

Defining the Dental Hygienist's Role in Improving Population Health through Interprofessional Collaboration

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The shifting landscape of the United States (U.S.) health care system presents vast opportunities for dental hygienists to advance their role in improving population health. In recent years, public and private funders have contributed significantly to support the development and testing of new health care delivery models that expand boundaries across all health professions. National, state, and local foundations have invested more than \$5 million to advance oral health in America, including the development of innovative oral health care delivery models.¹ In 2014, the U.S. Department of Health and Human Services awarded more than \$665 million to emerging state-led, health care delivery models aimed at improving the quality of health care delivery and lowering health care costs.² Integrated care models offer promising pathways for practicing and future dental hygienists to define their role in collaborative practice to improve population health.

At the Harvard School of Dental Medicine, researchers are testing *the Nurse Practitioner-Dentist (NPD) Model for Primary Care*, a novel collaborative practice model to improve access to primary care particularly for vulnerable, underserved older adult (aged 65 and older) dental patients without a usual source of medical care. The NPD Model is a three-year cooperative agreement funded by the US Health and Human Services, Health Resources and Services Administration, to support the development of a collaborative practice environment to improve patient and population-centered care. The specific aims of the NPD Model are to (a) increase access to primary care, and (b) improve chronic disease management for older adults living with diabetes and/or hypertension. The project began on July 1, 2015 and on February 1, 2016 integrated care teams began providing care to older adult dental patients at the Harvard Dental Center Teaching Practices. Population health outcome measures related to chronic disease management, behavioral factors (e.g., smoking and alcohol consumption, physical activity, diet) and physiological factors (e.g., blood pressure, body mass index, blood glucose, cholesterol)³ are addressed and

managed by the integrated care team. This model defines the role of the dental hygienist as an integral member of the primary care team who collaborates directly with the Nurse Practitioner (NP) to promote overall health and wellness. Responsibilities are within the dental hygienist's scope of practice, which includes: the health history assessment, collecting vitals, gathering information regarding the patient's medical conditions, diseases, and medications, and assessing how the patient's medical conditions impact dental care. Upon completion of the health history assessment, the dental hygienist determines if the patient has a usual source of medical care and makes an appropriate referral to the NP. If the patient has medical needs that require additional consultation or if the dental hygienist has unanswered health questions or concerns a chairside consult with the NP is made. The NP is responsible for overseeing the clinical challenges associated with primary care and chronic disease management and implementing preventive primary care services for populations. Together with the patient, the dental hygienist and NP are able to create an interdisciplinary plan of care that addresses the patient's oral health and overall health care needs. Additional education and training for dental hygienists is not required in this integrated model, and thereby avoids the challenges associated with the advancement of dental therapists and/or advanced dental hygiene practitioners. In 2018, an implementation guide, including program outcomes, will be shared with interprofessional professional associations and academic health sciences centers to support the replication of the NPD Model.

Emerging collaborative practice models present opportunities for dental hygiene educators. Clinical experiences engaging dental hygienists and other health care professional students and providers, demonstrates compliance with dental hygiene accreditation standards and advances interprofessional education competencies. Such practice-based learning experiences enrich the dental hygiene curriculum by teaching students about the roles of other health

care providers, thereby broadening their capacity to serve as leaders of interprofessional care teams upon entering the workforce. Moreover, such curricular innovations reflect the changes occurring in the U.S. health care system and help meet an important goal of the Triple Aim: improve population health.⁴

Dental hygienists are well positioned to improve population health and address the oral health and general health care needs of patients and populations. The dental hygienist is appropriately educated and trained to address oral-systemic health and collaborate with other health care professionals. Therefore, from a practice perspective, dental hygienists are well prepared to collaborate with the NP to ensure care coordination and delivery of primary care services within dental settings. Such partnerships are integral to improving population health and establishing the role of the dental hygienist in emerging integrated care teams.

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