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HEALTH POLICY PERSPECTIVES

What the ADA can learn from the NBA

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Let me start by saying that I am not a huge basketball fan. At best, I halfheartedly board the play-off bandwagon each spring if the Bulls or Raptors are doing well. But the National Basketball Association (NBA) did something very interesting this past season that is newsworthy for health care providers, dentists included.

Beginning in March, the NBA began reviewing and evaluating all referee decisions within the final 2 minutes of close games. According to an NBA press release, this is the "latest step in the league's effort toward more transparency in its officiating program."[1] NBA Executive Vice President of Referee Operations Mike Bantom stated, "Our policy in the past was pretty much to wait until we had something that was controversial enough to really garner a lot of interest …, so we tried to come up with a system that would allow us to provide some insight into our process and set a criteria that would allow us to be more standardized and more consistent."[2]

Now it is not quite clear to me whether a physician or a dentist is analogous to the referee, the player, the coach, the team owner, the arena owner, the general manager, or some combination of all (or none) of the above. There are also obvious differences in producing "health" compared with producing a properly officiated basketball game. For example, there are few gray areas when it comes to officiating. There are correct calls and incorrect calls. Health care is far more complex. Physicians and dentists deal with a lot of gray areas. My assessment as a nonclinician is that dentistry in particular has a less robust set of clear-cut, evidence-based treatment protocols and well-defined clinical pathways compared with other areas of medicine.

But forget these issues for a second. Although interesting and important, they are not relevant to the point I want to raise, which is that the underlying trends toward increased transparency, accountability, data-driven metrics, and emphasis on quality and outcomes that drove the NBA's decision are precisely the same forces that are radically transforming the health care system. In fact, from my perspective, this new "value agenda" in health care is one of a handful of major game changers that will fundamentally reshape the dental practice environment over the coming decades. The results of the American Dental Association's (ADA) recent environmental scan also reinforce this point.[3]

THE VALUE AGENDA

Partly owing to the Affordable Care Act but driven by other factors as well, the health care system slowly will move away from a largely "siloed," fee-for-service, provider-centric model of care delivery and financing to a more integrated, team-based, patient-centric model.[4] Reimbursement to providers will, in small increments, begin to be tied to outcomes. These outcomes can take many forms and can operate at various junctures along the causal pathway to health. For example, there are outcomes related to provider behavior (adherence to evidence-based clinical protocols), health care service utilization (avoidable hospital readmissions), or health status (blood pressure or blood glucose levels for individual patients or populations of patients).

It is important that health care providers understand that the value agenda, while slow moving, is here to stay simply because of what is driving it: an increased push for efficiency among all 3 major sources of health care financing: patients (through out-of-pocket payments), governments (through public programs), and employers (through private health insurance purchased on behalf of employees). A new wave of health care consumerism is driving individual patients and households to actively "shop" for health care services. Consumers increasingly will compare costs and outcomes across health care providers and seek to be more involved in treatment decisions. These trends will intensify significantly with the coming demographic transition, because the way gen Xers and millennials interact with health care providers is completely different than baby boomers.[5]

Federal and state governments have embraced the value agenda and made it clear that the move away from fee-for-service, volume-based reimbursement is underway. For

example, the Medicare program aims to have 30% of its provider payments tied to value or quality by 2016, and this benchmark will increase to 50% by 2018.[6] Employers have set even more ambitious goals. Specifically, the Health Care Transformation Task Force, which represents 6 of the nation's top 15 health systems and 4 of the top 25 health insurers,[7] has committed to putting 75% of participating businesses into value-based payment arrangements by 2020.[8]

The value agenda already is translating into significant changes in how health care providers are paid. In the Geisinger Health System (Danville, PA), up to 20% of endocrinologists' compensation is tied to indicators such as blood glucose levels in patients with diabetes.[9] The New York State Medicaid program aims to achieve a 25% reduction in avoidable hospital use over 5 years[10] and holds physicians accountable for a series of health outcomes and patient satisfaction measures in reaching that goal.[11] As an influential health policy commentator noted, "Physicians must own up to the economic consequences of their decisions, whether through employment or contractual models. Physicians must also come to accept treatment protocols, however rigid they may appear. We have tolerated widespread practice variations for too long. And medical schools must seriously consider a curriculum overhaul that teaches physicians how to manage the care-delivery process."[12]

But is any of this relevant to dentistry? Unequivocally, yes. For various reasons, the value agenda is moving much slower in dentistry than in the rest of the health care system. Only in 2014, for example, has the ADA created a definition of oral health,[13] which is a prerequisite for any value-based, outcome-focused dental care delivery and financing model. Diagnostic coding systems and integrated patient dental records—also prerequisites—are only now starting to emerge in the dental care system. But the value agenda definitely is moving forward, will continue to move forward, and is here to stay. Even though dental care is financed differently than medical care (that is, with much less public funding), this point is irrelevant because all 3 payers—individuals, governments, and employers—will be seeking increased value for dental spending going forward. The Dental Quality Alliance (DQA), a group composed of multiple stakeholders, has taken a significant leadership role in developing quality measures for dentistry, 5 of which have been approved by the National Quality Forum.[14] One of these measures, dental sealants for children ages 6 through 9 years, has been incorporated into the Children's Health Insurance Program, and states are scheduled to begin reporting on this measure in 2015.[15]

Moreover, the value agenda already is driving important innovations in how dentists are paid. For example, dentists within Permanente Dental Associates, a provider group within Kaiser Permanente Northwest, have a portion of their compensation tied to patient satisfaction, accessibility of care, providing evidence-based care, and integrating with primary medical care (J. Snyder, Dental Director and chief executive officer, Permanente Dental Associates, Portland, OR, written communication, April 2015).

WHAT NOW?

Going forward, I believe that the value agenda will be implemented slowly through small, incremental steps. Several major issues still need to be addressed. For example, how can physicians be held accountable for hypertension rates when things like diet, exercise, genetics, and other factors beyond the scope of health care services play such a big role? For patients who have chronic conditions with long-term timelines, what happens when these patients change their care providers? How can dentists be held accountable for oral health outcomes that are driven mainly by patients' behavior after they leave the dental office? These and other important issues are being solved by innovative dental care providers, entrepreneurs, and with groups composed of multiple stakeholders such as the DQA. Accordingly, dentists—especially younger dentists—must accept that the value agenda will be an important part of tomorrow's practice environment.

So how might the dental community react?

Here is where the NBA's approach can provide considerable insight. The NBA was proactive, not reactive. It embraced the market trend toward increased transparency and accountability, and the NBA fundamentally understood the opportunities at hand, one of which is showcasing that most referee calls are correct. For example, of the 43 reviewed calls for games played on April 15, 2015, only 3 were deemed incorrect.[16] I am conjecturing here, but behind the scenes I suspect that these data also are being used as a basis for education and learning among referees to ultimately improve the quality of the game.

More importantly, the NBA led the way in defining their "quality" agenda. They put in place a review process to assess and publicly disclose officiating performance. They did not wait for a third party to set the "rules of the game" for defining, measuring, and disseminating data related to officiating quality. They understood that change is happening, and they took a major leadership role.

The value agenda in health care is a radical departure from the status quo and, as a result, causes considerable anxiety and uncertainty. At the same time, there are tremendous opportunities for dentists and other clinicians in this new paradigm. Those who embrace and lead the value agenda in health care will be, according to a commentary in the *Harvard Business*

Review, the ones who "improve efficiency, deliver the best outcomes, increase their market share, and retain and recruit the best people."[9] The dental profession has an enormous opportunity to embrace and lead the value agenda and to chart a new and exciting course for dentists in tomorrow's practice environment. ■

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