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FOR THE HEALTH PROFESSIONS



Driving Change Forward

Developing a Vision for Oral Health Quality Improvement in an Era of Accountability

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January 24, 2012

National Institute of Dental & Craniofacial Research
Awards #U54DE019285 & # P30DE020752

Session Goal

Engage participants in thinking about what it takes to transform systems and how the information discussed at this meeting can be used to develop a national plan to drive quality improvement in oral health care moving forward.

Objectives

- Introduce three system frameworks useful for understanding how to drive change
 - Economics, Organizations, Professions
- Define the current dental organizational ‘archetype’
- Examine tensions between the organization of dental care and the environment of an ‘Era of Accountability’
- Identify strategic areas for moving forward with a quality improvement agenda

Theories of Organizational Systems

- Traditional Health Services Research – Health Economics
- Organizations and Institutions – Health Systems
- Sociology of the Professions – Health Workforce
 - Combining these perspective leads to a more complete understanding of system challenges

Traditional Health Services Research – Health Economics and Policy

- Incentive based assumptions
 - Economic (payments, prices)
 - Regulation (policy)
- Examines the impacts of current incentive and projects potential behavior change under different sets of incentives
 - Assumes rational responses by active participants, easy and full access to information necessary for decision-making
 - *i.e. – supply and demand*

Organizations and Institutions – Health Systems

- Organizations are open systems that exist in an institutional environment
 - Level / degree of ‘institutional pressures’ may vary
- Institutions are variously comprised of “cultural-cognitive, normative and regulative elements that, together with associated activities and resources, provide stability and meaning to social life” (Scott 2001: 48; see also, Scott 1995: 33).
- Health care organizations exist in a highly institutionalized environment

Institutional Pillars*

Organizational legitimacy in an institutional environment

Normative

- Professional Associations
- Educational philosophy & content
- Consumer expectations

Coercive

- Licensing boards
- Accreditation
- Education standards
- Regulation

Mimetic

- Organizational templates
- Copying 'legitimate' forms

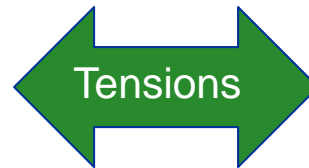
*Theoretical framework by Scott, W.R.

Institutional Theory and Health Care*

- Market Theory

- Supply
- Demand
- Preferences
- Information

“Rational actors” seek to maximize efficiency and effectiveness



- Institutional Theory

- Institutional Logics
 - *Values*
 - *Norms*
 - *Beliefs*
 - *Taken-for-granted assumptions*

“Rational actors” seek legitimacy

*See body of work by Scott, W.R., et al.

Professions as rational actors

- Professions sit at the nexus of two types of rationality
 - MARKET principles (efficiency and effectiveness)
 - INSTITUTIONAL principles (legitimacy)

The current workforce debate highlights the tensions between these two perspectives, and the process surrounding them

- At center of this debate is the word 'QUALITY'
 - *Quality as defined by the current market is measurable, transparent*
 - *Quality as defined by the current institution is conferred through an educational degree*



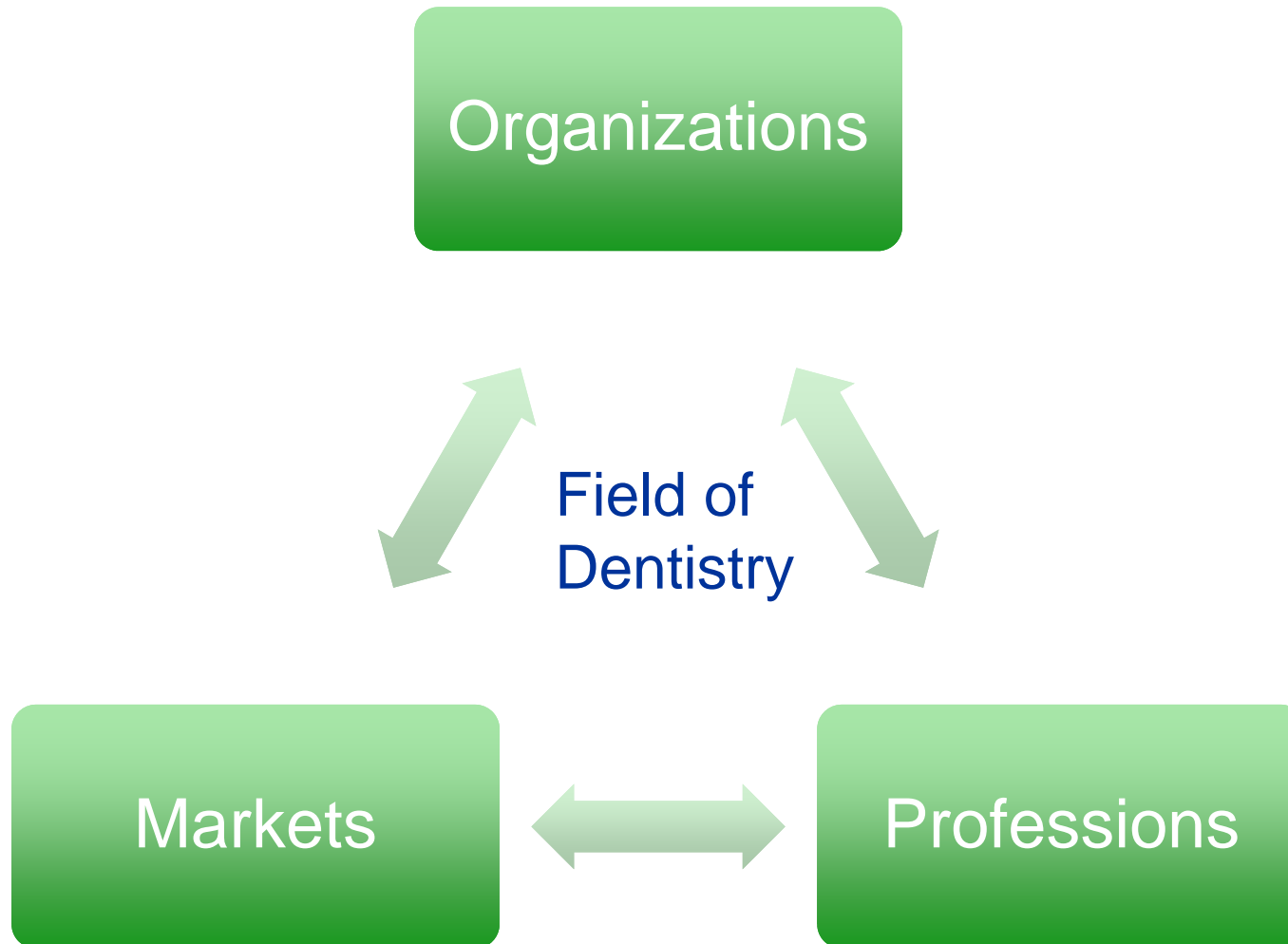
Professions in Health Care

- What, empirically, differentiates a profession from an occupation?
 - **Autonomy** – Technical control over ones own work – contrasts to managerial or bureaucratic forms of control
 - *Historically this has meant self-regulation & peer review*
- What purpose does a professional definition serve?
 - Exclusivity, power, rights, obligations (**legitimacy**)
- How is this distinction maintained?
 - Boundary maintenance (power)
- There are social consequences to the knowledge monopoly and gate-keeping activities of professions
 - Simultaneously a strength and a weakness

Professions and Health Care Institutions

- Professions have played a key role in building and maintaining institutions
 - Above all, **legitimacy, or a generalized perception of appropriateness**, guides behavior
- However, professions can also be change agents...
 - Usually emerging professions, or groups with less vested interest in the status quo

Recap...



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Organizational Archetypes*

- Identifies organizational forms as archetypes, or analytical abstractions of core normative and structural elements of organizational templates in a given field.
- Three components
 - Logics: Domain of operation, principle of organizing, evaluation of outcomes
 - Structures
 - Systems
 - Also, aligned actors
- Provides a baseline for measuring potential change efforts
 - Tensions provides point of entry and improvement

Traditional Dental Practice Archetype

Interpretive Scheme (Inst. logics):

Domain of operation

Private Professional Market

Principles of Organizing

Entrepreneurship

Professional autonomy

Employer

Evaluation

Intra-professional judgment

American exceptionalism

Technical competence

Ethical Standards

Structures

Solo, private practice, surgical, fixed, male

Systems

Self-Pay, Fee For Service

Aligned actors

Dentists, Private Payors, Educators,

Regulators

Objectives

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System Performance and Improvement

Domain of Operation

Private Professional
Market

30% of US pop.
isn't buying



Tensions with Environment

- Poorly funded safety net
- Shifts risk to medical system
- Not integrated with health care delivery
- Poor value proposition
- Patients with disease often are not engaged

Dental Silo – Quality is all about systems

System Performance and Improvement

Principles of Organizing

Entrepreneurship

Professional autonomy

Dentist as employer

Tensions with Environment

- Complex care systems and organizations require teams
- Patient centered health homes – not dental homes
- Autonomy becomes liability not asset

How do you cross this cultural divide?

System Performance and Improvement

Evaluation

Intra-professional
judgment (peer review)

American exceptionalism

Technical competence

Ethical standards

Tensions with Environment

- Quality assurance and improvement movements
- Increasingly objective measures, data, evidence, and outcomes provide legitimacy
- Erosion of trust of professional opinions
- Inter-professional judgment

What would move field toward transparency and accountability?

System Performance and Improvement

Structures

Solo, private practice,
surgical model,
fixed infrastructure,
male-dominated

Tensions with Environment

- Team based prevention oriented care for chronic disease management
- Community based, mobile technology driven solutions
- Diversity in all forms

What structures would support continuous process improvements?

System Performance and Improvement

Systems

Self-Pay,

Fee-for-service

Limited government

Tensions with Environment

- Value based purchasing
- Accountable care organizations
- Pay for Performance
- Medicare – baby boomers
- Medicaid – increasingly disenfranchised

How can payment partnerships be developed?

System Performance and Improvement

Aligned Actors

Dentists,
Private Payors,
Educators, Regulators



Tensions with Environment

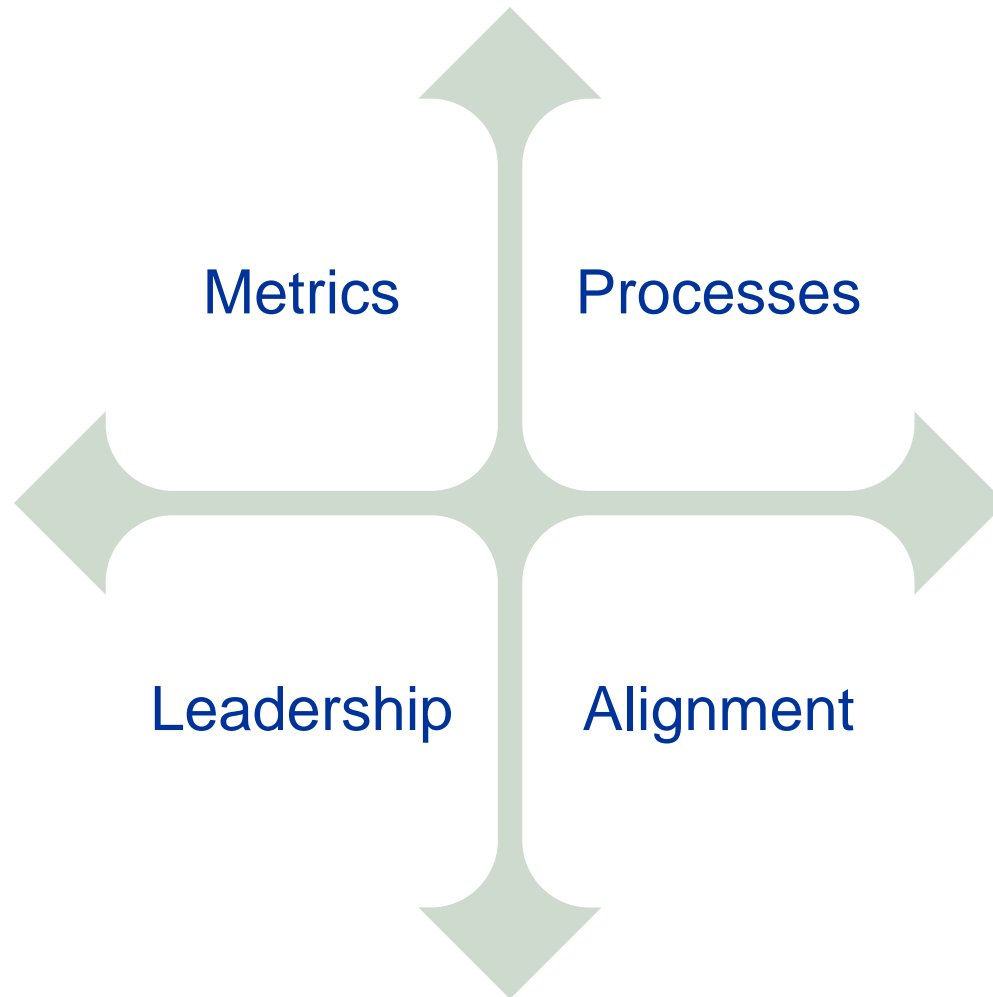
- PPACA – pediatric benefit
 - New stakeholders (medicine)
 - stand alone plans
- Interdisciplinary oral health education
- Advocates have legislative ear (both conservative and liberal)

How do you expand the stakeholders in quality improvement?

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Areas of Future Work



Metrics

- Much time will be spent arguing about the correct, appropriate measures to use
- Clear definitions are needed
- IT systems must help to support
- Reporting should focus on learning, not penalties
- Patient perspective is critical

“not everything that matters can be measured, and not everything that can be measured matters”

Processes

- Data definition, collection, reporting and ongoing quality improvement processes
- Data driven decision making requires infrastructure, training and support.
- Different levels of training (how to, why to) and tools for implementation in different settings
 - Can be done in small offices, but need support

Leadership

- Leadership is critical to managing the technical and cultural changes of moving to a quality culture
 - Setting agenda, vision
 - Managing processes
 - Data interpretation (not confusion)
 - Create accountability

Alignment

- Internal and external
- Effective lens for prioritizing strategic goals and directions
- 15+ years of work in health care to build from, align with, avoid pitfalls of others' experience
- Approaches within the dental silo are necessary but innovations that integrate dental into bigger change projects may yield greater return.

Summary

- The quality framework – metrics and processes – is a new currency in the marketplaces of institutional, professional and economic legitimacy
 - Movement is from autonomy to accountability
- Legitimacy is defined in multiple arenas (normative, regulatory, mimetic) – alignment across arenas can restructure a field
- Change can happen top down, bottom up – health professions are a formidable force when advocates for organizational change

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Select References

- Freidson, E., *Professionalism: The third logic*. 2001, Chicago, IL: University of Chicago Press.
- Freidson E. *Professionalism reborn: Theory, prophecy, and policy*. Chicago, IL: University of Chicago Press; 1994.
- Freidson E. *Professional powers: A study of the institutionalization of formal knowledge*. Chicago, IL: University of Chicago Press; 1986.
- Freidson E, Feldman JJ. *The public looks at dental care*. New York, NY: Health Information Foundation; 1958.
- Scott WR. Managing Professional Work: Three Models of Control for Health Organizations. *Health Serv Res*. 1982;17:213-240.
- Scott WR. Lords of the dance: Professionals as institutional agents. *Organization Studies*. 219-238 2008;29(2):219-238.
- Scott WR. *Institutional change and healthcare organizations: From professional dominance to managed care*. Chicago, IL: University of Chicago Press; 2000.
- Scott WR, Backman E. Institutional theory in the medical care sector. In: Mick S, ed. *Innovations in health care delivery: Insights for organization theory*. San Francisco, CA: Jossey Bass; 1990:20-52.
- Adams TL. Dentistry and medical dominance. *Social Science & Medicine*. Feb 1999;48(3):407-420.
- Kitchener, M. and E. Mertz. 2012. "Professional projects and institutional change in healthcare: The case of American dentistry." *Soc Sci Med*.
- Davis PB. *The social context of dentistry*. London, England: Croom Helm; 1980.
- Davis PB. *Introduction to the sociology of dentistry: A comparative perspective*. Dunedin, New Zealand: University of Otago Press; 1987.
- Macdonald KM. *The sociology of the professions*. London, England: Sage; 1995.
- Evetts J. The sociological analysis of professionalism: Occupational change in the modern world. *International Sociology*. 2003;18(2):395-415.