

## CONFERENCE ABSTRACT

# Dental Health Services Victoria's Co-designed Value Based Health Care Framework: Leading Patient Centred Care in Public Dental Sector

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Susan McKee<sup>1</sup>

1: Dental Health Services Victoria, Australia

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### ***Introduction***

Value Based Health Care (VBHC) is about creating value for patients by improving health outcomes or reducing costs, or both, over the full cycle of a patient's care. Globally, VBHC is gaining momentum and transforming clinical practice and service delivery to achieve best outcomes for patients.

Dental Health Service Victoria (DHSV) is the lead public health service in Victoria (Australia) and operates under a fee-for-service funding model. It provides services to patients through the Royal Dental Hospital of Melbourne (RDHM) and by purchasing public dental services from community dental agencies across Victoria.

To address inequities in access to care and improve health outcomes for people disproportionately impacted by poor health, we embarked on a VBHC journey. With our consumers we co-designed a VBHC framework and in 2018 implemented the VBHC proof of concept at RDHM.

### ***Theory/Methods***

A mixed-method evaluation was used to examine service delivery, clinical and experiential outcomes from patient, staff, and stakeholder perspectives. Quantitative data was sourced from Titanium (online patient management system). Participatory action research was used to bring together qualitative narrative-based research and service design methods. Experience-based co-design approach was used to enable staff and clients to co-design services.

### ***Results***

Compared to the standard general care clinic, VBHC model of care showed 44% lower failure to attend rate and 36% higher preventive service utilisation. Higher proportion of clinicians worked to their top scope of practice within a multi-disciplinary team. Approximately 80% of services previously provided by dentists were shifted to oral health therapists and dental assistants, thereby releasing capacity of dentists to undertake complex treatments.

Significant improvement in patient reported experience and outcome measures were noted. However, interviews showed that multiple understanding and perspectives of 'value' existed. Tailored information provided through coaching sessions contributed to active participation from patients and carers.

### ***Discussions***

DHSV's VBHC framework is co-designed with consumers, and implemented to drive patient-centered care, measure outcomes that mattered to patients and transform service delivery. Structured consultation with patients and staff supported ongoing feedback between design and implementation teams during sequential-simultaneous program design and rollout.

### ***Conclusions***

Our VBHC journey required fundamental reform in the way we operated within the fee-for-service-model. It required an organisation-wide cultural shift, good change management and clinical leadership. Several service improvement work packages to improve service efficiency and effectiveness emerged from implementing VBHC.

### ***Lessons learned***

Strong collaboration with consumers, workforce, government, and non-government stakeholders enabled the adoption and scale-up of VBHC. Taking an incremental approach to implementation by starting small, demonstrating success, and scaling-up, allowed us to build the necessary support system, momentum, and bring patients and clinicians along the journey.

### ***Limitations***

Given that adopting and implementing VBHC takes time, and majority of health indicators should be measured over long term, expectations of outcome changes in the short term should remain low.

### ***Suggestions for future research***

The implementation of VBHC is not a linear process, the process moves forwards and backwards, and often with interruptions. Research and evaluation design must be flexible and adaptive to capture the implementation and program roll-out.