

Integration of Oral Health and Primary Health Services

Presented by: Margaret Langelier, MSHSA

Deputy Director, Oral Health Workforce Research Center
Project Director, Center for Health Workforce Studies
School of Public Health | University at Albany, SUNY

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The OHWRC at CHWS

- The [Center for Health Workforce Studies \(CHWS\)](#) has more than 20 years experience studying all aspects of the health workforce
 - Established in 1996
 - A center of the University at Albany School of Public Health
 - Committed to collecting and analyzing data to understand workforce dynamics and trends
 - Goal to inform public policies, the health and education sectors and the public
 - Broad array of funders in support of health workforce research
- CHWS has a three year cooperative agreement for an [Oral Health Workforce Research Center \(OHWRC\)](#) with the U.S. Health Resources and Services Administration (HRSA)

The Reasons For Integration are Numerous

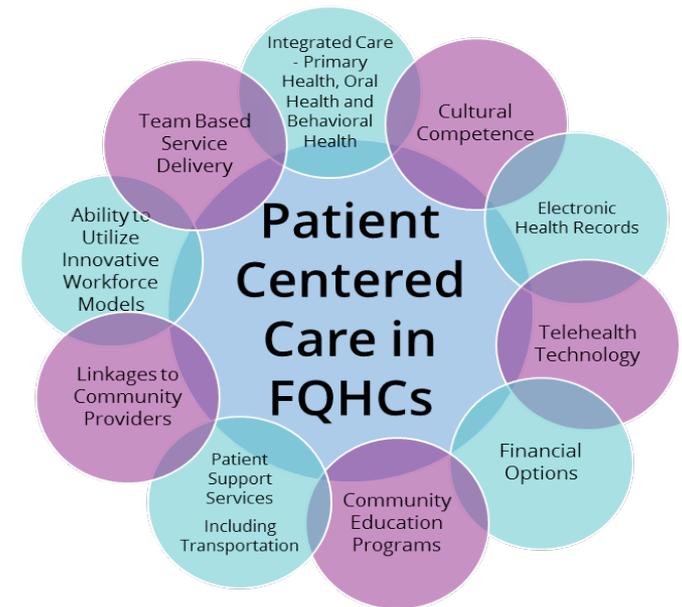
- **Integration of oral health with primary medicine** was a theoretical goal verbalized in the Surgeon General's Report on Oral Health in America in 2000.
- **Emerging science** connects oral health with systemic health – the nexus that links all clinicians
 - Aspiration pneumonia
 - Cardiac disease, Stroke
 - Diabetes
 - Chronic Infectious disease (HIV)
 - Poor pregnancy outcomes including low birth weight and prematurity
 - Lost days of work and absences from school
- **Primary care providers** including pediatricians and obstetricians are **uniquely positioned** to provide oral health screening and assessment, education, and referral
- **Many barriers**
 - Oral health status is affected by the social determinants of health
 - Structural barriers – siloes, reimbursement, health literacy, professional competency to provide evaluations, regulatory barriers (PA applying fluoride) etc.

Several Studies Conducted by CHWS and the OHWRC have Found Opportunities To Integrate Services in a Variety of Clinical Settings

- Case Studies of 8 Federally Qualified Health Centers States: Strategies to Integrate Oral Health and Primary Care
- A Survey of Physician Assistant Education Programs about curriculum in oral health competencies
- Determinants of Oral Health Assessment and Screening in Physician Assistant Clinical Practice
- An Assessment of the Contributions of Mobile and Portable Dentistry Programs to Care for the Underserved

FQHCs are Uniquely Structured to Enable Service Integration

- Integration of health services is essential to patient centered care and to the building of a comprehensive health home, especially in FQHCs
- Primary care and oral care clinics are co-located
 - Warm hand-offs between clinical disciplines
 - Co-location is not integration but it offers many opportunities for integration
- Integrated electronic health records enable continuity of care and patient centered services
- Positioned to effectively use innovative oral health workforce models and team based care to extend access to services for the underserved



Strategies Used by FQHCs to Foster Integration Vary

- All patients receiving services in the dental clinic were required to also be primary care patients
- DHs were routinely scheduled to provide oral health screening services during periodic well child pediatric visits
- FQHCs engaged primary care clinicians with oral health screening and referral and encouraged dentists to refer to primary care providers
- Some offered oral health services in school based health centers managed by the FQHC
- Some embedded a DH in the off-site primary care practices affiliated with the FQHC to provide oral health preventive and education services.
- FQHCs used a team approach to providing services. Teams are constituted of clinical and administrative personnel.
- FQHCs recognized the importance of building connections with other providers within their local communities to achieve the common goal of a healthy community

Physician Assistants (PAs) Are Being Actively Trained to Integrate Oral Health Screening into Clinical Practice

- PA education programs were surveyed in 2014 and showed substantial uptake of oral health curriculum
 - Survey of 182 programs; 125 responses
 - 78.4% (98) included **specific curriculum** on oral health and oral disease
 - 63.2% (60) provided **clinical training** (fluoride application, oral examination)
- Subsequent survey of 2014 PA education program graduates
 - 35.7% of respondents provided oral health services in clinical practice
 - 74.5% of respondents received education about oral health in their PA program
 - Integration of oral health services was positively and significantly associated with working in either a **primary medicine or urgent/emergent care practice** and in inpatient settings.
 - Training in oral health competencies in education programs may increase the likelihood of providing OH services
 - **Misperceptions** within the medical community especially in medical and surgical specialties about the importance of oral health persist
 - **Barriers** perceived to be significant or very significant included time demands and lack of access to an established dental provider referral system.

Primary Care and Oral Health Services Are Integrated in a Variety of Ways

- Hepatitis C positive patient without medical care or insurance
- Patient in dental chair having difficulty sitting due to leg pain.
- Dental staff performing A1C screenings on patients for referral to primary care providers
- A primary care clinician requesting a dental hygienist to participate in a patient consultation
- Locating a staff member from an FQHC in an ED to facilitate appointments at the FQHC for those who presented at the ED with ambulatory care sensitive medical or dental conditions
- Offering a weekly dental clinic in an infectious disease clinic
- Hiring a DH to educate staff and provide preventive services to all residents of a nursing home
- Sending community health workers to migrant camps with pads and hotspots to schedule and refer patients to the primary care or dental clinic.
- CHWs in home visiting programs for high needs patients would alert nurse care managers of oral health needs
- Routinely taking blood pressure before injection of epinephrine
- Mining the health records of women who received prenatal care at the FQHC to invite them to bring their babies to the dental clinic at one year of age. Another FQHC dental clinic sponsored a baby shower for new mothers.

Conclusions

- FQHCs have exceptional opportunities to engage with innovations in workforce models and electronic health records to facilitate integration of oral and primary health services
- Mobile and portable dentistry services can be provided in medical settings. This model for care delivery is especially useful for vulnerable populations
- Both oral health and primary care clinicians are being educated to take a comprehensive approach to health services
- Small changes in practice protocols can have significant impacts on the health and oral health of patients

Contact Information:

Margaret Langelier, MSHSA
Oral Health Workforce Research Center
Center for Health Workforce Studies
School of Public Health | University at Albany, SUNY
MLangelier@albany.edu

Reports of these studies are available at:

<http://www.oralhealthworkforce.org/>

<http://smilesforlifeoralhealth.org/pdf/smilesforlife/Adoption%20of%20Oral%20Health%20Curriculum%20by%20Physician%20Assistant%20Education%20Programs%20in%202014%20-%20Langelier,%20Glick,%20Surdu.pdf>