

A NEW PRACTICE APPROACH FOR ORAL HEALTH PROFESSIONALS

Noreen Myers-Wright^a, and Ira B. Lamster^b

Editor's Note

Chronic disease management requires a lifetime of coordinated care. These authors provide compelling information to suggest that oral health care professionals who expand their scope of practice to include health promotion strategies and primary health screenings will contribute to risk reduction.

ABSTRACT

The oral health care paradigm presented here would broaden oral health services to include primary health care activities focusing on risk reduction and chronic disease screening.

Background and purpose

Changes in our nation's health care delivery system, shifting patient demographics, and availability of new health insurance programs have resulted in exploration of new practice models of health care delivery. Chronic diseases require coordinated care efforts over decades of a patient's life. Oral health professionals will be part of that care.

Methods

The practice model for this article was developed in the context of an academic medical center that promotes oral health care professionals as health care providers through interprofessional education. The combined experiences of the authors, including a diabetes predictive model for oral health settings, the efficacy and effectiveness of human immunodeficiency virus screening in a dental setting, the feasibility of using a decision support tool for tobacco cessation, and the effectiveness of integrating oral health education with comprehensive health services for people living with human immunodeficiency virus, have contributed to this concept.

Conclusions

Prevention is increasingly recognized as a cost-effective means of reducing chronic disease burdens. To be effective, health promotion activities that encourage healthy living and early detection need to occur in a variety of health care settings. Oral health professionals represent an underutilized group of health care providers that can contribute to improved health of populations living with chronic diseases by broadening their scope of practice to include primary health screenings and tailored health promotion activities.

INTRODUCTION

Health care in the United States is evolving toward a coordinated system driven by the desire for maximizing health outcomes. Evidence supporting the

^aRDH, EdD, Department of Health Policy & Management, Mailman School of Public Health, Columbia University, New York, NY, USA

^bDDS, MMSc, Department of Health Policy & Management, Mailman School of Public Health, Columbia University, New York, NY, USA

Conflict of interest: The authors have no actual or potential conflicts of interest.

Corresponding author: Noreen Myers-Wright, Department of Health Policy & Management, Mailman School of Public Health Columbia University, 722 West 168th Street, 4th Floor, 480D, New York, NY 10032.
E-Mail: nlm2119@cumc.columbia.edu

**J Evid Base Dent Pract 2016;16S:
[43-51]**

1532-3382/\$36.00

© 2016 Elsevier Inc. All rights reserved.
<http://dx.doi.org/10.1016/j.jebdp.2016.01.027>

Keywords: Chronic disease, Health promotion, Interprofessional collaboration, Oral health care model, Health management, Health systems

relationship between oral and systemic health and the demand for complete patient care emphasize the need to consider how oral health professionals can participate in this evolving health care environment. Traditional oral health care providers have been isolated from other health service providers through practice settings, insurance treatment codes, health policies, as well as public perception of oral health as separate from general health.

The practice paradigm for oral health presented here has been developed in the context of an academic medical center that promotes an appreciation of dental providers as health providers through interprofessional education. The authors combined experiences, including research that has developed and evaluated a diabetes predictive model for oral health settings, the efficacy and effectiveness of human immunodeficiency virus (HIV) screening in a dental school clinic, the feasibility of using a decision support tool for tobacco cessation in dental practices, and the effectiveness of integrating oral health education with comprehensive health services for people living with HIV, have contributed to this model.

Changes in our nation's health care delivery system, shifting patient demographics, and availability of new health insurance programs have led to the search for innovative practice models of health care delivery. Dental practice can be broadened to include a greater focus on reduction of risk factors and screening for chronic diseases. This approach will allow dentists and dental hygiene practitioners to work up to their level of education, providing oral health care in the context of general health care. Within this system, oral health professionals can more fully use their time during clinical visits to assess patients' overall health. Health care dollars can be used more efficiently by incorporating relevant primary health care activities into oral health care visits.

DRIVERS OF CHANGE

Population Trends

Older and young adults living with chronic diseases represent 2 segments of the population in the United States that require particular attention.^{1,2}

It is estimated that the population of Americans aged 65 years or older will grow to 89 million by 2050.¹ Older adults are disproportionately affected by noncommunicable chronic diseases, notably cardiovascular disease and diabetes mellitus (DM).¹ Two of every 3 older Americans have multiple chronic conditions, and treatment for this population accounts for 66% of the country's annual health expenditure.¹ Furthermore, edentulism in the United States and other developed countries has been falling during the past 3 decades.¹ Consequently, a greater portion of older adults will require more oral health care services than previous generations.

The young adult and adolescent segments of the population in the United States are growing and are more diverse than previous generations. The obesity rate among young adults is strikingly high at about 25% and appears to be rising; this trend comes with related health risks including hypertension and diabetes.² Furthermore, the largest number of new HIV diagnoses is found in young adult populations between the ages of 13 and 24 years, with most of these infections occurring in men who have sex with men.³ New service programs need to be considered to increase utilization of oral health care by this segment of the population. For example, preventive dental services can be made available at high school and community college health centers to provide oral health services that include screening for chronic diseases, and health education information.

Health Care Expenditures

Nearly two-thirds of health care costs are funded through government programs such as Medicare, Medicaid, and Children's Health Insurance Programs, with private insurance and out-of-pocket expenses covering the remaining costs. The value of integrating oral health care with medical services is driven in part by the concern for containing health care costs while improving overall health outcomes. Health care costs are a large part of the gross national product with chronic diseases accounting for more than 86% of the \$2.7 trillion annual medical care expenditure.⁴

New insurance programs

The Patient Protection and Affordable Care Act of 2010 was developed to reduce the number of Americans living without health insurance, to reorganize the health delivery systems and improve the quality of care provided to all.⁵ The Affordable Care Act has increased dental benefits to children and low-income adults through expanded Medicaid programs.⁶ Although the greatest increase in dental benefits has been seen in children, an estimated 17.7 million adults have gained some dental benefits.⁷ Accountable healthcare organizations such as Kaiser Permanente Dental Associates, Trillium Coordinated Care Organization, and Hennepin Health have already begun to integrate oral health into patient care coordination. This is founded on the philosophy that a health care organization cannot be responsible for the overall health of patients without including oral health (see [Blue and Riggs](#), in this issue).⁸

Health Promotion and Disease Prevention

Prevention is increasingly recognized as a cost-effective means of reducing the chronic disease burden. To be effective, health promotion activities that encourage healthy living and early

Download English Version:

<https://daneshyari.com/en/article/6054117>

Download Persian Version:

<https://daneshyari.com/article/6054117>

[Daneshyari.com](https://daneshyari.com)