

Determinants of Oral Health Assessment and Screening in Physician Assistant Clinical Practice

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Background/Objectives

Integration of oral health with primary medicine was a theoretical goal verbalized in the Surgeon General's Report, *Oral Health in America*, in 2000. This has resulted in calls for medical professionals to incorporate oral health assessment into their routine clinical activities, to counsel patients about the importance of achieving and maintaining good oral health, and of early interventions in oral disease processes. Primary care providers are uniquely positioned to provide oral health prevention services including screening, education, fluoride varnish, and referral to dental providers during clinical encounters with patients.

Educating physician assistant (PA) students about the relationship between systemic health and oral health, and providing them with clinical competencies in oral health screening, assessment, and referral services is consistent with the goals of integration of oral and primary health care services. To ascertain if PAs were providing oral health assessment services, the Oral Health Workforce Research Center (OHWRRC), in cooperation with researchers from the American Academy of Physician Assistants, conducted a survey of a sample of 2014 graduates from accredited PA professional education programs to describe their current clinical practices related to oral health service delivery.

Methods

The online survey was fielded to a stratified sample of 2,500 PAs who had graduated from a PA professional education program in 2014. The sample included graduates from each of the 166 accredited professional education programs in the US by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) in 2014. The number of PAs selected for inclusion in the sample from each education program was weighted by the total number of graduates from that program compared to the total number nationally.

Findings

Characteristics of Current Clinical Practice

- Survey respondents reported a variety of practice specialties including family medicine/general practice (25.4%), emergency medicine/urgent care (15.1%), and surgical sub-specialties (14.4%) The most common surgical specialty among respondents was orthopedic surgery (48.8% of those in a surgical specialty).

Conclusions and Policy Implications

- 1) Nearly 39% of all PAs who received didactic and/or clinical instruction in oral health during PA training had incorporated those competencies into current practice.
- 2) Among PAs providing any oral health services, more than 80% indicated that they obtained their education in oral health from their PA program. This suggests that training in oral health competencies during foundational education may increase the likelihood of PAs providing oral health services.
- 3) The most commonly cited barrier to integration of oral health services into clinical practice was a lack of patients' adherence to recommendations about oral health and oral hygiene. This is also a primary reason why provision of these services in medical practice is important. Primary care clinicians are well positioned to inform their patients about why oral health matters.
- 4) Numerous structural barriers within delivery systems impede integration, including time demands, reimbursement, lack of clinical protocols for oral health screenings, and lack of encouragement or interest in oral health from members of medical teams.

Education in Oral Health Competencies

- Three-quarters (74.5%) of PAs who responded to the survey, all of whom graduated from a PA education program in 2014, received some education in oral health during their education to become a PA.
- More than half of the PAs indicated that the oral health curriculum was integrated into one or several curricula topics (56.4%) and/or was delivered in stand-alone lectures (53.2%). In addition, 16.5% were involved in interprofessional learning about oral health during their PA education.
- Almost one-fifth (19.7%) of PAs received education in oral health from sources other than their PA education program including continuing education (CE) programs (23.2%) or self-study (23.2%).

Integration of Oral Health Services into Clinical Practice

- Just over a third (35.7%) of survey respondents provided any oral health services in their current clinical practice. PAs working in family medicine/general practice represented more than a third (34.3%) of the PAs who provided any oral health services in their clinical practices, followed by PAs in emergency medicine/urgent care (29.5%).
- Sixty-five percent conducted oral examinations as needed during acute care visits; 26.2% conducted oral examinations as needed during emergency department visits; and 40.8% did so during patients' annual well visits.
- More PAs (83.9%) examined adult mouths ("sometimes" [29.7%], "often" [41.6%] or "always" [11.9%]) than examined the mouths of children (63.4% of PAs) ("sometimes" [14.9%], "often" [25.7%], or "always" [22.8%]). However, more PAs (22.8%) "always" examined children's mouths than "always" examined adult mouths (11.9%).
- Only 38.8% of PAs who were educated in oral health during their PA education program were providing any oral health services to patients. However, 81% of those PAs who provided oral health services in their clinical practices (n=85) received their education in oral health in their professional education program (n=105).
- After controlling for PA specialty and primary employer, PAs who received education in oral health and disease were approximately 2.79 times more likely (95% CI=1.39-5.59, $P=0.0038$) to provide oral health services in their clinical practice, compared to those who did not receive any education in oral health competencies.

Opinions and Attitudes

- PAs were asked about the relative importance of various factors to integration of oral health services into clinical practice. The factor most cited (93.2%) as "important" (47.6%) or "very important" (45.6%) was that "medical professionals must feel competent to provide oral health services", followed closely by the importance of the availability of oral health education for medical clinicians (92.3%) (cited as "important" [47.6%] or "very important" [44.7%] by respondents).
- The most cited barriers to integrating oral health services included "time demands" ("significant" [33.0%] or "very significant" [25.5%]), "lack of patients' adherence to recommendations about oral health and hygiene" ("significant" [29.0%] or "very significant" [22.1%]) and "lack of access to a dental provider referral system" ("significant" [26.0%] or "very significant" [21.4%]).

Conclusions

While uptake of oral health screening and assessment services in clinical practice is still not at desired levels, it was apparent from this survey that there is noticeable progress with integrating these services. The fact that some PAs are frequently or always screening for oral disease during clinical encounters with patients is an indicator that especially in primary medicine, there is growing acknowledgement of the importance of these services.

Ongoing education within the medical community and changes in reimbursement policies, medical record design, and referral networks will all be needed to foster further adoption of oral health screening by medical providers.