From Silos to Teamwork: An Interprofesional Oral Health Journey

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IOM Reports (2011-13)

- Advancing Oral Health in America
- Improving Access to Oral Health Care for Vulnerable and Underserved Populations
- Oral Health Literacy
IPEC Competencies (2011)

The Learning Continuum pre-licensure through practice trajectory
HRSA Report (2014)

- HEENOT
- Health History
- Oral-Systemic Risk Assessment
- Physical Health Exam
- Action Plan (preventive interventions, management within scope of practice)
- Collaboration
- Referral
HEENOT

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

Oral Health: An Essential Component of Primary Care

White Paper

Available at: www.QualisHealth.org/white-paper
PRIMARY CARE MEDICAL HOME (PCMH)

**Primary Care**
- Population Health Management and Reporting Tools*
- Quality Improvement Methodology
- Care Coordination
- Management of Chronic Diseases

**Prevention**
- Medication List Management
- Risk Assessment
- Dietary Counseling
- Oral Hygiene Training
- Smoking Cessation
- Fluoride Varnish
- Fluoride Supplementation
- Antibiotic Rinses
- Screening for Oral Diseases

**Dental Care**
- Restorative Treatment of Caries
- Dental X-rays
- Dental Sealants
- Periodic Cleaning
- Mouth Guards
- Endodontics
- Orthodontics
- Crowns and Implants
- Deep Scaling and Root Planning for Periodontal Disease

*Including structured EHR data and diagnostic codes, disease registries, and other tools.
Interprofessional Oral Health Core Clinical Competencies

ASK
- Brush?
- Smoke or chew tobacco?
- Dry mouth?
- Gums that bleed?
- High alcohol?

LOOK
- At teeth and gums:
  - White spots?
  - Cavities?
  - Inflamed gums?
  - Lesion under tongue?

DECIDE
- Is this patient at risk?
- Already high risk?

ACT
- Patient and family education
- Self management support
- Fluoride varnish
- Collaboration & Referral

DOCUMENT
Interprofessional Oral Health Care Model

Increased Oral and Overall Health Outcomes

Increased Access to Oral Healthcare, Reduced Oral Health Disparities

Community

Health & Education Systems

Builds Primary Care Oral Health Workforce Capacity

Collaborative Practice

IP Oral-Systemic Education

Fragmented Oral Healthcare System

National Oral Health Needs

The Weave Approach
Smiles for Life: A National Oral Health Curriculum

Smiles for Life produces educational resources to ensure the integration of oral health and primary care. We've made it easy for individual physicians, physician assistants, nurse practitioners, students, and other clinicians to access the curriculum and learn on their own time and at their own pace. Each of the courses is available online. Free Continuing Education credit is available.

This curriculum format can be easily implemented in an academic setting. Included is a comprehensive set of educational objectives based on the Accreditation Council for Graduate Medical Education (ACGME) competencies, test questions, resources for further learning, oral health web links, an implementation guide, and detailed module outlines.

Answering the Call: Joining the Fight for Oral Health

Watch this informative and inspiring video which outlines both the challenge and progress in improving oral health as a vital component of effective primary care. Click the full screen icon in the bottom right hand corner of the video thumbnail to view it full-sized. This video is approximately seven minutes in length.

An extended version (21 minutes) of this documentary is also available.

A Product of:

Endorsed by:

www.smilesforlifeoralhealth.org
Interprofessional Oral Health Faculty Toolkit

http://www.ohnep.org/faculty-toolkit
Public Health Learning Modules

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

http://www.aptrweb.org/?PHLM_15
• To expand access to primary healthcare services/ improve the quality of life

• To become primary care providers for patients without access to health care or in need of regular health care.

• To test an innovative collaborative oral-systemic primary care delivery model

Nursing Faculty Practice
Interprofessional Faculty Development
NYUCN Preceptor Workshop

65 preceptors

- Importance of oral health and nurses’ role in oral health care
- IPE and collaborative practice as a framework for improving oral health outcomes
- Oral health competencies for pregnant woman, infant, child and adult
- Strategies aimed at facilitation the development of nurses’ oral health competencies and implementation of best practices in oral health
NYU D4 Honors Rotation
Collaborative Nursing/Dental Clinical Experience

- **Competencies for dental students:** DDS students complete a comprehensive approach to assessing patient general health needs; identify need for referral (primary care, dietary counseling, social work, etc.)
- **Competencies for nursing students:** recognize normal and pathological variations of oral structures; demonstrate head and neck and oral exams
- **Competencies for both:** establish the oral-systemic association in the context of diagnosis and treatment planning to address the patient’s oral health needs; assess the role of nursing in dentistry in providing primary care
- **Who participates:** NP faculty, DDS faculty and DDS and NP students
NYUCN Pediatric Nurse Practitioner Oral Health Outreach

- 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
Interprofessional Oral-Systemic Health Experience at NYSIM

1) Develop interprofessional oral health competencies by using simulation and clinical rotations as a tool to bridge the education-to-practice gap

2) Produce a primary care workforce that is collaborative-practice ready
IP Oral-Systemic Standardized Patient Experience

I. Team Huddle (5 min):
   I. Introductions
   II. Goals of IP experience
   III. Directions

II. History and physical exam (45 min)

III. Debriefing (10 min)
IP Oral-Systemic
Case Study Discussion

I. Team Huddle (5 min)
   I. Introductions
   II. Goals of IP experience
   III. Directions

II. Case Study Discussion (40 min)

III. Debriefing (15 min)
What Is TeamSTEPPS?

A way to address the barriers to team performance

An evidence-based program based on more than 30 years of research and evidence

A roadmap to creating high-performing, multidisciplinary teams in any setting
Please answer the following questions by filling in the circle that most accurately reflects your opinion about the following interprofessional collaboration statements: 1 = strongly disagree; 2 = moderately disagree; 3 = slightly disagree; 4 = slightly agree; 5 = moderately agree; 6 = strongly agree; na = not applicable

Please rate your ability for each of the following statements:

**Before** participating in the learning activities I was able to:

**Communication**

1. Promote effective communication among members of an interprofessional (IP) team*
   - [ ] 1
   - [ ] 2
   - [ ] 3
   - [ ] 4
   - [ ] 5
   - [ ] 6
   - [ ] na

2. Actively listen to IP team members’ ideas and concerns
   - [ ] 1
   - [ ] 2
   - [ ] 3
   - [ ] 4
   - [ ] 5
   - [ ] 6
   - [ ] na

3. Express my ideas and concerns without being judgmental
   - [ ] 1
   - [ ] 2
   - [ ] 3
   - [ ] 4
   - [ ] 5
   - [ ] 6
   - [ ] na

4. Provide constructive feedback to IP team members
   - [ ] 1
   - [ ] 2
   - [ ] 3
   - [ ] 4
   - [ ] 5
   - [ ] 6
   - [ ] na

5. Express my ideas and concerns in a clear, concise manner
   - [ ] 1
   - [ ] 2
   - [ ] 3
   - [ ] 4
   - [ ] 5
   - [ ] 6
   - [ ] na

**Collaboration**

6. Seek out IP team members to address issues
   - [ ] 1
   - [ ] 2
   - [ ] 3
   - [ ] 4
   - [ ] 5
   - [ ] 6
   - [ ] na

7. Work effectively with IP team members to enhance care
   - [ ] 1
   - [ ] 2
   - [ ] 3
   - [ ] 4
   - [ ] 5
   - [ ] 6
   - [ ] na

8. Learn with, from and about IP team members to enhance care
   - [ ] 1
   - [ ] 2
   - [ ] 3
   - [ ] 4
   - [ ] 5
   - [ ] 6
   - [ ] na

**Roles and Responsibilities**

9. Identify and describe my abilities and contributions to the IP team
   - [ ] 1
   - [ ] 2
   - [ ] 3
   - [ ] 4
   - [ ] 5
   - [ ] 6
   - [ ] na

10. Be accountable for my contributions to the IP team
    - [ ] 1
    - [ ] 2
    - [ ] 3
    - [ ] 4
    - [ ] 5
    - [ ] 6
    - [ ] na

11. Understand the abilities and contributions of IP team members
    - [ ] 1
    - [ ] 2
    - [ ] 3
    - [ ] 4
    - [ ] 5
    - [ ] 6
    - [ ] na

12. Recognize how others’ skills and knowledge complement and overlap with my own
    - [ ] 1
    - [ ] 2
    - [ ] 3
    - [ ] 4
    - [ ] 5
    - [ ] 6
    - [ ] na

**Collaborative Patient/Family-Centered Approach**

13. Use an IP team approach with the patient** to assess the health situation
    - [ ] 1
    - [ ] 2
    - [ ] 3
    - [ ] 4
    - [ ] 5
    - [ ] 6
    - [ ] na

14. Use an IP team approach with the patient to provide whole person care
    - [ ] 1
    - [ ] 2
    - [ ] 3
    - [ ] 4
    - [ ] 5
    - [ ] 6
    - [ ] na

15. Include the patient/family in decision-making
    - [ ] 1
    - [ ] 2
    - [ ] 3
    - [ ] 4
    - [ ] 5
    - [ ] 6
    - [ ] na

**Conflict Management/Resolution**

16. Actively listen to the perspectives of IP team members
    - [ ] 1
    - [ ] 2
    - [ ] 3
    - [ ] 4
    - [ ] 5
    - [ ] 6
    - [ ] na

17. Take into account the ideas of IP team members
    - [ ] 1
    - [ ] 2
    - [ ] 3
    - [ ] 4
    - [ ] 5
    - [ ] 6
    - [ ] na

18. Address team conflict in a respectful manner
    - [ ] 1
    - [ ] 2
    - [ ] 3
    - [ ] 4
    - [ ] 5
    - [ ] 6
    - [ ] na

**Team Functioning**

19. Develop an effective care*** plan with IP team members
    - [ ] 1
    - [ ] 2
    - [ ] 3
    - [ ] 4
    - [ ] 5
    - [ ] 6
    - [ ] na

20. Negotiate responsibilities within overlapping scopes of practice
    - [ ] 1
    - [ ] 2
    - [ ] 3
    - [ ] 4
    - [ ] 5
    - [ ] 6
    - [ ] na

*The patient’s family or significant other, when appropriate, are part of the IP team.

**The word “patient” has been employed to represent client, resident, and service users.

***The term “care” includes intervention, treatment, therapy, evaluation, etc.

Adapted from MacDonald, Archibald, Trumpower, Jelley, Cragg, Casimiro, & Johnstone, 2009.
<table>
<thead>
<tr>
<th>Patient 1</th>
<th>Patient 2</th>
<th>Patient 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NP</strong> reviews chart</td>
<td><strong>MD</strong> reviews chart</td>
<td><strong>DDS</strong> reviews chart</td>
</tr>
<tr>
<td><strong>NP</strong> takes history</td>
<td><strong>MD</strong> takes history</td>
<td><strong>DDS</strong> takes history</td>
</tr>
<tr>
<td><strong>DDS</strong> does HEENOT exam and FV</td>
<td><strong>NP</strong> does HEENOT exam and FV</td>
<td><strong>MD</strong> does HEENOT exam and FV</td>
</tr>
<tr>
<td><strong>HUDDLE</strong> – team adjusts plan as needed</td>
<td><strong>HUDDLE</strong> – team adjusts plan as needed</td>
<td><strong>HUDDLE</strong> – team adjusts plan as needed</td>
</tr>
<tr>
<td><strong>MD</strong> gives patient education, prevention, anticipatory guidance, handouts, referral and follow-up</td>
<td><strong>DDS</strong> gives patient education, prevention, anticipatory guidance, handouts, referral and follow-up</td>
<td><strong>NP</strong> gives patient education, prevention, anticipatory guidance, handouts, referral and follow-up</td>
</tr>
</tbody>
</table>
IPEG
Interprofessional Education Group

A FILM ABOUT FIGHTING THE WORLD'S LARGEST CAVITY

SAY AHH

THE WORLD'S FIRST DOCUMENTARY ON ORAL HEALTH FEATURING PATIENTS, DOCTORS AND A FEW MINOR MIRACLES.

TOSH
Interprofessional voice for oral health.

OHN EP
Oral Health Nursing Education and Practice
University of Vermont
Avatar Virtual Clinic
CHALLENGES

- Obtaining “Buy-In”
- Scheduling
- Scope of Practice Myths
- Sustainable Resources
- Funding
- Evaluation
Tips for Building an IPE Program

- Create an interprofessional advisory council
- Establish formal communication mechanisms
- Involve external communities of interest
- Designate IPE champions
- Measure outcomes
Evaluating IPE

- Surveys
  - Attitudes
  - Behavior
  - Knowledge, Skills, Ability
  - Organizational Practice
  - Patient Satisfaction
  - Provider Satisfaction
  - Faculty Satisfaction
- Smiles for Life Utilization
- Graduate Follow-Up
The Missing Piece of PCMH

Pharmacy

Home Care

LTC

PCP/Medical Home

Community Health Center
How can they work together if they don’t learn together?
Knowledge, Trust, Respect, Collaboration