# Oral Health Integration Workflow Optimization: A Streamlined Guide for Primary Care Practices

## About This Tool

This tool is designed as a simple guide to help primary care practice leaders or physicians evaluate their workflows in order to integrate the Oral Health Delivery Framework (Framework) into their practice.

## Introduction

Evaluating and optimizing a practice workflow is key to integrating oral health into the existing primary care workflow with the least possible disruption. Whoever facilitates this effort will need to assist with the details of each step to ensure that the overall effort is properly planned and executed, so your clinic can be successful in achieving its desired goal.

## Key Steps

1. Define pilot goals.
2. Identify workflow optimization team (including the care team that will pilot the initial workflow).
3. Orient the optimization team to the Framework and clinical content.
4. Map the current state.
5. Develop a "parking lot" to record opportunities to streamline and/or add steps required to reach the goal.
6. Map future state.
7. Test future state and work out kinks.

Once the team can show that they have a stable process with which they are satisfied, the process can be spread to the rest of the clinic or larger organization.

## Before Starting—Define Goals, Identify Team (Key Steps 1 and 2)

The program leadership team (someone from clinic leadership, a clinical quality improvement leader, and someone from health information technology [HIT]) needs to agree on the following questions:

1. What is the scope of the pilot?
    - Clinical topic (integration of oral health).
    - Population of patients to be targeted: e.g., adults with diabetes over age 18 or all pregnant women.
    - Workflow to be addressed, including a clear understanding of the starting and ending points of that workflow.

2. How will we measure the impact of workflow optimization? This may include process measures and staff or patient satisfaction measures, as well as outcome measures.
   - An evidence-based standard of care (or, at least, an agreed-upon best practice), e.g., "Every child from age 6 months to 6 years will receive fluoride varnish every three months."
   - A clear data definition for meeting the standard of care, e.g., an order for fluoride varnish with the time and date the order was completed.

3. What location and clinical team will test the future state workflow?

4. Who are the 6–10 members of the pilot team, including team leader? These should include:
   - One representative for each role in the future state workflow, including clinician, clinical support staff, and clerical office staff.
   - All members of the care team in which the future state workflow will be tested.
   - Someone from clinic leadership.
   - A person with detailed knowledge of the information system's user interface and its modification potential, who can address the HIT needs of the pilot.
   - Someone who can represent the patient perspective.

5. What is the initial plan for sustaining and spreading the future state through the organization? What kind of data from the pilot would be most useful in supporting spread efforts?

## Time Commitment

The total process, including work outlined above, typically takes four to six hours, depending upon your practice's and facilitator's prior experience with quality improvement methodology. Essential segments of the process for which the optimization team's time is required are:

1. Orientation to the Framework, clinical content, and practice's goals for integration.
2. Mapping current state workflow.
3. Designing future state workflow.
4. Developing action plan (or task list).
5. Creating a plan to test future state.

## Factors That May Impact Implementation Time

1. HIT capabilities: Some steps in the Framework are not dependent upon internal HIT capabilities and can be implemented without delay. Refer to the Oral Health Information Technology Assessment tool for guidance to assess current HIT capacity.
2. Practice experience with process or quality improvement (PI/QI):
   - Prior PI experience, successful patient empanelment, and good care team functioning and communication are indicators of potential success.
3. Referral network and care coordination capabilities:
   - Proficiency in handling closed-loop medical-surgical referrals is helpful, and can serve as a template for dental referrals.
   - Building a dental referral network may take time, but doesn't have to be completed prior to implementing many steps in the Framework.

## Orienting the Team (Key Step 3)

The first formal meeting of the workflow optimization team serves as a "kick off meeting" for the pilot. It is important to clearly explain why the clinic is developing an oral health integration program and describe the program's importance to the organization in addressing a strategic priority. If you have a co-located dental practice or dental professionals on staff, dental leadership should also express support for the oral health integration effort. Further, it is essential that everyone on the workflow optimization team understand why oral health integration is important, and have some basic understanding of oral disease processes.

The appropriate clinical information will vary depending on the population on which the team focuses. Everyone on the workflow optimization team should participate in this training. The content includes both the case for change and an introduction to the oral pathophysiology corresponding to the target population. Workflow optimization is essential to ensure that this clinical topic is consistently addressed as intended.

## Mapping Your Workflow (Key Steps 4–6)

### Map the current state (Key Steps 4 and 5)

It's essential that everyone on the workflow optimization team understand the context for the pilot, and why oral health integration is important to the strategic goals of the organization. At the first meeting of the optimization team:

1. Have someone from clinic leadership explain clearly why the clinic is developing the oral health integration program, the program's importance to the organization, and the importance of the pilot as a beginning step.
2. If you have a co-located dental practice or dental professionals on staff, dental leadership should also express support for the oral health integration effort.
3. Provide some basic understanding of the Framework and the goal of the workflow optimization session. Refer to the modifiable Case for Change presentation, and the clinical content presentations for Diabetes, Pregnancy, and Pediatrics. The Smiles for Life curriculum offers a modular approach for additional training, with continuing education credits awarded for licensed staff members.

Mapping your current state workflow gives the optimization team a common understanding in detail of the workflow they are planning to modify, preparing them to make decisions about the most efficient way to perform new work and redistribute existing work. Mapping also brings to light places in a workflow where the process is unstable, i.e., where there is variation contributing to confusion and sub-optimal outcomes.

Oral health integration often entails inserting several new steps into an already well-functioning workflow. Particularly if a practice site has prior experience in workflow optimization, a streamlined approach to this phase may prove effective. This approach is based on the observation that most primary care visits can be divided into the segments shown in Figure 1, although the actual tasks involved in each segment may vary widely.

Figure 1. Segments of a primary care office visit

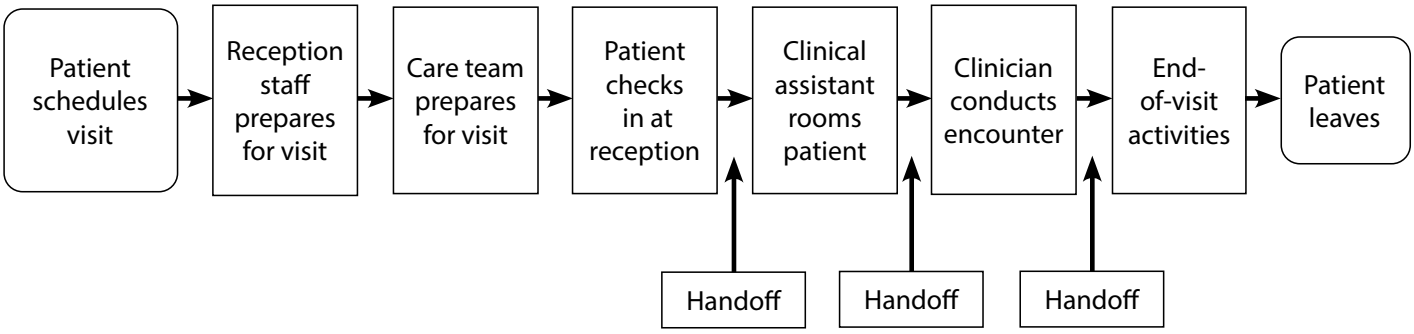
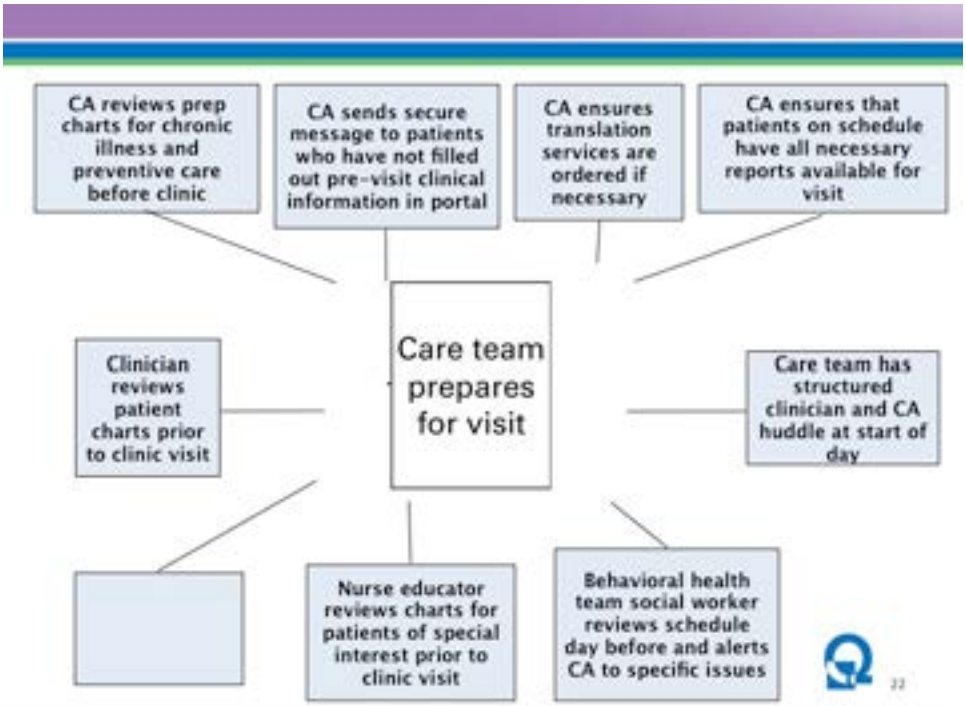



Figure 2. Visual display of the tasks some primary care teams do to prepare for an office visit

Each segment of the workflow, along with all of the things primary care practices could do during that segment, is displayed as a callout as shown in Figure 2. The optimization team identifies the tasks they perform during the segment, and the facilitator drags the connector to the icon for the segment. This allows the facilitator to point out to the optimization team tasks other primary care groups are doing during this segment that they are not doing, and encourage a corresponding discussion.

One box is intentionally left blank so the care team can easily add any new tasks not shown on the slide.



## Develop the parking lot (Key Step 5)

While mapping the current state, develop a parking lot to capture ideas that don't directly contribute to mapping the current state but that may be relevant to the future state. Examples include observations about problems with the current state workflow, and/or potential solutions to those problems.

After the current state workflow has been mapped to the end of the process, the following steps are useful:

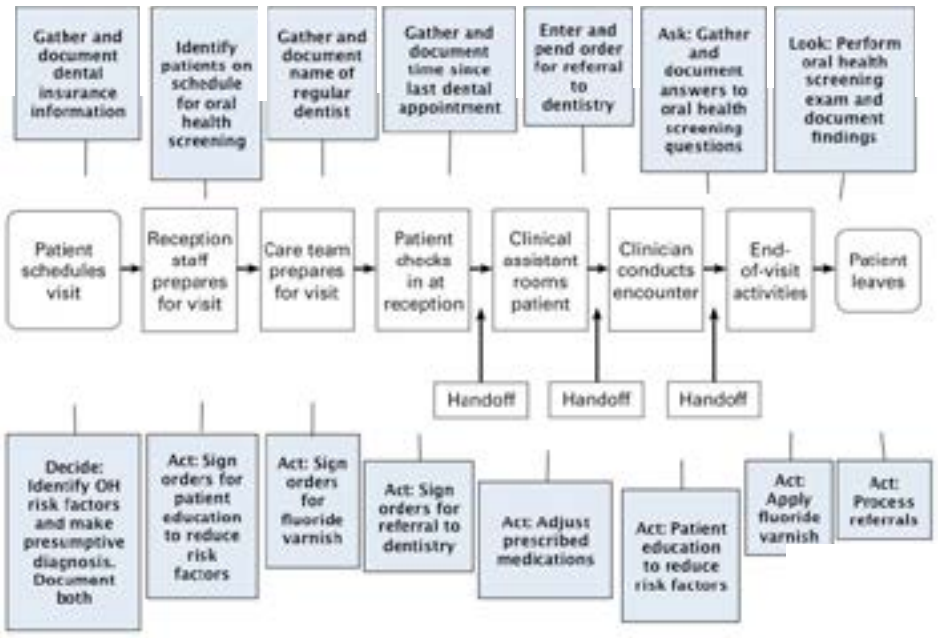
1. Review the entire workflow to make sure it has been correctly documented.
2. Review the goals for the future state.
3. Review the parking lot to see if it offers any ideas that may be of use in the future state workflow.
4. Determine additional ideas for modifying the current state workflow to become the future state.

## Map the future state (Key Step 6)

The purpose of this step is to develop a visual plan for a future workflow, which can be tested by the optimization team and modified as necessary to accomplish the goals of the workflow. Usually, future state mapping requires adding new tasks that may include gathering additional information. It often means identifying information tools that need to be modified to support the new workflow. The future state may also entail removing steps from the current state that represent waste or changing how tasks are done to improve efficiency, safety, quality, or patient satisfaction.

Future state mapping is based on the current state, and many (if not most) of the steps in the future state may be unchanged. This mapping also lends itself to a streamlined process, as shown in Figure 3. In this case the team is given a visual display in PowerPoint of the tasks other primary care teams have chosen to include for oral health integration. The facilitator uses this graphic to conduct a discussion of each potential task, allowing the team to decide 1) if they want to adopt the new task, and 2) where in the workflow the new task will take place.

Figure 3. Future state workflow tool for identifying tasks to include in the future state, and where in the workflow they will be performed



### Make a task list

Many of the changes envisioned in the future state require action before the future state can be tested. Although a task list can be created after the future state is complete, it is often more efficient to start generating that list of tasks as soon you realize what the task is. For example, if one of the steps in the future state is for the reception staff to give patients a form with information on it when they check in, a decision will need to be made about the information to be included on the form, and the wording for the instructions about what to do with the information. This task can be added to the task list while mapping the future state.

After the future state workflow has been developed, the following steps are useful as you begin Key Step 7:

1. Review the entire future state workflow to make sure everyone agrees with the way it was documented.
2. Identify areas in the workflow where data can be collected to ensure change(s) result in an improvement.
3. Review the parking lot to see if all the ideas listed there were considered in creating the future state.

## Planning to Test the Future State (Key Step 7)

Start this portion of the future state session by reviewing the task list. Some of the tasks may entail changes to the user interface of the electronic health record (EHR,) others may require creating informational content, while still others may involve physical changes to how equipment is positioned in the clinic.

Next, review the future state with the team to look for additional tasks that were missed initially.

Once the list is complete:

1. Go through the task list item by item and ensure each one has a "by whom" and "by when" noted, even if it is a best guess.
2. Review the task list and be sure there is a:
   a. Process champion who will communicate the change to those affected by the new workflow.
   b. Process owner who will follow the task list to be sure all tasks are completed.
3. Query the team on their degree of confidence that the change will be sustainable, and identify key factors to hardwire the change(s).

The more rapid a timeframe the clinic can adopt for accomplishing the tasks, the greater the likelihood that the future state can be tested before the team forgets the details and the pilot loses momentum. Often pure workflow components of a future state can be tested before all of the corresponding IT modifications have been completed.

Once the task list is completed:

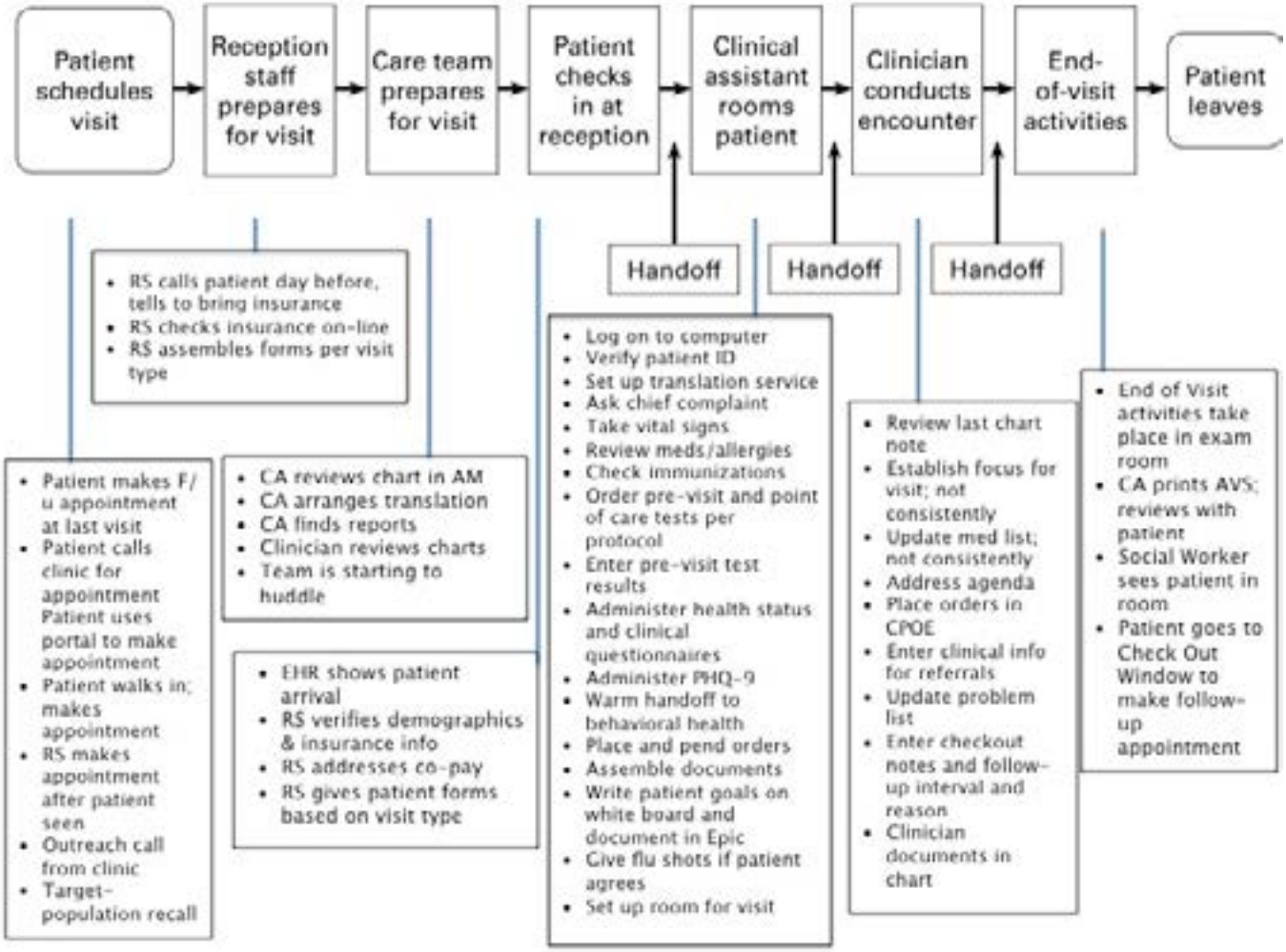
1. Clarify with the team where the future state will be tested and when.
2. Go over the task list one last time by person to make clear who is responsible for which tasks and by when.
3. Schedule a time to follow up with members of the workflow optimization team in one to two weeks to check in on progress.
4. Be sure to save copies of both workflows, remaining parking lot ideas, and the task list to document your work and progress. (See Appendix A for an example of a completed workflow mapping effort.)

# Appendix A: Example of Workflow Optimization Mapping

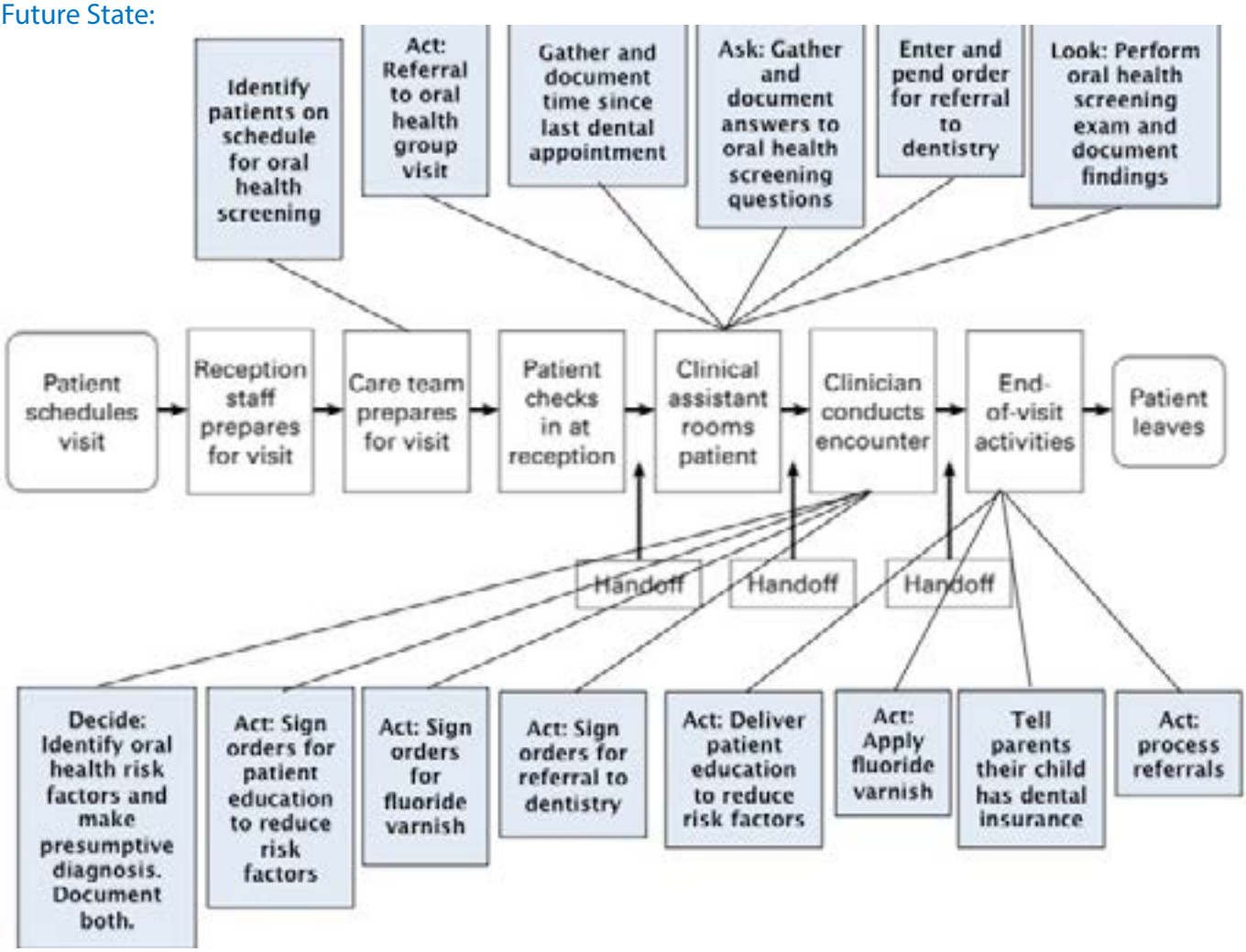
## Happy Health Home Clinic—Oral Health Mapping—2016.01.28

This clinic uses EPIC for their electronic health record.

## Current State:



## Future State:




The future state incorporates the Framework (Ask, Look, Decide, Act, Document) steps during the office visit workflow for patients with diabetes.

1. Target population: children 6 to 12
2. Planned screening interval: six months
   - Oral health screening will be part of every well-child exam.
   - Oral health screening status will be reviewed before every office visit, and a screening will be conducted during the visit if more than six months have passed since the most recent oral health screening exam.
   - Oral health assessment will be done every six months, and a protocol for an oral health group visit at six-month intervals will be developed to ensure this happens.
3. Future state workflow is for the office visits between well-child exams in which screening status will be assessed and repeated if overdue, and in which intervention for risk factors and referral for active disease are the goals.

4. Key features of future state:
    - Clinical assistant will identify patients due for oral health screening before huddle.
    - Clinician and clinical assistant will prioritize oral health screening in the huddle.
    - Clinical assistant will do the Ask, Look initial assessment and document using white board.
    - For suspected decay or bacterial exposure he/she will order and pend:
        - Referral to dentist.
        - Fluoride varnish.
        - Oral health coaching with nurse educator.
    - For high risk of decay based on oral hygiene or diet he/she will order and pend:
        - Fluoride varnish.
        - Oral health coaching with nurse educator.
    - Clinician will review findings and sign orders if in agreement.
    - Referrals to dentistry will go to referral coordinator and be handled like any medical-surgical referral.
    - Fluoride varnish will be administered in the exam room at the end of the visit.
    - Referrals for oral health coaching will be worked out depending on availability of nurse educator. Options include:
        - In exam room at the end of the visit.
        - In teaching appointment with nurse educator.
        - In group visits for oral health.
        - Other?

## Measures to evaluate for the future state workflow

1. Total target population.
2. Number assessed for oral health in past six months.
3. Number identified as high risk for tooth decay.
4. Number identified as having active tooth decay.
5. Of those identified as high risk for tooth decay, number receiving:
    a. Fluoride varnish.
    b. Oral health coaching.
6. Of those identified as having active tooth decay, number receiving:
    a. Fluoride varnish.
    b. Referral to dentist.
7. Of those referred to dentist, number with report back from dentist.

## Task list

| Task | Who is responsible | By when |
|---|---|---|
| Create rules for clinical assistant for Framework | Nurse and clinical assistant | 2/4/16 |
| Implement huddles | Pilot clinician | 2/12/16 |
| Send huddle info to team | Pilot clinician | 2/2/16 |
| Develop group model | Leadership | 2/29/16 |
| Build SmartPhrase for well-child (time since last dental exam) | HIT | 2/12/16 |
| SmartPhrase for health screening and assessment | HIT | 2/12/16 |
| Build order for health education | HIT | 2/12/16 |
| Materials needed for health education (pathways, supplies, tools) | Nurse and referral coordinator | 2/12/16 |
| Plaque revealer | Clinical assistant | 2/12/16 |
| Insurance education | Quality improvement | 2/12/16 |
| Patient/public oral health kick off | Referral coordinator | 3/15/16 |
| Fluoride varnish training and supplies | Nurse and clinical assistant | 2/12/16 |

## About the Oral Health Integration in Primary Care Project

Organized, Evidence-Based Care Supplement: Oral Health Integration joins the Safety Net Medical Home Initiative Implementation Guide Series.

The goal of the Oral Health Integration in Primary Care Project was to prepare primary care teams to address oral health and to improve referrals to dentistry through the development and testing of a framework and toolset. The project was administered by Qualis Health and built upon the learnings from 19 field-testing sites in Washington, Oregon, Kansas, Missouri, and Massachusetts, who received implementation support from their primary care association. Organized, Evidence-Based Care Supplement: Oral Health Integration built upon the Oral Health Delivery Framework published in Oral Health: An Essential Component of Primary Care, and was informed by the field-testing sites' work, experiences, and feedback. Field-testing sites in Kansas, Massachusetts, and Oregon also received technical assistance from their state's primary care association.

The Oral Health Integration in Primary Care Project was sponsored by the National Interprofessional Initiative on Oral Health, a consortium of funders and health professionals who share a vision that dental disease can be eradicated, and funded by the DentaQuest Foundation, the REACH Healthcare Foundation, and the Washington Dental Service Foundation.

For more information about the project sponsors and funders, refer to:

- National Interprofessional Initiative on Oral Health: niioh.org.
- DentaQuest Foundation (now CareQuest Institute for Oral Health): carequest.org.
- REACH Healthcare Foundation: reachhealth.org.
- Washington Dental Service Foundation (now Arcora Foundation): arcorafoundation.org.

The guide has been added to a series published by the Safety Net Medical Home Initiative, which was sponsored by The Commonwealth Fund, supported by local and regional foundations, and administered by Qualis Health in partnership with the MacColl Center for Health Care Innovation.