

PAAs are Contributing to Oral Health in Older Adults

Anthony A. Miller, M.Ed., PA-C
Distinguished Professor & Director
Division of Physician Assistant Studies
Shenandoah University
Winchester, VA

Why PAs?

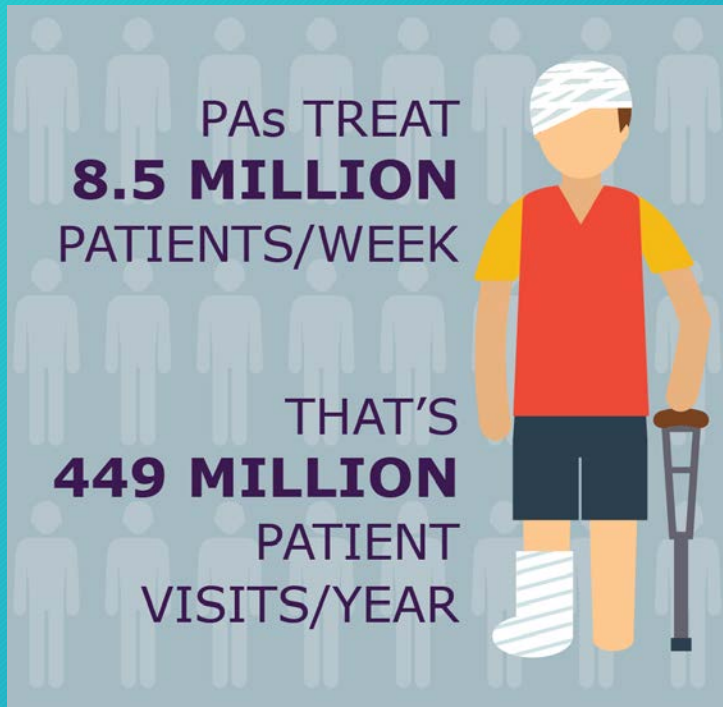
- Provide Primary Care and Practice in Nearly Every Medical Specialty
- PAs Value Interprofessional Practice
- High Patient Satisfaction and Trust
- PAs Focus on Prevention and Health Promotion
- Increasing role in health care leadership roles & change agents
- Specific Focus on Oral Health
 - Screening and Risk Assessment
 - Understand oral - systemic connection
 - Educating Patients on Self Assessment and Good Habits
 - Applying Fluoride Varnish
 - Referrals for Dental Care



PA Impact on Health Care

Over 131,000 Certified PAs

Licensed to Practice and Prescribe
in all 50 States and DC



The PA Profession Commitment Leveraging Collective Impact

- Education - oral health integrated in all PA programs
- Smiles for Life - endorsers
- Programs and Research Support - nccPA Health Foundation & PA Foundation
- Research & Publication: JAAPA & JPAE
- Certification - examination content & quality improvement initiatives for recertification
- Continuing Education



Growth of Oral Health Education and Training in PA Programs



2008: **32.8%** of responding PA programs provided oral health instruction*



2014: **78.4%** of responding PA programs provided oral health instruction*



2017: **96%** of responding PA programs provided oral health instruction*

Efforts to integrate oral health into PA curriculum are working, and educating a new generation of providers to view oral health as integral to overall health.

*Response % for each year represents different surveys.

Determinants of Oral Health Assessment and Screening in Physician Assistant Clinical Practice

Margaret Langeller, MSHSA, Simona Surdu, PhD, Jingya Gao, BS, Jean Moore, DrPH, Anita Glicken, MSW

Background/Objectives

Integration of oral health with primary medicine was a theoretical goal verbalized in the Surgeon General's Report, *Oral Health in America*, in 2000. This has resulted in calls for medical professionals to incorporate oral health assessment into their routine clinical activities, to counsel patients about the importance of achieving and maintaining good oral health, and of early interventions in oral disease processes. Primary care providers are uniquely positioned to provide oral health prevention services including screening, education, fluoride varnish, and referral to dental providers during clinical encounters with patients.

Educating physician assistant (PA) students about the relationship between systemic health and oral health, and providing them with clinical competencies in oral health screening, assessment, and referral services is consistent with the goals of integration of oral and primary health care services. To ascertain if PAs were providing oral health assessment services, the Oral Health Workforce Research Center (OHWRRC), in cooperation with researchers from the American Academy of Physician Assistants, conducted a survey of a sample of 2014 graduates from accredited PA professional education programs to describe their current clinical practices related to oral health service delivery.

Methods

The online survey was fielded to a stratified sample of 2,500 PAs who had graduated from a PA professional education program in 2014. The sample included graduates from each of the 166 accredited professional education programs in the US by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) in 2014. The number of PAs selected for inclusion in the sample from each education program was weighted by the total number of graduates from that program compared to the total number nationally.

Findings

Characteristics of Current Clinical Practice

- Survey respondents reported a variety of practice specialties including family medicine/general practice (25.4%), emergency medicine/urgent care (15.1%), and surgical sub-specialties (14.4%). The most common surgical specialty among respondents was orthopedic surgery (48.8% of those in a surgical specialty).

Conclusions and Policy Implications

- 1) Nearly 39% of all PAs who received didactic and/or clinical instruction in oral health during PA training had incorporated those competencies into current practice.
- 2) Among PAs providing any oral health services, more than 80% indicated that they obtained their education in oral health from their PA program. This suggests that training in oral health competencies during foundational education may increase the likelihood of PAs providing oral health services.
- 3) The most commonly cited barrier to integration of oral health services into clinical practice was a lack of patients' adherence to recommendations about oral health and oral hygiene. This is also a primary reason why provision of these services in medical practice is important. Primary care clinicians are well positioned to inform their patients about why oral health matters.
- 4) Numerous structural barriers within delivery systems impede integration, including time demands, reimbursement, lack of clinical protocols for oral health screenings, and lack of encouragement or interest in oral health from members of medical teams.

2016 Research

PAs who received education in oral health and disease were ~ 2.79 times more likely (95% CI=1.39-5.59, P=0.0038) to provide oral health services in their clinical practice, compared to those who did not receive any education in oral health competencies.

Demographic Drivers

“Every day, millions of people with chronic diseases struggle to manage their symptoms. About 80% of older adults have at least one chronic disease, and 68% have at least two. Chronic diseases place a significant burden on individuals as well as health care systems.

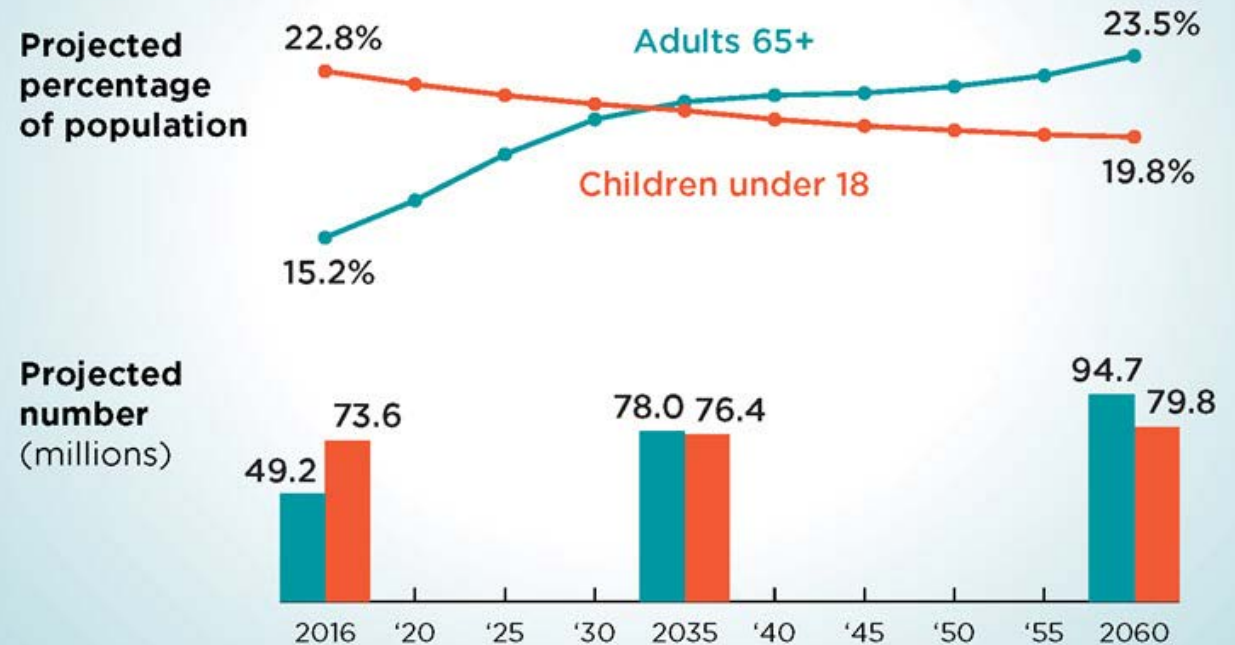
National Council on Aging, 2019



An Aging Nation

Projected Number of Children and Older Adults

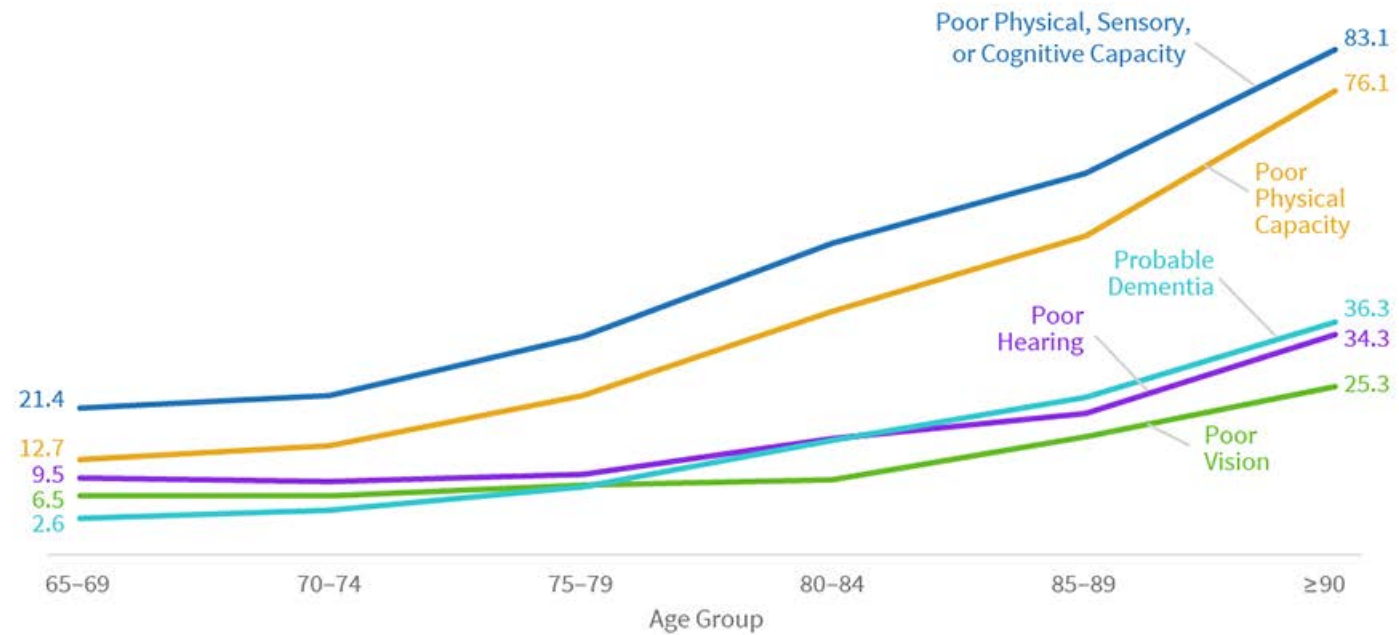
For the First Time in U.S. History Older Adults Are Projected to Outnumber Children by 2035



Note: 2016 data are estimates not projections.

FIGURE 7 The Likelihood of Having a Disability Increases With Age

Age-Specific Estimates of Poor Physical, Sensory, and Cognitive Capacity, Adults Ages 65 and Older (%), 2015



Source: National Health and Aging Trends Study.

Data Imperatives

- Nearly 19% of adults age 65 and over have complete tooth loss
- Oral and pharyngeal cancers are often diagnosed late
- Nearly 63 million Americans live in dental health profession shortage areas
- Significant decreased dental visits based on race, disability, poverty, geographic region and population density
- Dental caries and periodontal disease are among the most common chronic conditions
- Dental conditions such as caries and tooth loss impact nutrition, self-esteem, general health

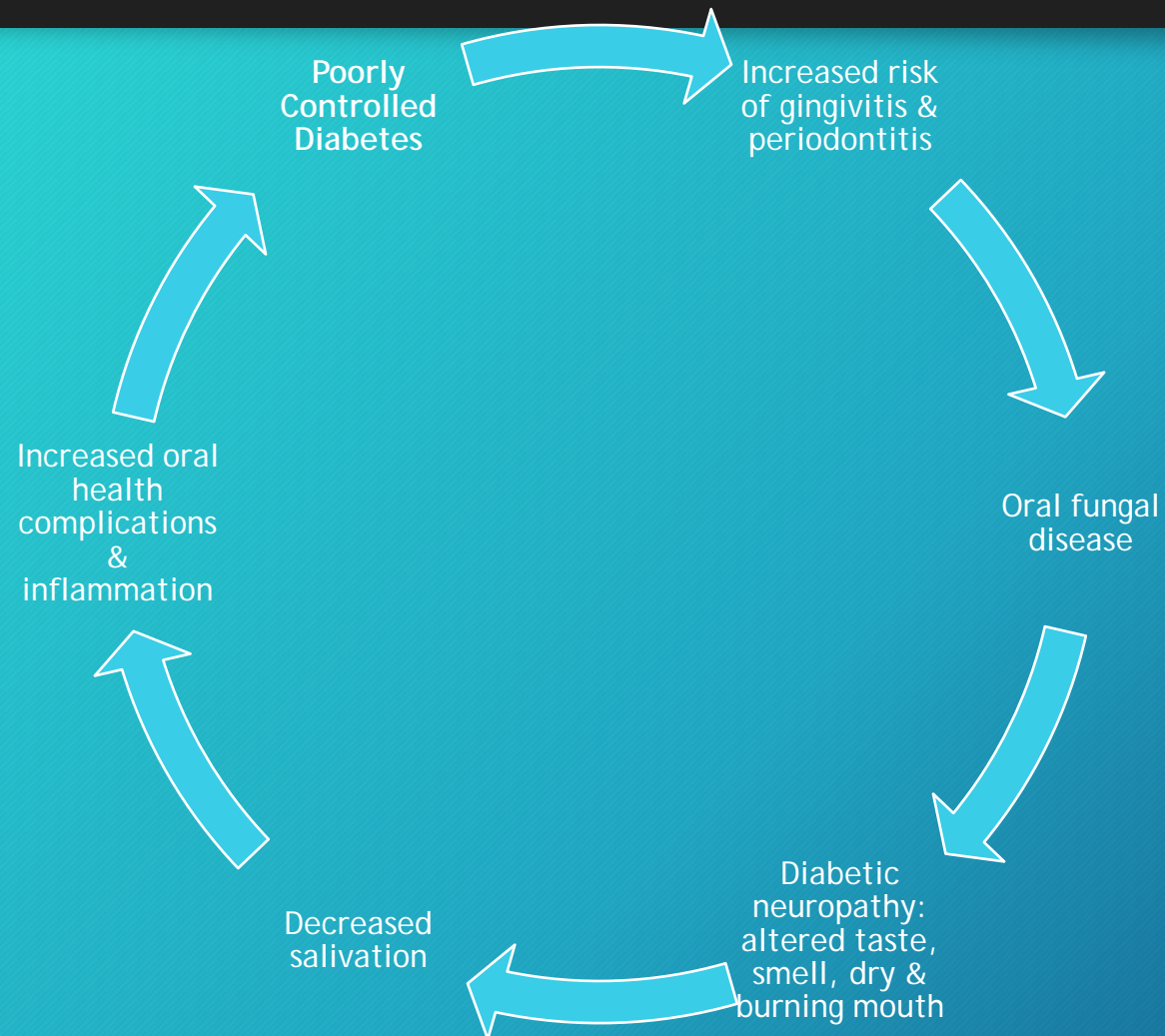


PAs Understand the Connection of Oral Health and Disease

- Oral and pharyngeal cancer
- Diabetes & link to periodontal disease
- Poor oral health link to cardiovascular disease including endocarditis and stroke
- Impact of common medications
- Poor oral hygiene - poor outcomes in aspiration pneumonia
- Mental health impact on oral health and vice versa
- Link of poor oral hygiene and use of tobacco products to poor health outcomes



Oral - Systemic Connection



Recommended Goals



- Interprofessional healthcare teams should work together on behalf of older adults to improve quality of life and self image by:
- Advocating for public policies that improve oral health access and funding.
- Assessing and effectively treating oral health conditions that impact overall health and well-being.
- Educating patients on health promotion and disease prevention.

Conclusions

- PAs working in team-based practices are impacting oral health and its sequelae for older adults
- Patient trust and confidence in PAs positions them to have positive impact on preventive care outcomes for older adults
- PAs continue to develop referral networks with dentists and other dental care providers
- Positive oral health initiatives can reduce morbidity and mortality for diseases and conditions not directly associated with the oral cavity
- Health care financing is shifting from fee for service to outcomes and quality focus
- PAs have demonstrated they are able to rapidly respond to new markets and research

Resources

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