INTRA- AND INTERPROFESSIONAL EDUCATION

WHY NOW?

What is it?

Why do it?

Why Dentistry?

WHY DO IT NOW?
Important Note

- Need to consider the relationship of intraprofessional education to interprofessional education.
- How can we hope to work as an interprofessional health care team when we may not have learned how to work as a oral health care team?
- Lessons learned from any team collaboration benefit patient care.

Interprofessional Education - What is it?

- Center for the Advancement of Interprofessional Education (CAIPE), “Interprofessional Education occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care.”™
- By extension, intraprofessional education could be defined as occurring when two or more dental professionals learn with, from and about each other to improve collaboration and the quality of care.

Terminology

- Interdisciplinary
- Interprofessional
- Intraprofessional
- Transdisciplinary
We believe that interprofessional education occurs when students from the health professions and related disciplines learn together about the concepts of health care and the provision of health services toward improving the effectiveness and the quality of health care. Although effective interprofessional (and intraprofessional) education may occur in different ways, it generally involves the following elements:

- collaboration;
- respectful communication;
- Ethics and professionalism
- knowledge of team members skill set
- reflection;
- application of knowledge and skills; and
- experience in interprofessional (or intraprofessional) teams.

It is important to also consider what is not IPE. Examples of what IPE is not include:

- Students from different health professions in a classroom receiving the same learning experience without reflective interaction among students from the various professions;
- A faculty member from a different profession leading a classroom learning experience without relating how the professions would interact in an interprofessional manner of care; and
- Participating in a patient care setting led by an individual from another profession without sharing of decision-making or responsibility for patient care.
What does it look like?

- An example

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**AHC SUPPORT**  
*Office of Education*  
*Center for Interprofessional Education*

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Mastery

Immersion

Awareness

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**Important characteristics for IPE programs**

- Introduced early
- Inclusive of all health care professionals
- Longitudinally reinforced
- Mandatory
- Involve experience in team based care
- Focused on interprofessional collaborative care
- Must include input from all stakeholders
Why do interprofessional education?
(in general)

- IOM reports
  - To Err is Human: Building a Safer Health System (1999)
  - Crossing the Quality Chasm (2001)
  - Educating Health Professionals in Teams
  - Educating Health Professionals to Improve Quality of Care
  - Educating Health Professionals to use an Evidence Base
The Need for Interprofessional Teamwork

In addition to the proven benefits of teamwork for healthcare organizations, the need for interprofessional teamwork has become essential for the reasons below. 1

**Affordable Care Act**

In 2010, the Affordable Care Act will bring healthcare coverage to an estimated 32 million previously uninsured Americans, many of whom are expected to bear a high disease burden. Yet the current health care system will be severely challenged to meet these additional needs. Shortages of primary and specialty care providers across the country are increasingly perceived to become both more severe and more widespread.

**Financial Incentives**

New financial incentives will reward care coordination and chronic disease management. Emphasis will be placed on primary care and preventive care. Patient-centered medical homes. Accountable Care Organizations, and initiatives to improve care transitions and reduce hospital readmissions are all approaches that can best be realized through effective use of healthcare teams.

**Shortage of Healthcare Workers**

Currently, there are about 3.7 million health workers. The shortage of general cardiologists in the US was 1,700. In 2025, the shortage is expected to be 9,000. 

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**The Need for Interprofessional Teamwork**

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**Aging and Diverse Population**

An aging and diverse population is living longer with chronic conditions such as diabetes, heart disease, and cancer that require coordinated care from a team of providers.

**Science and Technology**

Science and technology are advancing at such a rapid pace that it’s virtually impossible for an individual clinician to keep up. Teams of providers bring their collective knowledge and experience to the table, thus providing a more robust foundation for decision-making than any one clinician can offer.

**Consumer Demand**

Patients today often know a great deal about their health and expect their healthcare providers to communicate and work together effectively.

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**TRIPLE AIM**

- Better Health Care
- Better Care Experience
- Lower Cost of Care
Why do it?

- Employers of health care providers state over and over (if asked) that our graduates are not ready to work in today’s health care environments!
- The ultimate goal is not to change how we teach,
- The goal is to change how we treat!
- Research verifies that interprofessional collaborative care supports the Triple Aim

IPEC

**IPEC Members**

The Interprofessional Education Collaborative (IPEC) consists of the:

- American Association of Colleges of Nursing
- American Association of Colleges of Osteopathic Medicine
- American Association of Colleges of Pharmacy
- American Dental Education Association
- Association of American Medical Colleges
- Association of Schools of Public Health

Why do it?
Why do it?

Core Competencies for Interprofessional Collaborative Practice
- Competency Domain 1: Values/Ethics for Interprofessional Practice
- Competency Domain 2: Roles/Responsibilities
- Competency Domain 3: Interprofessional Communication
- Competency Domain 4: Teams and Teamwork

Why do it?

- Changes to Accreditation Standards

Introduction to Standards

Comprehensive, Patient-Centered Care

The standards recognize the importance of educational processes and goals for comprehensive patient care and encourage patient-centered approaches in teaching and evaluating health care delivery. Administrators, faculty, staff, and students are expected to develop and implement definitions, practices, competencies, and educational methods so that patient-centered, compassionate care is the norm.

Institutional definitions and operations that support patient-centered care can have the following characteristics or practices:

1. Patients' preferences and their social, economic, emotional, physical, and cognitive perspectives are systematically considered.
2. The most effective and efficient use of evidence-based dental care is provided.
3. Evaluation of practice patterns and the outcomes of care guide actions to improve both the quality and efficiency of care delivery.
4. General dentists serve as role models for students to help them learn appropriate therapeutic strategies and how to refer patients who need advanced therapies beyond the scope of general dental practice.
Introduction to Standards

Collaboration with other Health Care Professionals
Access to health care and changing demographics are driving a new vision of the health care workforce. Dental curricula can change to develop a new type of dentist, providing opportunities early in their educational experiences to engage skilled colleagues and other health care professionals. Enhancing the public’s access to oral health care and the connection of oral health to general health form a nexus that links oral health care providers to colleagues in other health professions. Health care professionals educated to deliver patient-centered care as members of an interdisciplinary team present a challenge for educational programs. Patient care by all team members will emphasize evidence-based practice, quality improvement approaches, the application of technology and emerging information, and outcomes assessment. Dental education programs are to seek and take advantage of opportunities to educate dental school graduates who will assume new roles in safeguarding, preventing, and curing for the health care needs of the public.

Actual Standard

2-19 Graduates must be competent in communicating and collaborating with other members of the health care team to facilitate the provision of health care.

Intent:
Students should understand the roles of members of the health care team and have educational experiences, particularly clinical experiences, that involve working with other healthcare professional students and practitioners. Students should have educational experiences in which they coordinate patient care within the health care system relevant to dentistry.

Why do it?

“Dental schools will embrace the IPE movement to ensure their leadership roles within the academic health system.”
Why do intraprofessional education?

- New dental health care providers:
  - Dental therapist
  - Community Dental Health Coordinators
  - Oral Preventive Assistants
  - Expanded duty dental hygienists
- Learning skills for interprofessional collaborative practice
- To help achieve Triple Aim
IS IT NECESSARY?

How much do health professionals know about each other?

GOOD QUESTION

How much do we know about other professions?

How much do they know about dentistry?
Data From Minnesota (n=703)

- Professions students felt they know little:
  - Clinical Laboratory Scientist (55%)
  - Dental Therapist (75%)
  - Occupational Therapy (54%)
  - Physical Therapy (31%)
  - Public Health (48%)
  - Vet. Medicine (36%)

- Professions students felt confident with their knowledge:
  - None over 50%
  - Top ones: Medicine (47%)
  - Pharmacy (32%)
  - Nursing (29%)

Data From Minnesota (n=703)

- 32% of non-dental students answered that dental school was 6 or less years after high school
- 40% felt that dentists needed to have another health care professional in the facility to provide patient care
- 5% felt that Dental Hygienist can extract teeth
- 7% felt clinical laboratory scientists can prescribe drugs
- 90% felt that Physicians can not extract human teeth
- 17% felt that Pharmacists can draw blood on humans

How much do you know?

- Education and Scope of Practice of:
  - Physician’s assistant
  - Nurse Practitioner
  - Physical Therapist
  - Social worker
  - Pharmacist
  - Dental Therapist
  - Occupational Therapist
  - Laboratory Scientist
WHAT IS DENTISTRY’S ROLE?

HOW DOES ALL THIS IMPACT DENTISTRY?

Start with basic perceptions

- Dentistry
- 32 little white things
- Drill, fill and bill
- Trade School
- Isolation

- Oral Health
- Part of General Health
- Health Care Professionals
- Part of Academic Health Care Centers and Universities

Educational Environment:

Can we afford to not be part of this?

What are the benefits to our schools?
Can we afford not to be part of this?

- Need to be a respected member of our academic health centers and Universities
- The other health professions need to know more about Dentistry
- Need to be competitive for the substantial funding for IPE programs
- Need to be informed about new directions for health care education and practice
- Relationship of Oral Health to General Health

How will our schools benefit from IPE?

- Students will gain respect and networking opportunities with members of other health care professions
- It is an opportunity to be seen as leaders at our institutions
- Potential for substantial funding opportunities
- New development pathways for faculty

Funding Opportunities
NATIONAL COORDINATING CENTER FOR INTERPROFESSIONAL EDUCATION AND COLLABORATIVE PRACTICE

Barbara Brandt, PhD Center Director
Associate Vice President for Education
University of Minnesota Academic Health Center

HRSA-defined NCC Principles, June 1, 2012 FOA

A coordinating center for interprofessional education and collaborative practice will provide leadership, scholarship, evidence, coordination, and national visibility to advance interprofessional education and practice as a viable and efficient health care delivery model. (p. 4)
HRSA-Defined Principles

- Cooperative agreement
- Partner with other federal agencies, foundations, and public and private organizations
- Transform a siloed U.S. healthcare system into one that engages patients, families, and communities in collaborative, team-based care
- Create and test new healthcare organizations and structures: accountable care organization, patient-centered medical homes, transitional care models
- Facilitate the preparation of a workforce that is fully prepared, through structured training and exposure to evidenced-based practice models, to work in team-based care delivery systems that improve health care quality, safety, and access
- Operate as a neutral, unbiased, common among IPEC stakeholders in education, practice, and public policy
- Focus on underserved and rural communities and populations (p. 1)
- be a consent of practice patterns, including FQHCs, rural clinics, NHBS, or other underserved sites (p. 6)

Funding of National Center

- HRSA
- Private Foundations
  - Josiah Macy Jr. Foundation
  - The Robert Wood Johnson Foundation
  - The Gordon & Betty Moore Foundation
  - John A Hartford Foundation
- Total funding
  - 8-12 million

WHAT ABOUT OUR RESPONSIBILITY TO OUR STUDENTS?
Changes in the profession

- Will our graduates be practicing the same way as their parents?
- Will the scope of practice for our graduates be the same as their parents or grandparents?
- We need to consider changes in our profession that will impact the careers of our graduates for the next decade.
- We need to understand how team based care initiatives may impact their careers.

Practice Environment:

What changes are happening in our profession that will support or hinder dentistry’s role in interprofessional collaborative practice?

Recently reported changes

Evolution of the Dental Workforce Team

Recently reported changes

Size and Structure of Group Dental Practices


Demand for Dental Services – Workforce Issues


Changes in dental benefits

Changes in scope of practice

- 2011 Dean’s Institute - Dr. Michael Glick
- Expansion of Dentist’s Scope of Practice
- 71.3% of adults visited dentist last year
  - Although similar % of children and adolescents see MD’s, this is higher than adult visits to MD’s
- Technology makes some screening medical tests easier
  - Diabetes
  - AIDS
  - Cholesterol
- Dentistry can be a portal into the health care system
Changes in Scope of Practice

- Chair side medical health screening
  - Blood pressure determination
  - A1c evaluation
  - Cholesterol
  - HIV disease testing
  - Salivary diagnostics
Changes to Scope of Practice

Journal of Dental Education

Changes to Scope of Practice

Changes to Scope of Practice

Other Health Professions!
Physicians sink their teeth into dental care

By Andrea Strozier

Dentists Lawrence, a family physician in Bedford, N.H., is tired of seeing patients with tooth decay whose teeth need to be pulled. "Patients from this area," she says, "are 'sensory shy' about having their teeth pulled."

Strozier, who also has a dental practice, recently performed a dental procedure on a patient who had been suffering from severe tooth pain for months. The patient was hesitant to have the procedure performed, but after discussing the options with her, the patient agreed to undergo the procedure.

In addition to performing dental procedures, Strozier also offers educational programs to help patients understand the importance of good oral health. She encourages patients to brush their teeth twice a day, floss regularly, and visit the dentist every six months.

For more information, visit www.dentistryisdoingit.com.
Intraprofessional Education

- Minnesota has only dental school-affiliated dental therapy program in the country
- Offers opportunity and responsibility to help define effective oral health care team
- Dental, hygiene and therapy students educated together and working as a team in delivering oral health care.
- Many lessons learned

Interprofessional Education in US and Canadian Dental School: An ADEA Team Study Group Report

Best Practices

- Western University of Health Sciences
- Medical University of South Carolina
- Columbia University
- University of Florida
- University of Minnesota
- University of Colorado
TIME OF CHALLENGES AND OPPORTUNITIES FOR DENTISTRY

Advocates for IPE
- IOM
- HRSA
- Josiah Macy Jr. Foundation
- Robert Wood Johnson Foundation
- The Gordon and Betty Moore Foundation
- John A Hartford Foundation
- ADEA President
- ADEA Past Presidents
- AAMC
- University of Wisconsin
- National Center for Interprofessional Practice and Collaborations
- American Interprofessional Health Collaborative
- Kaiser Permanente
- Mayo Clinic
- All Canadian dental schools
- Virginia Commonwealth University
- Many more!

WE CAN’T ALL BE WRONG!!!
NOW IS THE TIME

If you are not part of an IPE initiative now—you are behind!
If you are not in the tent — you have no control what happens
If you are not helping your Health Center with IPE, you are vulnerable

WHY NOW!

- Better Patient Care!
  - We now have an opportunity to teach other professions how important oral health is to overall health and wellness.
  - We have a limited time opportunity to become an integral part of the health professional teams
  - We have an opportunity to be leaders in both intraprofessional and interprofessional collaboration
  - We have an opportunity to help the access to care concern throughout the country.

Our World is Changing NOW!

Help guide it in the right direction
Young people are thinking differently

Thank you

May 17th, 2012
If the world and living relies on collaboration, creativity, definition and framing of problems and if it requires dealing with uncertainty, change and intelligence that is distributed across culture, disciplines, and tools – then education should foster transdisciplinary competencies that prepare student for having meaningful and productive lives in such a world."