1. Flexibility and adaptive
2. Emotional intelligence
3. Commitment to understanding and practicing Team Vision
4. Mindfulness
5. Humility
6. Passion to make a difference
7. Courage
8. Resiliency
9. Cultural Responsiveness
10. Learning from mistakes
ADEA Regional Faculty Development Workshops

Los Angeles CA

July 21st & 22nd 2014

“Bringing IPE Home”
Interprofessional education/collaborative care

Why Dentistry?
WHAT IS DENTISTRY’S ROLE?

How can dentistry fit in with an interprofessional team?

Does medicine see us as part of the team?

How does all this impact Dentistry/Dental Education?

IMPORTANT QUESTIONS
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
Theoretical reasons why dentistry should be valued partners in interprofessional collaborative care
Dental professionals have solid biomedical and clinical education
Dental professionals see over 50% of population on a regular basis
Dental offices often see a different patient population
Dentists can be useful in diagnosing systemic disease states
Salivary diagnostics are opening new potential avenues for the role of the dentist
There is a significant need for dental care, especially among certain socio-economic groups

Caries most common disease, second only to the common cold in US
With education and minimal early treatment, disease is preventable
Dental providers have been leaders in prevention
Links between oral health and systemic health are constantly increasing
Data shows oral health care can have positive effect on systemic health

Theoretical reasons why dentistry belongs in IPCC
How can dentistry fit in with an interprofessional team?

Are there good examples we can look at?

Interdisciplinary Collaboration: What Private Practice Can Learn From the Health Center Experience

Irene V. Hilton, DDS, MPH

Abstract: Ideas on what medical-dental integration can look like on a practical level can be gained from studying efforts made in Federally Qualified Health Centers (Health Centers). Over the last 15 years, Health Centers have embarked on several initiatives that incorporated the development of infrastructure for medical-dental integration. This paper reviews these efforts and highlights successes, challenges and best practices that can bolster efforts in all dental practice settings.
Basic information

- First developed and funded in mid-60’s as part of war on poverty
- Now 1128 Health Centers across the United States, many with multiple clinic locations
- Provide primary medical services to 20.2 million individuals in 2011
- 862 or 77% have at least one dental site
- Only have capacity to meet dental needs of 23% of medical users
- Majority have at least one location where dental site is located at same site as primary care and other health services
1998 Health Disparities Collaboratives focused on Diabetes

- Negative oral health status, especially in the presence of uncontrolled periodontal had an adverse affect on glycemic control

2005 Oral Health Disparities Collaborative Pilot

- Focused on children 0-5 and pregnant women
- Medical and dental professionals were educated on the role of oral health in good primary care
- Once primary care providers began referring, this created more demand than dental clinics could handle, need for increased allied team member utilization
- % of pregnant women receiving dental care triples
- % of children increase 8X.
Health Information Technology
- Data allows population lists to guide patients into dental care
- Allows dental providers to access patients medical data such as diabetic patients’ HBA1c

Advantages seen
- Where primary care and dental care are co-located, this allows for quick consults in both directions
- During lunch and learn sessions, grand rounds, informal discussion, primary care and oral health information is shared to the benefit of patients
- Integration includes dental programs giving priority access to targeted populations and/or providing “open access” allowing drop-ins to the dentist as the same day as a primary care visit.
- “Max-packed visits” such as scheduling immunizations and a dental checkup all in one visit, Diabetes screening, HIV diagnostics, etc.
- Dentists are instrumental part of the organizational structure
- Allows collection of outcome measures (metrics) so important in health care reform
Current Best Practices of Interprofessional Collaboration
Is your child dealing with issues related to the face or palate? If so, we’re here to provide options to address your child’s unique circumstances. As leaders in academic medicine, our providers are making technological advances, working effectively with cleft palate and craniofacial conditions.

Sometimes these conditions affect multiple areas of your child’s health, such as the heart or the immune system. Velocardiofacial Syndrome (VCFS), also known as DiGeorge Syndrome or 22q Deletion and Duplication Syndrome, is one example. We specialize in diagnosing and treating children with these kinds of complex medical conditions.

We’ll put together a team of interdisciplinary providers, all dedicated to your child’s needs. We take a family-centered approach, because we know that works best when dealing with facial and dental issues. One of the first things we’ll do is meet...
Cleft Team, Craniofacial Team

- Nurse Practitioner
- Speech-Language Pathology
- Audiology
- ENT
- Plastic Surgery
- Oral Maxillofacial Surgery
- Pediatric Dentistry Orthodontics
- Prosthodontics/Maxillofacial Prosthodontics
- Dental Hygiene

Craniofacial – all of the above PLUS
- Craniofacial surgery
- Ophthalmology
- Neurosurgery
- Neuropsychology
- Medical genetics

Interprofessional Collaboration

Velocardiofacial Syndrome (VCSF)

- Nurse Practitioner
- Medical Genetics
- Genetic Counseling
- Pediatric ENT
- Pediatric Cardiology
- Pediatric Rheumatology
- Audiology
- Speech-Language Pathology
- Pediatric Dentistry
Outcomes

- Improved coordination of care for those with complex problems
- Best is face to face meetings
- Home for pts. to help see the “Big picture”
- Avoid redundant testing
- Team developed care plan (timing, sequence of care)
- Stimulation of learning for health providers who are mostly volunteers

Comments By Director

Challenges

- Consultants need to be flexible, put egos aside, show mutual respect, be open to others opinions and be readily responsive and willing to communicate on short notice
- Working out “turf” issues
- Current health care reimbursement system does not adequately cover interprofessional care
- Reimbursement often “messy” and not efficient.
Financial impact of integration of medical and dental

- United Concordia Dental and University of Pennsylvania investigation

**Treating Gum Disease Equals Annual Cost Savings**

United Concordia’s landmark Oral Health Study shows that annual cost savings of $3,291, $2,956, $1,029, $3,964 and $2,430 are possible when individuals with diabetes, heart disease, cerebrovascular disease (stroke), rheumatoid arthritis and pregnancy are treated for gum disease.

*3-year average of $1,814 in savings from reduced hospital and office visits begins in the first year of periodontal treatment. Pharmacy savings realized annually after patient receives at least 7 periodontal treatment and/or maintenance visits.*
Insurance effects

Millions Could Gain Dental Coverage through the Affordable Care Act

With the inclusion of pediatric oral health services as an essential benefit under the Affordable Care Act (ACA), millions of children are poised to gain dental coverage over the next five years. Some adults will also receive dental benefits as the law is implemented.

The American Dental Association (ADA) estimates that 80% of American children will receive dental coverage through the ACA. According to a November article in The Wall Street Journal, experts place that number at 5 million.

Separation of medical and dental insurance programs is being challenged.

What about financial implications and insurance options?

The potential positive return on investment in dental care may overwhelm any reticence to include dental care in chronic disease management protocols or prenatal care.

Two Worlds Coming Together

- Embedded dental benefits in medical contracts
- Accountable Care Organizations
- Joint studies of medical and dental procedures resulting in:
  - Enhanced periodontal benefits
  - Dental insurers capturing diagnostic data
- Public programs with incentives to increase quality measure scores
- Integrated Delivery Networks bringing carriers and hospital systems together
Does Medicine see us as valued partners?
Keynote Address: Innovations in Team-Based Health Care
Paul Grundy, M.D., M.P.H.
Global Director of Healthcare Transformation, IBM
President, Patient-Centered Primary Care Collaborative

In his role at IBM, Dr. Grundy develops and executes strategies that support IBM’s health care industry transformation initiatives. Part of his work is directed toward shifting health care delivery around the world toward consumer-focused, primary-care based systems through the adoption of new philosophies, primary-care pilot programs, new incentives systems and the information technology required to implement such change. Dr. Grundy is also the Founding President of the Patient-Centered Primary Care Collaborative and is an Adjunct Professor, University of Utah School of Medicine, Department of Family and Preventive Medicine.

Patient Centered Medical Home And Oral Health

Paul Grundy MD, MPH
IBM’s Director Healthcare Transformation
President Patient Centered Primary Care Collaborative
What are the challenges for Dentistry in this new health care environment?
Historically, dentists are not natural collaborators

Lack of adequate capacity

Current reimbursement systems
  • Medicaid and Medicare coverage
  • Low reimbursement rates

Culture of isolation, independence

Low number of individuals who have dental insurance

Lack of communication between medical HIT and Dental IT systems

Diagnostic codes in Dentistry

Lack of metrics for oral health

Separation of facilities

Resistance from older, more traditional practitioners
Dental Education:

Can we afford to **NOT** prepare students for IPCC?
Things to Consider

Reasons

- Security in Universities
- Accreditation Standards
- Strengthen intraprofessional
- Responsibility to students
- Health Care Reform
- Reimbursement opportunities
- Changes in profession
- Input into future directions
- Competitiveness among Dental schools
- Funding

Challenges

- Culture
- Current reward system
- Schedules
- Blurring of scope of practice
- Uncertainty
- Faculty reluctance to change
- Lack of leadership
- Professions reluctance to change
- Politics
- State dental acts
Security in Universities

In this month’s letter, ADEA Executive Director Dr. Rick Valachovic considers how the interprofessional education (IPE) movement will help dental schools to establish closer relationships with their colleagues in the academic health center.

Getting in Step with Interprofessional Education

Fourteen years ago, in the aftermath of seven dental schools closing their doors, I sat down with several colleagues to discuss the relationship between dental schools and the universities that house them. These conversations coincided with the 75th anniversary of our Association and informed a paper that we published in the Journal of Dental Education on the topic. Its primary message?

[T]he good relationship between dental schools and their universities is not one that dental educators can afford to take for granted. … [T]he isolation on university campuses into which dental schools have occasionally fallen in the past cannot be permitted if they are to survive and thrive.
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 allied 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, promoting, and caring for the health care needs of the public.
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.
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

Core Competencies for Interprofessional Collaborative Practice

Sponsored by the Interprofessional Education Collaborative*

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

POTENTIAL ACCREDITATION CHANGES
Funding Opportunities

Faculty development/Research opportunities
Barbara Brandt, PhD Center Director
Associate Vice President for Education
University of Minnesota Academic Health Center

National coordinating center for interprofessional education and collaborative practice
ORAL HEALTH CARE TEAM

Strengthen Intraprofessional
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

Strengthen Intraprofessional
Responsibility to Students

Educate for future status of 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 health care and health care delivery that will impact the careers of our graduates for the next decade.
- We need to understand how team based care/health care reform may impact their careers.
Competitiveness

Students love IPE, may be a factor into choice of schools

What are other schools doing?
Interprofessional Education in US and Canadian Dental School: An ADEA Team Study Group Report

Western University of Health Sciences
Medical University of South Carolina
Columbia University

University of Florida
University of Minnesota
University of Colorado

What are other dental schools doing?
Early last month, nearly 60 college students, nurses, pharmacists, and residents from six different health professions spent half a day in the simulation lab at the University of Washington. It was the 12th annual interprofessional simulation lab, part of a program called the Interprofessional Education and Collaborative Care (IPE) Initiative. It is led by Dr. Brenda Zierer, the inaugural executive director of the Center for Health Sciences Interprofessional Education and Research.

While the IPE Initiative is new, the idea of having different health professions working together in a team setting is not new. It is a response to the need for improving patient care and outcomes, reducing costs, and improving efficiency. The IPE Initiative is one of many efforts around the country to address these issues.

The IPE Initiative has several goals. One is to improve the quality of patient care by having different health professions work together. Another is to prepare students for the workforce and help them develop the skills they need to work in a team setting.

The IPE Initiative is funded by grants from the National Institutes of Health and the University of Washington. It has also received support from the Washington State Legislature and the Governor's Office.

The IPE Initiative is a model for other institutions to follow. It is an example of how interprofessional education can improve patient care and outcomes, and how it can help prepare students for the workforce.
Time of Challenges and Opportunities for dentistry
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
- We have the responsibility to prepare our students for interprofessional collaborative care
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
Reasons

- Security in Universities
- Accreditation Standards
- Strengthen intraprofessional
- Responsibility to students
- Health Care Reform
- Reimbursement opportunities
- Changes in profession
- Input into future directions
- Competitiveness among Dental schools
- Funding

Things to Consider

Challenges

- Culture
- Current reward system
- Schedules
- Blurring of scope of practice
- Uncertainty
- Faculty reluctance to change
- Lack of leadership
- Professions reluctance to change
- Politics
- State dental acts
Challenges to IPE for Dental Education
- Scheduling
- Packed curriculum
- Culture of isolation
- Moving into unfamiliar areas
- Turf wars
- Building respect among other health professional schools
- Pressure from alumni who are more traditional
- Controversy over mid-level providers
- Don’t like change
- Lack of leadership
- Lack of resources
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
Our world is changing - Help guide it in the right direction
Thank you

April 24th & 25th
“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.”