
CONFERENCE ABSTRACT

Oral Health for Better Health – A Value Based Oral Health Care Model in Australia

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Introduction: Oral diseases are among the most commonly occurring costly health conditions to treat. In 2016-17, an estimated \$10.2 billion was spent in Australia on oral health (OH) and treating oral diseases. About 70,200 Australians are hospitalised for dental conditions, contributing to third highest reason for acute preventable hospital admissions in Australia.

Access to public dental services is not universal. Funding levels are not enough for all eligible population to access services leading to significant OH inequalities. Activity-based commissioning of public dental services prioritises volume over value. A review of the efficiency and effectiveness of public dental services in Victoria, Australia suggested that fundamental reforms are needed to improve OH service delivery.

Aims: To reform the way OH services are provided, Dental Health Services Victoria (DHSV), the lead public OH agency in Victoria implemented Australia's first Value Based Health Care (VBHC) Model for general dental services, shifting the focus from outputs to outcomes that matter to clients.

Population: Target population included people with social security concession card and their dependents, refugees and asylum seekers, Aboriginal and Torres Strait Islander people and young people in and out of home care or in youth justice custodial care.

DHSV co-designed the VBHC model with consumers and key stakeholders within government and non-governmental organisations, tertiary education, policy, research and funding sectors. A standard-set for-oral-health-outcome measures was developed in partnership with the International Consortium for Health Outcome Measures.

A six-month Proof-of-Concept commenced in October 2018 at DHSV's Royal Dental Hospital of Melbourne. The implementation is expanding across RDHM and a subsequent state-wide-roll-out is planned.

Implementation highlights: DHSV's innovative VBHC implementation is underpinned by the following core principles: improving outcomes; focus on prevention and early intervention; providing the 'right services, by the right person, in the right place, at the right time'; enabling clinicians to work to their 'top-of-scope'; measuring outcomes and costs for every client and reducing unwarranted variation in treatment provision.

Sustainability & transferability: DHSV is co-designing a new funding model with key stakeholders including the development of sustainable policies supporting the scale-up of VBHC across the state, drive better health outcomes; integrate care across providers and systems; develop robust

data collection systems and implement strong evaluation processes guided by knowledge-to-practice framework.

DHSV is establishing the evidence-base on VBHC in OH and is contributing to initiatives to reduce OH inequalities and improve sustainability. DHSV's outcome benchmarking has significant research and policy implications in Australia and internationally.

Findings: Preliminary evaluation demonstrated an increase in client-engagement, evidenced by improvement in 'failure to attend' rates from 19.3% to 4.9% in the VBHC-model. The proportion of simple procedures being performed by dentists that can be more cost-effectively provided by other practitioners reduced from 88% to 19%.

Feedback has been overwhelmingly positive with 6-out-of-7 clients finding the coaching and collaboration useful and supportive.

Lessons Learned: The PoC provided important learnings for DHSV in the area of implementation science, integrated practice, co-design, workforce-skill-mix, interdisciplinary care, change management including implication for policy, research and practice.