



Surveillance Spotlight...

Current Concepts in Oral–Systemic Health

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The International Centre for Oral–Systemic Health is based at the University of Manitoba’s faculty of dentistry. Its core mission was developed around interprofessional education, research and practice models where oral health is a critical component of comprehensive patient care.

As part of the educational component of its mission, the centre will provide a valuable service to stakeholders in the dental community by scanning the latest research and writings as well as best practices in oral–systemic medicine. The centre is proud to partner with the *JCDA* to provide summaries of contemporary literature and news in oral–systemic health that may affect modern dental practice. This month’s article discusses the need for interprofessional education.

Practising Oral–Systemic Medicine: The Need for Interprofessional Education

The increased awareness of oral–systemic connections, an aging population, an increase in chronic illnesses and a lack of access to preventive oral care in high-risk populations require significant changes to current health care systems and practices in order to provide effective comprehensive health care. The purpose of interprofessional education (IPE) is to engage various health professions in collaborative practice to improve the overall health of the public.¹

As the challenge of providing health care to the public increases, so does the disconnect between traditional dental practice and the comprehensive health care model required for optimum health and wellness. In order for the dental profession to maintain its importance as a primary care discipline, it must implement strategies to position oral health as a critical component of overall health.² IPE provides a unique opportunity to prepare current and future practitioners to work in the ever-changing health care environment.

IPE enables non-dental health professionals to understand the relationship between oral health and overall health and quality of life. It also promotes an appreciation for the role of the dental team in preventive care and the importance of screening and referral for various oral diseases and conditions. At the same time, IPE enables dental professionals to more fully understand their role as part of the comprehensive care team, especially with regard to screening and referral for undiagnosed systemic illnesses. One of the most important public health outcomes of IPE is the reinforcement of health and wellness messages related to oral health and chronic inflammatory diseases and conditions such as diabetes, cardiovascular disease and arthritis.³

Over the last several years, there have been preliminary attempts to set up IPE programs across North America. However, dentistry’s inclusion has been limited and there has yet to be developed a comprehensive collaborative program for practising professionals and students in dentistry, medicine, nursing, pharmacy and nutrition.^{4,5} Some of the most promising developments in this direction are at the University of Toronto, where a formal office of interprofessional education has been set up and where the faculty of dentistry is represented.

The Centre for Oral–Systemic Health at the University of Manitoba faculty of dentistry is also currently developing such an IPE program. The model will consist of highly engaging and interactive didactic materials along with unique clinical training experiences in collaborative patient care settings. Additionally, the model will include interprofessional teams that provide an intensive continuing education program for practising professionals in their communities.

Concern for the public's oral health is escalating. Of particular concern are issues of access to care for high-risk groups, such as low-income, rural, minority, institutionalized and elderly populations. There is an increasing public perception that dentists are experiencing a financial boom, while so many people are without access to care.² This should serve as a wake-up call for the dental profession that change is needed and that we can no longer continue with business as usual when delivering patient care.

The approach being used by our IPE program for delivering oral health care means collaboration with other members of the health care team. The perception that oral health is separate from, and less important than, general health has been ingrained in the fabric of existing health care systems and needs to be changed. Traditional dental practice settings and isolation from other health services have helped create the impression that oral health is not part of overall health, but rather a luxury available only to those who have access through employee coverage or the ability to pay for services. However, we now know that oral health and general health are inseparable.

Routine dental visits are an important aspect of patient health. Dentists are often the first line of defence in the prevention, early detection and treatment of both oral and systemic diseases and, therefore, must become more involved in assessing and ensuring the overall health of their patients through screening, diagnosis and referral. Moreover, a collaborative network among health professionals would be even more beneficial to patients as oral health problems could be detected and referred to the dental team before the occurrence of cumulative adverse effects.

Expanding the involvement of non-dental health professionals in oral health would likely be an effective strategy for improving overall health in high-risk populations where there is currently a shortage of dentists. Collaboration among dental and other health care teams, fostered by strong IPE programming and the redesign of patient care settings by moving away from separate dental and medical offices and clinics, would lead to an easier exchange of information and improvement in comprehensive care. Such collaboration would include multidirectional reinforcement of health and wellness messages, cross-referrals (screenings, laboratory tests and treatment requests and precautions), and earlier detection of both oral and systemic diseases, which would lead to decreased health care costs and a healthier public. ♦

References

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