



# Northeastern University

## Bouvé College of Health Sciences

### **Innovations in Interprofessional Oral Health: Technology, Instruction, Practice, Service (TIPS)**

September 9, 2013

Northeastern University  
The Cabral Center, John D. O'Bryant African American Institute

#### **SUMMARY REPORT**

Compiled by Cambridge Concord Associates

Executive Summary: *In support of its commitment to innovative health professional education, research, and service, the Bouvé College of Health Sciences at Northeastern University established the **Innovations in Interprofessional Oral Health: TIPS** initiative, in partnership with the DentaQuest Foundation. On September 9, 2013, 125 health professionals, funders, policymakers, students, and community leaders gathered to celebrate the initiative's launch.*

*The Oral Health TIPS program aims to prepare students, faculty, and preceptors/clinicians across multiple health professions with team-based competencies to integrate oral health into comprehensive general health care with a focus on prevention and management of oral diseases, oral health literacy, and patient-provider communication. Building on the collaborative work of the National Interprofessional Initiative on Oral Health, TIPS is a part of a burgeoning interprofessional oral health movement in the United States.*

*This document offers a summary of the September 9<sup>th</sup> event, which featured a series of prestigious speakers and an opportunity for participants to offer advice and words of wisdom to inform the program's ongoing evolution.*

### **Welcome and Opening Remarks**

#### **Maria Dolce**

Associate Professor, School of Nursing, Northeastern University  
Executive Director, Innovations in Interprofessional Oral Health

*"I am awestruck by not only the number of attendees, but also the leaders from Massachusetts, Rhode Island, Vermont, Virginia, Washington DC, and the collective influence gathered here today. I applaud your commitment to improving oral health."*

Dr. Maria Dolce, Executive Director of the Oral Health TIPS program, began the event by welcoming participants, who represented states across New England as well as an array of oral health-related associations and organizations. Dr. Dolce set the tone for the meeting by recognizing the shared imperative to improve oral health in America, and articulating the mission of the TIPS initiative: to enhance the oral health care experience through interprofessional, team based educational opportunities.

**Ralph Fuccillo**

President, DentaQuest Foundation  
Chief Mission Officer, DentaQuest

*“The story is the way we interact to get the outcomes we believe in. Together we are the partners that will make this change.”*

Ralph Fuccillo spoke of the simple but fundamental truth that underlies the TIPS program — that the mouth is part of the body. Addressing the oral health inequities and issues facing the Nation will require collaboration across medical professions. It will take not only clinical changes, but also efforts around community engagement, population health, public health, and other parts of the health ecosystem. And it will take addressing the four interlocking systems that shape oral health: care, financing, community, and policy. He congratulated everyone for coming to the event, and thus bringing together “a terrific community experience.”

### **Systems Change for Oral Health**

**Keynote Address: John Auerbach**

Distinguished Professor of Practice, Northeastern University  
Director, Institute on Urban Health Research and Practice

*“Today we are celebrating something that represents a significant step forward. Efforts like this offer an opportunity to make real progress towards optimizing the health of our population.”*

John Auerbach began his talk by asking a simple question: how do we make the case that oral health is a critical national issue? His answer? Link it to the “triple aim” of health care reform: 1) accessibility of quality care, 2) cost, and 3) health outcomes. *Access* to oral health care continues to be an issue, even in Massachusetts where there is near universal health insurance, due in part to gaps in Medicare and Medicaid coverage as well as dental health provider shortages. The *costs* associated with oral health are significant, with direct costs projected to reach 170 billion in 2020. A growing body of evidence shows that treating oral health conditions, especially in patients with other conditions, saves money. In terms of *health outcomes*, oral health has been shown to be connected with other illnesses and conditions such as diabetes, cardiovascular disease, poor pregnancy outcomes, and complications from AIDS. Oral health is tied to overall health, and the two need to be addressed together.

Addressing the triple aim of health care reform as it pertains to oral health will take an interprofessional model that includes oral health care in the medical home. The case needs to be made now, as part of the national dialogue surrounding the implementation of the Affordable Care Act. The full array of health professionals needs to be aware of oral health and its connection with overall health, and the Oral Health TIPS program represents a significant step forward in this effort.

**Catherine Hayes**

President, American Association of Public Health Dentistry  
Lecturer, Harvard School of Dental Medicine  
Adjunct Professor, Goldman School of Dental Medicine, Boston University

*“Everyone in the health care fields understands that this is the time for change.”*

Building on John Auerbach’s explication of *why* interprofessional collaboration around oral health is necessary, Dr. Catherine Hayes explored *how* such collaboration can be carried out. She laid out four models of the relationship between oral and overall health care. Each model offers possibilities for collaboration and/or integration. The traditional model is the “Neighborhood/Dental Home” model, in which medical care and dental care are delivered

through separate systems in separate locations. The second is the “Duplex” model, in which medical and dental care are co-located but operationally separate, as they are in many community health centers. The third model is the “Health Home,” in which medical and dental departments are co-located and communicating with one another, with high-level support for integration. The fourth model places oral health care in the patient-centered medical home, leading to full incorporation.

Massachusetts has an opportunity to take the lead in exploring these different models and their ability to promote collaboration and integration. The MA Department of Public Health has received a multi-year grant to work on medical–dental collaborations in seven community health centers across the state, based in a number of different models. At the same time, it is listening to clinicians as they share the barriers to interprofessional collaboration, and explore what works.

**Terry T. Fulmer**

Professor and Dean of Bouvé College of Health Sciences  
Professor of Public Policy and Urban Affairs in the College of Social Sciences and Humanities  
Northeastern University

*“Each person in this room can be a driver of change.”*

Dr. Terry Fulmer, Dean of the Bouvé College of Health Sciences, spoke to participants about what it takes to create change in health professional education. She shared her own story from her time at New York University, where she helped to integrate the nursing and dental schools. It takes only a couple of people taking the lead, she explained, to make innovations in interprofessional health care happen. Each person in this room can be a driver of change. At the same time, there are very real barriers that need to be addressed as we develop new models.

**Closing**

**Maria Dolce**

Associate Professor, School of Nursing, Northeastern University  
Executive Director, Innovations in Interprofessional Oral Health

*“I propose that we work together to create possibilities, lead across boundaries, and transform interprofessional oral health education.”*

Dr. Maria Dolce closed out the event by situating the Oral Health TIPS program in the growing interprofessional oral health movement, including the National Interprofessional Initiative on Oral Health. She called on those in the room to partner together in the transformation of oral health education, and raised the need to maintain a focus on diversity, equity, and evidence-based practices. She thanked participants, as well as the John D. O'Bryant African American Institute for hosting the event.

The conversation begun at this meeting will continue, starting with a summary report of the meeting, and the new Innovations in Interprofessional Oral Health website. The group will be calling for volunteers to join a leadership advisory council that will steer the program, and will be asking for input on next year’s symposium engaging students from across the health professions in oral health. There are opportunities as well to partner with Bouvé College in developing a replicable and scalable interprofessional oral health education model to include faculty development, community service-learning, and simulation-learning.

## Collective Wisdom: Shaping the Future of Oral Health

*Drawing on your own experience, and given your personal perspective, what advice or words of wisdom would you give Maria Dolce and her colleagues as they design and launch this program?*

In order to take advantage of the collective experience and knowledge gathered in the room, participants were asked for their advice regarding the Oral Health TIPS program and its goal of interprofessional oral health education and care. The collective wisdom shared by participants was both wide-ranging and nuanced, and will be of great use to all those involved in the TIPS program. Below, the advice and wisdom has been synthesized into a set of twelve core messages.

**1. Include a diverse group of stakeholders in planning and implementation**

Ensure that the program's planning and implementation processes include a diverse group of stakeholders representing a range of demographic backgrounds and areas of expertise, including: community leaders, patients, providers, innovators in the field, policymakers, students, behavioral specialists.

**2. Harness the energy of students and youth**

Engage students in the health fields and youth in the communities being served; they have much to offer the initiative.

**3. Build on existing practices and structures**

Don't reinvent the wheel. Learn from best practices across different institutions, clinics, and states, and look for health and education infrastructure upon which you can build.

**4. Engage a broad array of health professions**

Target courses and curricula to all relevant health professionals, including public health practitioners, advance practice nurses, patient educators, dentists, dental hygienists, pharmacists, physicians, and nursing assistants.

**5. Work toward full integration of oral health care into overall health care**

Envision interprofessional education as a key part of the movement to integrate oral health care into overall health care at each point of contact with patients (e.g., community clinics, emergency rooms, physicians offices), and to foster collaboration among health professionals across many fields.

**6. Ensure health professionals have the knowledge and skills to collaborate across professions**

Support health professionals in understanding the interprofessional nature of oral health, building knowledge about what the different professions bring to oral health, and gaining skills in collaboration and integration of services.

**7. Create a sustainable model that links education to practice, and can be scaled up**

Design programming that can serve as a national model. Programming should link education to practice through community-based service learning and other techniques, and be financially sustainable.

**8. Recognize the multiple spheres that shape oral health**

Keep in mind that oral health outcomes are shaped by action in multiple spheres — from individual patient behavior to federal policy to employer insurance practices.

**9. Support research on interprofessional oral health care and education**

Address the need for quality research on interprofessional oral health care including rigorous study designs, cross-sectional and longitudinal studies, and systems that generate continuous feedback for programs.

**10. Develop effective communication strategies**

Make a clear case for why oral health and interprofessional collaboration are important, as well as what makes this particular effort different from others. Effective communication will involve developing a shared language that is accessible not only to professionals across disciplines, but also to patients.

**11. Recognize challenges to interprofessional care and education**

Address key challenges facing the movement for interprofessional oral health care, including billing systems that do not support integrated care, time constraints on appointments, and scheduling difficulties across schools.

**12. Keep moving**

This is an important and ambitious initiative that will face barriers along the way. Keep moving forward.