



Transforming Oral Health for Families: Participating Health Center Needs Assessment

Dental Services

1. At any point in the last six months, was your health center required to halt preventive and/or routine dental care?

- Yes
 No



TOHF Health Center Needs Assessment

Dental Services

2. If yes, did your dental clinic continue to provide emergency-only dental services?

- Yes
 No



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Dental Services

3. If yes, please list services provided.



TOHF Health Center Needs Assessment

Dental Services

4. Does your health center currently provide tele-dentistry services?

- Yes
 No



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Dental Services

5. If Yes, were tele-dentistry services implemented within the last six months?

- Yes
 No



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Dental Services

6. If Yes, what services are being provided via tele-dentistry?



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Dental Services

7. If Yes, are risk assessment tools being used during tele-dentistry visits?

- Yes
 No



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Dental Services

8. If yes, what risk assessment tools are being used?



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Dental Services

9. If Yes, do you plan to continue offering tele-dentistry services?

- Yes
- No



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Dental Services

10. If Yes, what technology are you using if any for tele-dentistry?



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Dental Services

11. If No, do you plan to provide tele-dentistry services in the next year?



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Dental Services

12. Is your health center currently able to provide urgent and emergency dental care to patients?

- Yes
 No

13. In the next month will your health center be providing routine and preventive dental care?

- Yes
 No
 Maybe

14. In the next 6 months what dental services will be available to patients?

| | Available Now | Within 1-month | Within 3-months | Within 6-months | Service Never Provided by Health Center |
|---|-----------------------|-----------------------|-----------------------|-----------------------|---|
| Emergency | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Acceptance of incoming referrals from medical | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Preventive (non-aerosol) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Preventive (aerosol) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Routine Restorative | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Removable Prosthetics | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Periodontics | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Endodontics | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Fixed Prosthetics | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Extractions | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Other (please specify)



TOHF Health Center Needs Assessment

Medical Services

15. During the last six months have your health center’s non-dental clinical providers (physicians, nurses, PA, etc.) continued to provide all medical preventive primary care services?

- Yes
- No



TOHF Health Center Needs Assessment

Dental Services

16. If No, what services were halted?



TOHF Health Center Needs Assessment

Medical Services

17. In the last six months has your health center experienced a change in the frequency of well-visits among young children?

- Yes
- No
- Other (please explain)

18. In the last six months has your health center experienced a change in the frequency of well-visits among young children?

- Yes
- No
- Other (please explain)

19. In the last six months have your patients been reporting more frequently that lack of basic needs such food, housing, transportation, etc. have impacted ability to access preventive health care?

- Yes
- No



TOHF Health Center Needs Assessment

Medical Services

20. If Yes, which types of care?

- Medical
- Dental
- Both



TOHF Health Center Needs Assessment

Medical Services

21. Does your health center currently provide medical tele-health services?

- Yes
- No



TOHF Health Center Needs Assessment

Medical Services

22. If Yes, were telehealth services implemented within the last six months?

- Yes
- No



TOHF Health Center Needs Assessment

Medical Services

23. If Yes, what services are being provided via telehealth?



TOHF Health Center Needs Assessment

Medical Services

24. If Yes, what platform is being utilized for telehealth?



TOHF Health Center Needs Assessment

Medical Services

25. If No, do you plan to provide telehealth services in the next year?



TOHF Health Center Needs Assessment

Medical Services

26. In the next six months, what medical services will be available? (Check all that apply)

| | Available Now | Within 1-month | Within 3-months | Within 6-months | Service Never Provided by Health Center |
|----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|---|
| Well visits (w/ Vaccinations) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Well visits (No Vaccinations) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Routine Care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Chronic Care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Non-urgent care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Urgent Care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Other (please specify)



TOHF Health Center Needs Assessment

Personal Protective Equipment

27. Does your clinic currently have the appropriate PPE to perform routine medical services?

- Yes
- No

28. Does your clinic currently have the appropriate PPE to perform emergency dental services?

- Yes
- No

29. Does your clinic currently have the appropriate PPE to perform routine dental services?

- Yes
- No



TOHF Health Center Needs Assessment

Staffing

30. In terms of patient care, in what ways have the roles of primary care providers and staff changed at your health center within the last six months?

31. In terms of patient care, in what ways have the roles of dental providers and staff changed at your health center within the last six months?

32. In the last six months, were any of the dental clinical staff: (Check all that apply)

- Furloughed
- Laid off
- Diverted to medical care, triage, testing, or other essential clinical services
- Paid while working from home
- Paid without expectations to work from home
- Retained for emergency-only care. (# providers/# support staff?)

33. In the last six months, were any non-dental clinical providers: (Check all that apply)

- Furloughed
- Laid off
- Diverted to medical care, triage, testing, or other essential clinical services
- Paid while working from home
- Paid without expectations to work from home
- Retained for emergency-only care. (# providers/# support staff?)

34. If your dental clinic has reopened, did all your staff return to work?

- Yes
- No



TOHF Health Center Needs Assessment

Staffing

35. If No, have you adjusted any workflow processes?



TOHF Health Center Needs Assessment

Staffing

36. If your medical department (pediatric and maternal health care) paused any services, have all your staff returned to work as levels of care increased?

- Yes
- No



TOHF Health Center Needs Assessment

Staffing

37. If No have you adjusted any workflow processes?



TOHF Health Center Needs Assessment

Target Population (0 – 40 months)

38. Is your clinic currently conducting pediatric medical well-child visits?

- Yes
- No
- NA



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Target Population (0 – 40 months)

39. If Yes, are well child visits being performed in person or via telehealth?

40. If Yes, is your patient population staying up to date on vaccinations?

- Yes
- No



TOHF Health Center Needs Assessment

Target Population (0 – 40 months)

41. If Yes, have modifications have been made to scope of practice and/or standard of care?

- Yes
- No



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Target Population (0 – 40 months)

42. If Yes, please explain.



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Target Population (0 – 40 months)

43. Is your clinic currently providing obstetrical services?

- Yes
- No
- NA



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Target Population (0 – 40 months)

44. If Yes, are the providers seeing pregnant women for prenatal visits?

- Yes
- No



TOHF Health Center Needs Assessment

Target Population (0 – 40 months)

45. If Yes, has scope of practice changed during the last six months?

Yes

No



TOHF Health Center Needs Assessment

Target Population (0 – 40 months)

46. If Yes, please explain.



TOHF Health Center Needs Assessment

Outreach, Education, & Communication

47. Is your clinic currently performing outreach activities to keep patients engaged in care during this time?

- Yes
- No



TOHF Health Center Needs Assessment

Outreach, Education, & Communication

48. If Yes, what kind of engagement activities are occurring?



TOHF Health Center Needs Assessment

Outreach, Education, & Communication

49. Do you currently have available support staff that are able to call patients, provide education, conduct phone surveys, etc.?

- Yes
- No

50. Is your clinic conducting patient education using printed or electronic materials?

Yes

No



TOHF Health Center Needs Assessment

Outreach, Education, & Communication

51. If Yes, how is the information being disseminated?



TOHF Health Center Needs Assessment

Outreach, Education, & Communication

52. How are patients who are overdue for needed dental services being identified?

53. How is your health center communicating with those patients to encourage them to obtain needed care?

54. How are patients who are overdue for essential medical well-child visits being identified?

55. How is your health center communicating with those patients to encourage them to obtain routine care?



TOHF Health Center Needs Assessment

Strategy

56. What changes do you plan to implement in your oral health program to address patient and provider safety during times of emergency?

57. How can integration of oral health and primary care improve the provision of comprehensive services to pregnant women, infants and young children as your organization adjusts to times of emergency?

58. Does your center utilize any alternative methods to provide any oral health services (prevention or routine care) on or off-site during times of emergency?

- Yes
- No



TOHF Health Center Needs Assessment

Strategy

59. If Yes, please describe.



TOHF Health Center Needs Assessment

Strategy

60. Please describe any state requirements or other recommendations that are being considered to address patient and provider safety for dental services in the next 6 months related to the following:

PPE

Patient Education

Waiting Room Redesign

Changes to appointment scheduling

Adjustments to workflow

Examination Room Redesign

Changes in scope of practice



TOHF Health Center Needs Assessment

Regulations, Billing, & Reimbursement

61. Have telehealth regulations changed in the last six months?

Yes

No



TOHF Health Center Needs Assessment

Regulations, Billing, & Reimbursement

62. If Yes, how?



TOHF Health Center Needs Assessment

Regulations, Billing, & Reimbursement

63. Has reimbursement for telehealth changed in the last six months?

- Yes
 No



TOHF Health Center Needs Assessment

64. If Yes, how?



TOHF Health Center Needs Assessment

65. Are you currently billing for tele-dentistry services?

- Yes
- No
- Other (please explain)

66. Are you currently billing for telehealth services?

- Yes
- No
- Other (please explain)

67. Are you currently being reimbursed for tele-dentistry services?

- Yes
- No
- Other (please explain)

68. Are you currently being reimbursed for telehealth services?

- Yes
- No
- Other (please explain)

69. Are there any current barriers that are currently impacting or preventing your health center from functioning under normal operations?

- Yes
- No



TOHF Health Center Needs Assessment

Regulations, Billing, & Reimbursement

70. If Yes, please explain.



TOHF Health Center Needs Assessment

Health Center Information

* 71. Please enter the name of your health center here

* 72. Please enter your full name here

* 73. Please enter your email address here

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