

BACKGROUND

- Primary care providers currently receive uneven training in oral health content¹
- HRSA Integration of Oral Health and Primary Care Practice Initiative (IHOPCP) defined a set of core competencies as gold standard for ensuring appropriate training and knowledge base for primary care providers²
- Since then, diverging sets of competencies and guidelines have been released or endorsed by the governing bodies of primary care disciplines^{3,4}. Sets of competencies differ by intended audience, the degree to which they have been operationalized and evaluated

CIPCOH

CIPCOH is a National resource for systems-level research on oral health integration into primary care training with special emphasis on training enhancements that will train primary care providers to deliver high quality, cost-effective, patient-centered care that promotes oral health, addresses oral health disparities and meets the unique needs of all communities

Project focused on:

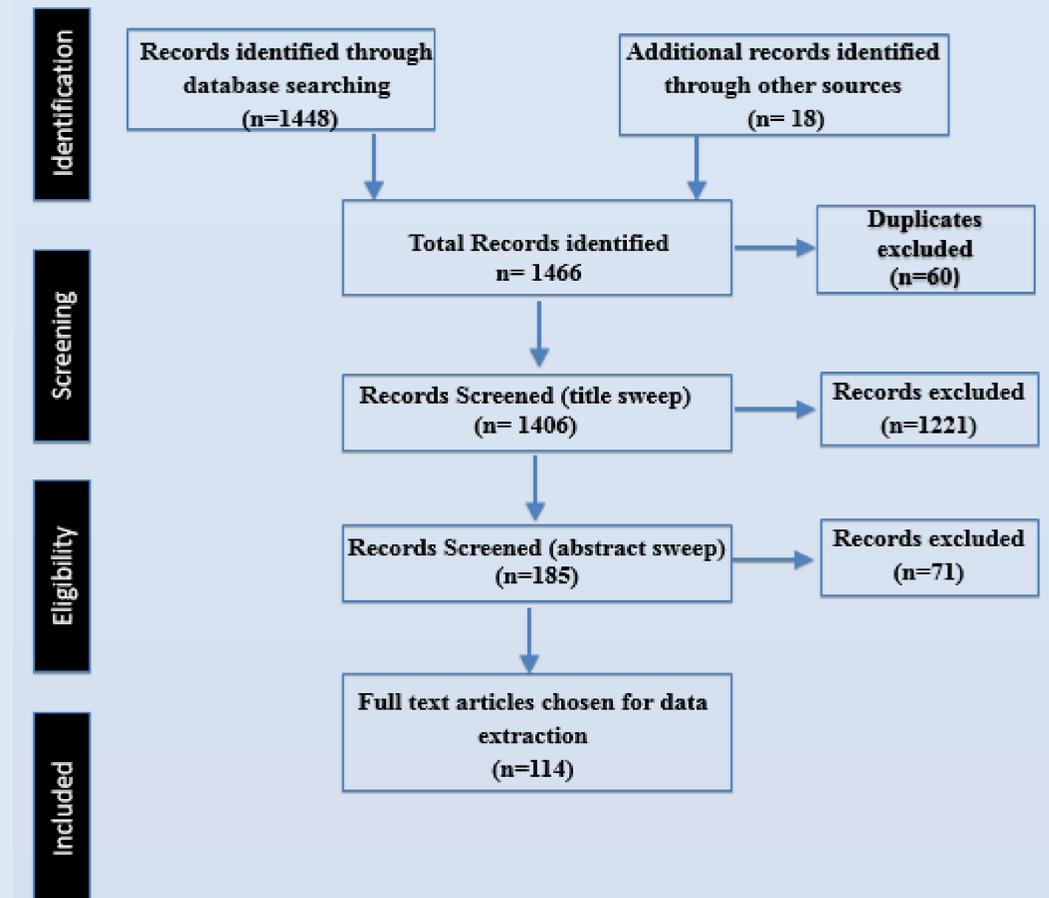
- National and community-based systems-level research to facilitate consensus on a standardized set of oral health competencies at various levels of education for primary care providers.
- Review and analysis of all currently available sets of oral health competencies, integration of these competencies into accreditation standards, and assessment of implementation and evaluation of the oral health competencies into primary care programs' curriculum.

METHODS

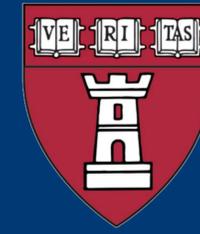
- Literature search was conducted in the following databases: PubMed, Web of Science, EBSCO Databases: Academic Search Premier, CINAHL with Full Text, Cochrane Database of Systematic Reviews, Dentistry & Oral Sciences, and EMBASE.
- Search terms include National Library of Medicine Medical Subject Headings and were selected to assess for the presence of previously published competencies in oral health integration in primary care and to include the following health professions that deliver primary care services: Medical/osteopathic education, Family Medicine, Pediatric medicine, Internal Medicine, Obstetrics, Physician assistant programs and Nurse Practitioner programs.
- A web search for oral health competencies in grey literature was also conducted for the same discipline-specific professions as well as organizations.
- PRISMA Framework was used for record selection⁵.
- Variables mined for the extraction were the name of the author, title of the source, name of publication, primary care specialty referenced, patient population referenced, the level of learner, competencies referenced in the source, and if and how the competencies were evaluated.
- Review and synthesis of competencies and standards were analyzed using a mixed analysis approach to identify common themes and patterns within the text⁶.

RESULTS

Record Selection⁵



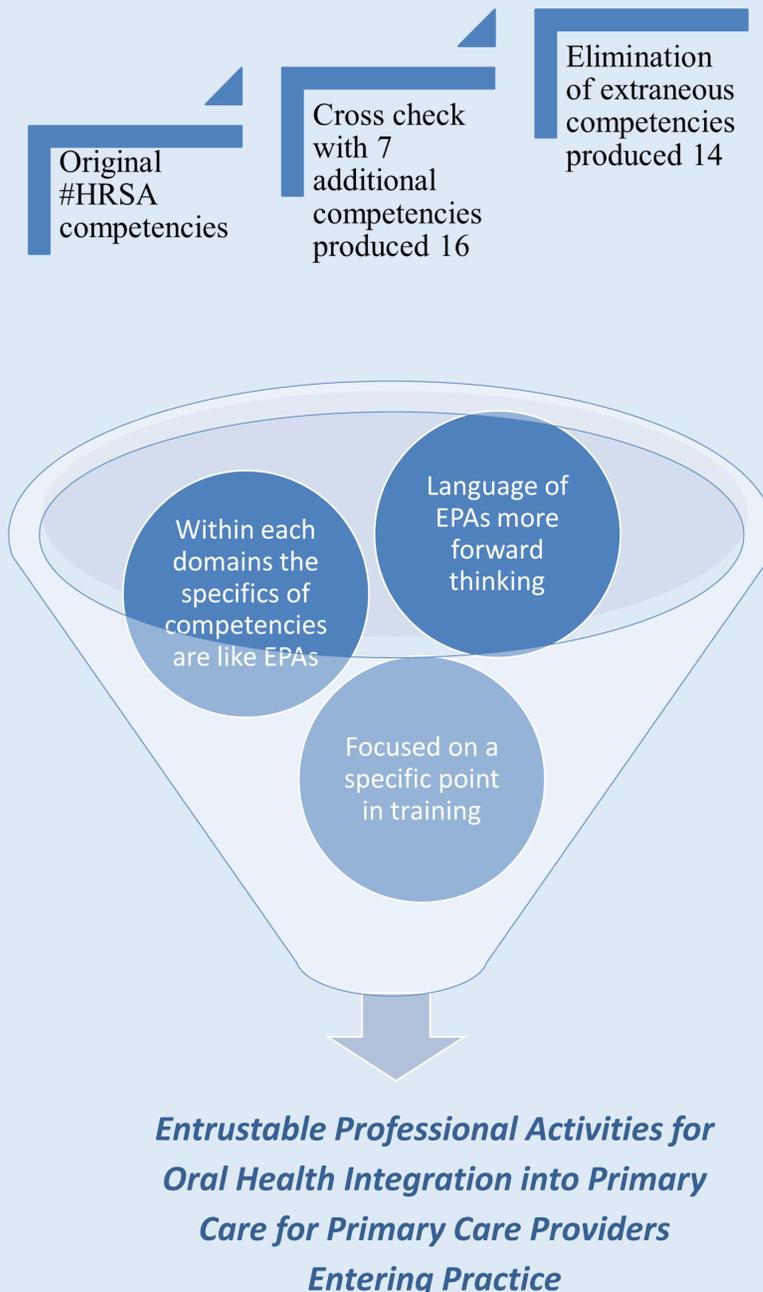
- Scoping review identified 8 full sets of competencies and 3 comprehensive competency-based oral health curricula
- The 8 full sets of competencies cross referenced were: HRSA IOHPCP competencies, the AAMC Oral Health in Medicine for the undergraduate Medical Curriculum, Smiles for Life, OHNEP competencies, HEENOT, Global oral health competencies, Qualis report on Oral Health and competencies defined in University of Washington Curriculum



RESULTS (Continued)

Entrustable Professional Activities (EPAs) for Oral Health Integration into Primary Care for Primary Care Providers Entering Practice

1. Perform an oral health risk assessment, taking into account demographics, epidemiologic and environmental factors, individual systemic health issues, and social determinants of health.
2. Identify, prioritize, and implement risk mitigation strategies for individual patients and the population
3. Provide targeted patient education and counseling to maintain good oral health
4. Perform a complete oral health history sufficient to identify patient-specific risks including systemic conditions that impact oral health and oral health conditions that impact systemic health.
5. Perform a complete oral exam sufficient to identify common oral health conditions and benign oral lesions (including dental carries, periodontal disease, oral cancer, and benign oral lesions).
6. Deliver disease-specific education, evaluation, treatment and referral for common oral health issues (including dental carries, periodontal disease, oral pain, facial trauma, benign oral lesions and oral cancer)
7. Facilitate patient navigation between professionals and practice settings; including establishing efficient processes for information exchange and referral processes
8. Work with community partners to identify and prioritize oral health issues for the population, and to develop strategies to improve the community's oral health



NEXT STEPS

- Present these findings to a reactor panel
- Panel participants will include educators and academics in primary care who have worked in integrating oral health into their professions' scope of practice
- Reactor panel will be a collaborator in the creation of an evaluation framework for these EPAs
- CIPCOH will be able to produce a toolkit for curriculum integration appropriate to all primary care team members
- Distribute competency assessment and curriculum evaluation tools that will allow programs to assess their own effectiveness

REFERENCES

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