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

<table>
<thead>
<tr>
<th>Normative</th>
<th>Coercive</th>
<th>Mimetic</th>
</tr>
</thead>
</table>
| • Professional Associations
  • Educational philosophy & content
  • Consumer expectations | • Licensing boards
  • Accreditation
  • Education standards
  • Regulation | • 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 one's 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
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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

*Greenwood and Hinings (1993)
## Traditional Dental Practice Archetype

<table>
<thead>
<tr>
<th>Interpretive Scheme (Inst. logics): Domain of operation</th>
<th>Private Professional Market</th>
</tr>
</thead>
<tbody>
<tr>
<td>Principles of Organizing</td>
<td>Entrepreneurship, Professional autonomy, Employer</td>
</tr>
<tr>
<td>Evaluation</td>
<td>Intra-professional judgment, American exceptionalism, Technical competence, Ethical Standards</td>
</tr>
<tr>
<td>Structures</td>
<td>Solo, private practice, surgical, fixed, male</td>
</tr>
<tr>
<td>Systems</td>
<td>Self-Pay, Fee For Service</td>
</tr>
<tr>
<td>Aligned actors</td>
<td>Dentists, Private Payors, Educators, Regulators</td>
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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
<table>
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<th>Principles of Organizing</th>
<th>Tensions with Environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entrepreneurship</td>
<td>• Complex care systems and organizations require teams</td>
</tr>
<tr>
<td>Professional autonomy</td>
<td>• Patient centered health homes – not dental homes</td>
</tr>
<tr>
<td>Dentist as employer</td>
<td>• Autonomy becomes liability not asset</td>
</tr>
</tbody>
</table>

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

Processes

Leadership

Alignment
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