National Oral Health Quality Improvement Committee:
Vision for the US Oral Health System for 2023

More than a decade after the 2000 Surgeon General’s Report on Oral Health in America, profound disparities still exist in the oral health of the US population. In that report these disparities were described as being concentrated among people from racial and ethnic minorities, individuals with disabilities, elderly individuals, and individuals with complicated medical and social conditions and situations. In 2011 the Institute of Medicine (IOM) and the National Research Council of the National Academies of Science issued two reports on oral health, *Advancing Oral Health in America* and *Improving Access to Oral Health Care for Vulnerable and Underserved Populations*. Both of these reports again describe the significant proportion of the U.S. population that does not have access to oral health services. They indicate that the same groups identified in 2000 as experiencing severe oral health disparities continue to experience significant challenges taking advantage of the traditional oral health care delivery system and continue to experience profound oral health disparities.

Over the last decade the US health care system has entered the *Era of Accountability*. In this era there is increasing attention on using the tools of quality and accountability to achieve the “Triple Aim” of improving the experience of care, improving the health of populations, and reducing per capita costs of health care. There is also increasing realization that we need to move health care payment systems from “Volume to Value.” A “Value-based” health system has been described as one where “Value” is defined as the health outcomes achieved per dollar spent over the lifecycle of a condition. There is also increasing attention being paid to achieving value through strategies for management of chronic disease where the emphasis is on empowering individuals to help manage their own disease using medical, behavior and social interventions. All these trends apply to and will have profound impact on the oral health system.

The National Oral Health Quality Improvement Committee is interested in creating an environment by 2023 where everyone has the ability to be free from active oral disease and maintain good oral health. To that end the committee is developing a *Ten Year Roadmap to Improve the Oral Health of All Using the Tools of Quality and Accountability*.

In developing this roadmap the committee has agreed to certain basic principles:
1. The US oral health care system has entered the *Era of Accountability* and the tools of quality improvement and accountability will be instrumental in making progress toward the committee’s vision.
2. Increased integration with the overall health care system and education and social service systems is essential.
3. The major drivers of a rapidly changing overall health system all apply to and will have profound impact on the oral health system.
4. It will be increasingly important for the oral health care system to demonstrate the “Value” produced by the nation’s oral health expenditures.
5. There must be an increased emphasis on prevention and diseased management if those segments of the population with the greatest oral health disparities are to achieve and maintain good oral health.

The National Oral Health Quality Improvement Committee envisions a US Oral Health System in 2023 with the following characteristics. The system will:
1. Improve population health while increasing the value of health care expenditures.
2. Be focused on health outcomes.
3. Assure equity and eliminate disparities in oral health.
4. Promote basic oral health for All including freedom from active disease.
5. Be integrated with the overall health care system.
6. Prioritize prevention and disease management in the context of comprehensive care.
7. Permit multiple options for the delivery of services.
8. Develop and use evidence to improve consistency and reduce unwarranted variability in the delivery and outcomes of oral health care.
9. Engage people as active partners in care.

References