

The Role of Non-Dental Health Care Providers

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Objectives

- n Bridge traditional/potential oral health practitioners and other health care providers
- n Provide points to be consider in planning future delivery systems
- n Framework for presentations of current training programs

Assumptions

- n 10 year time frame
- n Starting point of current delivery system
- n No sudden discoveries about the etiology, prevention or treatment of the most common oral diseases
 - n Dental caries
 - n Periodontal disease
 - n Oral cancer
- n “Medical model”: prevention, non-surgical intervention, end-point surgical intervention

Other Health Care Providers

- n Who are we talking about?
- n What do we want them to do?
- n Who are the target populations?
- n How/when to train?
- n Quality/standards/regulation
- n Integration between “oral health” and “the others”

The Non-Dental Workforce

- n Physicians/NP's/PA's
 - n Pediatrics
 - n Family medicine
 - n Ob-Gyn
- n RN/ PHN's
- n Health Workers/Promotoras
- n Others

Scope of Practice Options

- n Assess for oral disease risk
- n Assess for oral disease presence
- n Initiate and/or promote prevention
- n Initiate & manage non-surgical interventions
- n Perform surgical interventions
- n Referral and management into non-surgical and/or surgical intervention

Target Populations for Non-Dental Workforce

- n Pediatric (most experience & evidence)
- n Perinatal
- n Special Needs
- n Medically complex adults
- n Geriatric

- n Subgroups with access barriers

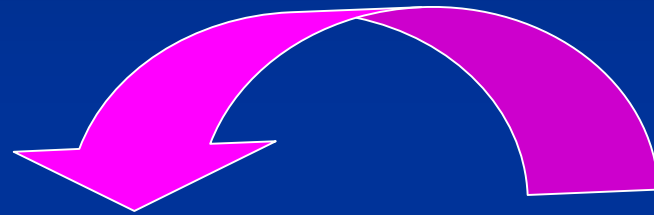
Training

- n Residency vs. established practitioners
- n Content depends on scope
- n Observations
 - n Residents trainable and engaged
 - n Able to get a fair amount of hours in residency curriculums
 - n Best programs have clinical & didactic components
 - n Reimbursement and time issues with established providers

Quality/Standards/Regulation

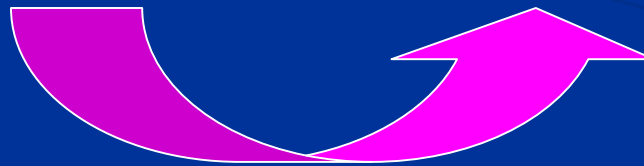
- n Standardizing curriculums/competencies
- n Nationwide vs. individual state scope of practice as related to dentistry
- n Assessing clinical quality
 - n Few clinical guidelines and protocols in oral health at this time
 - n Fluoride varnish frequency
 - n Treatment of pregnant women

Integration is Key!!!!!!



Oral health care providers

Other health care providers



Integration

- n Medical professionals routinely refer for diseases found during screening
- n Knowledge creates demand
- n Expectation of referral network
- n Less of an issue in the residency environment but may be problematic in the community

Integration

- n In planning programs the infrastructure for integration is critical
 - n Development of the oral health provider network
 - n Facilitating referral through systems change
 - n Standardized forms
 - n EMR & electronic appointments
 - n Follow-up and case management

The Next 10 Years

- n Initially, any expansion into oral health by the existing “non-dental” workforce will result in tremendous demand for all levels of service, especially traditional end-point surgical intervention
- n Tremendous up-front costs
- n Assume in future reduction in need for expensive surgical interventions

The Next 10 Years

- n Dentistry evolves into oral health with practitioners in the role maintaining the systemic health of individual patients and populations
- n Paradigm change supported by emerging science
- n Facilitated by technology
- n The workforce must evolve

In Closing

