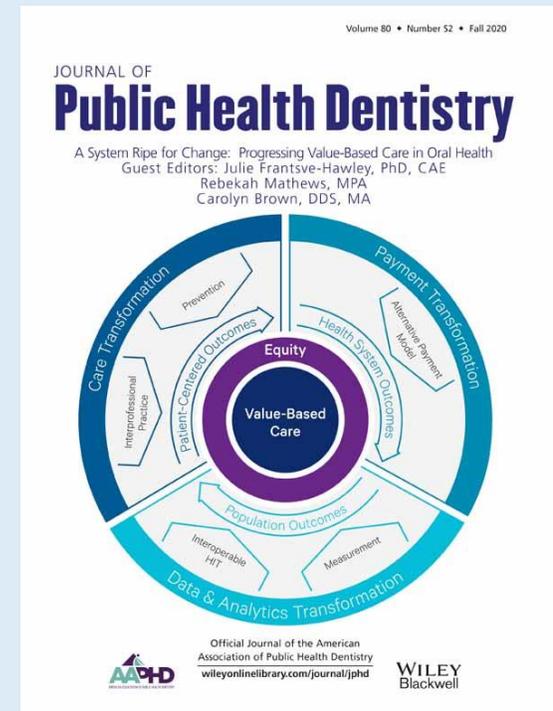
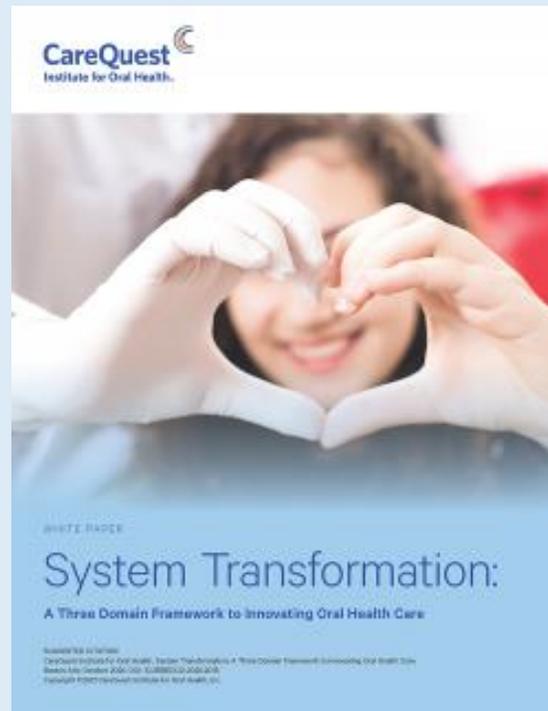
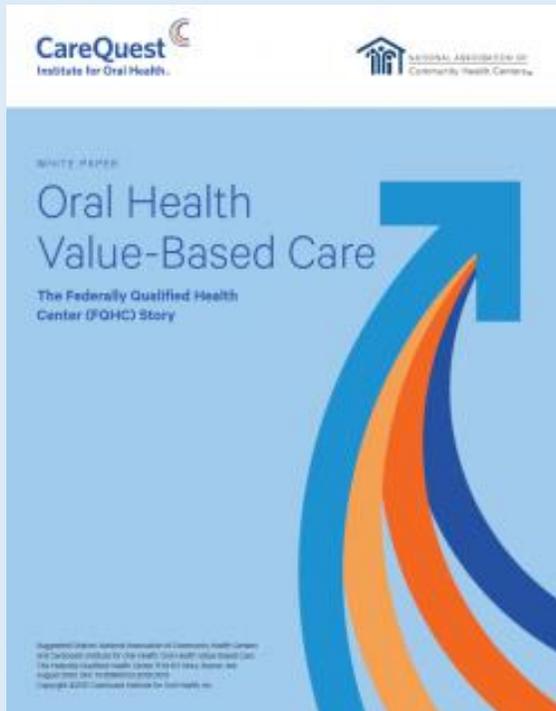
Leadership Blueprint

Implementation of Value-Based Oral Health Care



PHASE 1: EXPOSURE

VBOHC — Getting Started Resources



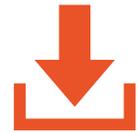
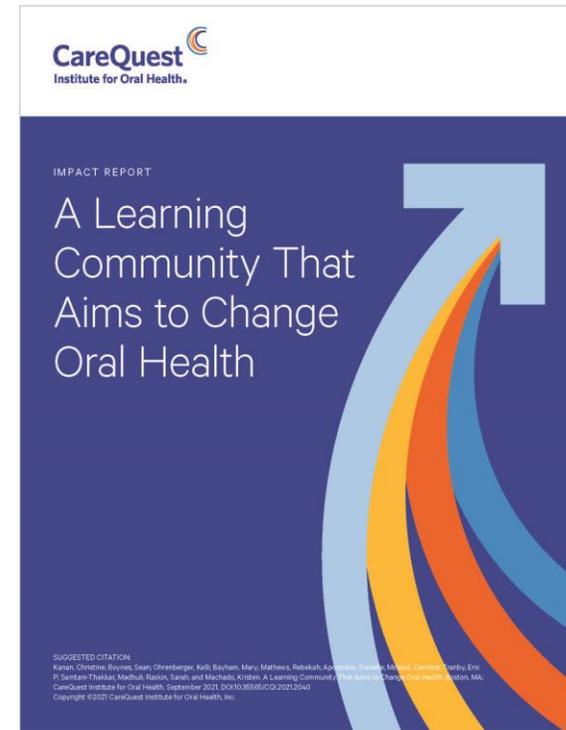
Download at
carequest.org

PHASE 1: EXPOSURE

Implementing the Three Domain Framework into a Learning Community

A new report provides more information about the Massachusetts experience and key findings that include:

- There was a steady increase in caries risk assessments (CRAs) at the FQHCs over the course of the learning community, from a total of 275 in June 2020 to 1,365 in November 2020.
- 75% of participants agreed or strongly agreed that the traditional dentistry model will need to significantly transform in the next 5 years.
- 7/8 participating FQHCs reported that they were confident or extremely confident in their ability to use primary and secondary interventions.



Download at
carequest.org

PHASE 1: EXPOSURE

Duration — Intensity of the Project

Develop a strategic and tactical budget

- Strategic budgets are for implementing competitive advantages, innovations, or approaches to solving complex problems. A process of planning costs more than a year in advance to accomplish the strategy.
- A tactical budget can be designed for the project management team and deliverables.
- Engage finance early in the development stage to align with organizational financial infrastructure.



<https://simplicable.com/new/budget>

PHASE 1: EXPOSURE

Community Contact

- Health care organizations that implement successful community engagement strategies can expand their approach to improving the health in the communities that they serve.
- Creating a community engagement committee
 - Meeting with large health care systems in the community, hospitals, and primary care centers.



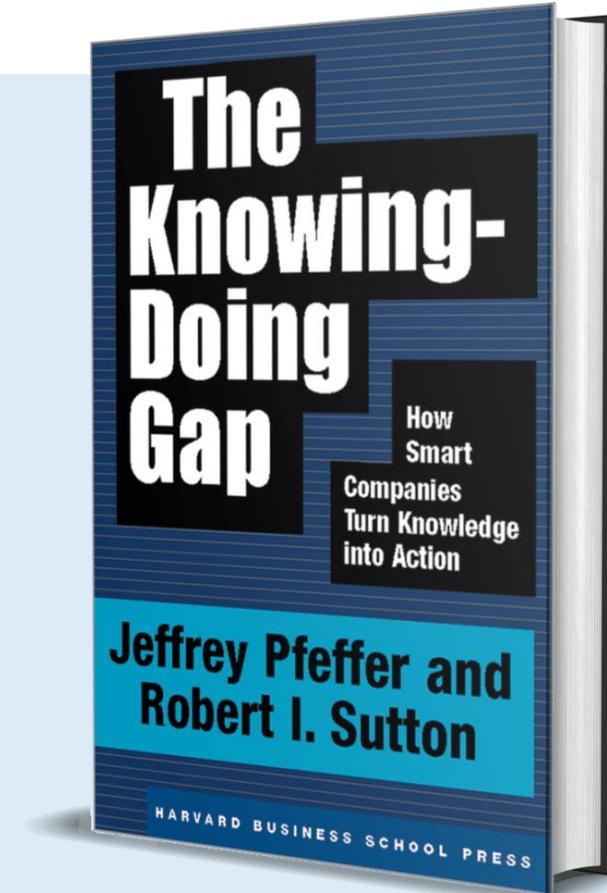
[AHA Disparities Toolkit - Informing and Engaging the Community | IFDHE](#)
[Evolving Roles of Health Care Organizations in Community Development | Journal of Ethics | American Medical Association \(ama-assn.org\)](#)

Think big
picture —
interprofessional
collaborations!

PHASE 1: EXPOSURE

Key Takeaways

- ✓ Influential leader is a visible practice.
- ✓ Hold yourself to your commitments of time and presence.
- ✓ Develop a hot group.
- ✓ Create a strategic and tactical plan.
- ✓ Engage the community.
- ✓ Establish a reflection feedback structure.



Now that you have a
plan and a pathway...

PHASE 2: CAPACITY BUILDING

The Jog

The 5 Elements

Leadership Role

Level of Responsibility

Extent of Teamwork

Intensity – Duration of the Project

Community Contact



PHASE 2: CAPACITY BUILDING

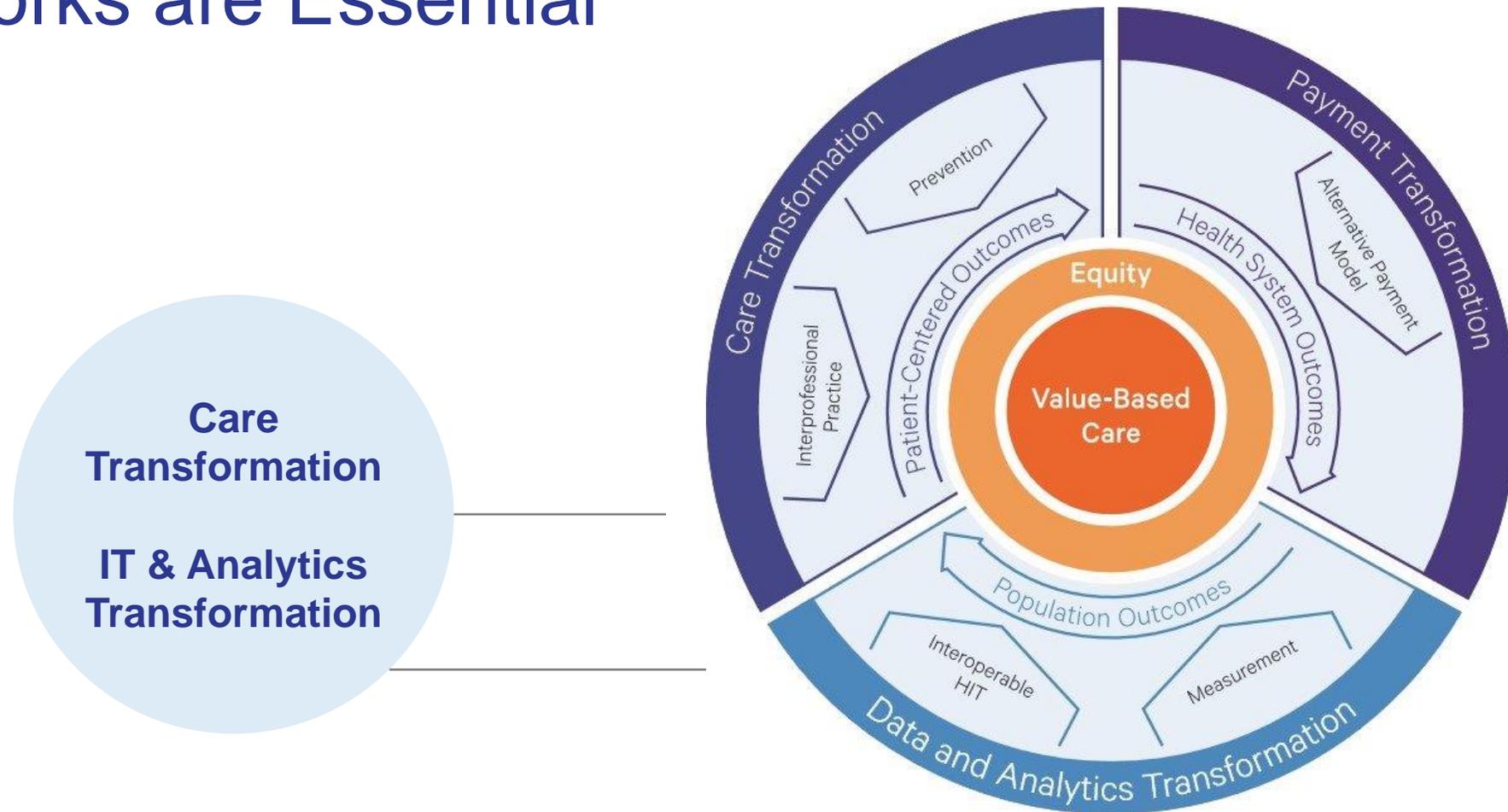
The Jog

The jog phase builds **VBOHC structures**, human capital expectations, and processes

- ➔ Oral Health Care Transformation — Practicing Value-Based Principals in a Collaborative/Integrative Way
- ➔ Data and Analytics Transformation
- ➔ Employee Compensation Strategies
- ➔ Community Engagement

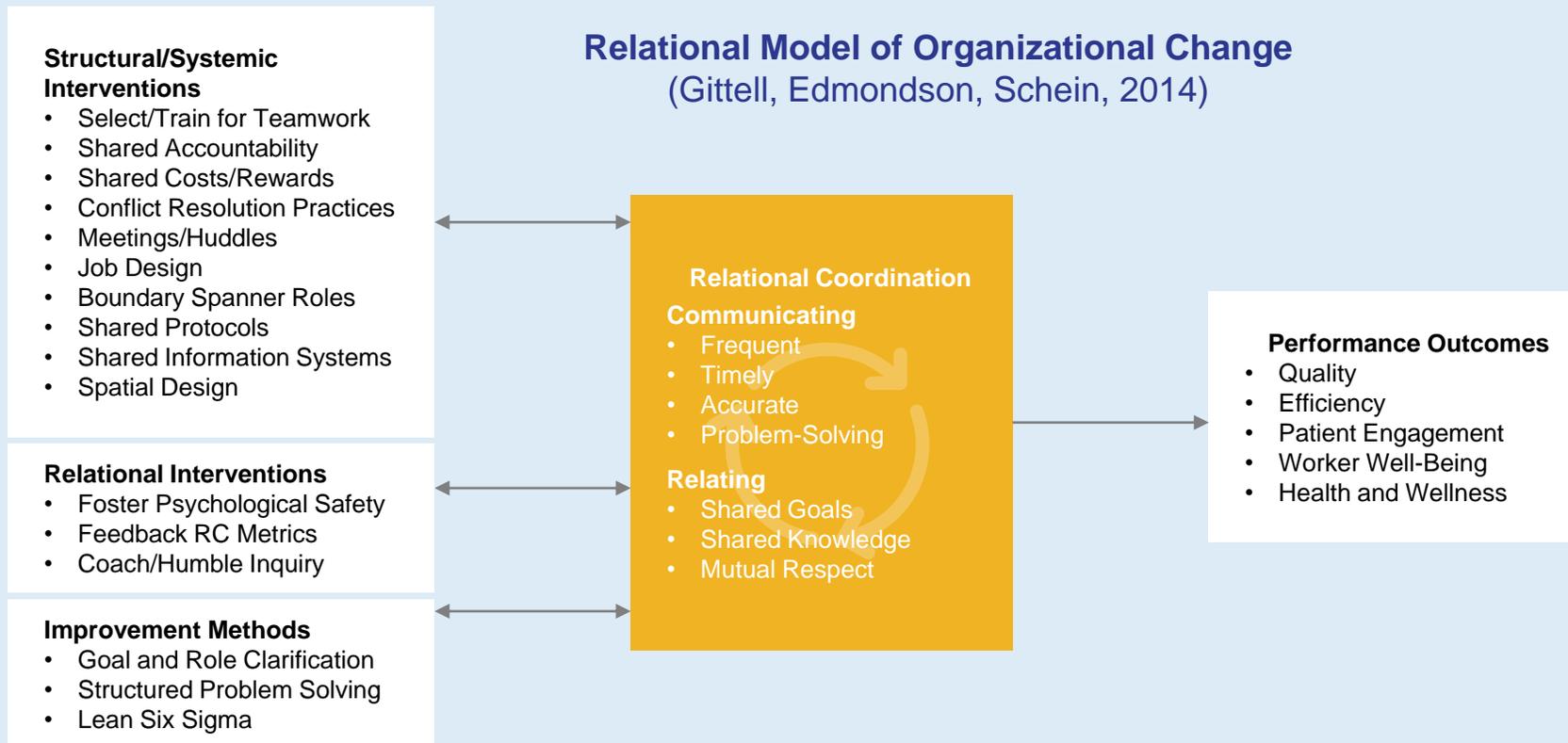
PHASE 2: CAPACITY BUILDING

Operational Infrastructure Frameworks are Essential



PHASE 2: CAPACITY BUILDING

Structure/Process/Outcomes Model of Relational Coordination



PHASE 2: CAPACITY BUILDING

Working with Human Resource Leadership to Determine Levels of Responsibility

- All human capital job designs should support teamwork and value-based oral care strategies.
- Training and onboarding must match job expectations.
- Human Resources and Information Technology can greatly benefit from an aligned tactical and strategic plan.



SPUP » Southwest: valuing team players over top-performers



“I don’t feel a part of the team when the providers are the only ones that can view the treatment notes when I am the one to support the ongoing care of the client.”
Patient Care Coordinator

PHASE 2: CAPACITY BUILDING

Leaders are Custodians of the Employee Experience

Expectation alignment shapes what employees believe.

Are you content to let employee beliefs and expectations form on their own or would you rather shape them intentionally?

This is the most critical phase of VBOHC implementation.

Ongoing and never-ending!



The
Employee
Experience
How to Attract Talent,
Retain Top Performers,
and Drive Results

Tracy Maylett, EdD, and
Matthew Wride, JD

FOREWORD BY Kerry Patterson,
Coauthor of *The New York Times* Bestseller,
Crucial Conversations

WILEY

PHASE 2: CAPACITY BUILDING

A Leadership Way to Minimize the Expectation Gap



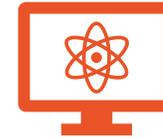
Routine rounding with the project management group and key executives.



Meetings with Human Resources and Information Technology.



Hold **employee town halls** virtually or in person — consistency is key.



Leverage **internal websites and learning management** systems.

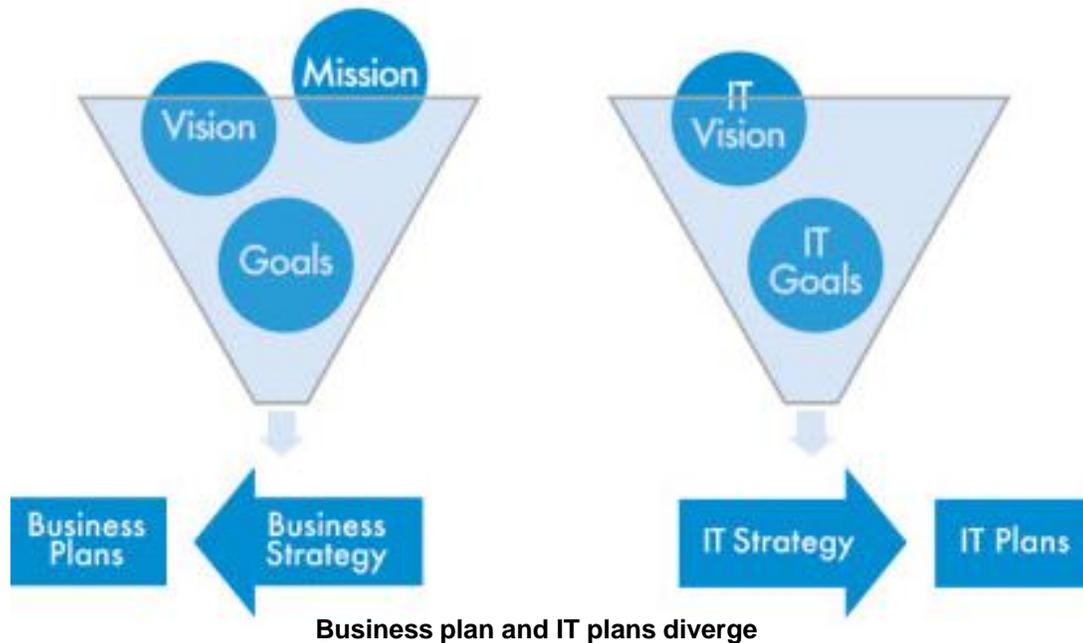


Hardwire **surveys and learning and development** plans.

PHASE 2: CAPACITY BUILDING

Information Technology as a Strategic Partner — Outdated

Figure 1: Common Approach to Drive Information Technology Strategy



[How to turn a tech team into a strategic partner \(fm-magazine.com\)](http://fm-magazine.com)

PHASE 2: CAPACITY BUILDING

Information Technology as a Strategic Partner — New

Figure 2: Recommended Approach to Drive Information Strategy



[How to turn a tech team into a strategic partner \(fm-magazine.com\)](http://fm-magazine.com)

PHASE 2: CAPACITY BUILDING

Pay for Value — Human Capital

- ➔ VBOHC payment reform is not only for the patient.
- ➔ The employee compensation and benefits should have some at-risk pay focused on value-based oral health care strategies.
- ➔ The entire health care team should have some at-risk pay.



PHASE 2: CAPACITY BUILDING

Key Take-Aways

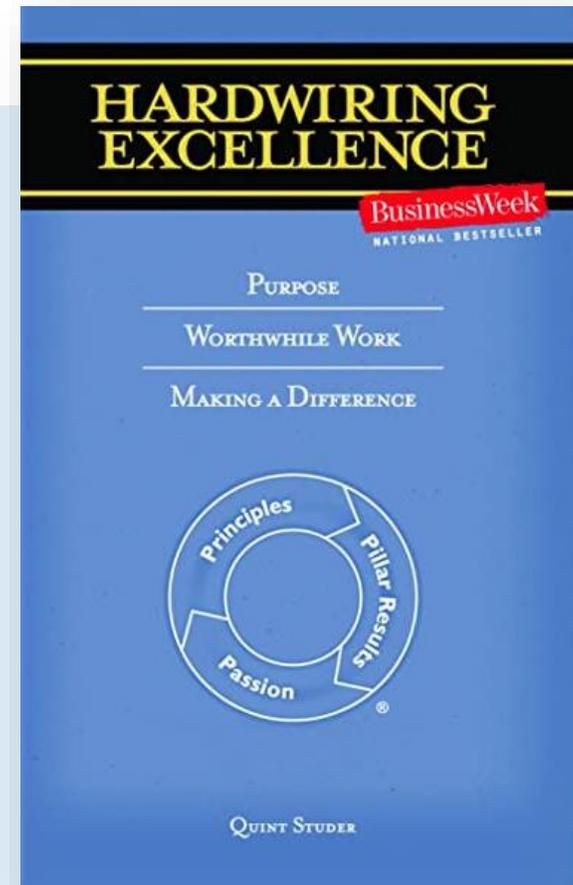
- ☑ Measure what matters.

- ☑ Assign a department or key personnel to quality improvement measurement and metrics.

- ☑ Maintain vertical and horizontal communication and input.

- ☑ Hardwire job descriptions, performance appraisal, and incentive systems to VBOHC.

- ☑ Engage the community.



PHASE 3: RESPONSIBILITIES

The Run

The 5 Elements

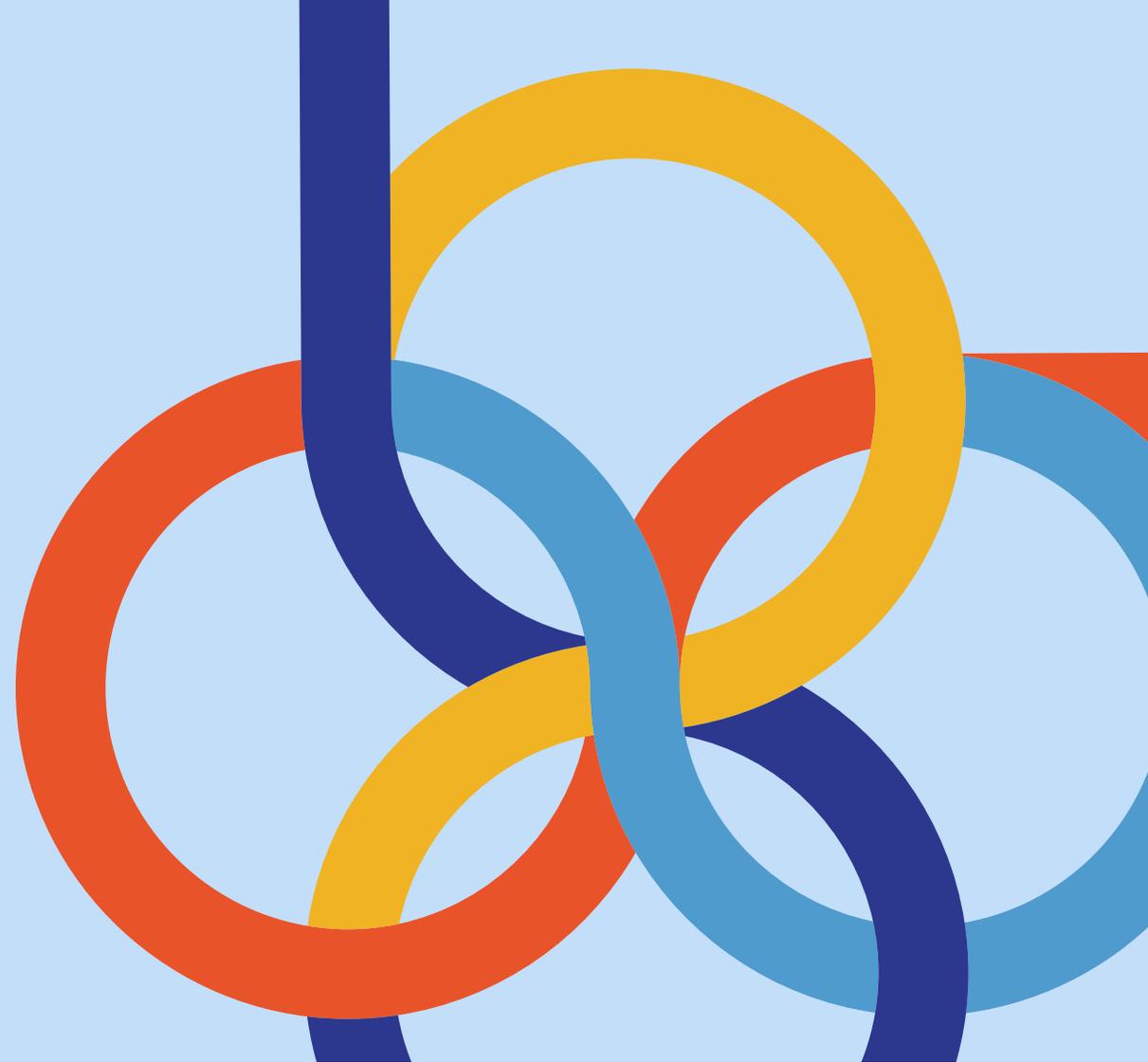
Leadership Role

Level of Responsibility

Extent of Teamwork

Intensity – Duration of the Project

Community Contact



PHASE 3: RESPONSIBILITIES

The Run

The run stage is about the **responsibility to improve** and hold the gains.

- ➔ The Oral Health Care Value Proposition
- ➔ Dashboards
- ➔ Multiplying the Transformation
- ➔ Resources and Case Studies

PHASE 3: RESPONSIBILITIES

VBOHC Designs Need to Leverage Data

Leadership Role

In the end, data is meaningless without context. And without context, you cannot turn data into information. And information is useless without being able to apply it to something, creating wisdom.



[Why Data Collection Means Nothing Without Data Analysis \(cfrinc.net\)](http://cfrinc.net)



PHASE 3: RESPONSIBILITIES

Quality Improvement — Level of Responsibility



Make **fit for the size and scale** of your organization



Data should be secured in the organization



Starting out the team should **define goals**, who to **report data** to, and agree upon **confidentiality conditions**



Time and resources are essential for the team or department to be successful

PHASE 3: RESPONSIBILITIES

Oral Health Care Analytics Dashboards

Two Types of Health Care Dashboards

- 1 Clinical**

Clinical dashboards provide information about individual providers by comparing them to a set standard. This information is aimed at improving decision-making and overall improving patient care.
- 2 Quality**

Quality dashboards work on a much larger scale. They show the performance of a whole location/site or even the entire organization. Many organizations use it to monitor the quality of care they are providing as well as proof of quality care their organization is providing.



[Best Practices for Dashboard Performance — Bing video](#)

PHASE 3: RESPONSIBILITIES

Community Contact

The world of Patient Reported Outcomes (PROs)

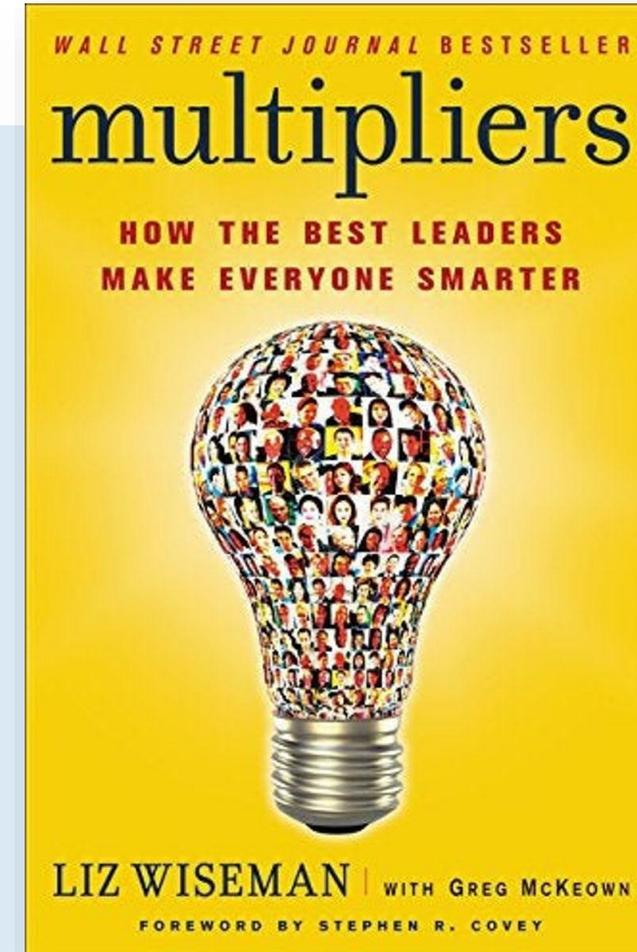
Community participation in crafting item generation for comprehensibility and content validity.



PHASE 3: RESPONSIBILITIES

Key Takeaways

- ✓ VBOHC is measured in ways that support oral prevention strategies and patient payment reform and data analytics.
- ✓ Technology to enable population health care strategies is essential.
- ✓ Dashboards are critical to show progress and enable improvements.
- ✓ Creating retention strategies and multiplying the changes are essential to hold the gains in performance improvement.





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Question and Answer

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2021 Oral Health Information Technology Virtual Convening	Care Coordination	Presentation
Dental Fear Is Real. Providers Can Help.	Expanding Access, Health Equity	Visual Report
Why We (Still) Need to Add Dental to Medicare	Adult Dental Benefit, Expanding Access, Health Equity	Report
A Cross-Sectional Analysis of Oral Health Care Spending over the Life Span in Commercial- and Medicaid-Insured Populations	Expanding Access, Health Equity	Article
Time Is on the Side of Change in Dentistry	COVID-19 and Oral Health, Health	Article

www.carequest.org/education/resource-library

Missed Connections
Providers and Consumers Want More Medical-Dental Integration

Oral health and overall health are inextricably linked. There is mounting evidence to suggest that poor oral health is related to a variety of chronic health conditions, such as high blood pressure, dementia, diabetes, and obesity. Despite this known connection, dental care is still largely siloed from medical care. The Centers for Disease Control and Prevention (CDC) estimates that integrating basic health screenings into a dental setting could save the health care system up to \$100 million every year.¹

CareQuest Institute for Oral Health conducted a nationally representative survey in January and February 2021 to assess consumers' perspectives on oral and overall health (n=5,320). CareQuest Institute also conducted a nationwide survey of oral health providers to assess perspectives and current behaviors related to interprofessional practice (n=377). Consumers and oral health providers described a lack of integration between medical and oral health care, and a desire for increased interprofessional collaboration.

Key Findings:
Medical-dental collaboration is currently uncommon.

- 63% of consumers report that their primary medical doctor "rarely" or "never" asks about their oral health.
- 33% of consumers report that their oral health provider "rarely" or "never" asks about their overall health.
- Less than a third of consumers report receiving general health screenings from their oral health provider.
- A majority (89%) of adults report never receiving a referral from their oral health provider to a non-oral health professional.
- Almost a fourth (24%) of participating oral health providers report currently implementing interprofessional practice.
- 45% of responding oral health providers report "rarely" integrating their care with clinicians outside of dentistry, with only 14% reporting it is part of their "daily" practice.

Webinar Evaluation

Complete the **evaluation by Friday, October 28** to receive CE credit. You will receive a link to the survey within 24 hours.

Next Webinar:

Thursday, November 3, 2022, 7–8 p.m. ET
Integrating Diabetes Screening into Oral Health Care

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