

**A LOOK AT THE BENEFITS OF VALUE-BASED CARE IN
ORAL HEALTH**



**Authored by
Vasavi Singamaneni
Masters in Public Health
Graduate Student**

- **Introduction - page 3**
- **Purpose - page 3**
- **Key principles - page 3**
- **Value-based payment models - page 4**
- **Advantages - page 6**
- **Challenges - page 6**
- **Case studies in implementing value-based care - page 7**
- **Recommendations - page 9**
- **Conclusion - page 10**
- **References - page 11**

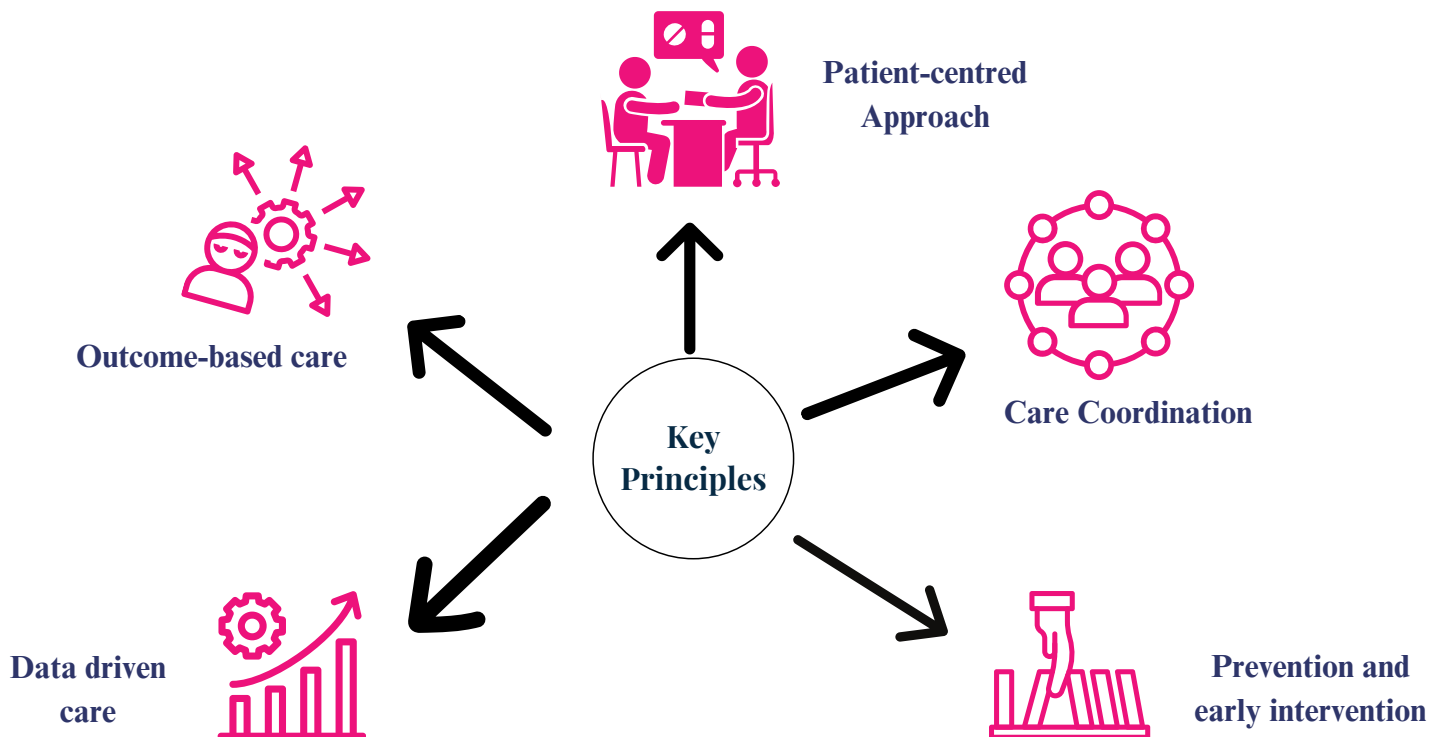
Value-based care represents a reimbursement model where payments for healthcare services are linked to the quality of care delivered, incentivizing providers for both efficiency and effectiveness. Unlike the traditional fee-for-service reimbursement, which retrospectively pays providers based on bill charges or predetermined fee schedules, value-based care aims to reward healthcare providers for delivering high-quality care and achieving positive patient outcomes. This shift encourages a focus on the value and impact of healthcare services rather than the volume of services rendered.¹

Purpose of Value-based Care

Value-based care emphasizes integrated care, which means that healthcare practitioners collaborate to meet a person's physical, mental, behavioral, and social needs. Rather than focusing on a single health condition or disease, doctors address an individual as a whole person in this manner.²

Key Principles

VBC is a healthcare delivery model that emphasizes the provision of high-quality, efficient, and patient-centered care to all patients in order to improve patient outcomes and experiences.



- **Patient-centered Approach:** Value-based care prioritizes understanding individual patient needs, preferences, and goals, aiming for a comprehensive view of the care journey, leading to improved outcomes and overall well-being.
- **Care Coordination:** Collaboration is vital throughout the care continuum, from pre-visits to post-discharge, ensuring effective engagement, seamless inpatient coordination, and improved patient experiences.
- **Prevention and Early Intervention:** Value-based care takes a proactive stance, focusing on preventive measures and early intervention to positively impact each patient's care journey.
- **Data-Driven Care:** Emphasizing data analytics, value-based care relies on comprehensive patient insights to identify trends, patterns, and areas for improvement at both population and individual levels.
- **Outcome-Based Care:** Providers in value-based care are dedicated to enhancing patient outcomes economically, focusing on easy access to health data and delivering an overall positive patient experience. ³

Value-based Payment Methods

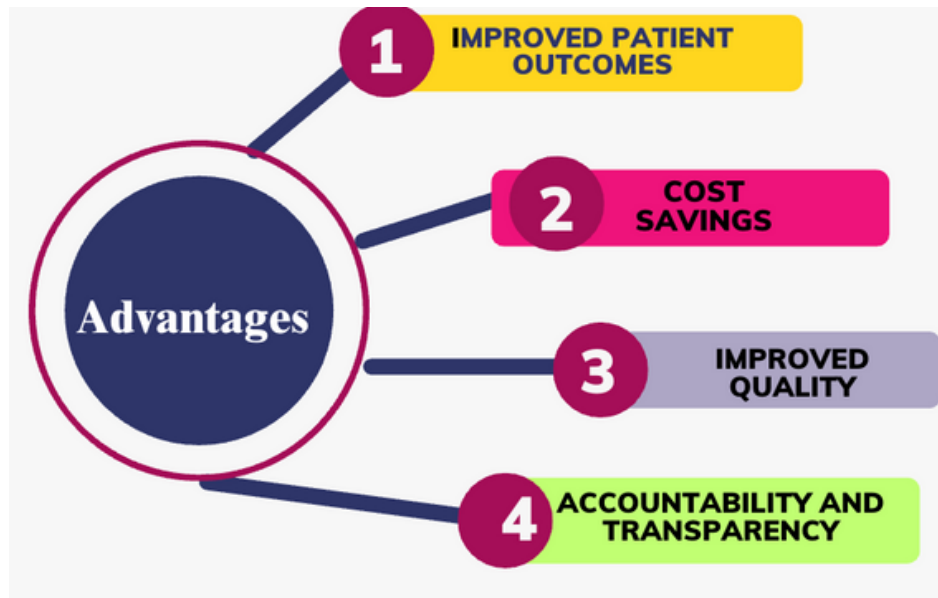
Various Value-based Payment Models ⁴

Value-based payment (VBP) models represent a set of performance-based strategies that tie financial incentives to a provider's performance on defined quality measures. These arrangements involve collaborations between government payers, health plans, and healthcare providers. The focus is on aligning financial incentives with quality outcomes to improve the efficiency, quality, and accessibility of healthcare. Common VBP models include pay-for-performance, shared savings, bundled payments, and global or capitate payments.

- **Pay-for-Performance (P4P):** P4P programs involve financial rewards or penalties based on predefined quality measure performance benchmarks. These measures typically relate to patient satisfaction, evidence-based processes, resource use, or health outcomes. Providers may receive bonus payments without financial risk, often in combination with other payment arrangements.
- **Shared Savings:** Shared savings programs provide incentives for providers to manage healthcare spending efficiently and coordinate care. Providers receive a percentage of realized net savings for a predetermined population of patients. Savings are measured as the difference between expected and actual costs for a set of services. Programs may include upside-only risk or both upside and downside risk, with payment adjustments based on measured quality performance.
- **Bundled Payments:** Bundled payment models incentivize providers to efficiently manage healthcare spending and coordinate care for a clinically defined episode. This episode could be a specific procedure, a time-limited condition, or the management of care for a particular condition. Providers receive a payment, either prospectively or retrospectively, representing the expected cost of the entire episode. Payment adjustments are made based on quality performance measures.
- **Global or Capitate Payments:** Under global or capitate models, providers receive a prospective per-member, per-month payment to cover a range of services. This payment is linked to quality metrics, and providers are financially responsible for the portion of expenses not covered if actual spending exceeds the payment. If actual spending is less than the payment, providers retain the unused reimbursement. Payments are based on measured quality performance against benchmarks, typically involving a withheld that is paid later if performance targets are met or exceeded.

Advantages of Value-based Care in Oral Health

- **Improved Patient Outcomes:** Prioritizes better health outcomes, patient satisfaction, and community well-being through preventive care.
- **Cost Savings:** Emphasizes prevention and early intervention, resulting in cost savings for both patients and healthcare systems.
- **Improved Quality:** Encourages continuous improvement, evidence-based practices, and transparency, leading to enhanced care quality.
- **Accountability and Transparency:** Holds providers accountable for delivering cost-effective, high-quality care, fostering transparency and a culture of improvement.



Challenges in Implementing Value-based Care

The implementation of value-based care in oral health is an innovative approach aimed at improving patient outcomes, enhancing healthcare quality, and controlling costs. While this model offers numerous advantages, it is not without its challenges. In Connecticut, as in many other regions, transitioning to value-based care presents a set of unique obstacles that must be addressed to ensure its successful integration into the healthcare system.⁶

- **Data Management and Analytics:** Integrating data from various sources, such as electronic health records and claims, is a complex challenge.
- **Provider Resistance:** Shifting to value-based care disrupts existing models and reimbursement, making it challenging to gain provider support.
- **Financial Risk:** Providers encounter uncertainty during the transition to value-based care, particularly if they are unfamiliar with this model.
- **Administrative Load:** Value-based care introduces additional tasks like metric tracking, straining providers and requiring extra resources.

Introduction:

New Hampshire's innovative Value-Based Payment model enhances preventive dental care access, emphasizing a fixed payment per patient encounter.⁷ Meanwhile, the Health Enhancement Program in Texas showcases the successful implementation of Value-Based Care principles, leading to gradual quality improvements and an adaptive shift to a hybrid capitation model during the COVID-19 pandemic. These studies illustrate the transformative power of value-based care in reshaping oral health practices and improving access, quality, and cost-effectiveness.⁸

Innovative Value-Based Payment Model Enhances Preventive Dental Care Access in New Hampshire

New Hampshire has taken an innovative approach to healthcare delivery by collaborating with care partners, particularly the Women, Infants, and Children (WIC) program sites in Keene and Concord. Together, they've established a pioneering Value-Based Payment (VBP) model that revolutionizes how dental services are reimbursed. This model covers a comprehensive range of up to seven preventive services, including screenings, dental sealants, and interim therapeutic restorations (ITRs), all administered by dental hygienists and dental assistants at WIC clinics. What makes this model truly distinctive is its fixed payment per patient encounter, regardless of the number or intensity of services provided. This approach incentivizes healthcare providers to deliver all necessary care during each encounter, emphasizing appropriate care at suitable intervals and reducing the need for short-term services like ITRs. The collaborative efforts also benefited from the guidance of the IAP coach team, which played a pivotal role in developing fee structures, quality measures, and data strategies for assessing and expanding the model's success beyond its initial pilot sites.⁷

OUTCOMES

The VBP model successfully enhanced access to preventive dental care by providing a standardized payment structure. It encouraged appropriate care at suitable intervals, reducing the need for short-term services and improving financial outcomes for healthcare providers.⁷

Methodology and findings:

In the heart of Texas, the Health Enhancement Program (HEP) served as a beacon for improving oral healthcare through value-based payment models, adhering to Value-Based Insurance Design (VBID) principles. A comprehensive study from January 2016 to September 2021, using data from DentaQuest, a key participant, aimed to evaluate the program's impact on costs, preventive services, and overall quality.

Key findings revealed gradual quality improvements and the necessity of investments in electronic health records and data systems to underpin the program's success. An adaptive shift to a hybrid capitation model during the COVID-19 pandemic significantly improved access, quality, and cost efficiency. This journey showcased the power of innovation and collaboration, illustrating the potential for broader positive changes in healthcare.⁸

OUTCOMES

The study revealed gradual improvements in the quality of oral healthcare and emphasized the importance of electronic health records and data systems in enhancing program performance. The shift to a hybrid capitation model during the pandemic demonstrated the program's adaptability and its ability to enhance access, quality, and cost-effectiveness.⁸

Success Steps

- The success of the Texas Health Enhancement Program lay in its commitment to value-based payment models, investment in data infrastructure, and adaptability in the face of challenges like the COVID-19 pandemic. It showcased the potential for positive changes in oral healthcare through innovation and collaboration.⁸
- The success of the New Hampshire VBP model was driven by collaborative partnerships, a well-designed payment structure, the use of quality measures, evidence-based decision-making through data collection, and a strategic approach to scale the model beyond pilot sites. It demonstrated the potential for enhancing preventive dental care access through innovative payment models.⁷

The adoption of value-based care models in healthcare, particularly in oral healthcare in Connecticut, promises to improve patient outcomes, enhance quality, and control costs.

Key recommendations :

Establishing an Enhanced Dental Home Payment Model: The adoption of a value-based payment system, which recognizes and incentivizes healthcare providers to deliver high-quality clinical care and patient-centered services to adults and families, fosters a competitive dental ecosystem with a strong focus on prevention and integrated care.

Implementing value-based payment to reward high-quality providers: Adopting the framework presented by the Connecticut Dental Health Partnership (CTDHP), emphasizes a transformative shift from prioritizing quantity to a strong focus on the quality of oral healthcare services. This shift will foster competitiveness within the oral health ecosystem, instill a sense of accountability among providers for their patients' oral health, and facilitate the seamless integration of medical and dental services. This transition toward quality-driven care is essential for achieving improved health outcomes and patient well-being in the long run.

Health Equity Focus: Healthcare organizations should develop strategies to address health disparities in oral health, ensuring that underserved populations have access to high-quality dental care within the value-based care framework.

Future Prospects

The future of healthcare in Connecticut lies in value-based care, with a focus on improving patient outcomes, enhancing quality, and controlling costs. Healthcare organizations, providers, and policymakers should continue exploring and implementing value-based care models across various healthcare disciplines, with research and innovation driving their evolution to ensure they remain effective and patient-centered. Ongoing education and training for healthcare professionals are essential to facilitate the transition to value-based care, offering the potential to transform healthcare delivery across Connecticut's entire spectrum of medical services.

In conclusion, the transition to value-based care in oral health marks a pivotal step toward improving patient outcomes, elevating healthcare quality, and managing costs effectively. The adoption of value-based payment models, exemplified by successful initiatives in New Hampshire and Texas, underscores the potential benefits of aligning financial incentives with quality measures. These models, emphasizing patient-centered care, care coordination, prevention, data-driven decision-making, and outcome-based practices, have demonstrated adaptability and success in enhancing preventive dental care access, overall quality, and cost-effectiveness.

For Connecticut to successfully embrace value-based care in oral health, it is crucial to establish enhanced dental home payment models, implement value-based payment systems that reward high-quality providers, and maintain a health equity focus to address disparities in oral health. Ongoing education and training for healthcare professionals will be essential for facilitating this transition. The future of healthcare in Connecticut and beyond relies on the continued exploration and implementation of value-based care models across diverse healthcare disciplines, with a commitment to research, innovation, and patient-centered care. By embracing these principles, healthcare stakeholders can collaboratively transform healthcare delivery, ultimately enhancing the well-being of the population.

1. LaPointe, J. (2022, March 2). What Is Value-Based Care, What It Means for Providers? RevCycleIntelligence. <https://revcycleintelligence.com/features/what-is-value-based-care-what-it-means-for-providers>.
2. Value-Based Care | CMS. (n.d.). Www.cms.gov. <https://www.cms.gov/priorities/innovation/key-concept/value-based-care#:~:text=Value%2Dbased%20care%20puts%20greater>.
3. Five Key Principles of Value-Based Care. (n.d.). Innovaccr. Retrieved November 27, 2023, from <https://innovaccr.com/middle-east/resources/blogs/five-key-principles-of-value-based-care>
4. Moving Toward Value-Based Payment in Oral Health Care. (2021). https://www.chcs.org/media/Moving-Toward-VBP-in-Oral-Health-Care_021021.pdf.
5. Pros and Cons of Value-based Health Care. (2023, September 13). Center for Professional & Executive Development. <https://blog.uwcped.org/pros-and-cons-of-value-based-health-care/>.
6. Improving Patient Outcomes with The Value Based Care Model. (n.d.). Www.enter.health. Retrieved October 10, 2023, from <https://www.enter.health/post/improving-patient-outcomes-with-the-value-based-care-model>.
7. Value-Based Payment in Children's Oral Health. (2017). <https://www.medicaid.gov/sites/default/files/2020-10/iap-ohi-vbp-state-factsheet.pdf>.
8. Rdh, C. M. M. (2022, November 18). Value-based payment alignment: A case study for oral health. Dental Economics. <https://www.dentaleconomics.com/macro-op-ed/dental-outreach/article/14282099/value-based-payment-alignment-a-case-study-for-oral-health>
9. Final Oral Health Equity Report - Ctdhp.Org, ctdhp.org/wp-content/uploads/2023/06/Final-Oral-Health-Equity-Report.pdf. Accessed 27 Nov. 2023.
10. Nehk, K. (2018, October 18). What is Value-based healthcare? | PrognoCIS EHR & Medical Billing. PrognoCIS EHR. <https://prognocis.com/value-based-healthcare/>.