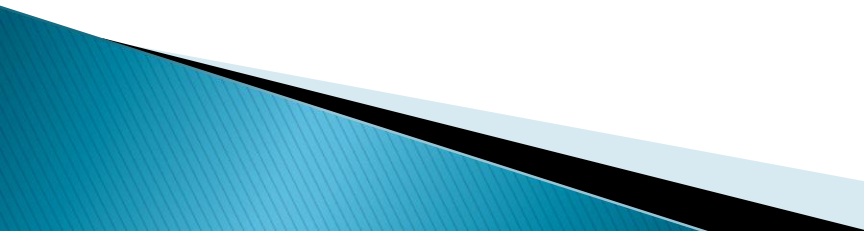




Oral Systemic Connection and Why Linkages are Important

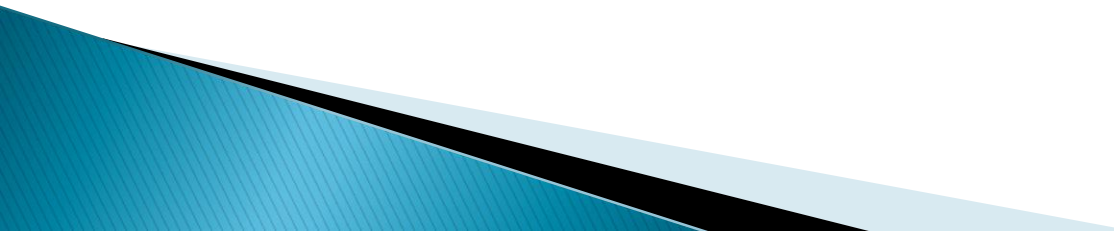
Oral Health Programs in the NEAETC – Overview

- New England AIDS ETC covers CT, RI, MA, NH, ME, VT
 - Programs offered may be regional or state.
 - Programs may be oral–health specific for DHCWs.
 - Programs may be for medical staff, case managers or students.
 - Regional dental association meeting programs.
- 

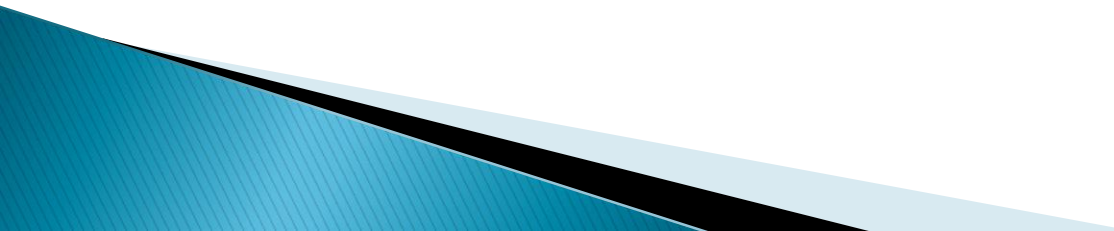
Oral Health Programs in Past year

- Fifteen programs
- 657 attendees
- Programs in CT, MA and NH

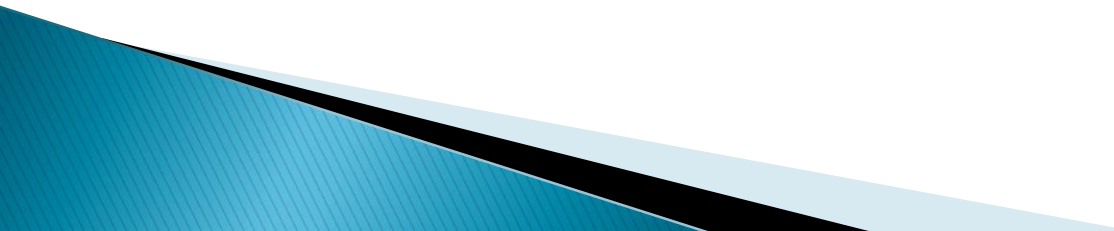
Who needs training?

- Dental Healthcare Workers (DHCWs)
 - Primary care workers
 - Case managers
 - Anyone else?
- 

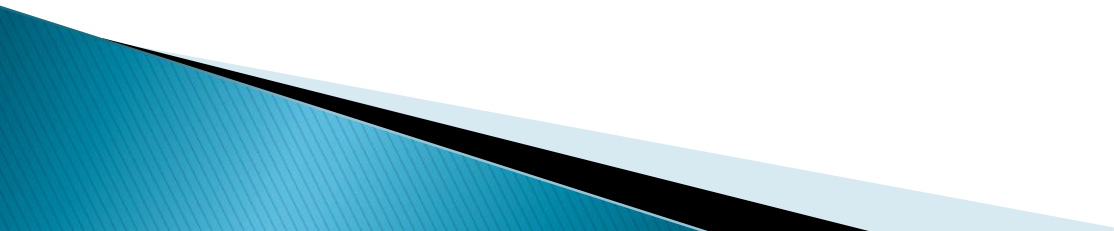
Oral Health Trainings For DHCWS

- Include infection control, legal issues, oral manifestations, rapid testing, and targeted issues/concerns.
 - Are coordinated either through the dental director or faculty of the NEAETC.
 - They need more information on medical issues, linkages to care and especially pertinent lab values.
- 

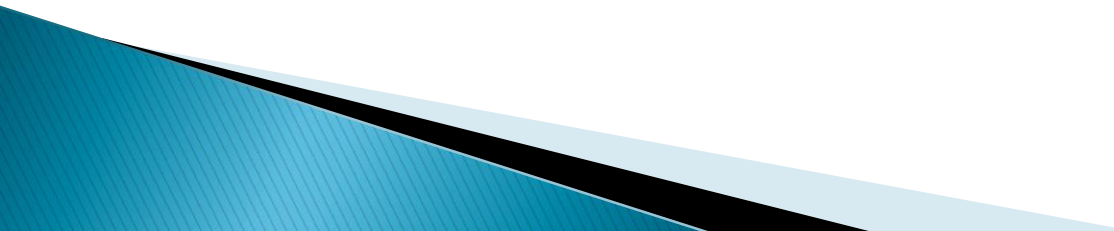
Oral Health Trainings for Medical Staff

- Include training on oral health and the importance of routine evaluations and care.
 - Include how to discuss patients as to whether or not patients are connected to oral healthcare.
 - Include importance of having linkages and care coordination with dental providers.
 - Include the need to understand when referrals to oral healthcare are a medical necessity.
- 


Oral Health Trainings for Case Managers

- Train Case managers to be aware of oral manifestations and importance of oral health care services for PLWHA.
 - Include enough information such that oral health should be on their radar screen as part of an intake process.
- 

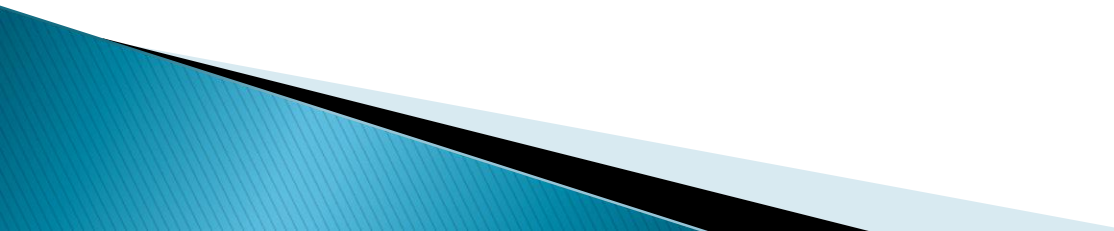
And how about --Dental/Dental Hygiene Students

- Lectures at dental & Dental Hygiene schools in Boston.
 - Lectures address, confidentiality, State and Federal laws, privacy safeguards, review of case law, HIV 101, rapid testing.
 - Lectures also on infection control, Postexposure management, RWCA, and other HIV-related information by request.
- 


Why Lecture to Students?

- Let's get the right information to them before they are out in practice.
 - Create an awareness of legal and ethical obligations.
 - Promote safe practice through standard precautions and other elements of an effective infection control program.
 - Provide current information on infection control.
 - Provide periodic updates on infection control.
 - Positively influence the next generation of DHCWs.
- 

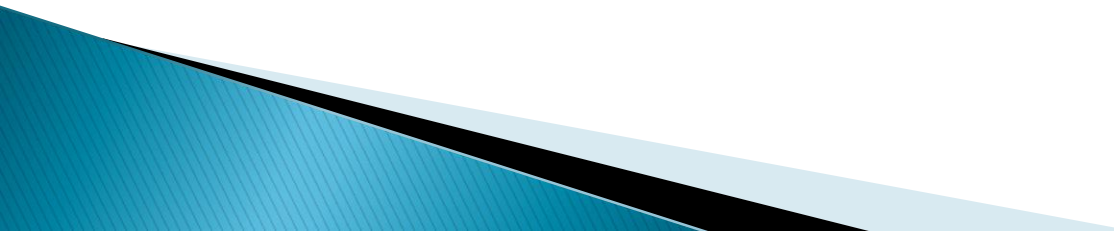
Regional Dental Meetings

- Annual exhibit at the Yankee Dental Congress.
 - Educational exhibit which includes materials on oral health, infection control, legal concerns, resources, state and federal regulations.
 - Consumers volunteer and provide valuable insight.
 - Oral health consumable products are collected from vendors for distribution at ASOs.
 - Opportunity for student volunteerism and education.
 - Puts the NEAETC on the radar screen of dental providers.
- 

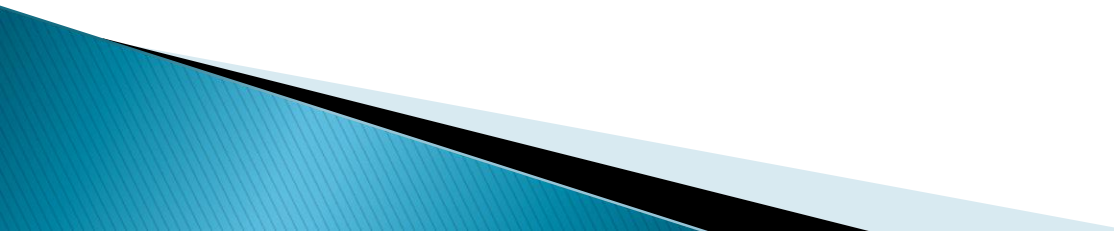
Best Practices for DHCWs

- Define role of DHCWs as primary care providers.
 - Emphasis is on educating all staff.
 - Dispel notion that the dentist will treat PLWHA, but staff will not.
 - Provide accurate, up-to-date information.
 - Provide materials for reference, patient education and office visibility.
 - Targeted mailings of pertinent information.
- 

Best Practices For Medical/Case Manager Model

- Goal is to influence those who assist PLWHA's entry into oral health care.
 - Include recognition of importance of oral health care as part of primary care and basics of oral assessment.
 - Include information for referral.
 - Include patient and practitioner educational materials.
- 

Medical/Case Management Best Practices Continued

- Train case managers to advocate for oral health services for their clients.
 - Provide instruction and/or assistance in accessing dental Medicaid.
- 

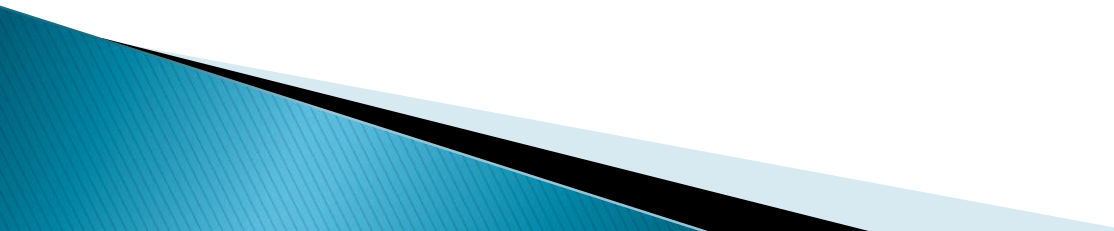
Best Practices Visibility

- Educational exhibits at regional or state dental meetings would:
 - Provide current information and resources.
 - Provide information on the NEAETC.
 - Be and opportunity to discuss issues.
 - Put a face with the program.

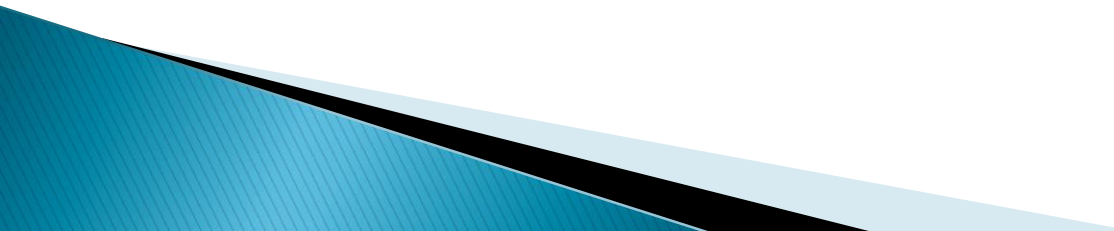
Some thoughts...

- Trend in education at the NEAETC has changed in over the years....
 - Earlier programs were 2 ½ day comprehensive with a lot of time for interaction with consumer panel.
 - Programs shifted and may be an hour or half to full day.
 - Less clinical, hands-on training.
 - More didactic training.
 - Linkages to care are vital components.

continued

- Do we go *Back to the Future*????
 - How should we assess training needs?
 - Does our perception of need too greatly influence the training?
 - How do we get past the concept of saturation?
 - How do we convince DHCWs to participate in clinical training?
- 

Challenges

- How do we or do we even, redefine barriers to care, to education, to clinical training?
 - Can we develop appropriate resources to share without duplication of effort?
 - How do we determine what the appropriate training is?
 - If we set it up, how do we get them to come?
- 

New frontiers

- Consider role of DHCW in rapid testing.
 - Monitor trends in epidemic, especially increase in STDs and use of crystal meth.
 - Consider needs of bloodborne infected providers and that CDC guidelines are over 20 years old.
 - Develop programs that are proactive and not just reactive.
 - Continue to collaborate on all levels and with all providers.
 - Create an oral health presence at variety of meetings or educational programs.
- 