CONFRONTING HUMAN PAPILLOMA VIRUS/OROPHARYNGEAL CANCER: A MODEL FOR INTERPROFESSIONAL COLLABORATION

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SORT SCORE

A	B	C	NA

SORT, Strength of Recommendation Taxonomy

LEVEL OF EVIDENCE

1	2	3

See page A8 for complete details regarding SORT and LEVEL OF EVIDENCE grading system

ABSTRACT

A collaborative practice model related to Human Papilloma Virus (HPV) associated oropharyngeal cancer highlights the role of the dental hygienist in addressing this condition.

Background

The incidence of HPV associated head and neck cancer is rising. Multiple professionals including the dental hygienist can work collaboratively to confront this growing public health concern.

Methods

A critical review applies the growth and utilization of interprofessional education (IPE) and interprofessional collaboration (IPC) to multi-disciplinary models addressing the human papilloma virus and oropharyngeal cancers.

Conclusions

A model related to HPV associated oropharyngeal cancer addresses an oral systemic condition that supports the inclusion of a dental hygienist on collaborative teams addressing prevention, detection, treatment and cure of OPC.

Key words: Interprofessional collaboration, interprofessional education, human papilloma virus, head and neck cancer, dental hygienist

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INTRODUCTION

Prognosticators suggest that interprofessional collaboration (IPC) portends the future of health care delivery. Collaborative practice models are described as environments where "multiple health workers from different professional backgrounds work together with patients, families, caregivers [sic] and communities to deliver the highest quality of care."[1] IPC also has been described as a 'partnership between a team of health providers and a client in a participatory collaborative and coordinated approach to shared decision making around health and social issues.[2] Collaboration relies upon the integrated expertise of health care, legal and social service professionals. Beyond a strong content knowledge base, successful collaboration requires health care professionals to possess a variety of personal skills and traits (see Table 1).

This paper provides an overview of IPE and IPC: the forces that have shaped their development, acceptance and implementation; the evidence supporting IPE and IPC; the roles of oral health professionals in IPC, specifically, in a model addressing HPV and OPC; why the HPV model is relevant and reflective of IPC; and recommendations for implementing IPE and IPC in academic and clinical settings. Relevant roles for oral health care professionals and recommendations for future research will be provided.

Table 1. Qualities amenable to successful health care collaboration

Traits	Skills
Honesty	Appreciating roles and responsibilities of self and others
Discipline	Adherence to rigorous ethical standards
Creativity	Respect for contributions of other team members
Humility	Effective communication
Curiosity	Valuing teamwork

RATIONALE FOR IPE AND IPC

Interprofessional education (IPE) provides the foundation for interprofessional collaboration. Interprofessional education has been defined as the engagement of "members or students of two or more professions associated with health or social care, engaged in learning with, from and about each other."[3] Students engaged in IPE learning activities are exposed to professionals from diverse health care, social service and legal backgrounds. Through this exposure, students begin to understand the shared values of team members and are given opportunities to gain respect for their roles and their contributions to patient wellness. IPE prepares students to value participating in interprofessional teams before they graduate and start practicing.[4]

Expert reports, governmental bodies, special interest groups, societal forces and current research have propelled the IPE and IPC movements. Futurists, education think tanks and federal agency reports tout the benefits of IPC and recommend that academic institutions refocus their curricula to support interprofessional collaboration with IPE as the foundation. The Institute of Medicine (IOM) has convened groups of experts to study health care delivery issues with the subsequent publication of landmark reports. As early as 1978, a key IOM report that focused on the education of oral health professionals cautioned academic institutions not to isolate dentistry from the other health care disciplines and to consider broader scopes of practice for allied health professionals.[5] Subsequent documents discussed how health professions education must be reshaped to respond to current societal needs and public health concerns. Silos segmenting professional health and services education are described as interfering with the prospect for collaborative practice. Developing alternative learning experiences designed for heterogenous professional student populations is urged.[6] A recent IOM workshop report addresses health care delivery from a global perspective and prescribes IPC as an antidote to segmented professional education and practice.[7]

Another important national impetus for IPE and IPC was the formation of the Interprofessional Education Expert Panel and the Interprofessional Education Collaborative (IPEC).[8] Leadership representing nursing, osteopathy, pharmacy, dentistry, medicine and public health convened to address concerns confronting current health care delivery. IPE and IPC were proposed as approaches to reverse negative trends. IPEC's work culminated with a consensus statement titled 'Core Competencies for Interprofessional Collaborative Practice' with recommendations and strategies for reshaping the direction of health professions' curricula to achieve interprofessionalism in education and practice. The document highlights the 4 key competency domains of IPE. Over 100 specific competencies fall within these domains and are applicable to community, clinical and didactic learning experiences. The domains and examples of related competencies are provided in Table 2.

Current research is another impetus for collaborative practice. Numerous publications illuminate the oral/systemic link[9]; providers outside of dentistry and dental hygiene recognize its import. Non-dental journals include pieces on the imperative of oral wellness and its relationship to overall well-being. Linkages between oral health and pregnancy, heart disease and diabetes are well-founded. Associations between oral flora and auto-immune diseases are less robust but research to validate these relationships continues.[10,11]

Financial, political, demographic and sociological forces and prevailing health conditions further emphasize the relevance of collaborative health care delivery. Table 3 delineates these forces, their catalysts, resultant outcomes and proposed solutions/interventions. Fiscally, today's health care delivery model cannot be maintained with its associated costs, dollar amounts that prohibit access to health services for many. Politically, health care reform is being implemented. Lifestyle changes alter societal health status and the public's health care needs. With greater acceptance of alternative lifestyles and accompanying high risk sexual behaviors, HPV and OPC has become a public health concern. It is a current example of a pressing public health issue that has behavioral roots, mandates the attention of multiple health care providers and serves as an excellent template for interprofessional collaboration.

The Evidence

The Cochrane Group has spearheaded systematic reviews of IPE and IPC. Only a limited number of studies have met the required inclusion criteria. Given the broad range of study designs and the varying degrees of rigor that assess the association between IPE, IPC and health care outcomes and processes, comparative analyses are challenging. Subsequent reviews, however, include more eligible studies, allowing for more valid estimations. The Cochrane Group has conducted three systematic reviews of IPE[12–14] and two addressing IPC[15,16] all in relationship to health care outcomes and

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