dental health services victoria
oral health for better health
Transforming the public oral health system and improving integration through value based models of care.

DR ZOE WAINER
Board Chair, Dental Health Services Victoria
Value-based healthcare is about improving the health outcomes that matter to people in a cost efficient way.

\[ \text{Value} = \frac{\text{Health outcomes that matter to patients}}{\text{Costs of delivering the outcomes}} \]
Achieving the best outcomes at the lowest cost

Person-centred system organised around what patients need

Right services by the right person at the right time in the right locations

Integrated care across separate facilities

Measured outcomes and costs for every patient
The Why

Why do we need to change the way we provide oral health care?
the why: for the health system

drivers for change

- Population growth and ageing
- Increasing chronic disease with a shift from cure to care
- Rapidly evolving technologies and new medical knowledge
- Rising consumer expectations
- Uneven quality and significant variation in care and health outcomes
- Increasing costs
healthcare variation across public dental sector by LGA

Variation in the use of radiographs: 3x
Variation in provision of oral hygiene instruction: 4x
Variation in provision of fissure sealants: 60x
Variation in provision of dietary advice to prevent dental disease: 6x
Variation in topical fluoride treatments: 14x
Variation in extractions: 5x
Variation in restorations: 3x
Variation in root canal / dental pulp treatments: 14x
We do the same things over and over again and they are not working.

As clinicians, we want to improve health outcomes.

People return for the same issue or to repair work previously done.

We are frustrated because we are not improving outcomes.

We want to make a difference; we want people to be healthy.

Despite what we do, waitlists continue to grow, and the population and individuals' oral health does not improve.
the why: consumer drivers for change

- We want to enjoy life without poor health
- We need to know how to prevent poor oral health
- We need to be supported to make good health choices.
- We want to take an active role in decision making about our health.
- We want to be listened to and have our views and time respected.
- We need your help to coordinate our care.
- We want you to come to us, rather than us always coming to you.
The What

How will our new world look different?
the future state: for the system

Improved outcomes at the lowest cost

We are measuring outcomes and understand the drivers

The system is enabled, not hindered by technology

We spend time and resources on prevention and early intervention

Consumer expectations are managed and being met

Unwarranted variation is controlled

We are able to care for more people and we understand the costs of this care

The funding model incentivises the improvement of health outcomes
The How

We know we needed to change.
So where did we start?
Our Journey

Public Health Oral Health Model of Care
Our Framework

Strategic Plan 2016 – 2021
Oral Health for Better Health
Our Direction

DHSV Way
Our Values and Behaviours

Porter & Lee Value-based Health Care Model
The Underlying Principles

DHSV Value Based Health Care Model
Our Why, Our What & Our How
Next, we started creating a value based model for oral health.
And adapted it for the public oral health sector.
Developing value based health care models of care
Models of Care

**Individual Interventions**

- Design the client journey with our consumers
- Prioritise care based on risk and need
- Measure outcomes evaluate and continuously improve

**Population and setting-based interventions**

- Use evidence to inform oral health promotion (prevention) activities
- Develop activities for all ages and stages of our clients life
- Evaluate the interventions to ensure improvements in health outcomes and value
Measuring Outcomes - ICHOM data set

23 PROM questions - How often do you?

- find it hard to eat because of problems with your teeth, gums or dentures?
- find it hard to speak clearly because of problems with your teeth, gums or dentures?
- have trouble sleeping because of problems with your teeth, gums or dentures?
- clean your teeth?
- have sugary food and/or drinks?

Demographic Questions
age, educational level, financial burden

Complications
Unexpected return visits or harm

General Health Review
Cardiovascular disease, diabetes, facial abnormalities

Clinical Oral Health Review
Caries staging, basic periodontal examination
Proof of Concept – What have we achieved

Improved Failure To Attend (FTA) rates

YTD average of 24% of clients not attending planned introductory session

• “already know what I need to do”
• “have been waiting long enough I just want care”
Proof of Concept – What have we achieved

Improved Failure To Attend (FTA) rates

YTD 8% of clients fail to attend their in chair appointments compared to 19% of General Care clients

- By identifying clients early at introduction session who fail to attend we decrease the likelihood of FTAs in clinic

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<th>VBHC</th>
<th>General Care</th>
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<tr>
<td>25 Oct - Dec</td>
<td>5%</td>
<td>20%</td>
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<tr>
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<td>Feb</td>
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<tr>
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<td>16%</td>
</tr>
<tr>
<td>YTD</td>
<td>8%</td>
<td>19%</td>
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</table>
Proof of Concept – What have we achieved

Increase in preventive interventions

YTD in the PoC an average of 30% of client interventions are of a preventive nature compared to 22% in General Care.
Proof of Concept – What have we achieved

Decrease in Dentists doing OHT or DA work
YTD Dentists in the PoC are performing OHT or DA work 10% of the time in comparison to 49% in General Care.
DA Cert 4 (coaches) are performing 27% of the care in comparison to 3% within General Care.

More work needs to be done to increase the preventative treatments and better utilise the DA Cert 4 Coaches.
Leadership is critical
Outcomes measurement is a team effort
Culture drives success
The first step is often the hardest
Co-creation with consumers needs skills & practice

Lessons we’ve learned so far
I marvel that society would pay a surgeon a large sum of money to remove a patient’s leg... but nothing to save it.

//GEORGE BERNARD SHAW