

From Silos to Synergy

Integrating Oral Health into Whole-Person Care Through Interprofessional Practice

EXECUTIVE SUMMARY

This white paper and its accompanying use cases explore how oral health can be fully integrated into broader health care systems through collaborative interprofessional practice (IPP). Drawing on a life course perspective and real-world use cases, the paper highlights the oral-systemic health connection, the benefits of team-based care, and the systemic, organizational, and financial changes needed to support sustainable, equitable models of integrated care. This summary outlines strategic calls to action for integrating oral health into whole-person care across policy, health care, education, funding, and community advocacy, emphasizing interprofessional collaboration, equitable access, and systemic reform.

Key Takeaways

- Oral health is health, as emphasized by the National Institute of Dental and Craniofacial Research.* Achieving optimal health and quality of life requires the full integration of oral health into health care systems, which hinges on robust interprofessional collaboration.
- According to the World Health Organization (WHO), IPP refers to clinical care in which “multiple health workers from different professional backgrounds provide comprehensive services by working with patients, their families, carers, and communities to deliver the highest quality of care across settings.”**
- Since the mid-20th century, the oral health sector has been transforming from a fragmented, isolated discipline toward a fully integrated, team-based approach that aligns oral health with the broader health care ecosystem.
- Oral health and systemic health are deeply interconnected across the lifespan. Conditions such as periodontal disease are linked to adverse pregnancy outcomes, diabetes, cardiovascular disease, mental health disorders, and dementia, making IPP indispensable for delivering truly comprehensive care at every stage of life.
- Individuals from underserved populations, including those with disabilities or undergoing mental health or substance use treatment, benefit from IPP. Collaborative desensitization between behavioral and oral health providers improves access and comfort for patients with disabilities or dental anxiety. IPP thrives in a range of care environments, especially integrated care clinics, school-based health centers, long-term care facilities, and mobile clinics — that is, settings that prioritize accessibility and person-centered care for underserved populations.
- Sustaining effective IPP models requires alignment across system, organizational, and individual levels. Rigorous program evaluation, interprofessional education, supportive policy, and payment reform are essential to building and maintaining successful, scalable models.
- Fragmented financing and systemic barriers — such as separate dental-medical insurance, incompatible billing systems, and siloed electronic health records (EHRs) — continue to hinder IPP, yet innovative models such as Medicaid pay-for-quality programs, accountable care organizations (ACOs), shared EHRs, and colocated care are demonstrating pathways to more integrated, cost-effective care.
- The future of interprofessional oral health care lies in expanding integration beyond primary care, incorporating nursing, pharmacy, and behavioral health, and leveraging interoperable EHRs to enhance care coordination and track outcomes. Success will depend on policy coherence, sustainable payment models, stakeholder engagement, and a cultural shift toward collaborative, whole-person care.

* “Oral Health in America: Advances and Challenges,” 2024, National Institute of Dental and Craniofacial Research, accessed September 22, 2025, <https://www.nidcr.nih.gov/sites/default/files/2024-08/oral-health-in-america-advances-and-challenges-full-report.pdf>.

** “Framework for Action on Interprofessional Education and Collaborative Practice,” 2010, World Health Organization, accessed September 22, 2025, <https://iris.who.int/server/api/core/bitstreams/d743ea4e-8c14-493c-b3a5-1a0022e6ce54/content>.

Highlighted Use Cases

- The **Central Valley Regional Center Dental Desensitization Clinic** in California uses a collaborative model involving dental hygienists and behavioral analysts to improve oral health care for individuals with disabilities and to reduce the need for providing oral health care under sedation.
- **Apple Tree Dental** in Minnesota delivers mobile and place-based care through a Learning Health System model, integrating services into long-term care facilities, schools, and group homes.
- **Community Smiles Dental and ProHealth Care** in Wisconsin partner to provide medical-dental integration through a longitudinal rotation for family medicine residents, focusing on pediatric and special-needs populations.
- **Dental Steps**, part of the Children's Oral Health Network of Maine, integrates dental services into pediatric primary care using teledentistry, addresses dental disease through the application of silver diamine fluoride, and improves access to preventive oral health care by embedding dental hygienists into primary care settings.
- The **MOTIVATE program** in Maine addresses oral health education gaps in long-term care facilities and has expanded to support caregivers at home through the MOTIVATE at Home initiative.
- **Minnesota State University in Mankato with Mayo Clinic — Eastridge** offers co-located dental and medical services, using shared EHRs and team huddles to coordinate care for chronic conditions.
- In **Denmark**, municipality-led initiatives embed dental hygienists into eldercare teams, demonstrating how local leadership can drive oral health integration despite systemic challenges.
- **Singapore's** centralized health system supports IPP through public health programs, integrated clinics, and school-based initiatives.
- **Oral Health Kansas** centers community voice in the development and evolution of "My Dental Care Passport," a communication tool co-designed with people with disabilities and their families to improve dental visits and promote person-centered care.
- **Oral Medicine Clinic/Care Center for Persons with Disabilities at Penn Dental** provides integrated care for medically complex patients, supported by shared EHRs and interdepartmental coordination.
- **Valleywise Health** in Arizona integrates dental and medical care for patients with HIV, using colocated services, trauma-informed care, and shared medical records to improve outcomes and reduce stigma.

Calls to Action

For Policymakers and Health System Leaders

- **Integrate oral health into all health policy frameworks** by recognizing it as a core component of whole-person care and aligning oral health care with chronic disease prevention and management strategies.
- **Enhance Medicaid and Medicare dental benefits** to include comprehensive, preventive, and restorative services for adults, especially those with chronic conditions, disabilities, or in long-term care.
- **Support and scale alternative payment models (APMs)** that incentivize interprofessional collaboration, such as pay-for-quality programs and dental-inclusive ACOs.
- **Mandate oral health screenings and referrals** in primary care settings, particularly for children, pregnant individuals, and older adults.

For Health Care Organizations and Providers

- **Adopt interoperable EHRs** that allow seamless communication between dental, medical, behavioral, and other health care providers.
- **Invest in interprofessional education (IPE)** and continuing education programs that prepare providers to collaborate across disciplines and settings.
- **Establish co-located or mobile care models** that bring dental services into schools, long-term care facilities, and underserved communities.
- **Create or strengthen interprofessional care teams** that include dental hygienists, behavioral health specialists, pharmacists, social workers, and other health professionals to address the full spectrum of patient needs.

For Educators and Training Institutions

- **Embed oral health into interprofessional curricula** across all health disciplines, including medicine, nursing, pharmacy, and behavioral health, among others.
- **Develop and promote team-based learning modules** that simulate real-world collaboration between oral and systemic health providers.
- **Support faculty development in IPP** to ensure that educators are equipped to model and teach collaborative care.

For Funders and Grantmakers

- **Prioritize funding for scalable IPP models** that demonstrate improved outcomes, cost savings, and health equity.
- **Support pilot programs that integrate oral health into primary care**, behavioral health, and long-term care, especially in rural and underserved areas.

- **Invest in technology infrastructure** that enables data sharing through interoperable EHRs, remote diagnostics, and virtual dental homes.

For Community Advocates and Public Health Leaders

- **Raise awareness about the oral-systemic health connection** through public campaigns and community education.
- **Engage patients and caregivers in co-designing care models** that reflect their lived experiences and cultural needs.
- **Advocate for inclusive, trauma-informed dental care** for individuals with disabilities, mental health conditions, dental fear and anxiety, and substance use disorders.

Conclusion

Oral health is integral to overall health. IPP presents a valuable opportunity to integrate oral health into broader health care systems through collaborative, team-based care. A particular strength of IPP is the diversity of settings in which care can be provided, including schools, long-term care facilities, and community-based clinics. However, challenges such as siloed systems and financial barriers do exist. To promote whole-person, collaborative care, sustainable models supported by policy, education and technology are essential. This white paper and its accompanying use cases explore the integration of IPP in oral health with other health professions and call for specific stakeholder actions to promote sustainable, collaborative, whole-person care.

IPP presents a valuable opportunity to integrate oral health into broader health care systems through collaborative, team-based care.

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