

Building a Culture for Interprofessional Collaborative Practice in Oral Health

*George E. Thibault, MD Nexus Award
Broad, Multi-System Interprofessional Collaborations
For Healthcare Transformation*

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Oral Health in America:
A Report of the
Surgeon General

Department of Health and Human Services
U.S. PUBLIC HEALTH SERVICE

**A National Call to Action
to Promote Oral Health**

*A Public-Private Partnership
Under the Leadership of
The Office of the Surgeon General*

U.S. Department of Health and Human Services

Why are we here?

National ***Interprofessional Initiative***
on Oral Health *engaging clinicians,
eradicating dental disease*

A **Systems** Change Initiative
Advancing Interprofessional
Education and Integrated Oral
Health Care



Deamonte Driver, 12

Died February 25, 2007

How Did We Get Here?

108 Million

People visit a medical provider but
not a dental provider

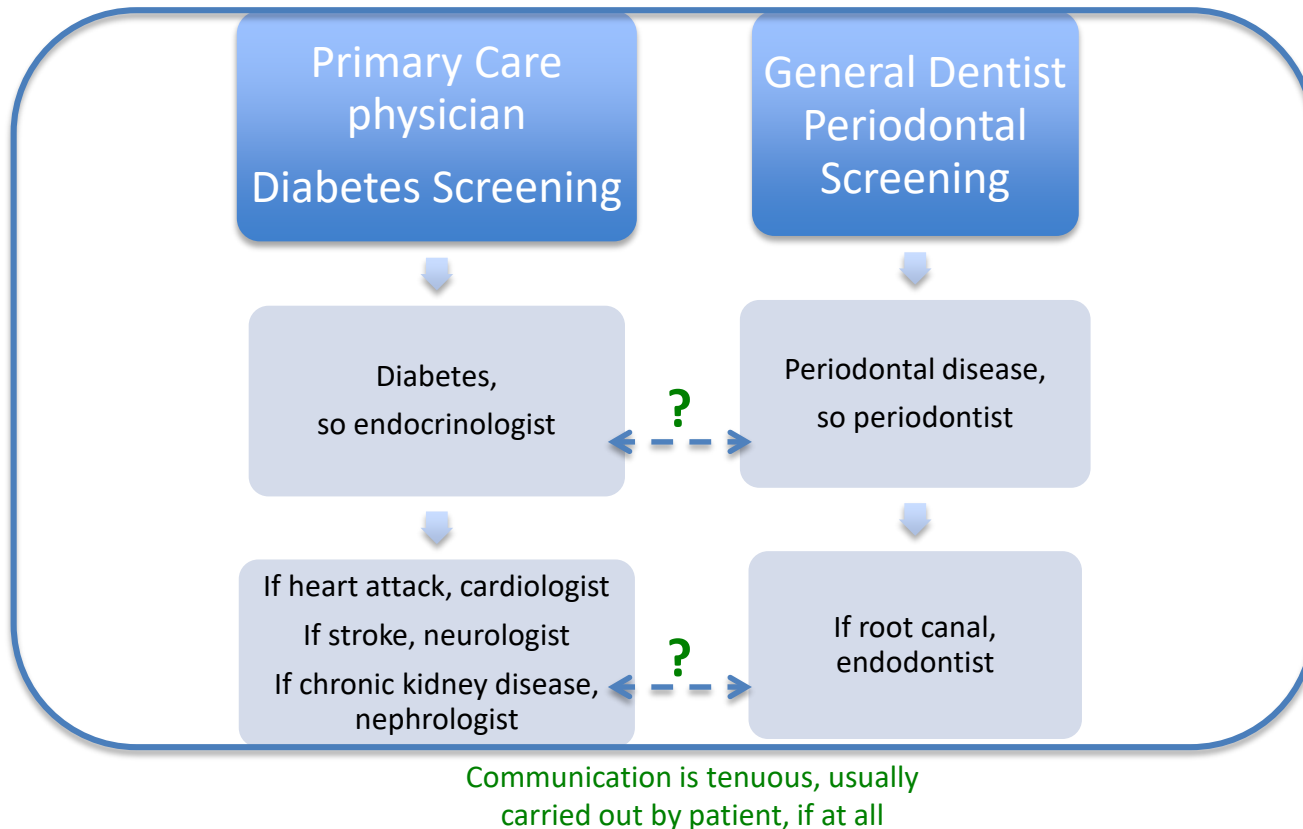


27 Million

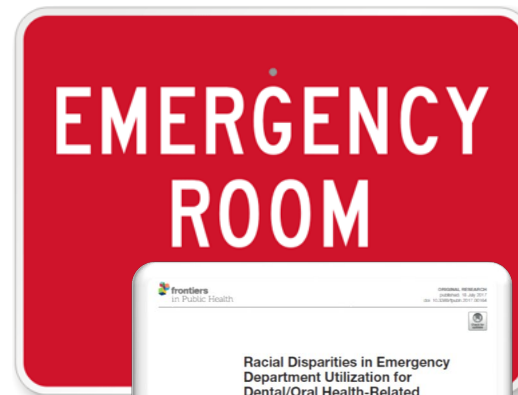
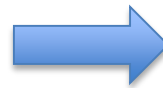
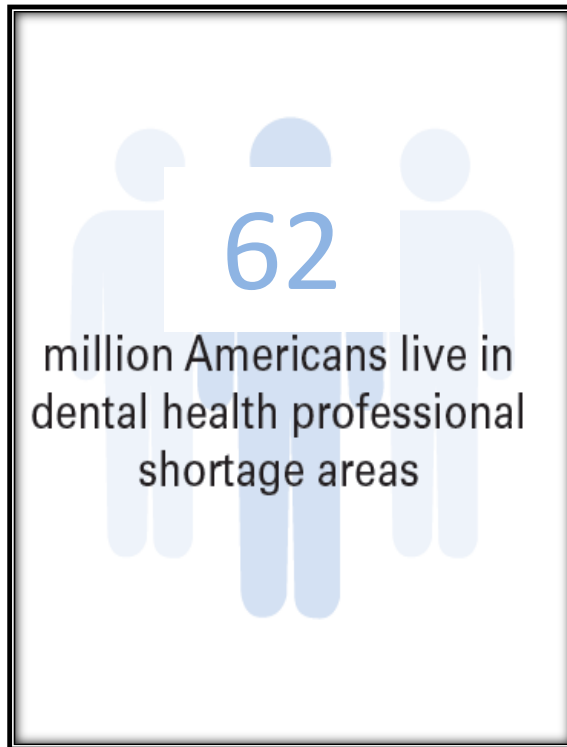
Visit a dental provider but
not a medical provider



Flow of Oral Health Information in Patient Care



Health Professional Shortage Areas



Who, What and Why – NIIOH 2009

Consortium: *Funders, health professionals +national organizations*
Vision: *Eradicate dental disease*
Mission: *Engage primary care team*
Focus: *Integrate oral health into primary care education + practice*

The Short Answer

NIIOH is a systems change initiative that provides “Backbone Support” and facilitates interprofessional agreement and alignment to ready an interprofessional oral health workforce for whole person care

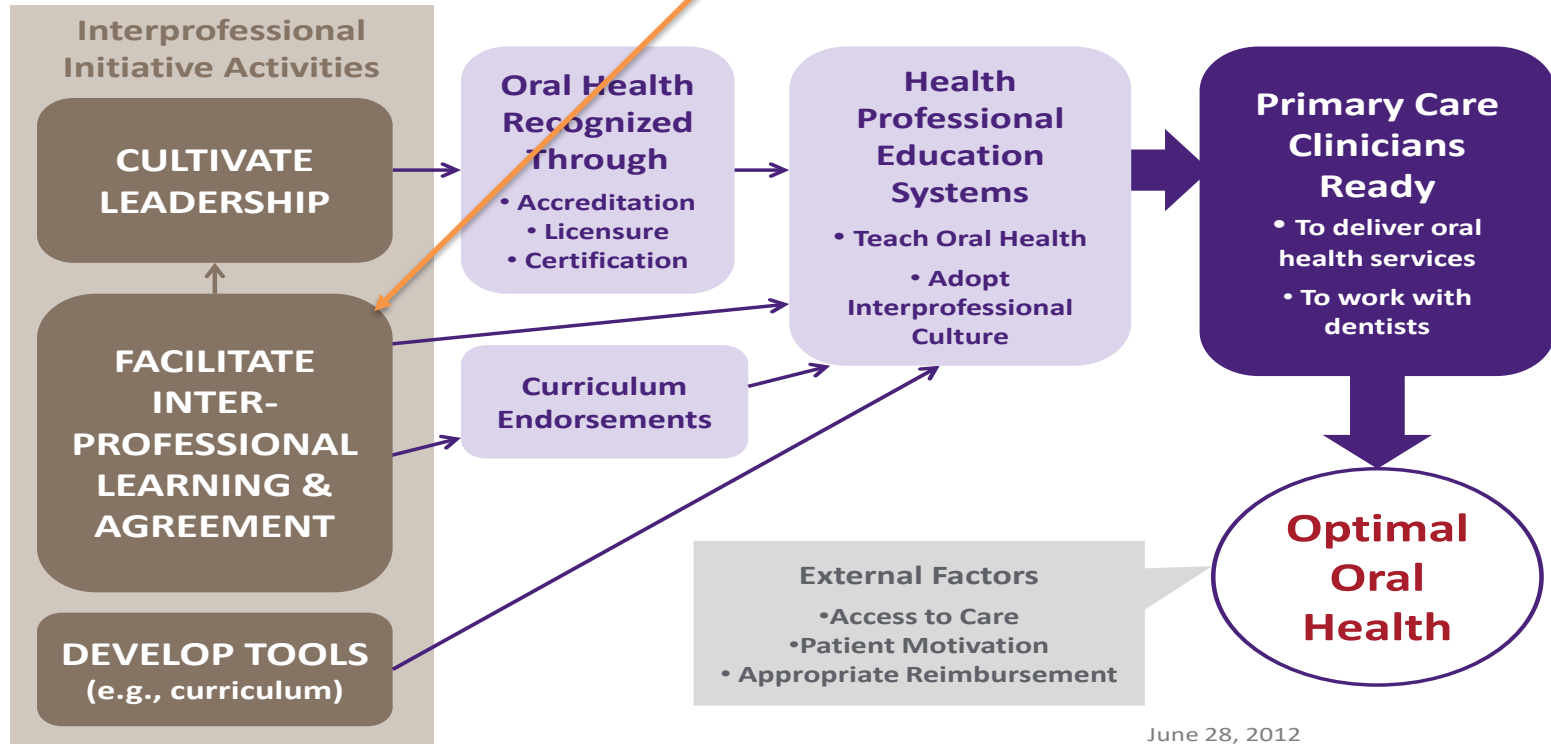
The Opportunity for Change



Theory of Change

COLLECTIVE IMPACT

National Interprofessional Initiative on Oral Health Theory of Change



June 28, 2012

Support, align and connect partner efforts to integrate oral health into education and practice.

Smiles For Life

Smiles for Life
A national oral health curriculum

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Welcome

Smiles for Life: A National Oral Health Curriculum 3rd Edition

Smiles For Life produces educational resources to ensure the integration of oral health and primary care



LEARN ONLINE



TEACH CURRICULUM

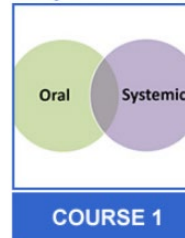


Answering the Call: Joining the Fight for Oral Health

Watch this informative and inspiring video which outlines both the challenge and progress in improving oral health as a vital component of effective primary care. Click the full screen icon in the bottom right hand corner of the video thumbnail to view it full-sized. This video is approximately seven minutes in length.

An extended version (21 minutes) of this documentary is also available.

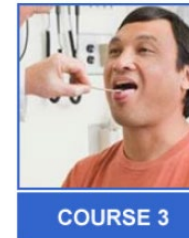
Relationship of Oral & Systemic Health



Child Oral Health



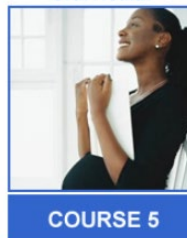
Adult Oral Health



Acute Dental Problems



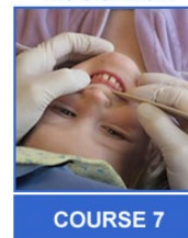
Pregnancy & Woman's Oral Health



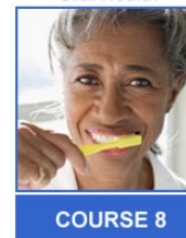
Caries Risk Assessment Fluoride Varnish & Counseling



The Oral Exam




Geriatric Oral Health



Smiles for Life
A national oral health curriculum


Engaging Front Line Health Workers in Oral Health



Third Edition June 2010
www.smilesforlifehealth.org

Smiles for Life
A national oral health curriculum


**Front Line Health Workers
Pregnancy and Women's Oral Health**



Third Edition June 2010
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Last Modified: December 2017

Smiles for Life
A national oral health curriculum


**Front Line Health Workers
Child Oral Health**



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**Front Line Health Workers
Adult Oral Health**



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Last Modified: December 2017

Facilitate Interprofessional Agreement

20

Endorsing organizations
representing

Medicine
PA's
Nursing
Dentistry
Dental Hygiene
Pharmacy
Community Health Centers
And More!

Smiles for Life
A national oral health curriculum

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History Our Team **Endorsers** Supporters Citation FAQs Utilization Privacy Policy SFL Research Awards

Endorsed By

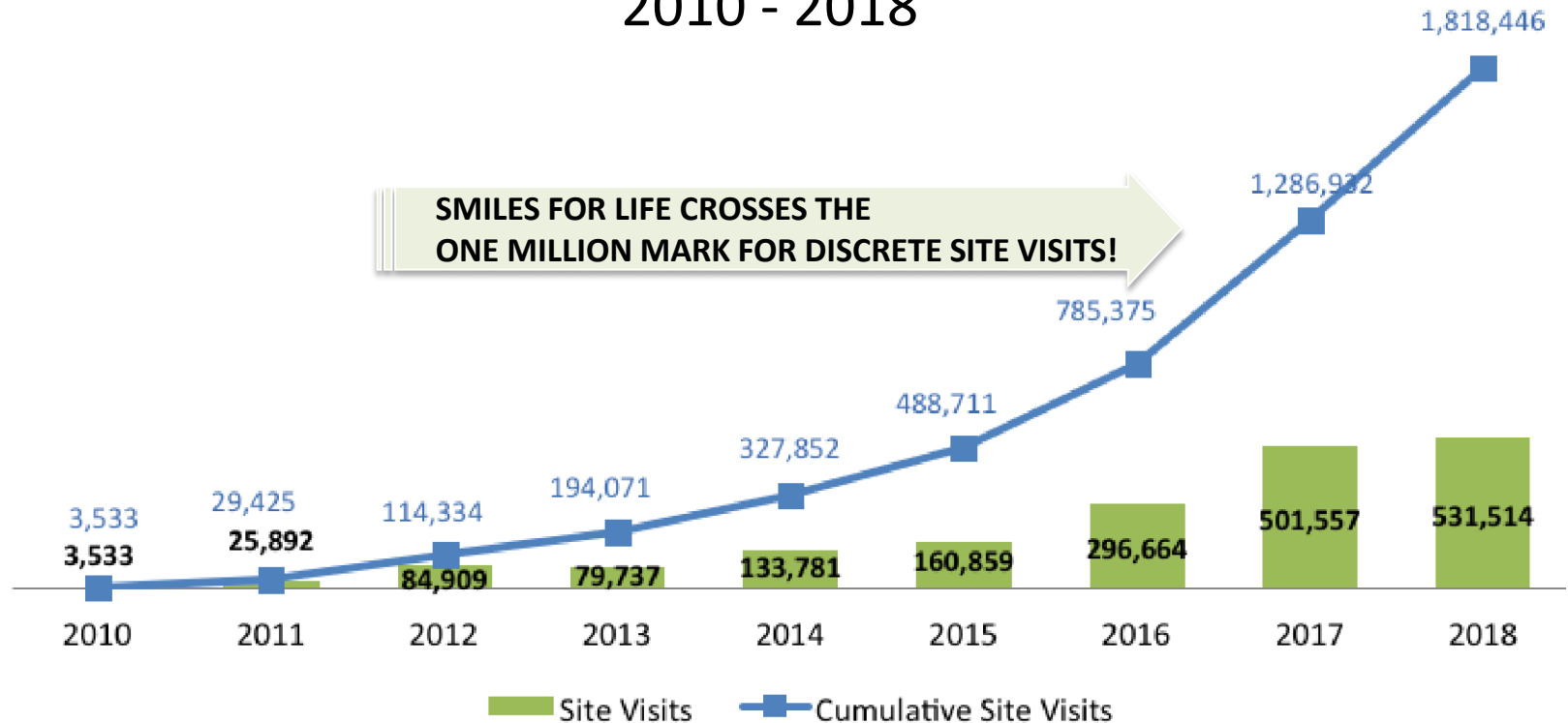
Each course in the Smiles for Life suite is endorsed by the following healthcare organizations who support the role of primary care clinicians in promoting good oral health:

 AMERICAN ACADEMY OF FAMILY PHYSICIANS STRONG MEDICINE FOR AMERICA American Academy of Family Physicians	 NATIONAL ASSOCIATION OF Community Health Centers National Association of Community Health Centers	 STFM SOCIETY OF TEACHERS OF FAMILY MEDICINE Society of Teachers of Family Medicine	 AFPNP ASSOCIATION OF FACULTIES OF PEDIATRIC NURSE PRACTITIONERS Association of Faculties of Pediatric Nurse Practitioners
 AAPA American Academy of Physician Assistants	 adha American Dental Hygienists' Association American Dental Hygienists' Association	 PAEA PHYSICIAN ASSISTANT EDUCATION ASSOCIATION Physician Assistant Education Association	 American Association of Public Health Dentistry American Association of Public Health Dentistry
 astdd Where oral health lives The Association of State and Territorial Dental Directors	 AMERICAN COLLEGE of NURSE-MIDWIVES "With women, for a lifetime" American College of Nurse-Midwives	 ADA American Dental Association® America's leading advocate for oral health American Dental Association	 Pediatric Nurse Practitioners National Association of Pediatric Nurse Practitioners
 NONPF The National Organization of Nurse Practitioner Faculties	 NASN National Association of School Nurses National Association of School Nurses	 AMERICAN ACADEMY OF PEDIATRIC DENTISTRY THE BIG AUTHORITY ON little teeth American Academy of Pediatric Dentistry	 aacom® AMERICAN ASSOCIATION OF COLLEGES OF OSTEOPATHIC MEDICINE American Association of Colleges of Osteopathic Medicine
 Academy of General Dentistry® Academy of General Dentistry	 AMERICAN ACADEMY OF PEDIATRICS DEDICATED TO THE HEALTH OF ALL CHILDREN® American Academy of Pediatrics	 GAPNA Gerontological Advanced Practice Nurses Association Gerontological Advanced Practice Nurses Association	 AACPh Discover • Learn • Grow Improve Health American Association of Colleges of Pharmacy

National *Interprofessional Initiative*
on Oral Health

Smiles for Life Discrete Site Visits¹

Discrete Site Visits 2010 - 2018



Since the site launched in June 2010, there have been:

- **102,082** registered users
- **299,0412** courses completed for CE credit
- **51,872** modules downloaded by educators

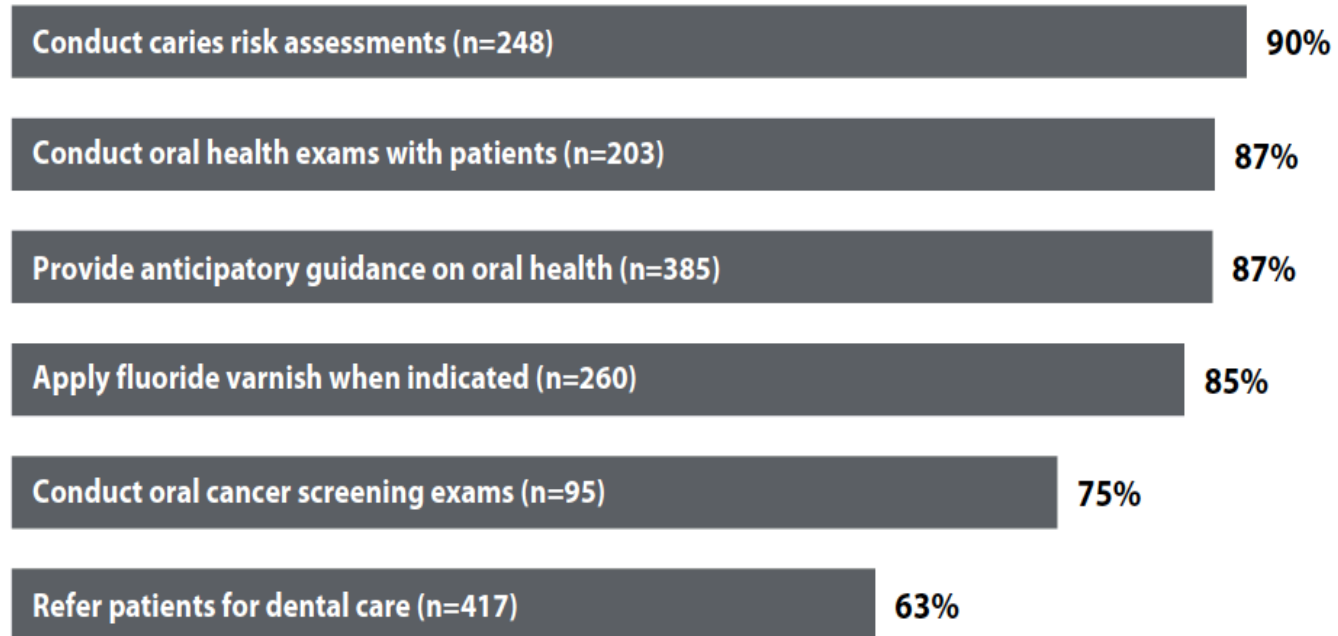
Smiles for Life Survey

Key Question:

- How does Smiles for Life influence practice?

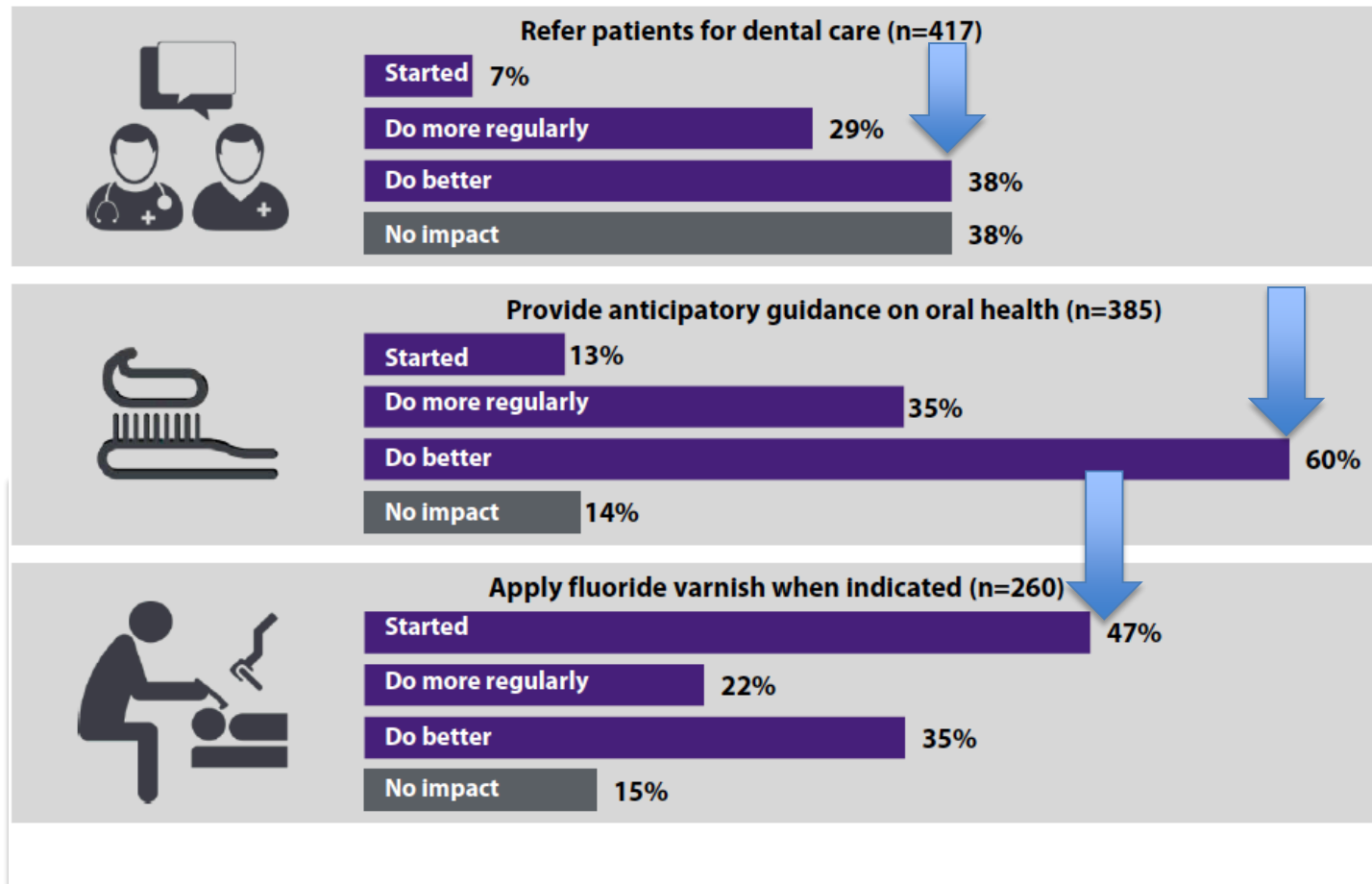
How Does SFL Influence Practice?

Exhibit 5. Proportion of Providers Reporting Influence of Smiles for Life on Practice, by Oral Health Activity*

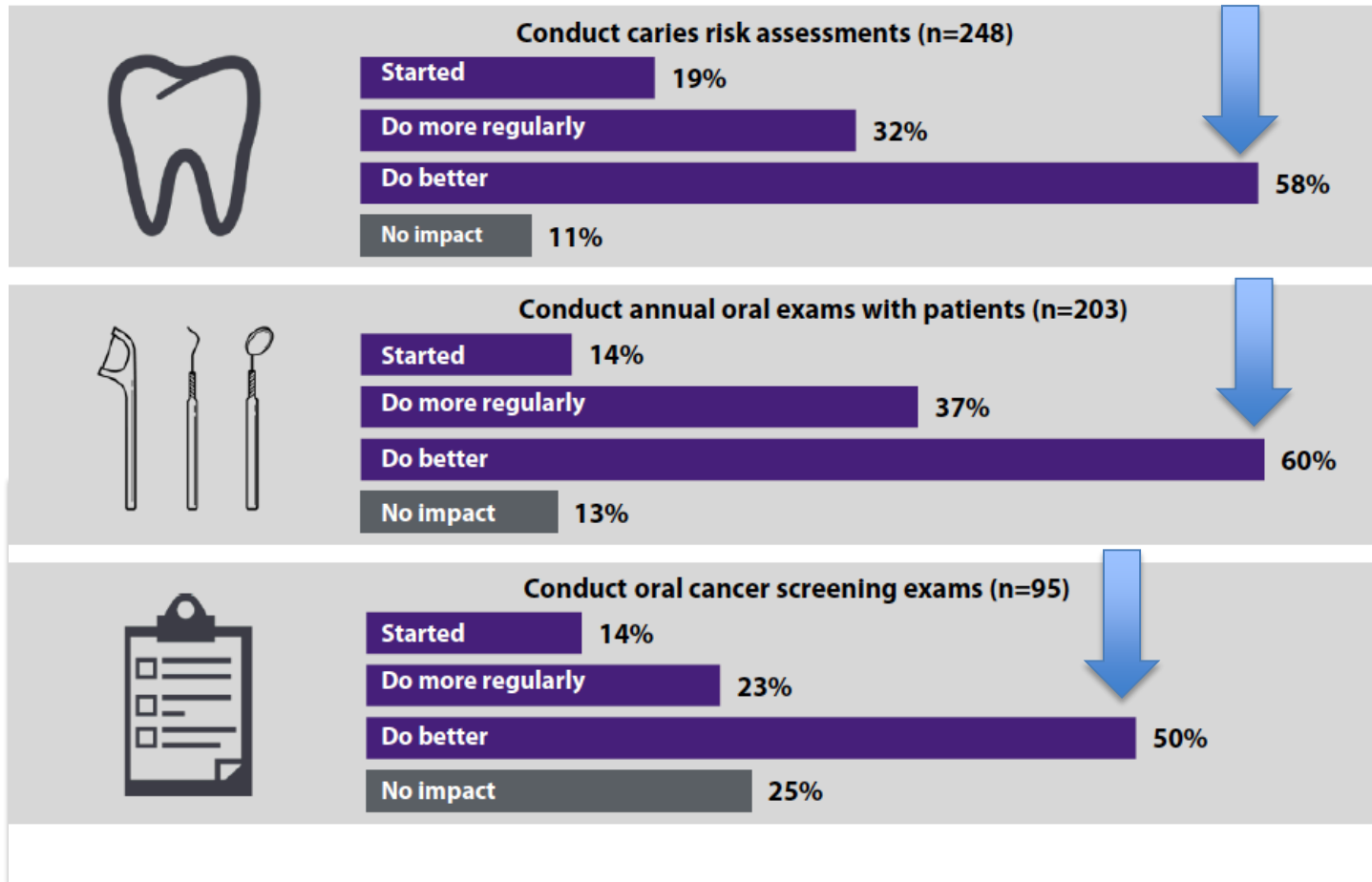


** Influence on practice means that providers reported that Smiles for Life influenced their practice of oral health activities in one or more of the following three ways: (1) led them to start performing oral health activities; (2) allowed them to perform oral health activities more regularly, and (3) helped them perform oral health activities better. The n's on this chart indicate the number of providers who reported performing each*

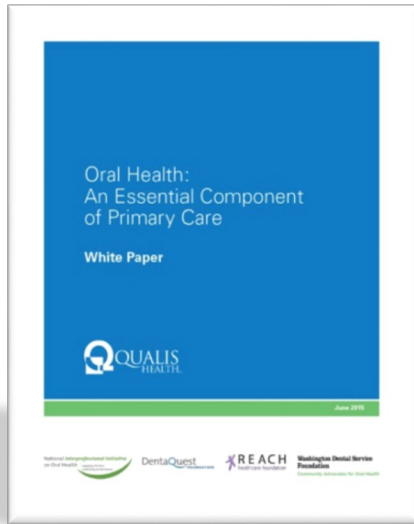
Influence on 6 Key Activities



Influence on 6 Key Activities



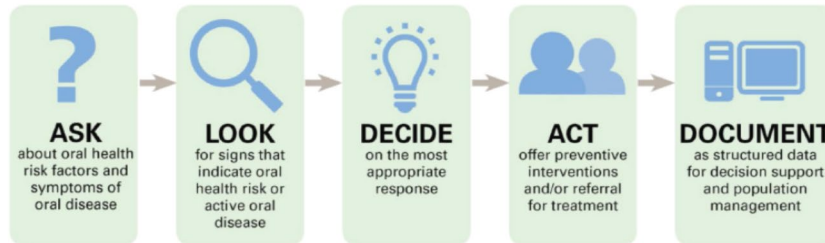
Oral Health: An Essential Component of Primary Care



Published
June 2015

Oral Health Delivery Framework

5 actions primary care teams can take to protect and promote their patients' oral health. Within the scope of practice for primary care; possible to implement in diverse practice settings.



Preventive interventions: Fluoride therapy; dietary counseling to protect teeth and gums; oral hygiene training; therapy for substance use; medication changes to address dry mouth; chlorhexidine rinse.

Citation: Hummel J, Phillips KE, Holt B, Hayes C. Oral Health: An Essential Component of Primary Care. Seattle, WA: Qualis Health; June 2015

National Interprofessional Initiative
on Oral Health



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Field-Testing a Conceptual Framework

Develop

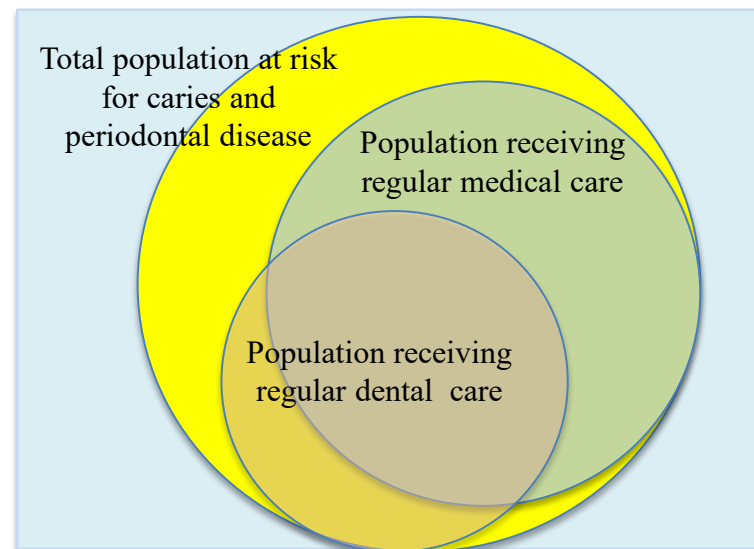
Test

Improve

Disseminate

19 diverse healthcare delivery organizations: Private practices, Federally Qualified Health Centers; medical only and on-site dental
Adults with diabetes (12), pediatrics (5), pregnancy (1), adult well visits (1)
EHR Platforms: eCW (5), EPIC (8), NextGen (2), Centricity (2), Success EHS (2)

Using population
health to address
“missed opportunities”



Field-Testing Results Informed the Creation of the Implementation Guide and Tools

“Oral Health Integration Implementation Guide”

Toolkit for primary care teams (Released 10/10/16)

What's in the Guide?

- Workflow maps
- Referral agreements
- Patient engagement strategies
- Patient/family education resources
- EHR templates
- Case examples
- Impact data and more



Resources available at:

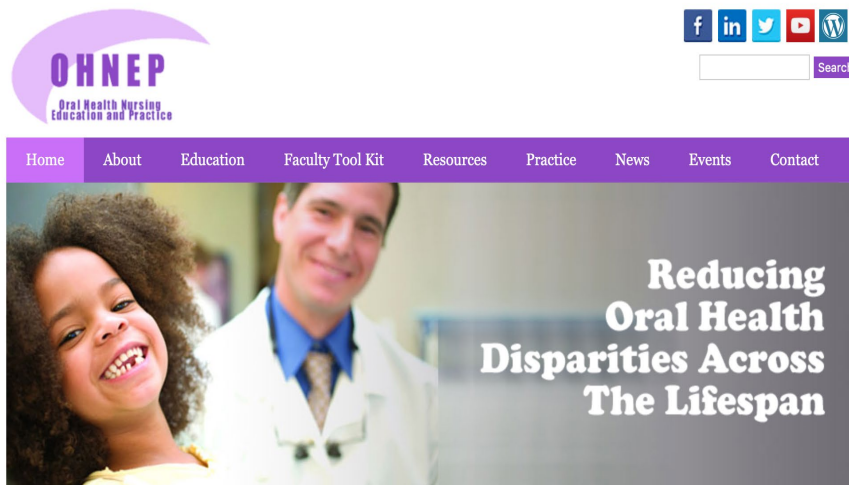
<http://www.safetynetmedicalhome.org/change-concepts/organized-evidence-based-care/oral-health>

Additional Core Partners:

PA Leadership Initiative on Oral Health

NYU's Oral Health Nursing Education and Practice Initiative

PA Leadership Initiative in Oral Health



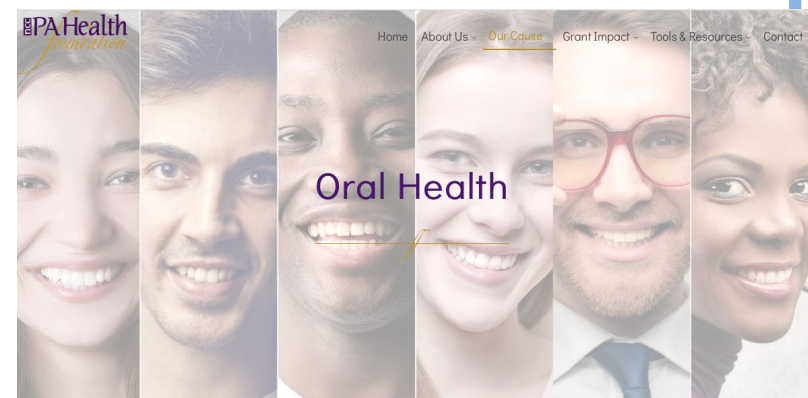
News

- [Register!: Webinar "Interdisciplinary Approaches For Improved Oral Health: Release Of A White Paper From The AAPHD Council On Practice"](#)
- [Check out these eLearning Modules from the Primary Care Nurse Practitioner Preceptor](#)

OHNEP LEADS THE WAY

OHNEP is at the vanguard of helping nurse practitioners, nurse-midwives, nurses, and other health professionals incorporate oral health into patient care.

Why? Oral health and general health are interconnected. Research evidence links poor oral health like periodontal disease with diabetes, cancer, heart and lung diseases, and progression of dementia and Alzheimer's, among others. Yet, few health professionals integrate oral health in their clinical practice.



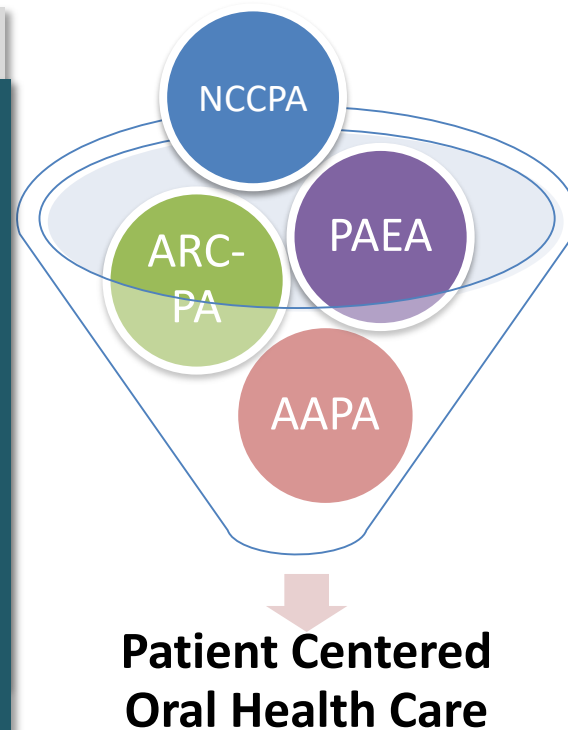
OVERVIEW

Heart disease, diabetes, respiratory disease, osteoporosis and rheumatoid arthritis are only some of the chronic conditions that have been linked to oral health. We encourage all PAs to incorporate oral health screenings and preventive oral healthcare into routine medical care. As patients are generally more likely to visit a medical provider than a dentist, PAs can be critical in making early oral diagnoses that can have more serious implications if not promptly addressed and connecting patients to dentists. By integrating oral health into PA practice, PAs can positively impact America's oral health crisis by increasing access to care, minimizing the burden of oral disease, and reducing associated disparities.

Get Involved

[Apply for an integration grant](#)
[Apply for an outreach grant](#)
[Find tools & resources](#)
[Get inspired with videos](#)
[Promoting PA Efforts](#)

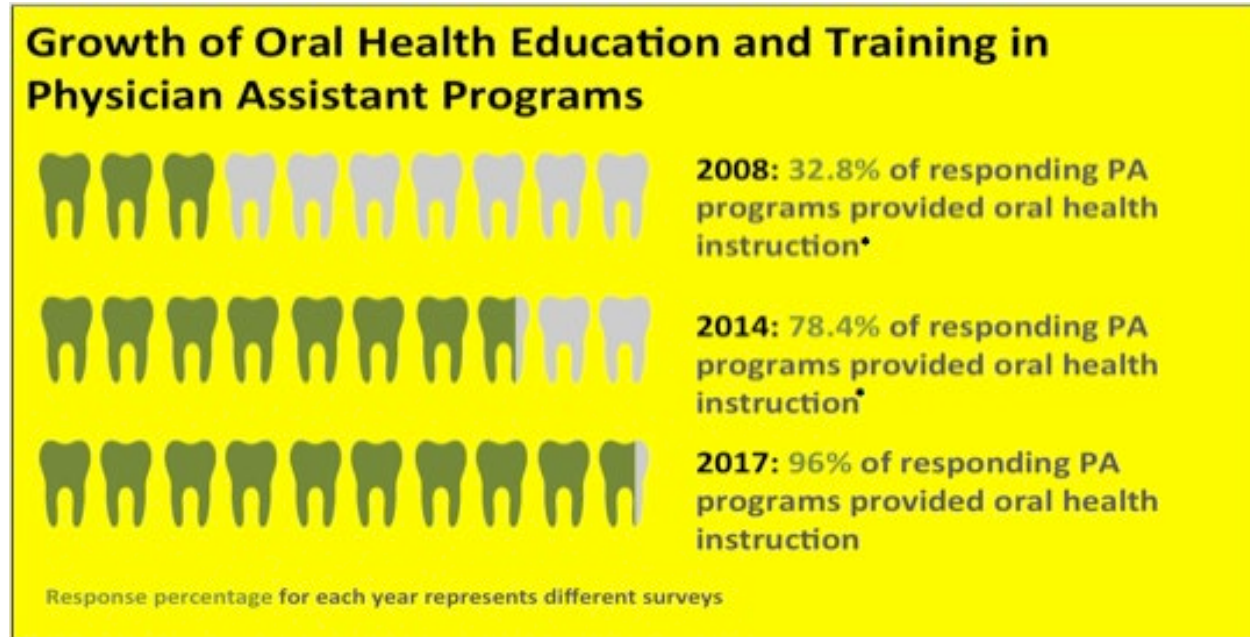
Physician Assistant Leadership Initiative On Oral Health



Collective Impact

Connecting Partners Who Can Make a Difference

A Longitudinal Lens: Growth in PA Program OH Curriculum Integration




1. Jacques PF, Snow C, Dowdle M, Riley N, Mao K, Gonsalves WC. Oral health curricula in physician assistant programs: a survey of physician assistant program directors. J Physician Assist Educ. 2010;21(2):22-30.
2. Langelier M, Glicken AD, Surdu S. Adoption of oral health curriculum by physician assistant programs. J Physician Assist Educ. 2015;26(2):60-69.
3. Glicken AD, Savageau JA, Flicke TA, Lord CB, Harvan RA, Silk H. Integrating oral health: physician assistant education in 2017. J Physician Assist Educ. 2019 June;30(2):93-100.

2016 PA Practice Outcomes Research

PAs who received education in oral health and disease were ~ **2.79 times more likely (95% CI=1.39-5.59, P=0.0038)** to provide oral health services in their clinical practice, compared to those who did not receive any education in oral health competencies.

Health Workforce Policy Brief

December 2016



OHWR
Oral Health Workforce Research Center
www.oralhealthworkforce.org

Determinants of Oral Health Assessment and Screening in Physician Assistant Clinical Practice

Margaret Langeller, MSHSA, Simona Surdu, PhD, Jingya Gao, BS, Jean Moore, DrPH, Anita Glicken, MSW

Background/Objectives

Integration of oral health with primary medicine was a theoretical goal verbalized in the Surgeon General's Report, *Oral Health in America*, in 2000. This has resulted in calls for medical professionals to incorporate oral health assessment into their routine clinical activities, to counsel patients about the importance of achieving and maintaining good oral health, and of early interventions in oral disease processes. Primary care providers are uniquely positioned to provide oral health prevention services including screening, education, fluoride varnish, and referral to dental providers during clinical encounters with patients.

Educating physician assistant (PA) students about the relationship between systemic health and oral health, and providing them with clinical competencies in oral health screening, assessment, and referral services is consistent with the goals of integration of oral and primary health care services. To ascertain if PAs were providing oral health assessment services, the Oral Health Workforce Research Center (OHWR), in cooperation with researchers from the American Academy of Physician Assistants, conducted a survey of a sample of 2014 graduates from accredited PA professional education programs to describe their current clinical practices related to oral health service delivery.

Methods

The online survey was fielded to a stratified sample of 2,500 PAs who had graduated from a PA professional education program in 2014. The sample included graduates from each of the 166 accredited professional education programs in the US by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) in 2014. The number of PAs selected for inclusion in the sample from each education program was weighted by the total number of graduates from that program compared to the total number nationally.

Findings

Characteristics of Current Clinical Practice

- Survey respondents reported a variety of practice specialties including family medicine/general practice (25.4%), emergency medicine/urgent care (15.1%), and surgical sub-specialties (14.4%). The most common surgical specialty among respondents was orthopedic surgery (48.8% of those in a surgical specialty).

Conclusions and Policy Implications

- Nearly 39% of all PAs who received didactic and/or clinical instruction in oral health during PA training had incorporated those competencies into current practice.
- Among PAs providing any oral health services, more than 80% indicated that they obtained their education in oral health from their PA program. This suggests that training in oral health competencies during foundational education may increase the likelihood of PAs providing oral health services.
- The most commonly cited barrier to integration of oral health services into clinical practice was a lack of patients' adherence to recommendations about oral health and oral hygiene. This is also a primary reason why provision of these services in medical practice is important. Primary care clinicians are well positioned to inform their patients about why oral health matters.
- Numerous structural barriers within delivery systems impede integration, including time demands, reimbursement, lack of clinical protocols for oral health screenings, and lack of encouragement or interest in oral health from members of medical teams.

This work is funded through HRSA Cooperative Agreement U54HP23043, Health Workforce Research Centers Program.

Education in Oral Health Competencies

- Three-quarters (74.5%) of PAs who responded to the survey, all of whom graduated from a PA education program in 2014, received some education in oral health during their education to become a PA.
- More than half of the PAs indicated that the oral health curriculum was integrated into one or several curricula topics (56.4%) and/or was delivered in stand-alone lectures (53.2%). In addition, 16.5% were involved in interprofessional learning about oral health during their PA education.
- Almost one-fifth (19.7%) of PAs received education in oral health from sources other than their PA education program including continuing education (CE) programs (23.2%) or self-study (23.2%).

Integration of Oral Health Services into Clinical Practice

- Just over a third (35.7%) of survey respondents provided any oral health services in their current clinical practice. PAs working in family medicine/general practice represented more than a third (34.3%) of the PAs who provided any oral health services in their clinical practices, followed by PAs in emergency medicine/urgent care (29.5%).
- Sixty-five percent conducted oral examinations as needed during acute care visits; 26.2% conducted oral examinations as needed during emergency department visits; and 40.8% did so during patients' annual well visits.
- More PAs (83.9%) examined adult mouths "sometimes" (29.7%), "often" (41.6%) or "always" (11.9%) than examined the mouths of children (63.4% of PAs) "sometimes" (14.9%), "often" (25.7%), or "always" (22.8%). However, more PAs (22.8%) "always" examined children's mouths than "always" examined adult mouths (11.9%).
- Only 38.8% of PAs who were educated in oral health during their PA education program were providing any oral health services to patients. However, 81% of those PAs who provided oral health services in their clinical practices (n=85) received their education in oral health in their professional education program (n=105).
- After controlling for PA specialty and primary employer, PAs who received education in oral health and disease were approximately 2.79 times more likely (95% CI=1.39-5.59, P=0.0038) to provide oral health services in their clinical practice, compared to those who did not receive any education in oral health competencies.

Opinions and Attitudes

- PAs were asked about the relative importance of various factors to integration of oral health services into clinical practice. The factor most cited (93.2%) as "important" (47.6%) or "very important" (45.6%) was that "medical professionals must feel competent to provide oral health services", followed closely by the importance of the availability of oral health education for medical clinicians (92.3%) (cited as "important" [47.6%] or "very important" [44.7%] by respondents).
- The most cited barriers to integrating oral health services included "time demands" ("significant" [33.0%] or "very significant" [25.5%]), "lack of patients' adherence to recommendations about oral health and hygiene" ("significant" [29.0%] or "very significant" [22.1%]) and "lack of access to a dental provider referral system" ("significant" [26.0%] or "very significant" [21.4%]).

Conclusions

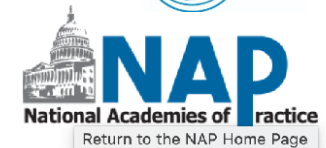
While uptake of oral health screening and assessment services in clinical practice is still not at desired levels, it was apparent from this survey that there is noticeable progress with integrating these services. The fact that some PAs are frequently or always screening for oral disease during clinical encounters with patients is an indicator that especially in primary medicine, there is growing acknowledgement of the importance of these services.

Ongoing education within the medical community and changes in reimbursement policies, medical record design, and referral networks will all be needed to foster further adoption of oral health screening by medical providers.

This work is funded through HRSA Cooperative Agreement U54HP23043, Health Workforce Research Centers Program.

NIIOH: A Recognized Thought Leader for Public and Private Convenings by Policy Organizations, Payors, Public and Private Health Systems

Webinars, Presentations, Invited Expert



COUNCIL ON SOCIAL WORK EDUCATION



Home & Community Based Services



What Have We Learned?

The organizational change process requires **system-wide intervention**

Having the **right people, right place, right reason** can change ideas and practice

A key is having the **right tools and strategies** to impact knowledge, skills and attitudes of providers

We cannot achieve our vision of “**oral health for all**” unless we change our approach to oral health care

Integration and collaboration is key, we can't do this alone!



Many Thanks to Our Legacy Funders

DentaQuest[®]



ARCORA

Where Do We Go From Here?

We need to continue to work together to create a shared vision for interprofessional whole person care, defining shared performance measures that can catalyze new education and evaluation strategies with a focus on prevention, value and population health.

