

The Expanding Dental Workforce

The Impact of Nondental Providers

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KEYWORDS

• Oral health • Health education • Interprofessional relations • Dental education

KEY POINTS

- National medical institutions (eg, Institute of Medicine, Healthy People 2020, and so forth) have made oral health a priority for addressing overall health over the past decade.
- Health professional and educational organizations from family medicine to midwifery are evolving to challenge their learners and clinicians to address oral health.
- Specific efforts from groups like the National Interprofessional Initiative on Oral Health and Qualis Health are implementing practical education and office-based strategies.
- Ultimately, interprofessional efforts with a focus on patient outcomes (and not professional turf boundaries) will result in the best overall results.
- Future efforts will take a massive centrally organized effort of many governmental and nongovernmental agencies, academies, and associations.

THE EVOLUTION OF NONDENTAL HEALTH PROVIDERS ENGAGING IN ORAL HEALTH

Medical providers are taught to care for whole patients within the context of their social and community parameters. As part of this broad approach to addressing wellness, most health fields have begun to embrace the importance of oral health. These efforts began with the surgeon general's report on oral health in 2000.¹ This pivotal moment caused health professions to take note of the impact of oral health on overall health. David Satcher made it clear that nondental health professionals had not only a role but also a responsibility. This statement led to the 2003 *National Call to Action to Promote Oral Health* document² defining the importance of oral health and the pathway to more interprofessional collaboration.

At the same time, the American Academy of Pediatrics (AAP) formed the Section on Oral Health to help facilitate the AAP membership becoming more aware of oral health

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issues.³ Over time the AAP developed a comprehensive curriculum entitled Protecting All Children's Teeth⁴ among other initiatives. This curriculum was followed by the Society of Teachers in Family Medicine (2003) creating the Group on Oral Health. This initiative led to the creation of a national curriculum for health providers entitled Smiles for Life (which has since been used by more than 1000000 medical and dental professionals).⁵ These initiatives had an influence on the creation of oral health residency requirements and board examination questions in family medicine and pediatrics.

A surge of efforts occurred in 2010 and 2011 with respect to the entire health force becoming engaged in oral health. It began with the Health and Human Services (HHS) creating the Oral Health Initiative (2010).⁶ This initiative reinforced the idea that oral health was within the realm of all health care. At the same time, the National Interprofessional Initiative on Oral Health (NIIOH) was formed through foundational support (DentaQuest Foundation, Washington Dental Health Foundation, Connecticut Health Foundation, and later the REACH Healthcare Foundation).⁷ The NIIOH focused on health training programs and stimulated specialties like physician assistants, nursing, pharmacy and midwifery to engage in oral health.

In 2011, the Institute of Medicine (IOM) published *Advancing Oral Health in America*.⁸ This landmark document assessed the state of oral health in the nondental professions, including nursing, obstetrics, and pharmacy. A companion document from the IOM, *Improving Access to Oral Health Care for Vulnerable and Underserved Populations*, assessed educational settings and challenged professions like social work and internal medicine to do more.⁹ These initiatives led many professions to define core oral health competencies and evaluation tools for their specialty.

Both nursing and physician assistants held national summits and engaged the leadership of multiple national organizations about the importance of oral health and what their professions could do specifically. These summits stimulated new curricula, a series of articles in peer-reviewed journals, and changes on board examinations and program requirements.^{10,11} Medical schools were also engaged during this period. The American Association of Medical Colleges (AAMC), with funding from the Health Resources and Services Administration (HRSA), created core oral health competencies for medical schools. These competencies were coupled with an enhancement of oral health curricula added to MedEdPORTAL (the AAMC's curricula repository) making practical oral health modules and resources readily available.¹²

Health education during this time was also embracing the concept of interprofessional education (IPE) and interprofessional practice (IPP). Oral health quickly became a logical topic to achieve such educational experience. The American Dental Education Association (ADEA) teamed up with 5 other influential health education organizations (including nursing, pharmacy, public health, and osteopathic and allopathic medicine) to create core competencies for IPE and IPP. This collaboration became a catalyst for health and dental schools to work together on cases and in clinical settings to learn about team care.¹³

Meanwhile, Healthy People 2020 included oral health markers as one of the top 9 leading health indicators.¹⁴ This inclusion sent a message to health providers that they too would be held accountable for oral health public health measures.

Efforts at the educational level, and public health level, were followed by changes at a clinical level. Medicaid began this effort by reimbursing medical offices for oral health evaluations and application of fluoride varnish for children (which included all 50 states by 2017). State-wide efforts trained medical staff and helped them evolve office flow, and oral health prompts were added to electronic health records (EHRs). With the signing of the Affordable Care Act (ACA) and its emphasis on prevention, oral health was soon

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