Integration of oral health and primary medicine was a theoretical goal verbalized in the Surgeon General's Report, *Oral Health in America* in 2000. Its importance was reiterated by the Institute of Medicine in 2011 in companion HRSA funded reports which recognized both the opportunity and responsibility of medical professionals to address the oral health of patients in their clinical practice. Actualization of this integrative goal has been 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 and assess for oral disease and to effect referrals to dental professionals and that also encourages dental professionals to evaluate patients with a view to the implications of oral health status on systemic health.

In 2013, a survey of directors of physician assistant education programs conducted by the Center for Health Workforce Studies (CHWS) found that more than 70% of respondent programs had integrated oral health topics into core content of their PA curriculum. A 2014 HRSA sponsored report described core oral health clinical competencies for frontline primary care clinicians, including PAs, and outlined strategies for implementing oral health training in primary care practice and safety net settings. However, whether training in oral health in PA education programs translates to actual screening and assessment of patients' oral health status in clinical practice remains unclear.

The Oral Health Workforce Research Center (OHWRC) at CHWS in cooperation with physician assistant researchers proposes to conduct a survey of recent PA graduates. There appears to be a greater likelihood that those who have graduated more recently from PA education programs, those who are practicing in primary care specialties, and those employed in safety net settings where oral health and primary care services are offered in integrated settings provide oral health screening and assessment services more often than other PAs.

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To test these hypotheses, the OHWRC in cooperation with the American Association of Physician Assistants (AAPA) proposes to field a survey to a sample of PAs across the U.S. in 2016 to ascertain PA practice characteristics, to describe oral health screening activities for patients, to understand the extent and source of PA education in oral health, and to determine facilitators and barriers to the integration of oral health service in practice.

The survey will ask PAs to describe current practice specialty, demographics of their patients, delivery of oral health assessment and education services, barriers and facilitators to integration of oral health services into their practices and the source of their education in oral health competencies, including PA education programs and on-line and in-service continuing education courses. This survey will build upon survey research completed by AAPA in 2013 that found that PA specialty was in fact a determinant of oral health screening activities. 6

This research will accrue primary data through survey research. Approximately 2,000 recent PA graduates who were exposed to oral health assessment while in training will be asked to complete the survey which will be delivered online or on paper depending on the availability of e-mail addresses. Data from the survey will be analyzed to compare and contrast oral health assessment activities. Multivariate regression using cluster analysis will describe factors that significantly contribute to physician assistants’ integration of oral health assessments in their clinical practice including specialty, geography, practice setting, and patient demographics.

Project activity will also include a literature review and a review of secondary data on the topic of PA practice related to oral health screening and assessment activities. The survey will be submitted to the institutional review board of the New York State Department of Health for approval and guidance.

The AAPA is being asked to participate in the project by providing contact information about recent graduates of PA education programs, demographic information about those graduates, advice about survey content, and endorsement of the project. CHWS will receive survey responses, complete data analysis, and write all reports of findings. AAPA will provide input to the research throughout the project period.

OHWRC will provide HRSA with a technical report describing frequency and cross tabulations from the data and findings from the regression analysis and also a research brief. OHWRC staff will work with the HRSA Project Officer to determine whether the findings from this project merit the preparation of a peer reviewed journal article.

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