The Rural Primary Care Practice Guide to

CREATING INTERPROFESSIONAL ORAL HEALTH NETWORKS

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MORE CARE

DentaQuest®
Partnership
for Oral Health Advancement

PURPOSE AND BACKGROUND:

This Practice Guide is intended for use by rural primary care practices who are interested in developing interprofessional oral health networks (IPOHNs) [a]. It provides a framework for key oral health activities to be accomplished in your primary care office, along with ideas that can be modified based on your practice's unique local environment. Given that interprofessional practice includes both integration and coordination of care, you may choose to begin your oral health interprofessional work within the walls of your primary care clinic (integration) or with the development of a dependable oral health referral network (coordination), or a combination of both.

This document is a companion to the white paper: "*MORE Care: Narrowing the Rural Interprofessional Oral Health Care Gap.*" The white paper outlines 5 key factors for State Offices of Rural Health to consider when providing guidance to rural primary care practices on the initiation of an interprofessional oral health network within a rural community. The 5 key factors are:

Establish Oral Health Proprietorship	Develop Dependable Dental Referral Networks	Create An Environment of Improvement	Health Information Technology	Facilitate Health Care Model Transitions

This Practice Guide builds off of the 5 key factors identified in the white paper, and also provides practice-level ideas and activities for rural primary care practices to try or adapt for their practice that have been tested by Rural Health Clinics that have achieved IPOHNs in their communities.

a. **Interprofessional oral health networks (IPOHNs)** – A system of interdisciplinary care teams providing patient centered oral care that provides the integration and coordination for patient and community.

GETTING STARTED: DEVELOPING A PLAN

The development of effective IPOHNs requires input and collaboration from a variety of providers and staff to ensure a successful implementation plan. Throughout the process of developing an integrated and coordinated IPOHN, the following areas will need to be discussed and considered:

- **Team**—identify the leaders, clinicians, and front-line staff who will champion this work, and what role they will play. Identifying a team that outlines a quality plan and tracks improvement is an important element of team development

- **Training/education**—determine how administrative and clinical staff prefer to receive training and education necessary for successful implementation

- **Coordination and communication**— understand the dental care teams in your community and how they might play a role in accepting referrals from medical. In addition, determine how care teams might be able to communicate and share information between primary care and dental

- **Health IT Infrastructure**—outline how electronic health management systems will play a role in oral health integration and coordination

- **Documentation**—determine how oral health services provided in the primary care setting will be documented and tracked to ensure that changes implemented are improving care

Many participating clinics found that using a *simple charter* is an effective strategy for getting started with outlining the goals of an interprofessional oral health network. The charter serves as a unifying document to clearly outline key information such as goals, target population, and roles.

ACTIVITIES AND IDEAS FOR CONSIDERATION
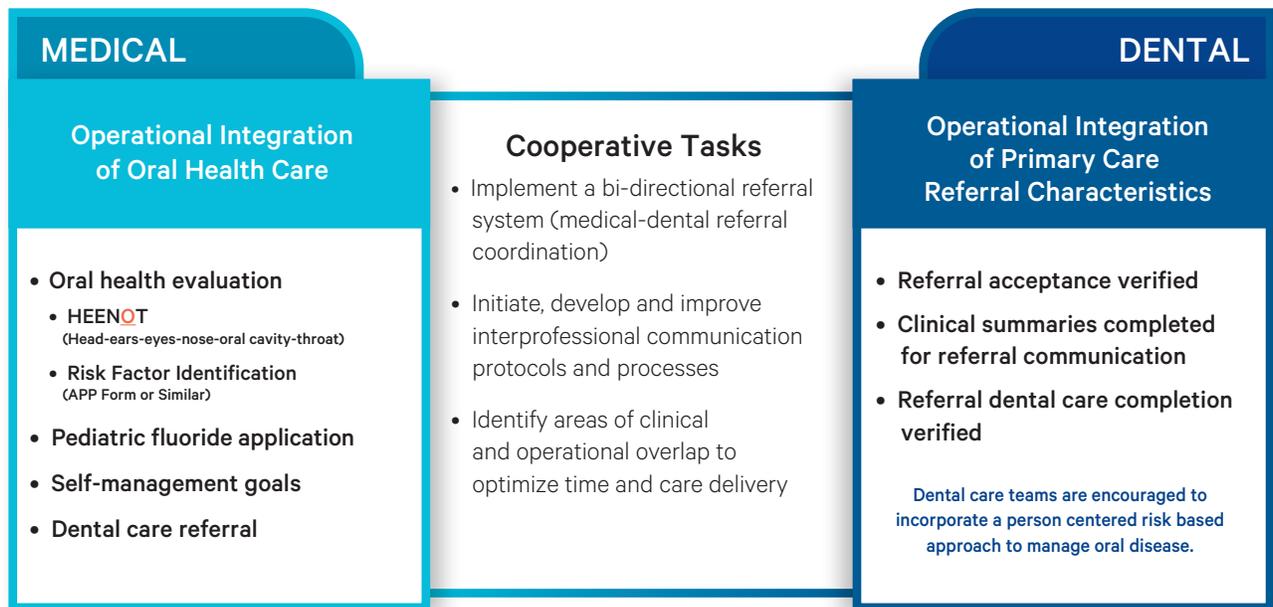
How to Use This Guide:

This guide is intended for use by primary care teams interested in integrating oral health services into their practices and coordinating dental treatment with a local dental provider. The tabs at the top of each section indicate whether the ideas suggested below require the help of the medical team, a dental provider or both. The "medical" and "dental" tabs correlate with the IPOHN Vision graphic in **Figure 1**.

Each implementation area contains general activities to be accomplished, along with more specific "ideas to consider" that may provide more detailed descriptions of how to implement the activity above it. Not all ideas must be implemented, and the ideas listed are not in any particular order. If there is an idea that might be helpful to be implemented first, a "Try First" icon will indicate its importance.

TRY FIRST →

Figure 1: IPOHN Vision

MEDICAL

Operational Integration of Oral Health Care

- **Oral health evaluation**
  - **HEENOT**
    (Head-ears-eyes-nose-oral cavity-throat)
  - **Risk Factor Identification**
    (APP Form or Similar)
- **Pediatric fluoride application**
- **Self-management goals**
- **Dental care referral**

Cooperative Tasks

- Implement a bi-directional referral system (medical-dental referral coordination)

- Initiate, develop and improve interprofessional communication protocols and processes

- Identify areas of clinical and operational overlap to optimize time and care delivery

DENTAL

Operational Integration of Primary Care Referral Characteristics

- **Referral acceptance verified**
- **Clinical summaries completed for referral communication**
- **Referral dental care completion verified**

Dental care teams are encouraged to incorporate a person centered risk based approach to manage oral disease.

Implementation Area 1

Oral Health Intervention and Support

This implementation area outlines the activities and interventions that primary care practices can accomplish within their own practice to support the oral health of their patients (integration of oral health into primary care practice). The four key oral health interventions typically provided in primary care
(as outlined in **Figure 1** on page 4) are:

- Oral health evaluation (risk assessment)

- Pediatric fluoride application

- Self-management goals

- Dental care referral

Activity 1

Train Staff and Create Practice-Wide Vision for Practice Transformation

Ideas to Consider:

TRY FIRST →
- Ensure buy-in and understanding from all staff, leadership, and providers about the importance of oral health integration and its link to systemic health

- Train staff on oral health link to chronic conditions and foundational oral health principles
  (Consider using *Smiles for Life Course 1 on Oral/Systemic Connection*)

- When feasible, provide staff on-site training in fluoride varnish application. Determine if there are any local, state or regional programs that offer oral health training to primary care providers.

Activity 2

Understand and Maximize Financial Incentives for Oral Health Prevention Services

Ideas to Consider:

- Determine reimbursement limitations and populations covered within the state Medicaid system as well as commercial insurers for oral health services provided in primary care

- Refer to *AAP Table on Payment for Caries Prevention Services by Non-Dental Professionals*

- Ensure providers and billing staff are trained to use proper codes to maximize reimbursement

- To inform and build a case for future reimbursement policy changes, use codes that provide evidence of service provision despite lack of reimbursement

Activity 3

Determine Roles and Workflow for Oral Health Prevention Services in Primary Care

Ideas to Consider:

- Meet with team to outline current workflow and process mapping for the determined population for oral health integration activities (i.e. Well child visits for ages 0-19 or chronic care visits for adults with diabetes). Once current workflow is mapped, identify how oral health activities can be adapted to fit within the current patient encounter process.

- Determine which staff/providers will perform oral health activities (such as risk assessment, fluoride varnish, and self-management goals) and how it will impact the patient experience

- Review state practice act and insurer regulations to determine who is able to provide oral health services to patients in a primary care setting

RHC Tried and True Tips

PLANNING AHEAD

Effective preparation and planning will allow for more effective incorporation of oral health prevention into a well child visit.

Processes that can prepare for visits include:
- Having front desk staff identify upcoming well child visits in the schedule and collect pertinent documents such as risk assessment or previous self management goals.
- Ensure all fluoride varnish materials are in place for easy access for the provider applying them.

Activity 4

Complete Oral Health Evaluation at Patient Well Visits

Ideas to Consider:

- Select and utilize recognized oral health evaluation tool (also referred to as oral health risk assessment tool) for primary care providers (such as *AAP* or *Cavity Free at Three*) and train all providers to ensure accuracy

- Ask patients about their dental provider or dental home and document in electronic health record

- Edit Electronic Health Record template to include oral health evaluation tool for targeted patient population (This activity can involve working with the Electronic Health Record vendor to make modifications to the template, or seeking expertise of knowledgeable IT professionals)

- Implement standing order/protocol which includes oral health evaluation

- Conduct dietary counseling

- Identify process for monitoring optimal medication list for patients

Activity 5

Apply Fluoride Varnish

Ideas to Consider:

TRY FIRST
- Gain knowledge about the purchase and proper administration of materials used to provide oral health services in primary care

- Edit Electronic Health Record template to include documentation process for fluoride varnish

- Ensure each exam room or nursing station has fluoride varnish and related supplies (*Fluoride varnish supply ordering information*)

- Develop workflow for fluoride varnish application

- Review billing and coding guidance (ICD10, CPT and CDT code) to ensure proper billing for fluoride varnish (i.e. Z29.3 – refer to *full list of applicable codes*)

Activity 6

Set Self-Management Goal For At-Home Oral Health Care

Ideas to Consider:

- Engage and educate patients and caregivers during patient visits to understand the value of at-home oral health practices and preventive care

- Select patient education material related to oral health that is culturally competent and has appropriate health literacy

- Ensure all treatment plans include patient or caregiver- identified self-management goals (SMG)

- Revisit SMGs at subsequent visits and allow families to assess their own progress on goals previously set

- Compile listing of fluoride levels in local water and options for patients and families with well water (*My Water's Fluoride from CDC*)

- Make available patient materials related to dental homes (i.e. pamphlets, listing of dentists, posters in waiting rooms, etc.) and optimal oral health behaviors (i.e. providing toothbrushes)

- Ensure that patient education materials are readily available to all staff members

- Explore inputting patient education material in Electronic Health Record to allow it to be printed directly from Electronic Health Record

RHC Tried and True Tips

SHARED ACCOUNTABILITY – SELF-MANAGEMENT GOAL SETTING

A role of the oral health risk assessment is to achieve health goals and individualized care plans that receive buy-in from provider and patient in order to influence behavior.

One example of self-management goal setting from a Pennsylvania Rural Health Clinic includes the implementation of homecare charts that set goals for the patient and keeps them accountable by sending them home with a chart and asking to return to the provider at their next appointment. Parents have reported improvement in home health habits as well as "less of a fight" to get children to brush.

Activity 7

Make and Prioritize Referral to Dental Provider

Ideas to Consider:

- Ensure clinical team is trained to identify and determine the severity and treatment urgency of various clinical presentations

- Consider capacity limitations of dental providers and prioritize referrals based upon oral health risk status and urgency (*"The Interprofessional Oral Health Referral" document*)

MEDICAL   **DENTAL**

Implementation Area 2

Develop Dependable Dental Referral Networks

This implementation area identifies activities related to the coordination of care with dental providers in the community *(or within the practice if dental is co-located).*

Activity 1

Formalize Relationship Between RHC and Dental Team

Ideas to Consider:

TRY FIRST ➤

- Understand key information about the local dental community (such as their comfort level in treating young children, their capacity for new patients and insurances accepted)

- Review, update, or develop list of local dental provider(s) used as referral resources for patients. Gather additional information from dental providers regarding their communication needs to improve coordinated care (*sample scripting*)

- Meet in person with dental practice provider/team to establish a working relationship and discuss shared goals as well as strategies to achieve them

Activity 2

Create a Reliable, Documented Referral Process

Ideas to Consider:

- Determine capacity limitations of each dental referral partner and prioritize referrals based on treatment urgency/risk (*Interprofessional Referral Recommendations*)

- Establish information exchange methodologies (secure e-mail, fax) to ensure prompt communication regarding patient's follow-up and care received

- Identify workflow and communication from care team to front office staff for patient's further treatment or dental referral

- Provide warm handoffs while using supporting documentation (referrals) and make appointments for patients when possible

RHC Tried and True Tips

REFERRAL TRACKING

Although using an Electronic Health Record to electronically share information between the clinic and a dental provider is not realistic for many clinics and their partner dentists, Electronic Health Records can still be useful tools for tracking referral orders.

Some clinics have tested creating referral orders within their Electronic Health Record and closing the order only when treatment confirmation is received back from the dentist. This process would be helpful in identifying patients who were referred to a dentist, patients whose treatment confirmation has been confirmed, and patients whose appointment confirmations are still pending.

Implementation Area 3

Create an Environment of Improvement

This implementation area identifies activities that will enable primary care teams to try new ideas and measure changes within a framework that emphasizes quality improvement.

Activity 1

Learn by Doing

Ideas to Consider:

- Develop a charter to outline key information such as: identifying lead team members, stating project time frame, identifying key outcome and process measures, etc.

- Use a quality methodology such as Plan-Do-Study-Act to continuously predict, test, and modify aspects of incorporating oral health into routine visits. As the process becomes more efficient and staff have greater confidence in including oral health in their workflow, expand these changes under different conditions (i.e. different staff, days of week, etc.) *Sample PDSA worksheet*

- Conduct small scale testing of *suggested changes*

- Develop a small set of process and outcome measures to demonstrate that improvement work is having a positive impact (see "Using Data for Improvement" section on Pg 14 for a sample set of measures)

- Reliably measure oral health processes and use data to monitor and improve these processes. For example, run charts may be particularly helpful for tracking measures over time. There are many available resources for tips for using and *analyzing run charts*.

- Review data with team at regular intervals and make changes based on the data

Implementation Area 4

Health Information Technology

While most clinics are limited by cost and software constraints when considering how health technology can support interprofessional practice, this section will outline activities that can move clinics closer to solutions that maximize Electronic Health Records/practice management systems.

Activity 1

Optimize Electronic Health Record to Support Oral Health Integration

Ideas to Consider:

- Create oral health templates in the Electronic Health Record to automate the provision of oral health evaluations and self-management goal setting
- Implement standing order/protocol which includes oral health evaluation
- Edit Electronic Health Record to document oral health evaluation results and include oral health evaluation findings

Activity 2

Maximize Health Information Technology to Support Coordination of Care with Dental Providers

Ideas to Consider:

- When Health Information Technology poses constraints on coordination, work with dental providers to develop meaningful workarounds that provide a good fit for the practice and the partnering dental provider, but still provide a higher level of coordinated care than previously offered.

implementation area 5

Facilitate Health Care Model Transitions

The advent and advancement of Accountable Care Organizations (ACOs) along with improved population and personal health care financial models will open the healthcare market to new models of care and facilitate changes for health consumers toward prevention-based care and the achievement of optimal health rather than stabilization of chronic disease. This provides an opportunity for rural primary care practices interested in developing IPOHNs to be ahead of the curve in providing prevention-based care so that as new models emerge, primary care practices will be will prepared.

Activity 1

Empower and Inform RHC Leadership to Support Oral Health Integration

Ideas to Consider:

- Tie oral health integration/coordination activities with their benefits for other essential initiatives (such as Patient Centered Medical Home, Managed Care Organization or Accountable Care Organization cooperatives, Community Health Needs Assessments, and Emergency Department diversion initiatives)

- Share progress and impact of oral health integration regularly (visual displays in common areas of the practice, include in regular staff meetings, etc.)

USING DATA FOR IMPROVEMENT

Measurement is a necessary component of any improvement initiative to ensure that the changes made are having the intending positive impact on the patient and the practice. Without measurement, it is difficult to determine if practices are truly getting better.

What to Measure?
This table shows measures you could use to evaluate your oral health integration/coordination improvement initiative:

Measure	Why It Matters	How to Calculate	What It Tells You
% of Patients with documented oral health risk	Identify high risk patients Tailor education to patients' risk factors	Numerator: Patients w/ OH risk documented at preventive visit Denominator: Patients seen for a preventive visit during reporting month	How many patients who had the opportunity to receive this service actually received it?
% of patients with documented self-management goal (SMG)	Supports healthy behaviors Empowers patients to set achievable goals	Numerator: Patients with documented SMG at preventive visit Denominator: Patients seen for a preventive during reporting month	
% of patients with documented fluoride varnish application in conjunction with assessed risk and SMG reviewed	Provide preventive treatment	Numerator: Patients seen who have documented fluoride varnish, SMG and risk assessed Denominator: Patients seen for a preventive visit during reporting month	
% of patients that a treatment completion verification was received from dental provider	Shows high-quality, coordinated care to improve patient outcomes	Numerator: Number of patients who have referral initiated in the Electronic Health Record and treatment completion was verified by the dental provider and noted in the Electronic Health Record Denominator: Total number of patients who had dental referral initiated in the Electronic Health Record	How well are dental and primary care referral partners communicating about the health of their patients?

CONCLUSION

From communities that have been without a permanent dentist in their town for over 10 years to areas where the local dentist shares a building with the sole medical clinic in town, the face of oral health access looks different everywhere. The hope of this guide is to lead rural practices to a place where oral health integration is a reality knowing that adaptation and customization to their unique setting will need to be considered. The communities who participated in MORE Care have been successful in bringing oral health access to patients who otherwise would not have the opportunity to receive it and are leaders in addressing health disparities through the integration of oral health into primary care practice and the development of dependable and comprehensive oral health networks.

Thank you to the State Offices of Rural Health who have participated in the MORE Care initiative and contributed to the development of this document:

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