# Best Practices: IPE Oral Health Success Stories

Erin Hartnett, DNP, APRN-BC, CPNP Program Director Oral Health Nursing Education and Practice Program (OHNEP) Teaching Oral-Systemic Health (TOSH) NYU College of Nursing



National Interprofessional Initiative on Oral Health engaging clinicians eradicating dental disease



## Surgeon General (2000) and IOM Reports (2011-15)

Oral Health in America: A Report of the Surgeon General

Advancing Oral Health in America Improving Access to Oral Health Care for Vulnerable and Underserved Populations



Department of Health and Human Servi

WORKSHOP SUMMARY

ORAL HEALTH

FRA

INSTITUTE OF MEDICINE OF THE NATIONAL ACADEMIES MEASURING THE IMPACT OF INTERPROFESSIONAL EDUCATION ON COLLABORATIVE PRACTICE AND PATIENT OUTCOMES

INSTITUTE OF MEDICINE AND NATIONAL RESEARCH COUNCIL OF THE NATIONAL ACADEMIES

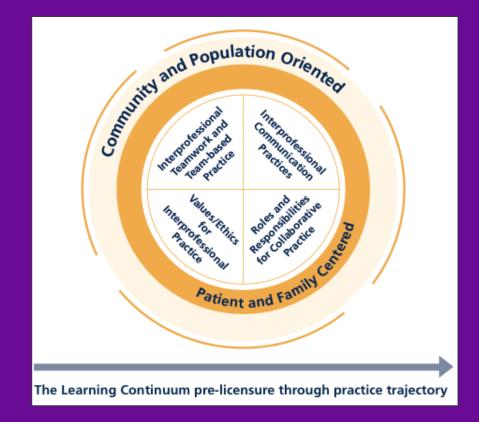


INSTITUTE OF MEDICIPAL OF SERVICION ACADEMIS

INSTITUTE



## **IPEC Competencies (2011)**





#### Core Competencies for Interprofessional Collaborative Practice

consored by the Interprofessional Education Collaborative



Report of an Expert Panel May 2011 "IPEC sponsors: American Association of Collegies of Naring American Association of Collegies of Naringenthic Medicine American Association of Association of American Dental Education Association American Medical Collegies, Association of Schools of Public Health.





# HRSA Report (2014)

#### Integration of Oral Health and Primary Care Practice

U.S. Department of Health and Human Services Health Resources and Services Administration February 2014



A User's Guide for Implementation of Interprofessional Oral Health Core Clinical Competencies: Results of a Pilot Project







## **Oral Health Delivery Framework (2015)**

#### Oral Health: An Essential Component of Primary Care

#### White Paper



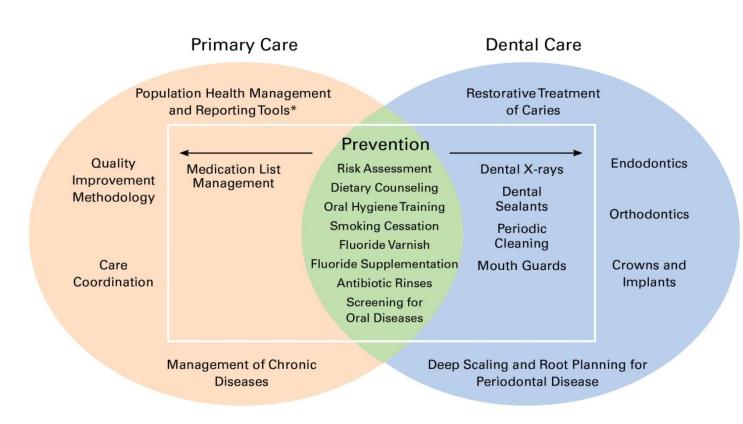
#### **ENDORSERS:**

American Academy of Nursing American Academy of Pediatrics American Association for Community Dental Programs American Association of Public Health Dentistry American College of Nurse Midwives American Public Health Association – Oral Health Section Association of Clinicians for the Underserved Association for State and Territorial Dental Directors Institute for Patient- and Family-Centered Care National Association of Pediatric Nurse Practitioners National Network for Oral Health Access National Organization of Nurse Practitioner Faculties National Rural Health Association Patient-Centered Primary Care Collaborative Physician Assistant Education Association

June 2015

#### Available at: <u>www.QualisHealth.org/white-paper</u>

## PRIMARY CARE MEDICAL HOME (PCMH)



\*Including structured EHR data and diagnostic codes, disease registries, and other tools

#### **Interprofessional Oral Health Core Clinical Competencies**

- Brush?
- Smoke or chew tobacco?

ASK

- Dry mouth?
- Gums that bleed?
- High alcohol?

Γφοκ 🗖

- At teeth and gums:
- White spots?
- Cavities?
- Inflamed gums?
- Lesion under tongue?

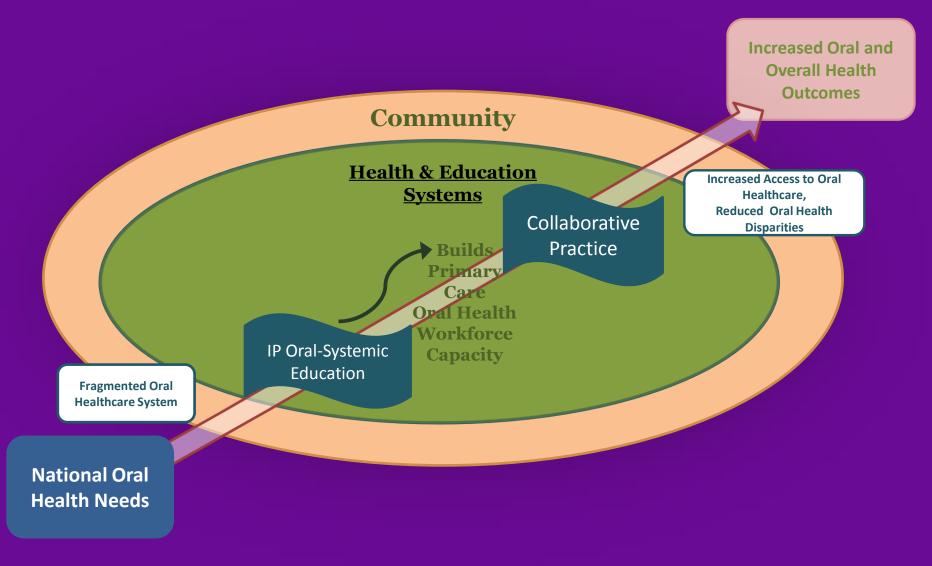
DECIDE

- Is this patient at risk?
- Already high risk?

- Patient and family education
- Self management support
- Fluoride varnish
- Collaboration & Referral



## Interprofessional Oral Health Care Model



Adapted from : World Health Organization (WHO). (2010). *Framework for Action on Interprofessional Education & Collaborative Practice. Geneva: World Health Organization* 

# **HEENOT** Article



A PUBLICATION OF AMERICAN PUBLIC HEALTH ASSOCIATION



Haber, J., Hartnett, E., Allen, K., Hallas, D., Dorsen, C., Lange-Kessler, J., ... Wholihan, D. (2015). Putting the Mouth Back in the Head: HEENT to HEENOT. American Journal of Public Health, 105(3), 437–41.



http://ajph.aphapublications.org/doi/abs/10.2105/AJP H.2014.302495



# **The Weave Approach**





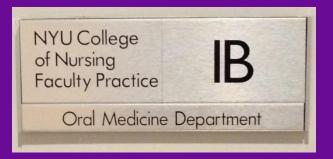


## The IPE Bull's-eye

Voluntary 1PE Activities

> Standardized IPE Component of Curriculum

> > **IPE Electives**



• To expand access to primary healthcare services/ improve the quality of life

• To become primary care providers for patients without access to health care or in need of regular health care.

• To test an innovative collaborative oral-systemic primary care delivery model



Nursing Faculty Practice



## Interprofessional Faculty Development













### **NYUCN Preceptor Workshop**





#### 65 preceptors

- Importance of oral health and nurses' role in oral health care
- IPE and collaborative practice as a framework for improving oral health outcomes
- Oral health competencies for pregnant woman, infant, child and adult
- Strategies aimed at facilitation the development of nurses' oral health competencies and implementation of best practices in oral health





## **Interprofessional Curriculum Integration**

- Collaborative courses
  - Content/Student/Faculty
- Workshops/Mini-courses
- Service Learning
  - Local/international
- Clinical experiences
  - Collaborative Case Conferences
  - Standardized Patients
  - Virtual Cases
  - Simulation
  - IP Clinical Rotations









### Smiles for Life: A National Oral Health Curriculum





#### www.smilesforlifeoralhealth.org





Interprofessional Oral Health Faculty Toolkit





### **Curricular Templates for NP and Midwifery Programs**

	1) EXPOSURE: INTRODUCTION	2) IMMERSION: DEVELOPMENT	2) COMPETENCE: ENTRY-TO-PRACTICE
ALTH CONCTRON IN A CONCENTION IN A CONCENTION IN A CONCENTION IN A CONCENTION IN A CONCENTION	News Uncel calls - Meaner Inscanzing Sale Understand Institutions of that Institution (INV) Callege of Centrality No. 1, 2, 3, 4 Tenting Funders, Kalack, 2014 () and Holping Your Index youth In-Tening Pairs You Pairs No. 1, 2, 3, 4 Institution Institut, 2014 Institution Institutio Institution Institution Insti	SPLL-CRAMMON Gala Chemonitaria importance of preventive and health care in children • Implement as interprotessional chical rotation with IPP and pedates in demonstrate behavioral management of chical total chical in the chical interprotection COSCID students • EVP induced is demonstrate to CoSCID students • EVP induced in the demonstrate or chical induced in the demonstrate or chical indication in EVP students	BOLLEMANNO     Council () Removability (EDDOT comprisincy is and health     Netry of young children as deviced, a governor, 2)     which you consummity     Perform appropriate and health health you consumity     Perform appropriate from the information     Constructing water function.
Lord multi Interaction Interaction Control Cont Electrologico Interaction Control Cont Interaction Int	KNOWLEDGE: ORAL-SYSTEMIC CONNECTION Gase Understand oral disease and recognize intermitistionship between oral and systemic health in children	SOLL-PORNOUS Gene Communication and hondih tassues to parenthal caretinems (Appendix 11) and Left Talk TetherbiGasts (Appendix 11) talking & Cassia, 2013) = inglement as interpretensional and hondis situatubatis appendix to demonstrates = HPP standing to demonstrate behavioral canadagement of child	community water function     Marchance     Marchance
T sitestime ors existence- ors existence- ors existence- tre partiative- sed, lifeton based ang to improve to: TNSTIRLUCTS	<ul> <li>NROWLEGE ORAL DAM Gall Utildentiated and exame of obtem</li> <li>orgented surgication in InModelay 8, 8, 7</li> <li>orgented surgication in InModelay 8, 8, 8</li> <li>orgented surgication in InModelay 8, 8, 7</li> <li>orgented surgication in InModelay 8, 8, 7</li> <li>orgented surgication in Information in Information Informatio Information Information Information Information Information In</li></ul>	SRL16EMANDOR Gala literarity specific on a heats is some, the second second second second second second second by pertrefic certainst second second second second distribution of the second se	BLL INCOMENT     Gast Type constraints (ERDIT)     Gast Type constraints (ERDIT)     Gast Type constraints (ERDIT)     Constraints (ERDIT)     Constraints (ERDIT)     Constraints     Co







DEV .	1) EXPOSURE: INTRODUCTION	2) IMMERSION: DEVELOPMENT	2) COMPETENCE: ENTRY TO PRACTICE
M IS at a	NOWLEDG: ONA, EXAM Guil: Understand the one exam - Complete Control for Module #7 - Submit SFC Certificate of Completion - Complete SF, Guil: for Module #7 (Appendix 1)	SKILJBEHAVIOR Galt Electrice best practices in dental carries management across the Hespan Read - <u>CMMPR East Practices in Dental</u> - <u>CMMPR East Practices in Dental</u> - <u>CMMPR In With Assessment Del</u> - Added to With Assessment Del - Added to With Assessment Del - Added to Without Control of C	SELLA REMANDE Galo Concornition information of HEENOT competency in physical exam of adult in clinical separation. Read Read Petrotom in Novah Eack in the Next HEENT by Petrotom on a examination or shall in clinical experience, identifying any oral abnormalities
	INDOVLEDGE: ORAL CARE OF ADULT Coul: Understand issues in oral care of adults - Complete <u>Emiliant for Units</u> Modules 47, 3, 5 - Sobert SR, Conflictenter of Completion - Uppendix 2, 3, 4 - Dennisode SR, Adult Coll Health Provide Card Uppendix 5; for use in citrals refinge	SALLURENAVOR Cool Description of HEDROT In and health balany risks assessment and physical estan of adults during simulation lab • description of the description of adult photographic (percents) • Prevent electronic health record of adult with oat health included in history, risk assessment, exam and plan (HESHOT)	SOLL JEGNAVOR dar Demonstrate integration of KEENOT completings is health history of adat is difficult and separatise and health history of addit, including inequency of segar bacconstrate integer
	ANNULEDIE: CRAL CARE OF CILOREN ADMIT Sont Underwind susces in const cons of other solutis     Complete Cimite by Life Models #10 Submit SFL Cetificate of Completion Complete SFL Models #30 (Loperative) Complete SFL Mo		SPALL/BEALWOR     Goal: Demonstratele integration of HEENOT     competency is run handler assessmente of     elder adult in directed experience     elder adult in directed     elder adult in directed     elde



#### Available on ohnep.org/faculty-toolkit





## **NYU D4 Honors Rotation**







## Collaborative Nursing/Dental Clinical Experience



- Competencies for dental students: DDS students complete a comprehensive approach to assessing patient general health needs; identify need for referral (primary care, dietary counseling, social work, etc.)
- Competencies for nursing students: recognize normal and pathological variations of oral structures; demonstrate head and neck and oral exams
- Competencies for both: establish the oral-systemic association in the context of diagnosis and treatment planning to address the patient's oral health needs; assess the role of nursing in dentistry in providing primary care
- Who participates: NP faculty, DDS faculty and DDS and NP students





#### Here is a typical case: D4 starts

#### D1 steps in



## NYUCN Pediatric Nurse Practitioner Oral Health Outreach

- Who participates: Pediatric Nurse Practitioner students, dental students and Pediatric Dental Residents, NYUCD and NYUCN faculty
- Objective for DDS: Learn effective behavioral management of pediatric dental patients from PNPs
- Objective for Nursing: Learn to perform an oral exam and apply fluoride varnish from dental students







## **Service Learning**



Objectives for DDS and Nursing: expand access to healthcare to children; joint public health venture; practicing as a team
Who participates: DDS, PG, BS, NP-Nursing students, and CoN/CoD faculty





### Interprofessional Oral-Systemic Health Experience at NYSIM

#### Aims:

- 1) Develop interprofessional oral health competencies by using simulation as a tool to bridge the education-to-practice gap
- 2) Produce a primary care workforce that is collaborative-practice ready





## IP Oral-Systemic Standardized Patient Experience

#### I. Team Brief (5 min):

I. IntroductionsII. Goals of IP experienceIII.Directions

# II. History and physical exam (45 min)

### III.Debriefing (10 min)







## IP Oral-Systemic Case Study Discussion



- I. Team Brief (5 min)
  - I. Introductions
  - II. Goals of IP experience
  - III. Directions

II. Case Study Discussion (40 min)

### III. Debriefing (15 min)





#### ICCAS - Interprofessional Collaborative Competencies Attainment PRE-Survey

Please answer the following questions by filling in the circle that most accurately reflects your opinion about the following interprofessional collaboration statements: **1** = strongly disagree; **2** = moderately disagree; **3** = slightly disagree; **4** = slightly agree; **5** = moderately agree; **6** = strongly agree; **a** = not applicable

Please rate your ability for each of the following statements:

Before participating in the learning activities I was able to:

Communication	1	2	3	4	5	6	na
<ol> <li>Promote effective communication among members of an interprofessional (IP) team*</li> </ol>	0	0	0	0	0	0	0
2. Actively listen to IP team members' ideas and concerns				0	0	0	0
3. Express my ideas and concerns without being judgmental				0	0	0	0
4. Provide constructive feedback to IP team members				0	0	0	0
5. Express my ideas and concerns in a clear, concise manner				0	0	0	0
Collaboration							
6. Seek out IP team members to address issues	0	0	0	0	0	0	0
7. Work effectively with IP team members to enhance care	0	0	0	0	0	0	0
8. Learn with, from and about IP team members to enhance care	0	0	0	0	0	0	0
Roles and Responsibilities							
9. Identify and describe my abilities and contributions to the IP team	0	0	0	0	0	0	0
10. Be accountable for my contributions to the IP team	0	0	0	0	0	0	0
11. Understand the abilities and contributions of IP team members	0	0	0	0	0	0	0
12. Recognize how others' skills and knowledge complement and overlap with my own	0	0	0	0	0	0	0
Collaborative Patient/Family-Centered Approach							
<ol> <li>Use an IP team approach with the patient** to assess the health situation</li> </ol>	0	0	0	0	0	0	0
14. Use an IP team approach with the patient to provide whole person care	0	0	0	0	0	0	0
15. Include the patient/family in decision-making	0	0	0	0	0	0	0
Conflict Management/Resolution							
16. Actively listen to the perspectives of IP team members	0	0	0	0	0	0	0
17. Take into account the ideas of IP team members	0	0	0	0	0	0	0
18. Address team conflict in a respectful manner	0	0	0	0	0	0	0
Team Functioning							
19. Develop an effective care*** plan with IP team members	0	0	0	0	0	0	0
20. Negotiate responsibilities within overlapping scopes of practice	0	0	0	0	0	0	0

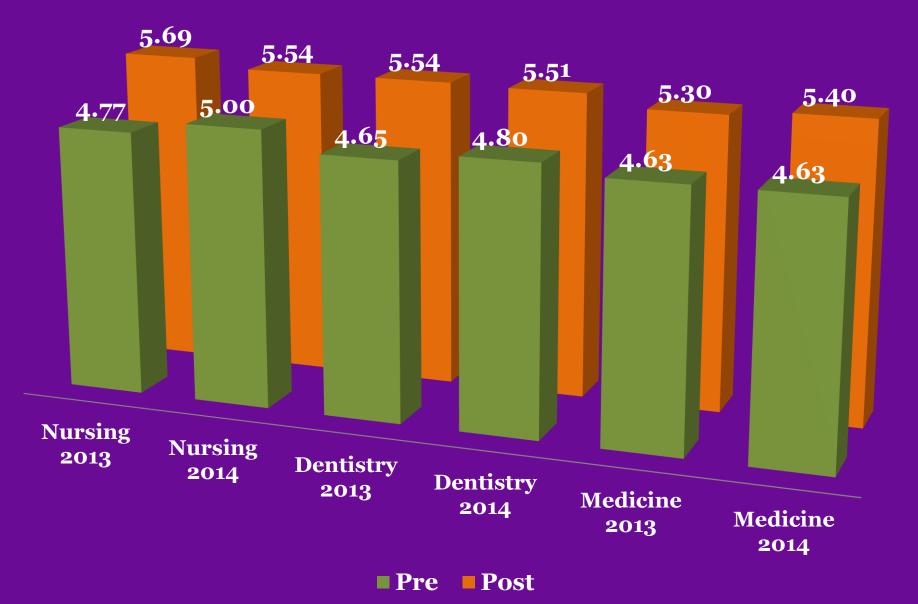
\*The patient's family or significant other, when appropriate, are part of the IP team.

\*\*The word "patient" has been employed to represent client, resident, and service users.

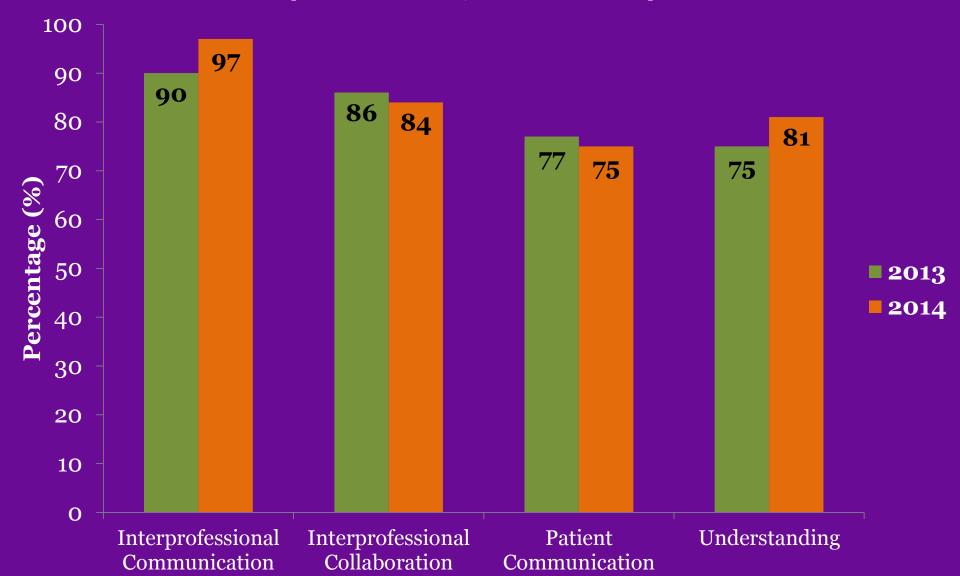
\*\*\*The term "care" includes intervention, treatment, therapy, evaluation, etc.

Adapted from MacDonald, Archibald, Trumpower, Jelley, Cragg, Casimiro, & Johnstone, 2009.

#### **TOSH IPE Experience: ICCAS Mean Pre and Post Scores by Student Type (2013 & 2014)** (p<0.001, two-tailed)



### Percentage of Faculty Who Agree that IPE Increases these Characteristics (2013 n=49; 2014 n=32)



## **Pediatric IPE Clerkship**







## **Pediatric IP Clerkship Protocol**

Patient 1	Patient 2	Patient 3
NP reviews chart	MD reviews chart	DDS reviews chart
NP takes history	MD takes history	DDS takes history
DDS does HEENOT exam and FV	NP does HEENOT exam and FV	MD does HEENOT exam and FV
HUDDLE	HUDDLE	HUDDLE
MD gives education prevention, anticipatory guidance, handouts, referral and follow-up	DDS gives education prevention, anticipatory guidance, handouts, referral and follow-up	NP gives education prevention, anticipatory guidance, handouts, referral and follow-up





## **IPEG** Interprofessional Education Group

A FILM ABOUT FIGHTING THE WORLD'S CANGEST CAVITY

> THE WORLD'S FIRST DOCUMENTARY ON ORAL HEALTH FEATURING PATIENTS, DOCTORS AND A FEW MINOR MIRACLES.

TELEVISION TO A CONTRACT OF A







## **NYC** Department of Health Collaboration

- Bureau of Maternal and Infant Reproductive Health •
- Nurse Family Partnership •
- Education Program on Oral Health on Pregnancy and Early • Childhood
- 120 Nurses and Staff





Erin Hartnett, DNP, APRNJulia Lange-Kessler, MS, BC, CPNP Director, OHNEP and TOSH

CM, RN, IBCLC Clinical PhD, RN, PNP-BC, Instructor Coordinator, Nurse Midwifery Program



Donna Hallas CPNP. FAANP Clinical Professor Coordinator, Advanced Practice

Amr M. Moursi. D.D.S., Ph.D. Associate Professor and Chairman Pediatric Dentistry

Jill B Fernandez, RDH.MPH **Clinical Associate** Professor Pediatric Dentistry

Neal G Herman, D.D.S., FAAHD Clinical Professor Pediatric Dentistry

Mark Wolff, D.D.S. Ph.D., Professor Cariology and **Comprehensive Care** 



### **Nurse-Family Partnership**

















#### ACNM Annual Meeting: The Midwifery Profession as Frontline Promoters of Oral Health for Women & Newborns









## **Expand Engagement of Nursing Stakeholders** in Advancing Oral Health Policy





Judith Haber, Phd, APRN-BC, FAAN







Robert Wood Johnson Foundation

Donna Hallas, PhD, RN, PNP-BC, CPNP, PMHS, FAANP





Marguerite Di Marco, PhD, RN, CPNP





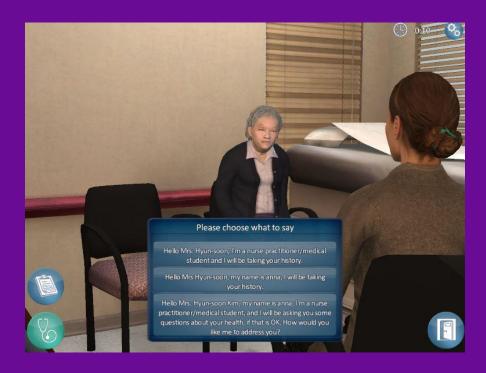
Erin Hartnett, DNP, APRN-BC, CPNP

### Engage Nursing and Interprofessional Stakeholders in Oral Health Curriculum and Practice Integration



# University of Vermont Avatar Virtual Clinic









# **National Nursing Oral Health Workgroup**



Oral Health Nursing Education and Practi

## **Interprofessional Oral Health Webinars**





Integrating Oral-Systemic Health in Graduate Nursing Programs: A Faculty Tool Kit

Judith Haber, PhD, APRN, BC, FAAN Associate Dean of Graduate Programs The Ursula Springer Leadership Professor in Nursing New York University College of Nursing

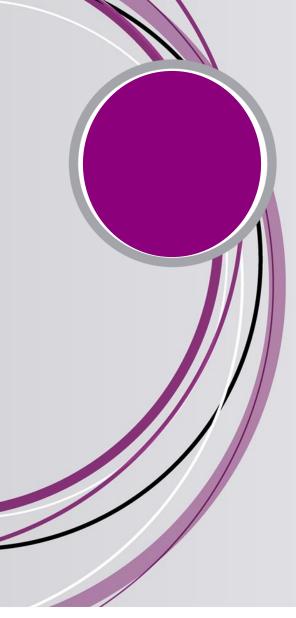
Caroline G. Dorsen, MSN, FNP-BC Coordinator, Family Nurse Practitioner Program Clinical Instructor of Nursing New York University College of Nursing

Donna Hallas PhD, RN, PNP-BC, CPNP, PMHS, FAANP Clinical Professor Pediatric Nurse Practitioner Program Coordinator Certified Pediatric Nurse Practitioner Certified Pediatric Primary Care Mental Health Specialist New York University College of Nursing

Rita A. Jablonski, PhD, RN, ANP-BC Associate Professor School of Nursing, University of Alabama at Birmingham

## **Chemotherapy without Cavities**





# **Public Health** Learning Modules

Using Healthy People 2020 to Improve the Oral Health of Populations Across the Lifespan

http://www.aptrweb.org/?PHLM\_15



Public Health Learning Modules

Using **Healthy People 2020** to Improve Population Health





# **Oral Health Publications**

Sentials Oncology Essentials

Erin Hartnett, DNP, APRN-BC, CPNP-Associate Editor

ARTICLE

122

### Integrating Oral Health Throughout Cancer Care

Erin Hartnett, DNP, APRN-BC, CPNP

Oral health is often not a priority during cancer treatment; however, patients with cancer are at increased risk for oral complications during and after treatment. This article focuses on the importance of oral health care before, during, and after cancer treatment using the head, eyes, ears, nose, oral cavity, and throat, or HEENOT, approach. At a Glance

734

- Oral health is linked to overall health, and healthcare providers must be cognizant of the oral-systemic connection with patients undergoing cancer treatment, which may cause acute and chronic oral health problems.
- Oral assessment, prevention, early recognition, and treatment of oral problems must be incorporated into cancer care, particularly with the aid of an interprofessional team to meet patients' oral care needs.
- The head, eyes, ears, nose, oral cavity, and throat, or HEENOT, approach integrates oral care into patients' history taking, physical examination, and plan of cancer care.

Erin Hartnett, DNP, APRN-BC, CPNP, is the program director of Oral Health Nursing Education and Practice and Teaching Oral Systemic Health in the College of Nursing at New York University in New York. The author takes full responsibility for the content of the article. The author did not receive honoraria for this work. No financial relationships relevant to the content of this article have been disclosed by the author or editorial staff. Mention of specific products and opinions related to those products do not indicate or imply endorsement by the Clinical Journal of Oncology Nursing or the Oncology Nursing Society. Hartnett can be reached at hartne01@nyu.edu, with copy to editor at CIONEditor@ons.org.

good oral hygiene have been identified as

being essential to improving the quality

of life and nutrition of people with can-

cer, as well as reducing the complications

has not become the standard of care in

In a survey of oral health supportive

centers (out of 39) indicated they did not

2007). None of the responding centers

had standard protocols in place for oral

cancer treatment.

Key words: oral health; mucositis; oral-systemic health; chemotherapy Digital Object Identifier: 10.1188/15.CJON.615-619

ifteen years have passed since the tion, and treatment of oral problems; and release of Oral Health in America: A Report of the Surgeon General, in which the relationship between an individual's oral health and general health was emphasized, along with the need to and cost of cancer care. However, this incorporate oral health into the education and clinical practice of all healthcare providers (U.S. Department of Health and Human Services, 2000). In addition, more than 25 years have gone by since the recommendation for oral assessment prior to, during, and following cancer therapy emerged from a consensus conference on oral complications of cancer therapies sponsored by the National Institutes of Health ([NIH], 1989). Assessment

of the mouth; prevention, early recogni-

treatment oral assessment was given to only two-thirds of patients with head and neck cancer prior to radiation therapy, to one-third of patients before high-dose chemotherapy, and to just one-fifth of patients who received other cancer therapy (Epstein et al. 2007) The lack of oral health knowledge and skills in medical and nursing education

cancer therapy (Epstein et al., 2007). In

addition, at the responding centers, a pre-

is implicated in this problem. About 70% of medical schools have less than five hours of oral health in their curriculum and 10% include no oral health education (Ferullo, Silk, & Savageau, 2011). Although the nursing profession is beginning to integrate the Health Resources and Service Administration's ([HRSA's], 2014) oral health core clinical competencies into nurse practitioner (NP) and nurse midwifery (NM) programs, oral health content and clinical competencies are not a standardized component of undergraduate or graduate curricula (Dolce, 2014; Haber et al., 2015; Jablonski, 2010; National Organization of Nurse Practitioner Faculties, 2012, 2013; Southern. 2007).

### Importance of Oral-Systemic Health

A review of the literature reveals a paucity of information about integrating oral health into the treatment of services in National Cancer Institute (NCD-designated comprehensive cancer patients with cancer, with the exception centers, 56% (n = 9) of the 16 responding of patients with head and neck cancer or childhood leukemia or who are undergo ing intensive chemotherapy. However, have a dental department (Epstein et al., more than one-third of people treated for cancer develop complications that afpreventive care or for supportive services fect the mouth (National Comprehensive for oral complications during or after Cancer Network, 2015). In a systematic

OHEP: An Oral Health Education Program for Mothers of Newborns PNP-BC, CPNP, PMHS, FAANP, PAP-BC, CPAP, PAPID, PAANE, DH, MPH, Lily J. Lim, DMD, Peter Catapano, DDS, and the DAY of the DAY of the DAY of the DAY of the PH, MPH, Luy J. Lun, DMD, Peter Catapano, DDS, Dickson, BS, RN, Kathryn R. Blouin, MS, RN, CPNP, nashor Chart Constraint Acad Sciences Add Day Dickson, bo, kiv, kataliyn k. olouin, ado, kiv, cerve RN-BC, CPN, CPNP, Rafael Acal-fininez, MS, RN, n sende transmission of private state transmission of the KN-BC, CPN, CPNP, Kataei Acat-Jiminez, MS, KN, P, Keila E, Figueroa, BS, RDH, Neha M, Jiwani, BDS, Yre ienborns on oral Perference of the processing of the processing of the state of the sta (b) the effective. educate the traditions of and bealth care for their technological for the control intervention was a DDD or new form matching and transform an wided to mothers spartum unit. All participants received reaction newtown numery discusses instructions by the programming numers and physical patters for administration of the scheduled 6 and 12 months for each braith assessments of the infance. ewborns on a tent or control ther to assess e treatment for oral headsh assessments of the infants. Results: precess questionnine results: instates: lacked lazardedse about oral headsh care for indians and young children, especially concerning ventical by an intermothers lacked knowledge about oral health care for infants and young children, especially concerning ventical IC NUISO Kette E. F. Floranco, Registered Dental Hysteriet, New York, WY, University College of Dentisity, New York, WY, insing.

Antre & Arkani, Peolance Danial Research, New York University Catego of Denibery, New York, NY.

Casego of Center Announces and Center Advances of C

March/April 2015 181

Compare or Junction, New York, NY. This study was separated by a \$3,000 prior form the Anexon Dentar Association, the Samuel D, Harris Fund for Children's

Conservation of annual industry of approximation of annual industry and approximation of a state of

Capital & 2015 by the National Association of Pediatols Water Practitioners, Published by Elsevier inc. All rights

clished online December 26, 2014.

3/dc.dol.arg/10.10164,pedhc.2014.11.004

research and federal legislation an healthcare delivery noving access to bealthcare and otherwing bolits protocian and docare provertion are the teners's promotions and uncere providents around for prioritize for the well-bring of the prictic and The leaturate of Madicine's (90 tor provide net one way using or one parent and a central factor of current folieral health initiatives. Fur-Quality Charm A New Holds St a central social se current reserve meaner sensatives, en thermore, as recognized by the U.S. Sangeon General in definitional cognitive demants to toroners, at overpress to our Los angests services in 2003, evidence terroranding the critical importance of the term in the United States. The d contention and a second s INTERNITING CAR PROCESSES oren opmenne syntamisen in menenning, som menger part menning of the New Kark University (NTU) Calleger af Integrating effective minutes neronay on one cases some conservant (create) consistent in part brokering knowledge and w receivery new reasons previous or expression or yet, into operations a vision of how to increase actess to pri- Yostertag scherdackplitenery ore operation is once in our contract and reaction of the second se reminering care coordina DEEY NEETEN AND PROMINENT ADDRESS OND THREES. Manual through an instruction NP Managod Faculty Pracservices, and sizes of cases nonercourses in one-varies or reasoners in every con-lice Model. The following while describes the evolution

ter series, the recovery state uncreases or events of the model, which has been global by evidence-based

The oral-systemic connectic

in primary care

Die Johleh Reiser, ADRS &C. PAJ. (AMR. Sharef Desense, Mol. Manheim Ungl. ADRM B Mat. Mah. Ferning Desense and an Annual States Annual Annual Annual Annual

V Andrik Scholer, ANVS-SC, Prod. YAAR, Davry Donsson, Fell: Mundelson Linge, KYRN-FE KK, Hill: Candidan Decesies, APRIS, VC, WERK, HID: Scholer, and April 2010. ACM INFORMATION INFORMATIONI INFORMATION INFORMATIONI INFORMATIO INFORMATIONI I

Michael C. Mhael, 001, Pell: Terry Telaser, BR, PAD, 143N

everytent.

Clinical Journal of Oncology Nursing + Volume 19, Number 5 + Oncology Essentials

# **OHNEP Social Networking for Oral Health**



As a national voice promoting interprifessional oral health. OHNED advocates, tete Specifych discates, crosses and primiter resources that primity care chickans, can use to prove the spacify of care least here in their patients. The OHNED website serves as a knowledge center and portal for bast practices.

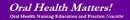


www.OHNEP.org





### www.TOSHteam.org



### OHNEP CHNEP CH

f

E

W

TOSH 3.0 Constructions and the source of the source from NVU College of Norma, NVU College of Dentity, and NVU College of Norma, NVU College of Dentity, and a College of Norma, NVU College of Dentity, and a College of Norma, and NVU College of Dentity, and Index 4, so call commission at the world of Calgter Coll H mode A technological and the source of the NVU College of Neural College of Neural Neural College of Neural College of Neural Neural College of Neural Ne



Volume 4, Issue 8

### For this 1-day, center-wise, separates of failthand by fattility from the 3-coloni, interpretending industria temp participated in a orai-systemic bashin case study directsion and an error systemic bashin taxis with an effective patient from his or the properties of the systemic temp and the systemic set 1.5 standarding Patients, and the others received the systemic and the server in a 1.5 standarding Patients, and the others received the systemic and the server in a 1.5 standarding Patients, and the systemic and the system

ca 1 Standardina Pittenan, many of whom respects to retram manually for fulls «wate in pipe of a favore work? Standarding water and an analysis of a standardina water and the standardina water and the standard standa

### ACNM Workshop: Midwives as Frontline Providers of Oral Health to Pregnant Women and their Newborns

In June, the OHNEP team and our interprofessional colleagues from NYU College of Dentistry and University of Maryland, held its annual setal health workshop. Teeth for Two: Midwives as Fromine Providers of Coll Healthcare of Pregnant Womes and their Newborrs, at the 60th Annual American College of Nurse Midwives (ACNM), conference in Nursional, Hurbor MD.



Coverage contentions in containing particle and During this interactive workshop, 50 mildivities from across the country advanced their understanding about the importance of oral health for pregnant women and their newborns, their chincin competencies related to cond health insessment, out alreading are motion inserventional, and developed collaborative parmerships with interprofessional community colleagees and resources.

The presentation also included a special guest presentation from Masunga Kidula, Msc, of the Muhimbili University of Health and Allied Sciences, an oral healthcare scholar working with the ORNEP program, who shared his experiances in pediatric oral healthcare in Tanzana.

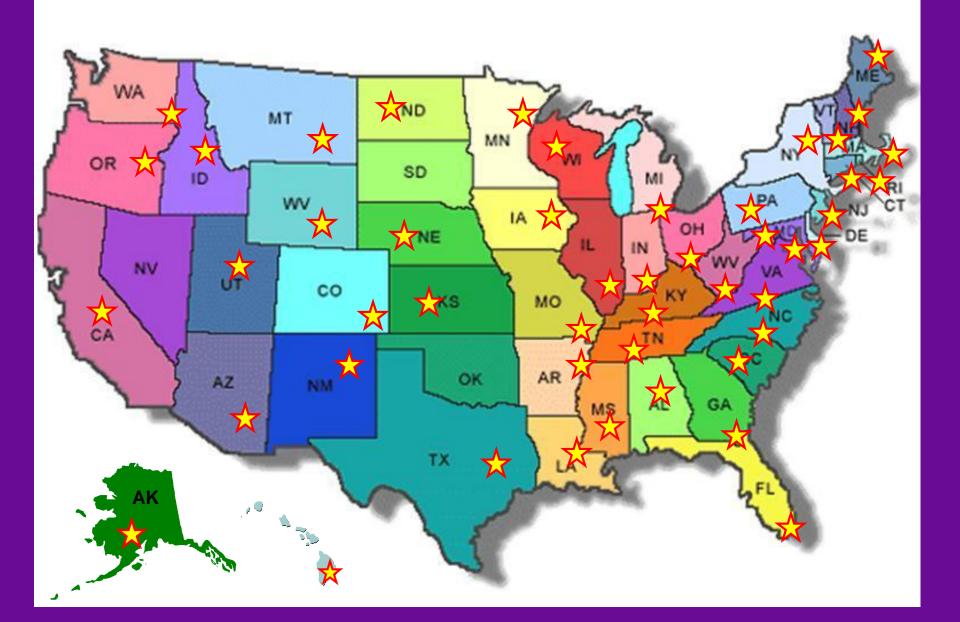
If you are a midwife looking to integrate oral health into your patient's care, please join us for next year's session?

ng Questions? Please contact us at OHNEP@nyu.edu





### **Collective Impact: Interprofessional Oral Health Initiatives (47 states)**



# CHALLENGES







**Evaluation** 



# **Tips for Building an IPE Program**

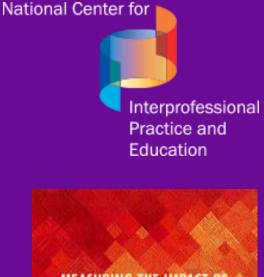
- Create an interprofessional advisory council
- Establish formal communication mechanisms
- Involve external communities
   of interest
- Designate IPE champions
- Measure outcomes





# **Evaluating IPE**

- Surveys
  - Attitudes
  - Behavior
  - Knowledge, Skills, Ability
  - Organizational Practice
  - Patient Satisfaction
  - Provider Satisfaction
  - Faculty Satisfaction
- Smiles for Life Utilization
- Graduate Follow-Up



MEASURING THE IMPACT OF INTERPROFESSIONAL EDUCATION ON COLLABORATIVE PRACTICE AND PATIENT OUTCOMES

NUMBER OF MEDICINE

# **The Missing Piece of PCMH**

Missing Piece

Home Care

LTC

Community

Health Center

PCP/Medical Home

Pharmacy



## Knowledge, Trust, Respect, Collaboration

