MORE CARE: THE INTERPROFESSIONAL ORAL HEALTH REFERRAL

The need for a successful referral process continues to increase as interprofessional practice (IPP) and the coordination of care becomes a focus of health systems.[1] Previous reports have demonstrated links between a strong referral system and increased patient satisfaction, patient outcome improvement, and practice viability.[2-4] Unfortunately, difficulties with referrals in dentistry and medicine are commonly reported, and universal guidelines on referral management are incomplete or missing within health literature.[1, 5-6] Given the noted complexities, this document aims to address the following challenges to the IPP referral process:

Provider Time Constraints [1]

Difficulty in Maintaining Continuity of Care [7]

Overall Communication Failure [8]

Extremely Limited Interoperability [9]

In addition, the American Dental Association's Health Policy Institute reported that a lack of interprofessional guidelines for dental referral processes interrupts oral disease diagnosis and results in an increased cost of care. [9] The purpose of this document is to provide interprofessional providers and networks with a framework to develop and implement IPP care coordination.

MEDICAL-ORAL EXPANDED CARE (MORE CARE REFERRAL)

The IPP referral process presented within this document was developed and implemented as part of the DentaQuest Institute's Medical-Oral Expanded Care (MORE Care) collaborative that includes our partners: the South Carolina Office of Rural Health, the Colorado Rural Health Center, the Pennsylvania Office of Rural Health, the Medical University of South Carolina, and the University of Colorado School of Medicine. Using a quality improvement and systems approach, the MORE Care process advances oral health prevention in primary care by assisting teams on how to approach clinical care delivery in a novel way through training and teaching clinical staff new skills.

In addition, MORE Care develops relationships and formalizes referral networks with dental care providers. Dental care providers are guided in facilitating the referral relationship to meet the needs of their interprofessional partners.

Cooperative tasks are then developed and shared between the teams to fortify a bi-directional referral system between dentistry and primary care medicine, improve interprofessional communication, and identify areas of overlap to optimize time and care.

MORE CARE

DentaQuest
Partnership
for Oral Health Advancement

MORE CARE: REFERRAL TOOLS AND FORMS

The MORE Care Referral Tools (caries and periodontal disease) were created to guide medical care teams in completing the medical provider referral for dental care form. Within the referral tool, visual pictures of dental disease stages are provided to guide providers in determining the oral health referral type, which are defined according to disease and referral need.

In addition, suggested ICD-10 codes are provided to assist with IPP communication and closing the referral gap. The confirmation and explanation of disease diagnosis (ICD-10), risk status, and patient outcomes by the dental provider team back to the primary care team initiates a dependable care pathway for the patient.

Explanation of Sections in MORE Care Referral Recommendations Tool

SECTION 1	SECTION 2	SECTION 3
Intraoral Examination Results	Referral Type	ICD-10 Codes
This section should serve as a quick reference to the relevant oral health findings observed during a risk-based HEENOT examination. [HEENOT- Head, Eye, Ear, Nose, Oral (teeth-gums-mucosa-tongue-palate), Throat]. Training on oral health intervention and prevention within the medical setting can be located at: *www.smilesforlifeoralhealth.org*	Using a population health framework, the referral types are arranged and timed according to need while factoring in the time involved by medical providers to complete the referral process. At risk patients will benefit from a direct referral to assess observed signs and symptoms of disease. Given that disease indicators are present, a more direct referral process will be beneficial to work in conjunction with the dental care team to verify the disease process and participate in interprofessional care to improve patient outcomes.	Suggested ICD-10 codes provide a structured medical language to a patient's oral health diagnosis. The following document is a valued resource for oral health ICD-10 coding: *www.aap.org/en-us/Documents/ coding_factsheet_oral_health.pdf*

MORE Care: Medical-to-Dental Caries Referral Recommendations

INTRAORAL EXAMINATION RESULTS:	REFERRAL DESCRIPTION:	SUGGESTED ICD-10 CODES:

AT RISK

EMERGENT REFERRAL: Pain/swelling; possible infection. The dental referral appointment should be as soon as possible if ICD-10 **K12.2** is used.

URGENT REFERRAL: If active cellulitis/abscess is not observed, complete the referral **within 5 days** to lower broken appointment rates and optimize therapeutics. Observation of soft tissue anomalies or oral cancer.
Referral managed with the same workflow/process as urgent referrals for similar specialty medical care.

Z00.121 Encounter/routine child examination w/abnormal findings

Z13.84 Encounter for screening for dental disorders

K02.9 Dental caries

K12.2 Cellulitis and abscess of mouth

K08.8 Other specified disorders of teeth and supporting structures

DIRECT REFERRAL: Caries activity visible as white spots or small brown areas. Patient lacks a dental home. Patients lacks or has limited access to oral hygiene products for home care. Referral **within 10-20 days** will optimize buy-in and timely care. Currently pregnant.

Referral managed the same as any medical specialty referral.

Z00.121 Encounter/routine child examination w/abnormal findings

Z13.84 Encounter for screening for dental disorders

K02.9 Dental caries

LOW RISK

MAINTENANCE REFERRAL: Low risk patients; healthy teeth, following good home health care. When necessary, referral includes recommendation to visit dental provider [verbal referral and dental care team list to patient]. Verify dental care appointment at next medical visit.

No referral is necessary for patients with a current dental home.

Z00.129 Encounter for routine child health examination without abnormal findings

Z13.84 Encounter for screening for dental disorders

MORE Care: Medical-to-Dental Periodontal Referral Recommendations

INTRAORAL EXAMINATION RESULTS:	REFERRAL DESCRIPTION:	SUGGESTED ICD-10 CODES:

AT RISK

EMERGENT REFERRAL: Pain/swelling; obvious inflammation; possible infection. The dental referral appointment should be as soon as possible if ICD-10 **K12.2** is used.

URGENT REFERRAL: If active cellulitis/abscess is not observed, complete the referral **within 5 days** to lower broken appointment rates and optimize therapeutics. Observation of soft tissue anomalies or oral cancer.
Referral managed with the same workflow/process as urgent referrals for similar specialty medical care.

Z00.121 Encounter/routine child examination w/abnormal findings

Z13.84 Encounter for screening for dental disorders

K02.9 Dental caries

K12.2 Cellulitis and abscess of mouth

K08.8 Other specified disorders of teeth and supporting structures

DIRECT REFERRAL: Tartar & Plaque accumulation; Inflammation visible as dark or bright red areas along the gum line. Gingival tissue loss/necrosis as gum line recession. Patient diagnosed with diabetes. Patient lacks a dental home. Patients lacks or has limited access to oral hygiene products for home care. Chronic or concomitant disease or disorder resulting in significant risk of caries activity. Referral **within 10-20** days will optimize buy-in and timely care.
Referral managed the same as any medical specialty referral.

Z00.121 Encounter/routine child examination w/abnormal findings

Z13.84 Encounter for screening for dental disorders

K05.1 Chronic gingivitis

LOW RISK

MAINTENANCE REFERRAL: Low risk patients; healthy gingival tissue, following good oral health care at home. When necessary, referral includes recommendation to visit dental provider [verbal referral and dental care team list to patient]. Verify dental care appointment at next medical visit.

No referral is necessary for patients with a current dental home.

Z00.129 Encounter for routine child health examination without abnormal findings

Z13.84 Encounter for screening for dental disorders
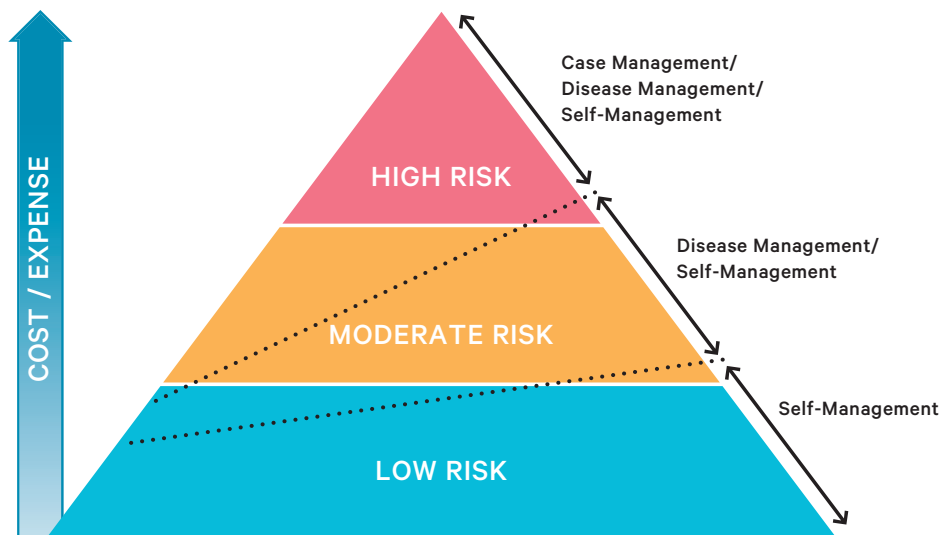
RISK-BASED POPULATION HEALTH AND REFERRAL TYPE

Given that the average physician refers to 229 other physicians, it is vital to have a uniform referral process that includes communication mechanisms to aid interprofessional care teams.[10-11] As seen in the figure on page 5, the MORE Care Referral tools utilize a risk based methodology to assignment of referral type.

Emergent and Urgent Referrals: Referrals for patients at high risk for oral disease usually presenting with active dental caries, periodontal disease, and/or suspicious soft tissue lesions. This referral type requires purposeful case management and coordination as the disease is either approaching or resulting in active infection.

Direct Referral: Referral for patients at risk for oral disease present with active dental caries or early carious lesions (commonly called "white spots") that require secondary intervention, ongoing dental care contacts, or surgical intervention to remove the disease and repair the damaged tissue of the tooth.
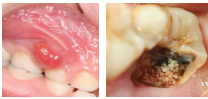
Maintenance Referral: Because patients with low risk can benefit from ongoing self-management, the referral process for these patients consists of providing patients without a regular dentist or dental home a list of community or regional dental providers and encouraging them to make an appointment for ongoing preventive care. Follow up should be made when the patient presents for their next medical care encounter.

Referral Type	Management Type	Associated Risk Status	Associated Referral Process
Maintenance Referral	Self-Management	Low Risk	List with Primary Care Follow up
Direct Referral	Self-Management Disease Management	Moderate-to-high Risk	Electronic transfer and/or a warm handoff. Referral within 10-20 days.
Emergent or Urgent Referral	Self-Management Disease Management Case Management	High Risk	Electronic transfer and/or warm handoff. Referral within 5 days.

COST / EXPENSE →

HIGH RISK — Case Management/ Disease Management/ Self-Management

MODERATE RISK — Disease Management/ Self-Management

LOW RISK — Self-Management

Self-Management	The personal and medical care performed by the patient, usually in collaboration with and after instruction by a health care professional that focuses on disease prevention or decreasing ongoing impact from disease
Disease Management	A system of coordinated healthcare interventions and communications for populations with conditions in which patient self-care efforts are significant but require augmentation by ongoing medical intervention
Case Management	A collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual's and family's comprehensive health needs through communication and available resources to promote quality, cost-effective outcomes

MORE Care: Medical-to-Dental Caries Referral Recommendations

INTRAORAL EXAMINATION RESULTS:

REFERRAL DESCRIPTION:

SUGGESTED ICD -10 CODES:

AT RISK

EMERGENT REFERRAL: Pain/swelling; possible infection. The dental referral appointment should be as soon as possible if ICD-10 **K12.2** is used.

URGENT REFERRAL: If active cellulitis/abscess is not observed, complete the referral **within 5 days** to lower broken appointment rates and optimize therapeutics. Observation of soft tissue anomalies or oral cancer.

Referral managed with the same workflow/process as urgent referrals for similar specialty medical care.

Z00.121 Encounter/routine child examination w/abnormal findings

Z13.84 Encounter for screening for dental disorders

K02.9 Dental caries

K12.2 Cellulitis and abscess of mouth

K08.8 Other specified disorders of teeth and supporting structures

DIRECT REFERRAL: Caries activity visible as white spots or small brown areas. Patient lacks a dental home. Patients lacks or has limited access to oral hygiene products for home care. Referral **within 10-20 days** will optimize buy-in and timely care. Currently pregnant.

Referral managed the same as any medical specialty referral.

Z00.121 Encounter/routine child examination w/abnormal findings

Z13.84 Encounter for screening for dental disorders

K02.9 Dental caries

LOW RISK

MAINTENANCE REFERRAL: Low risk patients; healthy teeth, following good home health care. When necessary, referral includes recommendation to visit dental provider [verbal referral and dental care team list to patient]. Verify dental care appointment at next medical visit.

No referral is necessary for patients with a current dental home.

Z00.129 Encounter for routine child health examination without abnormal findings

Z13.84 Encounter for screening for dental disorders

MORE CARE MEDICAL PROVIDER REFERRAL FOR DENTAL CARE AND DENTAL REFERRAL TREATMENT REPORT

The referral forms are designed to establish a pathway of care communication that streamlines the scheduling process and closes the loop on the referral. Dentists are asked to acknowledge acceptance of the referral, and following the referral treatment visit, complete the Dental Referral Treatment Report to verify diagnosis, disease risk status, dental treatment report, and patient recare schedule with the medical care team.

MORE CARE
MEDICAL PROVIDER REFERRAL FOR DENTAL CARE

Referral Type: [ ] Emergent [ ] Urgent [ ] Direct *Maintenance referrals do not require this form.*

REFERRING PROVIDER REPORT:	Provider:	Practice Name	Phone: Fax: Email:
	Address:		

PATIENT INFORMATION:	Patient Name:	Patient DOB:	Phone 1: Phone 2: Email:
	Address:		Parent(s) Name:
	☐ Male ☐ Female	Insurance Information: ☐ Self Pay/No Coverage ☐ Medicaid (ID #: _____) ☐ Commercial (Name: _____)	

PATIENT MEDICAL INFORMATION:	Abbreviated Medical History: *[Please provide dental team recent H & P and medication list when applicable]*
	Date of Last Fluoride Application: ___ / ___ / ___	Allergies:	Any prescriptions provided specific to the patient's oral issues?
	Fluoride Supplements Prescribed: ☐ Yes ☐ No		

REASON FOR REFERRAL:	Reason for Referral [Select all that apply]: ☐ Abscess/Infection [K12.2] ☐ Periodontitis [K05.6] ☐ Caries Activity/Decay [K02.9] ☐ Significant Plaque/Tartar/Calculus ☐ Gingivitis [K05.1] ☐ Other: _____

INTERNAL USE (REFERRAL TRACKING):	Date Referral Sent:	Referring Dental Provider:	Date of Referral Follow Up:

I am the patient or parent/guardian of the patient. I consent to this medical provider sharing information about me / my child with the dentist/dental care team named. I also consent to the dentist/dental care team sharing information about me / my child with this medical provider.

Signature: _____   Date: _____

MORE CARE
DENTAL REFERRAL TREATMENT REPORT

PATIENT INFORMATION:	Patient Name:	DOB:	Phone: Fax: Email:
	Address:		

DENTAL CARE REPORT:	Date of Dental Appt:	Did patient keep their scheduled appointment? ☐ Yes ☐ No	Is all needed treatment completed? ☐ Yes ☐ No
	List any prescription agents given to patient:		
	Patient's Oral Health Diagnosis: ☐ Abscess/Infection [K12.2] ☐ Periodontitis [K05.6] ☐ Caries Activity/Decay [K02.9] ☐ Gingivitis [K05.1] ☐ Other:		Oral Health Risk Status: ☐ HIGH ☐ MODERATE ☐ LOW
	Self-Management Goal Recommendations:		
	Date of Patient's Next Dental Appointment: ___ / ___ / ___	Additional Notation:	

DENTAL CARE TEAM:	Date: ___ / ___ / ___	Dental Provider:	Dental Provider Phone #:
	Dental Provider Signature:		

REFERENCES:

Gandhi TK, Sittig DF, Franklin M, et al. Communication breakdown in the outpatient referral process. J Int Med 2001; 15:626-631.

Epstein RM. Communication between primary care physicians and consultants. Arch Fam Med 1995; 4:403-409.

Bhat SS, Sargod SS, Kiran Kumar BS. Pediatricians' views about oral health care. Indian Journal of Pediatrics. 2006; 73:535-536.

Anjum MS, Reddy PP, Chowdary KS. Role of Medical Officers In Referring the Dental Patients In Primary Health Centers Of Ranga Reddy District, Andhra Pradesh, India. WebmedCentral DENTISTRY 2012; 3:WMC003736.

National Network for Oral Health Access. Oral health and the patient-centered health home. NNOHA, 2012.

Feinmann C. Depression: patients and dentists Faculty Dental Journal 2015; 6:24-27.

Lee T, Pappous Em, Goldman L. Impact of inter-physician communication on the effectiveness of medical consultations. Am J Med. 1983;74:106-112.

Cummins RO, Smith RW, Inui TS. Communication failure in primary care. Failure of consultants to provide follow up information. J Am Med Assoc. 1980; 243:1650-1652.

Miloro MB and Vujicic M. Physicians dissatisfied with current referral process to dentists. ADA Health Policy Institute Research Brief. March, 2016.

Pham HH, O'Malley AS, Bach PB, Saiontz-Martinez C, Schrag D. Primary Care Physicians' Links to Other Physicians Through Medicare Patients: The Scope of Care Coordination", Annals of Internal Health, Feb 17 2009. Accessed: 14April2017. http://annals.org/article.aspx?articleid=744294.

Boynes SG, Davis LA, Adams G, Mills M, Deutchman M. MORE Care: Narrowing the Rural Interprofessional Oral Health Care Gap. DentaQuest Institute, 2017. https://www.dentaquestinstitute.org/rural-ipp

465 Medford Street
Boston, MA 02129

Phone: 508-329-2280
Email: morecare@dentaquest.com
Web: dentaquestpartnership.org

DentaQuest®

Partnership
for Oral Health Advancement