Closing the Divide Integrating Medical and Dental Health Care: Innovations and Challenges

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No disclosures

Thanks to the Harkin Institute and Delta Dental

Today:

- Good news: the mouth really is inseparable from the rest of the organism
- Advocates for greater continuity
- Challenges historical, cultural, and methodological
- Innovations:
 - Presence of key disciplines necessary and not sufficient
 - Outcomes/learning/ guides/assessments based on collective thinking of team members
- Patient/case

Rapid oral health deterioration





My background

- Pediatric Dentist
- Training program in a tertiary care children's hospital
- Demonstration programs with national WIC
- Health teams example: cleft palate/craniofacial anomalies

Disciplines discussed today:

Primary care Pharmacy Nutrition Nursing Social Work Dentistry

Good news: the mouth really is inseparable from the rest of the organism

- Will Mayo: A good dentition adds ten years to a life
- Health issues with oral as one problem
 - Diabetes and periodontal disease (team?)
 - Cleft lip an palate, heart, kidney, cancer treatments
 - Etc.

Advocates

- Every major health organization advocates IPP
- Patient/professional groups put dental/oral as a top tier issue
- NIH: inter/multidisciplinary research
- Every logic points to "We should be working together!!"

Challenges

- Historical: Dentistry separate for >100 years in US from barbershops
 - Training programs and textbooks highly discipline based
 - Education system based on schools and departments (budgets)
 - Curricula packed
- Cultural: Identity with a discipline
 - Geographically separate law of 100 paces
 - Reimbursement for procedures
- Methodological patient/learning outcomes
 - WHO paper: Systematic lack of consistency in learning outcomes for IPE

Innovations

- Reach to patients beyond healthy ambulatory ("I see older patients in practice")
- Student experiences beyond the traditional curriculum
- Outcomes based on educational principles and congruous for disciplines
- Presence of several disciplines where possible (getting disciplines together not enough)
- Student driven, real patient/cases

Reach beyond healthy ambulatory – pediatric/geriatric/special needs Patient conditions: seven patients in geriatric/special needs clinic:

- Stroke
- Diabetes
- Smoking
- Hypertension
- Depression
- Fibromyalgia
- Allergies
- Medications

- Xerostomia
- Fibrillation
- Cancer
- Emphysema
- Pneumonia
- Fractures
- Incontinence
- Joint replacement

- Asthma
- Osteoarthritis
- Syndrome
- Retardation
- Hearing loss
- Anxiety
- Domestic abuse
- Multiple sclerosis

Learning/performance outcomes based on educational principles and congruous for disciplines

- Educational concept: Derive the thought process of the expert succinctly enough for the novice to apply to the next patient.
 Emulate the intended activity. The thought process becomes the outcome, learning guide, and assessment instrument. Patient/case or situation as in practice.
- Concept has been peer reviewed for treatment planning, literature search and critique, caries risk, geriatric risk, technology decisionmaking, situation analysis, EBD, IPP.

Student program

- University program: cultural acquaintance with several disciplines
- College of Dentistry program focused on Geriatrics/special needs/pediatrics
 - Disciplines: primary care, pharmacy, nursing, social work, nutrition, dentistry
 - Question to each discipline: <u>"What question do you recommend</u> <u>every other member of the health care team ask with the next</u> <u>patient?</u>" Each question is designed to delve deeper with indication.

Relative importance of learning domains



Hoskin et al, JDE In Press

Confidence in defining learning outcomes - Confidence in institution guiding learning



Questions from each discipline:

- Primary care: <u>Prioritize</u> the patient's conditions. (What can kill them first?)
- Nursing: What is the patient's <u>capacity</u> to subscribe to recommended treatments?
- Pharmacy: Which of the patient's conditions are <u>drug related</u>?
- Social work: What are <u>barriers</u> to care? (transportation, finances, etc.)
- Nutrition: Which of the patent's problems are <u>nutrition/diet related</u>?
- Dentistry: Which of the patient's <u>oral problems affect general health</u>? (and vice-versa)

The collective skillset becomes the outcome, learning guide, and assessment

WHAT DID I LEARN BY PREPARING THIS SEMINAR?

- It is challenging to make decisions when patient's are poor communicators and do not seek routine care
- It may be better to be more aggressive and put the patient through less if they are not reliable to seek routine care and only seek emergency care
- Medical events may occur that can lead to ROHD
 - Have options available and think outside the box for patient's that had a life-changing medical problem

Summary:

- Team members work in the same setting where possible
- Share patient cases where appropriate with fellow health professionals
- Systematize the questions for every other team member with every patient
- Self assess
- Hang in there!!

Thank YOU!!

Questions??