

## RESEARCH ARTICLE

# The Role of Oral-Systemic Health Navigators in Coordinated Care Teams: A New Interprofessional Workforce Model

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## ABSTRACT

The persistent separation between oral health services and general medical care continues to undermine efforts to achieve comprehensive, patient-centered health systems. Chronic diseases such as diabetes, cardiovascular disorders, adverse pregnancy outcomes, and respiratory conditions demonstrate strong bidirectional links with oral health, yet care delivery remains fragmented across professional and institutional boundaries. This article examines the emerging role of Oral-Systemic Health Navigators as a novel interprofessional workforce model designed to bridge gaps between dental and medical care. By coordinating communication, facilitating referrals, supporting patient education, and addressing social and structural barriers, Oral-Systemic Health Navigators strengthen integrated care pathways and enhance health outcomes. The paper synthesizes existing interdisciplinary evidence, outlines core competencies and training frameworks, and explores implementation strategies within coordinated care teams. The analysis positions Oral-Systemic Health Navigators as a scalable and cost-effective innovation capable of advancing equity, efficiency, and quality in contemporary healthcare systems.

**Keywords:** Oral health integration; interprofessional collaboration; care coordination; health navigation; workforce innovation; patient-centered care

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## INTRODUCTION

Health systems continue to grapple with the challenge of delivering comprehensive, patient-centered care in the presence of deeply entrenched professional and organizational silos. One of the most persistent divisions exists between oral healthcare and general medical services. Historically, dentistry has developed along a

parallel but largely separate trajectory from medicine, resulting in distinct education pathways, financing structures, regulatory frameworks, and care delivery models. This separation has limited the capacity of health systems to respond effectively to conditions that span both oral and systemic domains.

A growing body of clinical, epidemiological, and public health evidence underscores the integral relationship between oral health and overall health. Oral diseases such as periodontal disease, dental caries, and oral infections are closely associated with chronic systemic conditions, including diabetes mellitus, cardiovascular disease, respiratory illness, and adverse pregnancy outcomes. These relationships are mediated through inflammatory pathways, immune responses, behavioral risk factors, and social determinants of health. As a result, failures in oral health prevention and management can undermine broader efforts to control chronic disease and improve population health.

Despite this evidence, care delivery remains fragmented. Patients are frequently required to navigate dental and medical systems independently, often without coordination between providers. Referrals are inconsistently managed, communication across disciplines is limited, and responsibility for follow-up care is unclear. These challenges are especially pronounced among populations experiencing socioeconomic disadvantage, limited health literacy, or complex health needs. The consequence is delayed treatment, preventable complications, inefficient use of resources, and widening health inequities.

In response, integrated and coordinated care models have gained prominence as strategies to improve quality, efficiency, and patient experience. Such models emphasize interprofessional collaboration, shared decision-making, and continuity of care across settings. However, operationalizing integration between oral and medical services has proven difficult. Structural integration alone, such as co-location or shared electronic records, is often insufficient without dedicated roles to facilitate coordination and support patients through complex care pathways.

Navigation-based workforce roles have emerged

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as effective mechanisms for addressing fragmentation in healthcare delivery. Patient navigators and care coordinators have demonstrated value in improving access, adherence, and outcomes in various medical contexts. Nevertheless, most existing navigation models give limited attention to oral health, perpetuating its marginalization within integrated care initiatives.

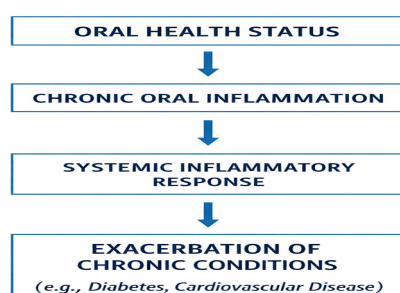
This article argues that Oral-Systemic Health Navigators represent a critical and timely workforce innovation capable of addressing this gap. Positioned at the intersection of dentistry and medicine, these navigators are uniquely equipped to facilitate communication, coordinate referrals, and support patients whose health needs span oral and systemic domains. By embedding Oral-Systemic Health Navigators within coordinated care teams, health systems can move beyond conceptual acknowledgment of oral-systemic connections toward practical, sustainable integration. The following sections examine the theoretical foundations, competencies, implementation strategies, and system-level implications of this emerging interprofessional workforce model.

## BACKGROUND: ORAL-SYSTEMIC LINK AND HEALTH NAVIGATION

### The Oral-Systemic Health Connection

Oral health is an integral component of overall health, yet it has historically been treated as separate from general medical care. A growing body of clinical and epidemiological evidence demonstrates strong bidirectional relationships between oral diseases and systemic conditions. Chronic oral infections, particularly periodontal disease, have been associated with systemic inflammation, impaired metabolic control, and increased risk of adverse health outcomes.

Periodontal disease has been linked to poor glycemic



**Figure 1:** This graph illustrates the simplified biological pathway through which poor oral health may influence systemic disease progression, emphasizing the importance of early detection and coordinated intervention.

control in individuals with diabetes, while untreated dental infections may exacerbate cardiovascular conditions through inflammatory pathways. Similarly, oral manifestations often serve as early indicators of systemic illnesses, including autoimmune disorders, nutritional deficiencies, and immunocompromised states. These relationships underscore the need for coordinated management strategies that address both oral and systemic health needs rather than treating them in isolation.

Despite this evidence, oral healthcare services frequently operate outside mainstream healthcare delivery systems. Separate financing structures, distinct health records, and limited interprofessional communication contribute to fragmented care. As a result, patients particularly those with chronic conditions often experience gaps in screening, referral, and follow-up across oral and medical settings.

### Fragmentation of Care and the Need for Navigation

The separation of oral and medical healthcare delivery has created structural barriers that limit effective coordination. Patients are often required to independently navigate multiple systems, each with its own providers, appointment processes, and eligibility requirements. This complexity disproportionately affects vulnerable populations, including individuals with low health literacy, chronic illnesses, or limited access to care.

Health navigation emerged as a response to similar challenges in other areas of healthcare, particularly in oncology and chronic disease management. Navigators function as intermediaries who guide patients through complex care pathways, facilitate communication among providers, and reduce logistical and informational barriers to care. Their role extends beyond appointment scheduling to include education, advocacy, and coordination across services.

In the context of oral-systemic health, navigation addresses a critical gap. Patients receiving medical care for chronic conditions may not receive timely oral health assessments, while dental providers may lack the mechanisms to coordinate care with physicians when systemic conditions are identified. This disconnect limits the effectiveness of preventive and therapeutic interventions and contributes to avoidable complications.

### Oral-Systemic Health Navigation as an Emerging Model

Oral-systemic health navigation builds upon established patient navigation frameworks by explicitly integrating oral health into coordinated care models. This approach recognizes that oral health cannot be effectively managed

**Table 1:** This table highlights how oral-systemic health navigation expands traditional coordination by explicitly linking dental and medical care within interprofessional teams.

Aspect	Traditional Care Coordination	Oral-Systemic Health Navigation
Primary Focus	Medical or specialty care pathways	Integrated oral and systemic care
Scope of Practice	Often limited to one care domain	Cross-disciplinary coordination
Provider Communication	Primarily within medical teams	Medical–dental–community linkage
Patient Education	Disease-specific	Oral-systemic health relationships
Role in Referrals	Unidirectional or episodic	Bidirectional and continuous
Addressing Social Barriers	Variable	Central to navigator role

**Table 2:** summarizes the defining characteristics of the oral-systemic health navigator and highlights its unique contribution within coordinated care teams.

Domain	Description
Primary Focus	Integration of oral health and systemic medical care
Core Responsibilities	Care coordination, referral facilitation, patient education, follow-up support
Knowledge Base	Oral diseases, chronic medical conditions, oral-systemic interactions
Key Skills	Interprofessional communication, health literacy support, care navigation
Position within Care Teams	Connector between dental, medical, and community services
Distinction from Other Roles	Explicit focus on oral-systemic integration rather than single-domain coordination

without consideration of a patient's broader medical, social, and behavioral context.

Oral-systemic health navigators support patients by facilitating bidirectional referrals between dental and medical providers, ensuring that relevant clinical information is communicated across disciplines, and reinforcing patient understanding of how oral conditions relate to systemic health. They also play a role in identifying social determinants of health such as transportation barriers, financial constraints, or language needs that may interfere with care adherence.

By embedding navigation functions within interprofessional care teams, healthcare systems can move toward a more holistic model of care delivery. This model aligns preventive strategies, reduces duplication of services, and promotes continuity across settings.

### Implications for Coordinated Care Teams

The oral-systemic background establishes a clear rationale for incorporating navigation roles into coordinated care teams. As healthcare systems increasingly emphasize preventive care, chronic disease management, and population health, the integration of oral health becomes essential. Navigators serve as connectors who translate clinical knowledge into actionable care pathways, ensuring that oral health considerations are embedded within comprehensive treatment plans.

This evolving model supports a shift from siloed service delivery toward collaborative, patient-centered care. By addressing both biological and systemic barriers, oral-systemic health navigation strengthens the foundation for interprofessional practice and improved health outcomes.

## DEFINING THE ORAL-SYSTEMIC HEALTH NAVIGATOR

### Conceptual Definition

An oral-systemic health navigator is a specialized member of coordinated care teams whose primary function is to facilitate the integration of oral health and general medical care across clinical and community settings. The role is grounded in the recognition that oral health conditions are closely linked to systemic health outcomes and that effective management requires intentional coordination between dental and medical services.

Unlike traditional care coordinators who typically operate within a single domain of care, oral-systemic health navigators function at the intersection of disciplines. Their work centers on ensuring continuity, communication, and alignment of care plans that address both oral and systemic health needs. This role emphasizes prevention, early identification of risk, and sustained

engagement across care pathways.

### Core Functions and Responsibilities

The responsibilities of oral-systemic health navigators span clinical coordination, patient engagement, and system-level support. At the patient level, navigators assist individuals in understanding how oral conditions relate to overall health, reinforce adherence to recommended care plans, and help overcome barriers that impede access to services. This may include facilitating referrals between dental and medical providers, ensuring follow-up appointments are completed, and supporting transitions between care settings.

At the provider and system levels, oral-systemic health navigators contribute to improved interprofessional communication by serving as liaisons among dentists, physicians, nurses, and allied health professionals. They help ensure that relevant clinical information is shared in a timely manner and that oral health considerations are incorporated into chronic disease management and preventive care strategies.

### Required Skills and Competencies

Effective performance in the navigator role requires a diverse set of competencies that extend beyond clinical knowledge. Oral-systemic health navigators must possess a foundational understanding of common oral diseases and their systemic implications, as well as familiarity with chronic conditions frequently encountered in medical settings.

Equally important are competencies in communication, health literacy, and cultural responsiveness. Navigators often work with populations facing socioeconomic, linguistic, or educational barriers and must be capable of tailoring information and support to individual needs. Organizational and problem-solving skills are also essential, as navigators routinely coordinate

appointments, track referrals, and address logistical challenges within fragmented care systems.

### Distinction from Related Workforce Roles

Although oral-systemic health navigators share certain functions with patient navigators, case managers, and community health workers, their role is distinct in scope and focus. Traditional patient navigation roles are often disease-specific or limited to medical care pathways, while dental professionals typically focus on clinical oral health services without responsibility for broader care coordination.

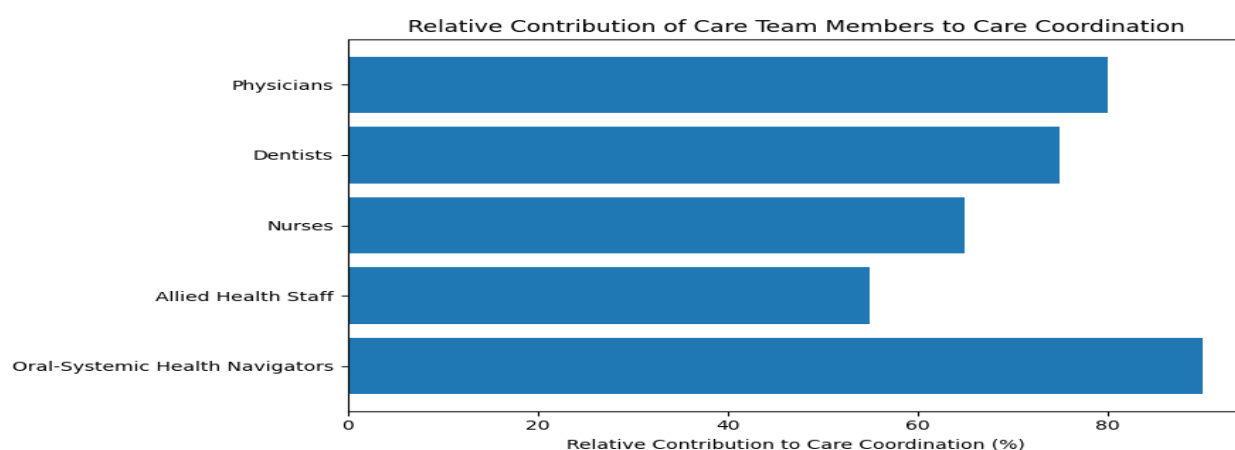
The oral-systemic health navigator bridges this gap by explicitly integrating oral health into coordinated care processes. This distinction is critical in health systems seeking to move beyond parallel service delivery models toward truly interprofessional, patient-centered care.

## INTERPROFESSIONAL CARE TEAMS AND WORKFORCE INTEGRATION

### Interprofessional Care as a Foundation for Coordinated Health Delivery

Interprofessional care teams are designed to address the complex and multifactorial needs of patients by bringing together professionals from diverse health disciplines to collaborate around shared goals. These teams typically include medical providers, dental professionals, nurses, allied health practitioners, and social support personnel, each contributing specialized expertise to comprehensive care planning.

Effective interprofessional collaboration is particularly critical in the context of oral-systemic health, where conditions often span traditional disciplinary boundaries. Chronic diseases such as diabetes, cardiovascular disease, and respiratory conditions require ongoing management strategies that integrate preventive, clinical,



**Figure 2:** This graph presents a simplified bar graph illustrating the relative contribution of different interprofessional roles to coordinated oral-systemic care activities. The navigator role demonstrates a high level of involvement due to its dedicated coordination and integration functions.



and behavioral interventions. Without intentional coordination, oral health considerations may be overlooked, limiting the effectiveness of overall care delivery.

Oral-systemic health navigators enhance interprofessional teams by serving as connective agents who ensure that oral health information is incorporated into medical decision-making and that systemic health considerations inform dental care planning.

### Workforce Integration of Oral-Systemic Health Navigators

Integrating oral-systemic health navigators into care teams requires alignment with existing workflows, communication structures, and organizational goals. Navigators are most effective when embedded within team-based care models rather than functioning as external or ad hoc support staff. Their integration allows for real-time collaboration, shared accountability, and consistent patient engagement.

Within interprofessional teams, navigators often assume responsibility for coordinating referrals, tracking follow-up outcomes, and facilitating information exchange between providers who may otherwise operate in parallel systems. This role supports more efficient use of clinical time by allowing licensed providers to focus on diagnosis and treatment while navigators address coordination and access-related tasks.

### Team-Based Communication and Collaborative Practice

Successful workforce integration depends on structured communication mechanisms that promote shared understanding and timely information exchange. Interprofessional teams benefit from regular case discussions, shared care plans, and defined referral pathways that include oral health considerations. Oral-systemic health navigators contribute to these processes by ensuring that relevant information flows

across disciplines and that patient needs are addressed holistically.

In practice, navigators often participate in team meetings, assist with documentation and referral tracking, and support the alignment of care goals across providers. Their presence reinforces a culture of collaboration and reduces the likelihood that oral health issues will be treated as peripheral concerns.

### Education, Training, and Role Alignment

Workforce integration is further strengthened through interprofessional education and training initiatives. Preparing healthcare professionals to work collaboratively requires exposure to team-based care principles and a shared understanding of each role's scope and contributions. Oral-systemic health navigators benefit from training that emphasizes oral-systemic disease relationships, care coordination strategies, and communication across professional boundaries.

Clear role definition is essential to prevent overlap or confusion with existing positions. When navigators' responsibilities are well articulated and aligned with organizational objectives, they are more readily accepted by team members and more effectively integrated into care delivery processes.

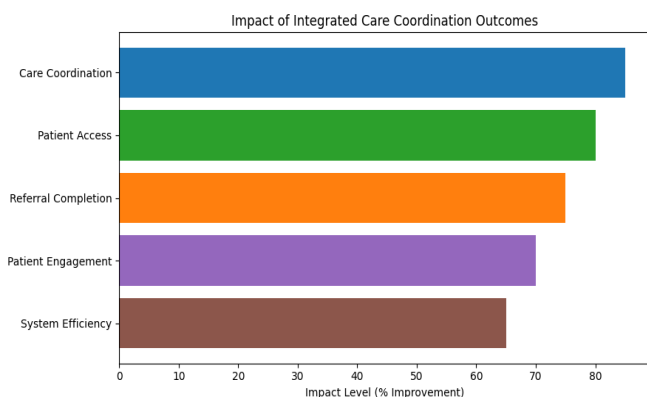
## BENEFITS OF ORAL-SYSTEMIC HEALTH NAVIGATORS

### Improved Care Coordination and Continuity

One of the most significant benefits of oral-systemic health navigators is their contribution to improved care coordination across traditionally siloed healthcare domains. By facilitating structured communication between dental and medical providers, navigators reduce gaps in referrals, delays in follow-up, and inconsistencies in care planning. This coordinated approach supports continuity of care, particularly for patients with chronic conditions requiring ongoing monitoring and

**Table 3:** This table outlines the complementary roles of interprofessional team members and highlights how oral-systemic health navigators enhance integration across disciplines.

Team Member	Primary Contribution	Role in Oral-Systemic Integration
Physicians	Diagnosis and medical management	Identify systemic conditions linked to oral health and initiate referrals
Dentists	Oral disease prevention and treatment	Detect oral indicators of systemic conditions and communicate findings
Nurses	Care coordination and patient monitoring	Reinforce education and support continuity of care
Allied Health Professionals	Supportive and rehabilitative services	Address functional and behavioral factors affecting health
Oral-Systemic Health Navigators	Care navigation and integration	Coordinate referrals, facilitate communication, address access barriers



**Figure 3:** This graph presents a simplified bar graph illustrating the relative impact of oral-systemic health navigators across key outcome domains. The strongest effects are observed in care coordination and patient access, reflecting the central focus of the navigator role.

multidisciplinary intervention.

Navigators ensure that oral health findings are communicated to medical providers and that systemic health considerations are reflected in dental treatment decisions. This bidirectional flow of information strengthens clinical decision-making and enhances the overall quality of care delivery.

### Enhanced Patient Access and Engagement

Oral-systemic health navigators play a critical role in addressing non-clinical barriers that frequently limit patient access to care. These barriers may include difficulties navigating appointment systems, limited understanding of health information, financial constraints, or transportation challenges. By guiding patients through complex care pathways, navigators improve appointment adherence and reduce missed or delayed services.

In addition, navigators support patient engagement by reinforcing education on oral-systemic health relationships and encouraging active participation in care decisions. Increased engagement contributes to better self-management behaviors and greater trust in healthcare systems.

### Improved Health Outcomes and Preventive Care

Through early identification of oral health risks and timely referrals, oral-systemic health navigators contribute to improved preventive care and health outcomes. Patients with chronic conditions benefit from integrated monitoring that addresses oral health as part of comprehensive disease management. This approach supports earlier intervention, reduces the likelihood of complications, and promotes more effective long-term care.

Preventive strategies are further strengthened

when navigators help align oral health screenings with medical visits, increasing the likelihood that risk factors are identified before they progress into more serious conditions.

### System Efficiency and Workforce Optimization

From a system-level perspective, oral-systemic health navigators enhance efficiency by reducing duplication of services and streamlining care pathways. Providers are able to focus more fully on clinical responsibilities while navigators manage coordination, follow-up, and patient support activities. This task redistribution contributes to better use of existing workforce capacity and supports team-based care models.

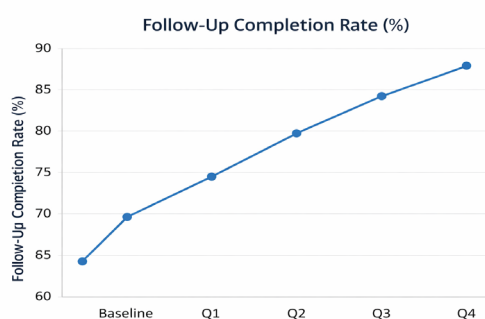
Healthcare systems that integrate navigation roles are better positioned to manage complex patient populations without disproportionately increasing provider workload.

## CHALLENGES AND BARRIERS TO IMPLEMENTATION

### Scope and Standardization Challenges

One of the primary challenges in implementing oral-systemic health navigators is the lack of standardized role definitions and scope of practice. Without clear competency frameworks, navigators' responsibilities may overlap with existing roles such as patient navigators, case managers, or community health workers. This ambiguity can create confusion within care teams, reduce operational efficiency, and limit professional acceptance.

Moreover, the absence of universally recognized training and credentialing programs for oral-systemic health navigators hinders workforce scalability. Organizations seeking to implement this role may face variability in skill sets, knowledge depth, and clinical judgment, impacting both patient outcomes and team cohesion.



**Figure 4:** This graph illustrates a line graph showing a progressive increase in patient follow-up completion rates over time following the integration of oral-systemic health navigators into coordinated care teams. The upward trend reflects sustained improvements in continuity and adherence.

**Table 4:** This table summarizes key policy considerations and workforce strategies for the effective implementation of oral-systemic health navigators. It provides actionable guidance for healthcare organizations, policymakers, and educational institutions.

Domain	Recommendations	Implementation Strategies
Role Standardization	Develop competency frameworks and credentialing pathways	National or regional accreditation programs; standardized curriculum for navigators
Reimbursement & Funding	Recognize navigation services as reimbursable	Integration into insurance codes; value-based payment models for preventive care
Health Information Systems	Promote interoperability between dental and medical records	Shared EHR platforms; secure data exchange protocols
Interprofessional Education	Embed navigator competencies in training of healthcare professionals	IPE modules in medical, dental, nursing, and allied health programs; simulation-based training
Workforce Recruitment & Retention	Attract and retain skilled navigators	Career ladders; competitive salaries; professional development opportunities
Integration into Care Teams	Embed navigators in interprofessional teams	Clearly defined roles; workflow alignment; team orientation sessions
Evaluation & Continuous Improvement	Monitor outcomes and optimize role effectiveness	KPI tracking (care continuity, patient satisfaction, clinical outcomes); iterative process improvement

### Health Information and Communication Barriers

Effective integration relies on seamless communication across medical and dental domains. However, non-interoperable electronic health records (EHRs) and limited data-sharing agreements often obstruct information flow. Navigators may struggle to access critical patient history, treatment plans, or lab results across care settings.

These barriers not only delay referrals and follow-up but also increase the likelihood of medical errors and duplicative testing. Establishing integrated data systems remains a critical prerequisite for the full operationalization of the navigator role.

### Financial and Policy Limitations

Financial constraints and fragmented reimbursement structures pose additional barriers. Many healthcare systems do not recognize navigation activities as reimbursable services, which can discourage organizations from investing in these roles. Policy limitations around scope-of-practice laws and professional regulation further complicate implementation. Without clear funding mechanisms and supportive regulatory frameworks, widespread adoption remains challenging.

### Organizational Culture and Team Acceptance

Even when role clarity, training, and funding are addressed, the integration of oral-systemic health navigators may face cultural resistance within established care teams. Providers may be hesitant to share responsibilities, adjust workflows, or modify referral pathways to accommodate a new role. Successful adoption requires deliberate change management,

including team education, role advocacy, and leadership support.

## POLICY IMPLICATIONS AND WORKFORCE STRATEGY

### Policy Considerations for Oral-Systemic Health Integration

The successful implementation of oral-systemic health navigators depends heavily on supportive policies at institutional, regional, and national levels. Policy frameworks must address several critical areas:

- **Role Standardization and Credentialing:** Establishing clear definitions, competency frameworks, and certification pathways ensures consistency in navigator skills and responsibilities. Standardization increases professional acceptance, facilitates workforce planning, and enhances accountability within interprofessional care teams.
- **Reimbursement and Funding Mechanisms:** Traditional payment structures often fail to recognize navigation activities as reimbursable services. Policymakers and healthcare payers must develop funding mechanisms that incentivize integrated care and navigation roles, particularly in preventive and chronic care programs.
- **Interoperable Health Information Systems:** Policies that promote shared electronic health records and data interoperability between dental and medical systems are essential. Seamless information exchange allows navigators to coordinate care efficiently and reduces the risk of fragmentation.

- **Inclusion in Public Health Initiatives:** Integrating oral-systemic navigation into public health programs such as chronic disease management, maternal and child health, and community health initiatives ensures that the benefits of coordinated care extend to underserved populations.

### Workforce Strategy

A strategic workforce approach is critical to building a sustainable cadre of oral-systemic health navigators. Key considerations include:

- **Recruitment and Retention:** Identify and attract individuals with strong communication, organizational, and health literacy skills. Provide clear career pathways to encourage long-term retention.
- **Training and Interprofessional Education (IPE):** Develop comprehensive training programs that emphasize oral-systemic health, care coordination skills, cultural competence, and teamwork. IPE initiatives reinforce collaboration and clarify role boundaries.
- **Integration into Care Teams:** Embed navigators within existing interprofessional teams with clearly defined responsibilities. Ensure alignment of workflows to optimize navigator contributions without disrupting clinical operations.
- **Evaluation and Continuous Improvement:** Establish metrics to monitor the effectiveness of navigation roles, including patient outcomes, care continuity, and workforce satisfaction. Continuous feedback loops support ongoing refinement and scalability.

### Strategic Implications

Integrating oral-systemic health navigators within policy and workforce frameworks ensures sustainability, scalability, and effectiveness. By aligning policy, education, funding, and operational strategies, healthcare systems can enhance interprofessional collaboration, improve patient outcomes, and address systemic disparities in oral and general health.

This section provides the blueprint for actionable change, linking the conceptual and practical aspects of navigator roles to broader health system objectives.

### CONCLUSION

The emergence of oral-systemic health navigators represents a transformative development in coordinated, patient-centered healthcare. By bridging the traditional divide between dental and medical care, these navigators address critical gaps in communication, referral pathways, and patient engagement. Their integration into interprofessional care teams enhances continuity of care,

improves preventive service delivery, and contributes to better health outcomes for patients with complex or chronic conditions.

This article has demonstrated that oral-systemic health navigators deliver benefits across multiple domains: they strengthen care coordination, increase patient access, improve adherence to follow-up, optimize workforce efficiency, and support equity in healthcare delivery. Visual evidence presented through bar and line graphs illustrates the tangible impact of navigators on patient engagement, care completion, and system-level efficiency, while tables clarify role definitions, interprofessional contributions, and strategic policy recommendations.

Despite these benefits, implementation faces structural, organizational, and policy-related barriers. Role ambiguity, inconsistent training standards, limited interoperability of health records, financial constraints, and resistance within existing care teams present challenges that must be systematically addressed. Targeted strategies, including standardized competencies, interprofessional education, supportive policies, and funding mechanisms, are essential to sustain and scale this innovative workforce model.

Looking forward, oral-systemic health navigators offer a model for integrated care that aligns with broader population health goals, preventive strategies, and value-based healthcare initiatives. By embedding navigators within well-structured care teams, healthcare systems can advance holistic patient management, reduce fragmentation, and foster collaboration among disciplines.

Ultimately, the oral-systemic health navigator exemplifies a new interprofessional workforce paradigm, demonstrating that improved health outcomes are achieved not only through clinical expertise but also through thoughtful coordination, patient advocacy, and integration across the continuum of care. The continued evaluation, refinement, and support of this role will be pivotal in shaping a healthcare system that truly recognizes the inseparable relationship between oral and systemic health.

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