

The Institute of Medicine (IOM) Report of 2011 and the Future of Academic Dentistry

On April 8 of this year, the Institute of Medicine (IOM) released its latest report, "Advancing Oral Health in America." This report builds on several previous reports with significant implications for the future of dental education. The first report was the IOM report, "Dental Education at the Crossroads" (1995), followed by the US Surgeon General's report "Oral Health in America" (NIH publication 00-4713), which was released in 2000 as the first-ever report of the state of oral health in the United States. The next report was 2003's "National Call to Action to Promote Oral Health" (NIH Publication No. 03-5303, Spring 2003). The IOM reports were commissioned by the US Department of Health and Human Services Administration (HHS) and have implications for multiple HHS agencies. The IOM report made seven recommendations referred to as the "New Oral Health Initiative" (NOHI). The seven recommendations of the IOM are as follows:

- (1) The Secretary of HHS should give NOHI leaders the authority and resources needed to successfully integrate oral health into the planning, programming, policy, and research that occurs across all HHS agencies and programs.
- (2) All relevant HHS agencies should promote and monitor the use of evidence-based preventive services in oral health (both clinical and community based) and counseling across the lifespan.
- (3) All relevant HHS agencies should undertake oral health literacy and education efforts aimed at individuals, communities, and health care professionals.
- (4) HHS should invest in workforce innovations to improve oral health, focusing on core competency development, education, and training, for the use of all health care professionals. These innovations should be interprofessional, team-based approaches to the prevention and treatment of oral diseases; they should demonstrate better use of new and existing oral health care professionals; they should work to increase the diversity and improve the cultural competence of the workforce providing oral health care.
- (5) The Centers for Medicare and Medicaid Services (CMS) should explore new delivery and payment models for Medicare, Medicaid, and the Children's Health Insurance Program (CHIP) to improve access, quality, and coverage of oral health care across the lifespan.
- (6) HHS should place a high priority on efforts to improve open, actionable, and timely information to advance science and improve oral health care through research.
- (7) HHS should evaluate the NOHI by convening an annual public meeting of federal agency heads to report on progress.

For your information, HHS oversees the following Federal agencies:

Administration for Children and Families
 Administration for Native Americans
 Administration on Developmental Disabilities
 Administration on Aging
 Agency for Toxic Substances/Disease Registry
 Agency for Health Care Research/Quality
 Centers for Medicare and Medicaid Services
 Centers for Disease Control
 Food and Drug Administration
 Health Resources and Services Administration
 Indian Health Service
 National Institutes for Health (and NIDCR)
 Office of Refugee Resettlement
 Substance Abuse and Mental Health Services Administration

If all HHS agencies are subject to the recommendations in the NOHI report, those with oral health implications include the vast majority of HHS agencies. With the possible exception of the last recommendation, which deals primarily with reporting requirements, the other six recommendations may have a significant impact on the future of dental education in the United States. Previous IOM reports were highly regarded as shaping the current face of dental education, and there is no reason to believe this version of the IOM report will not have a similar influence. Interestingly, NOHI sets a clear path for inter-collaborative teaching and research efforts across every health sciences campus, and if followed, could lead to significant improvements in access to care for all patients. Additionally, NOHI could lead to oral health care training for all health care providers, not merely to dentists or dental specialists (again, a huge initiative to address access to care). NOHI initiatives could lead the development of new programs and training for mid-level providers. And finally, the NOHI initiatives could lead to research funding increases that will translate into improvements in oral health care across all age groups, a benefit to all academic institutions and prosthodontic training programs. While you may or may not be in favor of all the recommendations in the NOHI report, it is important to realize what influence the IOM report has on the future of academic dentistry and on oral health care in particular. So, while it is brand new, stay tuned for the outcomes!

David A. Felton, DDS, MS, FACP
Editor-in-Chief

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