Oral Health & Primary Care Cooperative Education Model

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Learning Outcomes

• Describe a cooperative education model for integrating oral health and primary care.

• Apply innovative interprofessional practice and education strategies to promote oral health integration.
Health Professions

- Applied Psychology
- Audiology
- Health Informatics
- Health Sciences
- Physical Therapy
- Speech-language Pathology
- Physician Assistant Studies
- Public Health

Nursing

Pharmacy
Innovations in Oral Health: Technology, Instruction, Practice, Service
Co-operative Education

Grow. Adapt. Thrive.

Our distinctive educational approach integrates rigorous classroom study with real world experiences to create a powerful way to learn. As a result, Northeastern's graduates excel at managing their lives and careers, and contribute to the world.

Learn More

http://www.northeastern.edu/coop/
Patient-Centered Medical Home

Welcome to the PCMH Resource Center

The Agency for Healthcare Research and Quality recognizes that revitalizing the Nation’s primary care system is foundational to achieving high-quality, accessible, efficient health care for all Americans. The primary care medical home, also referred to as the patient centered medical home (PCMH), advanced primary care, and the healthcare home, is a promising model for transforming the organization and delivery of primary care. This web site provides policymakers and researchers with access to evidence-based resources about the medical home and its potential to transform primary care and improve the quality, safety, efficiency, and effectiveness of U.S. health care.

Define the PCMH

PCMH Evidence

PCMH Tools & Resources

The Patient-Centered Medical Home: Strategies to Put Patients at the Center of Primary Care

Strategies to Put Patients at the Center of Primary Care
Federally Qualified Health Center with a level-3 Patient Centered Medical Home
Dental sees less than 25% of the overall patient population.

“How do we provide oral health care to the rest of our patients?”
- Dr. Colleen Anderson,
  Dentist at BHCHP
Oral Health in the Homeless Population

- Homeless people have poorer oral health than the general population. (IOM, 2011)
- Dental care is the most commonly reported unmet need. (Baggett et al., 2010)
- Conditions are more often severe when diagnosed.
- More likely to engage in behaviors detrimental to oral health such as:
  - Smoking and using other types of tobacco products (Conte et al., 2006; Gibson et al., 2003),
  - Heavy alcohol use (Gibson et al., 2003), and substance abuse (Chi and Milgrom, 2008).
Care Model

Patient

- Collaboration
- Comprehensive
- Cultural Competence
- Quality
Homeless Health

Acute & chronic health conditions
Morbidity & mortality
Access to care
Premature aging
Delayed treatment & reliance on ED
Trust & hope
Medical and Dental Integration

Multidisciplinary Integration Team
Goal: Increase access to oral health care for primary care patients and family teams

• Oral exams
• Oral health education
• Identify acute conditions for immediate referral
• Connect patients with dental providers
Initial Integration Steps
Changes to EMR medical notes
Integration Efforts

- Oral health fairs at family team sites
- Resources for staff and patients
- Events to raise staff awareness and encourage oral exams
- Risk assessments, patient education, and care coordination within our medical clinic and family team clinics
Frameworks
Smiles for Life Oral Health Curriculum

www.smilesforlifeoralhealth.org
Job Description

- Risk Assessment
- Oral Exam
- Patient Education
- Survey Tools
- Collaborate with Medical Providers
- Fluoride Varnish
- Outreach
- Referral Resources
- Schedule Appointments
Workshops

1. Teamwork & Communication
2. Risk Assessment
3. The Oral Exam
4. Acute Dental Problems
5. Fluoride Varnish
Workshop 1:
Teamwork & Communication

Communication
Team Structure

TeamSTEPPS® Dental Module

The TeamSTEPPS Dental Module consists of videos showing how dental staff who perform oral surgery and general dentistry can use TeamSTEPPS’s teamwork, leadership, mutual support, communication, and situation monitoring skills in their practices.

Module Materials

These videos show how dental staff who perform oral surgery and general dentistry can use TeamSTEPPS’s teamwork, leadership, mutual support, communication, and situation monitoring skills in their practices.

- Dental Office: Lost Opportunity (Flash video, 4 min., 43 sec.; 18.9 MB)
- Dental Office: Opportunity Won (Flash video, 4 min., 21 sec.; 17.3 MB)
- Oral Surgery: Lost Opportunity (Flash video, 4 min., 9 sec.; 16.8 MB)
- Oral Surgery: Opportunity Won (Flash video, 5 min., 38 sec.; 22.5 MB)

Download Dental Module videos for local use (Zip file, 88.5 MB). Select the link, then choose Save to save the file to your computer. This file contains these four videos in Windows Media format. They may be unzipped and played without an Internet connection.

TeamSTEPPS® Primary Care Module

The Primary Care version of TeamSTEPPS adapts the core concepts of the TeamSTEPPS program to reflect the environment of primary care office-based teams. The examples, discussions, and exercises are tailored to the primary care environment.

For questions on how to use or implement this module or to offer feedback, call Richard Ricciardi, Ph.D., N.P., at 301-427-1578 or send an Email to richard.ricciardi@ahrq.hhs.gov.

Materials

This TeamSTEPPS® module may undergo refinements while it is being tested in primary care practices as part of a project that runs through 2015. These files are offered as a courtesy to medical offices that wish to apply TeamSTEPPS® principles in their practice settings.

Participant Handouts

- Instructor Guide (PDF Version [243.5 KB], Word Version [153.15 KB])
- Your Expectations for This Training (PDF Version [37.5 KB])
- Objectives of TeamSTEPPS Training for Primary Care Office-Based Teams (PDF Version [43.66 KB])
- Sample Agenda (PDF Version [29.7 KB])
- Thinking about Your Primary Care Office-Based Team (PDF Version [48.42 KB])
- Video Reflections (PDF Version [40.24 KB])
- When and Why to Use a Huddle (PDF Version [30.22 KB])
- Cross-Monitoring (PDF Version [33.89 KB])
- Mutual Support Behaviors (PDF Version [33.85 KB])
- Creating A Handoff Checklist (PDF Version [35.67 KB])

Slide Presentations
Workshop 2: Risk Assessment

Smiles for Life Course 6: Caries Risk Assessment

• Discuss the etiology of early childhood caries (ECC).
• Assess a child's risk of developing ECC.
• Recognize the various stages of ECC.
Workshop 2: Risk Assessment

Smiles for Life Course 3: Adult Oral Health & Disease

• Recognize adult caries and periodontal disease and refer patients for appropriate treatment.
• Learn how aging and chronic medical conditions affect oral health.
Case-based learning

Pedo

Adult

Geriatric
# Risk Assessment Tools

## Risk Assessment Form (Age >6)

### Patient Information:
- **Name:**
- **Date of Birth:**
- **Age:**

### Contributing Conditions

<table>
<thead>
<tr>
<th>Condition</th>
<th>Low Risk</th>
<th>Moderate Risk</th>
<th>High Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fluoride Exposure</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Sugary Snacks</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Caries Experience of Siblings</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Dental Home</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

### General Health Conditions

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special Health Care Needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chemotherapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eating Disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medications</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Caries Risk Factors

**Risk Factors**
- Mother or primary caregiver had active decay in the past 12 months
- Mother or primary caregiver does not have a dental home
- Continual brushing with fluoride toothpaste
- Existing dental home
- Use fluoride toothpaste

**Protective Factors**

**Clinical Findings**
- Visible plaque accumulation
- Oral hygiene
- Visible decay

### Assessment/Plan

**Caries Risk:**
- Low
- Moderate
- High

**Self Management Goals:**
- Personal hygiene
- Regular dental visits
- Fluoride toothpaste
- Anticipatory Guidance
- Dental home

**Treatment of High Risk Children**
- Fluoride varnish
- Regular dental visits
- Oral hygiene

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Smiles for Life Course 7: The Oral Examination

• Review basic oral anatomy and characteristics of healthy teeth.

• Use proper equipment to perform an oral exam.

• Perform a consistent, thorough oral, face, and neck examination of children and adults.

• Understand some of the differences between normal and abnormal findings.
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Peer-to-Peer Learning
Smiles for Life Course 4: Acute Dental Problems

• Review common acute dental problems.
• Diagnose, initially manage, and appropriately refer:
  – Oral pain, oral infections, dental trauma
Case-based Learning

- Tooth avulsion
- Abscess
- Dry Socket
Workshop 4: Fluoride Varnish & Counseling

Smiles for Life Course 6: Caries Risk Assessment, Fluoride Varnish & Counseling

• Discuss the effects, sources, benefits, and safe use of fluoride.
• Describe the benefits and indications for fluoride varnish.
• Demonstrate the application of fluoride varnish.
Peer-to-Peer Learning

BOSTON HEALTH CARE for the HOMELESS PROGRAM
Evaluation Methods

• TeamSTEPPS® Teamwork Attitudes Questionnaire
• Oral Health Survey
• Workshop Evaluation
• BHCHP Outcome Data
• Student Reflections
Knowledge - How would you rate the extent of your professional knowledge about the following oral health topics? (1=little to no knowledge, 2= some knowledge, 3= extensive knowledge)

<table>
<thead>
<tr>
<th>Question</th>
<th>Little to No Knowledge Percentage (Frequency)</th>
<th>Some Knowledge Percentage (Frequency)</th>
<th>Extensive Knowledge Percentage (Frequency)</th>
<th>Mean (STD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impact of oral health on nutrition. Post-Assessment</td>
<td>60.0% (3) 0% (0)</td>
<td>20.0% (1) 20.0% (1)</td>
<td>20.0% (1) 80.0% (4)</td>
<td>1.6 (0.89) 2.80 (0.45)</td>
</tr>
<tr>
<td>Caries (tooth decay) Pre-Assessment</td>
<td>0% (0)</td>
<td>100% (5) 40.0% (2)</td>
<td>0% (0) 60.0% (3)</td>
<td>2.00 (0.00) 2.60 (0.55)</td>
</tr>
<tr>
<td>Oral/dental trauma from injuries Pre-Assessment</td>
<td>40.0% (2) 0% (0)</td>
<td>60.0% (3) 40.0% (2)</td>
<td>0% (0) 60.0% (3)</td>
<td>1.60 (0.55) 2.60 (0.55)</td>
</tr>
<tr>
<td>Relationship between oral and systemic health. Pre-Assessment</td>
<td>60.0% (3) 0% (0)</td>
<td>40.0% (2) 60.0% (3)</td>
<td>0% (0) 40.0% (2)</td>
<td>1.40 (0.55) 2.40 (0.55)</td>
</tr>
</tbody>
</table>
**Attitudes** - To what extent do you agree or disagree with the following statements about integrating oral health and primary care practice? (Likert scale: 1-Strongly disagree; 5-Strongly agree)

<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly disagree (Frequency)</th>
<th>Disagree (Frequency)</th>
<th>Neither Agree or Disagree (Frequency)</th>
<th>Agree (Frequency)</th>
<th>Strongly Agree (Frequency)</th>
<th>Mean (STD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary care clinicians should incorporate oral health clinical competencies in patient care. Pre-Assessment</td>
<td>0% (0)</td>
<td>0% (0)</td>
<td>0% (0)</td>
<td>40.0% (2)</td>
<td>60.0% (3)</td>
<td>4.6 (0.55)</td>
</tr>
<tr>
<td>Post-Assessment</td>
<td>0% (0)</td>
<td>0% (0)</td>
<td>0% (0)</td>
<td>0% (0)</td>
<td>100% (5)</td>
<td>5.0 (0.55)</td>
</tr>
<tr>
<td>Health care systems should engage and educate consumers about oral health in primary care as an expected standard of interprofessional practice. Pre-Assessment</td>
<td>0% (0)</td>
<td>0% (0)</td>
<td>0% (0)</td>
<td>60.0% (3)</td>
<td>40.0% (2)</td>
<td>4.4 (0.55)</td>
</tr>
<tr>
<td>Post-Assessment</td>
<td>20.0% (1)</td>
<td>0% (0)</td>
<td>0% (0)</td>
<td>80.0% (4)</td>
<td>80.0% (4)</td>
<td>4.8 (0.45)</td>
</tr>
<tr>
<td>Accreditation and certification bodies should integrate oral health clinical competencies into primary care practitioner standards. Pre-Assessment</td>
<td>0% (0)</td>
<td>20.0% (1)</td>
<td>0% (0)</td>
<td>60.0% (3)</td>
<td>20.0% (1)</td>
<td>3.8 (1.10)</td>
</tr>
<tr>
<td>Post-Assessment</td>
<td>0% (0)</td>
<td>40.0% (2)</td>
<td>0% (0)</td>
<td>60.0% (3)</td>
<td>60.0% (3)</td>
<td>4.6 (0.55)</td>
</tr>
</tbody>
</table>
Skills - How well do you think your education and practice have prepared you in the following oral health clinical skills? (1=not at all prepared, 2= somewhat prepared, 3= very prepared)

<table>
<thead>
<tr>
<th>Question</th>
<th>Not at all prepared (Frequency)</th>
<th>Somewhat prepared (Frequency)</th>
<th>Very prepared (Frequency)</th>
<th>Mean (STD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide targeted patient education about the importance of oral health and how to maintain good oral health, which considers oral health literacy, nutrition, and patient’s perceived oral health barriers.</td>
<td>40.0% (2) 0% (0)</td>
<td>40.0% (2)</td>
<td>20.0% (1) 60.0% (3)</td>
<td>1.80 (0.84) 2.60 (0.55)</td>
</tr>
<tr>
<td>Identify patient-specific, oral conditions and diseases that impact overall health.</td>
<td>40.0% (2) 0% (0)</td>
<td>60.0% (3)</td>
<td>0% (0) 60.0% (3)</td>
<td>1.60 (0.55) 2.60 (0.55)</td>
</tr>
<tr>
<td>Provide appropriate referrals to dental professionals.</td>
<td>40.0% (2) 0% (0)</td>
<td>60.0% (3)</td>
<td>0% (0) 60.0% (3)</td>
<td>1.60 (0.55) 2.60 (0.55)</td>
</tr>
<tr>
<td>Relationship between oral and systemic health.</td>
<td>60.0% (3) 0% (0)</td>
<td>40.0% (2)</td>
<td>0% (0) 40.0% (2)</td>
<td>1.40 (0.55) 2.40 (0.55)</td>
</tr>
</tbody>
</table>
BHCHP Outcome Data

- 94 Patient Encounters
- 110 Dental Appointments
- 24 Patient Referrals
- 2 Health Fairs
Outcomes

Outcome 2: Annual JYP Oral Health Exams

- Nov’14: 14%
- Dec’14: 14%
- Jan’15: 12%
- Feb’15: 11%
- Mar’15: 11%
- Apr’15: 17%
- May’15: 23%
- Jun ’15: 28%
Northeastern University

Challenges

- Limited resources
- Skill gap
- Competing priorities
- Referrals
Conclusion

• Safety net settings should partner with academic institutions to incorporate students as change agents in your environment to meet the needs of vulnerable and underserved populations.
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The DentaQuest Foundation is committed to optimal oral health for all Americans through its support of prevention and access to affordable care, and through its partnerships with funders, policymakers and community leaders. For more information, please visit dentaquestfoundation.org
References


Thank you

QUESTIONS?

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