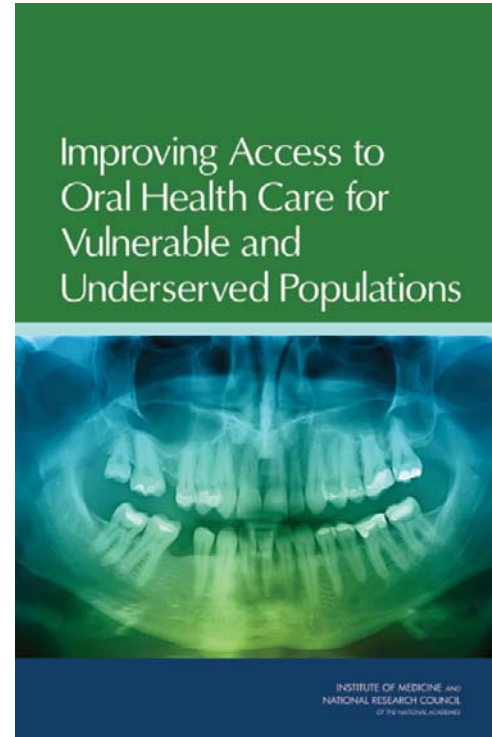
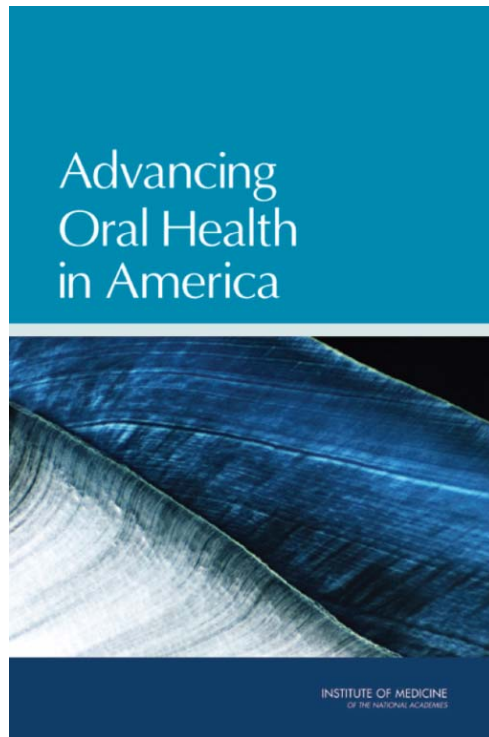


The 2011 IOM Reports on Oral Health: Implications for Delivery Systems



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The 2011 Institute of Medicine Reports

- Emphasize disease prevention and oral health promotion
- HHS should invest in workforce innovations to improve oral health that focus on ...
 - Best use of new and existing oral health care professionals
- CMS should explore new delivery and payment models for Medicare, Medicaid, and CHIP to improve access, quality, and coverage of oral health care across the life span.

The 2011 Institute of Medicine Reports

- Integrate Oral Health Care into Overall Health Care
- Create Optimal Laws
 - *“In spite of the existence of national accreditation standards on education and training of health care professionals, regulations defining supervision levels and scopes of practice vary widely from state to state and even by procedure.”*

The 2011 Institute of Medicine Reports

“ACCESS” RECOMMENDATION 2: State legislatures should amend existing state laws, including practice acts, to maximize access to oral health care.

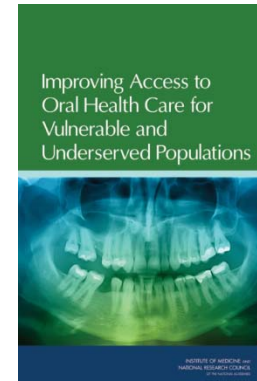
- At minimum, state dental practice acts should
 - Allow allied dental professionals to practice to the full extent of their education and training;
 - Allow allied dental professionals to work in a variety of settings under evidence-supported supervision levels; and
 - Allow technology-supported remote collaboration and supervision.

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:

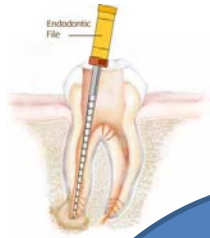
- New methods and technologies (e.g., nontraditional settings, nondental professionals, new types of dental professionals, and telehealth);
- Measures of access, quality, and outcomes; and
- Payment and regulatory systems.

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

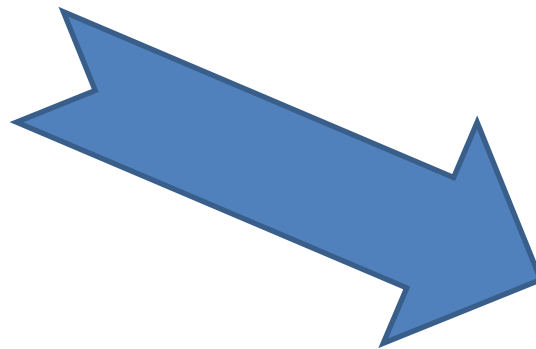
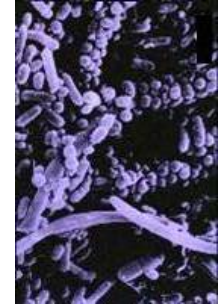
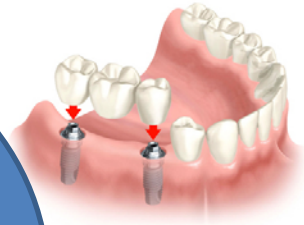


- Chronic disease management
- Composition, licensing, and deployment of the Workforce
- Telehealth
- Quality measurement and improvement
- Payment incentives

Care for Chronic Oral Diseases



Acute Care/
Surgical
Intervention



Chronic
Disease
Management



Care for Chronic Oral Diseases

Acute Care/Surgical Intervention

- Provider-centric model
- Care delivered in fixed offices and clinics
- “Treatment” based on discrete procedure-based episodes of care
- Payment based on discrete procedure-based episodes of care
- Emphasis on surgical interventions

Chronic Disease Management

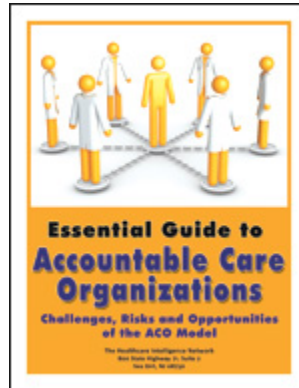
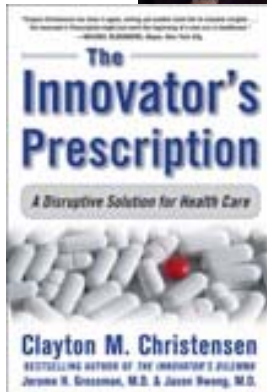
- Patient-centric model
- Care delivered where people are to the extent possible
- “Management” based on maintaining health across the life-cycle of a condition
- Payment based on value of health improvement across life-cycle of a condition
- Emphasis on risk assessment, prevention, and early intervention, using biological, medical, behavioral, and social tools

Oral Health Quality Improvement In the Era of Accountability

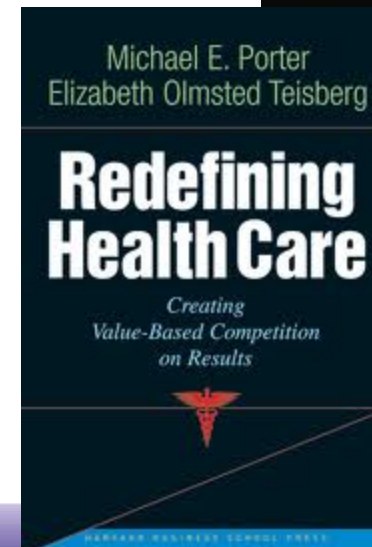


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The Era of Accountability



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



The Era of Accountability

The Urban Institute

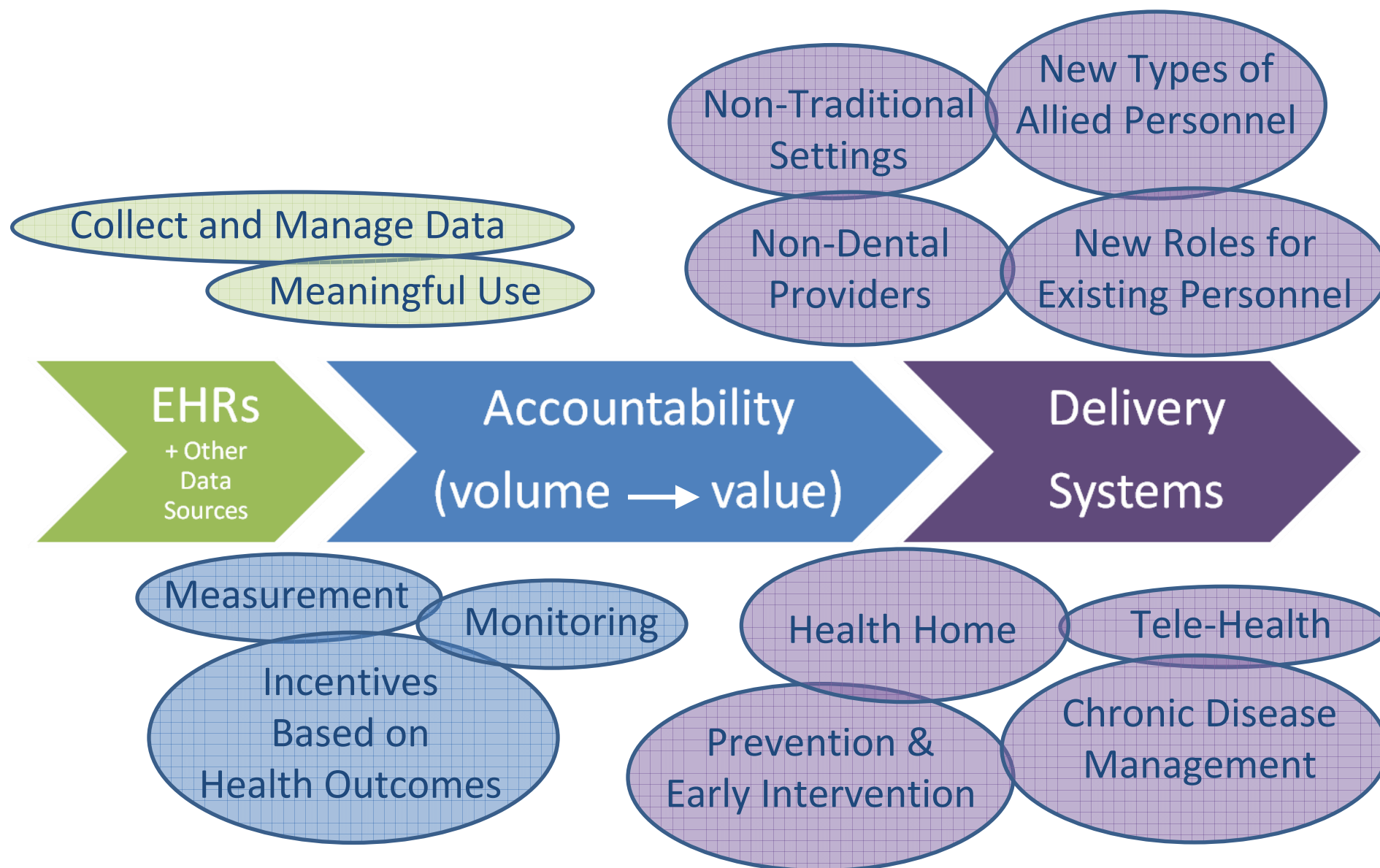
Moving Payment from Volume to Value: What Role for Performance Measurement?

Timely Analysis of Immediate Health Policy Issues

December 2010

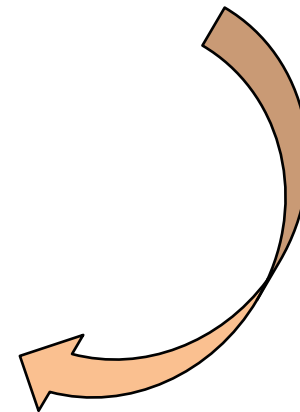
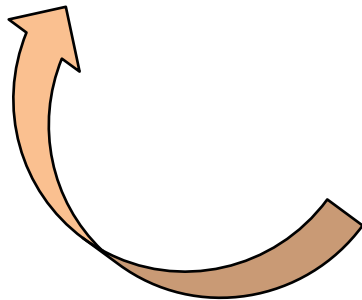
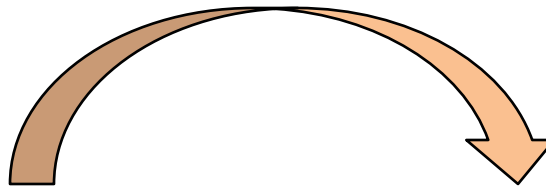
Robert A. Berenson

Moving Oral Health Care from Volume to Value**

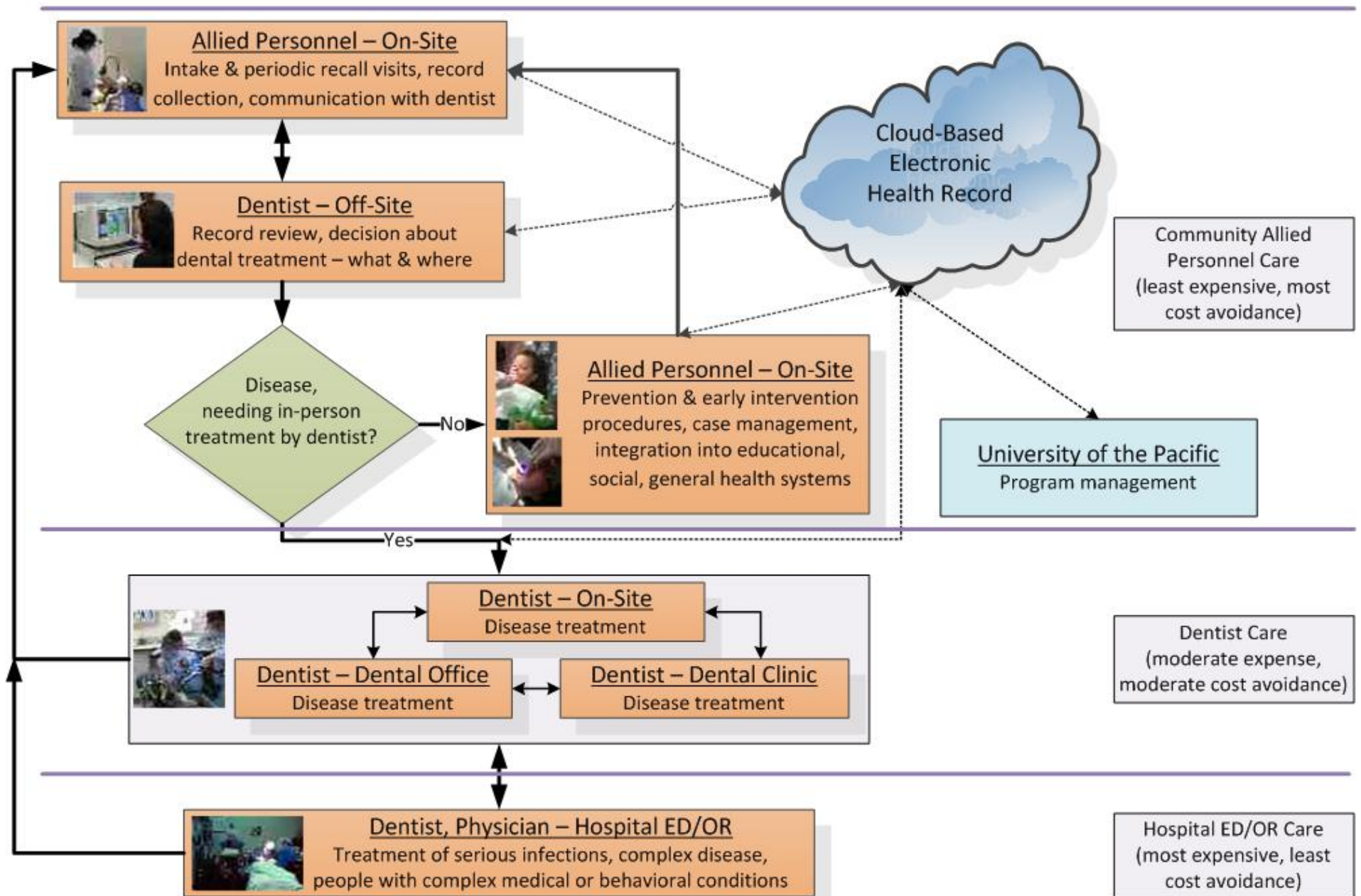


**Value = health outcomes achieved per dollar spent over the lifecycle of a condition

The Virtual Dental Home



The Virtual Dental Home Concept Model





Oral Health Systems
for Underserved Populations

**Geographically
Distributed**

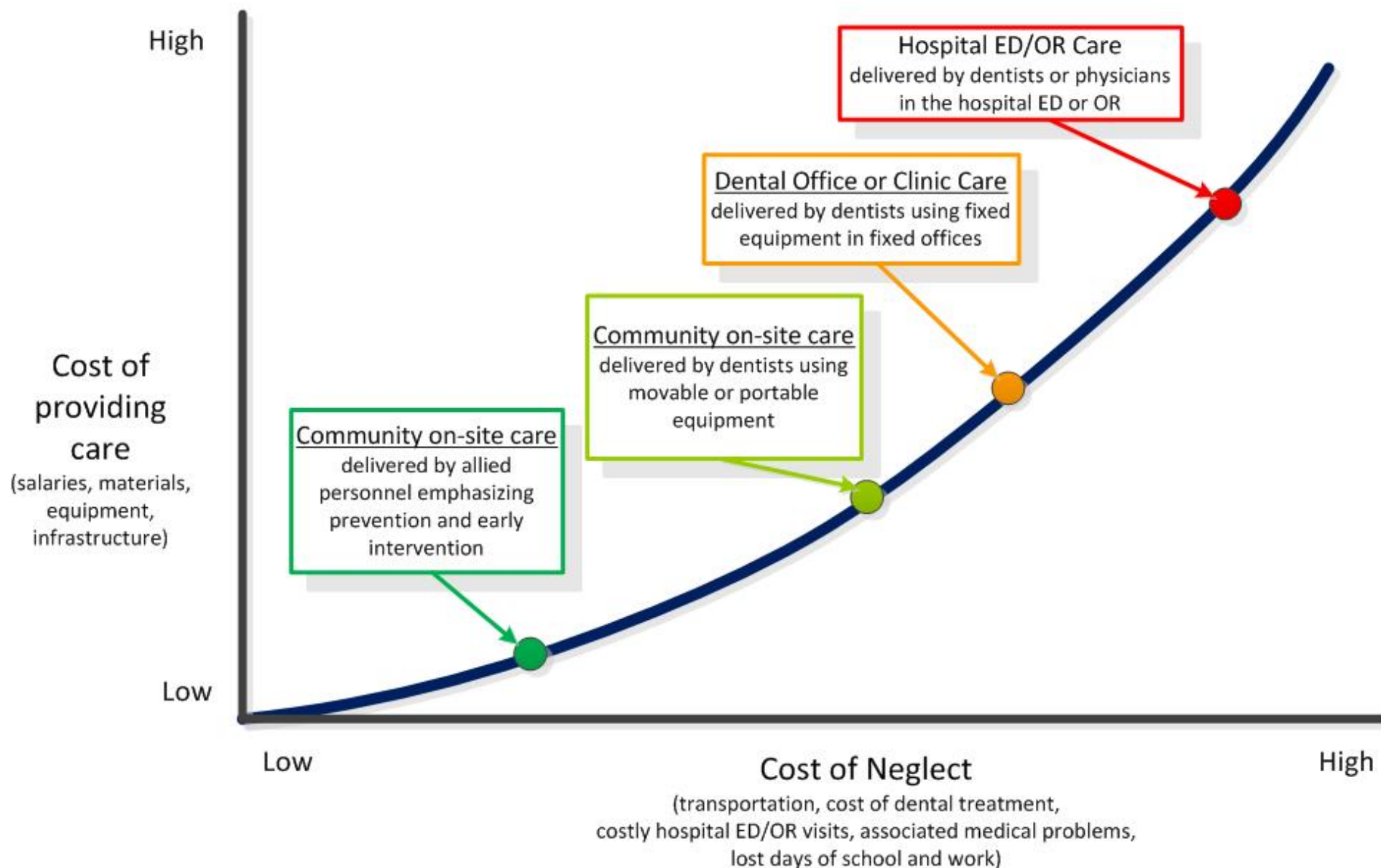
Collaborative

**Telehealth
Enabled**

**Prevention
Focused**

**Systems of Oral Health Care
Without Walls**

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



Conclusions/Directions

- Allow allied dental professionals to practice to the full extent of their education and training in a variety of settings
- Move from acute care/surgical interventions to chronic disease management
- Provide prevention and early intervention oral health services where people are - in community sites
- Connect community prevention and early intervention services to surgical services, when needed, using telehealth technologies
- Use quality measurement and improvement to move payment systems from Volume to Value