Interprofessional Education and Care
at the New York University Nursing Faculty Practice

The New York University (NYU) Nursing Faculty Practice is a primary care practice affiliated with the NYU College of Nursing, which is located at the College of Dentistry. This practice is led and staffed by nurse practitioners, and offers comprehensive primary care services to adults age 18 and over, with a special emphasis on older adults throughthe Elder Care Program. They serve as an interprofessional clinical rotation site for NYU's undergraduate and graduate nursing students, dental hygiene students, and dental students. NYU College of Nursing is leading a national initiative, Oral Health Nursing Education and Practice (OHNEP), focused on enhancing the role of nursing in reducing theburden of oral disease in the U.S. In this case example, Judith Haber, PhD, APRN, BC, FAAN, and Madeleine Lloyd, PhD, FNP-BC, MHNP-BC, describe their experience in an innovative interprofessional teaching practice.

The history

The inspiration for the NYU Nursing Faculty Practice was based on a vision for a partnership between the College of Dentistry and the College of Nursing. This vision was inspired by the Surgeon General's Report on Oral Health in 2000. "There was a vision of two primary care professions, both focused on oral health promotion and disease prevention, having the opportunity to create a new education and practice paradigm by creating a seamless model for oral health and primary care that formed a one-stop health shopping experience, versus operating individually in their own professional silos. The vision was not just about increasing referrals to dentistry, but instead was the predecessor to what we now call whole-person care. Few models like that existed anywhere in the country at the time," Haber explains. "In 2005, the Division of Nursing within the School of Education [where it had been housed since 1932] became the College of Nursing at the College of Dentistry. If you walk into the Dental School, to the right is the dental admitting center and on the left is the Nursing Faculty Practice."

Setting the stage for success

"What you really need in this situation are early adopters, who become your change champions. The dean of the College of Dentistry and the dean of the College of Nursing were both major champions, providing the administrative and financial resources needed to launch the program. Grant funding from foundations and HRSA [Health Resources and Services Administration] also provided significant resource support. We had a cadre of faculty oral health champions from nursing and dentistry who really helped to design and launch the early collaborations," shares Haber.

Training

"We embarked on a series of faculty development presentations, capitalizing on the "lunch and learn" theory, including a program on overall health, hypertension, diabetes, and smoking cessation. We began doing guest lectures in dental student courses, and then invited their faculty to do guest lectures in our nurse practitioner courses as well. That led to the design of a set of interprofessional student clinical experiences that were very successful," explains Haber. "Nurse practitioner [NP] students who had clinical placements in the Nursing Faculty Practice were provided with rotations in the dental admitting clinic, partnered with a dental faculty member and dental student. Together they saw a patient, and reciprocal learning took place. Each was there to teach the other how to do their respective health assessments and health histories. At the end of the day's rotation, they developed an integrated care plan for that patient under the guidance of the faculty member," Haber recounted.

"Simultaneously, the director of the Pediatric Nurse Practitioner Program launched a set of pediatric oral health initiatives, where pediatric nurse practitioner [PNP] students went out to Head Start centers in three-week rotations with dental students. During those visits, the dental students taught the PNP students how to do an oral health assessment, how to apply fluoride varnish, and what to include as anticipatory guidance to parents. The PNP students taught the dental students about common general health or behavioral health problems the children might have, like asthma or ADDHD, how they were assessed, and how they might be managed in a dental practice. Final-year PNP students collaborated with pediatric dental residents on the care of a child with complex oral-systemic health issues, such as autism or cancer, and presented a collaborative case conference on the evidence-based management of the child in both primary care and dental settings," describes Haber.

"These interprofessional training opportunities need to become a standardized part of the curriculum. If it is elective, or volunteer, not everyone will get to be exposed."

Operation of the Nursing Faculty Practice

Madeleine Lloyd, clinical director explains, "The Nursing Faculty Practice is staffed with a full-time office manager, a receptionist, and one full-time faculty nurse practitioner provider. Then as many as four part-time providers (faculty nurse practitioners) rotate through each week to provide interprofessional education to dental, dental hygiene, nurse midwifery, and NP students." Lloyd says "Every new patient has oral health integrated into their history, physical exam, risk assessment, and management plan. This includes referral as needed to dental and other medical and/or specialty providers. Specific patient populations, such as those with diabetes, obesity, and multiple chronic conditions, at high risk for oral health co-morbidities, have oral health integrated into their visit at each encounter. The providers use the 'HEENOT' approach, which stands for head, ears, eyes, nose, intra-oral cavity, and throat. This is an innovation that transitions the traditional HEENT component of the history and physical exam by adding assessment of oral health to the patient primary care encounter. The HEENOT approach aligns perfectly with the Oral Health Delivery Framework."

Lloyd shares an example of interprofessional education and care in action: "Today I saw a new patient at the practice. I was precepting a dental student with a family nurse practitioner [FNP] student, and I explained to the patient that here we practice interprofessional education, asked permission for both disciplines' students to be in the examination room together, and then

introduced the concept of interprofessional care. During the review of systems we include oral health questions [do you see a dentist regularly, do you floss, and if so how often, do you have any pain, do you have dry mouth, and do you have any oral concerns]. We record these responses in the electronic medical record [EMR], which the Nursing Faculty Practice staff modified to include oral health fields."

Lloyd explains, "During the examination component we included an oral exam using the HEENOT approach, which also can be documented in the EMR. The oral exam just takes a minute or two to integrate into the history questions and physical exam. The patient today presented with a chief complaint of facial pain. The dental student took the lead and did the HEENOT exam with the FNP student. Not only was the patient getting my eyes during the visit, but also the eyes of the dentist. The dental student found damage to the teeth due to teeth grinding; when we discussed the finding with the patient, we found out the patient had a history of breast cancer and a fear of it returning. The working diagnosis was facial pain related to anxiety/stress associated with fear of cancer recurrence. The patient had a dentist previously, but moved to New York six months ago and had not found a new one. We were able to refer her to a dental colleague at the faculty group dental practice [FGP] because she had insurance. Patients with Medicaid, or who self-pay, are referred to the general clinics at the College of Dentistry, and patients with commercial dental insurance are referred to FGP for routine dental care. When possible, the student dentist will refer the patients to themselves to establish primary dental care at the College of Dentistry."

Referrals

Lloyd explains, "Within the EMR there is a referral system to track where patients are referred from, and where we refer to. All referrals are tracked in the electronic chart system and assigned to the clinic manager to make sure the referral loop is closed. Closing the referral is part of Meaningful Use, and historically this process hasn't been done well in primary care. When a dental issue is identified at our primary care practice, either an NP faculty preceptor or student or dental student will make the referral and coordinate making the first appointment for the patient's dental care. It's a warm handoff right here in the clinic. In these cases, the dental student met the patient and has heard all of the history too, so the patient had two professionals hearing the same story, an interprofessional treatment plan, and the patient has established a relationship with their dentist prior to the first appointment."

Haber shares, "Referral tracking is one of the hardest parts. We are using the SBAR tool from TeamStepps to provide an effective template for getting professionals to communicate with each other so that collaboration is enhanced…which only benefits our patients. We do have a place in the EMR to document a referral made to dentistry, and a referral made from dentistry. In all of our interprofessional student experiences this is something we promote as an important component of whole-person care, team-based care. But our two EHRs do not communicate. Theoretically, the new electronic dental record will be able to communicate in the cloud, but that is for the future."

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> — Madeleine Lloyd, PhD, FNP-BC, MHNP-BC,

Bi-directional consultations

"At the College of Dentistry, dental faculty and students take blood pressures on every patient. One of the most common reasons for referrals to primary care is elevated blood pressure [BP], and to assess for co-morbidities that accompany BP that may impact readiness for a dental procedure. More times than not, patients will have newly diagnosed hypertension and are

able to get their BP under control, be screened for their age-appropriate preventative care, and attend to their dental needs safely. Or, our dental colleagues may be concerned about uncontrolled blood sugars for patients that are not being managed because the patient does not have a primary care provider. They will also send a patient to us if patients have co-morbidities such as substance use/abuse, for tobacco cessation counseling, to identify a patient with a chronic illness that requires supporting laboratory tests prior to dental procedures such as an international normalized ratio, or if they have not had a physical within the past 12 months. We have a referral form where the dental faculty or student completes the dental referral section and the NP closes the referral loop by completing the primary care/medical consultation section. In addition, the nurse practitioner students and faculty refer the primary care patients to the dental clinics for both general and specialized dental care. Getting information back about the patient's care is often a challenge, but by having the two professions in the same exam room, bidirectional communication is improved," describes Lloyd.

Lloyd shares another example of the benefits of interprofessional care for patients: "The NP student had a patient in her early 40s who was complaining of dry mouth. She wasn't on any medication that might have caused it, but she also had dry eyes. Blood tests were drawn to check for a systemic reason for her oral complaints such as an autoimmune problem. The patient was screened and tested positive for Sjogren's syndrome. Being co-located with dental colleagues has increased the NPs awareness of the oral-systemic connection. I've learned not to brush off dry mouth! The dental student was also in the exam room and was able to suggest an interim treatment for xerostomia."

Advice for other practices

"Frankly, integrating oral health is one of the easiest things a primary care provider can do. It takes about one extra minute to do an oral assessment using the HEENOT approach and the Oral Health Delivery Framework," states Lloyd. "When you're taking a history you should be thinking about oral health, and when you're asking other questions you're already asking (about medical conditions, health behaviors, family history), think about oral health. It needs to become a standard part of a primary care visit."

"Two ingredients that will move the needle in a significant way is if oral health was a part of required quality improvement benchmarks, and if there is reimbursement for it. Healthcare is moving in the direction of value-based reimbursement. When you're being paid for patient outcomes, and oral health is one of the outcomes, then it will become more value-added to take that extra minute," explains Haber.

About the Oral Health Integration in Primary Care Project

Organized, Evidence-Based Care Supplement: Oral Health Integration joins the Safety Net Medical Home Initiative Implementation Guide Series.

The goal of the Oral Health Integration in Primary Care Project was to prepare primary care teams to address oral health and to improve referrals to dentistry through the development and testing of a framework and toolset. The project was administered by Qualis Health and built upon the learnings from 19 field-testing sites in Washington, Oregon, Kansas, Missouri, and Massachusetts, who received implementation support from their primary care association. Organized, Evidence-Based Care Supplement: Oral Health Integration built upon the Oral Health Delivery Framework published in Oral Health: An Essential Component of Primary Care, and was informed by the field-testing sites' work, experiences, and feedback. Field-testing sites in Kansas, Massachusetts, and Oregon also received technical assistance from their state's primary care association.

The Oral Health Integration in Primary Care Project was sponsored by the National Interprofessional Initiative on Oral Health, a consortium of funders and health professionals who share a vision that dental disease can be eradicated, and funded by the DentaQuest Foundation, the REACH Healthcare Foundation, and the Washington Dental Service Foundation.

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