

*While the shared experience can enhance education and save money, the magic in it revolves around access to care.*

*In this month's letter, Dr. Rick Valachovic, Executive Director of the American Dental Education Association, shares his conversations with the people responsible for New York University's groundbreaking foray into interprofessionalism.*



## **Interprofessional Practice Can Play Leading Role in an Academic Setting**

New York City has many patients who go from year to year without ever seeing a medical practitioner, but when their dental pain becomes intolerable, they often seek out the services of dental clinics like the one at [New York University \(NYU\) College of Dentistry](#). NYU is the largest dental school in the country. Its clinic handles over 300,000 patient visits a year. About one quarter of the patients are elderly; and many are Medicaid recipients. For a significant number of them, the dental clinic is their only regular contact with health care professionals.

No one knows for sure how many people fit this profile, but Dr. Michael C. Alfano, NYU Executive Vice President, estimates that more than ten percent of Americans regularly access dental services but do not seek other health care. Mike served as Dean of NYU's College of Dentistry when the University decided to undertake a novel reorganization and move its nursing programs out of the School of Education and into the College of Dentistry. The new arrangement made economic sense for these two clinical disciplines, allowing both schools to share research space and other resources, and seemed a fitting response to the Institute of Medicine's call to educate health professionals together across disciplines. But Mike saw greater rewards to be had.

"The component that truly inspired me to get enthusiastic about this new configuration was the potential to deploy nurse practitioners in dental practices. While interprofessional education is good and saves money, the magic in this revolves around the fact that there are about 40 million people in the United States who regularly access dental care but not other health care. Among these are people with undiagnosed diabetes, hypertension, high cholesterol ... people who aren't getting flu shots. Here was a way to give them access to care."

"Mike is a visionary." That compliment comes from the Dean of NYU's College of Nursing, Dr. Terry Fulmer. As she watched developments at the NYU College of Dentistry under his leadership, she began thinking about ways that nursing and dentistry might collaborate to achieve common goals. Conversations between Terry and Mike soon evolved into a plan that the university reviewed with serious consideration and ultimately affirmed, and in September 2005, the [NYU College of Nursing](#) became an academic unit within the NYU College of Dentistry, embarking on an interdisciplinary journey.

Today the NYU College of Nursing has a nursing faculty practice at the NYU College of Dentistry. Patients who come for dental services have the opportunity to receive primary medical care services and health screenings from nurse practitioners on site. The practice currently sees more than 100 patients a month, and the faculty/nurse practitioners also make regular visits in the dental clinic, where they conduct chairside consults to assess systemic health and screen for chronic conditions. This brings home the oral-systemic connection for NYU's dental students, and they have become comfortable with the pattern of referring patients for primary care.

The clinical arrangement is also working out well for the NYU College of Nursing. It gives the nursing faculty access to a patient population and a ready-made infrastructure in the form of exam rooms, reception services, billing, laboratories, and so forth. Above all, patients are benefiting.

"Through their relationship with the dental clinic, people gain access to emergency care or care for their chronic conditions," Mike told me. "I love the fact that a dental school can play a catalytic role in thinking about how health care is delivered."

He pointed out that this is also a good way to get control of escalating health care costs. "To the extent that we treat these chronic conditions early, we reduce costs that result when secondary events take hold."

Clearly this interdisciplinary practice arrangement is meeting its goals for care delivery, but I wondered what it means for students at NYU. To find out, I called ADEA President Dr. Charles Bertolami, who assumed the position of Dean at NYU's College of Dentistry in 2007 when Mike Alfano became Executive Vice President of the entire University.

"We have a functional connection between dentistry and nursing, but it hasn't been fully exploited," he told me. "Right now, the dental students are learning interprofessional skills by osmosis. They're like sponges, soaking up the interactions with nursing that they're observing in the clinic."

Charles has great hopes and aspirations for building on this relationship to transform classroom teaching as well. He has initiated the formation of a think tank aimed at interdisciplinary teaching called the Academy of Health Educators. It will include representatives of dentistry, nursing, medicine, and other NYU entities that want to focus on teaching and conduct education-based research.

Terry Fulmer is more convinced than ever that this was the right move and says the move has exceeded her expectations. Faculty are collaborating on crossdisciplinary research, teaching together, and brainstorming constantly about ways to improve the patient experience and health outcomes. There is already an NIH-funded grant to screen elders who visit the dental clinic and primary care clinics for abuse and neglect.

Interprofessionalism in dental education is still very much in its infancy. The barriers to its implementation range from technical obstacles (a saturated curriculum, conflicting scheduling patterns) to cultural ones (professional rivalries, resistance to change). Yet we know there is an oral-systemic connection. We know that we need to get a handle on chronic disease. We know that using all points of entry into the health care system—including dentistry—is a proven means of extending and broadening access to care. All these realities point toward the need for increased interprofessionalism.

One example of an active interprofessional connection is ADEA's collaboration with the [Association of American Medical Colleges](#) and its [MedEdPORTAL](#). Both dental and medical educators contribute teaching resources that are shared across campuses, disciplines, and the globe. Sharing common curricula and syllabi across medicine and dentistry also contributes to a burgeoning convergence of basic science education in schools of the health professions.

Many of you have remarked, and recent articles have noted, that dentistry is often not involved in interprofessional education efforts within academic health centers. I wonder why NYU is different and what lessons we might learn from their experiences.

Charles has an interesting take on this. "Dentists and dental schools," he speculates, "may be excluding themselves." He notes that physicians, nurses, pharmacists, social workers, and other health professionals tend to work in teams while dentists are oriented toward private, office-based practice. Many dentists choose the profession in part because they want to be their own bosses and may prefer working in isolation. He believes that dentists who are willing to be part of a team will be eagerly welcomed by their colleagues in the other health professions.

"The recent [announcement of a 2009 William J. Gies Award for Vision, Innovation, and Achievement to the American Academy of Pediatrics](#) is a wonderful example of how oral health care is being embraced by pediatricians. They pack into conferences where they can learn about oral health, so these opportunities to collaborate are clearly within reach."

I couldn't agree more, and hope to see interprofessionalism thriving on a lot more campuses in the near future.



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