

MNOHI Midwest Network for Oral Health Integration



Prospective Community Health Center Readiness Assessment

1. Name of health center

2. Date of assessment

3. Does health center leadership believe in the importance of integrating oral health care into primary care?

- Yes
- No

Comments or notes

4. Is health center leadership not just supportive of such integration, but also actively involved in making it happen?

Leadership Vision and Support

The vision for integrating the oral health clinic and the primary care clinic originates from the executive director, the board, and other executive leaders. These leaders have long-term vision to guide the health center's strategic direction and priorities. Even more than supporting a program on paper, leaders need to be involved in the process.

- Yes
- No

Comments or notes

5. Is there an oral health representative on the health center executive team?

Oral Health Representation on the Executive Team

Having oral health representation on the executive team reflects a supportive environment for oral health issues and gives the oral health clinic a voice in issues that pertain to oral health. An oral health representative should be on the executive management team as part of the organizational structure. The oral health clinic should be represented at all operations team meetings, on all operations team committees, and in all operations team communications, and should be included when planning and clinical policy and protocol decisions are made.

Yes

No

Comments or notes

6. Are there clinical champions who support integration of oral health care into primary care in both the oral health clinic and the primary care clinic? If yes, list them.

Clinical Champions

Champions are individuals that believe strongly in the value of system changes and are able to act as cheerleaders to motivate their colleagues. Champions can provide drive from within the system. Successful programs have a least one champion in both the oral health clinic and the primary care clinic.

Yes

No

(please list champion)

7. Is the dental clinic located in the same site as the primary care clinic?

Co-Location of Primary Care and Dental Services

Co-location of primary care or dental and other services allows staff from any health center clinic to bring a patient directly to the oral health clinic to make an appointment and also for primary care health professionals to ask oral health professionals for quick consults. The process is bi-directional, with oral health staff able to send patients with high blood pressure or diabetes directly to the primary care clinic for same-day assessments. The “warm handoff” is an important benefit of co-location, and there are many benefits to having multiple services (e.g., nutrition, behavioral, social work) in one location.

- Yes
- No

Please specify the sites that will be engaged in the project:

8. Does the Health Center promote a culture of QI?

Culture of Quality Improvement

Health Centers that are ready to launch a program to integrate oral health care into primary care tend to already have experience with quality-improvement (QI) projects. They may already have a QI team in place, use outcome measures to drive change, have in-depth knowledge of QI terminology, or have taken other measures to improve patient health, such as applying for Patient Centered Medical Home recognition. Having a culture of QI means that all levels of staff understand the value of and processes for driving improvements.

- Yes
- No

(please specify)

9. Does the Health Center currently track any oral health measures?

- Yes
- No

(please specify how measures are tracked, what measures, and how often)

10. Does staff understand why it is important to fully integrate oral health care into primary care?

Staff Buy-In

Changes in health center processes go more smoothly when staff understands the importance of the health issue at hand and the reason for the changes. The best results come not from telling staff what to do, but rather from developing buy-in through explaining "the why" and constantly reinforcing why the changes are important.

Yes

No

(please specify)

11. Are care coordination and other patient-enabling services available for oral health?

Patient-Enabling Services

Patient-enabling staff (e.g., CHWs, health coaches, patient navigators, family support workers) can both facilitate access to oral health services and make additional services directly available to oral health patients. Patient-enabling services facilitate easier navigation thorough the health center appointment-setting system and also engage patients with motivational interviewing, setting goals, and attending classes.

Yes

No

(please specify what services are available and who is responsible to educate the patient on services)

12. The name of our EHR system is:

13. The name of our EDR system is:

14. Are your EMR and EDR systems integrated?

Electronic Medical Record (EMR)/Electronic Dental Record (EDR) Integration

Having integrated EMR and EDR systems means that all health professionals have access to information about patients' health concerns, histories, and medications. Having systems that communicate with each other means not only higher-quality health care for patients but also easier scheduling and data reporting.

- Yes
- No

(please specify if systems are not integrated do you bill through your EHR?)

15. Our EHR has the capability and is configured to (select all that apply):

- Document the dental encounter diagnosis and CPT/CDT codes
- Document the patient's dental appointments and create recalls/reminders for patients that are due for an appointment by the on-site dental provider.
- Identify patients who are seen for primary medical care that are not seen by on-site dental providers
- Identify the patient's primary care provider and primary dental provider
- Be a shared electronic health record where medical and dental providers can document allergies, problems, medications, history and prescribe medication
- Allow medical providers to view patient's dental treatment plans, diagnoses, and oral health self-management goals developed by on-site dental providers
- Enable staff to monitor the status of dental referrals initiated by primary medical care team
- Document patient's social determinant of health needs
- Other (please specify)

16. Do you have HIT staff in your practice that are available to optimize EHR for data collection and workflow/progress templates for oral health integration?

- Yes
- No

If yes, who is the person responsible?

17. Does your health center utilize a population health management tool such as Azara or i2i?

- Yes
- No

Which tool?

18. Primary care team for the patients of focus (6-11 years old) in our practice consists of

Physicians (Enter the total number of primary care physicians)

MAs (Enter the total number of primary care MAs)

RNs (Enter the total number of primary care RNs)

PAs or NPs(Enter the total number of primary care PAs or NPs)

Community Health Workers (Enter the total number of CHWs in the primary care team)

Care Navigators/Care Coordinators (Enter the total number of Care Navigators/Care Coordinators in the primary care team)

19. Primary care physicians in our practice conduct oral health screenings/risk assessment

- Always
- Often
- Sometimes
- Rarely
- Never

20. Primary care physicians in our practice conduct oral health education

- Always
- Often
- Sometimes
- Rarely
- Never

21. Primary care physicians in our practice conduct fluoride varnish application

- | | |
|---------------------------------|------------------------------|
| <input type="radio"/> Always | <input type="radio"/> Rarely |
| <input type="radio"/> Often | <input type="radio"/> Never |
| <input type="radio"/> Sometimes | |

22. Primary care physicians in our practice conduct oral health referral

- | | |
|---------------------------------|------------------------------|
| <input type="radio"/> Always | <input type="radio"/> Rarely |
| <input type="radio"/> Often | <input type="radio"/> Never |
| <input type="radio"/> Sometimes | |

23. Clinical support staff (e.g. MAs, RNs) in our health center conduct oral health screenings/risk assessment

- | | |
|---------------------------------|------------------------------|
| <input type="radio"/> Always | <input type="radio"/> Rarely |
| <input type="radio"/> Often | <input type="radio"/> Never |
| <input type="radio"/> Sometimes | |

24. Clinical support staff (e.g. MAs, RNs) in our health center conduct oral health education

- | | |
|---------------------------------|------------------------------|
| <input type="radio"/> Always | <input type="radio"/> Rarely |
| <input type="radio"/> Often | <input type="radio"/> Never |
| <input type="radio"/> Sometimes | |

25. Clinical support staff (e.g. MAs, RNs) in our health center conduct oral health referrals

- | | |
|---------------------------------|------------------------------|
| <input type="radio"/> Always | <input type="radio"/> Rarely |
| <input type="radio"/> Often | <input type="radio"/> Never |
| <input type="radio"/> Sometimes | |

26. Oral health education by primary care providers in our health center includes disseminating an educational brochure

- | | |
|---------------------------------|------------------------------|
| <input type="radio"/> Always | <input type="radio"/> Rarely |
| <input type="radio"/> Often | <input type="radio"/> Never |
| <input type="radio"/> Sometimes | |

27. Oral health education by primary care providers in our health center includes verbal counseling

- | | |
|---------------------------------|------------------------------|
| <input type="radio"/> Always | <input type="radio"/> Rarely |
| <input type="radio"/> Often | <input type="radio"/> Never |
| <input type="radio"/> Sometimes | |

28. Oral health education by primary care providers in our health center includes developing self-management goals

- | | |
|---------------------------------|------------------------------|
| <input type="radio"/> Always | <input type="radio"/> Rarely |
| <input type="radio"/> Often | <input type="radio"/> Never |
| <input type="radio"/> Sometimes | |

29. Oral health education by primary care providers in our health center includes referral to dental clinic

- | | |
|---------------------------------|------------------------------|
| <input type="radio"/> Always | <input type="radio"/> Rarely |
| <input type="radio"/> Often | <input type="radio"/> Never |
| <input type="radio"/> Sometimes | |

30. Our primary care providers have a current policy or protocol to refer our patients to dental providers based on (select all that apply)

- Patients' age
- Presence of dental disease (e.g. tooth decay)
- Presence of dental anomalies (e.g. developmental enamel defect)
- Report of symptoms (e.g. toothache etc.)
- Preventive care protocols
- Parental/caregiver's request
- No clear protocol
- Other (please specify)

31. Our primary care providers refer patients to the dental clinic through the use of (select all that apply)

- Warm hand-off
- EHR messaging system/telephone encounter in EHR
- Create a referral in the EHR for staff to coordinate an appointment
- Verbal recommendation for patients to contact dental
- N/A / Currently do not refer patients to dental
- Other (please specify)

32. Is there a protocol for standing orders on initiating oral health referrals that can be acted on by non-clinical support staff?

- Yes
- No
- Unsure

Comments

33. Is there a protocol for standing orders on assuring the completion of oral health referrals that can be acted on by non-clinical support staff?

- Yes
- No
- Unsure

Comments

34. Is there a community resource specialist in your practice who works with patients' families and their care team to facilitate community connections and oral health care access?

- Yes
- No
- Unsure

Comments

35. Please list all the medical staff who will be taking the Smiles for Life Oral Health Curriculum (including clinical, non-clinical staff, and support staff).

Publication date: 2020

The Midwest Network for Oral Health Integration and this publication are supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$1,283,333 with 100 percentage funded by HRSA/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA/HHS, or the U.S. Government. For more information, please visit: <https://www.hrsa.gov/grants/manage/acknowledgehrsafunding>.