

## ***Improving Oral Health by connecting the docs...***

Wendy Mouradian, MD, MS  
Univ of Washington School of  
Dentistry  
Dushanka Kleinman, DDS, MS  
Univ of Maryland School of Public  
Health

## **Learning Objectives**

- Identify issues associated with implementing an oral health program with medical professionals
- List the challenges associated with linking medical professionals with dental professionals to improve access to needed care
- Understand the requirements needed for training medical professional in oral health issues

## **Defining the moment**

- Medicine and Dentistry... *historically separate*
- Oral Health disparities attributable in part to the separation of the professions
- Federal and national initiatives, such as recent IOM Report, are strategic *opportunities for change...*
- Connecting the docs *is where it starts...*

## **A millenium ago...**

- 1840... First dental school opened at the University of Maryland
- 1910...Flexner Report – for medicine
- 1926...Gies Report – for dentistry  
*Set the standards for medicine and dentistry as based in biomedical science, located in academic institutions*  
*Professions remained separate*

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## **William Gies, 1926**

A "policy of health service....which ignores oral hygiene, or neglects dental maladies... cannot be expected to commend itself to enlightened public opinion. *Fortunately this disregard in the medical profession is gradually being replaced by serious attention to oral conditions*, especially among the physicians who are engaged in public health services, and among... public-health nurses and teachers acting in their behalf....

## **A decade ago...**

Oral Health in America:  
A Report of the  
Surgeon General



Department of Health and Human Services



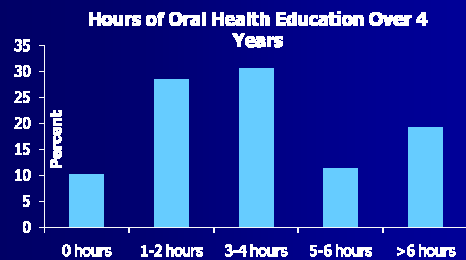
## National Call to Action to Promote Oral Health

- Change perceptions of oral health—**revamp health professions education to include oral health**
- Increase oral health workforce diversity, capacity and flexibility
- Advance/translate the science
- Replicate effective programs
- Increase collaborations



## How far have we come?

## National Survey of OH in U.S. Medical and Osteopathic schools (Savageau J, Silk H, et al, 2011, Academic Medicine)



## Consequences of leaving oral health out of primary care

- Missed diagnoses, avoidable complications
- Burden / and costs of preventable diseases
- Delays in implementing research findings - oral-systemic linkages
- Low OH literacy in the public, professionals and policymakers - OH not at the table
- Continued separate delivery systems
- Separate educational systems, duplication of costly infrastructure

## Connecting the docs today...

- 41 states reimburse MDs for OH prevention activities (Medicaid)
- ACA authorizes use of non-dental practitioners
- Professional organizations active in integrating oral health into primary care
- Learnings from state level efforts

## Commission on the Education of Health Professionals for the 21<sup>st</sup> Century (Lancet 11/2010)

- "Health professionals are the service providers who link people to technology, information and knowledge."
- The Commission's framework conceives of the "population as the base and the driver" of the health and education systems.

## Advancing Oral Health in America, IOM Report, April 8, 2011

- The report called for:
  - optimizing use of ALL health care professionals in oral health care;
  - importance of interprofessional team-based approaches
  - need for training in oral health care and health literacy

## Presenters: 3 states, 3 experiences

- Laura Smith MPA; President & CEO  
Washington Dental Service Foundation
- Susan Cote RDH, MS  
Program Manager, MaineHealth
- Gary Rozier DDS, MPH  
UNC Gillings School of Global Public Health

## A new road map for tomorrow...

