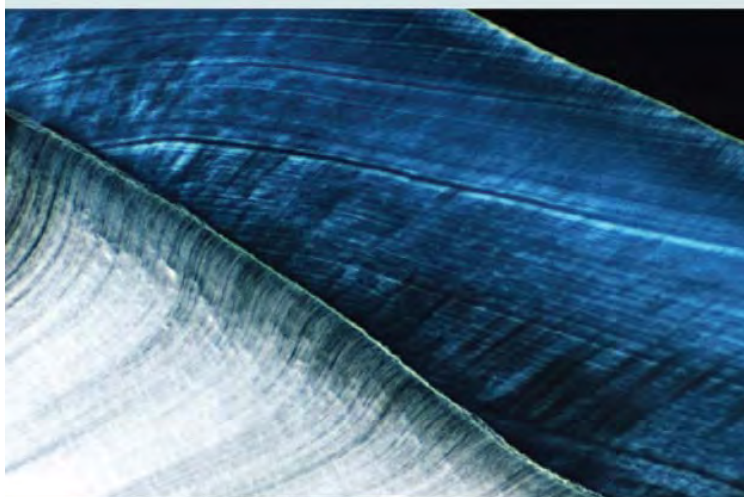


New Dental Care Delivery Systems: Implications for People with Disabilities

Paul Glassman DDS, MA, MBA
Professor of Dental Practice,
Director of Community Oral Health
University of the Pacific School of Dentistry
San Francisco, CA

The Institute of Medicine Reports

Advancing
Oral Health
in America



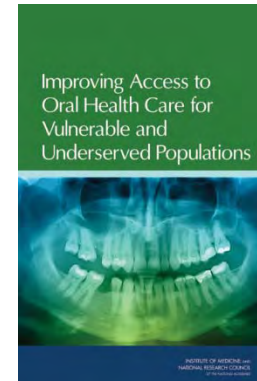
INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

Improving Access to
Oral Health Care for
Vulnerable and
Underserved Populations



INSTITUTE OF MEDICINE AND
NATIONAL RESEARCH COUNCIL
OF THE NATIONAL ACADEMIES

Themes from the 2011 IOM Reports Related to Oral Health Delivery Systems



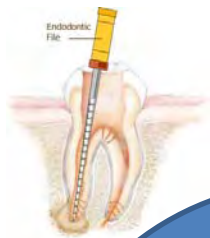
- Chronic disease management
- Composition, licensing, and deployment of the Workforce
- Telehealth
- Quality measurement and improvement
- Payment incentives

The 2011 Institute of Medicine Reports

“ACCESS” RECOMMENDATION 8: Congress, the Department of Health and Human Services (HHS), federal agencies, and private foundations should fund oral health research and evaluation related to underserved and vulnerable populations, including:

- New methods and technologies (e.g., nontraditional settings, nondental professionals, new types of dental professionals, and telehealth);
- Measures of access, quality, and outcomes; and
- Payment and regulatory systems.

Care for Chronic Oral Diseases



Acute Care/
Surgical
Intervention



Chronic
Disease
Management



Oral Health Quality Improvement In the Era of Accountability



Paul Glassman DDS, MA, MBA
Professor and Director of Community Oral Health
University of the Pacific School of Dentistry
San Francisco, CA

The US Health Care System is Undergoing Profound Change



Drivers of the Quality Movement in the U.S. Health Care System

1. the skyrocketing cost of health care unrelated to improvement in health outcomes,
2. increasing understanding of the harm and unwarranted variability our fragmented health care system produces,
3. evidence of the profound health disparities that still exist in the population in spite of scientific advances in care, and
4. increasing awareness of these problems in the age of consumer empowerment.



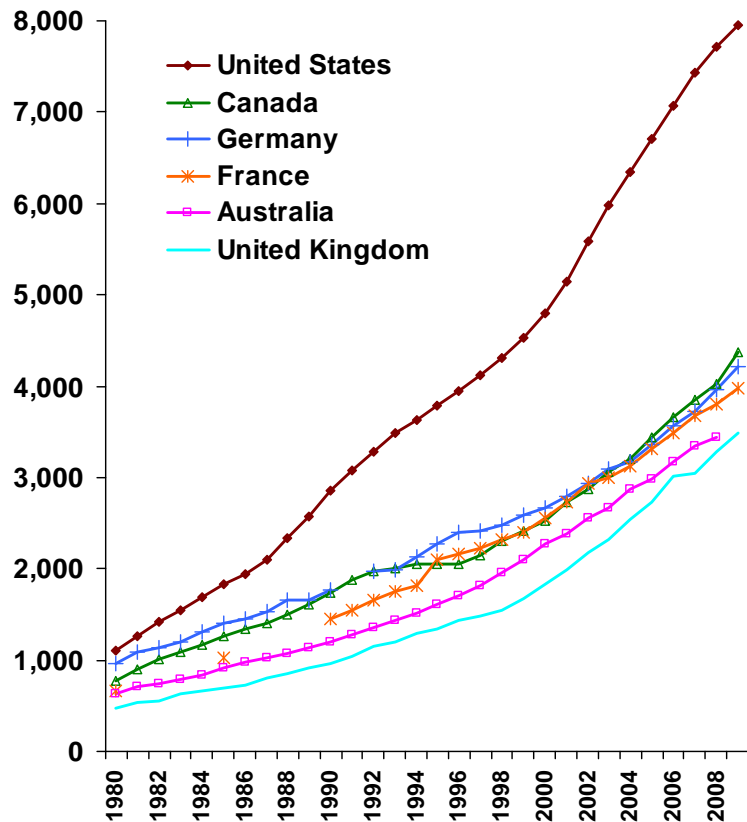
Drivers of the Quality Movement

#1 – The Cost of Health Care

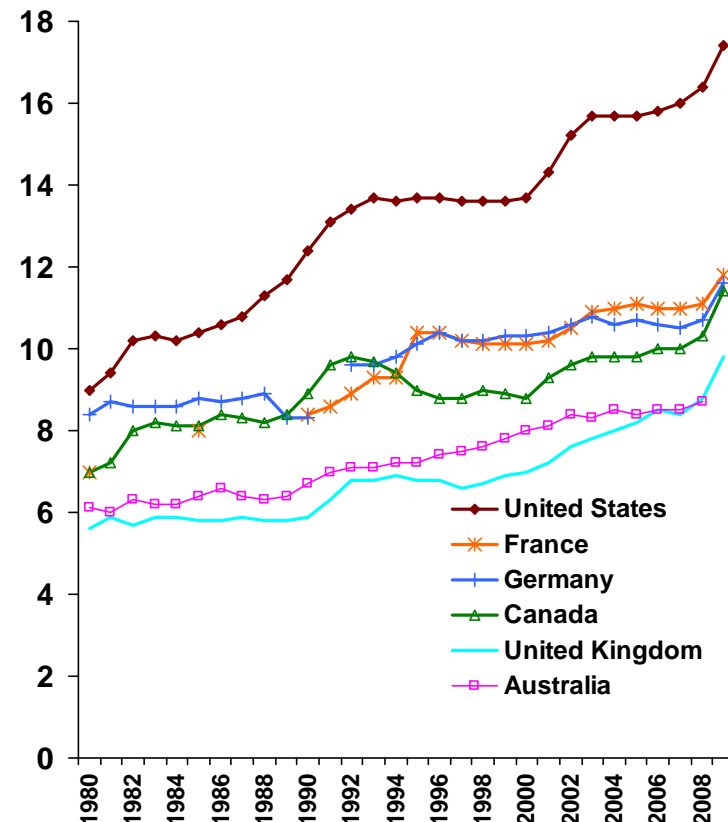
Health Care Spending

International Comparison of Spending on Health, 1980–2009

Average spending on health per capita (\$US PPP*)



Total expenditures on health as percent of GDP



* PPP= Purchasing Power Parity.

Data: OECD Health Data 2011 (database), version 6/2011.



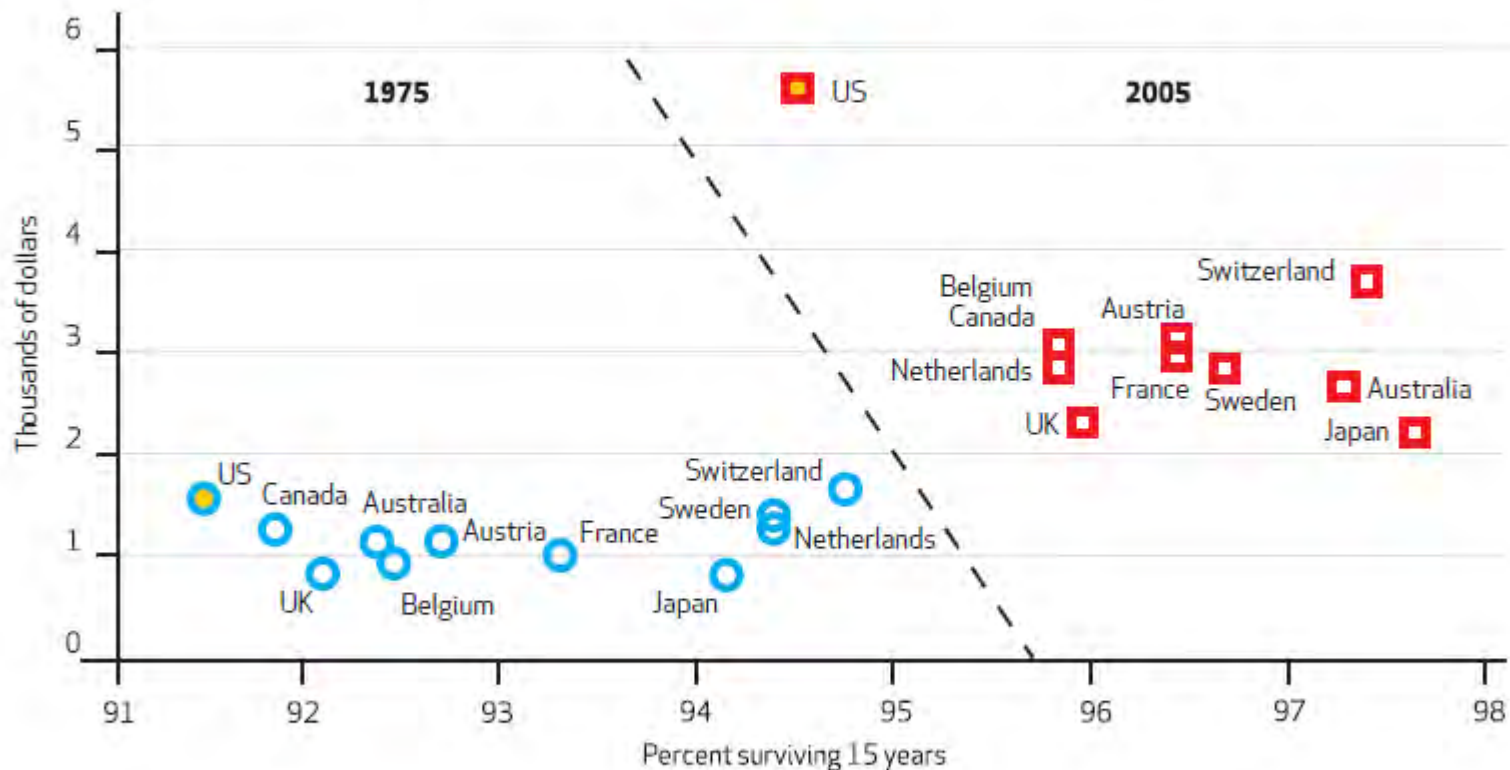
By Peter A. Muennig and Sherry A. Glied

What Changes In Survival Rates Tell Us About US Health Care

DOI: 10.1377/hlthaff.2010.0073
HEALTH AFFAIRS 29,
NO. 11 (2010): -
©2010 Project HOPE—
The People-to-People Health
Foundation, Inc.

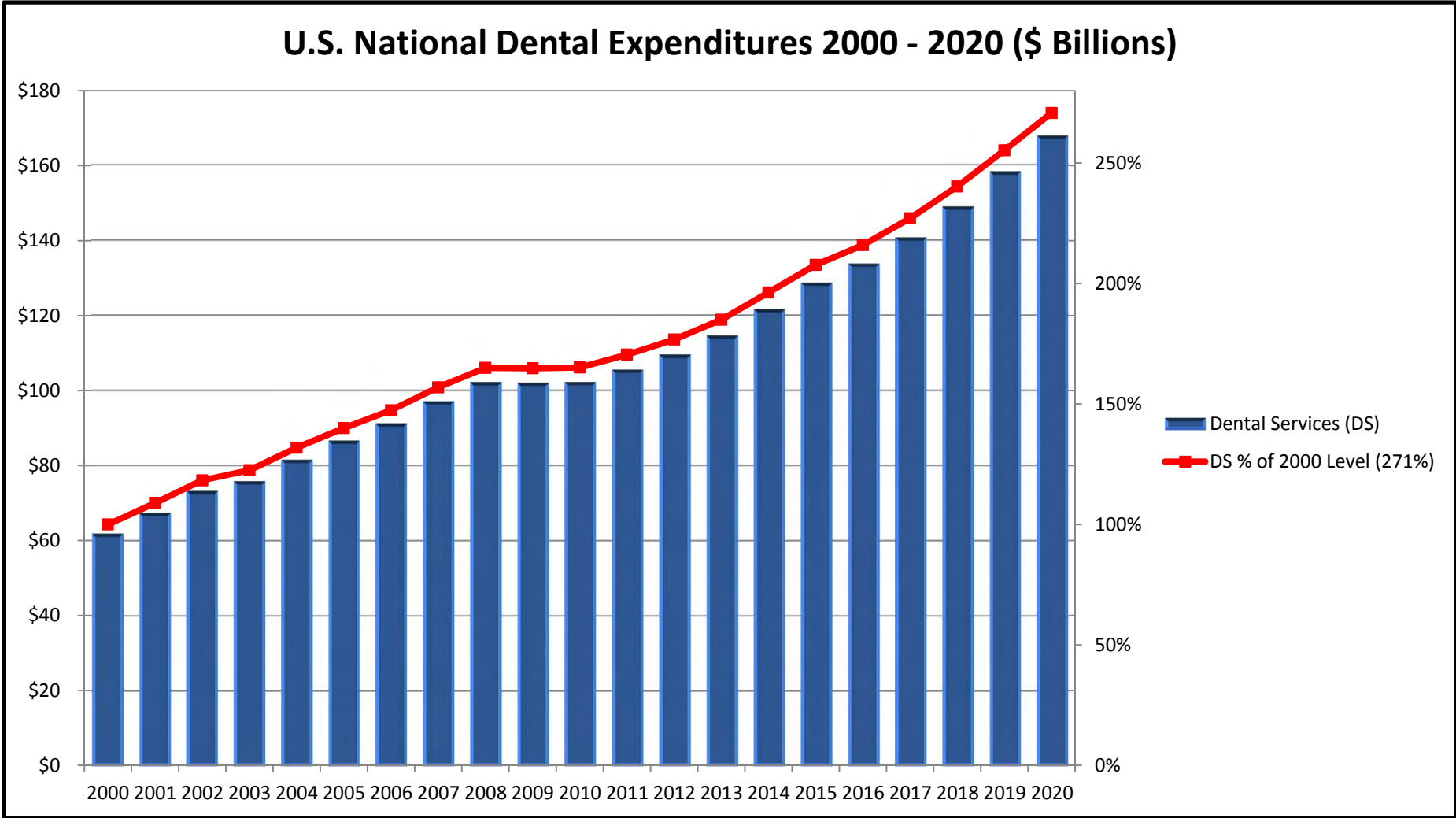
EXHIBIT 1

Per Capita Health Spending And 15-Year Survival For 45-Year-Old Women, United States And 12 Comparison Countries, 1975 And 2005



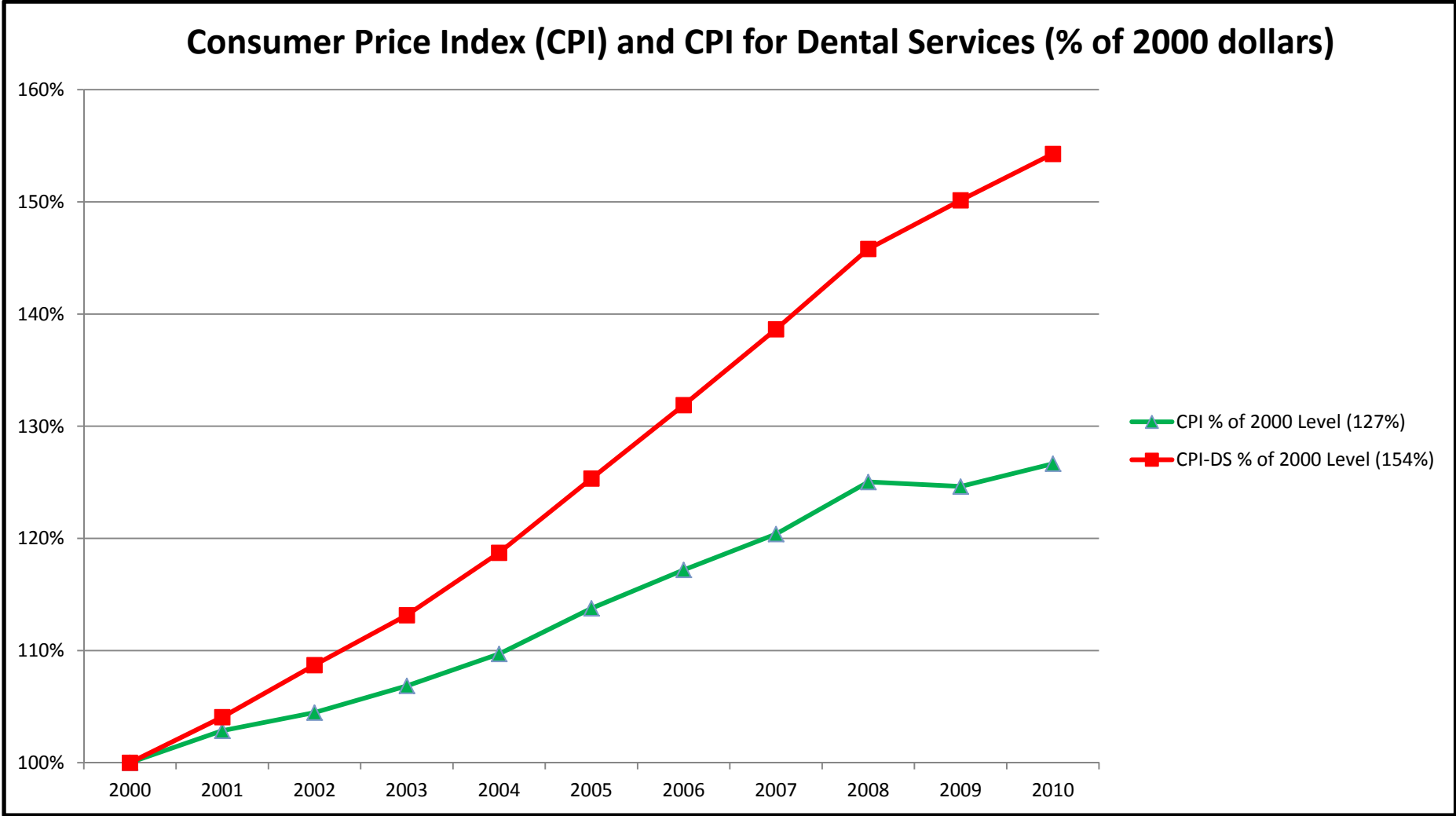
SOURCE Authors' analysis based on data from the sources described in the text. **NOTES** The dashed line separates 1975 values (blue circles) and 2005 values (red squares). Values are presented for the percentage of forty-five-year-old women surviving fifteen years.

Oral Health Expenses



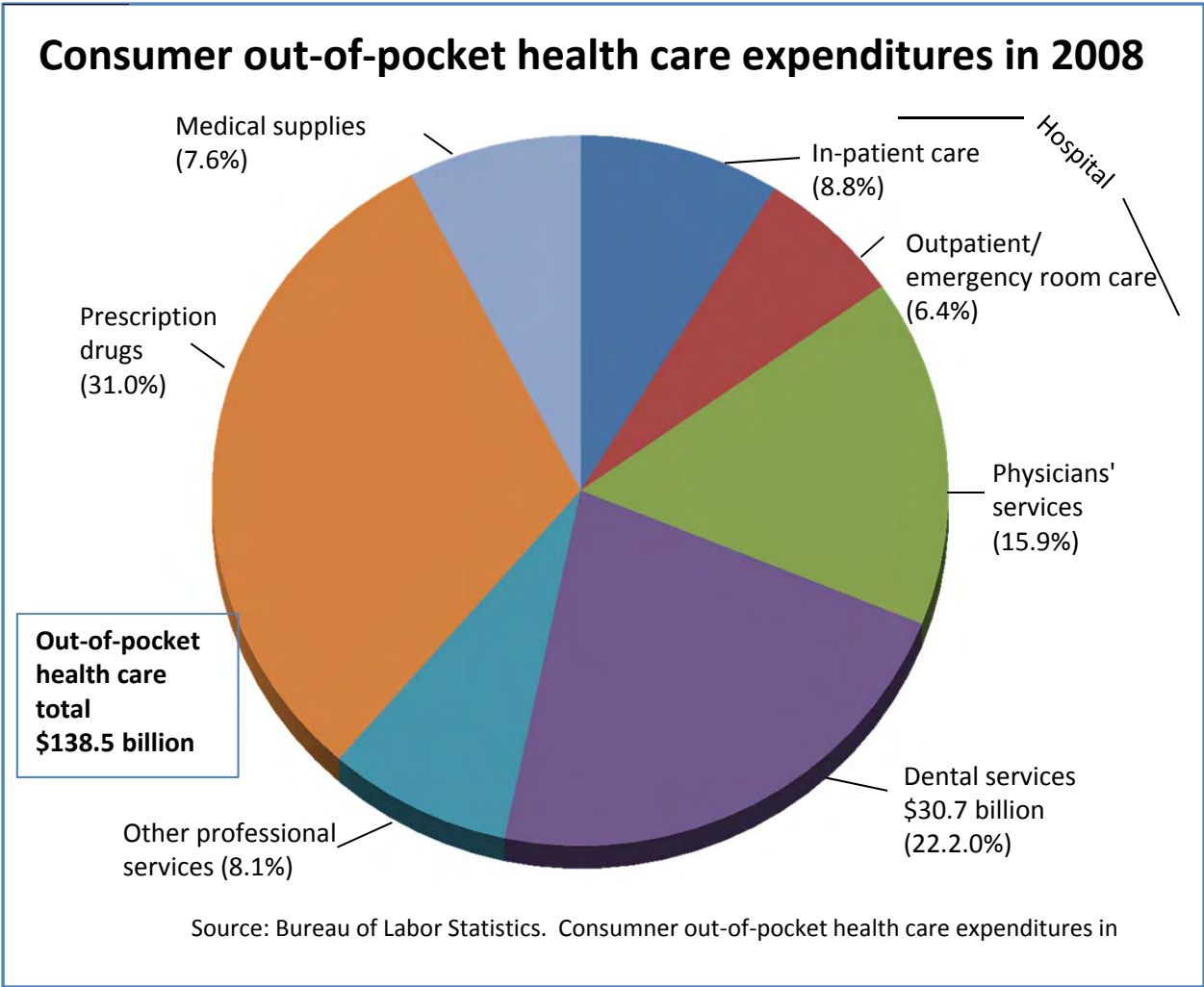
Source: CMS National Health Expenditure Projections 2010-2020, <http://www.cms.gov/NationalHealthExpendData/downloads/proj2010.pdf>.

Oral Health Expenses

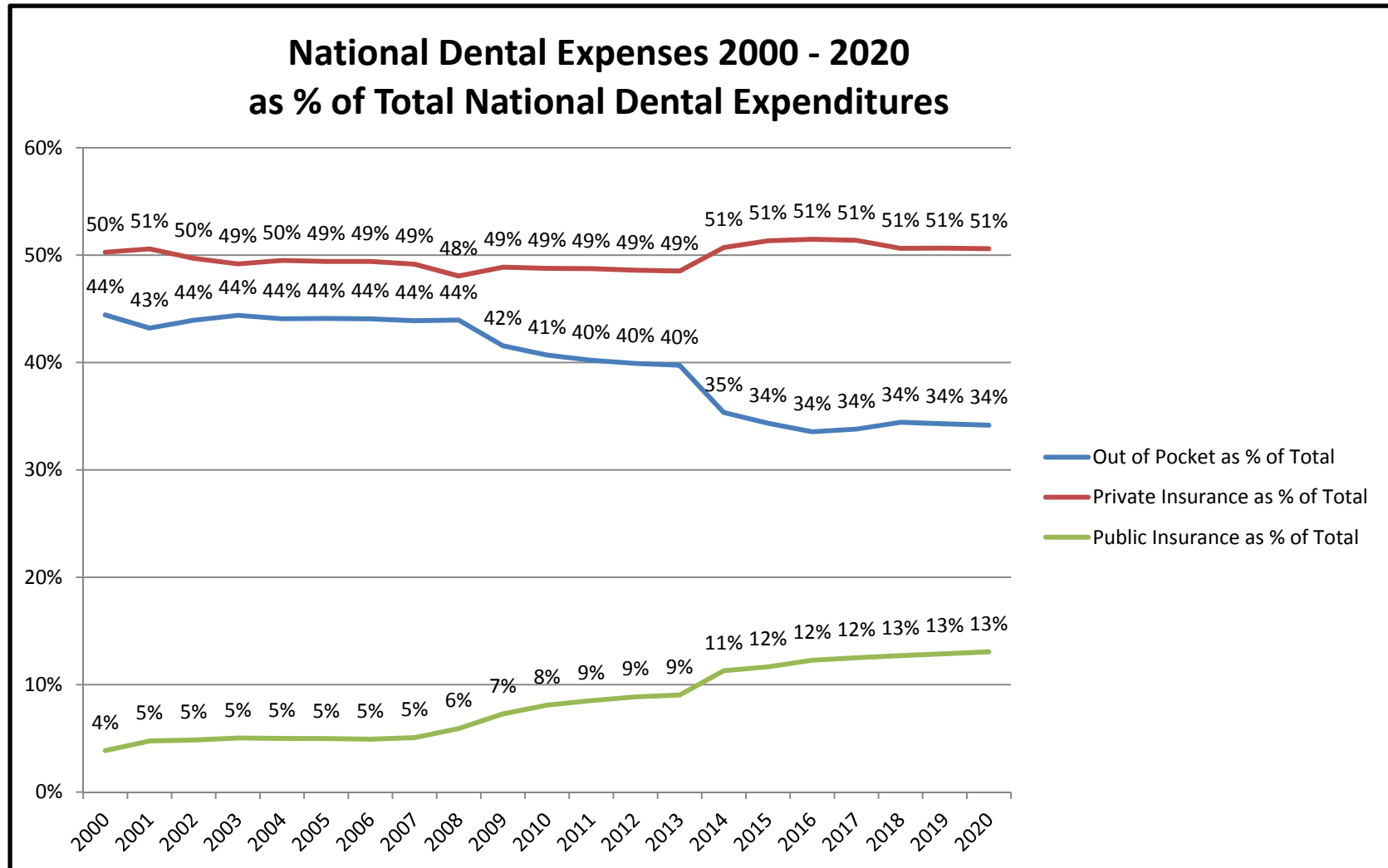


Source: American Dental Association. Consumer Price Index for Dental Services, 1970-2010. March 2011.

Out-of-Pocket Health Expenses

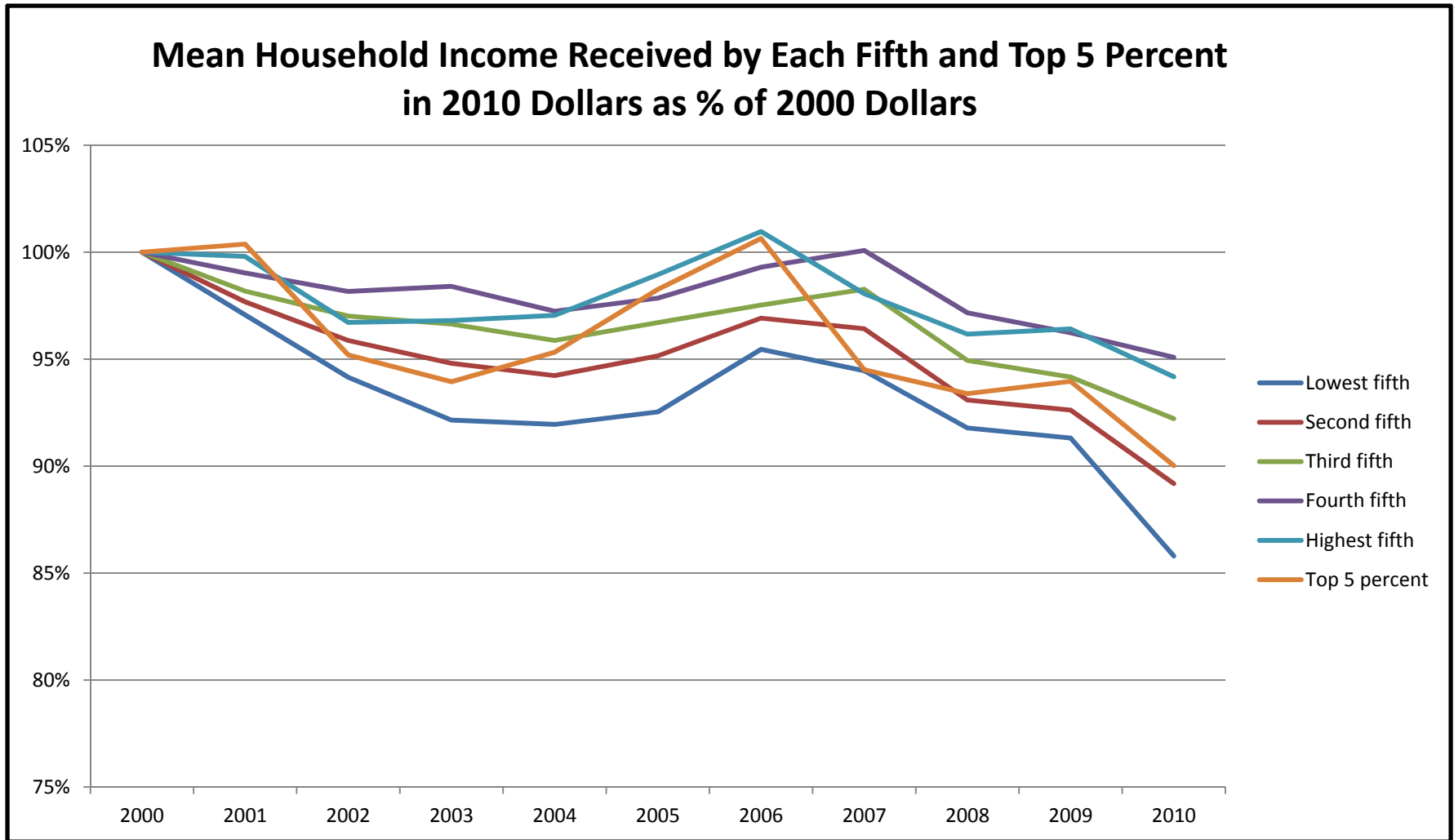


Payers of Oral Health Expenses



Source: CMS National Health Expenditure Projections 2010-2020
<http://www.cms.gov/NationalHealthExpendData/downloads/proj2010.pdf>

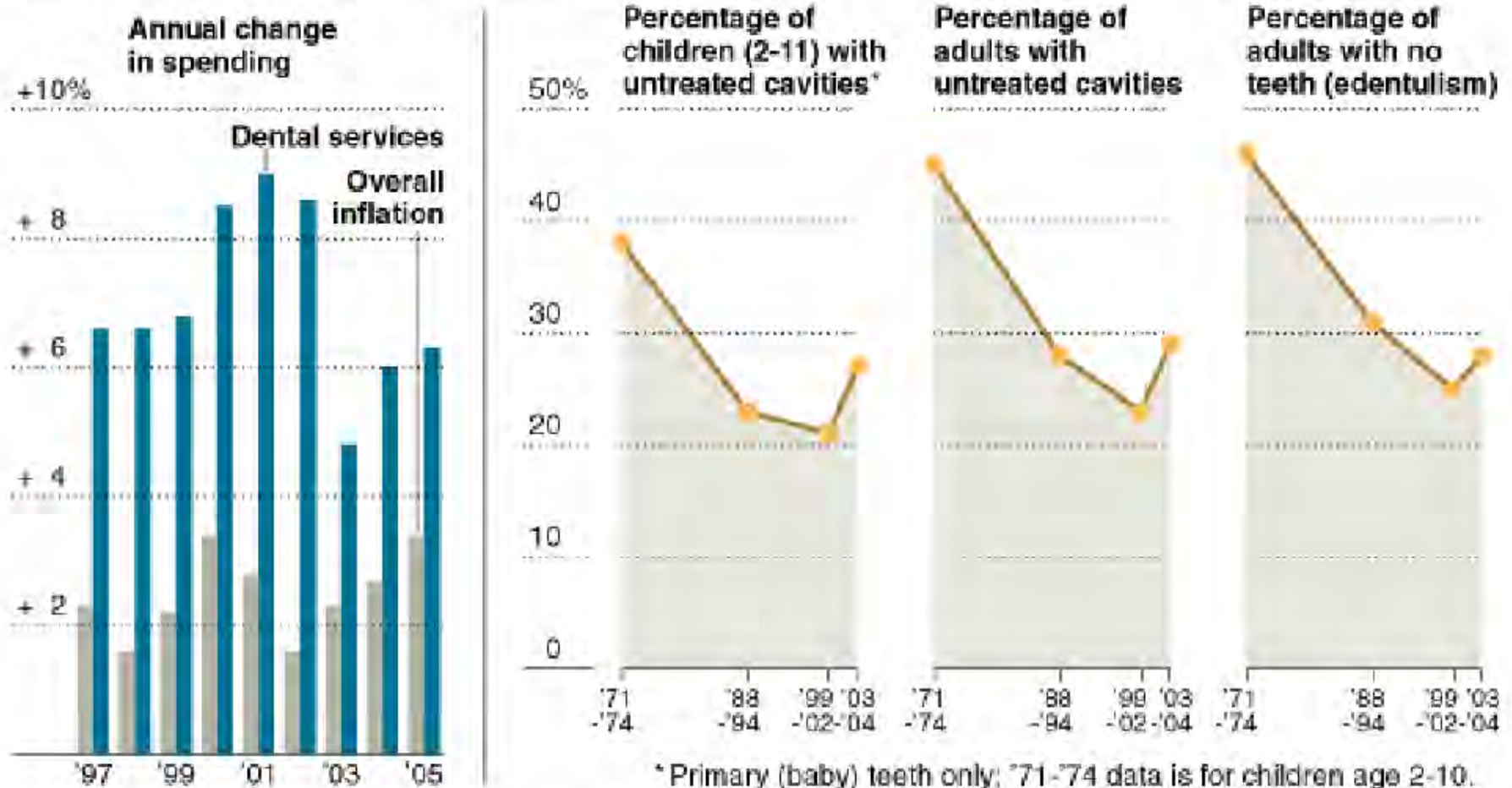
Mean US Household Income



Source: CMS National Health Expenditure Projections 2010-2020
<http://www.cms.gov/NationalHealthExpendData/downloads/proj2010.pdf>

More Spending, but More Decay

Spending on dental services has been rising faster than overall prices for the last decade. But an intermittent survey by the government indicates that the state of the nation's dental health has deteriorated recently, after decades of improvement.

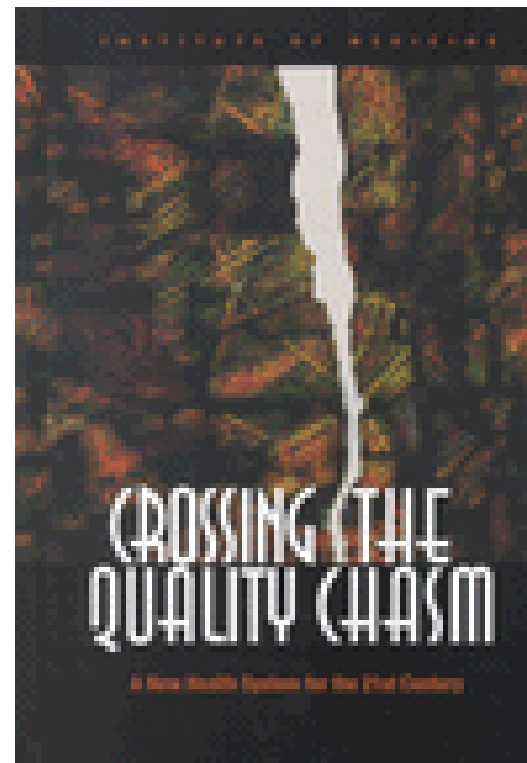
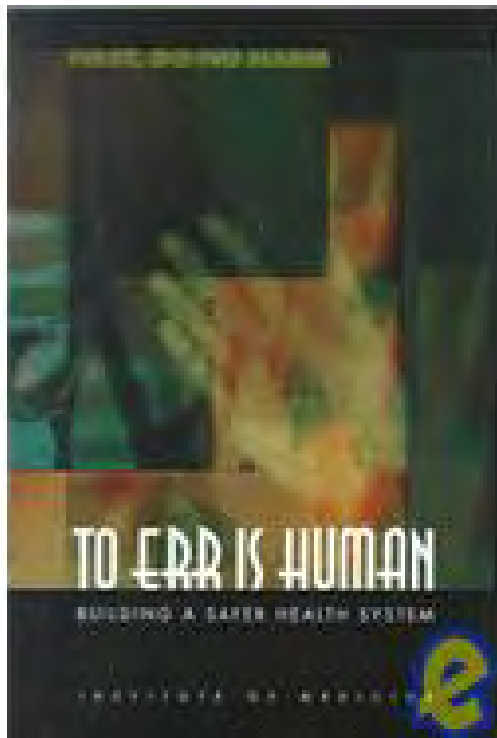


Sources: Centers for Disease Control and Prevention; Bureau of Labor Statistics; Medicare

Drivers of the Quality Movement

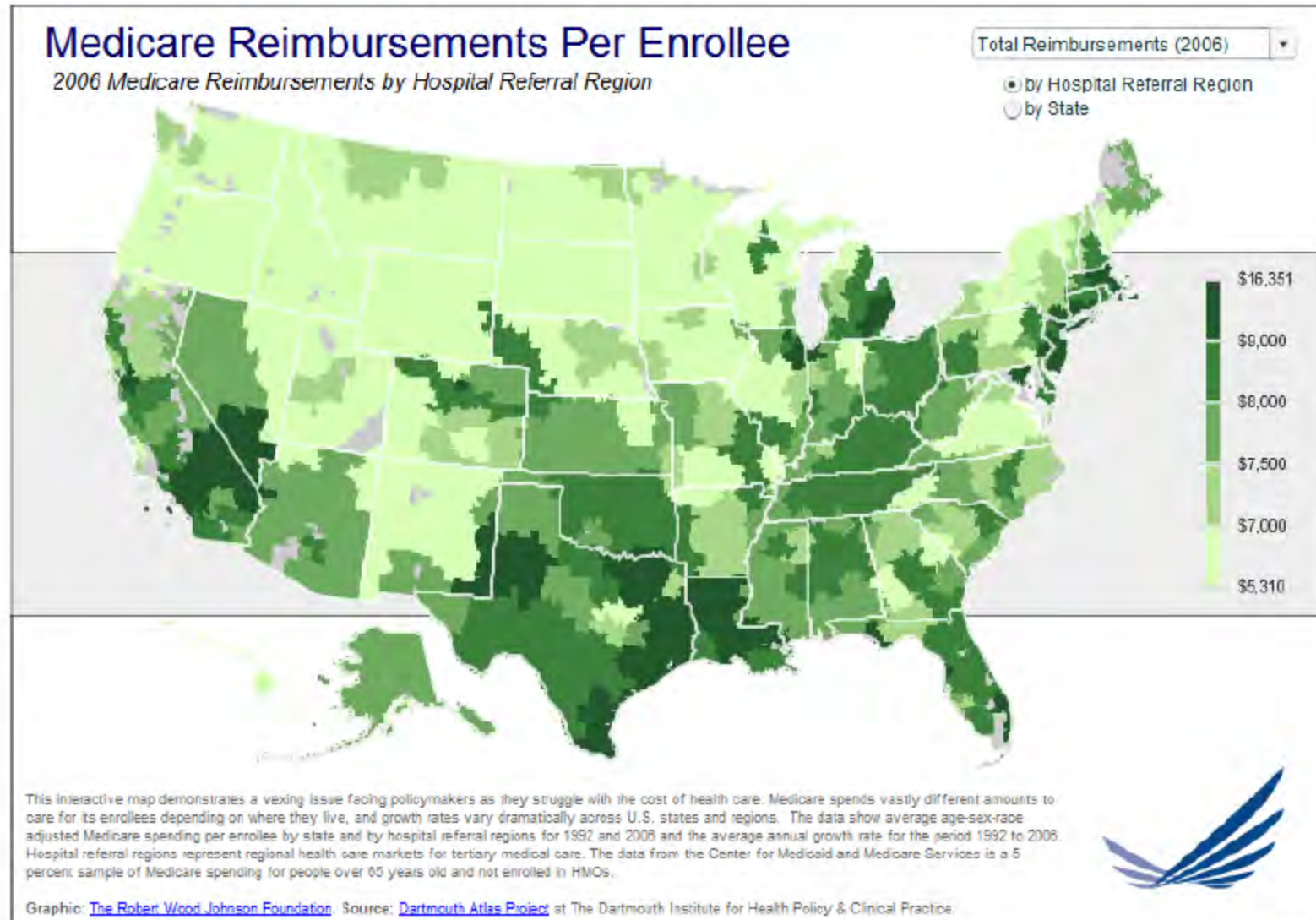
#2 – Harm and Variability of Results

IOM Reports on Quality



Variation in Cost and Outcomes

Dartmouth Atlas of Health Care: Regional Disparity in Medicare Spending



THE NEW YORKER

ANNALS OF MEDICINE

THE COST CONUNDRUM

What a Texas town can teach us about health care.

by Atul Gawande

JUNE 1, 2009



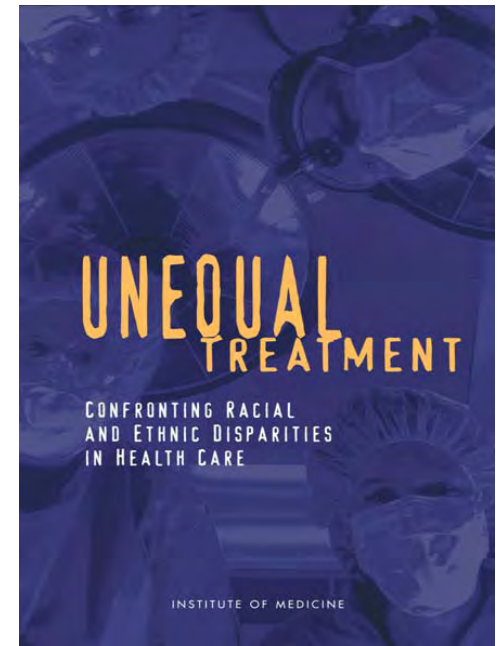
Drivers of the Quality Movement

#3 Health Disparities

Drivers of the Quality Movement

Health Disparities

- The IOM, in the 2003 report on Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care, clearly demonstrated that Racial and ethnic minorities tend to receive a lower quality of healthcare than non-minorities, even when access-related factors, such as patients' insurance status and income, are controlled.



The Institute of Medicine. Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care. 2003. National Academies Press. Washington D.C.

Oral Health in America: A Report of the Surgeon General

Department of Health and Human Services
U.S. PUBLIC HEALTH SERVICE

The Surgeon General's Report

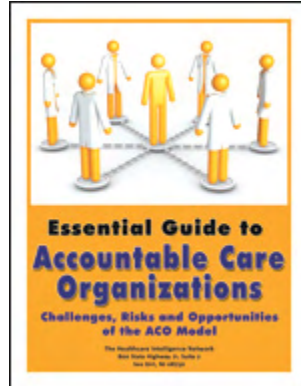
- “Although there have been gains in oral health status for the population as a whole, they have not been evenly distributed across subpopulations.”
- **Profound** health disparities exist among populations including:
 - Racial and ethnic minorities
 - Individuals with disabilities
 - Elderly individuals
 - Individuals with complicated medical and social conditions and situations

Drivers of the Quality Movement in the U.S. General and Oral Health Care Systems

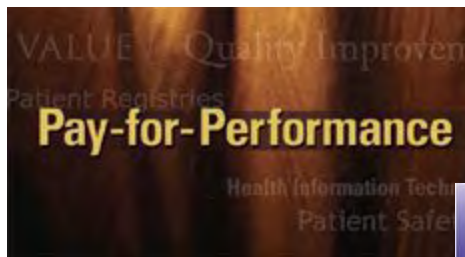
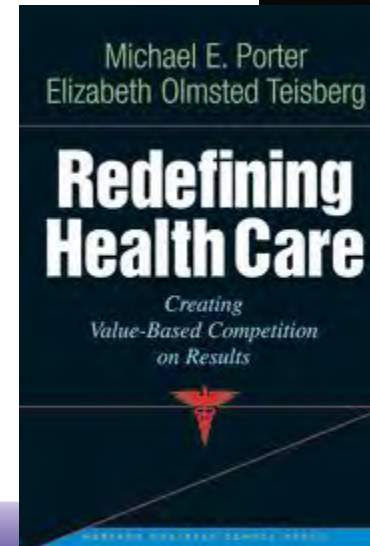
1. the skyrocketing cost of health care unrelated to improvement in health outcomes,
2. increasing understanding of the harm and unwarranted variability our fragmented health care system produces,
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4. increasing awareness of these problems in the age of consumer empowerment.



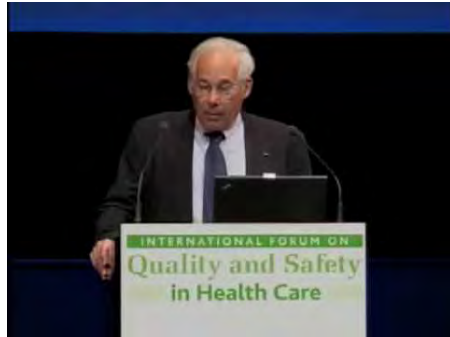
The Era of Accountability



$$\text{VALUE} = \frac{\text{QUALITY}}{\text{COST}}$$



The Triple Aim



- improving the experience of care
- improving the health of populations
- reducing per capita costs of health care

The Era of Accountability

The Urban Institute

Moving Payment from Volume to Value: What Role for Performance Measurement?

Timely Analysis of Immediate Health Policy Issues

December 2010

Robert A. Berenson

Improving Quality Through Measurement



Not everything that counts can be counted, and not everything that can be counted counts.



~Albert Einstein

But...

You can't improve what you don't measure

Quality Improvement Systems

- Plan
 - Objectives, methods, measures, tasks
- Do
 - Work the plan
- Study
 - Gather data, analyze results
- Act
 - Decide what to do next
 - Incorporate the change, make a new plan

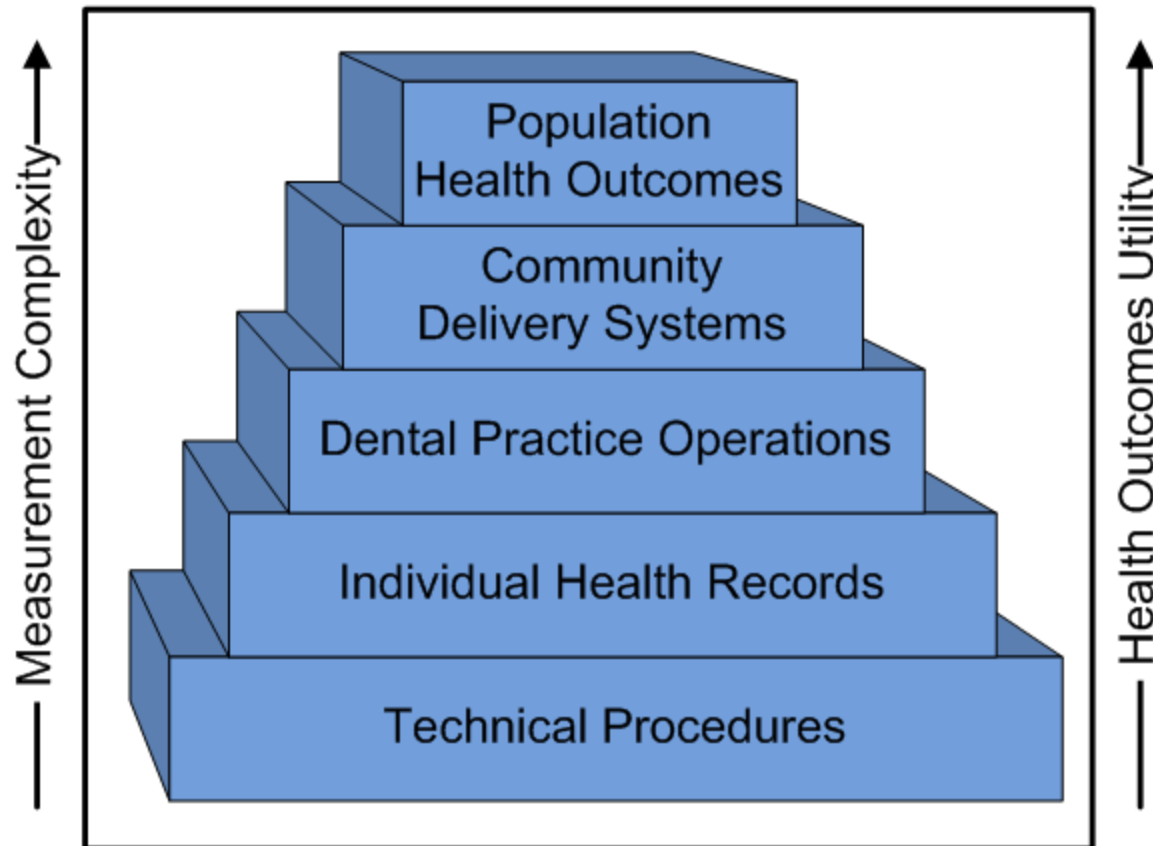


Six Aims for Quality Improvement

- Safe
- Effective
- Patient-centered
- Timely
- Efficient
- Equitable

The Institute of Medicine. Crossing the Quality Chasm: A New Health System for the 21st Century. 2001. National Academies Press. Washington D.C.

Levels of Quality Improvement Activities



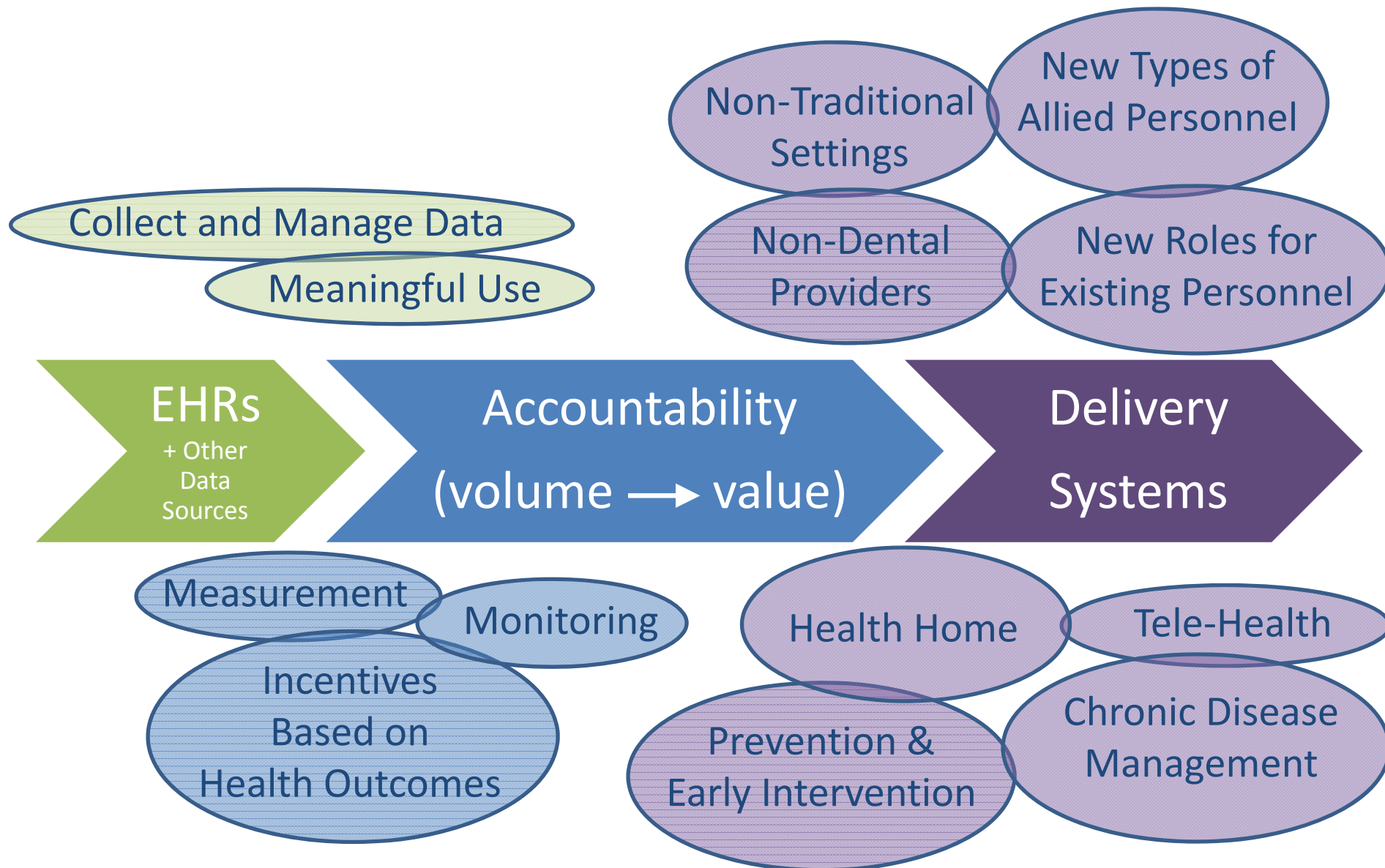
Quality Measurement or Improvement Activities in Sectors of the Oral Health Delivery System

- Federal or National Agencies and Programs
- The Oral Health Safety-Net
- Large Group Dental Practices
- The Dental Benefits Industry
- Professional Dental Associations
- Hospital-based Dental Practices
- Dental Practice-based Research Networks

Conclusions

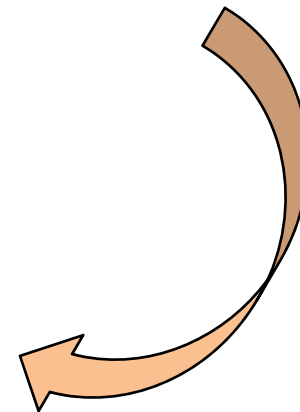
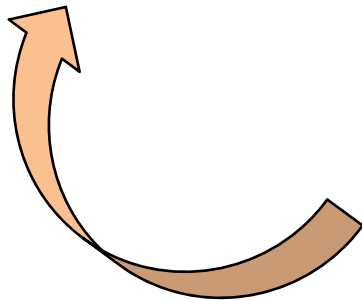
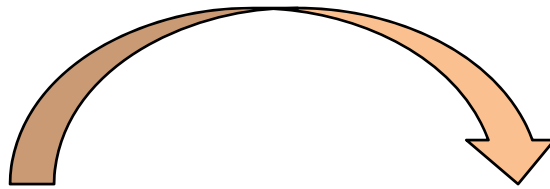
- Lots of people are collecting lots of data
- The vast majority is used to inform or drive program change at large payer or plan levels.
- There are few examples of measurement that directly is tied to performance in a way that influences activities
- Movement from volume to value is not evident in oral health systems

Moving Oral Health Care from Volume to Value**



**Value = health outcomes achieved per dollar spent over the lifecycle of a condition

The Virtual Dental Home



The Virtual Dental Home Concept Model



Allied Personnel – On-Site

Intake & periodic recall visits, record collection, communication with dentist

Records: Radiographs



Records: Photographs



Denticon!! :- Patient Window :- Welcome, CHAEKIM@MSN.COM :- Internet Explorer provided by Dell

https://www.denticon.com/ASPX/Charting/PatChartNew.aspx

Scheduler Patient Transactions Charting Reports Utilities Setup **Office** Los Angeles Help Logout

Members Print Patient

Patient Chart

Patient: Mouse, Mickey M Type: Patient ID 100 Responsible: Mouse, Mickey M Prim. Ins: Delta Dental of Cali
 (H) : 714-555-1212 CA Age/Sex: 59 / M Balance: 5839.40 949-555-1212
 (C) : 714-555-1213 MD First Visit: 11/29/2004 Est Ins: 2838.10 Ben Rem: 0.00
 (W) : 800-555-1212 RT Last Visit: 01/12/2009 Est Pat: 3001.30 Ded Rem: 0.00

Change Dentition View Chart as on 1/12/2009 Clear Selection ADA Codes Progress Notes Perio

Pre-existing Conditions

Type	Date	St	Code	Description	Th	Surf	Est. Ins.	Fee	Office
LEDGER	10/27/2008		D2140	Amalgam One Surface Perm/Prim	3	M	\$0.00	\$84.00	LA
LEDGER	10/27/2008		D2140	Amalgam One Surface Perm/Prim	4	M	\$0.00	\$84.00	LA
LEDGER	10/27/2008		D2140	Amalgam One Surface Perm/Prim	5	M	\$0.00	\$84.00	LA
LEDGER	10/27/2008		D2140	Amalgam One Surface Perm/Prim	6	M	\$0.00	\$84.00	LA
LEDGER	10/27/2008		D2140	Amalgam One Surface Perm/Prim	7	M	\$0.00	\$84.00	LA
LEDGER	10/27/2008		D2140	Amalgam One Surface Perm/Prim	8	M	\$0.00	\$84.00	LA
LEDGER	10/27/2008		D2140	Amalgam One Surface Perm/Prim	9	M	\$0.00	\$84.00	LA
LEDGER	10/27/2008		D2140	Amalgam One Surface Perm/Prim	10	M	\$0.00	\$84.00	LA
LEDGER	10/27/2008		D2140	Amalgam One Surface Perm/Prim	11	M	\$0.00	\$84.00	LA
LEDGER	10/27/2008		D2140	Amalgam One Surface Perm/Prim	12	M	\$0.00	\$84.00	LA
LEDGER	10/27/2008		D2140	Amalgam One Surface Perm/Prim	13	M	\$0.00	\$84.00	LA
LEDGER	1/12/2009		D2140	Amalgam One Surface Perm/Prim	2	M	\$0.00	\$84.00	LA

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Done Internet | Protected Mode: On 100%

The Virtual Dental Home Concept Model



Allied Personnel – On-Site
Intake & periodic recall visits, record collection, communication with dentist



Radiographs

Denticon!3.5 :- Patient Window :- Welcome, PGLASSMAN :- Windows Internet Explorer


https://www.denticon.com/Imaging/ASPX/xray.aspx

Scheduler Patient Transactions Charting Reports Utilities Setup Office [Redacted] Help Logout

DentRay

Patien [Redacted]	Type	Patient ID: 477	Responsible: [Redacted]	Prim. Ins:
(H) : BO :		Age/Sex: / F	Balance: 35.00 BO :	
(C) :		First Visit: 11/29/2010	Est. Ina: 0.00	Ben Ram: 0.00
(W) :		Last Visit: 03/28/2011	Est. Pati: 35.00	Ded Ram: 0.00

X-Ray Capture Presentation



Select Series: Study 03232011 Print Series Delete Series Move Series

Radiographs



Photographs


Denticon13.5 - Patient Window - Welcome, PGLASSMAN - Windows Internet Explorer
https://www.denticon.com/imaging.aspx/xray.aspx

Scheduler Patient Transactions Charting Reports Utilities Setup Office [Redacted] Help Logout

DentiRay

Patient: [Redacted]	Type	Patient ID: 477	Responsible: [Redacted]	Prim. Ins:
[H]: BO:		Age/Sex: / F	Balance: 35.00 BO:	Ben Rem: 0.00
[C]:		First Visit: 11/29/2010	Est. Ins: 0.00	Ded Rem: 0.00
[W]:		Last Visit: 03/26/2011	Est. Pat: 35.00	

X-Ray Capture Presentation

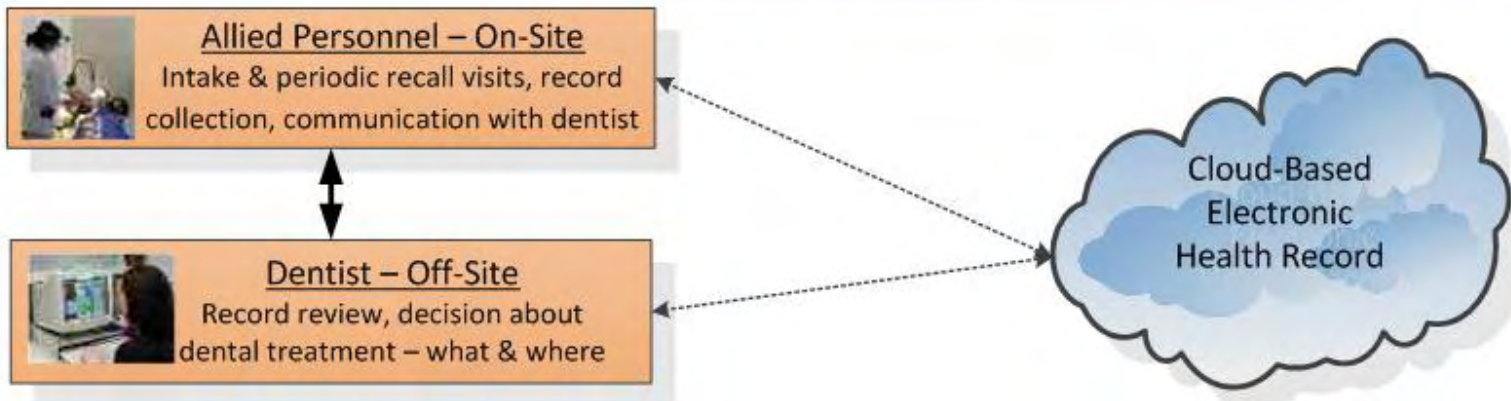


Select Series: Study 02092011 Print Series Delete Series Allow Series

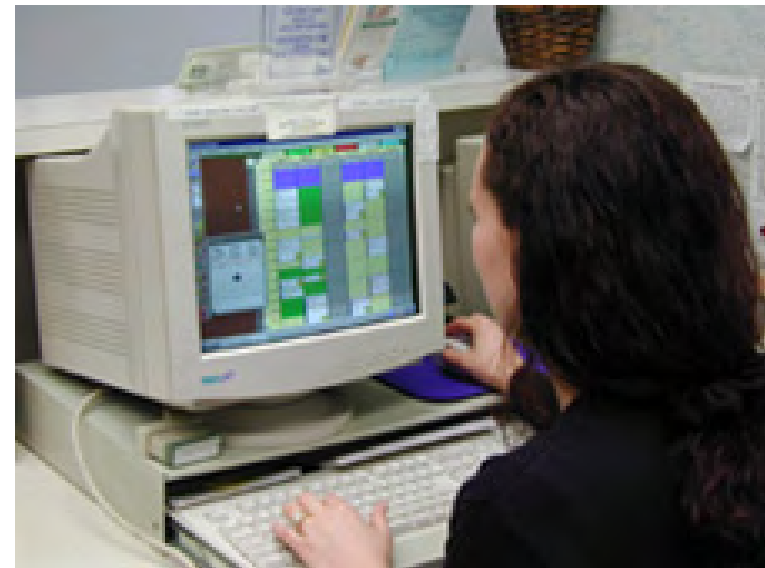
Photographs



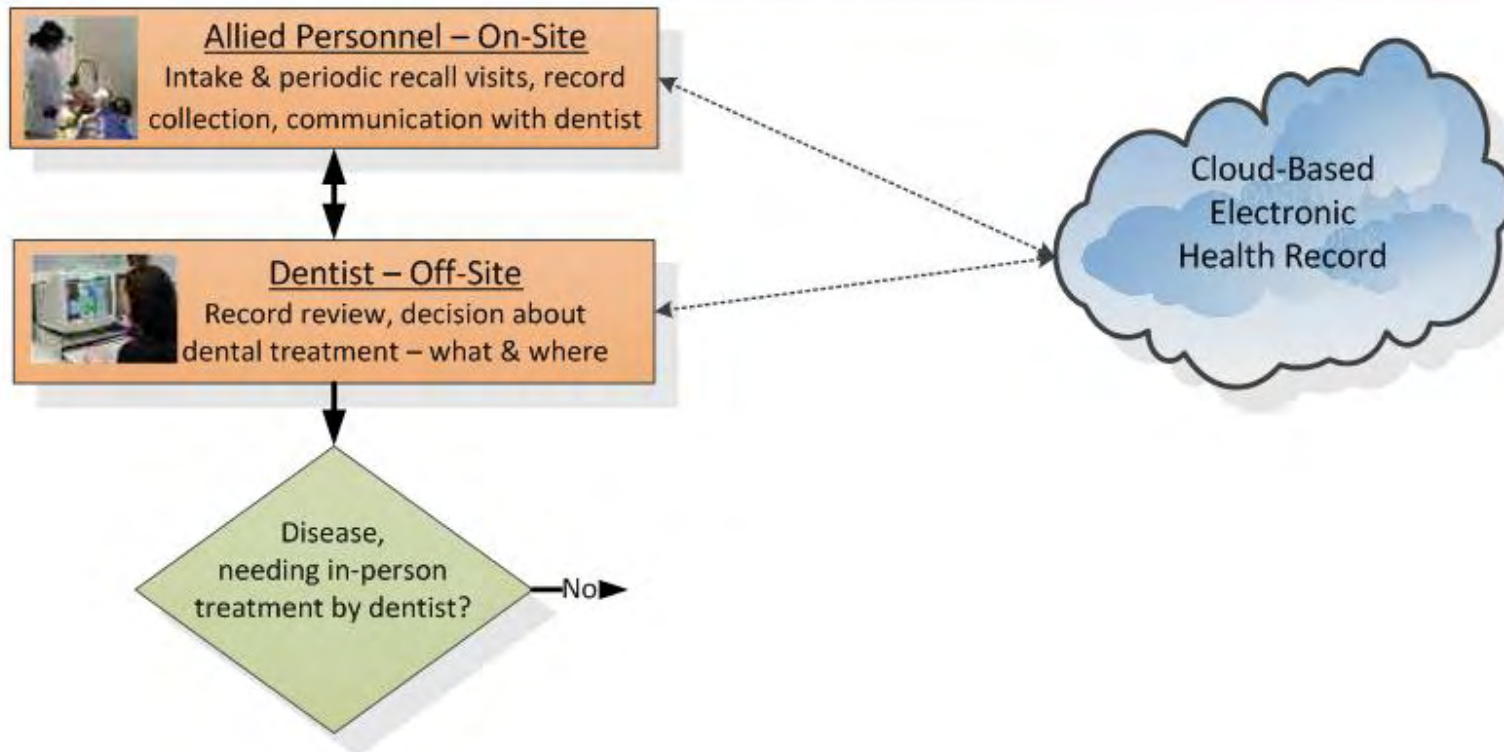
The Virtual Dental Home Concept Model



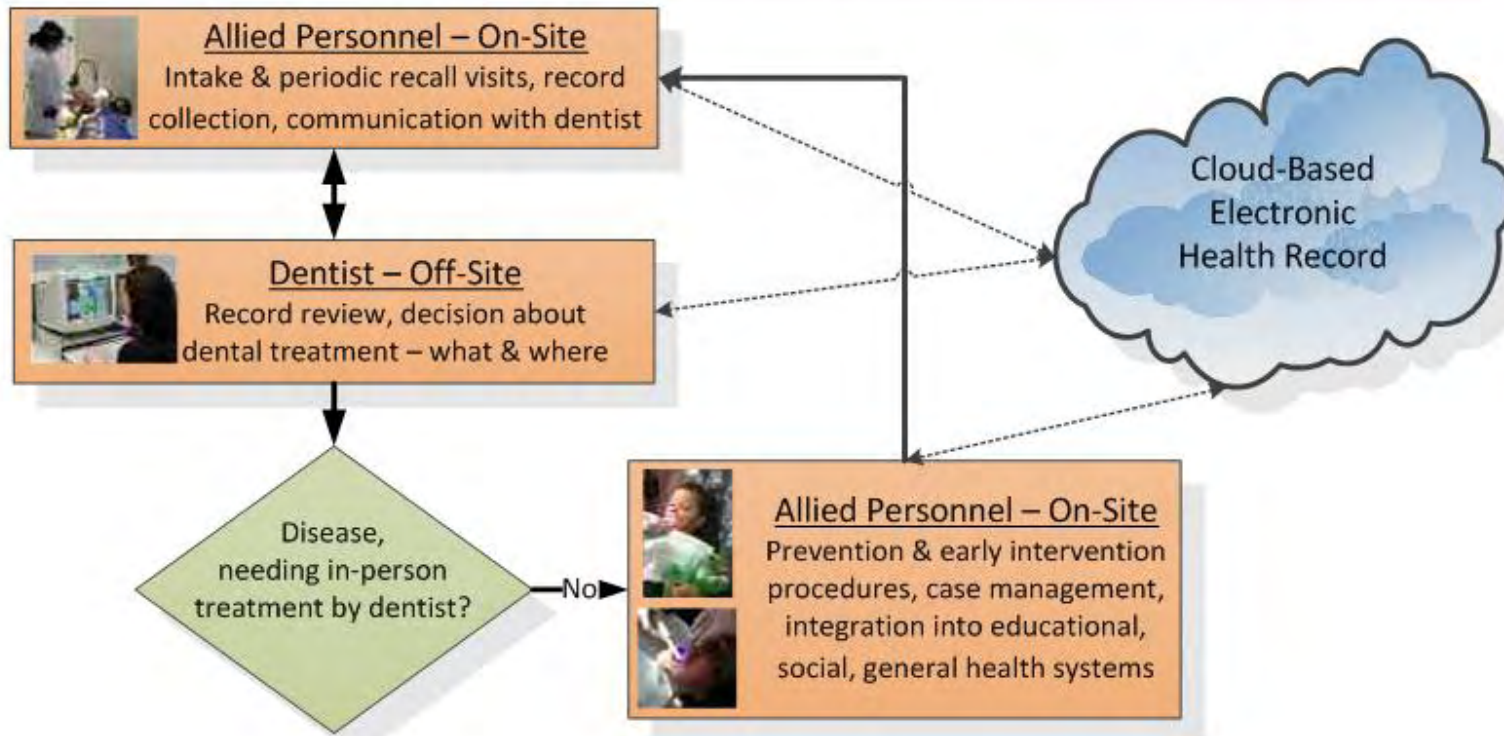
Study on Telehealth vs In-Person Decision Making



The Virtual Dental Home Concept Model



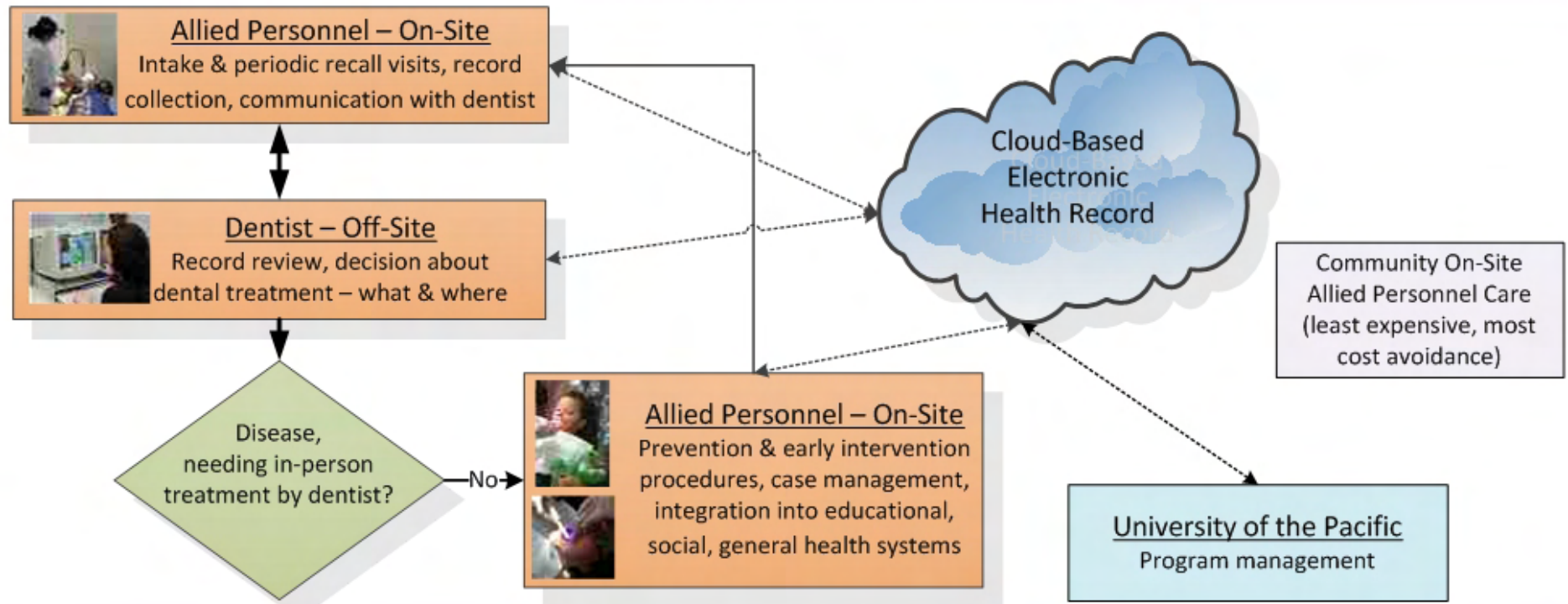
The Virtual Dental Home Concept Model



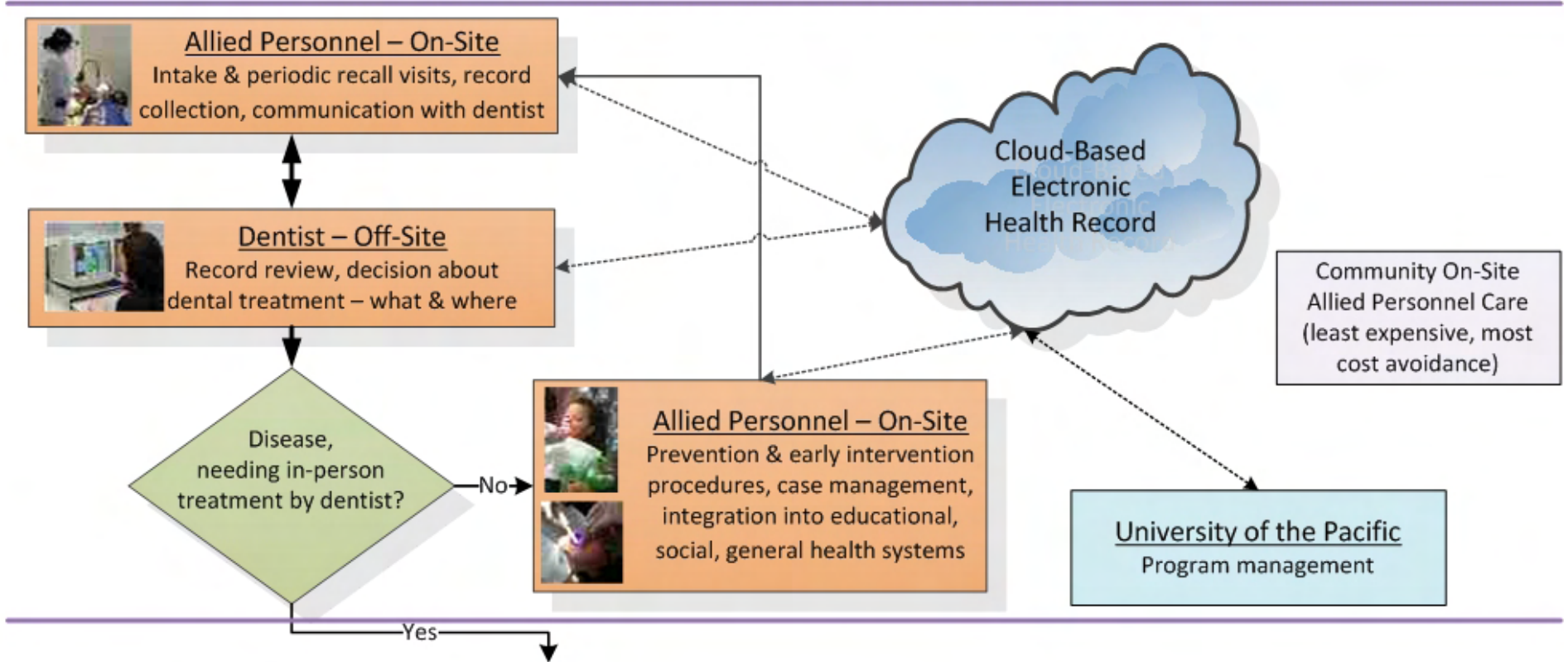
Community Prevention and Early Intervention Procedures



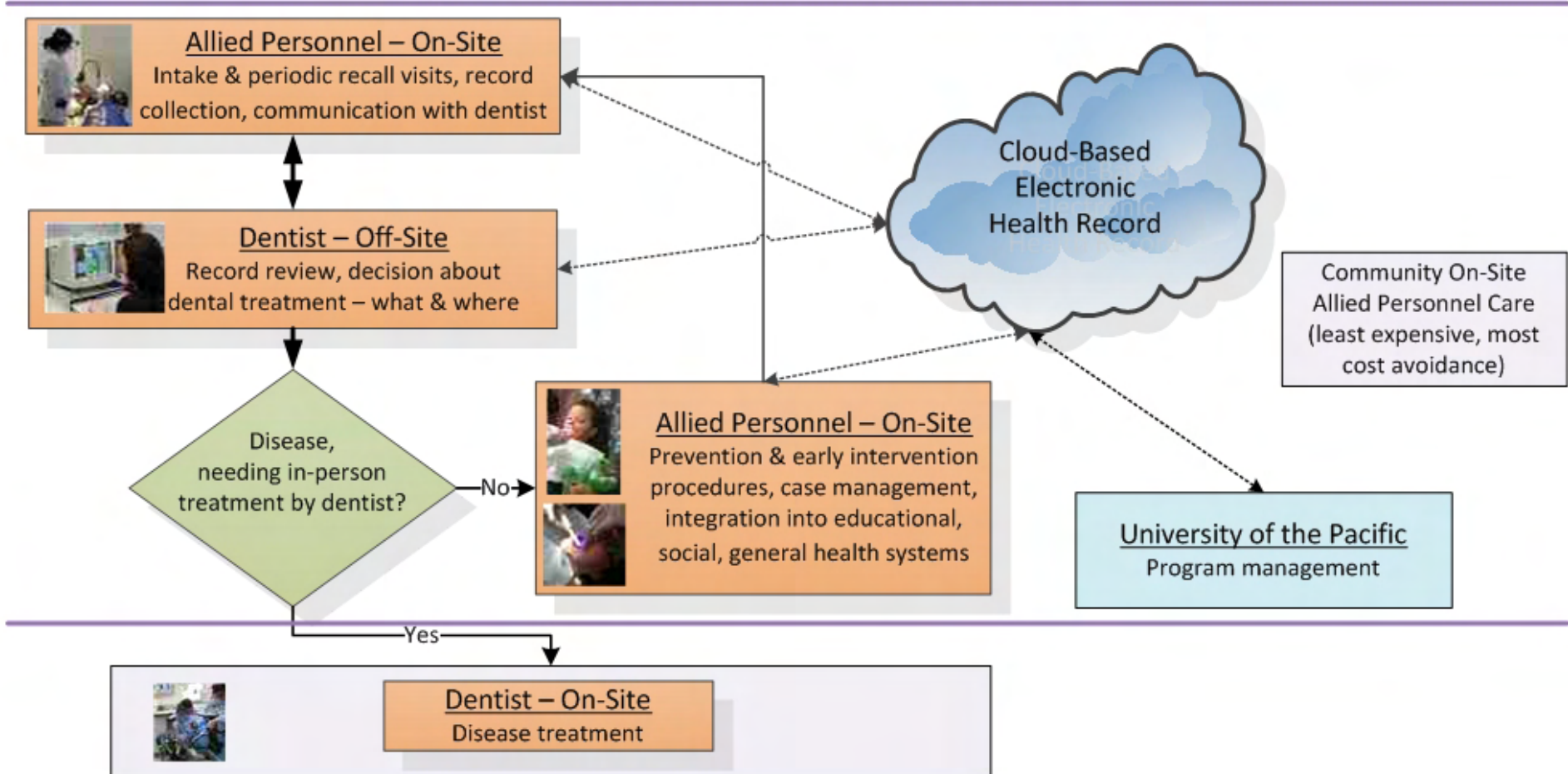
The Virtual Dental Home Concept Model



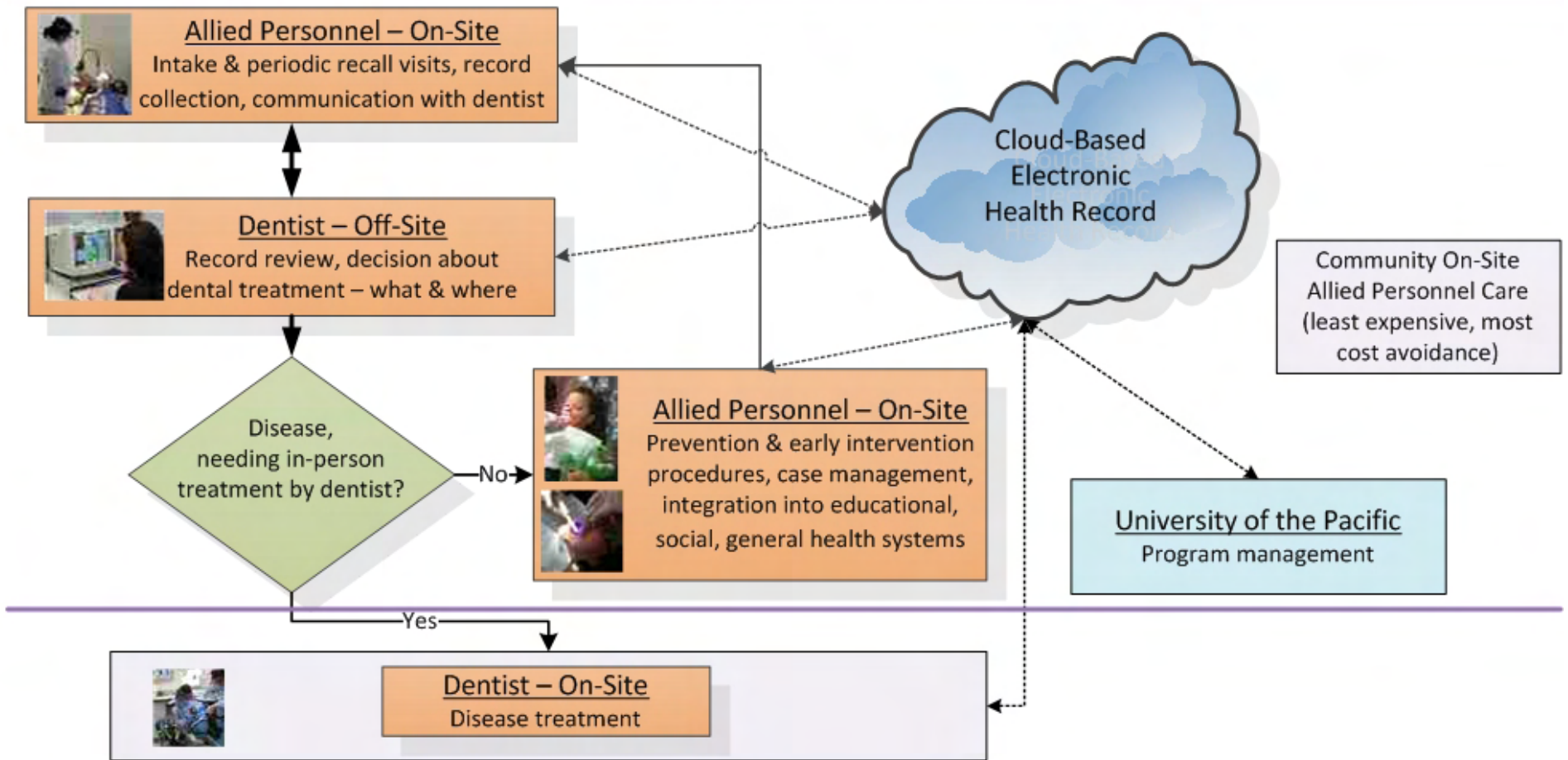
The Virtual Dental Home Concept Model



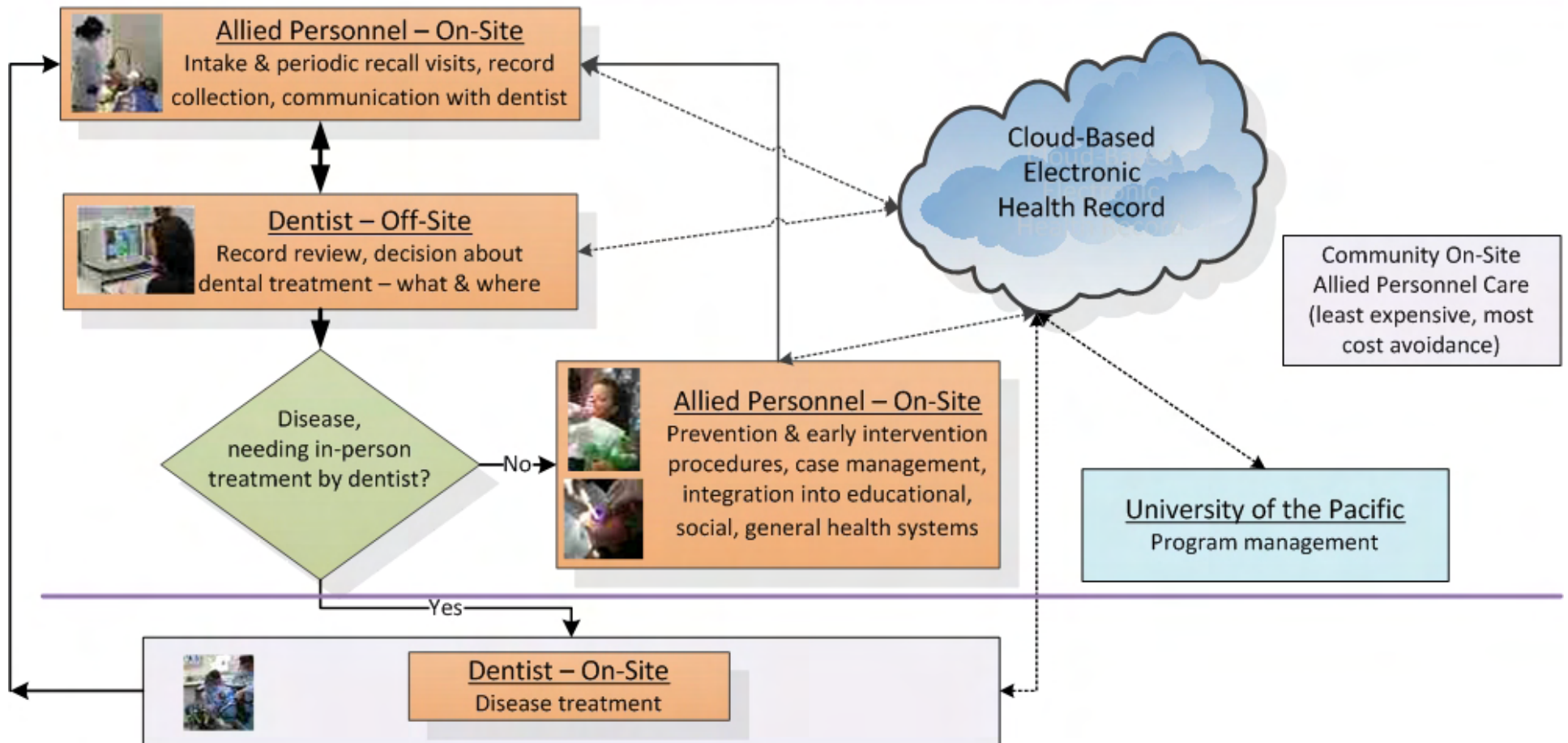
The Virtual Dental Home Concept Model



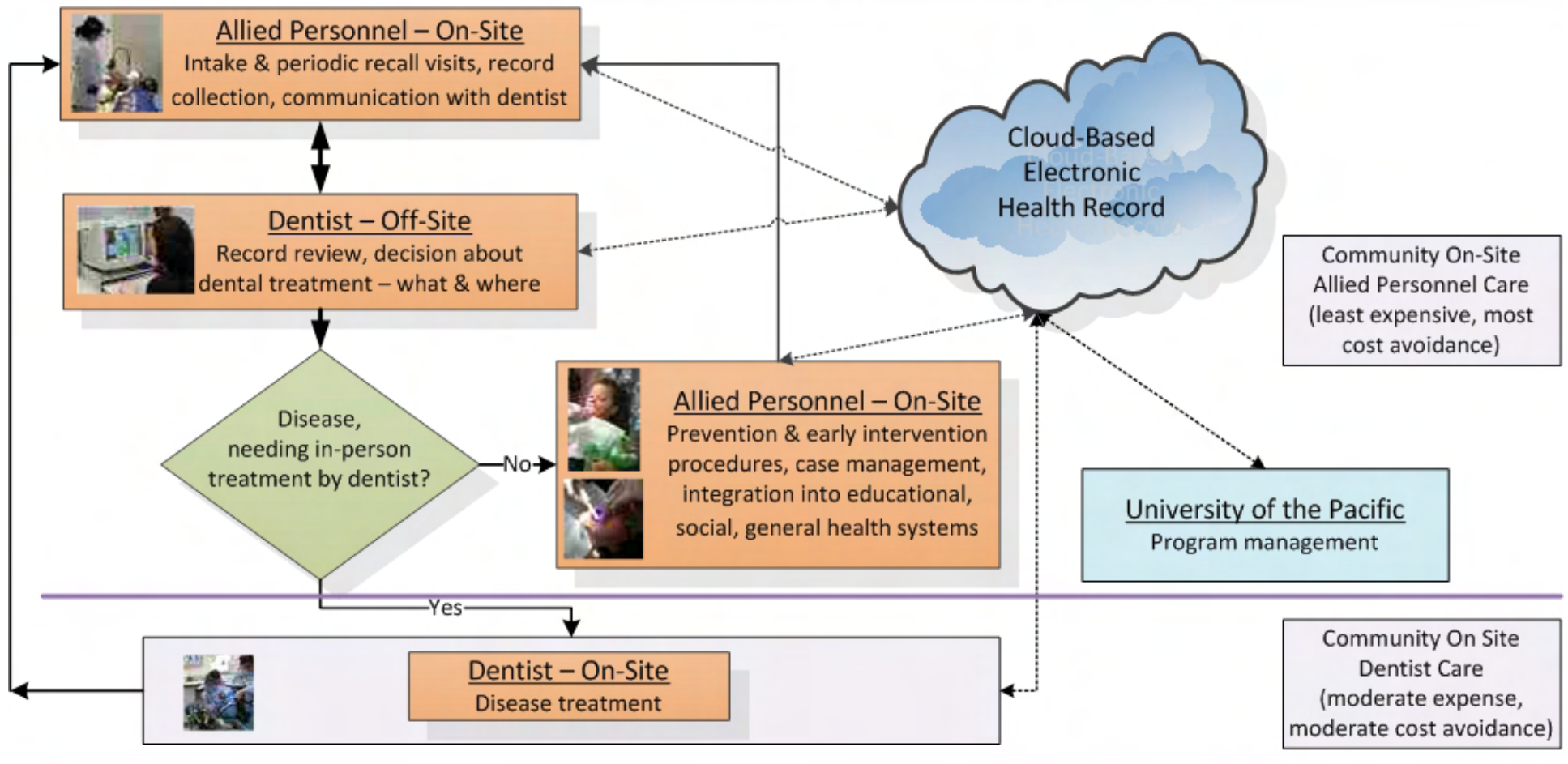
The Virtual Dental Home Concept Model



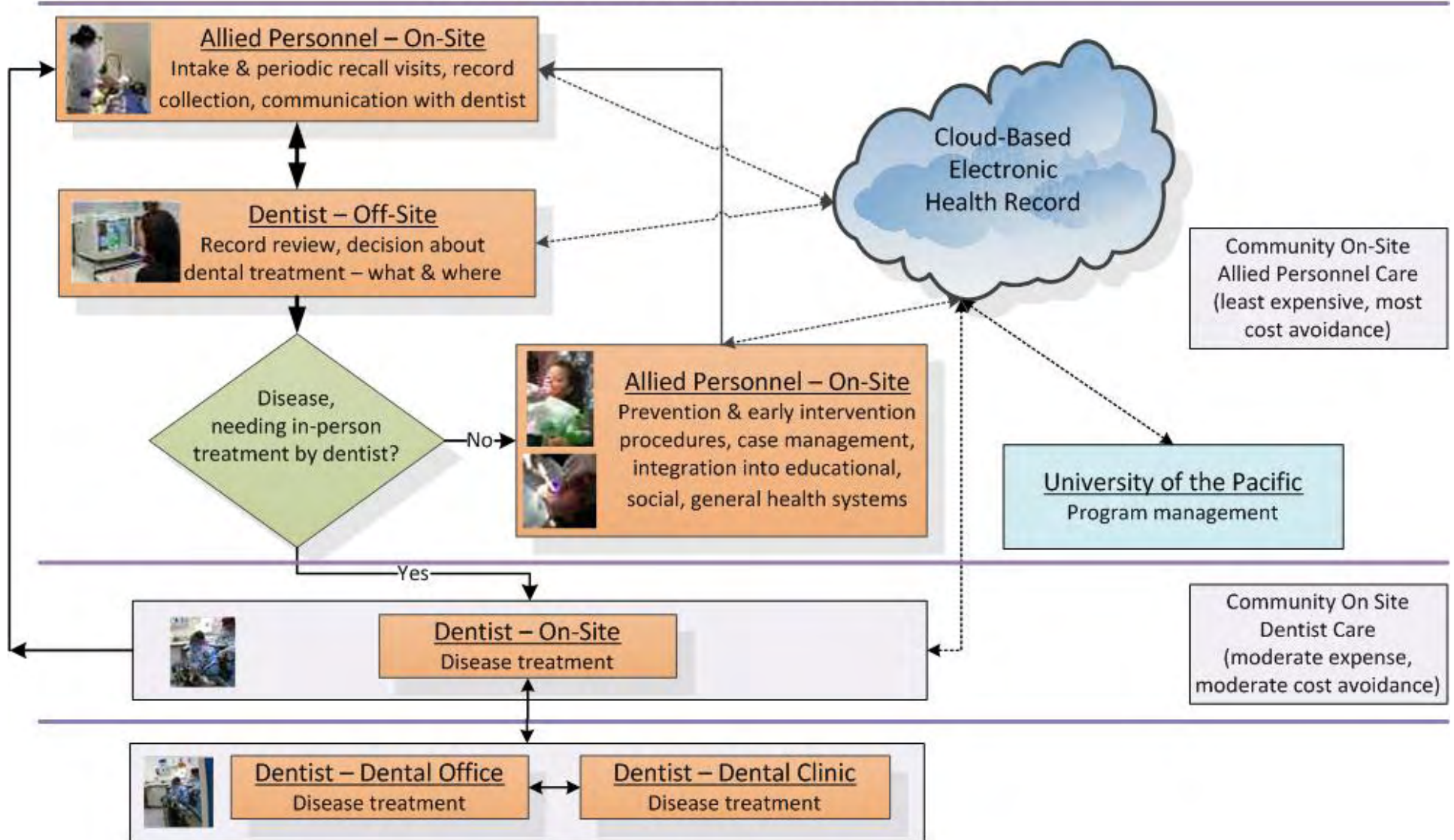
The Virtual Dental Home Concept Model



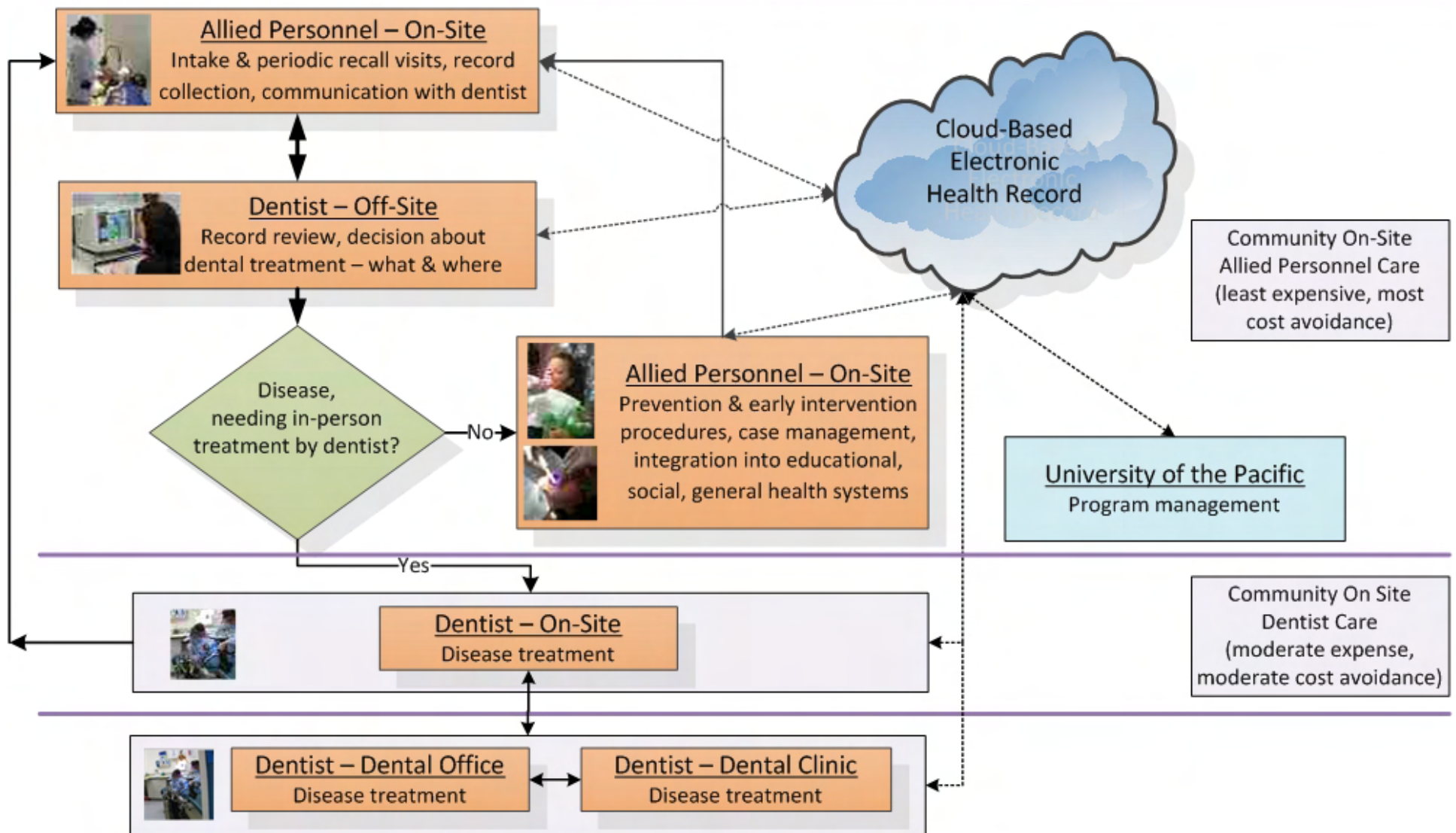
The Virtual Dental Home Concept Model



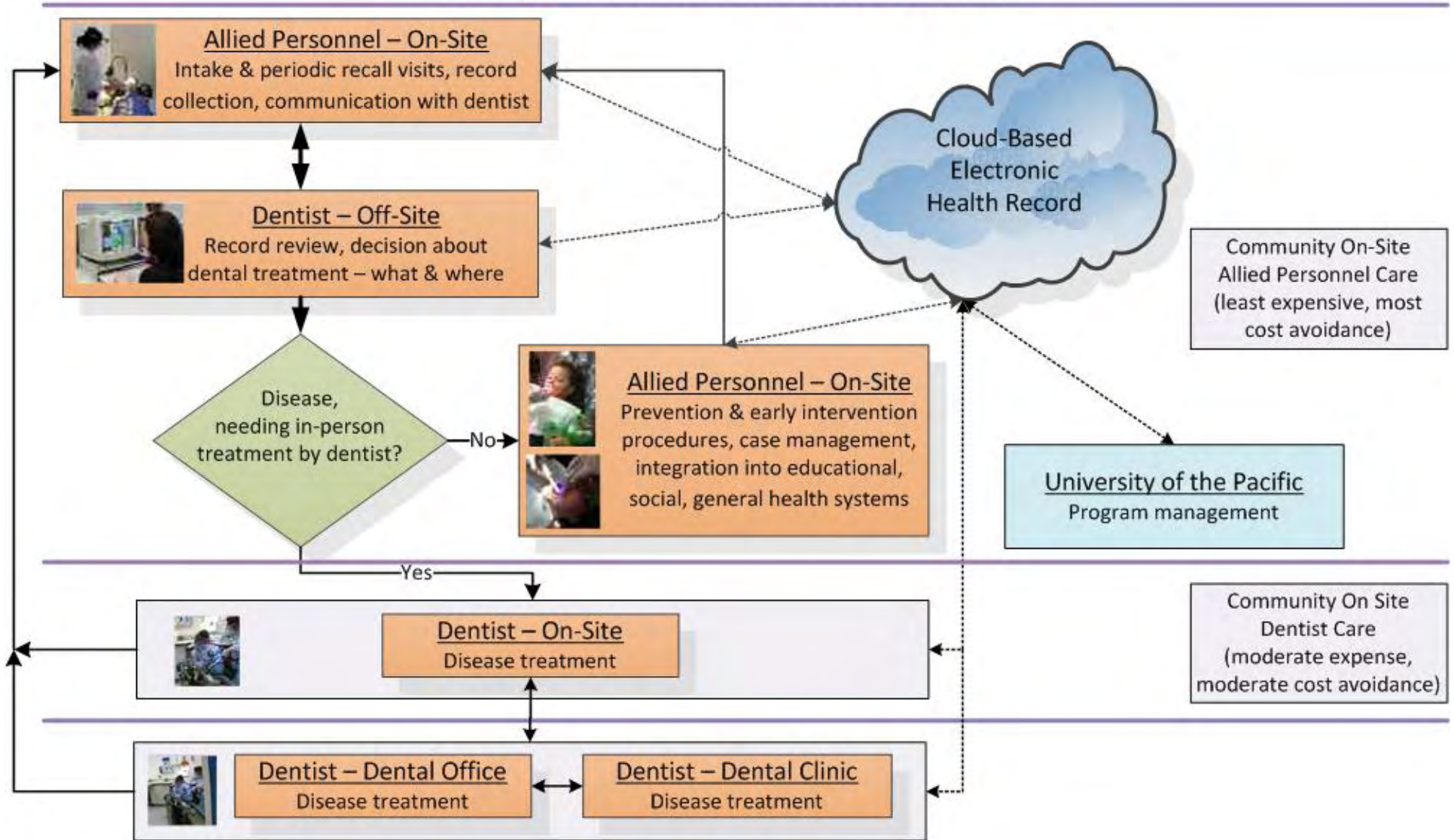
The Virtual Dental Home Concept Model



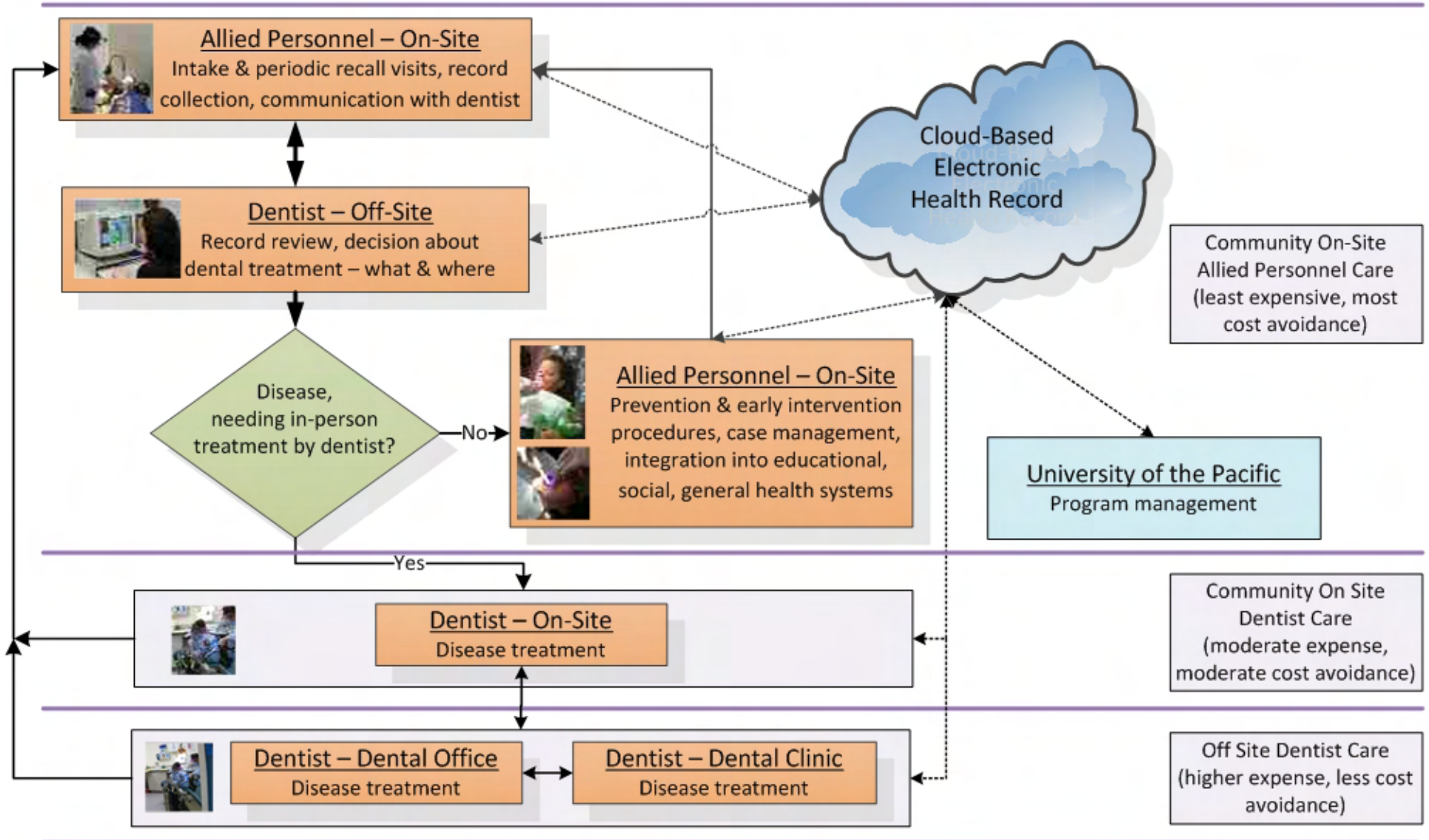
The Virtual Dental Home Concept Model



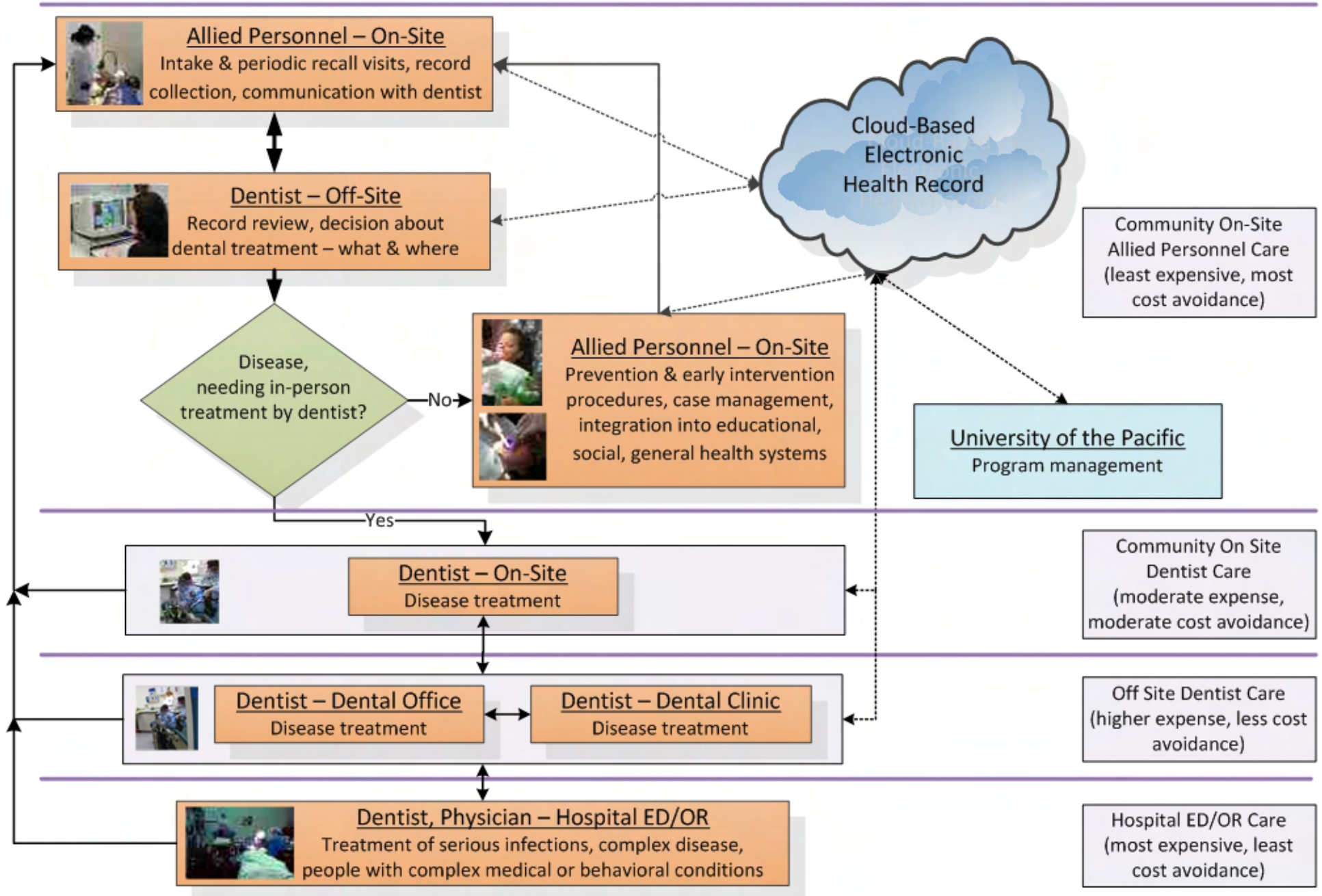
The Virtual Dental Home Concept Model



The Virtual Dental Home Concept Model



The Virtual Dental Home Concept Model



Improving Oral Health as a Culture Change Initiative

Developing an Oral Health Program
In Residential Care Facilities

The Residential Care Demonstration Project



OBSTACLES



OVERCOMING OBSTACLES TO ORAL HEALTH

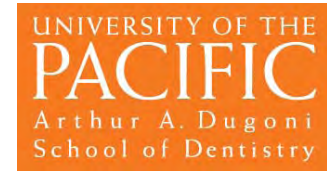
A training program for caregivers
of people with disabilities and frail elders



5th edition

Overcoming Obstacles Program

- Collaborators
 - Pacific School of Dentistry
 - Apple Tree Dental
 - California Dental Association
 - California Dental Hygiene Association
 - American Dental Association Elder Care Committees
 - California Association of Health Facilities
 - American Health Care Association



ADA American Dental Association®
America's leading advocate for oral health



OBSTACLES



OVERCOMING OBSTACLES TO ORAL HEALTH

A training program for caregivers
of people with disabilities and frail elders



5th edition

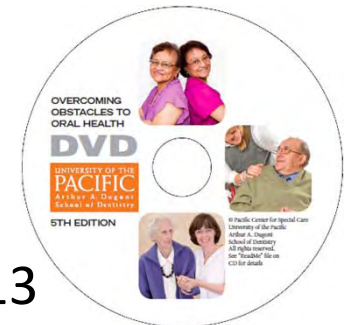
The CD (for use in a computer) contains:

- The Direct Caregiver Workbook
- The Daily Mouth Care planning and tracking form
- The Administrators and Trainers Manual
- Pre and Post-Tests
- A presentation that covers the concepts in the Direct Caregiver Workbook with a presentation script
- The Direct Caregiver Video formatted for playback on a computer
- The MDS Oral Health Assessment Video for nursing staff working in health licensed facilities formatted for playback on a computer



The DVD (for use in a DVD player) contains:

- The Direct Caregiver Video with three choices:
 - Part I - the Direct Caregiver Workbook chapters 1-6
 - Part II - the Direct Caregiver Workbook chapters 7-13
 - The entire Video - Direct Caregiver Workbook chapters 1-13
- The MDS Oral Health Assessment Video for nursing staff



Components of the Program

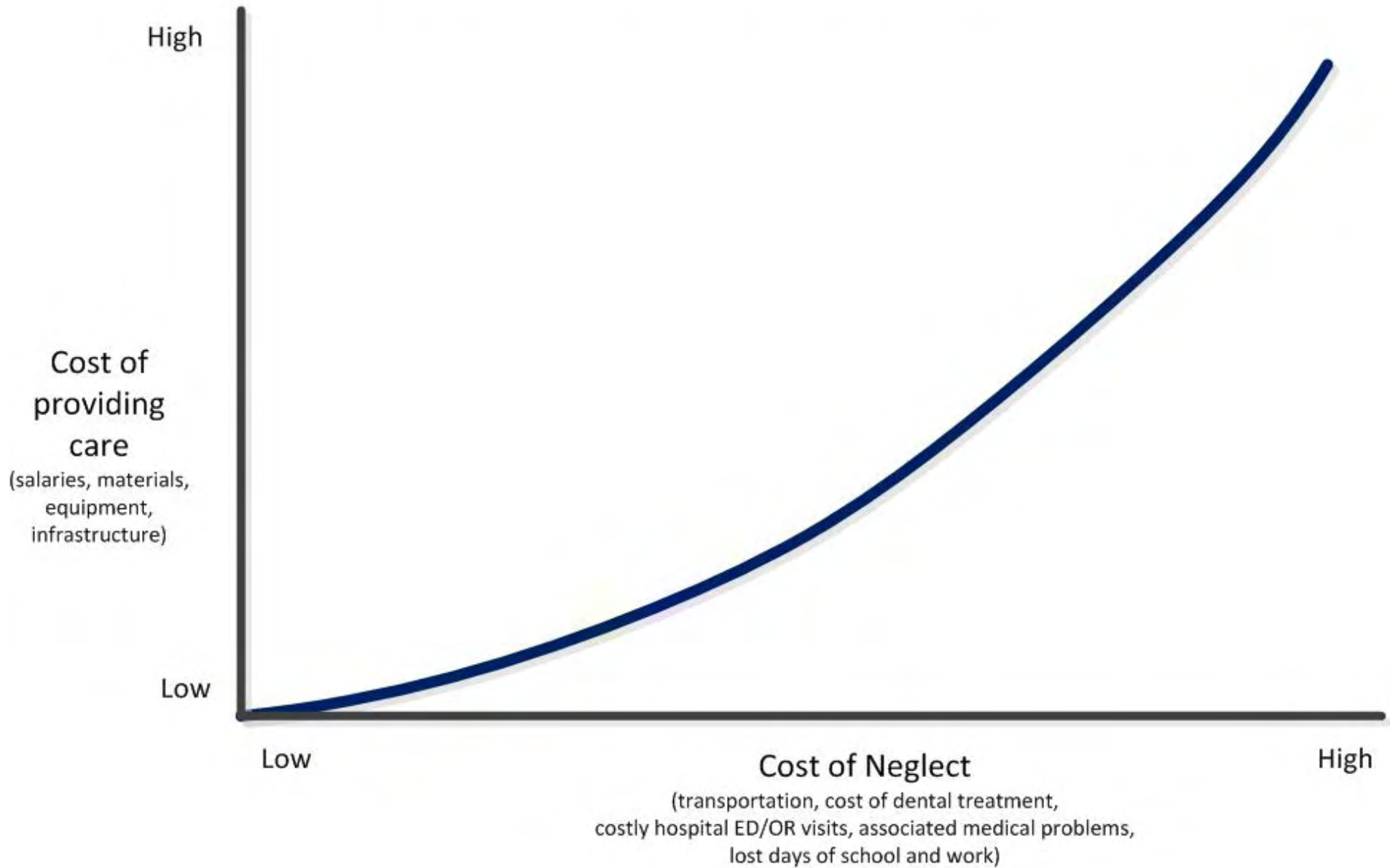
- Decide to make oral health a priority
- Make a plan
- Conduct ongoing training
- Do follow-up mentoring and coaching
- Perform regular monitoring and feedback
- Provide incentives
- Incorporate oral health activities into the culture of the facility



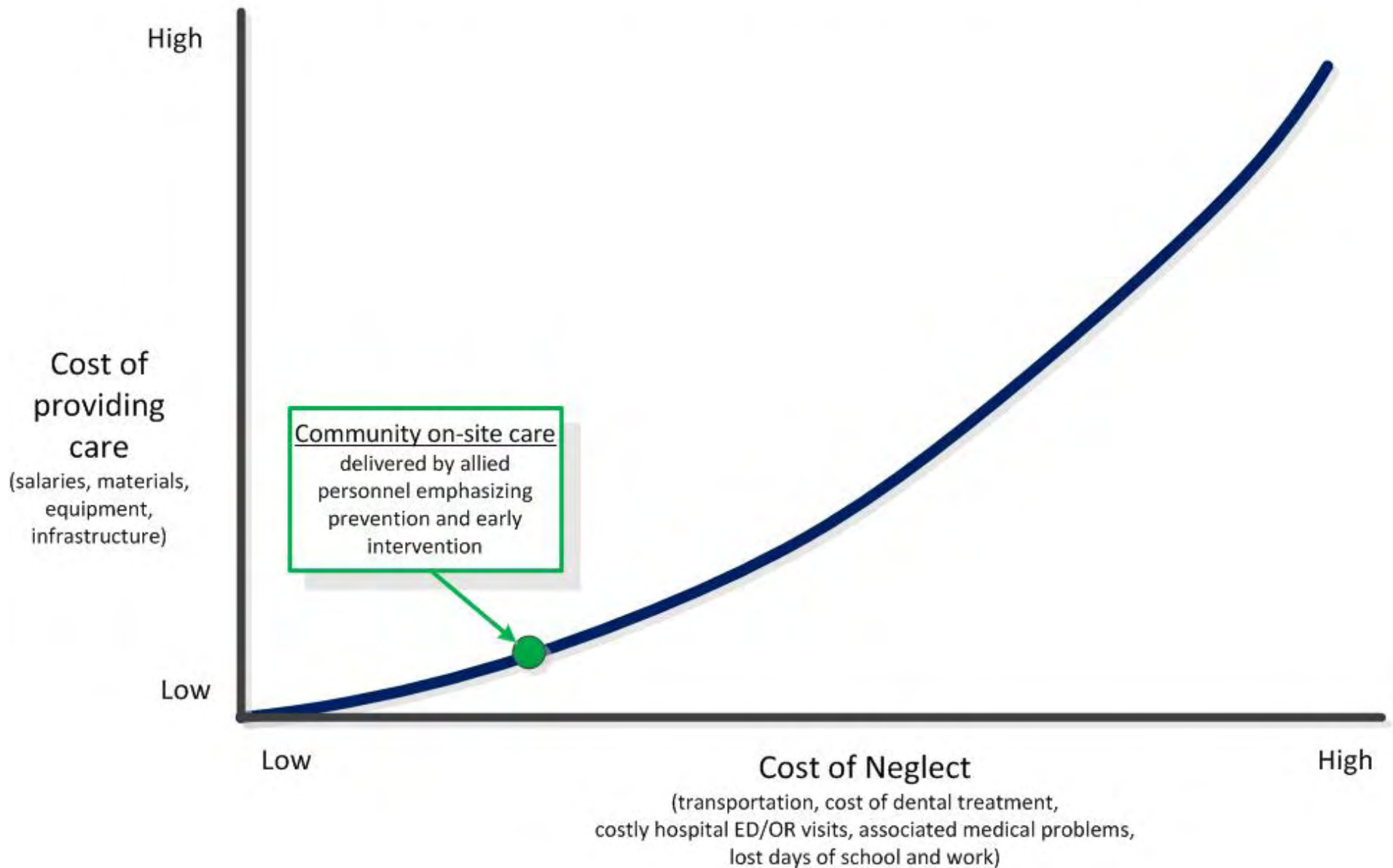
Making a Difference in Long Term Care



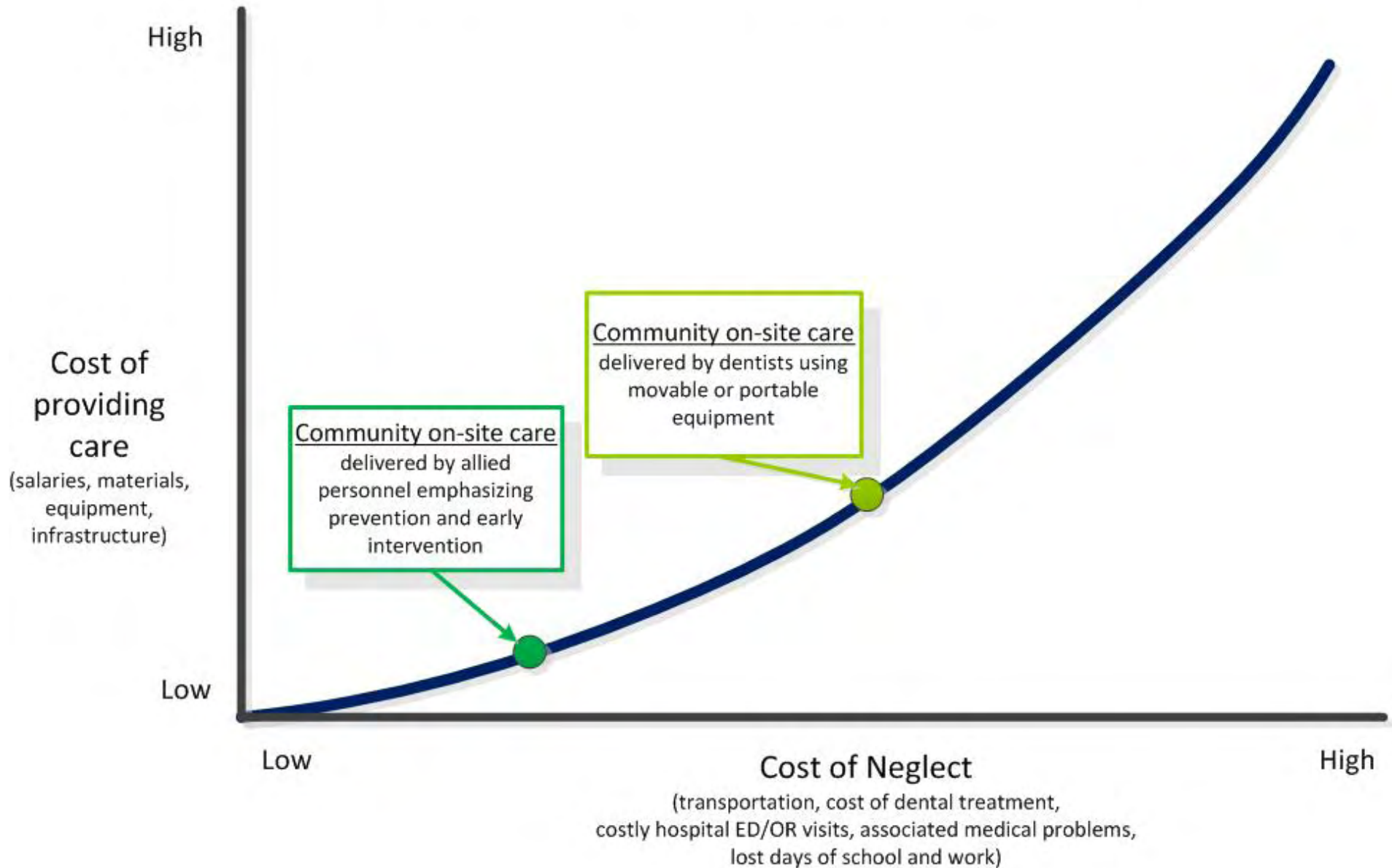
The Virtual Dental Home: Cost of Providing Care vs. Cost of Neglect



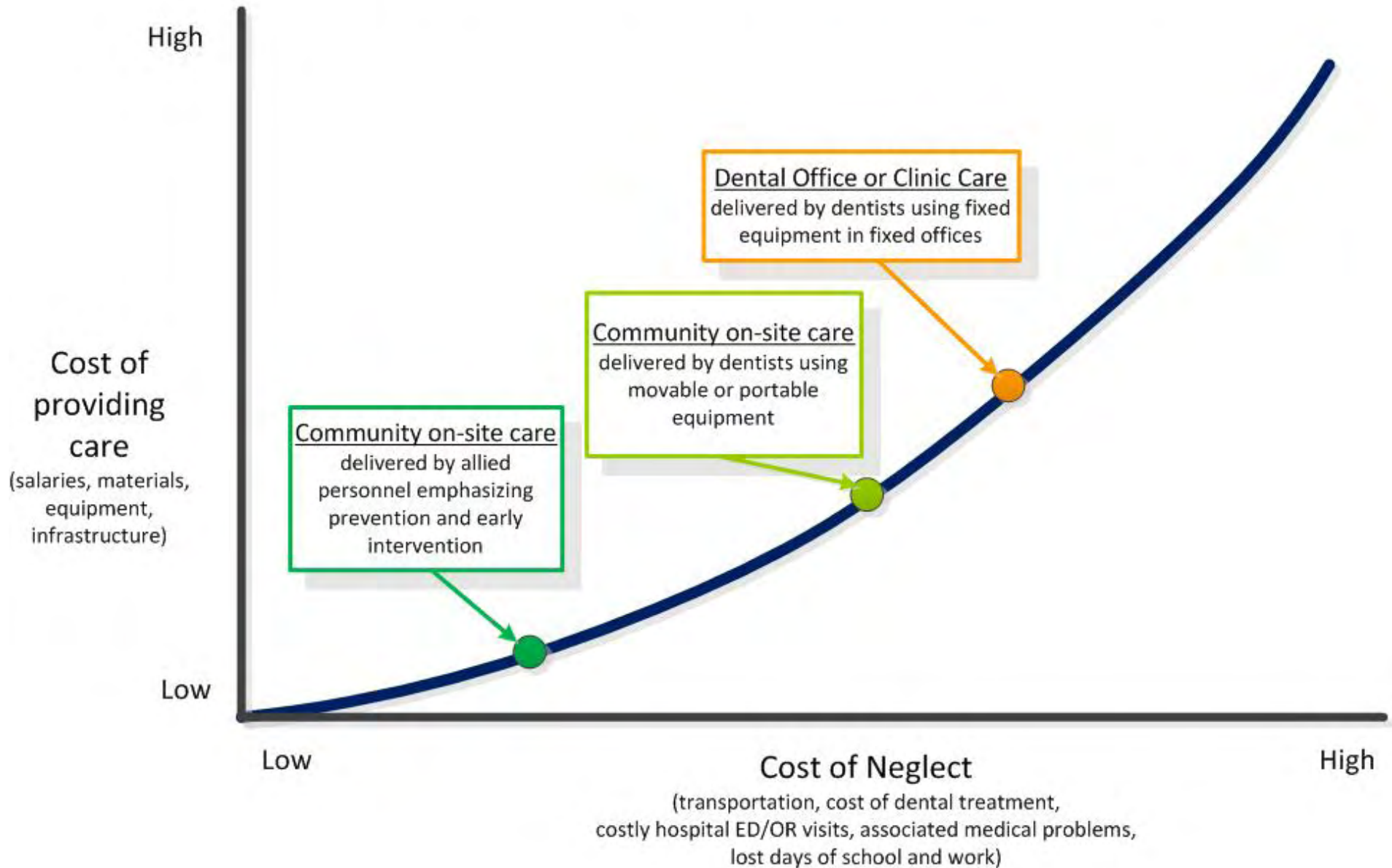
The Virtual Dental Home: Cost of Providing Care vs. Cost of Neglect



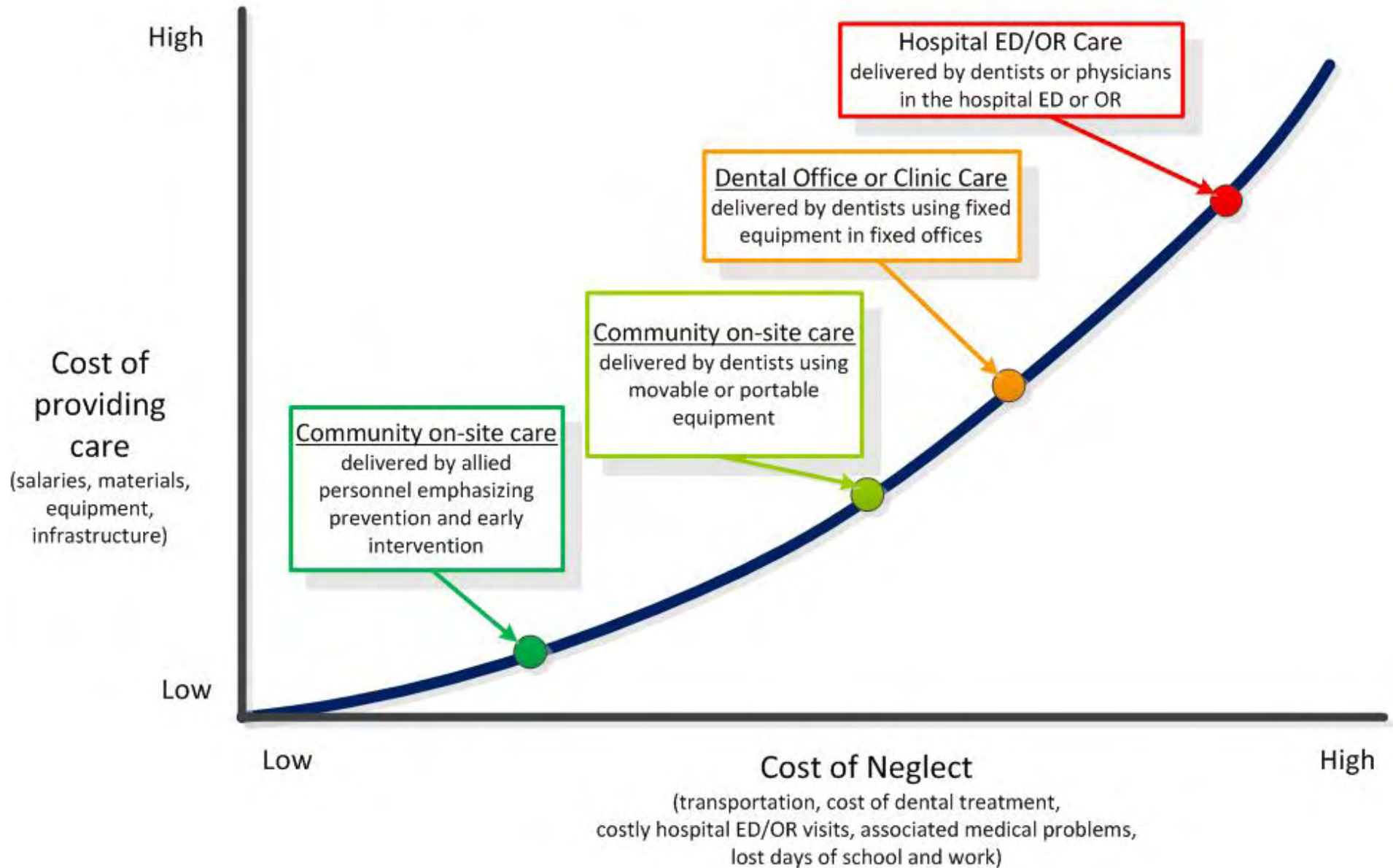
The Virtual Dental Home: Cost of Providing Care vs. Cost of Neglect



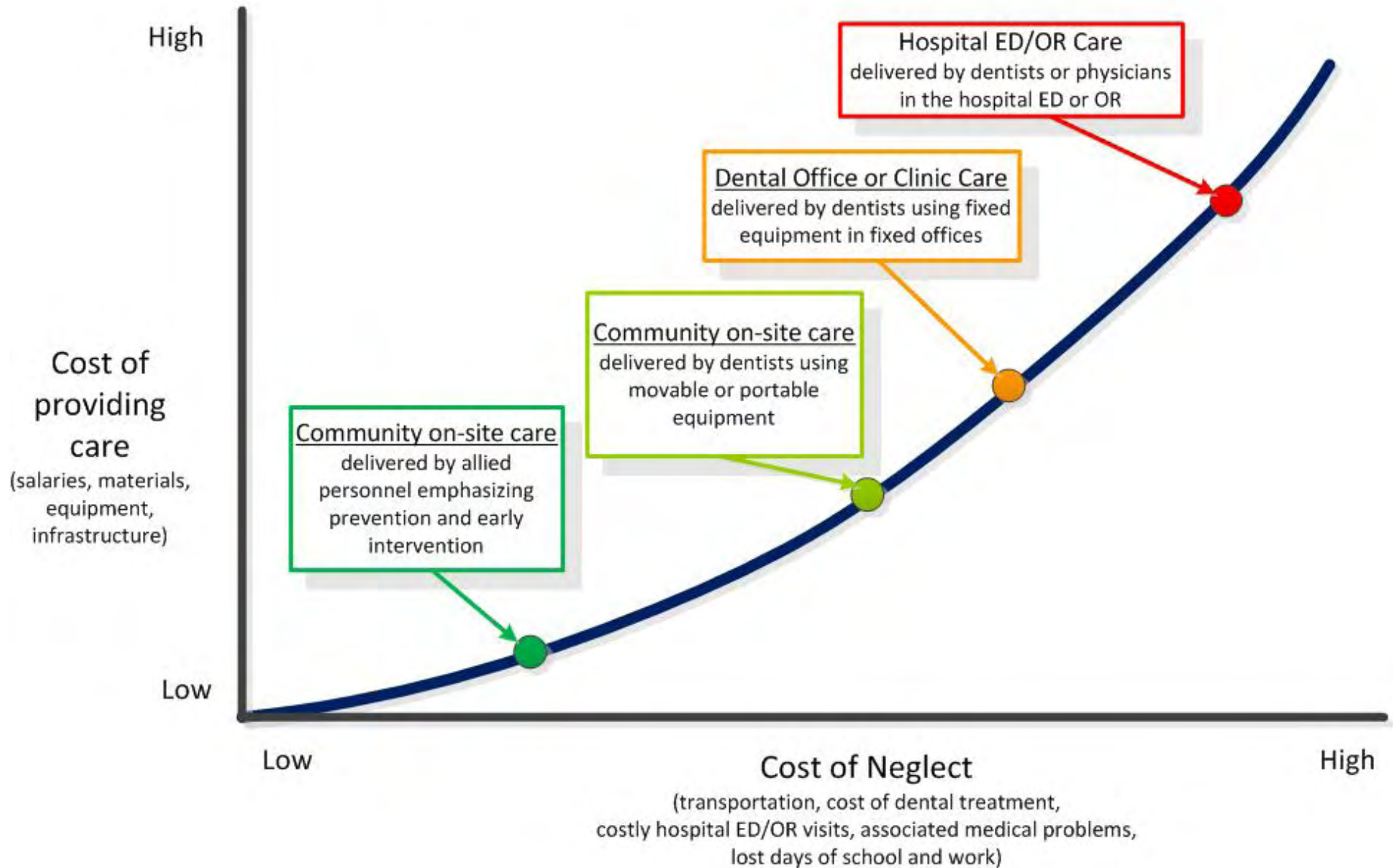
The Virtual Dental Home: Cost of Providing Care vs. Cost of Neglect



The Virtual Dental Home: Cost of Providing Care vs. Cost of Neglect



The Virtual Dental Home: Cost of Providing Care vs. Cost of Neglect





Oral Health Systems for Underserved Populations

**Geographically
Distributed**

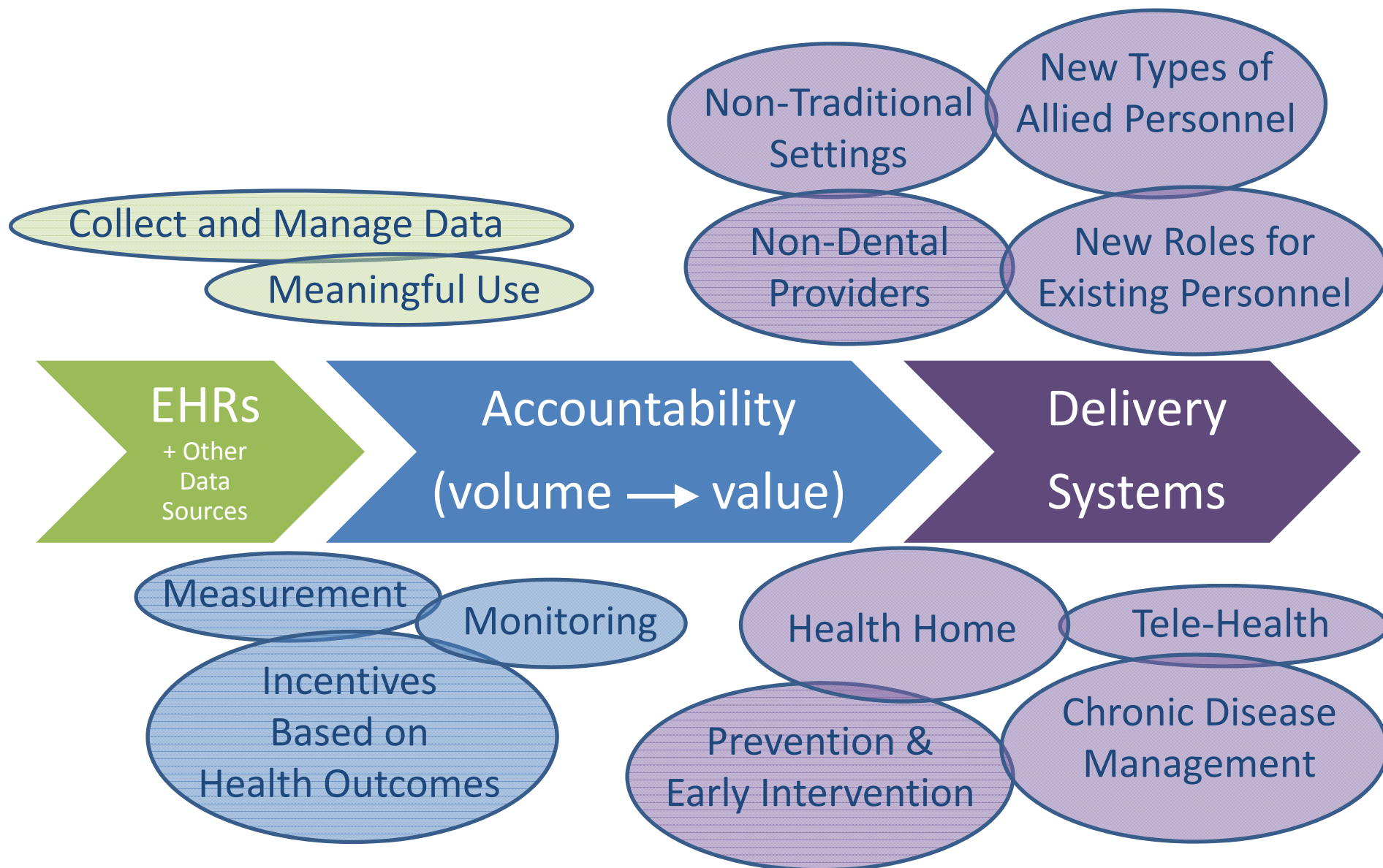
Collaborative

**Telehealth
Enabled**

**Prevention
Focused**

**Systems of Oral Health Care
Without Walls**

Moving Oral Health Care from Volume to Value**



**Value = health outcomes achieved per dollar spent over the lifecycle of a condition

New Dental Care Delivery Systems: Implications for People with Disabilities

Opportunities in New York

Recommendations

- Problems (opportunities)
- Principles
- Process

Recommendations

- Problems (opportunities)
 - Data on who is being/not being served and how and why
 - Clarify/expand scope of practice/waivers/financing (MC)
- Principles
 - The Triple Aim
 - Bring care to where people are
 - Emphasize prevention and early intervention
 - Foster collaboration: DDS->allied personnel ->telehealth
 - Foster collaboration: Embed oral health in environment
- Process
 - Set priorities
 - Pilot Project