A Systems Change Initiative
Advancing Interprofessional Education and Integrated Oral Health Care

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How Did We Get Here?

108 Million
People visit a medical provider but not a dental provider

27 Million
Visit a dental provider but not a medical provider

Flow of Information in the Care of Older Adults

Primary Care physician
Diabetes Screening

- Diabetes, so endocrinologist
  - If heart attack, cardiologist
  - If stroke, neurologist
  - If chronic kidney disease, nephrologist

General Dentist Periodontal Screening

- Periodontal disease, so periodontist
  - If root canal, endodontist

Communication is tenuous, usually carried out by patient, if at all

~25% of seniors aged > 65 have diabetes

~17.20% of seniors aged > 65 have periodontal disease

Adapted from Powell and Din 2008
The Oral Health Needs of Oral Health of Older Adults (> 65)?

• Nearly 1 in 5 have untreated tooth decay
• About 2 in 3 (68%) have gum disease
• Nearly 1 in 5 are edentulous
• Most take both prescription and over the counter drugs, which can cause dry mouth increasing risk of cavities
• The median age of oral cancer diagnosis is 62
Two-thirds of Medicare recipients don’t have dental coverage

Consortium: Funders, health professionals + national organizations
Vision: Eradicate dental disease
Mission: Engage primary care team
Focus: Integrate oral health into primary care education + practice

The Short Answer

NIIOH is a systems change initiative that provides “Backbone Support” and facilitates interprofessional agreement and alignment to ready an interprofessional oral health workforce for whole person care
The Opportunity for Change

Interprofessional Competencies
The “What” and “How”

2020 Surgeon General Report

Collective Impact
Support, align and connect partner efforts to integrate oral health into education and practice.
Smiles For Life

Smiles for Life: A National Oral Health Curriculum

COURSE 1: Relationship of Oral & Systemic Health
- Oral
- Systemic

COURSE 2: Child Oral Health

COURSE 3: Adult Oral Health

COURSE 4: Acute Dental Problems

COURSE 5: Pregnancy & Woman's Oral Health

COURSE 6: Caries Risk Assessment, Fluoride Varnish & Counseling

COURSE 7: The Oral Exam

COURSE 8: Geriatric Oral Health

Smiles For Life produces educational resources to ensure the integration of oral health and primary care.

LEARN ONLINE

TEACH CURRICULUM

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 corner of the video for full-screen view. This video is approximately seven minutes in length.

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

Smiles For Life
Facilitate Interprofessional Agreement

20

Endorsing organizations representing

Medicine
PA’s
Nursing
Dentistry
Dental Hygiene
Pharmacy
Community Health Centers
And More!
Since the site launched in June 2010, there have been:

- **102,082** registered users
- **299,041** courses completed for CE credit
- **51,872** modules downloaded by educators

**SMILES FOR LIFE CROSSES THE ONE MILLION MARK FOR DISCRETE SITE VISITS!**
Smiles for Life Survey

Key Question:

• How does Smiles for Life influence practice?
  – Providers reported that SFL influenced their practice of oral health activities in one or more of the following ways:
    • Led them to start performing oral health activities
    • Allowed them to perform oral health activities more regularly
    • Helped them perform oral health activities better

Influence on 6 Key Activities

1. Refer patients for dental care (n=417)
   - Started: 7%
   - Do more regularly: 29%
   - Do better: 38%
   - No Impact: 38%

2. Provide anticipatory guidance on oral health (n=385)
   - Started: 13%
   - Do more regularly: 35%
   - Do better: 60%
   - No Impact: 14%

3. Apply fluoride varnish when indicated (n=260)
   - Started: 47%
   - Do more regularly: 22%
   - Do better: 35%
   - No Impact: 15%
Influence on 6 Key Activities

**Conduct caries risk assessments (n=248)**
- Started: 19%
- Do more regularly: 32%
- Do better: 58%
- No impact: 11%

**Conduct annual oral exams with patients (n=203)**
- Started: 14%
- Do more regularly: 37%
- Do better: 60%
- No impact: 13%

**Conduct oral cancer screening exams (n=95)**
- Started: 14%
- Do more regularly: 23%
- Do better: 50%
- No impact: 25%
Oral Health: An Essential Component of Primary Care

Oral Health Delivery Framework

5 actions primary care teams can take to protect and promote their patients’ oral health. Within the scope of practice for primary care; possible to implement in diverse practice settings.

ASK about oral health risk factors and symptoms of oral disease

LOOK for signs that indicate oral health risk or active oral disease

DECIDE on the most appropriate response

ACT offer preventive interventions and/or referral for treatment

DOCUMENT as structured data for decision support and population management

Preventive interventions: Fluoride therapy; dietary counseling to protect teeth and gums; oral hygiene training; therapy for substance use; medication changes to address dry mouth; chlorhexidine rinse.

Field-Testing a Conceptual Framework

Develop  Test  Improve  Disseminate

19 diverse healthcare delivery organizations: Private practices, Federally Qualified Health Centers; medical only and on-site dental
Adults with diabetes (12), pediatrics (5), pregnancy (1), adult well visits (1)
eCW (5), EPIC (8), NextGen (2), Centricity (2), Success EHS (2)

Using population health to address “missed opportunities”
Field-Testing Results Informed the Creation of the Implementation Guide and Tools

“Oral Health Integration Implementation Guide”
Toolkit for primary care teams (Released 10/10/16)

What’s in the Guide?
• Workflow maps
• Referral agreements
• Patient engagement strategies
• Patient/family education resources
• EHR templates
• Case examples
• Impact data and more

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Resources available at:
What we have learned

• Organizational change process requires system-wide intervention

• Having the right people, right place, right reason can change ideas and practice

• A key is having the right tools and strategies to impact knowledge, skills and attitudes of providers

• We cannot achieve our vision of “oral health for all” unless we change our approach to oral health care

• Integration and collaboration is key, we can’t do this alone
Where Do We Go From Here?

We need to move beyond symptoms of health disparities to aiming policy and funding at changing the structure that creates those disparities.

We need to continue to work together to create a shared vision for whole person care across medical and dental silos and define shared performance measures that can catalyze new evaluation strategies with a focus on prevention, value and population health.

Many Thanks to Our Legacy Funders

ARCORA

DentaQuest