Oral Health Quality Improvement
In the Era of Accountability:
Opportunities for Health Centers

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Disclosures

• Direct a research center at the University of the Pacific School of Dentistry with funding for policy development and demonstration projects
• Member, Institute of Medicine Committee on Oral Health Access to Care
• Co-Director, National Quality Forum Expert Panel on Oral Health Quality Measures
• Dental Representative, AHRQ CHIPRA Expert Panel on Pediatric Quality Measurement
• Member, DentaQuest Institute (DQI) Board of Directors
• Chair – DQI Quality Committee
• No financial conflict of interests
Topics

• Drivers of health reform
• Drivers of oral health reform
• Quality and accountability in oral health
• Impact of accountability on delivery systems
• Opportunities for health center dental programs
The US Health Care System is Undergoing Profound Change
Zen saying

"Keep your head in the clouds and your feet on the ground"
The 2011 IOM Reports on Oral Health
Themes from the 2011 IOM Reports on Oral Health

Improve access to services and oral health through:

• Chronic disease management
• Delivery Systems
  – Telehealth
  – Payment incentives
  – Workforce expansion
• Drive change and accountability through
  – Quality measures and improvement
Oral Health Quality Improvement in the Era of Accountability

A new report funded by the W.K. Kellogg Foundation and the DentaQuest Institute outlines an approach to expand the oral health quality improvement effort through data collection, accountability and new ways of delivering oral health care.

Related Tags:
Healthy Kids, Dental Therapy
What is Quality?

Quality is a direct experience independent of and prior to intellectual abstractions. The place to improve the world is first in one's own heart and head and hands, and then work outward from there.

What is Quality

“the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge”

The Institute of Medicine (IOM), 1990.

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
International Comparison of Spending on Health, 1980–2009

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

- United States
- Canada
- Germany
- France
- Australia
- United Kingdom

Total expenditures on health as percent of GDP

- United States
- France
- Germany
- Canada
- United Kingdom
- Australia

* PPP=Purchasing Power Parity.

Public Health Care Spending vs Debt

WAKE UP FOLKS, IT'S THE HEALTH CARE!

- Health Care Spending
- Social Security
- Discretionary Spending (Defense and Non-Defense)
- Other Mandatory Programs

Sources: Congressional Budget Office's Alternative Fiscal Scenario (January 2012), additionally assuming that troops overseas decline to 45,000 by 2015; Bipartisan Policy Center extrapolations.

WWW.BIPARTISANPOLICY.ORG
What Changes In Survival Rates Tell Us About US Health Care

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

U.S. National Dental Expenditures 2000 - 2020 ($ Billions)


Marko Vujicic, PhD; Vickie Lazar, MA, MS; Thomas P. Wall, MA, MBA; Bradley Munson, BA

Figure 2. General practitioners’ (GPs’) real net income and all explanatory variables index (all variable values indexed to 100 in 2005).
An analysis of dentists' incomes, 1996-2009

Figure 1. Average real (base = 2009) net income of independent general practitioners (GPs) and real gross domestic product (GDP) per capita, 1981-2009. Information on recession periods from National Bureau of Economic Research.
Oral Health Expenses

Consumer Price Index (CPI) and CPI for Dental Services (% of 2000 dollars)

Out-of-Pocket Health Expenses

Consumer out-of-pocket health care expenditures in 2008

- Prescription drugs (31.0%)
- Medical supplies (7.6%)
- In-patient care (8.8%)
- Outpatient/ emergency room care (6.4%)
- Physicians' services (15.9%)
- Dental services $30.7 billion (22.2.0%)
- Other professional services (8.1%)
- Out-of-pocket health care total $138.5 billion

Source: Bureau of Labor Statistics. Consumer out-of-pocket health care expenditures in
Mean US Household Income

Mean Household Income Received by Each Fifth and Top 5 Percent in 2010 Dollars as % of 2000 Dollars

Source: CMS National Health Expenditure Projections 2010-2020
Payers of Oral Health Expenses

National Dental Expenses 2000 - 2020
as % of Total National Dental Expenditures

Source: CMS National Health Expenditure Projections 2010-2020
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

- To Err is Human: Building a Safer Health System
- Crossing the Quality Chasm: A New Health System for the 21st Century
Variation in Cost and Outcomes

Dartmouth Atlas of Health Care: Regional Disparity in Medicare Spending

**Medicare Reimbursements Per Enrollee**

*2006 Medicare Reimbursements by Hospital Referral Region*

This interactive map demonstrates a vexing issue facing policymakers as they struggle with the cost of health care. Medicare spends vastly different amounts to care for its enrollees depending on where they live, and growth rates vary dramatically across U.S. states and regions. The data show average age-sex-race adjusted Medicare spending per enrollee by state and by hospital referral regions for 1990 and 2008 and the average annual growth rate for the period 1990 to 2008. Hospital referral regions represent regional health care markets for tertiary medical care. The data from the Center for Medicaid and Medicare Services is a 5 percent sample of Medicare spending for people over 65 years old and not enrolled in HMOs.

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.

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,
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.
The Era of Accountability

Value = \frac{Quality}{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
What is Value in Health Care?

• Value is defined as the health outcomes achieved per dollar spent over the lifecycle of a condition

• Process measurement and improvement are important tactics but are no substitutes for measuring outcomes and costs
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
Measuring Quality

http://www.qualityforum.org
Definitions

• Quality Measurement (QM)
  – collection of data about structure, process, or outcomes of health care activities

• Quality Assurance (QA)
  – data to compare results from health care activities against a pre-defined set of standards or quality indicators

• Quality Improvement (QI)
  – cyclical set of activities designed to make continuous improvement in health care structure, process or outcomes
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
Levels of Quality Improvement Activities

- Technical Procedures
- Individual Health Records
- Dental Practice Operations
- Community Delivery Systems
- Population Health Outcomes
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
Healthy People 2020
Healthy People 2020

Oral Health

<table>
<thead>
<tr>
<th>Number</th>
<th>Objective Short Title</th>
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<tbody>
<tr>
<td>OH–1</td>
<td>Dental caries experience</td>
</tr>
<tr>
<td>OH–2</td>
<td>Untreated dental decay in children and adolescents</td>
</tr>
</tbody>
</table>

Oral Health of Children and Adolescents

<table>
<thead>
<tr>
<th>Number</th>
<th>Objective Short Title</th>
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</thead>
<tbody>
<tr>
<td>OH–3</td>
<td>Untreated dental decay in adults</td>
</tr>
<tr>
<td>OH–4</td>
<td>No permanent tooth loss</td>
</tr>
<tr>
<td>OH–5</td>
<td>Destructive periodontal disease</td>
</tr>
<tr>
<td>OH–6</td>
<td>Early detection of oral and pharyngeal cancers</td>
</tr>
</tbody>
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Access to Preventive Services

<table>
<thead>
<tr>
<th>Number</th>
<th>Objective Short Title</th>
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<tbody>
<tr>
<td>OH–7</td>
<td>Use of oral health care system</td>
</tr>
<tr>
<td>OH–8</td>
<td>Dental services for low-income children and adolescents</td>
</tr>
<tr>
<td>OH–9</td>
<td>School-based centers with an oral health component</td>
</tr>
<tr>
<td>OH–10</td>
<td>Health centers with oral health component</td>
</tr>
<tr>
<td>OH–11</td>
<td>Receipt of oral health services at health centers</td>
</tr>
</tbody>
</table>

Oral Health Interventions

<table>
<thead>
<tr>
<th>Number</th>
<th>Objective Short Title</th>
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<tbody>
<tr>
<td>OH–12</td>
<td>Dental sealants</td>
</tr>
<tr>
<td>OH–13</td>
<td>Community water fluoridation</td>
</tr>
<tr>
<td>OH–14</td>
<td>Preventive dental screening and counseling</td>
</tr>
</tbody>
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Monitoring, Surveillance Systems

<table>
<thead>
<tr>
<th>Number</th>
<th>Objective Short Title</th>
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<tbody>
<tr>
<td>OH–15</td>
<td>Systems that record cleft lip or palate and referrals</td>
</tr>
<tr>
<td>OH–16</td>
<td>Oral and craniofacial State-based health surveillance system</td>
</tr>
</tbody>
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Public Health Infrastructure

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<tr>
<th>Number</th>
<th>Objective Short Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>OH–17</td>
<td>Health agencies with a dental professional directing their dental program</td>
</tr>
</tbody>
</table>
## Oral Health of Children and Adolescents

<table>
<thead>
<tr>
<th>OH-1</th>
<th>Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth</th>
</tr>
</thead>
<tbody>
<tr>
<td>OH-1.1</td>
<td>Reduce the proportion of young children aged 3 to 5 years with dental caries experience in their primary teeth</td>
</tr>
<tr>
<td>OH-1.2</td>
<td>Reduce the proportion of children aged 6 to 9 years with dental caries experience in their primary and permanent teeth</td>
</tr>
<tr>
<td>OH-1.3</td>
<td>Reduce the proportion of adolescents aged 13 to 15 years with dental caries experience in their permanent teeth</td>
</tr>
</tbody>
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Leading Health Indicators

Healthy People 2020 provides a comprehensive set of 10-year, national goals and objectives for improving the health of all Americans. Healthy People 2020 contains 42 topic areas with nearly 600 objectives (with others still evolving), which encompass 1,200 measures. A smaller set of Healthy People 2020 objectives, called Leading Health Indicators, has been selected to communicate high-priority health issues and actions that can be taken.

Great strides have been made over the past decade: life expectancy at birth increased; rates of death from coronary heart disease and stroke decreased. Nonetheless, public health challenges remain, and significant health disparities persist.

The Healthy People 2020 Leading Health Indicators place renewed emphasis on overcoming these challenges as we track progress over the course of the decade. The indicators will be used to assess the health of the Nation, facilitate collaboration across sectors, and motivate action at the national, State, and community levels to improve the health of the U.S. population.

The Leading Health Indicators are composed of 25 indicators organized under 12 topics. The Healthy People 2020 Leading Health Indicators are:
### Access to Preventive Services

**OH-7** Increase the proportion of children, adolescents, and adults who used the oral health care system in the past 12 months [LHI](#)

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<tr>
<td><strong>Baseline:</strong></td>
<td>44.5 percent of persons aged 2 years and older had a dental visit in the past 12 months in 2007</td>
</tr>
<tr>
<td><strong>Target:</strong></td>
<td>49.0 percent</td>
</tr>
<tr>
<td><strong>Target-Setting Method:</strong></td>
<td>10 percent improvement</td>
</tr>
<tr>
<td><strong>Data Source:</strong></td>
<td>Medical Expenditure Panel Survey (MEPS), AHRQ</td>
</tr>
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</table>
The National Quality Forum (NQF) is a nonprofit organization that operates under a three-part mission to improve the quality of American healthcare by:

- Building consensus on national priorities and goals for performance improvement and working in partnership to achieve them;
- Endorsing national consensus standards for measuring and publicly reporting on performance; and
- Promoting the attainment of national goals through education and outreach programs.
Oral Health Performance Measurement: Environmental Scan, Gap Analysis & Measure Topics Prioritization

TECHNICAL REPORT

July 6, 2012

NQF – Oral Health Performance Measurement
2012 Report to HHS – Measurement Concepts

• Measures of Oral Health – Children and Adults
• Measures of Oral Health – Primarily (but not exclusively) for Adults
• Measures of Satisfaction or Opinions about Health or Health Care
• Measures of Use of Services
• Measures of Factors that Influence Risk for Oral Disease or Disease Treatment
• Measures of Oral Health Infrastructure
• Measures of Health Disparities
• Measures of Healthy Communities
• Measures of Oral Health Expenditures
• Measures of Patient Safety
CHIPRA Pediatric Quality Measures Program

In early 2009, Congress passed the Children’s Health Insurance Program Reauthorization Act (CHIPRA, Public Law 111-3), which presents an unprecedented opportunity to measure and improve health care quality and outcomes for the Nation’s children, including the almost 40 million children enrolled in Medicaid and/or the Children’s Health Insurance Program (CHIP). Since the law was passed, the Agency for Healthcare Research and Quality (AHRQ) and the Centers for Medicare & Medicaid Services (CMS) have been working together to implement selected provisions of the legislation related to children’s health care quality. The law called first for the identification of an initial set of core measures to be used to assess voluntarily the state of children’s health care quality across and within State Medicaid and CHIP programs and then for establishment of the CHIPRA Pediatric Quality Measures Program (PQMP) to improve and strengthen the initial core set of measures and develop new measures as needed.
Other Oral Health Quality Efforts

• Large Group Practices
  – Heath Partners
    • AHRQ Guidelines, EHR feedback – tobacco cessation
  – American Dental Partners
    • Accreditation Association for Ambulatory Health Care

• The American Dental Association
  – Dental Quality Alliance

• The Dental Benefits Industry
  – Claims data -> Profiles
  – DentaQuest National Quality Improvement Committee
    • National 10 Year Roadmap to Create Oral Health for All
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: Bringing Oral Health to Vulnerable and Underserved Populations

PAUL GLASSMAN, DDS, MA, MBA; MAUREEN HARRINGTON, MPH; MAYSA NAMAKIAN, MPH; AND PAUL SUBAR, DDS, EDD

ABSTRACT  Large and increasing oral health disparities in the U.S. population led the Institute of Medicine to call for expanded research and demonstration of delivery systems that test new methods and technologies. These new methods include delivering oral health services in nontraditional settings, using nondental professionals, expanded roles for existing dental professionals and new types of dental professionals, and incorporating telehealth technologies. The virtual dental home is a system that demonstrates the characteristics called for by the IOM.
Allied Personnel – On-Site
Intake & periodic recall visits, record collection, communication with dentist
Records: Radiographs
Records: Photographs
The Virtual Dental Home Concept Model

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

Cloud-Based Electronic Health Record
Radiographs
Radiographs
The Virtual Dental Home Concept Model

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

Dentist – Off-Site
Record review, decision about dental treatment – what & where

Cloud-Based Electronic Health Record
Study on Telehealth vs In-Person Decision Making
In-Person Versus “Virtual” Dental Examination: Congruence Between Decision-Making Modalities

MAYSA NAMAKIAN, MPH; PAUL SUBAR, DDS, EDD; PAUL GLASSMAN, DDS, MA, MBA; ROBERT QUADE, PHD, MBA; AND MAUREEN HARRINGTON, MPH

ABSTRACT This study evaluated the agreement of a dentist’s conclusions reached through an in-person versus a virtual examination. The dentist determined whether a patient was healthy enough to be treated only by allied dental personnel in a community setting or whether the patient needed to be seen by a dentist. The study concludes that a virtual examination is a strong substitute for an in-person examination and validates the application of telehealth-enabled examinations.
The Virtual Dental Home Concept Model

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

Dentist – Off-Site
Record review, decision about dental treatment – what & where

Cloud-Based Electronic Health Record

Disease, needing in-person treatment by dentist?

No

Pacific Center for Special Care, University of the Pacific School of Dentistry, © 2012
The Virtual Dental Home Concept Model

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

Dentist – Off-Site
Record review, decision about dental treatment – what & where

Disease, needing in-person treatment by dentist?

No

Allied Personnel – On-Site
Prevention & early intervention procedures, case management, integration into educational, social, general health systems

Cloud-Based Electronic Health Record

Pacific Center for Special Care, University of the Pacific School of Dentistry, © 2012
The CA Health Workforce Pilot Project

Healthcare Workforce Development Division

HEALTH WORKFORCE PILOT PROJECTS PROGRAM (HWPP)

HWPP program allows organizations to test, demonstrate, and evaluate new or expanded roles for healthcare professionals, or new healthcare delivery alternatives before changes in licensing laws are made by the Legislature. Various organizations use HWPPs to study the potential expansion of a profession’s scope of practice to:

- Facilitate better access to healthcare
- Expand and encourage workforce development
- Demonstrate, test and evaluate new or expanded roles for healthcare professionals or new healthcare delivery alternatives
- Help inform the Legislature when considering changes to existing legislation in the Business and Professions code
Community Prevention and Early Intervention Procedures
The Virtual Dental Home Concept Model

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

Dentist – Off-Site
Record review, decision about dental treatment – what & where

Cloud-Based Electronic Health Record

Disease, needing in-person treatment by dentist?

No

Allied Personnel – On-Site
Prevention & early intervention procedures, case management, integration into educational, social, general health systems

Community On-Site Allied Personnel Care (least expensive, most cost avoidance)

University of the Pacific
Program management
The Virtual Dental Home Concept Model

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

Dentist – Off-Site
Record review, decision about dental treatment – what & where

Disease, needing in-person treatment by dentist?

No

Allied Personnel – On-Site
Prevention & early intervention procedures, case management, integration into educational, social, general health systems

Yes

Dentist – On-Site
Disease treatment

Dentist – Dental Office
Disease treatment

Dentist – Dental Clinic
Disease treatment

Cloud-Based Electronic Health Record

Community On-Site
Allied Personnel Care
(least expensive, most cost avoidance)

University of the Pacific
Program management

Community On Site
Dentist Care
(moderate expense, moderate cost avoidance)

Off Site Dentist Care
(higher expense, less cost avoidance)

Pacific Center for Special Care, University of the Pacific School of Dentistry, © 2012
The Virtual Dental Home: Cost of Providing Care vs. Cost of Neglect

Cost of providing care
(salaries, materials, equipment, infrastructure)

Cost of Neglect
(transportation, cost of dental treatment, costly hospital ED/OR visits, associated medical problems, lost days of school and work)

Pacific Center for Special Care, University of the Pacific School of Dentistry, © 2012
The Virtual Dental Home: Cost of Providing Care vs. Cost of Neglect

Cost of providing care
(salaries, materials, equipment, infrastructure)

Low

Community on-site care
delivered by allied personnel emphasizing prevention and early intervention

High

Cost of Neglect
(transportation, cost of dental treatment, costly hospital ED/OR visits, associated medical problems, lost days of school and work)

Low

High

Pacific Center for Special Care, University of the Pacific School of Dentistry, © 2012
The Virtual Dental Home: Cost of Providing Care vs. Cost of Neglect

Cost of providing care
(salaries, materials, equipment, infrastructure)

Cost of Neglect
(transportation, cost of dental treatment, costly hospital ED/OR visits, associated medical problems, lost days of school and work)

Community on-site care delivered by dentists using movable or portable equipment

Community on-site care delivered by allied personnel emphasizing prevention and early intervention

Pacific Center for Special Care, University of the Pacific School of Dentistry, © 2012
The Virtual Dental Home: Cost of Providing Care vs. Cost of Neglect

Cost of providing care
(salaries, materials, equipment, infrastructure)

Cost of Neglect
(transportation, cost of dental treatment, costly hospital ED/OR visits, associated medical problems, lost days of school and work)

Community on-site care
delivered by allied personnel emphasizing prevention and early intervention

Dental Office or Clinic Care
delivered by dentists using fixed equipment in fixed offices

Community on-site care
delivered by dentists using movable or portable equipment
The Virtual Dental Home: Cost of Providing Care vs. Cost of Neglect

Cost of providing care
(salaries, materials, equipment, infrastructure)

Low

High

Cost of Neglect
(transportation, cost of dental treatment, costly hospital ED/OR visits, associated medical problems, lost days of school and work)

Low

High

Hospital ED/OR Care
delivered by dentists or physicians in the hospital ED or OR

Dental Office or Clinic Care
delivered by dentists using fixed equipment in fixed offices

Community on-site care
delivered by dentists using movable or portable equipment

Community on-site care
(delivered by allied personnel emphasizing prevention and early intervention)

Pacific Center for Special Care, University of the Pacific School of Dentistry, © 2012
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**
Impact on Health Centers

- The underserved population
- Current health center oral health capacity
- Opportunities for health center dental programs
The Underserved Population and Health Center Capacity

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
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<tbody>
<tr>
<td><strong>US Population</strong></td>
<td>307 million</td>
</tr>
<tr>
<td><strong>People without annual GP visit</strong></td>
<td>180 million</td>
</tr>
<tr>
<td><strong>People not taking advantage of traditional system</strong></td>
<td>90 million</td>
</tr>
<tr>
<td><strong>People below poverty level</strong></td>
<td>44 million</td>
</tr>
<tr>
<td><strong>People below 125% poverty level</strong></td>
<td>57 million</td>
</tr>
<tr>
<td><strong>People served in health center dental programs</strong></td>
<td>4 million</td>
</tr>
<tr>
<td><strong>People served in other safety-net settings</strong></td>
<td>6 million</td>
</tr>
</tbody>
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Opportunities for Health Centers: Practice/Learning/Advocacy

- Meaningful use of data
- Quality improvement systems
- Community-based practice and billing
- Telehealth collaboration
- Distributed team-based delivery systems
- Accountability for oral health outcomes of eligible population
Zen saying

“Keep your head in the clouds and your feet on the ground”
Oral Health Quality Improvement
In the Era of Accountability:
Opportunities for Health Centers

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