



# Exploring Payment as a Tool for Prevention

DQI CE Webinar Series

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- ▶ Senior Advisor, DQF – since Feb 2018
- ▶ Senior Policy Advisor for Oral Health, CMS – 7 years
- ▶ Children's Dental Campaign, Pew Center on the States – 2 years
- ▶ Attorney, Public Justice Center, Maryland – 9 years
- ▶ Attorney, Legal Services of Northern California – 8 years

# What We'll Do Together

- Consider how payment design might impact clinical approach
- Examine a payment design prototype intended to improve oral health
- Collaborate to make the prototype better

# Opening Question

- ▶ Do you believe that a payment approach could have an impact on clinical choices and oral health outcomes?
- ▶ Why or why not?

# A Window into Payment as a Tool for Better Oral Health

- ▶ The standard payment approach is based on **volume**: pay a set amount for each procedure performed
- ▶ However . . . dental science and clinical experience suggest that implementing a risk-stratified, disease management approach to children's oral health care can result in improved oral health status
- ▶ So . . . we are developing new **value**-based payment approaches that focus on improving oral health; our working hypothesis is that we can encourage practice evolution by changing *what* we pay for
- ▶ But . . . how we design the new payment approach is critical to success

# A New Mindset

## ➤ Human centered design

- Start with the people you are designing for and discover new solutions that are tailored to meet their needs.

## ➤ Our exploration

- What are dentists' needs? What do they value? What motivates them? How might we design a payment approach that would align with dentists' needs and motivations and at the same time lead to better oral health?

## ➤ What we came to understand

- Dentists value quality, health and relationships. The current fee-for-service payment approach does not support or encourage quality, health or relationships. In other words, current payment is misaligned with dentists' values, and with achieving better oral health.

# Next Steps to a Different Payment Approach

- Build a rough prototype
- “Test” the prototype with dentists by presenting it for immediate feedback
- Revise the prototype based on the feedback
- “Test” the prototype again
- Continue this loop, revising and testing . . .
- Eventually put the revised prototype in the field as a pilot and test some more

## No New Cavities!

In **three simple steps**, you can **earn a bonus** for every child in your practice who does not develop any new cavities this year.

1. Perform a baseline exam; submit a claim
1. Treat any existing cavities and encourage healthy behaviors
1. One year later, perform another exam; submit a claim with the “no new cavities” code if the child qualifies

**That's all it takes to receive your bonus!**

# Full Prototype: Six Steps



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# Breakout: Feedback on Prototype

- Feedback on “No New Cavities”
  - What do you like about this?
  - What don't you like about it?
  - Do you think it could achieve the intended effect of improving oral health outcomes for kids?
  - How much do you think the bonus would have to be?
  - Would you participate if given the option?
- Design a Better Mousetrap
  - What changes would you suggest to make this better?

# Instructions for Breakout Sessions



# Breakout Session Report Outs

- Feedback on “No New Cavities”
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# Closing Thoughts

- ▶ Do you believe that a payment approach could have an impact on clinical choices and oral health outcomes?
- ▶ In other words, could payment be a tool for prevention?
- ▶ Why or why not?