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EDITORIAL

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Medical-dental collaboration in general and family medicine

Medical and dental interprofessional collaboration is crucial in general and family medicine. Oral health management can reduce oral bacteria count and aspiration pneumonia.[1] Perioperative oral function management can reduce the risk of postoperative pneumonia and is covered by health insurance in Japan. Furthermore, prevention of pneumonia is very important, because pneumonia and aspiration pneumonia are common causes of death in Japan. Therefore, close medical-dental collaboration should be facilitated.

However, medical-dental collaboration and knowledge of oral health management are insufficient in general and family physicians. Competency level of physicians, residents, and nurses was <30% for identifying tooth decay and oral pathology.[2] Frequency rates for dental referral by medical providers were 32% "frequently" and 68% "infrequently".[2] A qualitative study exploring general practitioners' and dentists' experiences and expectations of interprofessional collaboration revealed that both general practitioners and dentists reported perceived knowledge deficits of the other profession.[3] Moreover, most of general practitioners saw no need for medical-dental collaboration, although dentists were interested in extending medical-dental collaboration.[3] Another qualitative study showed that general practitioners and dentists perceived knowledge deficits in other specialty and frequently criticized aspects of each other's patient management.[4] Furthermore, interaction between general practitioners and dentists is often limited except in cases of personal contact.[4] Medical-dental collaboration is inadequate and should be improved in general and family medicine.

Dental hygienists can play a central role in medical-dental collaboration in convalescent rehabilitation. The role of dental hygienists is screening and assessing of oral health and function, treatment, education and counseling in oral health management, oral and dysphagia rehabilitation, and interprofessional collaboration.[5] Oral health management provided by dental hygienists improves not only oral status, swallowing function, and nutritional status, but also activities of daily living, home discharge, and in-hospital mortality in postacute rehabilitation.[5] Therefore, early detection of oral problems, early oral health management by dentists and dental hygienists, and medical-dental collaboration should be implemented in convalescent rehabilitation. The presence of dental hygienists is indispensable for convalescent rehabilitation hospital and rehabilitation nutrition.[6]

Interprofessional collaboration between general and family physicians and dental hygienists may promote medical-dental collaboration in general and family medicine. Some dental hygienists participate in multiprofessional conference and ward rounds such as oral health management team, swallowing team, nutrition support team, and rehabilitation nutrition team. In my experience, physicians can learn a lot about oral hygiene from oral health management ward round with dental hygienists. Interprofessional collaboration between general practitioners and dentists is clearly important, however often limited. Interprofessional collaboration between dental hygienists and other health professionals may improve access to comprehensive healthcare services.[7] Therefore, I expect that many general and family physicians will collaborate with both dentists and dental hygienists to facilitate close medical-dental collaboration.

CONFLICT OF INTEREST

The authors have stated explicitly that there are no conflicts of interest in connection with this article.

ORCID

Hidetaka Wakabayashi https://orcid.org/0000-0002-0364-0818

Hidetaka Wakabayashi MD, PhD

Department of Rehabilitation Medicine, Yokohama City University Medical Center, Yokohama, Japan

Email: noventurenoglory@gmail.com

REFERENCES

1. Momosaki R. Rehabilitative management for aspiration pneumonia in elderly patients. J Gen Fam Med. 2017;18:12–5.
2. Shimpi N, Schroeder D, Kilsdonk J, et al. Medical providers' oral health knowledgeability, attitudes, and practice behaviors: an opportunity for interprofessional collaboration. J Evid Based Dent Pract. 2016;16:19–29.
3. Sippli K, Rieger MA, Huettig F. GPs' and dentists' experiences and expectations of interprofessional collaboration: findings from a qualitative study in Germany. BMC Health Serv Res. 2017;17:179.
4. Holzinger F, Dahlendorf L, Heintze C. 'Parallel universes'? The interface between GPs and dentists in primary care: a qualitative study. Fam Pract. 2016;33:557–61.
5. Shiraishi A, Yoshimura Y, Wakabayashi H, Tsuji Y, Yamaga M, Koga H. Hospital dental hygienist intervention improves activities of daily living, home discharge and mortality in post-acute rehabilitation. Geriatr Gerontol Int. 2018. https://doi.org/10.1111/ggi.13583.
6. Wakabayashi H. Rehabilitation nutrition in general and family medicine. J Gen Fam Med. 2017;18:153–4.
7. Grant JC, Kanji Z. Exploring interprofessional relationships between dental hygienists and health professionals in rural Canadian communities. J Dent Hyg. 2017;91:6–11.