



2015 National Medicaid and CHIP Oral Health Symposium

Session 7

Health Professions Education as a Driver for Change

Richard W. Valachovic, D.M.D., M.P.H.

Washington Marriott Wardman Park
Tuesday, June 2nd, 2015

Learning Objectives

Participants will gain knowledge in:

- New concepts in interprofessional education and collaborative health care
- Forces driving change in health professions education and practice
- Ways in which dentistry is participating
- Impact on the Medicaid and CHIP dental programs

Disclosure and Conflict of Interest Declaration

☐ I declare that neither I nor any member of my family have a financial arrangement or affiliation with any corporate organization offering financial support or grant monies for this continuing dental education program, nor do I have a financial interest in any commercial product or service I will discuss in the presentation.

What is IPE?

Interprofessional education occurs when:

- students from two or more professions
- learn about each other
- from and with each other
- to enable effective collaboration

What is IPE not meant to be?

Students simply in the same classroom

Episodic

 Teaching other health professionals to perform dental procedures

IPE and Collaborative Practice are Game Changers

Happening quickly

Impacting all of healthcare including dentistry

 Influenced strongly by market forces, including the ACA, managed care, and Medicaid

Some Historical Perspectives

 Concepts have been promoted for more than 40 years

Silo'ed approaches reinforced by education and reimbursement

Majority of physicians and many pharmacists were self-employed

What is different now?

- Market forces
- Impact of Medicaid, managed care, large healthcare systems
- Majority of physicians and nearly all pharmacists and nurses are now employed
- Focus on "Triple Aim":
 - Improving the patient experience of care
 - Improving the health of populations
 - Reducing the per capita cost of health care

Foundations of IPE and Collaborative Practice

- FASHP: The Federation of Associations of Schools of the Health Professions
- VA Health Administration PACTs: Patient Aligned Care Teams
- ACOs: Accountable Care Organizations
- "Volume to Value"

The IPE Collaborative (IPEC)

Agreement in January 2009 to work together to:

- Foster a common vision for team-based care
- Promote efforts to reform health care delivery and financing consonant with that vision
- Contribute to development of leaders and resources for substantive interprofessional learning













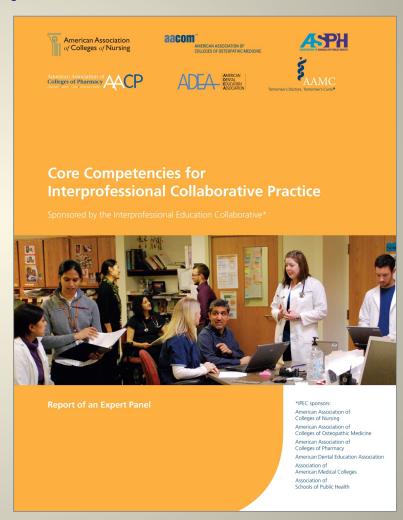
Four Competency Domains with 38 Sub-Competencies:

Values and ethics

Roles and responsibilities

Interprofessional communications

Teams and teamwork



The Future of Dental Education in an Interprofessional Context

- Transformations in health professions education in academic health centers
- Transformations in opportunities for collaborative care
- Introduction of DSOs
- Market differentiation through integration of dental care in health systems

What Will Be the Impact on Medicaid and CHIP Dental Programs?

References

 IPEC Core Competencies for Interprofessional Collaborative Practice. 2009.

https://ipecollaborative.org/uploads/IPEC-Core-Competencies.pdf

- Team-Based Competencies: Building a Shared Foundation For Education and Clinical Practice.
 2011.
- https://ipecollaborative.org/uploads/IPEC-Team-Based-Competencies.pdf

Contact Information

- Dr. Valachovic is President and CEO of the American Dental Education Association (ADEA) and President of the Interprofessional Education Collaborative (IPEC)
- ValachovicR@adea.org







2015 National Medicaid and CHIP Oral Health Symposium

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Preparing an Interprofessional Oral Health Primary Care Workforce

Judith Haber, PhD, APRN, BC, FAAN

Washington Marriott Wardman Park Tuesday, June 2nd, 2015

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Learning Objective(s)

Participants will gain knowledge in:

- Interprofessional education as a driver of change
- Potential contributions of the primary care workforce to improving oral health access, disparities, and outcomes
- Interprofessional clinical education models that prepare a collaborative practice ready workforce
- Actions to advance integration of oral health in primary care

National Documents Influencing Oral Health Policy



Oral Health Facts

- 130 million US adults and children lack dental coverage
- 70% of adults aged > 65 lack dental coverage
- Up to 75% of pregnant women are declined dental services because of pregnancy
- ECC is the most common chronic disease of childhood in 5-to-17 year olds
- ECC is 5x more common than asthma
- 50 million school hours per year lost b/c of oral health related illness (pain, infection)

Preventative Oral Health Care Cost Savings

 In 2010 alone, treating oral health conditions in hospital emergency departments cost the healthcare system between \$867 million and \$2.1 billion

 The average cost to treat a child with tooth severe decay under general anesthesia is \$7,200 per case

 Annual medical cost savings of \$2,483 per person for individuals with diabetes who completed periodontal therapy

HRSA Report (2014)

Integration of Oral Health and Primary Care Practice

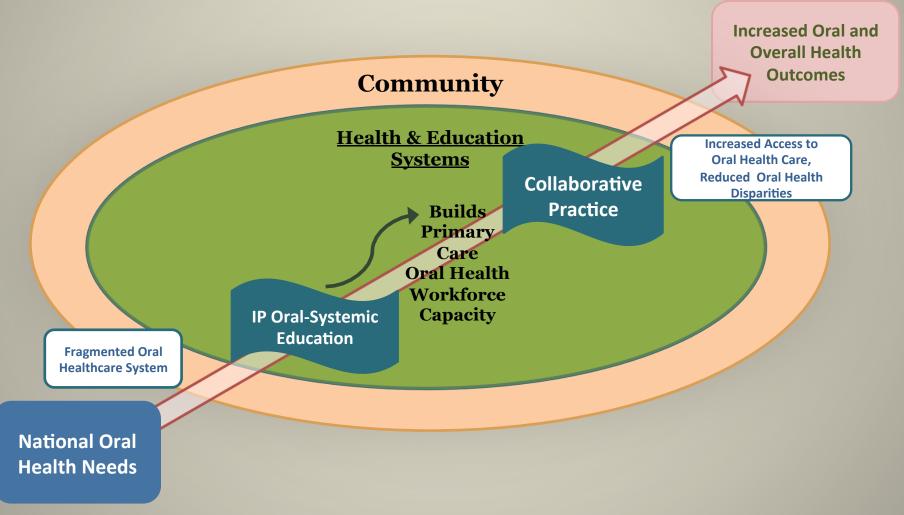
U.S. Department of Health and Human Services Health Resources and Services Administration February 2014



A User's Guide for Implementation of Interprofessional Oral Health Core Clinical Competencies: Results of a Pilot Project



Interprofessional Oral Health Workforce Capacity Models



Interprofessional Oral Health Core Clinical Competencies

Integration of Oral Health and Primary Care Practice

U.S. Department of Health and Human Services Health Resources and Services Administration February 2014



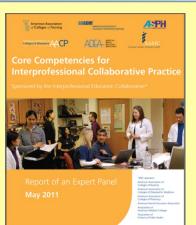
Oral Health Core Clinical

- Health history
- Oral exam
- Risk assessment
- Self management Counseling
- Management Plan
 - Oral health preventive intervention
 - Collaboration and or Referral

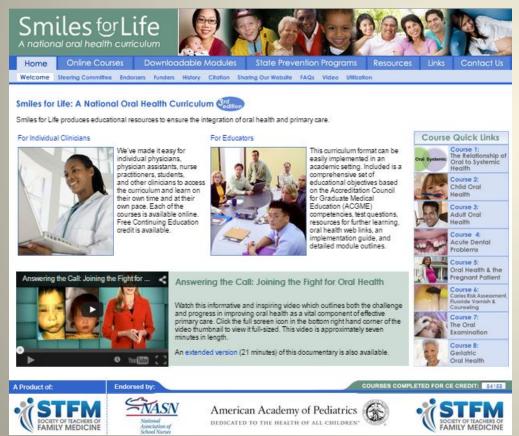
Interprofessional

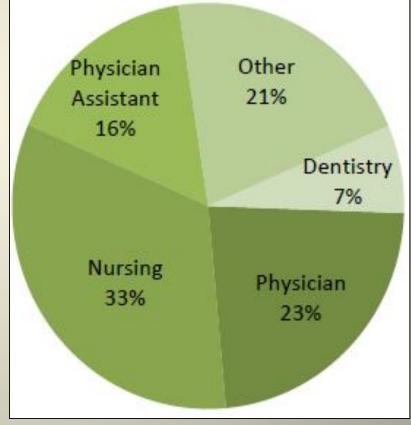
- Listen actively
- Understand ability of each team member
- Recognize how skills complement and overlap
- Address Concerns
- IP approach to address health situation

Graduates competent to address IP OH needs of their patients



Smiles for Life 2014 CE Registered Users by Profession (n=10,854)





www.OHNEP.org





Searc



News

- New Blog Post: HPV's Impact on the Mouth
- . Interview with Dr. Judi Haber
- Presentation at the
 InterProfessional Health Care
 Summit

more



OHNEP LEADS THE WAY

View Edit

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 is finding that poor oral health like periodontal disease is associated with disbetes, cancer, heart and lung diseases, and progression of dementia and Alzheimer's, among others. Yet few health professionals are prepared to do routine oral health assessments.

OHNEP is changing that.

As a national voice promoting interprofessional oral health, OHNEP advocates, educates, creates and promotes resources that primary care clinicians can use to improve the quality of oral health care in their patients. The OHNEP website serves as a knowledge center and portal for best practices.



Interprofessional Oral Health Faculty Toolkit

Stay Connected

Join our e-mail newsletter, Oral Health Matters!, for the latest OHNEP Information

Name *
E-Mail *

E-Mail *





Resources Great OHNEP Resources

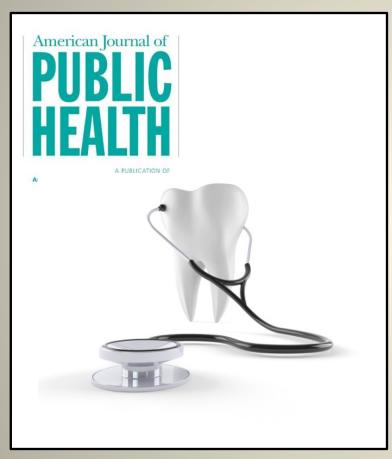


Practice
Step-Sy-Step Guide for
Suppray-Steples

Expanding Access to Oral Health Care: Nurses Make a Difference

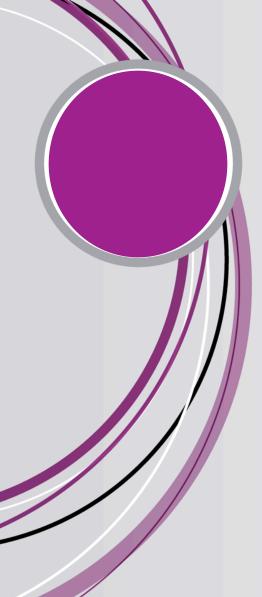


HEENT to HEENOT





http://ajph.aphapublications.org/doi/abs/ 10.2105/AJPH.2014.302495



Public Health Learning Modules

Using Healthy People 2020 to Improve the Oral Health of Populations Across the Lifespan

http://www.aptrweb.org/?PHLM_15







A-GNP Curriculum Integration of Interprofessional Oral Health Competencies in Health Assessment

ADULT -GERONTOLOGY HEALTH ASSESSMENT

PEC Competencies: Values and Ethics,

ENTRY

L

EVEL

ASSESSME

RSA Oral Health

hroughout lifespan; Accurately documents levant comrehensive ealth histories; Performs nd accurately ocused physical, mental

CONSTRUCTS

1) EXPOSURE: INTRODUCTION

KNOWLEDGE: ORAL EXAM

Goal: Understand the oral exam.

- Complete Smiles for Life Module #7
- Submit SFL Certificate of Completion
- Complete SFL Quiz for Module #7 (Appendix 1)

KNOWLEDGE: ORAL CARE OF ADULT

Goal: Understand issues in oral care of adults

- Complete Smiles for Life Mod
- Submit SFL Certificates of Co
- Complete SFL Quizzes for Mo (Appendix 2, 3, 4)
- Download SFL Adult Oral Hea Card (Appendix 5) for use in

KNOWLEDGE: ORAL CARE OF OLD Goal: Understand issues in oral car adults

- Complete Smiles for Life Modu
- Submit SFL Certificate of Com-
- Complete SFL Module #8 Quiz
- Complete:
 - NICHE, OHNEP, & H Oral Health Webinar
 - APTR Oral Health Le Part 4: Older Adults
- Read: Our Current Geriatric Poi (Douglass & Jimenez, 2014)

2) IMMERSION: DEVELOPMENT

SKILL/BEHAVIOR

Goal: Describe best practices in dental caries management across the lifespan

- Read:
 CAMBRA: Best Practices in Dental Caries Management (Hurlbutt, 2011)
- Adult Caries Risk Assessment Tool CAMBRA for patients over age 6 (Appendix 7)

SKILL/BEHAVIOR

Goal: Demonstrate integration of HEENOT in oral health history, risk assessment and

OHNEP

Oral Health Nursing Education and Practice

Interprofessional Oral Health Faculty Toolkit

3) COMPETENCE: ENTRY-TO-PRACTICE

SKILL/BEHAVIOR

Goal: Demonstrate integration of HEENOT competency in physical exam of adult in clinical experience

- Putting the Mouth Back in the Head: HEENT to HEENOT (Haber et al. 2015)
- Perform oral examination of adult in clinical experience, identifying any oral abnormalities

SKILL/BEHAVIOR

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MMAT

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Goal: Demonstrate integration of HEENOT competency in health history of adult in inical experience

Perform appropriate oral health history of adult, including frequency of sugar/ tobacco/alcohol intake

KILL/BEHAVIOR

oal: Demonstrate integration of HEENOT impetency in oral health assessments of der adult in clinical experience

Perform oral health history, physical exam and complete risk assessment of older adult, with accurate documentation of oral health assessment findings

INTER-PROFESSIONAL PARTNERSHIP & COLLABORATIVE PRACTICE CIENT/PATIENT HEALTH OUTCOMES OPTIMIZATION OF

http://www.ohnep.org/faculty-toolkit

Interprofessional Oral-Systemic Health - Clinical Experiences

Aims:

- Develop interprofessional oral health competencies by using simulation as a tool to bridge the education-to-practice gap
- 2) Produce a primary care workforce that is collaborative-practice ready for oral health

IP Oral-Systemic Simulation Standardized Patient Experience

- 1. Team Huddle (5 min)
 - Introductions
 - Goals of IP experience
 - Directions
- 2. Case Study Discussion (40 min)
- 3. Debriefing (15 min)





IP Oral-Systemic Case Study Discussion

- 1. Team Huddle (5 min)
 - Introductions
 - Goals of IP experience
 - Directions
- 2. Case Study Discussion (40 min)
- 3. Debriefing (15 min)



Pediatric Oral Health Interprofessional Clerkship

Patient 1	Patient 2	Patient 3
NP reviews chart	MD reviews chart	DDS reviews chart
NP takes history	MD takes history	DDS takes history
DDS does HEENOT	NP does HEENOT	MD does HEENOT
exam and FV	exam and FV	exam and FV
All collaborate for plan	All collaborate for plan	All collaborate for plan
MD gives patient	DDS gives patient	NP gives patient
education, prevention,	education, prevention,	education, prevention,
anticipatory guidance,	anticipatory guidance,	anticipatory guidance,
handouts, referral and	handouts, referral and	handouts, referral and
follow-up	follow-up	follow-up





Oral Health Outreach at Head Start

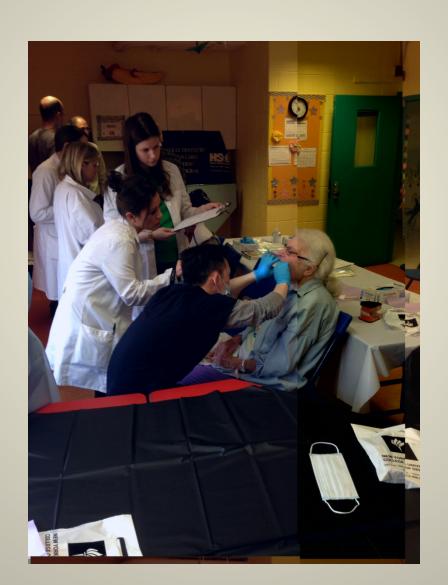
Who participates: Pediatric Nurse Practitioner students, dental students and Pediatric Dental Residents, NYUCD and NYUCN faculty

Objective for DDS: Learn effective behavioral management of pediatric dental patients from PNPs

Objective for Nursing: Learn to perform an oral exam and apply fluoride varnish from dental students



Oral Health Service Learning Experiences



Presentation & Workshop at the 59th Annual ACNM Meeting

- IP role of midwives in promoting oral health during pregnancy and preventing early childhood caries (ECC) in their newborns
- Clinical competencies related to oral health assessment, oral health literacy, oral health promotion interventions, and collaborative partnerships with IP community colleagues and resources
- Strategies for integrating oral health competencies in midwifery program curricula, including Smiles for Life



Nurse-Family Partnership





Weaving Our Network

National *Interprofessional Initiative* on Oral Health engaging clinicians

eradicating dental disease

DentaQuest









Washington Dental Service Foundation

Community Advocates for Oral Health













National Center for



Interprofessional Practice and Education





American Academy of Pediatrics

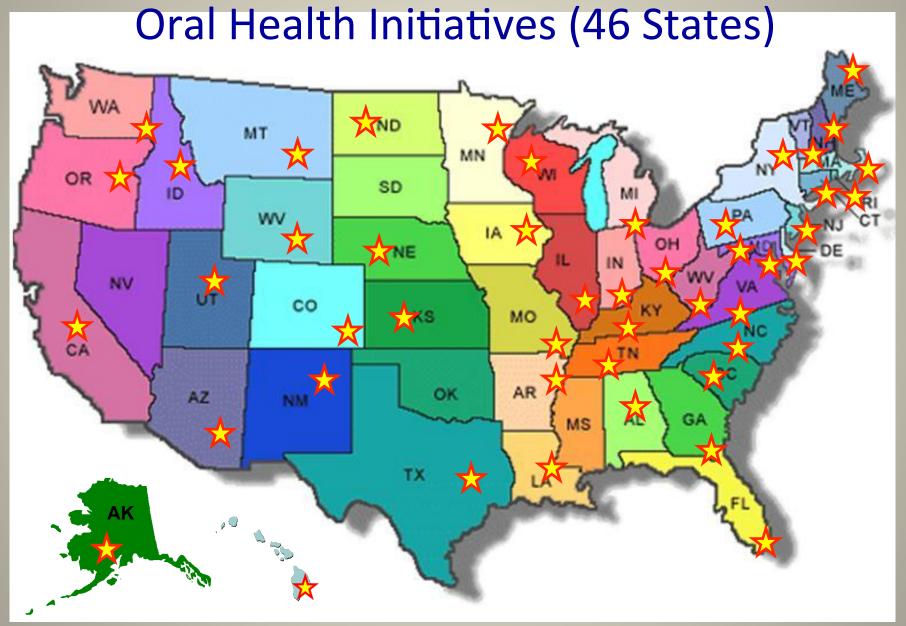








Collective Impact: Interprofessional



What have we learned?

- Organizational change process requires system-wide intervention
- Cultivate influential champions and capitalize on low hanging fruit
- Make oral health a standardized component of the PCMH, EHR and PIPs
- Incentivize primary care providers to include oral health through reimbursement and PI incentives
- Evaluate the impact of integration of IP OH on quality, cost-effectiveness, and provider/patient satisfaction



The Missing Piece of PCMH Pharmacy Home Care LTC Missing Piece Community Health Center PCP/Medical Home

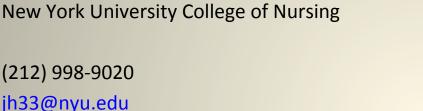
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Contact Information

Judith Haber, PhD, APRN, BC, FAAN

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The Ursula Springer Leadership Professor in Nursing
Executive Director,
Oral Health Nursing Education and Practice (OHNEP) Program
New York University College of Nursing





Dr. Judith Haber is currently the Ursula Springer Leadership Professor in Nursing and Associate Dean for Graduate Programs at NYU College of Nursing. She is the Executive Director of the national nursing oral health initiative, the Oral Health Nursing Education and Practice (OHNEP) program funded by the DentaQuest, Washington State Dental, and Connecticut Health Foundations. She is also the Principal Investigator of the HRSA funded Teaching Oral-Systemic Health (TOSH) program which is designed to develop oral health competencies in primary care providers by brining nurse practitioner, dental, and medical students together for interprofessional oral-systemic simulation and clinical experiences.





2015 National Medicaid and CHIP Oral Health Symposium

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Minnesota Oral Health Project (MNOHP):

A collaborative community approach to eliminating the caries crisis affecting high-risk children

Amos Deinard, M.D., M.P.H.

Washington Marriott Wardman Park Tuesday, June 2nd, 2015

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Learning Objective(s)

Participants will gain knowledge in:

- History of the availability of a dental home for high risk children;
- The role that the primary care medical provider can play in caries prevention
- 3) The importance of the community in caries prevention in the counties of Greater MN-a model for other states
- 4) The long term impact

Fact:

Primary Care Medical Providers (PCMP) see children many times in the first five years of life.

Background (1969-1999)

Observations as a Primary Care Medical Provider (PCMP) - Pediatrician

- Pre-1995 (CY/MIC project; FQHC)
 - federal dollars in budget, so readily available dental care
- Post-1995
 - generally unavailable dental care for high-risk children nationwide
- 1995-1999
 - FQHC-began to address oral health care as part of wellchild care

First Ever Surgeon General's Conference on Oral Health – 2000

- Olson Huff MD Into the Mouths of Babes
- Challenge
- Response MN's DHS; DTAF

2000 – Present

- Because of challenge, focus changed to communities of high-risk children
- 9 districts, then 9 counties
- Arbitrary focus on SW Minnesota Nobles County
- 1 county \rightarrow 7
- 4H → K/L/R
- Lions $7 \rightarrow 13$
- SWIF → 21
- Lions → 46

CPS—Caries Preventive Services

- PCMP to get trained o provide caries preventive services regularly
 - Oral Exam; Risk Assessment; Anticipatory Guidance; Fluoride Varnish; Dental Home
- PCMP help general dentists develop comfort level with 1 and 2 yr olds
- PCPM and dentists will collaborate in the oral health care of high risk children

Impact Considerations

- If collaborative model works, caries prevalence should decrease
- Complication factor dentists over age 50
 (72% in one area of 7 counties) are retiring and are experiencing difficulty in selling practice.

Contact Information

Amos Deinard, MD, MPH deina001@umn.edu

Bio: 1969 – 2000 in primary care, caring for high-risk children; 2000-present (full-time) addressing the caries crisis affecting high-risk children nationwide.





2015 National Medicaid and CHIP Oral Health Symposium

Session # 7

Evolving Interprofessional Education and Practice: The Medical Perspective

Hugh Silk, MD, MPH, FAAFP

Washington Marriott Wardman Park Tuesday, June 2nd, 2015

Learning Objective(s)

Participants will gain knowledge in:

- Current climate of medical education and practice with regards to oral health
- Opportunities in both settings for Oral Health Inter-Professional Education (IPE) and Inter-Professional Practice (IPP)
- 3. The role Medicaid can play in achieving the highest quality Oral Health IPE and IPP

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Why do physicians care?

- 50 million Americans do not have access to a dentist
- 184 million people will not see a dentist this year



Unavoidable!

USPSTF A/B Recommendations for ages 2,3,4,5



١	/iew All	Α	В	С	D	-1				
:	- Rec	commended (A, B)								
•	Grade	Title						Risk Info.	Details	
	B*	Dental Caries: Fluoride Varnish Infants and Children						200	•	
	B*	Dental Caries: Oral Fluoride Supplementation Children Age 6 Months to 5 Years							•	
	B*	Visual Impairment: Screening All children at least once between ages of 3 and 5 years								

How? An Evolutional Process

2001	American Academy of Pediatrics: Section on Oral Health
2003	Society of Teachers in Family Medicine: Smiles for Life
2003	AAP Policy statement Oral Health Risk Assessment Timing and Establishment of the Dental Home
2008	AAP Policy Statement: Preventive Oral Health Intervention for Pediatricians
2009	American Dental Association: Access to Care Summit
2010	Dept. of Health and Human Services: Oral Health Initiative
2011	Healthy People 2020: Oral Health = Leading Health Indicators
2011	Institute of Medicine (IOM) and HRSA: Advancing Oral Health in America
2011	IOM: Improving Access to Oral Health Care for Vulnerable and Underserved Populations
2011	Assn. of American Medical Colleges (AAMC): Oral health curricula competencies
2011	ADEA, AAMC, AACN, AACP, ASPH, AACOM Core Competencies for Interprofessional Practice
2012	Oral Health Care During Pregnancy Expert Workgroup: A National Consensus Statement

Medical School Examples







Residency Examples



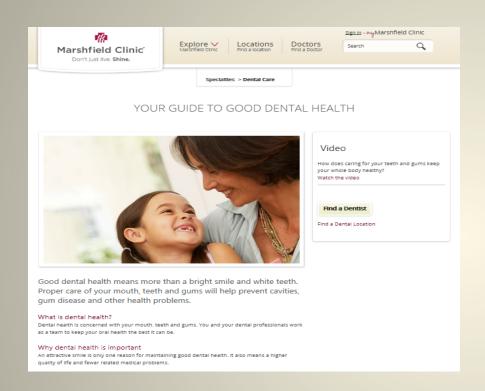
Family Medicine Residency Program



Pediatric Residency Program



Practice Examples



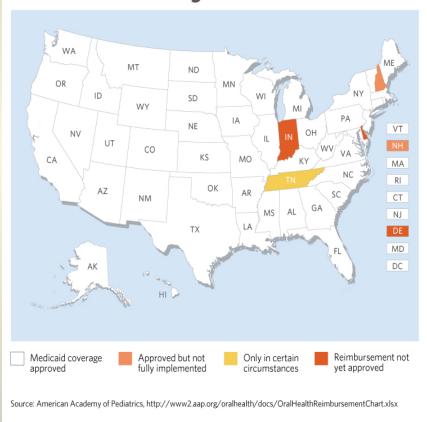




What would help?

- More consistent coverage by age in par with USPSTF
- More consistent reimbursement
- Pay for performance
 screen/advise,
 varnish, refer

States with Medicaid funding for physician oral health screening and fluoride varnish



Share Best Practices and Resources

- Engaging medical offices
- Office flow
- EHR library

- Conferences
- Webinars
- Documents



Quality Markers

A Place To Engage Around Adults

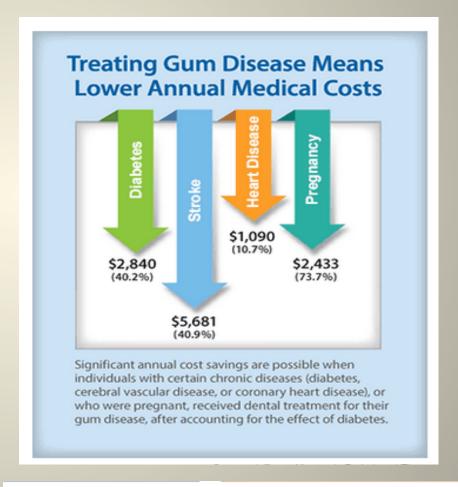
- Level 1
 - Diabetics referral to a dentist
 - Oral health education as part of prenatal intake
- Level 2
 - EHR communication
 - Systems to increase adherence to appointments
 e.g. "warm handoffs"
- Level 3
 - Co-location
 - Co-management e.g. "group visits"

Dentists Ready for Referrals

- More dentists accepting Medicaid
- More dentists comfortable with:
 - Infants
 - Pregnant Women
 - Intellectually Disabled Patients
- Dental School Education
- Continuing Education

Promoting Cost Savings and Health Improvements

- Better oral health
 better overall
 health
- Better oral health
 = less costs for
 Diabetes, CAD, etc



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 topicid=32.
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- Prevention of Dental Caries in Children From Birth Through Age 5 Years, Topic Page. U.S. Preventive Services Task Force. Available at: http://www.uspreventiveservicestaskforce.org/uspstf/uspsdnch.htm.
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 Curriculum. 3rd Edition. Society of Teachers of Family Medicine. 2010.
 www.smilesforlifeoralhealth.org

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