

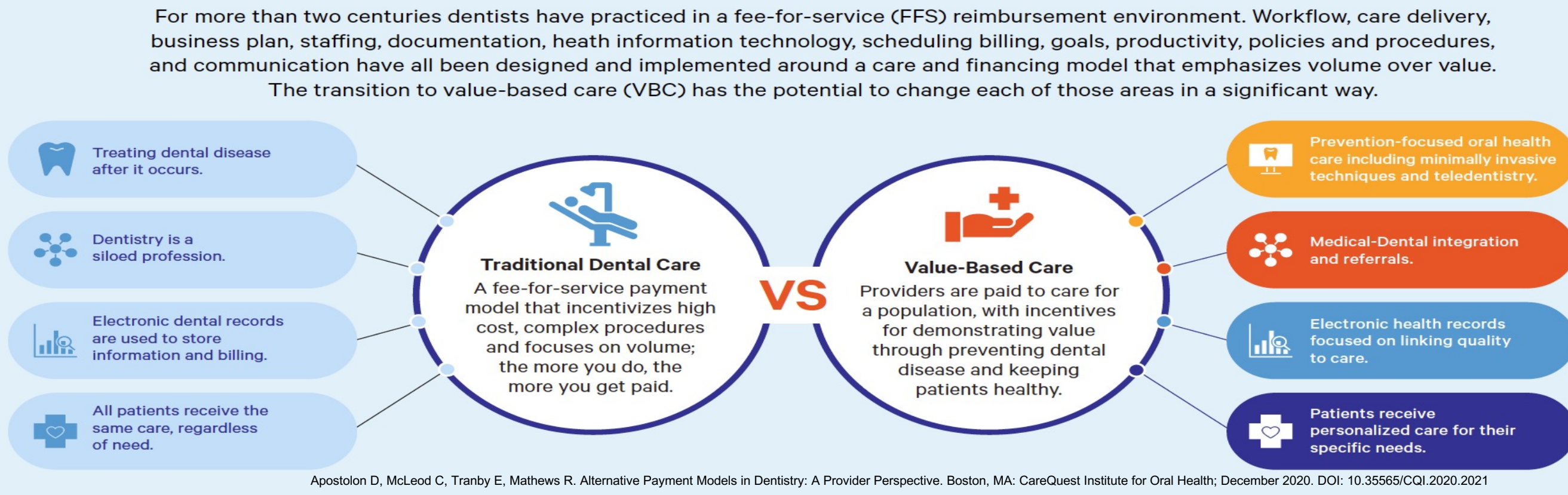
INTRODUCTION

The federal government is the biggest payer of healthcare in the United States (U.S.). The Medicaid program provided health coverage to 83 million Americans, including 39 million children in 2021. Out of the \$142 billion spent on dental care, \$59.7 billion were paid by private insurance, \$53.2 billion out-of-pocket, \$19 billion are services from public insurance, and \$10.5 billion from other government relief programs. In 2020, about 70% of the Medicaid beneficiaries in the U.S. were enrolled in a managed care plan, with the purpose of better managing costs and services utilization. One model capable of doing so is the value-based care (VBC) model (value-based payment) which reimburses providers based on performance linked to quality measures, evidence-based clinical guidelines, improved health outcomes, and patient experience. One of the features of VBC is the incorporation of Alternative Payment Methods (APMs), which reimburses providers based upon value and quality of care provided. The categories include risk-share, partial and full capitation. According to a survey conducted by DentaQuest in 2019, most dentists (73%), physicians (82%), and 87% of employers agreed that dental insurance should emphasize healthy outcomes over volume, with more than half of employers surveyed (benefit decision-makers) interested in implementing VBC strategies. Providers' knowledge and attitudes towards VBC and APMs may delay the adoption of these models. This study aims to provide a baseline of the current knowledge and attitudes among dental providers.

METHODS

This study was approved by the Western Institutional Review Board and the Nicklaus Children's Hospital Research Institute, 45 CFR §46.104. Questions related to VBC and APM from a survey of DentaQuest-enrolled providers conducted between March to April of 2021 were analyzed. Inclusion criteria included age (18+), having a high degree of familiarity with their dental office's patient volume, staffing, dental insurance carriers, treatment protocols, and the office's pre-and post-COVID finances. This study accomplished to encompass a wide variety of providers from different sociodemographic backgrounds, consistently representing the actual dental provider network in the US. Up to four reminders were sent to these providers to promote completion. Three types of APMs were considered: a risk-shared model in which the provider shares with the payer the losses and surpluses, a partial capitation model, and a full capitation model. Answers for each question were stratified by provider's age, race, practice location (rural, suburban, or urban), practice type (private practice, public health setting, or group practice), and specialty type (general dentists, pediatric dentist, or any other specialty). The data was analyzed using Stata 16.0, with a P-value <.05 to be statistically significant. Descriptive and inferential analyses were performed, including Pearson's Chi-Square Test, and Fischer's Exact Test.

Improving the Patient Care Experience



RESULTS

N=378		
Age categories	n	%
18 to 34	33	9%
35 to 44	97	26%
45 to 54	115	31%
55 to 64	92	24%
65 and older	40	11%
Race categories		
White	205	54%
Black	30	8%
Hispanic	43	11%
Other	100	26%
Practice type		
Private Practice Setting	321	87%
Public Health Setting	47	13%
Practice location		
Rural	61	17%
Suburban	155	43%
Urban	143	40%
Speciality type		
General Dentist	166	44%
Pediatric Dentist	41	11%
Other	170	45%

What alternative reimbursement models would you be interested in?												
Risk Share					Partial Capitation				Full Capitation			
	Extremely/ moderately interested	Slightly interested	Not interested at all	p-values	Extremely/ moderately interested	Slightly interested	Not interested at all	p-values	Extremely/ moderately interested	Slightly interested	Not interested at all	p-values
Age categories												
18 to 34	33.3%	40.0%	26.7%	0.049	40.0%	33.3%	26.7%	0.13	46.7%	40.0%	13.3%	0.16
35 to 44	30.4%	45.7%	23.9%		41.3%	30.4%	28.3%		43.5%	32.6%	23.9%	
45 to 54	25.9%	40.7%	33.3%		27.8%	44.4%	27.8%		31.5%	35.2%	33.3%	
55 to 64	30.4%	17.4%	52.2%		36.1%	19.2%	44.7%		45.8%	16.7%	37.5%	
65 and older	13.0%	43.5%	43.5%		20.8%	50.0%	29.2%		21.7%	43.5%	34.8%	
Race categories												
White	20.2%	42.4%	37.4%	0.199	28.7%	36.6%	34.7%	0.457	32.0%	34.0%	34.0%	0.171
Black	28.6%	21.4%	50.0%		35.7%	21.4%	42.9%		46.7%	13.3%	40.0%	
Hispanic	42.9%	23.8%	33.3%		47.6%	38.1%	14.3%		53.1%	33.3%	9.5%	
Other	34.8%	32.6%	32.6%		34.8%	32.6%	32.6%		39.1%	28.3%	32.6%	
Practice type												
Private Practice Setting	25.7%	34.2%	40.1%	0.063	31.2%	34.4%	34.4%	0.318	37.0%	30.5%	32.5%	0.674
Public Health Setting	34.5%	48.3%	17.2%		41.4%	37.9%	20.7%		41.4%	34.5%	24.1%	
Practice location												
Rural	23.1%	42.3%	34.6%	0.077	26.9%	30.8%	42.3%	0.001	34.6%	30.8%	34.6%	0.014
Suburban	17.6%	35.1%	47.3%		19.7%	35.5%	44.7%		27.6%	29.0%	43.4%	
Urban	35.1%	36.4%	28.6%		46.8%	36.4%	16.9%		48.1%	33.8%	18.2%	
Speciality type												
General Dentist	27.7%	34.0%	38.3%	0.196	29.8%	36.2%	34.0%	0.091	39.0%	31.0%	30.0%	0.149
Pediatric Dentist	6.3%	37.5%	56.3%		11.1%	50.0%	38.9%		12.0%	53.0%	35.0%	
Other	31.1%	39.2%	29.7%		43.2%	28.4%	28.4%		42.7%	26.7%	30.6%	

Do you think shifting dental practice toward value-based care will generate more equitable outcomes among patients?			
Age categories	No	Yes	p-value
18 to 34	58.3%	41.7%	0.102
35 to 44	65.9%	34.2%	
45 to 54	75.0%	25.0%	
55 to 64	72.2%	27.8%	
65 and older	86.1%	13.9%	
Race categories			0.025
White	74.6%	25.4%	
Black	73.9%	26.1%	
Hispanic	48.4%	51.6%	
Other	74.4%	25.6%	
Practice type			0.015
Private Practice Setting	74.2%	25.8%	
Public Health Setting	55.3%	44.7%	
Practice location			0.77
Rural	75.0%	25.0%	
Suburban	73.9%	26.2%	
Urban	70.4%	29.6%	
Speciality type			0.186
General Dentist	75.5%	24.5%	
Pediatric Dentist	77.8%	22.2%	
Other	66.7%	33.3%	

How familiar are you with alternative payment models (APMs) in dentistry, as alternatives to fee-for-service reimbursement models?						What factors do you believe would accelerate the adoption of alternative payment models to support value-based care?						
	Have never heard of APMs	Have only heard of APMs/Know a little-moderate amount	Know them well but may or may not be reimbursed via an APM	p-values	Appropriate provider compensation and incentive	Increase in risk sharing models like accountable care organizations	Medical dental integration	Policy and regulation changes	Other	p-value		
Age categories												
18 to 34	51.9%	44.4%	3.7%	0.766	65.2%	0.0%	4.4%	13.0%	17.4%	0.736		
35 to 44	44.1%	52.4%	3.6%		57.1%	6.5%	10.4%	10.4%	15.6%			
45 to 54	38.6%	54.5%	6.9%		60.8%	3.1%	12.4%	9.3%	14.4%			
55 to 64	32.9%	59.5%	7.6%		66.2%	2.7%	10.8%	8.1%	12.2%			
65 and older	43.2%	51.4%	5.4%		62.2%	0.0%	2.7%	18.9%	16.2%			
Race categories												
White	36.8%	57.1%	6.1%	0.647	65.3%	1.2%	9.3%	9.8%	14.5%	0.240		
Black	48.0%	52.0%	0.0%		65.2%	0.0%	13.0%	4.4%	17.4%			
Hispanic	46.9%	50.0%	3.1%		56.7%	10.0%	13.3%	10.0%	10.0%			
Other	41.5%	50.0%	8.5%		55.3%	6.6%	7.9%	15.8%	14.5%			
Practice type												
Private Practice Setting	43.4%	50.9%	5.7%	0.003	62.8%	3.8%	8.3%	10.5%	14.7%	0.237		
Public Health Setting	17.1%	75.6%	7.3%		52.6%	0.0%	18.4%	13.2%	15.8%			
Practice location												
Rural	39.3%	55.4%	5.4%	0.992	58.8%	2.0%	9.8%	11.8%	17.7%	0.193		
Suburban	38.7%	55.5%	5.8%		61.1%	2.3%	6.1%	13.7%	16.8%			
Urban	40.5%	52.9%	6.6%		65.5%	5.2%	12.9%	6.9%	9.5%			
Specialty type												
General Dentist	41.2%	54.7%	4.1%	0.695	61.1%	4.2%	11.8%	11.8%	11.1%	0.673		
Pediatric Dentist	44.7%	50.0%	5.3%		57.9%	2.6%	7.9%	7.9%	23.7%			
Other	38.0%	54.2%	7.8%		63.5%	2.4%	7.9%	10.3%	15.9%			