Value Based Healthcare: How Dental Health Services Victoria is transforming oral healthcare

Dr Deborah Cole, CEO, Dental Health Services Victoria, Australia
Dr Zoe Wainer, Board Chair, Dental Health Services Victoria, Australia

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Value-based healthcare is about improving the health outcomes that matter to people in a cost efficient way.
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
Why do we need to change the way we provide oral healthcare?
the why: 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

<table>
<thead>
<tr>
<th>Healthcare Service</th>
<th>Variation Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use of radiographs</td>
<td>3x</td>
</tr>
<tr>
<td>Provision of oral hygiene instruction</td>
<td>4x</td>
</tr>
<tr>
<td>Provision of dietary advice to prevent dental disease</td>
<td>60x</td>
</tr>
<tr>
<td>Provision of fissure sealants</td>
<td>6x</td>
</tr>
<tr>
<td>Topical fluoride treatments</td>
<td>14x</td>
</tr>
<tr>
<td>Extractions</td>
<td>5x</td>
</tr>
<tr>
<td>Restorations</td>
<td>3x</td>
</tr>
<tr>
<td>Root canal / dental pulp treatments</td>
<td>14x</td>
</tr>
</tbody>
</table>

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[Source: Dental Health Services Victoria]
There is no straightforward relationship between spending and better health.
the why: for providers

drivers for change

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.
We know we need to change.
So where did we start?
Significance of the ‘war’ room?

- Dedicated space for our move towards value-based healthcare
- People are visual beings – helps to ‘see’ current and future states
- Staff and consumers invited to actively contribute
- A space to research, debate, hypothesise, plan, dream, challenge and evaluate
- Helped identify that there were multiple patient experiences and flaws with the current system.
And adapted it for the public oral health sector.
Creating a Culture that supports transformation

Our workforce is on boarded, developed and supported to do their job well.

Our people are highly engaged and committed.

Supported by a range of policies and procedures and ongoing training.

Our people know how their work improves health outcomes.

Our systems and processes support our people to do their job well.

DHSV: A Respectful Workplace

- Culture, values & behaviours
- Guiding principles
- Leadership
- Consumer & community engagement
- Employee engagement
- Systems, processes & tools
- Inclusivity
- Diversity
- Flexibility
- Safety
- Wellbeing

Creating a Culture that supports transformation
We are also working on developing outcome measures for oral health.
ICHOM organizes Working Groups to define minimum outcomes sets that we recommend all care providers track.

DHSV and two consumer representatives worked with ICHOM to develop a standard set of oral health outcome measures for adults.

ICHOM facilitates a process with international clinical and registry leaders and patient representatives to develop a global Standard Set of outcomes that really matter to patients, along with corresponding case-mix factors.
And we’re developing a new funding model that will have incentives to improve health outcomes and support value-based oral healthcare.
5 lessons we’ve learned so far

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
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
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