Why are we Here?
What has brought us together?
Oral Health Nursing and Education Practice
Oral Health in the Spotlight
Smiles for Life: A National Oral Health Curriculum

Smiles for Life is the nation’s only comprehensive oral health curriculum. Developed by the Society of Teachers of Family Medicine Group on Oral Health and now in its third edition, this curriculum is designed to enhance the role of primary care clinicians in the promotion of oral health for all age groups through the development and dissemination of high-quality educational resources.

For Individual Clinicians

We've made it easy for individual physicians, physician assistants, nurse practitioners, students, and other clinicians to access the curriculum and learn on their own time and at their own pace. Each of the courses is available online. Free CME credit is available.

For Educators

The curriculum is available in a presentation format easily implemented in an academic setting. Included is a comprehensive set of educational objectives based on the Accreditation Council for Graduate Medical Education (ACGME) competencies, test questions, resources for further learning, oral health web links, an implementation guide, and detailed outlines of the modules.

Grant Team

- Jacquelyn Fried
- Shannon Idzik
- David Williams
What is Collaborative Practice?
Interprofessional collaborative practice:

“When multiple health workers from different professional backgrounds work together with patients, families, careers [sic], and communities to deliver the highest quality of care” (WHO, 2010)
**IPE:** “When students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes” (WHO, 2010)

**IPC practice:** “When multiple health workers from different professional backgrounds work together with patients, families, careers [sic], and communities to deliver the highest quality of care” (WHO, 2010)
Example of Collaboration

TEAM

NP’s
PT’s
DDS
Pharmacists
DHyg
Relevance of collaborative models

Economic, political, educational, socio-cultural

Prominence: hallmark reports, IPEC, current care delivery

Demographics, Morbidity/Mortality
RELEVANCE

- Economic crisis: prohibitive health care costs
- Growing numbers of underserved
- Inadequate workforce
- Inefficient care delivery
- National thrust: education, legislation
Oral health is an integral part of total health, and oral health care is an integral part of comprehensive health care, including primary care.
Lancet Report: Instructional Reform

“Promote interprofessional and transprofessional education that breaks down professional silos while enhancing collaborative and non-hierarchical relationships in effective teams”
Professional Tribalism

Tendency of various professions to act in isolation from or even in competition with each other.
Replace Professional Tribalism with Professional Literacy
COLLABORATIVE MODELS:

SHARED GOALS AND THEMES
Shared Goals

- Effectiveness
- Efficiency
- Communication
- Teamwork
- Ethics
- Values
- Roles and responsibilities
- Respect for others’ roles and responsibilities
Shared Goals

- Accessibility
- Continuity
- Comprehensiveness
- Affordability
- Quality care
Cross-disciplinary Themes

Health Promotion and Disease Prevention

- Holism
- Assessment
- Prevention
- Triage
- Educational Interventions
WE NEED IPE and IPC to ADDRESS COMMON THEMES AND TO ACHIEVE COMMON GOALS!
In 2010, 47,846 emergency department dental visits were reported in Maryland with a cost of approximately $24 million.
1 in 4 adults, 60 and over

- completely edentulous
- from caries and periodontal disease
- higher prevalence among lower income adults.

Beltran-Aguilar  CDC
• 30,000 head and neck cancers diagnosed annually

• 8,000 end in death

• Diagnosis is often late
In 2009, over 900,000 emergency department (ED) visits and nearly 13,000 hospital inpatient stays were related to dental conditions.

Between 2006 and 2009, ED visits for patients seeking dental treatment increased by 16 percent.
Persons aged 18–44 years accounted for nearly 62 percent of dental-related ED visits (611 per 100,000 population).
Dental-related ED visits:

4 x higher among patients from the lowest income communities than for patients in the highest income communities.
Nearly half (42 percent) of treat-and-release patients seen for dental conditions in the ED were uninsured.
Figure 2. Dental-related ED visits for 15–44 year olds, rate per 100,000 population, 2009

<table>
<thead>
<tr>
<th>Age (Years)</th>
<th>ED Visits per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>40 to 44</td>
<td>381</td>
</tr>
<tr>
<td>35 to 39</td>
<td>473</td>
</tr>
<tr>
<td>30 to 34</td>
<td>660</td>
</tr>
<tr>
<td>25 to 29</td>
<td>890</td>
</tr>
<tr>
<td>20 to 24</td>
<td>766</td>
</tr>
<tr>
<td>15 to 19</td>
<td>211</td>
</tr>
<tr>
<td>Condition</td>
<td># of visits</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Dental caries</td>
<td>389,600</td>
</tr>
<tr>
<td>Abscess</td>
<td>349,000</td>
</tr>
<tr>
<td>Periodontitis</td>
<td>95,400</td>
</tr>
<tr>
<td>Gingival disorders</td>
<td>49,700</td>
</tr>
<tr>
<td>Disorders of development &amp; eruption</td>
<td>27,300</td>
</tr>
</tbody>
</table>
Caries: still most common childhood disease

* photos: Smiles for Life Curriculum
Caries Experience, Untreated Decay, and Dental Sealants

*2005 data not available
Total ER Dental Visits by Age Groups 2010-2011

- <1: 1,561
- 1-2: 5,846
- 3-5: 6,008
- 6-9: 5,503
- 10-14: 5,451
- 15-18: 7,594
- 19-20: 6,041
Percentage of Dental ER Visits (Children 0-20) by Region, 2010-2011
Of all children’s (0-20) emergency room dental visits in Maryland in 2010-2011,

77% of the children’s conditions were injury and/or trauma related

23% were actual dental diseases and/or conditions of the oral cavity.

Of diseases of the oral cavity:
31% conditions of the teeth and supporting structures

22% diseases of pulp and periapical tissues,

21% diseases of the oral soft tissues.
Lost time, lost productivity
Preventable suffering
Poor school and work performance
Low self esteem
$$ to the health care system
Average $300/visit/>40,000 a year visits=
OVER $12,000,000 a year for Maryland
Death of 12-year-old Deamonte Driver
From untreated tooth infection
Research has driven THE impetus for IPC
WHERE ORAL MEETS SYSTEMIC
Diabetes

Periodontal Disease

Morbidity
Mortality

Esthetics

Missing Teeth

Halitosis

Bleeding Gums

Missing Teeth

Bleeding Gums

Morbidity
Mortality
Periodontal Disease / Diabetes

Possible Team Members

Periodontist / Dentist
Dental Hygienist
NP
Dietician
Pregnancy and Oral Health
Pregnant Patient

- NP
- OB/GYN?
- DHYG
  - EEC prevention
  - Fluoride therapy
  - Management of pregnancy gingivitis
  - Diet counseling
  - Tobacco prevention and cessation
- DDS – necessary restorative, palliative care
MDAC- MOHLA

• State response to death of 12-year-old Deamonte Driver from untreated tooth infection

• Organizations’ charge: develop recommendations to improve oral health of children in Maryland
Oral Health Literacy & IPE, IPC
Addressing Oral Concerns

Possible Players in the ED
WHAT WE ARE PROPOSING
Dental Hygienists, Dentists, Nurse Practitioners in the ED

Education, Triage, Treatment
Can we make a difference?