

Benefits of Medical-Dental Integration for Medical Residents, Providers, and Patients



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BACKGROUND

Integration of dental providers into primary care improves access to dental care for underserved populations and reinforces that oral health is part of overall health. The North Dakota Department of Health Oral Health Program placed a public health hygienist (PHH) into the University of North Dakota (UND) Center for Family Medicine (CFM) residency program to address patients’ oral health needs and to educate medical residents on the importance of clinical dental screenings and referrals.

METHODS

Medical residents were surveyed before and after participating in the program. De-identified patient data measured the clinical reach of the program by tracking patients screened, referred, and with a dental home.

CLINICAL RESULTS

- Between November 2018 and August 2019, the PHH:
- Completed dental screens for 474 patients.
 - Applied fluoride varnish for 204/474 patients.
 - Referred and scheduled dental visits for 191 patients.
 - Of those referred for care, 40 (21%) scheduled and attended a dental visit.

TRAINING RESULTS

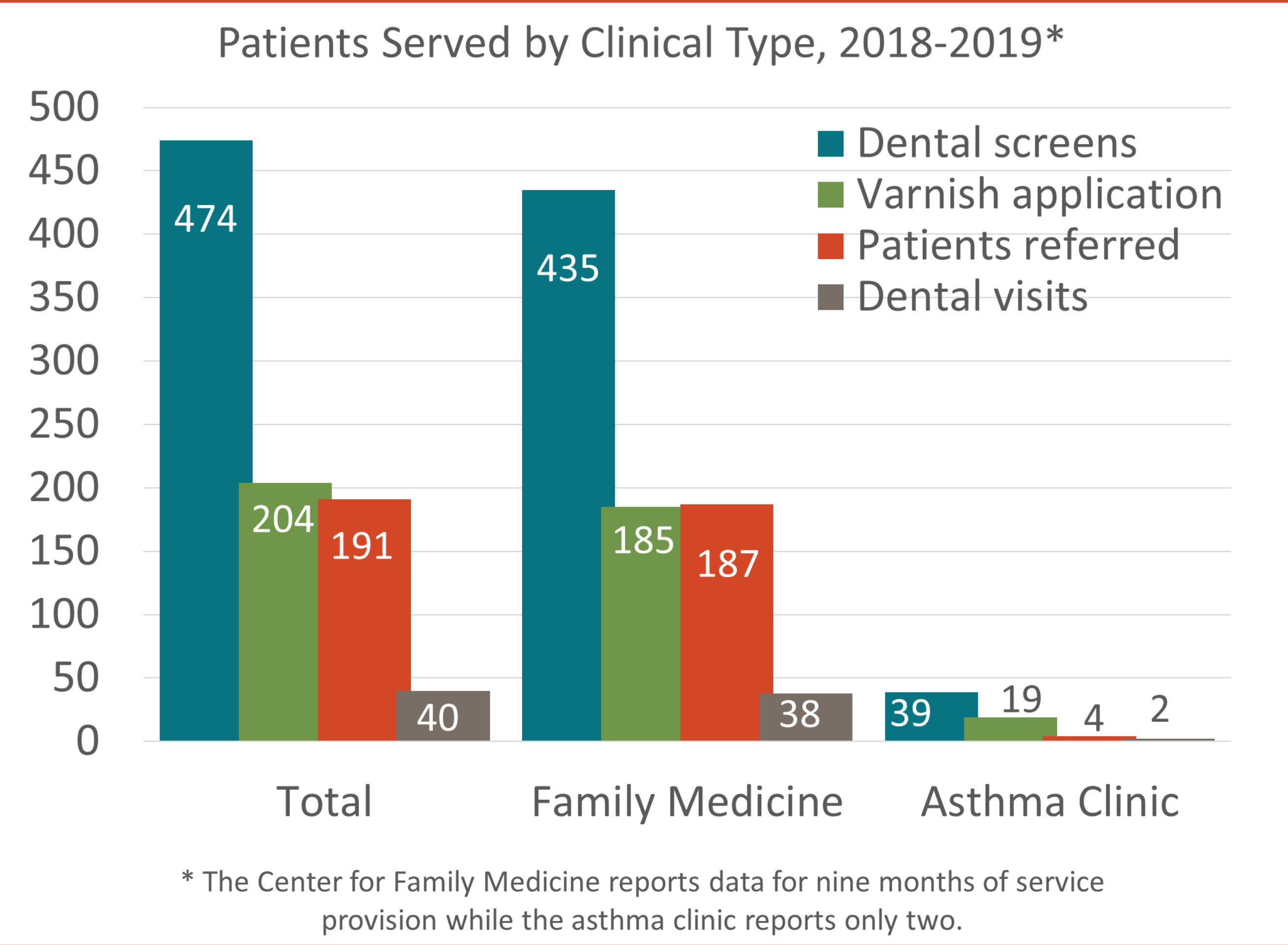
Only one first-year resident had ever conducted a basic oral health screening. First-year medical residents were generally unaware of the correlation between oral health and cerebrovascular disease, low birth weight, coronary artery disease, and diabetes. Upon completing their medical residencies, all indicated they had conducted at least a few oral health screenings, and all residents indicated confidence in their ability to identify gingivitis, cavities, periodontal disease, and gingival hyperplasia.

CONCLUSION

Integrating a member of the dental team into primary care provides capacity to screen, educate, refer, and apply fluoride varnish to at-risk populations while simultaneously better preparing medical providers to identify oral health concerns. There is still a need to increase dental visit rates post referral.



The medical-dental integration project increased access to dental screenings, fluoride varnish, and oral health education for patients as well as increased oral health knowledge among medical residents practicing at the facility.



Patient Demographics by Clinic Type		
	FAMILY MEDICINE	ASTHMA CLINIC
SEX		
Male	48.3% (210)	69.2% (27)
Female	51.7% (225)	30.8% (12)
AGE		
Ages 0-9	35.2% (153)	56.4% (22)
Ages 10-19	28% (122)	43.6% (17)
Ages 20-39	20.5% (89)	0% (0)
Ages 40-59	13.1% (57)	0% (0)
60+ years	3.2% (14)	0% (0)

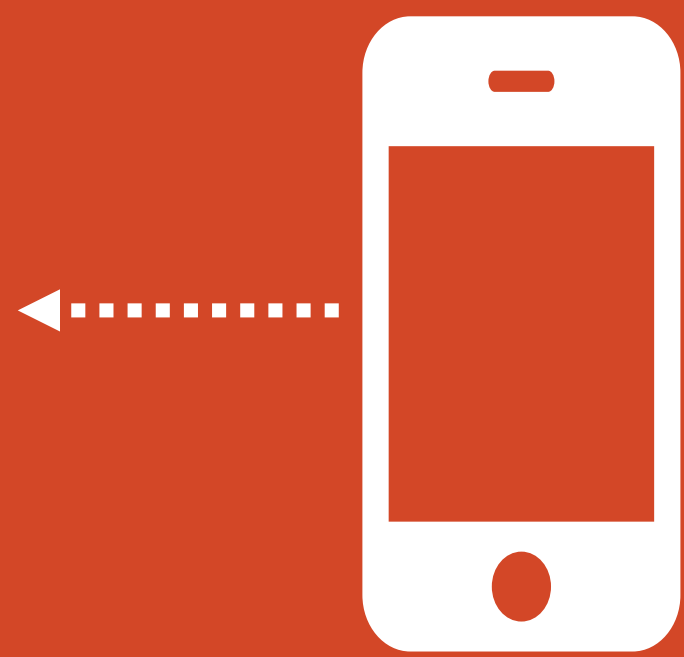
Other Results:
The PHH provided quarterly dental education to medical residents and other care staff. Data were collected from six new residents who had yet to begin work with the UND CFM in July 2019. A post-assessment was completed by five medical residents who had completed the program in June 2019 (they began their residencies in July 2016).

- PRE-Survey:**
- Only one first-year resident had ever conducted a basic oral health screening.
 - Every resident indicated that oral health is an important factor in overall health. However, only one resident believed that integrating oral healthcare within family medical settings was very important.
 - First-year medical students were also generally unaware of the correlation between oral health and the following diseases: cerebrovascular disease, low birth weight, coronary artery disease, and diabetes.
 - The six first-year medical residents indicated knowledge of the correlation between oral health and the following: substance use, tobaccos use, human papilloma virus (HPV), aspirational pneumonia.
 - Only two residents indicated any level of confidence in their ability to identify common oral health conditions, and only two residents received any formal oral healthcare training in medical school.

- POST-Survey:**
- All third-year medical residents agreed that the seminars provided by the PHH were positive and that oral health is an important factor in overall health.
 - Upon completing their medical residencies, all students indicated that they had conducted at least a few oral screenings while at the UND CFM.
 - All outgoing residents also indicated confidence in their ability to identify gingivitis, cavities, periodontal disease, and gingival hyperplasia.

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