NIIOH is a systems change initiative providing “Backbone Support” and facilitating interprofessional agreement and alignment to ready an interprofessional oral health workforce for whole person care.
How Did We Get Here?

108 Million
People visit a medical provider but not a dental provider


27 Million
Visit a dental provider but not a medical provider
Primary Care physician
Diabetes Screening

Diabetes, so endocrinologist

If heart attack, cardiologist
If stroke, neurologist
If chronic kidney disease, nephrologist

General Dentist
Periodontal Screening

Periodontal disease, so periodontist

If root canal, endodontist

Communication is tenuous, usually carried out by patient, if at all.

Adapted from Powell and Din 2008
Two-thirds of Medicare recipients don’t have dental coverage.

Consortium: Funders, health professionals + national organizations
Vision: Eradicate dental disease
Mission: Engage primary care team
Focus: Integrate oral health into primary care education + practice

The Short Answer

NIIOH is a systems change initiative that provides “Backbone Support” and facilitates interprofessional agreement and alignment to ready an interprofessional oral health workforce for whole person care

Educate. Integrate. Transform.
The Opportunity for Change

Interprofessional Competencies
The “What” and The “How”

2021?
Surgeon General Report

Educate. Integrate. Transform.
Support, align, and connect partner efforts to integrate oral health into education and practice.

COLLECTIVE IMPACT
Endorsing organizations representing Medicine, PA’s, Nursing, Dentistry, Dental Hygiene, Pharmacy, Community Health Centers, and more!

Since the site launched in June 2010, there have been:
- 150,254 registered users
- 453,621 courses completed for CE credit
- 65,557 modules downloaded by educators

http://smilesforlifeoralhealth.org
Smiles for Life Survey

Key Question:

- How does Smiles for Life influence practice?
  - Providers reported that SFL influenced their practice of oral health activities in one or more of the following ways:
    - Led them to start performing oral health activities
    - Allowed them to perform oral health activities more regularly
    - Helped them perform oral health activities better

Influence on 6 Key Activities

Refer patients for dental care (n=417)
- Started: 7%
- Do more regularly: 29%
- Do better: 38%
- No impact: 38%

Provide anticipatory guidance on oral health (n=385)
- Started: 13%
- Do more regularly: 35%
- Do better: 60%
- No impact: 14%

Apply fluoride varnish when indicated (n=260)
- Started: 47%
- Do more regularly: 22%
- Do better: 35%
- No Impact: 15%
## Influence on 6 Key Activities

### Conduct caries risk assessments (n=248)
- Started: 19%
- Do more regularly: 32%
- Do better: 58%
- No impact: 11%

### Conduct annual oral exams with patients (n=203)
- Started: 14%
- Do more regularly: 37%
- Do better: 60%
- No impact: 13%

### Conduct oral cancer screening exams (n=95)
- Started: 14%
- Do more regularly: 23%
- Do better: 50%
- No impact: 25%
Oral Health: An Essential Component of Primary Care

“Oral Health Integration Implementation Guide”
Toolkit for primary care teams (Released 10/10/16)

What’s in the Guide?
- Workflow maps
- Referral agreements
- Patient engagement strategies
- Patient/family education resources
- EHR templates
- Case examples
- Impact data and more

Resources available at:

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PA Leadership Initiative on Oral Health
Oral Health Nursing Education and Practice Initiative

Growth of Oral Health Education and Training in Physician Assistant Programs

2008: 32.8% of responding PA programs provided oral health instruction

2014: 78.4% of responding PA programs provided oral health instruction

2017: 96% of responding PA programs provided oral health instruction

Response percentage for each year represents different surveys

OHNEP LEADS THE WAY

OHNEP is at the vanguard of helping nurse practitioners, nurse-midwives, nurses, and other health professionals incorporate oral health into patient care.

Why? Oral health and general health are interconnected. Research evidence links poor oral health like periodontal disease with diabetes, cancer, heart and lung diseases, and progression of dementia and Alzheimer’s, among others. Yet, few health professionals integrate oral health in their clinical practice.

Reducing Oral Health Disparities Across The Lifespan

Educate. Integrate. Transform.
NIIOH: A Recognized Thought Leader: Public and Private Organizations, Payors, and Health Systems

Webinars, Presentations, Invited Expert

Innovations in Oral Health and Primary Care Integration
Alignment with the Shared Principles of Primary Care

2021
Broad Collaborative Care Categorizations

COORDINATED

CO-LOCATED

INTEGRATED

COLLABORATION CONTINUUM

What Have We Learned

The organizational change process requires system-wide intervention

Having the right people, right place, right reason can change ideas and practice

A key is having the right tools and strategies to impact knowledge, skills and attitudes of providers

We cannot achieve our vision of “oral health for all” unless we change our approach to oral health care

Integration and collaboration is key, we can’t do this alone!

Many Thanks to Our Legacy Funders

Where Do We Go From Here?

We need to move beyond symptoms of health disparities to aiming policy and funding at changing the structure that creates those disparities

We need to continue to work together across health professions to create a shared vision for whole person care across medical and dental silos and define shared performance measures with a focus on prevention, value and population health.

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