



Transforming Oral Health for Families: Practice Referral Process Assessment

1. Describe your current interprofessional referral system:

- No referral system currently in place
- Bi-directional (medical to dental / dental to medical)
- Medical to dental referrals only
- Dental to Medical referrals only

2. Medical providers at our site, or part of our network, are administering fluoride varnish and identifying oral health risk factors in the majority of patients seen.

- Yes
- No
- N/A
- Other (please explain why)

3. Dental providers at our site, or part of our network, are pre-screening or screening for systemic disease (ex: diabetes, high blood pressure) in the majority of patients seen.

- Yes
- No
- N/A
- Other (please explain why)

4. List top three reasons why patients at your site may find it difficult to obtain a dental referral after a well child/prenatal visit

Reason 1:

Reason 2:

Reason 3:

5. Our EHR has a Medical - template with Dental referral

- Yes
- No
- N/A
- Other (please explain why)

6. Our EDR has a Dental template with Medical referral

- Yes
- No
- N/A
- Other (please explain why)

7. Our medical to dental referral includes the following elements: (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Name and address of the patient | <input type="checkbox"/> Oral health risk assessment/screening/evaluation findings |
| <input type="checkbox"/> Scheduled appointment date and time with the consulting dentist | <input type="checkbox"/> Specific Problems |
| <input type="checkbox"/> Reason for the referral/diagnosis | <input type="checkbox"/> Contributory history |
| <input type="checkbox"/> General background information about the patient | <input type="checkbox"/> Future treatment needs beyond the referral |
| <input type="checkbox"/> Authorization or release of records | <input type="checkbox"/> Urgency of the situation, if an emergency |
| <input type="checkbox"/> Medical consultation | <input type="checkbox"/> Information already provided to patient |

8. Our dental to medical referral includes the following elements: (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Name and address of the patient | <input type="checkbox"/> Relevant findings |
| <input type="checkbox"/> Scheduled appointment date and time with the physician | <input type="checkbox"/> Specific Problems |
| <input type="checkbox"/> Reason for the referral/diagnosis | <input type="checkbox"/> Contributory history |
| <input type="checkbox"/> General background information about the patient which may affect the referral | <input type="checkbox"/> Future treatment needs beyond the referral |
| <input type="checkbox"/> Authorization or release of records | <input type="checkbox"/> Urgency of the situation, if an emergency |
| <input type="checkbox"/> Dental consultation | <input type="checkbox"/> Information already provided to patient |

9. When communicating with the patient about the referral from medical to dental or vice-versa we consider/cover the following communication points (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> An assessment of the patient's ability to understand and follow instructions | <input type="checkbox"/> If possible, making a specific appointment with the specialist or consulting dentist |
| <input type="checkbox"/> An explanation of the reason for the recommended referral to the patient, patient's parent or legal guardian as appropriate | <input type="checkbox"/> If known and if requested by the patient, providing information about the specialist or consulting dentist's fee for the consultation or evaluation |
| <input type="checkbox"/> An explanation of which area of dentistry or specialty is chosen and why | <input type="checkbox"/> Giving instructions that will assist the patient's introduction to the specialist or consulting dentist, educational pamphlets or a map with directions |

10. Our pre-referral communication process between physician and dentist includes the following: (Check all that apply)

- Discuss referral reason and treatment period
- Follow up with referring physician /dentist
- Availability in the time of an emergency (if applicable)

11. Our post referral communication process between physician and dentist includes the following: (Check all that apply)

- Final report, with factors affecting future management of the patient's condition
- Diagnostic labs/imaging
- Treatment done
- Return of any pertinent documents

12. How are referrals made? (Circle all that apply)

- | | |
|--|---|
| <input type="checkbox"/> a. Electronic Transfer (EHR/EDR; third party) | <input type="checkbox"/> e. Direct Delivery (warm handoff, internal mail) |
| <input type="checkbox"/> b. Protected, HIPAA Compliant fax | <input type="checkbox"/> f. Referral list to pt. w/ contact #s |
| <input type="checkbox"/> c. Protected, HIPAA Compliant email | <input type="checkbox"/> g. Verbal only |
| <input type="checkbox"/> d. Direct Mail | <input type="checkbox"/> h. other: |

13. Does your site provide the patient with a referral form?

- Yes
- No
- N/A
- Other (please explain why)

14. If yes, please attach a scanned copy of that form here

No file chosen

15. If your site does not have electronic referrals, does your site have a standard referral form that is used to communicate the referral?

- Yes
- No
- N/A
- Other (please explain why)

16. If yes, please attach a scanned copy of that form here

No file chosen

17. Does your EHR/EDR system have the following capabilities:

- | | |
|--|--|
| <input type="checkbox"/> Shared EMR/EDR system with existing referral templates | <input type="checkbox"/> Different EMR/EDR systems with no connection |
| <input type="checkbox"/> Shared EMR/EDR system no referral templates; but can be installed | <input type="checkbox"/> Different EMR/EDR systems with central scheduling/billing services/registration |
| <input type="checkbox"/> Shared EMR/EDR system no referral templates; and new referral templates cannot be installed | |

If your site has electronic referrals, please answer the following:

18. Our EHR allows referral entry

- Yes
- No
- N/A
- Other (please explain why)

19. Our EHR allows sharing administrative and clinical information between clinicians

- Yes
- No
- N/A
- Other (please explain why)

20. Our EHR supports referral tracking

- Yes
- No
- N/A
- Other (please explain why)

21. Our EDR allows referral entry

- Yes
- No
- N/A
- Other (please explain why)

22. Our EDR allows sharing administrative and clinical information between clinicians

- Yes
- No
- N/A
- Other (please explain why)

23. Our EDR supports referral tracking

- Yes
- No
- N/A
- Other (please explain why)

24. Our Medical to dental referral appointments are made in a timely manner (within 7 days).

- Yes
- No
- N/A
- Other (please explain why)

25. Our Dental to Medical referral appointments are made in a timely manner (within 7 days).

- Yes
- No
- N/A
- Other (please explain why)

26. Our site sees significant issues with no-shows / broken appointments (15% or more) among referral patients.

- Yes
- No
- N/A
- Other (please explain why)

27. Our site has a well-established network of referral partners for medical to dental referrals?

- Yes
- No
- N/A
- Other (please explain why)

28. Our site has a well-established network of referral partners for dental to medical referrals?

- Yes
- No
- N/A
- Other (please explain why)

29. We have a referral coordinator to manage the referral system at our site

- Yes
- No
- N/A
- Other (please explain why)

30. Please provide the contact information for the referral coordinator

Name:

Email:

Phone Number:

31. Our site has adopted use of 'Referral agreements' that builds a shared understanding of roles and responsibilities for communication and care coordination between clinicians

- Yes
- No
- N/A
- Other (please explain why)

32. Please attach a copy of the referral agreement here

Choose File

Choose File

No file chosen

33. Our site has drafted referral workflows to guide our referral process

- Yes
- No
- N/A
- Other (please explain why)

34. Please attach a scanned copy of the workflow maps/documents here

No file chosen

35. Our site has drafted clear policies around referrals /no-shows/sliding fees etc.

- Yes
- No
- N/A
- Other (please explain why)

36. Please attach a copy of the policy documents here

No file chosen

37. Our site has shared protocols regarding referrals/follow ups

- Yes
- No
- N/A
- Other (please explain why)

38. Please attach a copy of the shared protocol documents here

No file chosen

* 39. Please enter your email address to receive a copy of the completed survey