



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

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Objective: There is greater general recognition of the linkages between physical disease and oral pathology. This has resulted in calls for medical professionals to incorporate oral health assessment, counseling, and early intervention into their routine clinical activities. However, actualization of the integration of oral health services in medical practice is difficult, due to the siloed structure of oral health and health delivery systems. One strategy to bridge that gap is interprofessional education that prepares medical professionals to screen for oral disease and to effect referrals to dental professionals. The Oral Health Workforce Research Center (OHWRRC) at the Center for Health Workforce Studies, in cooperation with researchers from the American Academy of Physician Assistants (AAPA) conducted a survey of a sample of 2014 graduates from accredited physician assistant (PA) professional education programs to describe their current clinical practices related to oral health service delivery. The hypothesis for this study was that PAs who were educated about oral health assessment were more apt than others to provide assessments in their clinical practice.

Design/Methods: The 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 ARC-PA accredited professional education programs in the US in 2014. The number of PAs selected for the sample from each education program was weighted by the total number of graduates from that program compared to the total number nationally. The survey instrument consisted of fourteen questions about education and training in oral health competencies, implementation of oral health screening activities in clinical practice, and more general inquiries into specialty, practice setting, and geography. Despite efforts to encourage survey participation, including frequent reminder prompts, an incentive for participation, and leaving the survey open for three months, the survey response rate was quite low. In total, 304 PAs responded to the survey, for a 12.6% response rate.

Results:

- Three-quarters (74.5%) of PAs who responded to the survey received some instruction in oral health during their education.
- About half of the survey respondents felt that the education they received in their formative education program made them more likely to integrate oral health 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%).
- 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 received their education in oral health during their professional education program.
- After controlling for PA specialty and primary employer, PAs who received education in oral health and disease were approximately 2.79 times ($P=0.0043$) more likely to provide oral health services in their clinical practice, compared to those who did not receive any education in oral health competencies.
- The factor most cited as “important” or “very important” for integration of oral health services into clinical practice was that “medical professionals must feel competent to provide oral health assessment services” (93.2%) followed closely by the response that “education for medical clinicians must be available” in oral health competencies (92.3%).
- The most cited “significant” or “very significant” barriers to integrating oral health services included “time demands” (59.0%), “lack of patients’ adherence to recommendations about oral health and hygiene” (51.0%), and “lack of access to a dental provider referral system” (47.0%).

Conclusions: While uptake of oral health screening and assessment services in primary practice is still not at desired levels, there is noticeable progress in this arena. 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.

Key Words: Physician Assistants, Physician Assistant Education, Oral Health

HWRC Website Link: http://www.oralhealthworkforce.org/wp-content/uploads/2016/12/OHWRC_Oral_Health_Assessment_in_PA_Practice_2016.pdf