Oral Health
Referral Workflow Optimization

QUALIS HEALTH™

Attendee List

- Name
- Role

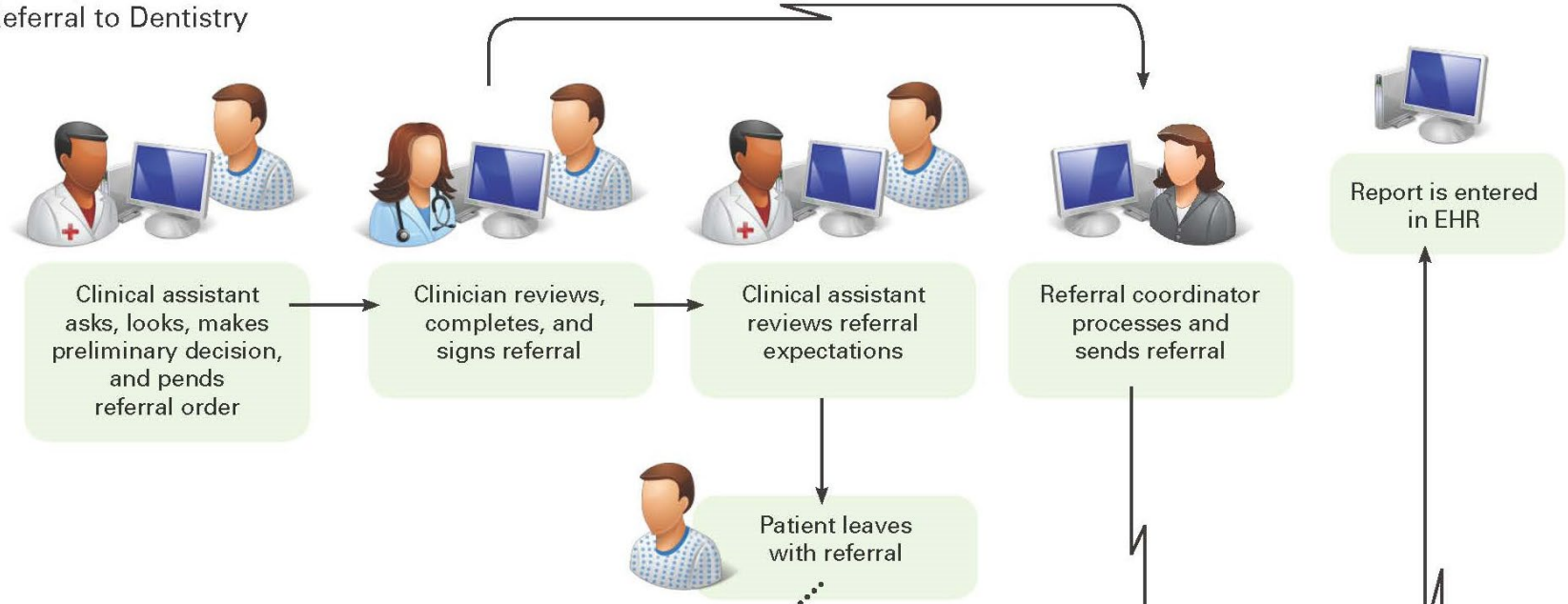
Oral Health Integration: Dentistry Referral Workflow

- Purpose: Review an example referral workflow, and plan the future state for oral health referrals.
- Agenda items:
  - Review referral example.
  - Plan future state for dental referrals.
  - Develop task list and plan oral health referral process pilot with follow-up.

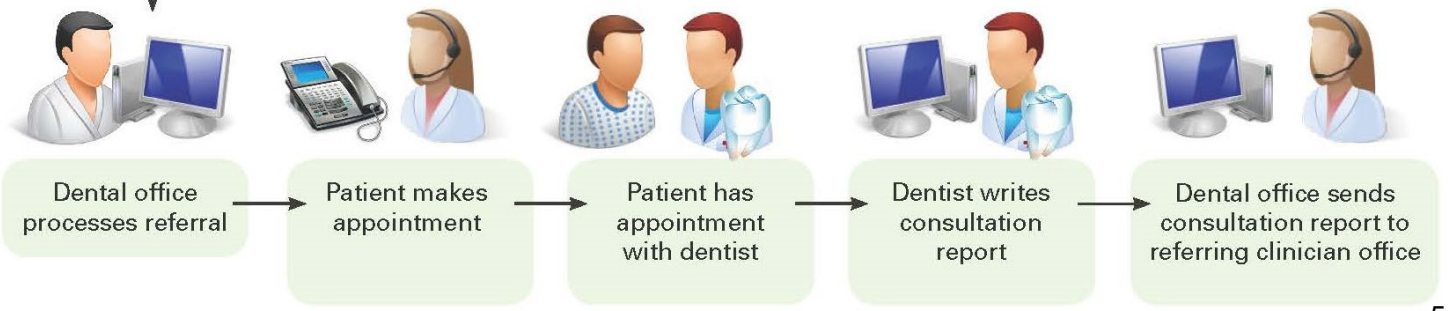
Goals of a "Structured Referral" to External Dentistry

- Patient leaves primary care office with referral to specific dentist/dental office, understands what to do, what to expect, whom to contact.
- Agreed-upon set of information sent from primary care to dentist.
- Dentist sends consultation note back to primary care.
- All referrals documented in EHR as structured data.

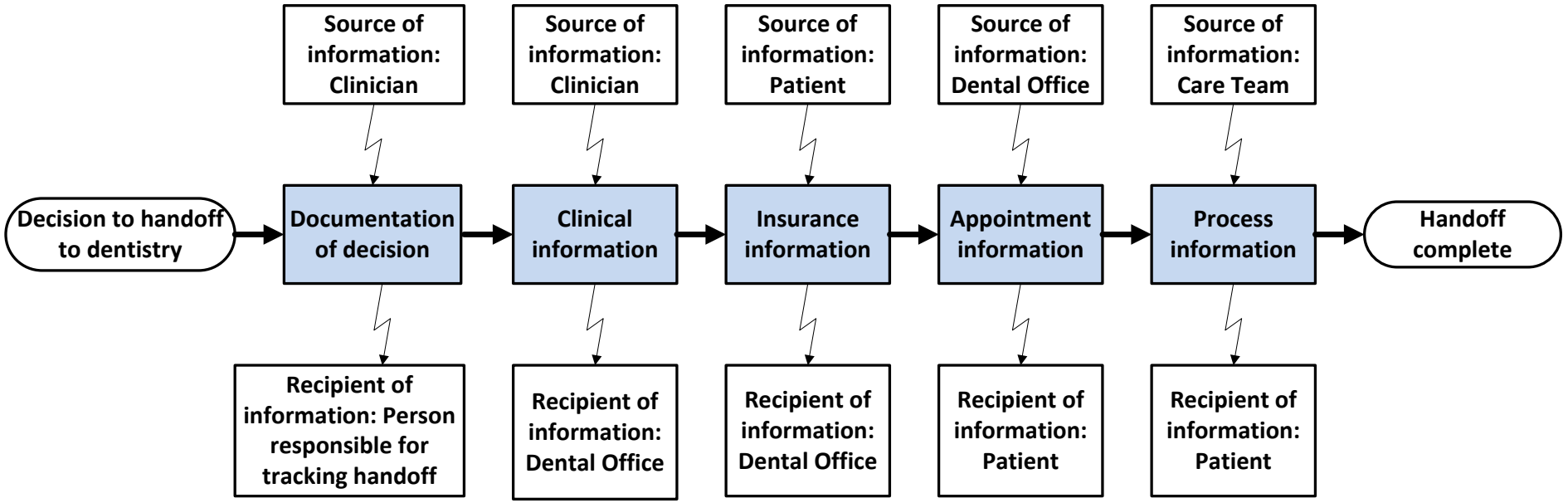
Primary Care Workflow: Referral to Dentistry



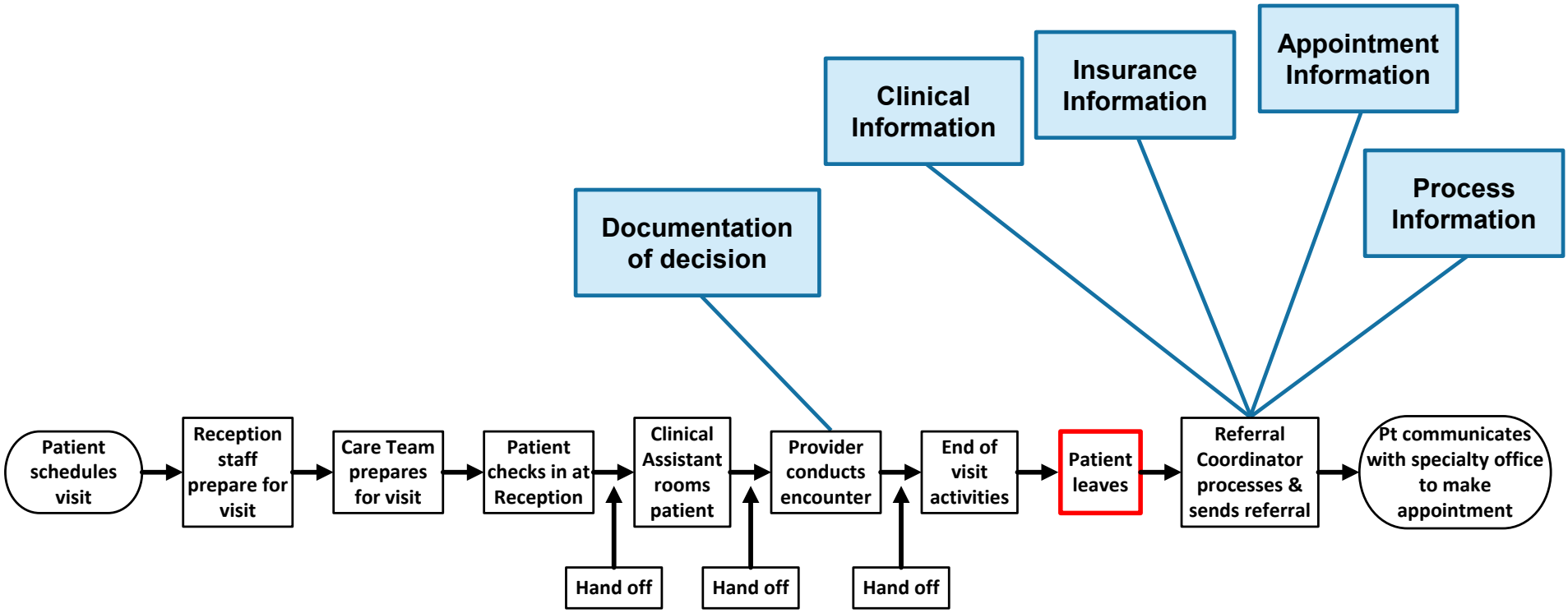
Dental Office Workflow: Referral from Primary Care



In-House Referrals are Often Handoffs, Yet with Clear Information Requirements



For Formal Referrals Frequently Most of the Work is Done by the Referral Coordinator



What's Wrong with This Picture?

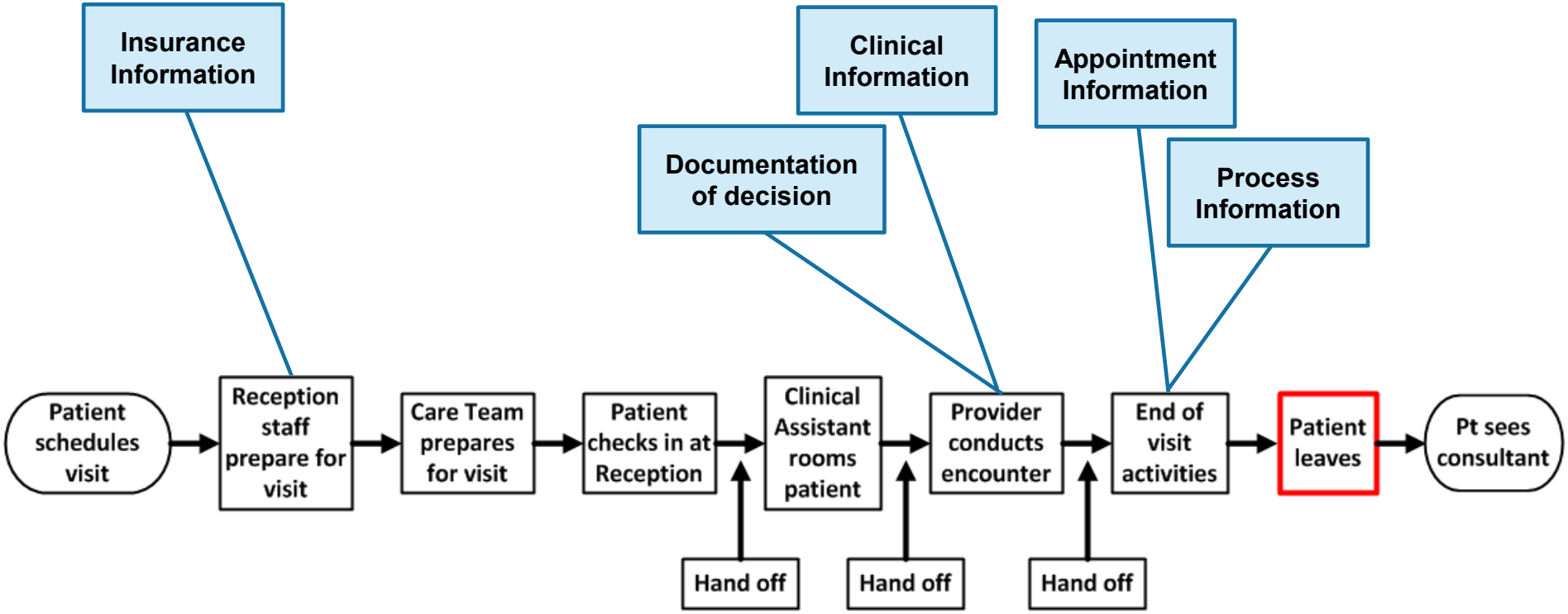
Advantages

- Providers don't have to spend time filling out clinical information.
- Care team doesn't spend time on referrals.
- Note: These "advantages" are all due to workload shifting rather than efficiency.

Disadvantages

- Referral office uses protocol to enter clinical information.
- Requests for more info from team takes far more time.
- Value of clinical information sent to consultant is limited.
- Bottleneck at referral office.
- Patient leaves office without key information.
- Language barriers for referral coordinator undermine the referral.

Doing "Right Now's Job Right Now" Saves Total Work



What's Different?

Advantages

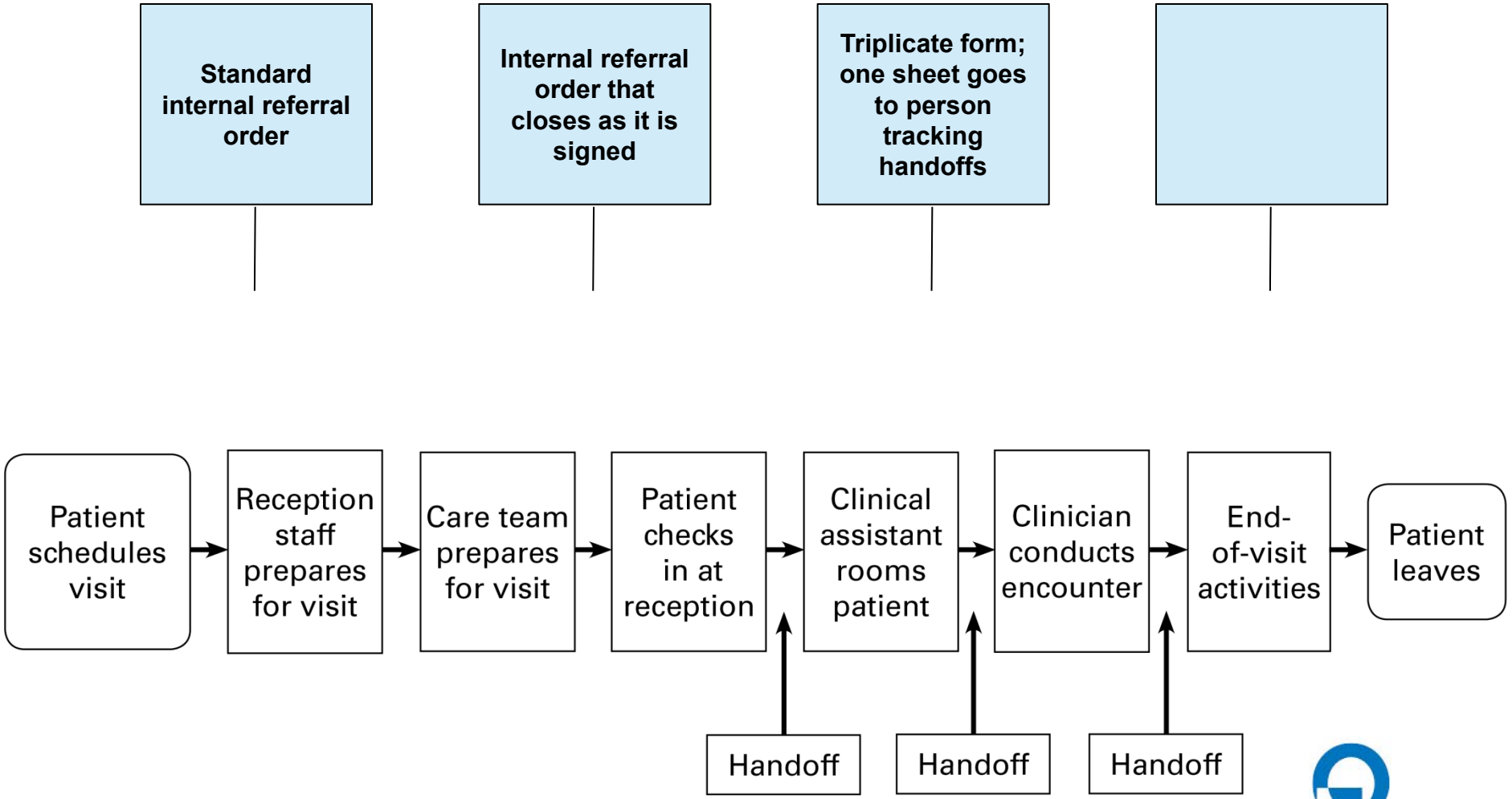
- Person who understands reason for referral enters clinical information.
- Patient leaves clinic with all the information needed.
- Fewer costly interruptions for more info for care teams.
- Referral coordinator only gets involved if there are problems with insurance.
- Language resources are already in place for visit.
- Additional resources, if needed, go to care teams instead of referral office.

Disadvantages

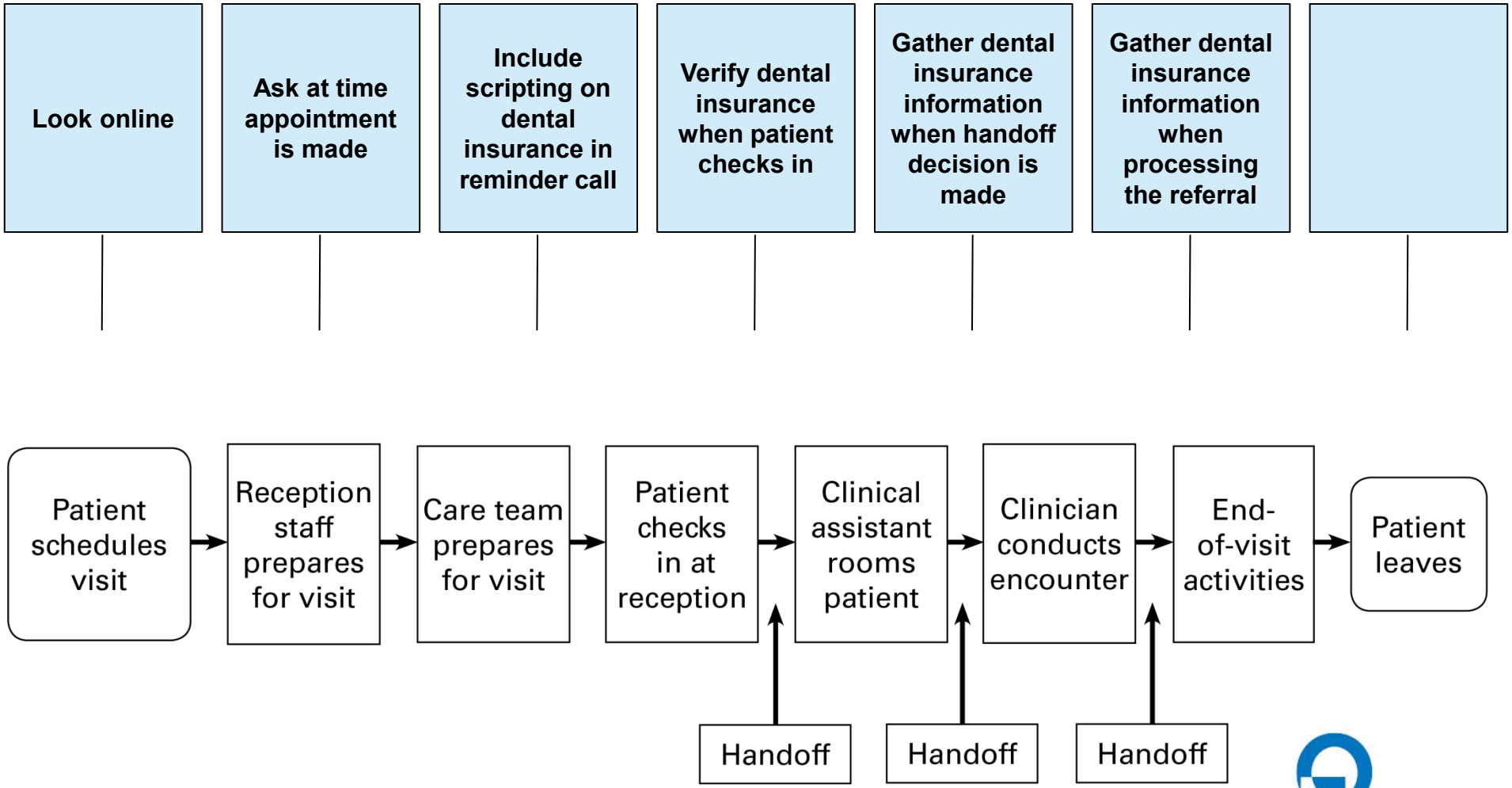
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Now that you know the basics of primary care oral health referral design, let's get started!

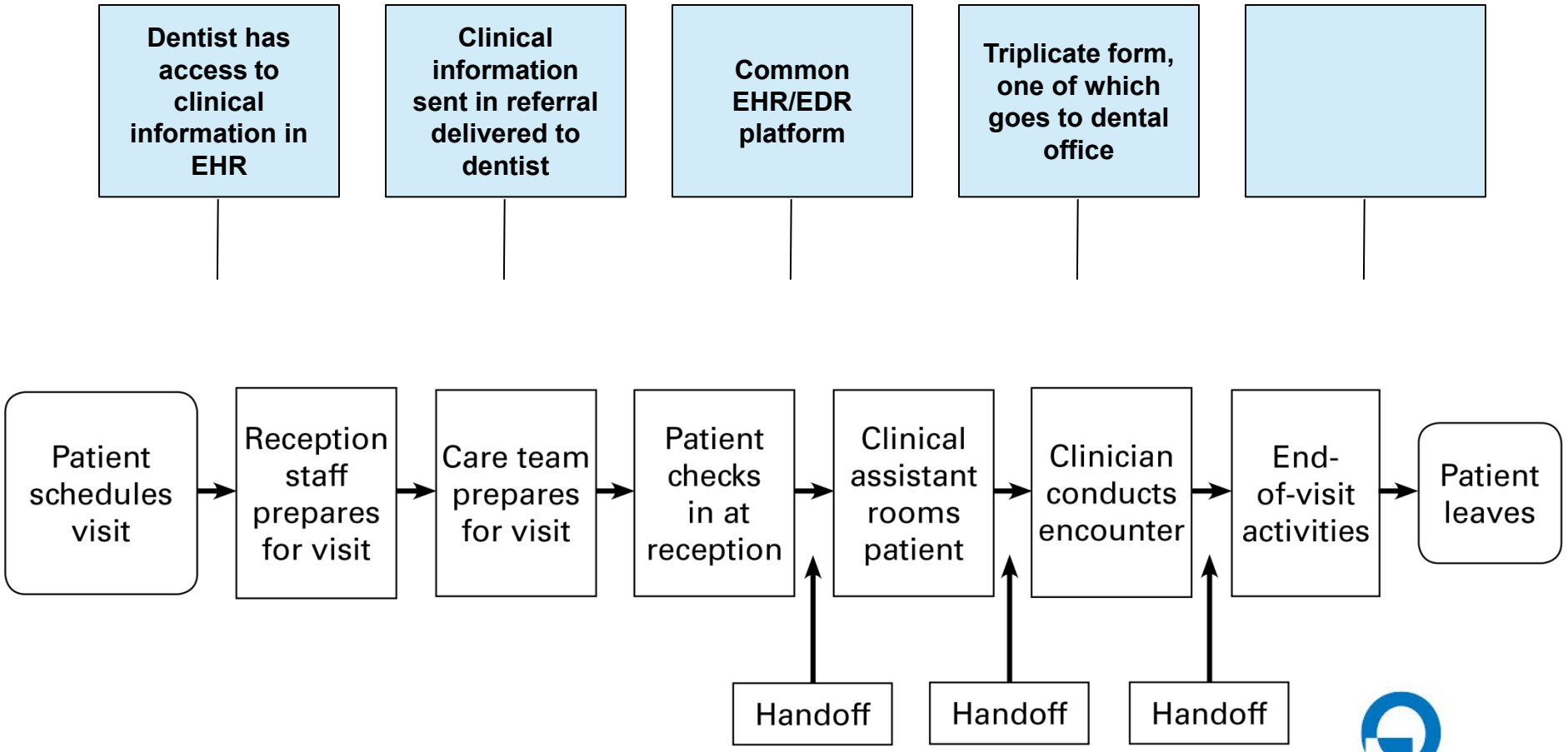
Documenting the Decision



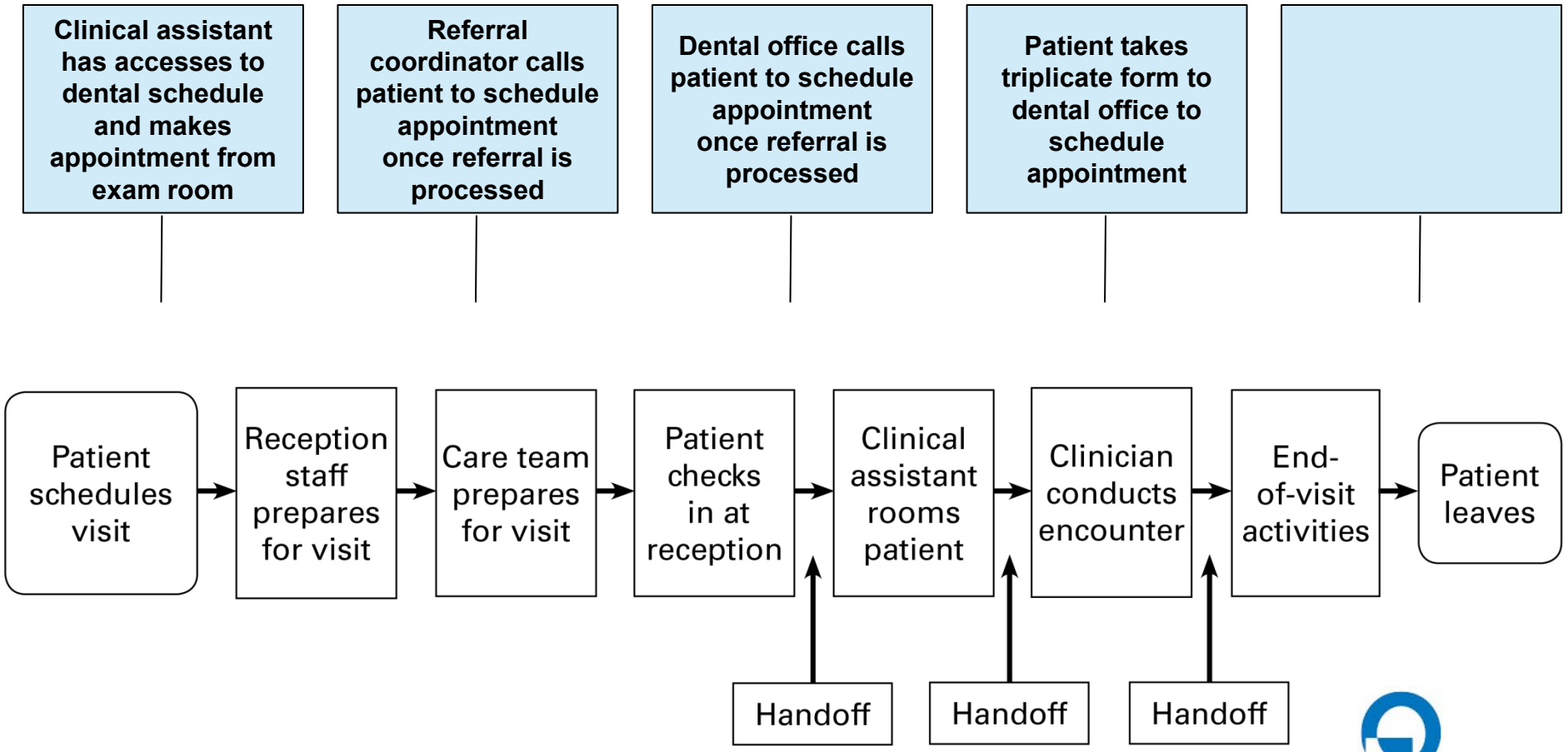
Gathering Insurance Information



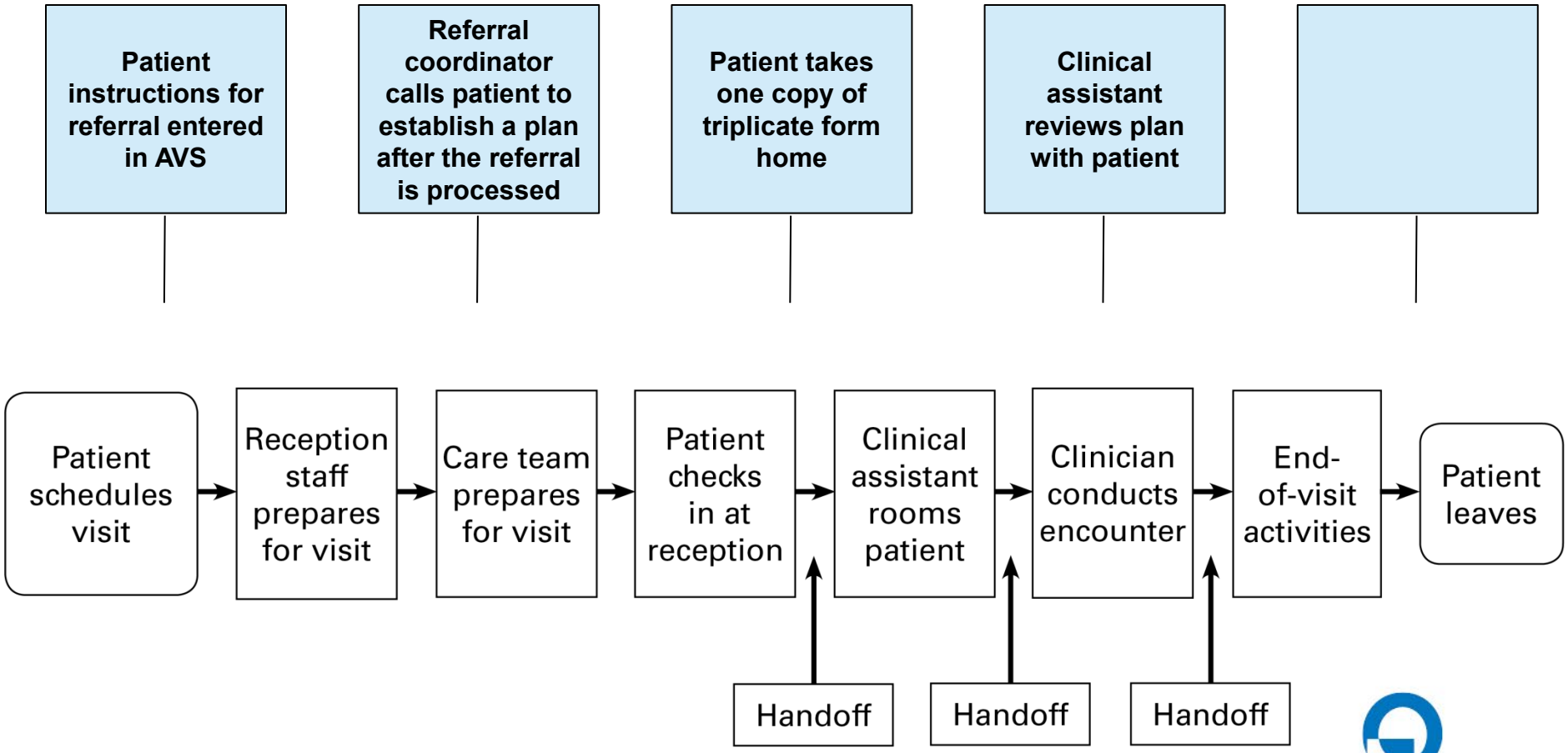
Clinical Information: Getting it from the Medical to the Dental Provider



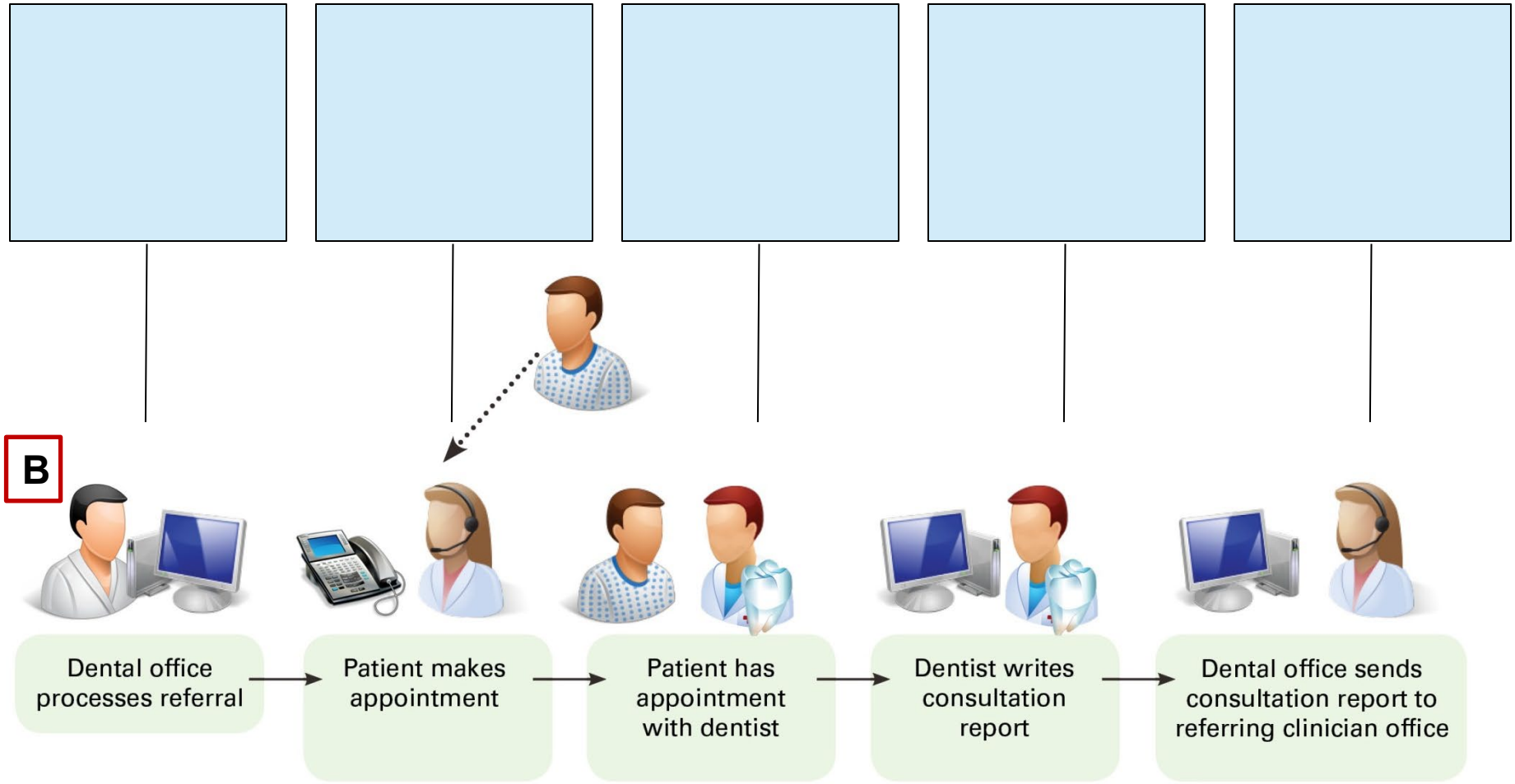
Schedule Information: Making the Dental Appointment



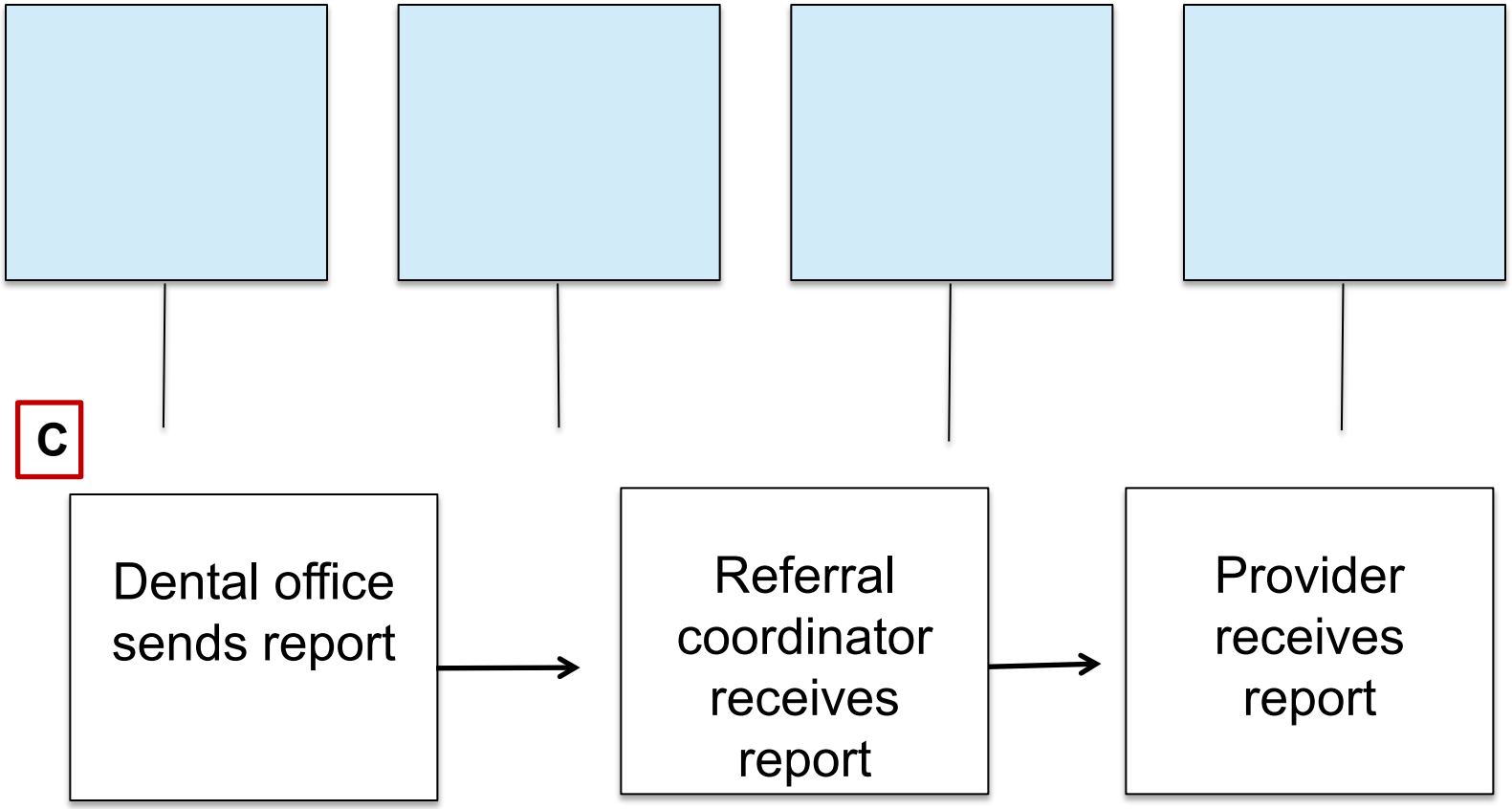
Process Information: The Patient Knows the Plan



What Happens with the Dental Team?



Results Reporting



Consider Simple Data

Measure routinely, more frequently when starting.

- Process Metrics
  - Denominator - # patients referred
  - Numerator - # patients referred with dental consultation report received
- Population Metrics (examples)
  - Pediatrics - % with documented dentist by 15 months old
  - Adults with diabetes - % seen by dentist within 12 months
  - Pregnant women - % with dental visit within first two trimesters of pregnancy

Task List

Task	Who	When

Source: Developed by Qualis Health for the Oregon Primary Care Association "Body-Mouth-Spirit: Oral Health Integration Project." Supported by the DentaQuest Foundation. 1st ed. Seattle, WA, August 2015.

About the Oral Health Integration in Primary Care Project

The 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 Foundaton): 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.