

**New Thinking for the New Century Subcommittee Report:
Preparing Students for the Future of Collaborative Care
Appendix 1**

Aiming to assist the implementation group, here are the subcommittee's responses to the feedback received.

Q12—What suggestions do you have to further strengthen, operationalize or implement the proposed solution?

Feedback:

Need to better understand what level of learning actually occurs in a single rotation versus spending time providing care for underserved patient populations in their own communities. The idea that building a dental clinic for these patients will allow them to get care has been proven to not work. Underserved populations are often not able to access care simply because they can't get to the dental clinic. Teaching students how to find ways to get to these patients to deliver that care is an untouched skillset.

Response: This concern applies to item 1. This will be added to an appendix for implementation groups to consider.

Feedback:

Clinical training in FQHC's could enable an IPP experience

Response: This concern applies to item 1 and 5. This will be added to an appendix for implementation groups to consider

Feedback:

Has there been an assessment to show that ADEA is not currently holding yearly workshops on topics such as curriculum development, competencies, assessment, faculty development etc.? These are great session topics that ADEA members can and should submit proposals for Annual Session.

Response: We will ask ADEA to do the assessment-to this point relevant sessions should be identified/marked as being relevant to IPP/IPE.

Feedback:

offer specific ADCFP track at the annual meeting with workshops and sessions on preparing for an academic career

Response: This concern applies to item 1. This will be added to an appendix for implementation groups to consider

Feedback:

With changing demographics, I do not understand how these broad suggestions do not reflect the challenges of health inquiries or global oral health issues to better prepare our students. These solutions are not innovative and business as usual.

Response: Our charge was to identify action items-the groups that are implementing will have to take this into consideration-it will be identified as an appendix item for consideration

Feedback:

Include community outreach to train current practitioners as the graduates will need continued role models.

Response: This will be included in an appendix for consideration for implementation teams.

Q13—What, if any, critical issues are missing from the proposed solution?

Feedback:

How to incorporate and the importance of dental diagnosis codes (SNODENT). Having all schools implement these will assist in billing as medical billing requires a diagnostic code.

Response: This will be included in an appendix for consideration for implementation teams.

Feedback:

Health equity, preparing students to lead and work in a globally diverse society, structural competence.

Response: This will be included in an appendix for consideration for implantation teams.

Feedback:

DSOs like PDS should be considered a possible resource. We are leading in collaborative practice - the use of advances in technology, including EHR (medical & dental), CBCT, and screenings (HbA1c, etc.), comprehensive integrated care, and co-located medical and dental practices.

Response: This will be included in an appendix for consideration for implantation teams.

Feedback:

developing business skills in students to make appropriate financial decisions.

Response: This will be included in an appendix for consideration for implantation teams.

Q14—What, if any, issues would prevent ADEA or your institution from being able to implement the proposed solution?

Feedback:

Human resources - faculty and staff limitations. Remuneration models for faculty of other professions/disciplines and clinic payment models.

Time---for more practice management topics since our curriculum is heavily centered around CODA (as all are) and what would we cut to add more practice management/financial management topics, plus challenge of faculty to teach those topics.

The critical issue remains - funding, human and material resources, and institutional buy-in. This also sounds like a request for everyone to do more with less time, energy and resources.

Accreditation

This statement coming from ADEA is frightening beyond belief: "Dental education must deemphasize technical skills..."

time and finances-curriculum for all health professions is packed and dictated by their accrediting body

Expansion of IPE does not necessarily address the defined trends impacting the workforce

Finances

Possible pushback from the current status quo seen within the industry and large number of older clinicians yet to adopt, let alone implement, collaborative care.

Time and Money, a lot of the solutions depend on ADEA to implement

Q15—Please share any examples your institution is currently implementing that relate to these proposed solutions.

Feedback:

We already have a multi-institutional, multi-campus statewide IPE / IPP curriculum that our students engage in. We also are developing and implementing some RELEVANT IPP clinical experiences for our students.

I am an IPE facilitator this semester and host a group of 12 students from a variety of healthcare fields, our school requires IPE participation for both dental and dental hygiene students, we added IPE topics to our curriculum in most classes, Our dental and dental hygiene students do a 6 week rural rotation. Collaboration with the hospital since we are housed on the same campus--through oral surgery, peds dentistry, GPR, oral care for cancer patients pilot service, etc.

We have a strong community based dental practice program that collaborate with FQHC community clinics to enhance IPP

Our Curriculum is reviewed annually, but I know these topics are not included.

PDS is collaborating with a couple universities to help implement and / or optimize Epic. We're participating in experiments around HbA1c, aMMP-8, etc. We support several PAs / NPs in the medical practices co-located to dental practices. We're supporting multiple school clinics. We offer dental students and schools participation in several of our Boot Camps. PDS also attends, supports, sponsors, exhibits and speaks at various trade shows and industry events.