Workflow Optimization for Oral Health Integration

Developed by Qualis Health

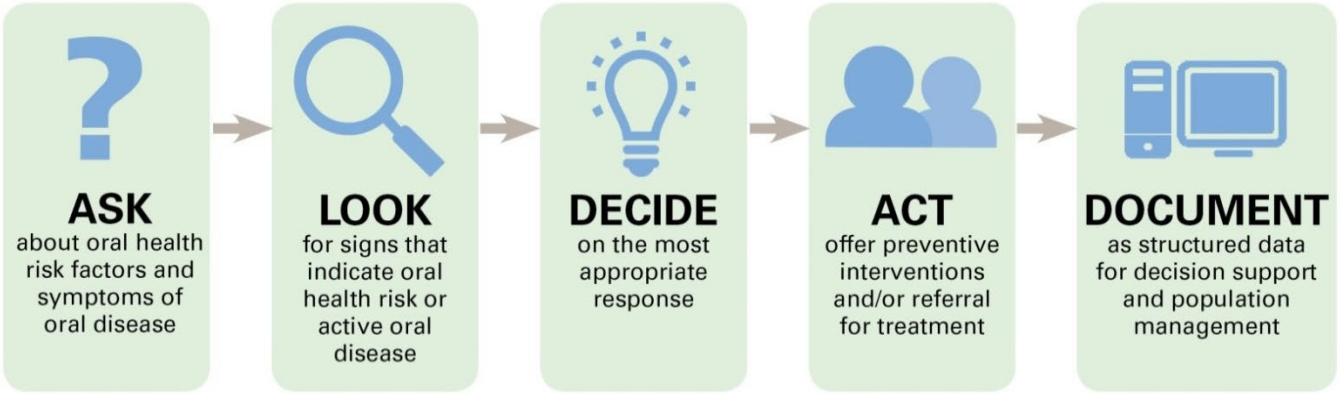
QUALIS HEALTH

Oral Health Delivery Framework

The Challenge

How to fit oral health into an already-packed workflow:

1. Maximize the value to the patient and family.
2. Minimize disruption to all of the other priorities that a busy care team is expected to manage.



National Interprofessional Initiative on Oral Health — engaging clinicians eradicating dental disease

Citation: Hummel J, Phillips KE, Holt B, Hayes C. *Oral Health: An Essential Component of Primary Care*. Seattle, WA: Qualis Health; June 2015

Ask: Adults and Adolescents

- *Oral Hygiene Question*: How many days per week do you brush at least twice with fluoride toothpaste for two minutes, and floss? [0, 1, 2, 3, 4, 5, 6, 7]
- *Diet Question*: On average, how many times daily do you consume starch or sugar (sugary snacks or sugary drinks) between meals? [≤ 1, 2–3, 4–5, ≥ 6]
- *Bacterial Exposure Question:* Has anyone in the immediate family (including caregiver) had tooth decay or lost a tooth from decay, in the past year? [Y/N]
- *Acid Reflux Question:* Do you experience stomach acid in your throat after eating or when lying down on a daily or almost daily basis? [Y/N]
- *Oral Dryness Question*: Do you commonly experience dry mouth (i.e., requiring swallowing water to eat crackers)? [Y/N]
- *Oral Symptoms Question*: Do you experience tooth pain or bleeding gums when you eat or brush your teeth? [Y/N]

Ask: Pediatrics

- *Oral Hygiene Question*: How many days per week do you clean/brush your child's teeth, or supervise/monitor your child in brushing their teeth? [0, 1, 2, 3, 4, 5, 6, 7]
- *Diet Question*: On average, how many times daily does your child consume starch or sugar (sugary snacks or sugary drinks) between meals? [≤ 1, 2-3, 4-5, ≥ 6]
- *Bacterial Exposure Question*: Has anyone in the immediate family (including caregiver) had tooth decay or lost a tooth from decay, in the past year? [Y/N]
- *Oral Symptoms Question*: Does your child complain of tooth pain or have signs of bleeding gums when they eat or brush their teeth? [Y/N]

Why Are we Asking and Looking?

To Assess Oral Health Risk

Identifying increased risk:

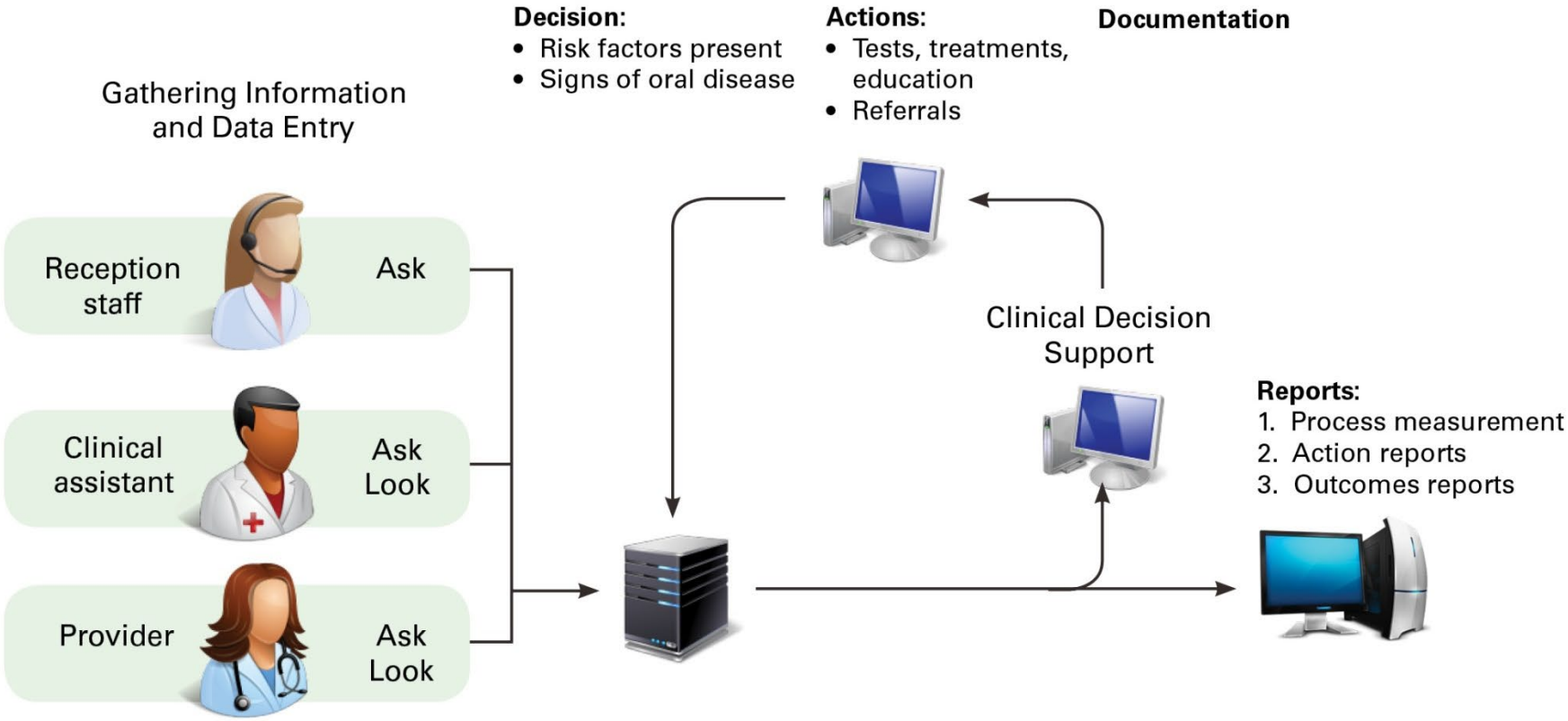
- Caries in the family
- Sugar in diet
- Snacking habits
- Oral hygiene
- No dental care
- Inadequate fluoride
- Meds causing oral dryness

To Find Active Oral Disease

Early signs of disease:

- Dental pain, bleeding gums
- White chalk marks
- Obvious caries
- Inflamed gums
- Erosion

Information to Support the Workflow



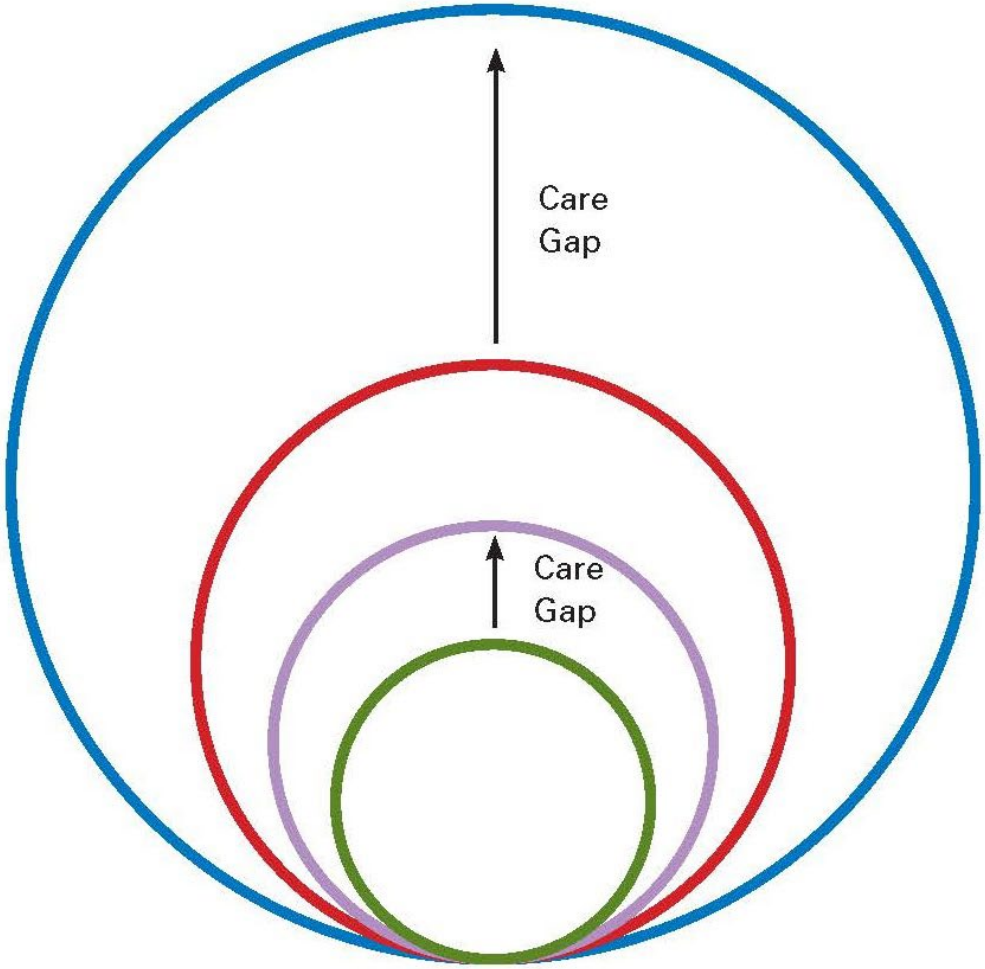
Seeing Care Gaps

People in the target population

People assessed in the past year

People with positive finding on assessment

People receiving corresponding intervention



Workflow Optimization

This is different than workflow redesign:

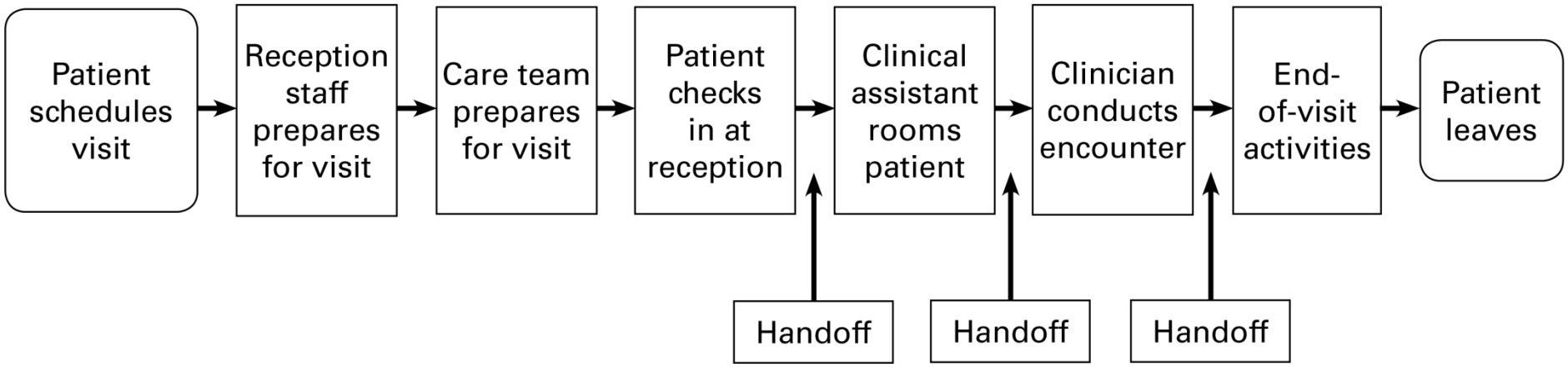
- Describe key features of your workflow.
- Determine where in the workflow to ask and look.
- Identify who does what in the future state.
- Be clear about what can be measured.
- Create a plan to test the new workflow.

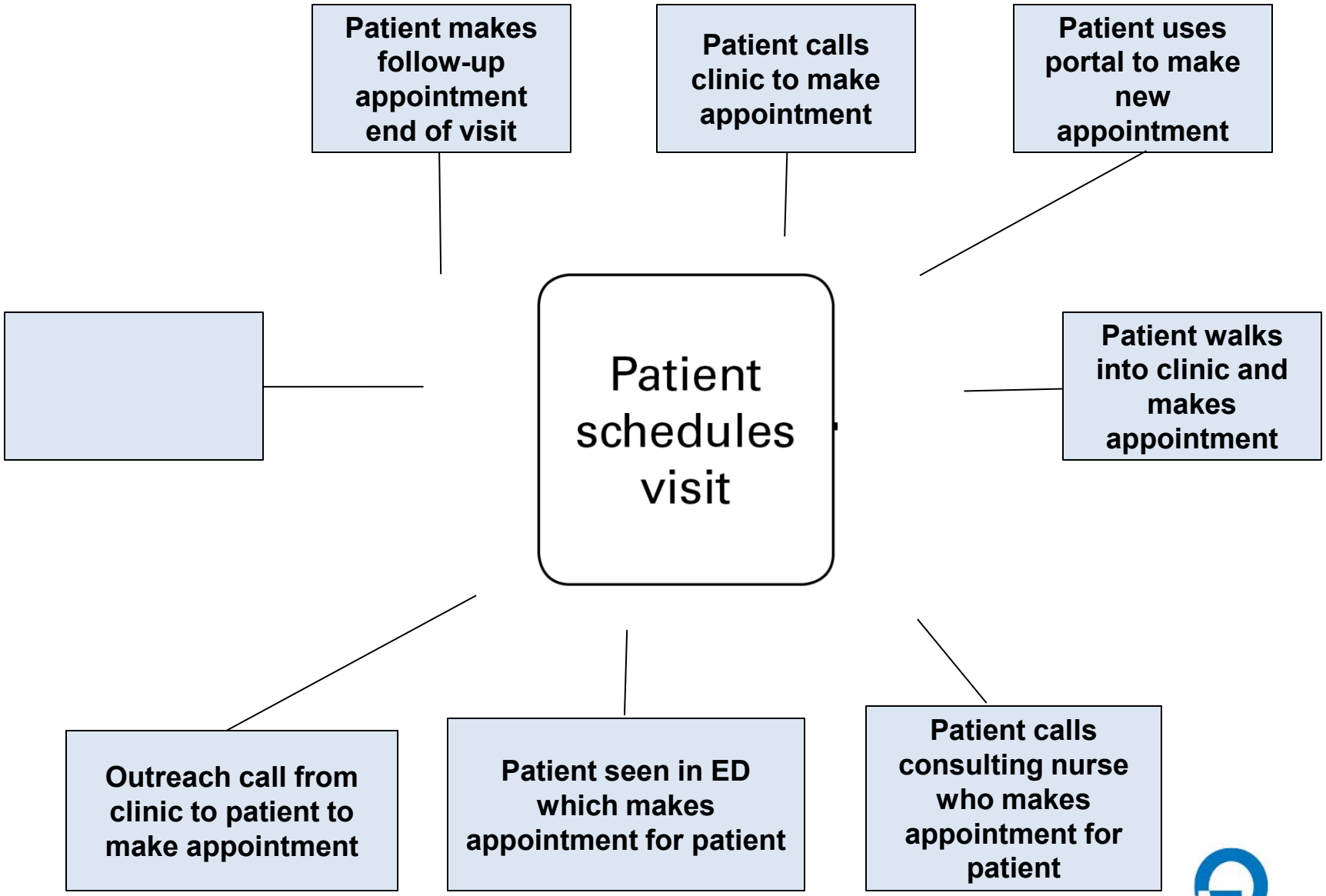
Workflow Optimization Mapping

- **Program Team:** Clinician, clinical assistant, QI, IT, referral coordinator, other key people
- **Purpose:**
  - Shared understanding of the current workflow.
  - Logical improved “future state” workflow.
    - Accomplishes a new goal.
    - Minimal disruption of existing workflow.
  - Executable plan to implement the new workflow.
    - Set of assigned tasks.
    - Timeline.
- **Expected time requirement:** 4 hours

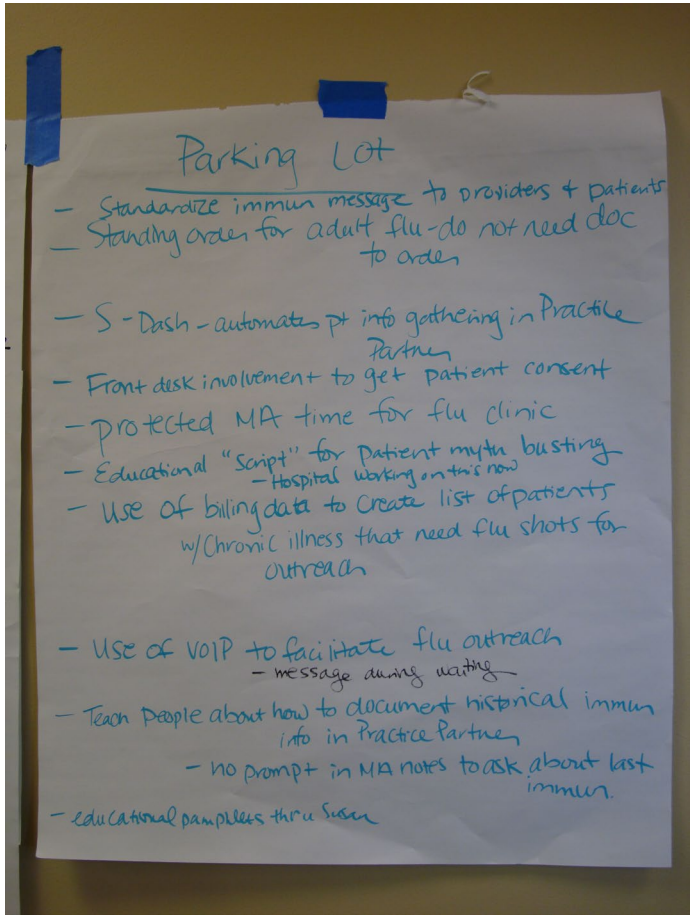
Benefits of Visual Workflow Mapping

- A shared visual display of current workflow.
- See what you do, and what others do that you don't do.
- See the options for inserting tasks that support integrated oral health.
- See how those tasks best fit into the current workflow.


Patient schedules visit
Reception staff prepares for visit
Care team prepares for visit
Patient checks in at reception
Clinical assistant rooms patient
Clinician conducts encounter
End-of-visit activities
Patient leaves
Handoff
Handoff
Handoff


Patient makes follow-up appointment end of visit
Patient calls clinic to make appointment
Patient uses portal to make new appointment
Patient schedules visit
Patient walks into clinic and makes appointment
Outreach call from clinic to patient to make appointment
Patient seen in ED which makes appointment for patient
Patient calls consulting nurse who makes appointment for patient

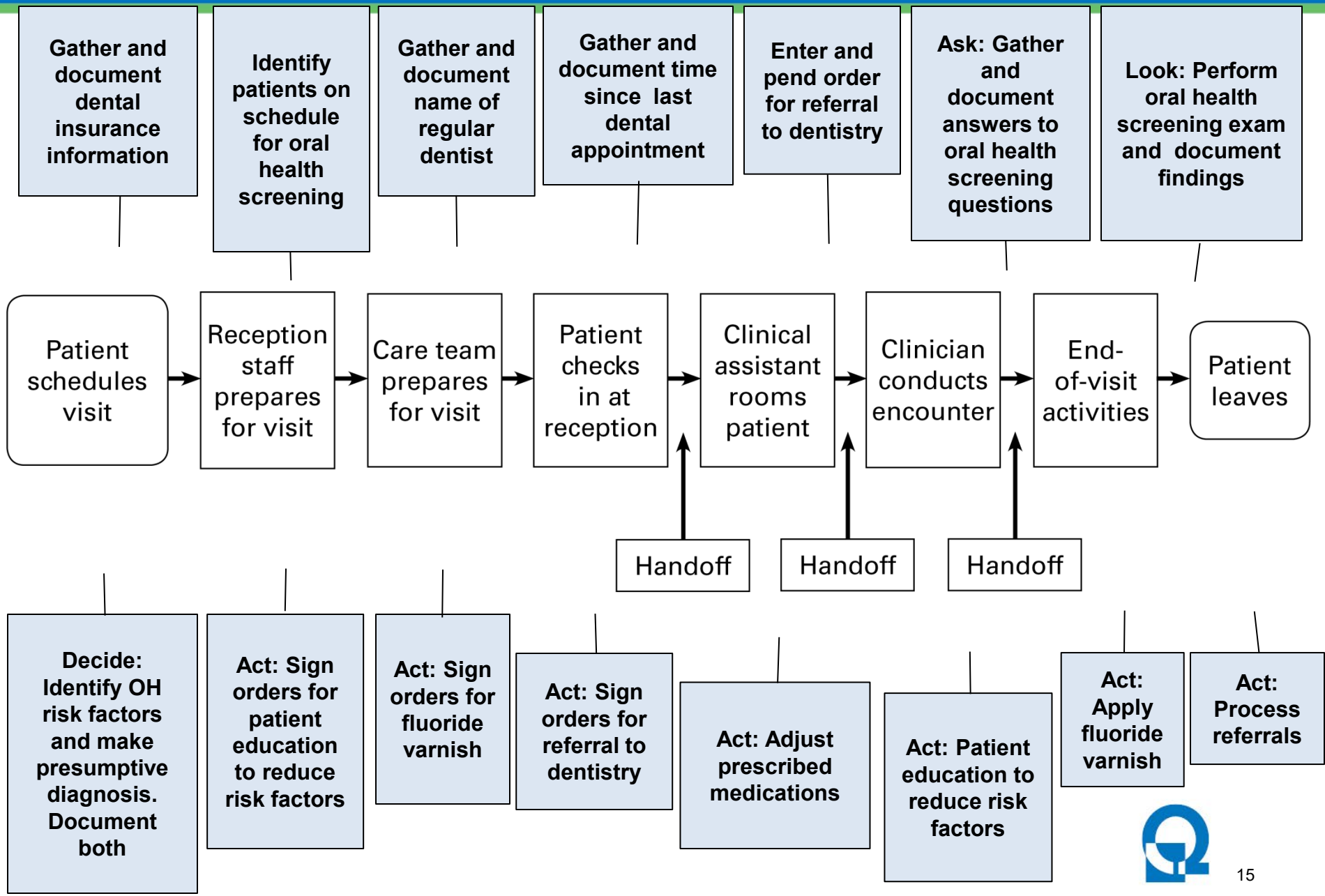
Parking Lot for Current Workflow



Used to capture ideas potentially important for future state workflow.

Development of the Future State

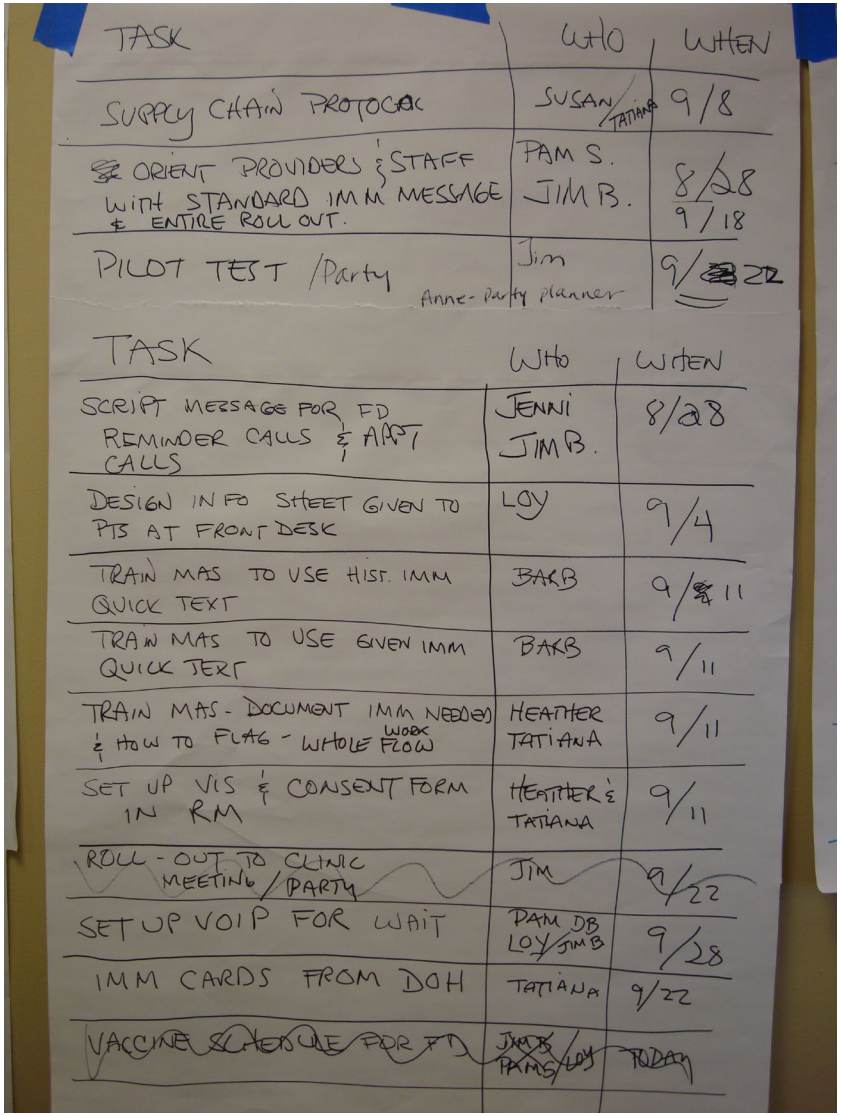
- Build a testable workflow that includes some new tasks but doesn't disrupt workflow.
- Identify simple metrics.
  - See if things are heading in the right direction.
  - Identify potential unintended consequences.


Gather and document dental insurance information
Identify patients on schedule for oral health screening
Gather and document name of regular dentist
Gather and document time since last dental appointment
Enter and pend order for referral to dentistry
Ask: Gather and document answers to oral health screening questions
Look: Perform oral health screening exam and document findings
Patient schedules visit
Reception staff prepares for visit
Care team prepares for visit
Patient checks in at reception
Clinical assistant rooms patient
Clinician conducts encounter
End-of-visit activities
Patient leaves
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Handoff
Handoff
Decide: Identify OH risk factors and make presumptive diagnosis. Document both
Act: Sign orders for patient education to reduce risk factors
Act: Sign orders for fluoride varnish
Act: Sign orders for referral to dentistry
Act: Adjust prescribed medications
Act: Patient education to reduce risk factors
Act: Apply fluoride varnish
Act: Process referrals

Planning the Future State Test

- Identify the scale for testing the future state.
- Make a list of everything that has to happen before the first test.
- Future state mapping ends with an action plan/task list with three components:
  - Task.
  - Responsible party.
  - Timeline.

Task List Example

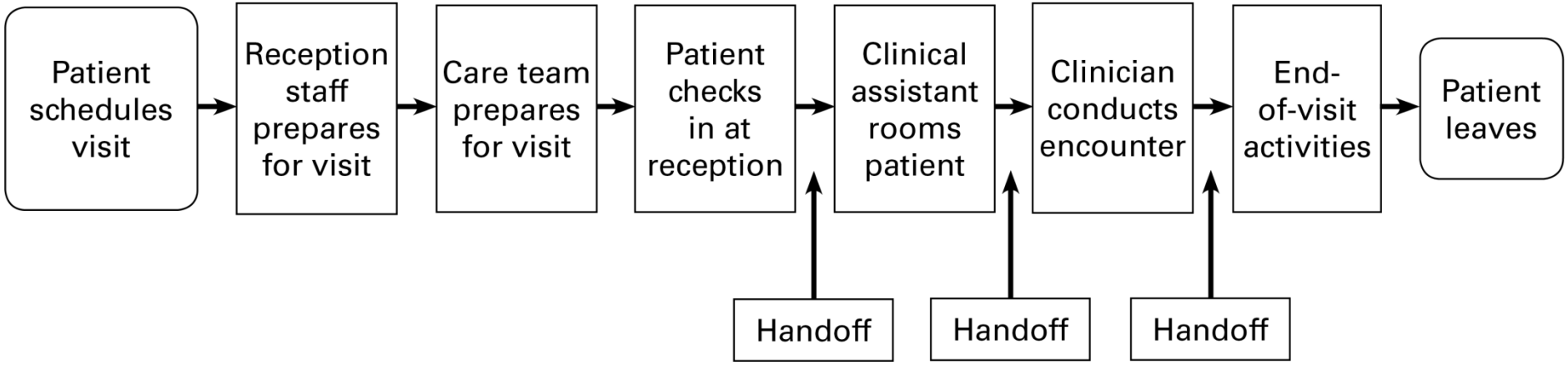


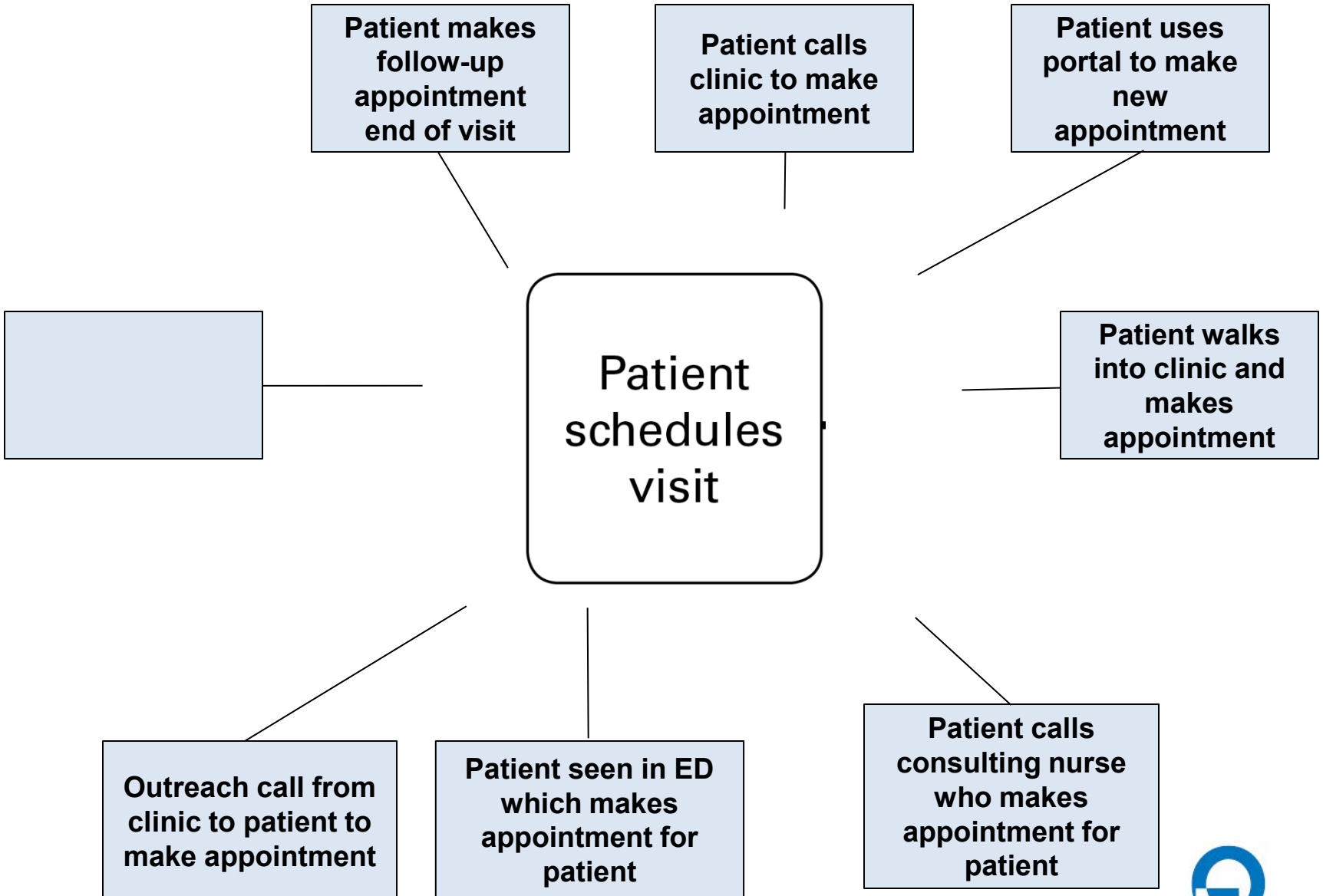
TASK	WHO	WHEN
SUPPLY CHAIN PROTOCOL	SUSAN / TATIANA	9/8
ORIENT PROVIDERS & STAFF WITH STANDARD IMM MESSAGE & ENTIRE ROLL OUT.	PAM S. JIM B.	8/28 9/18
PILOT TEST / Party	Jim Anne - Party Planner	9/22

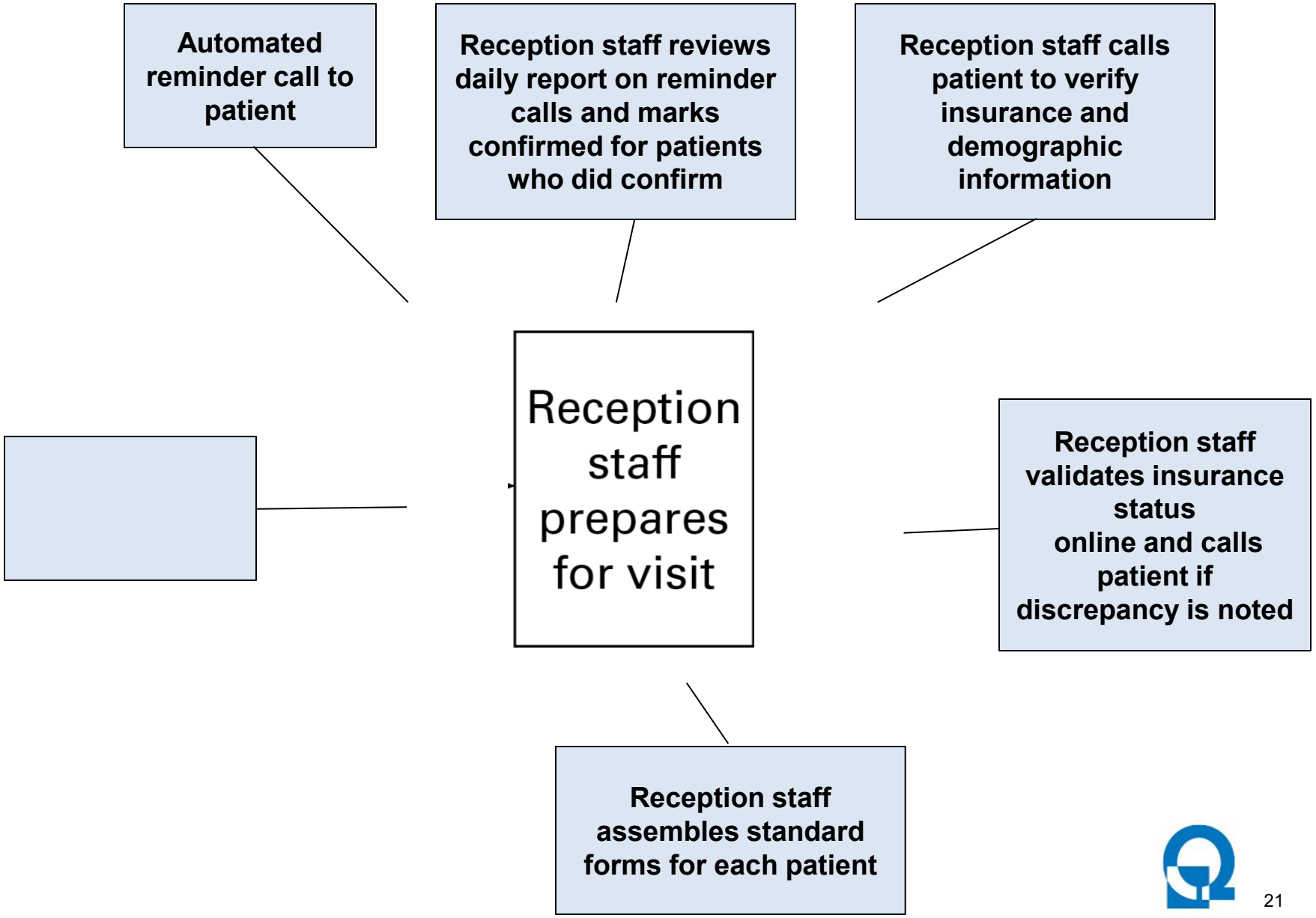
TASK	WHO	WHEN
SCRIPT MESSAGE FOR FD REMINDER CALLS & APPT CALLS	JENNI JIM B.	8/28
DESIGN INFO SHEET GIVEN TO PTS AT FRONT DESK	LOY	9/4
TRAIN MAS TO USE HIST. IMM QUICK TEXT	BARB	9/11
TRAIN MAS TO USE GIVEN IMM QUICK TEXT	BARB	9/11
TRAIN MAS - DOCUMENT IMM NEEDED & HOW TO FLAG - WHOLE WORK FLOW	HEATHER TATIANA	9/11
SET UP VIS & CONSENT FORM IN RM	HEATHER & TATIANA	9/11
ROLL-OUT TO CLINIC MEETING / PARTY	JIM	9/22
SET UP VOIP FOR WAIT	PAM DB LOY / JIM B	9/28
IMM CARDS FROM DOH	TATIANA	9/22
VACCINE SCHEDULE FOR FD	JIM B PAM S / LOY	TODAY

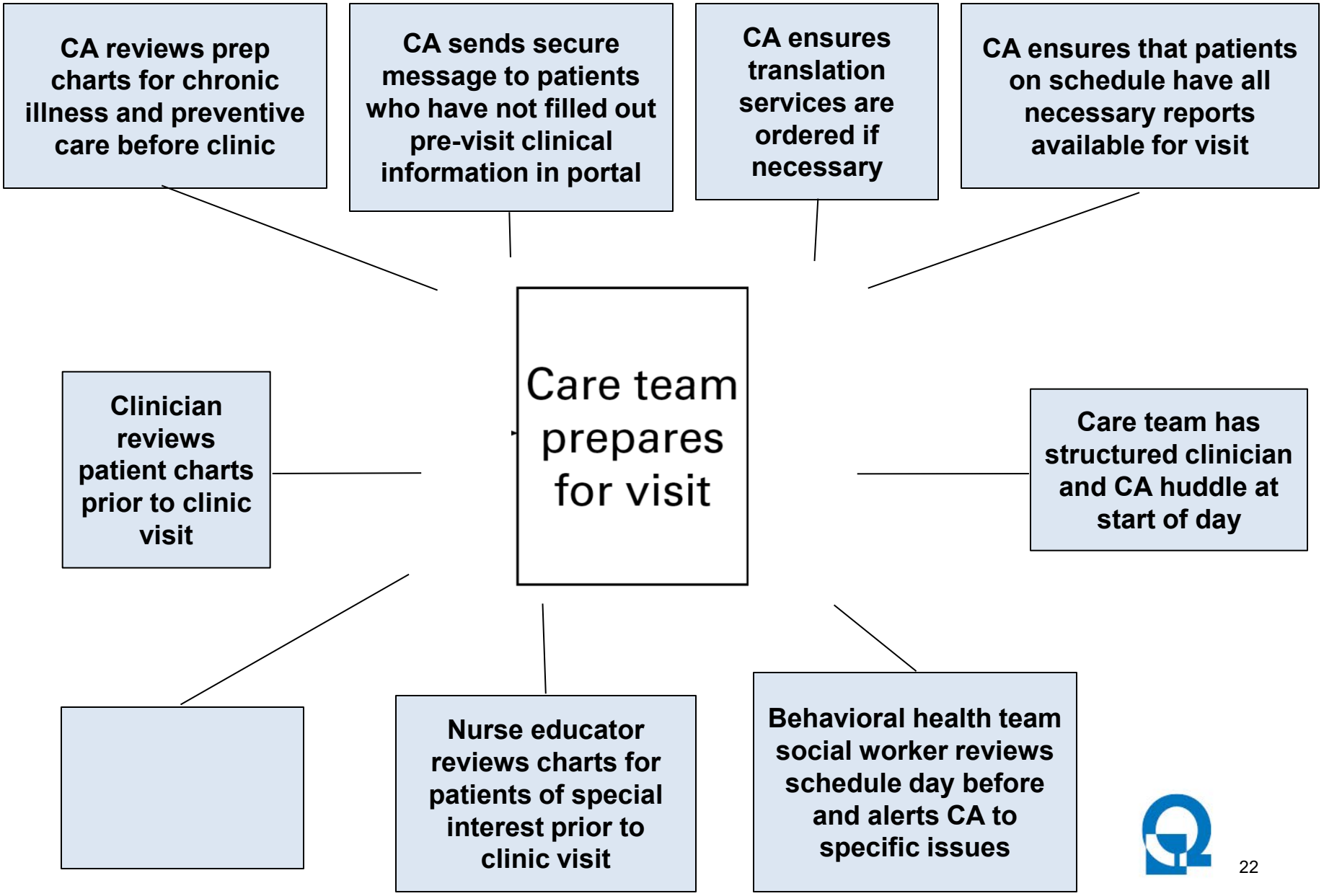
Now that you know the basics of workflow redesign, let's get started!

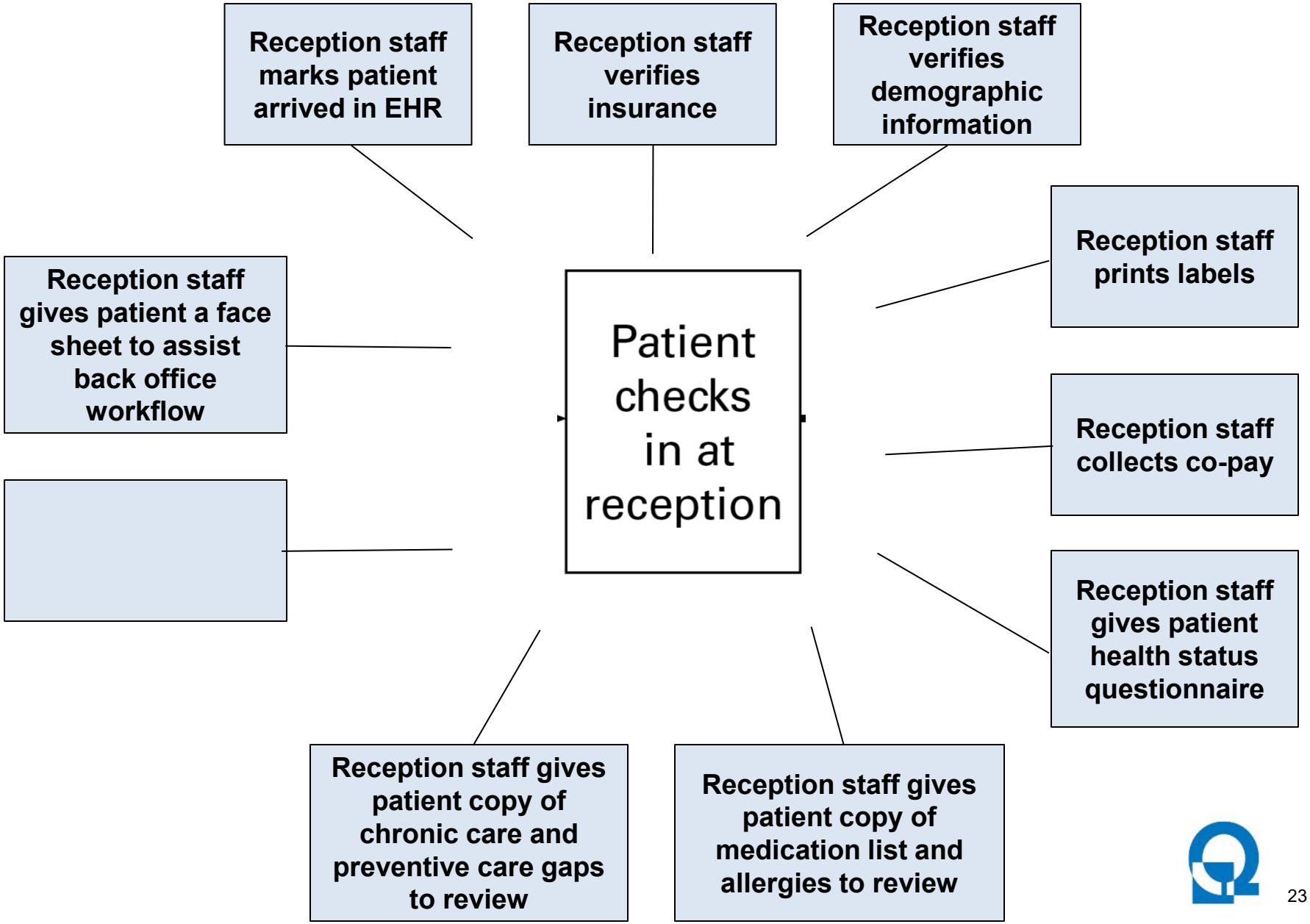
Office Visits Follow a Pattern

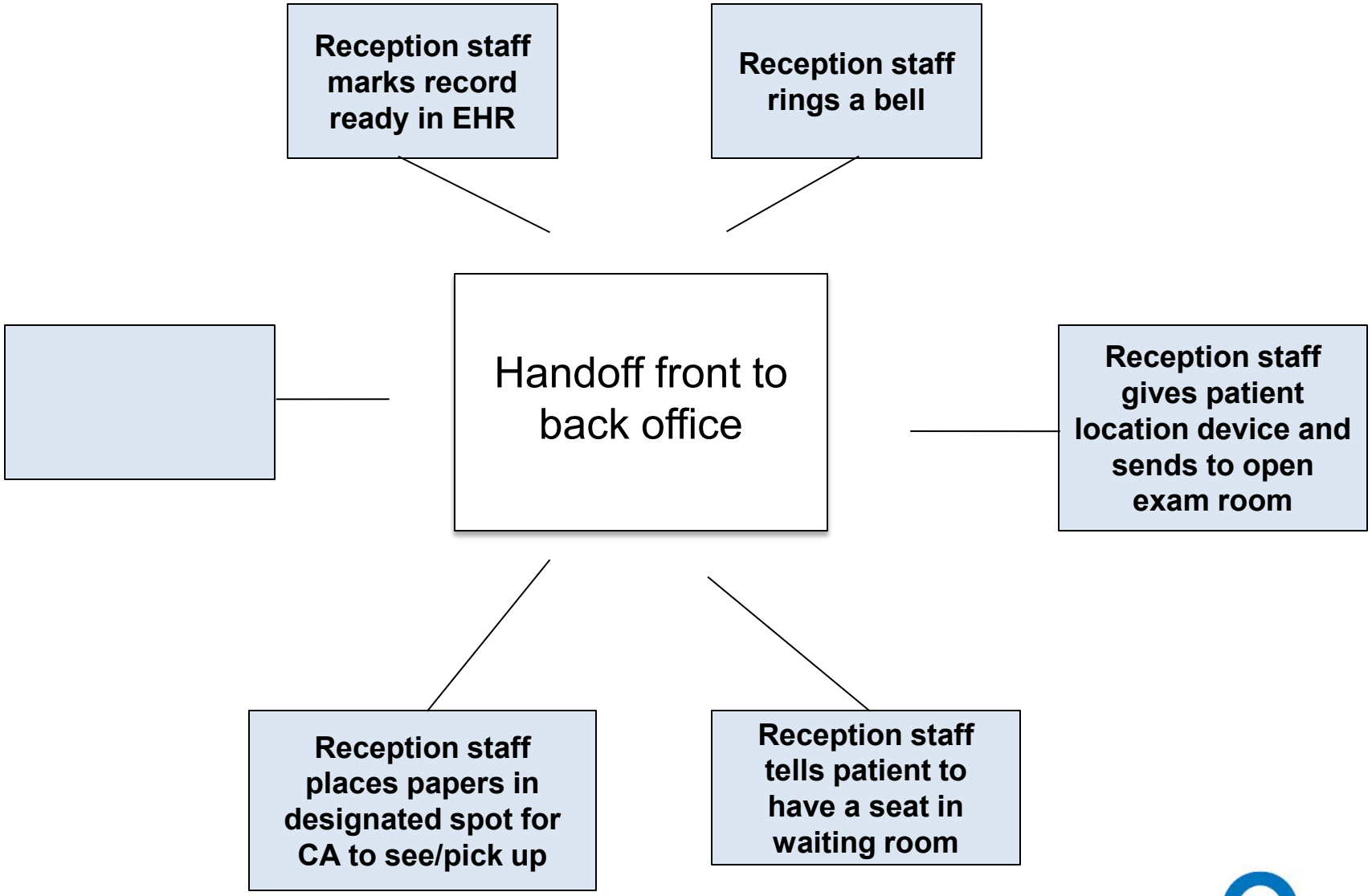


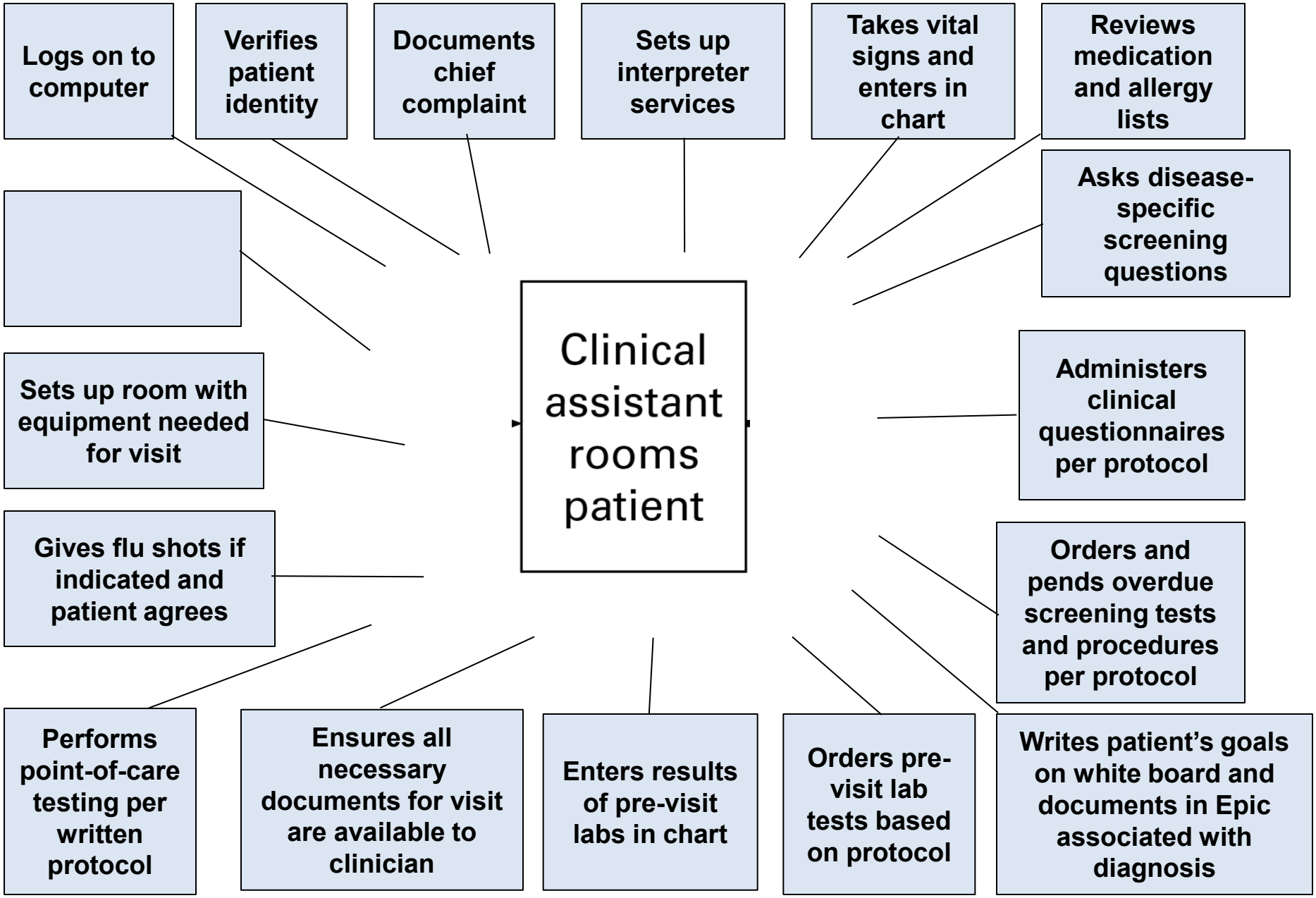

Patient makes follow-up appointment end of visit
Patient calls clinic to make appointment
Patient uses portal to make new appointment
Patient schedules visit
Patient walks into clinic and makes appointment
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Patient seen in ED which makes appointment for patient
Patient calls consulting nurse who makes appointment for patient

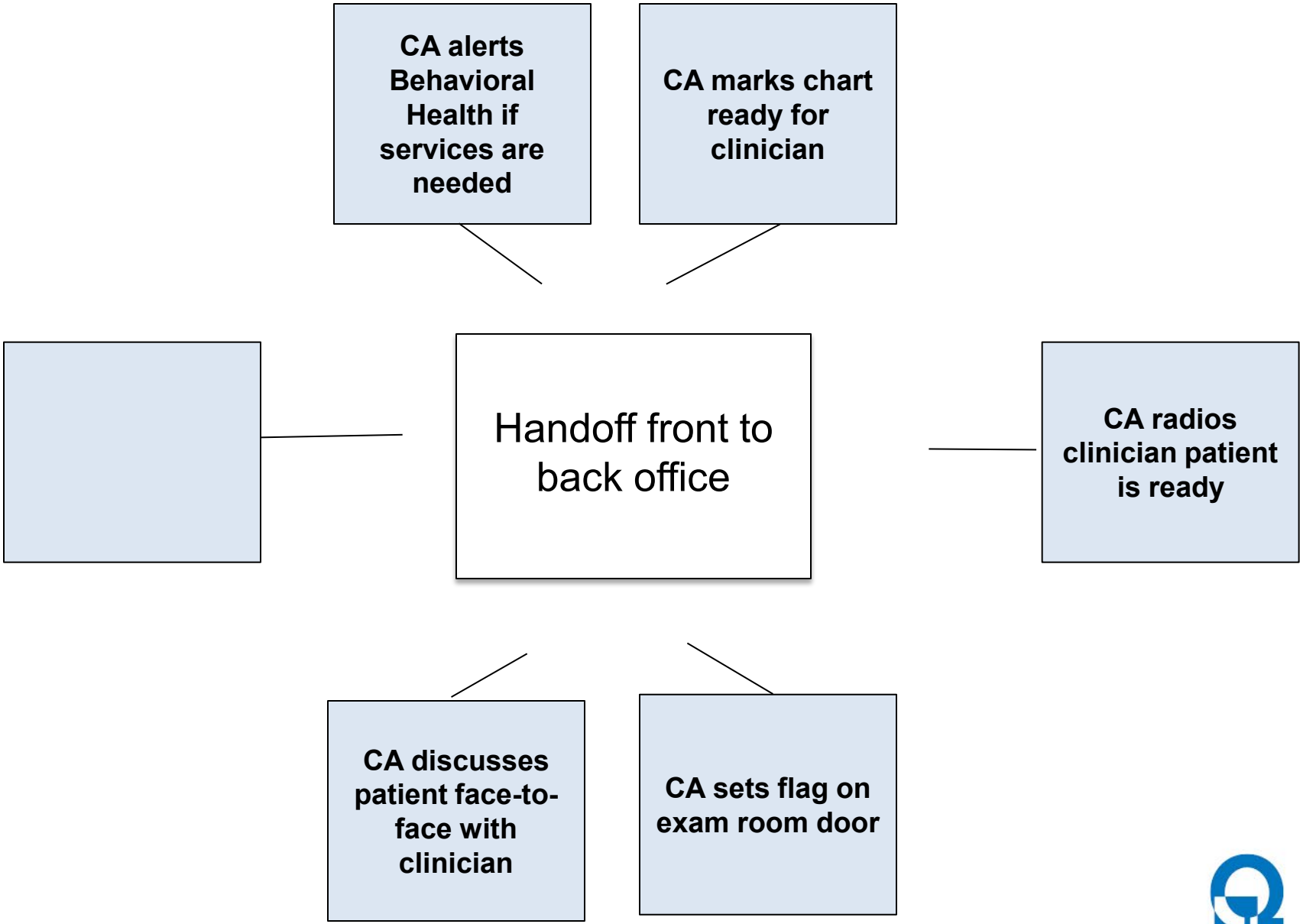

Automated reminder call to patient
Reception staff reviews daily report on reminder calls and marks confirmed for patients who did confirm
Reception staff calls patient to verify insurance and demographic information
Reception staff prepares for visit
Reception staff validates insurance status online and calls patient if discrepancy is noted
Reception staff assembles standard forms for each patient

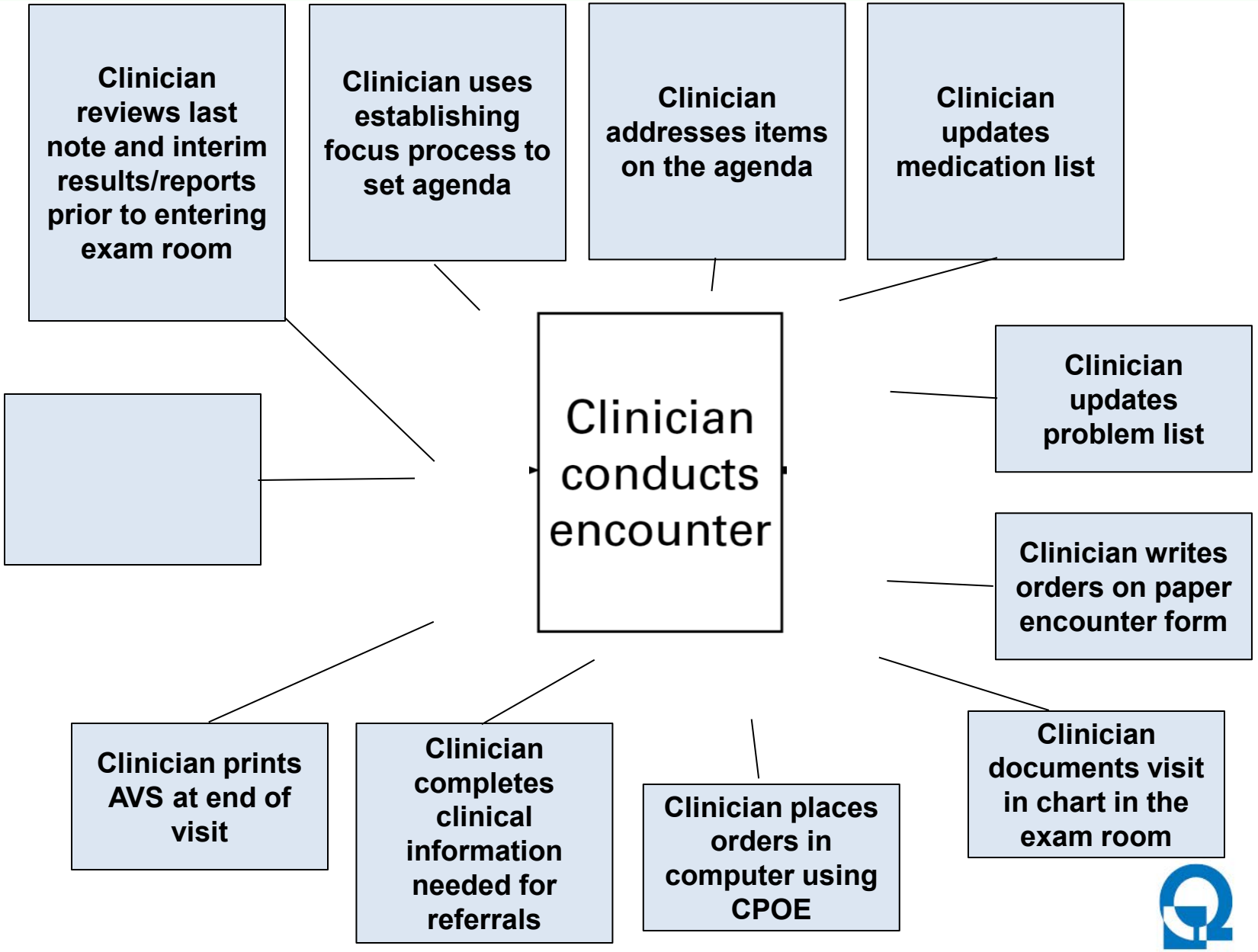

CA reviews prep charts for chronic illness and preventive care before clinic
CA sends secure message to patients who have not filled out pre-visit clinical information in portal
CA ensures translation services are ordered if necessary
CA ensures that patients on schedule have all necessary reports available for visit
Care team prepares for visit
Clinician reviews patient charts prior to clinic visit
Care team has structured clinician and CA huddle at start of day
Nurse educator reviews charts for patients of special interest prior to clinic visit
Behavioral health team social worker reviews schedule day before and alerts CA to specific issues

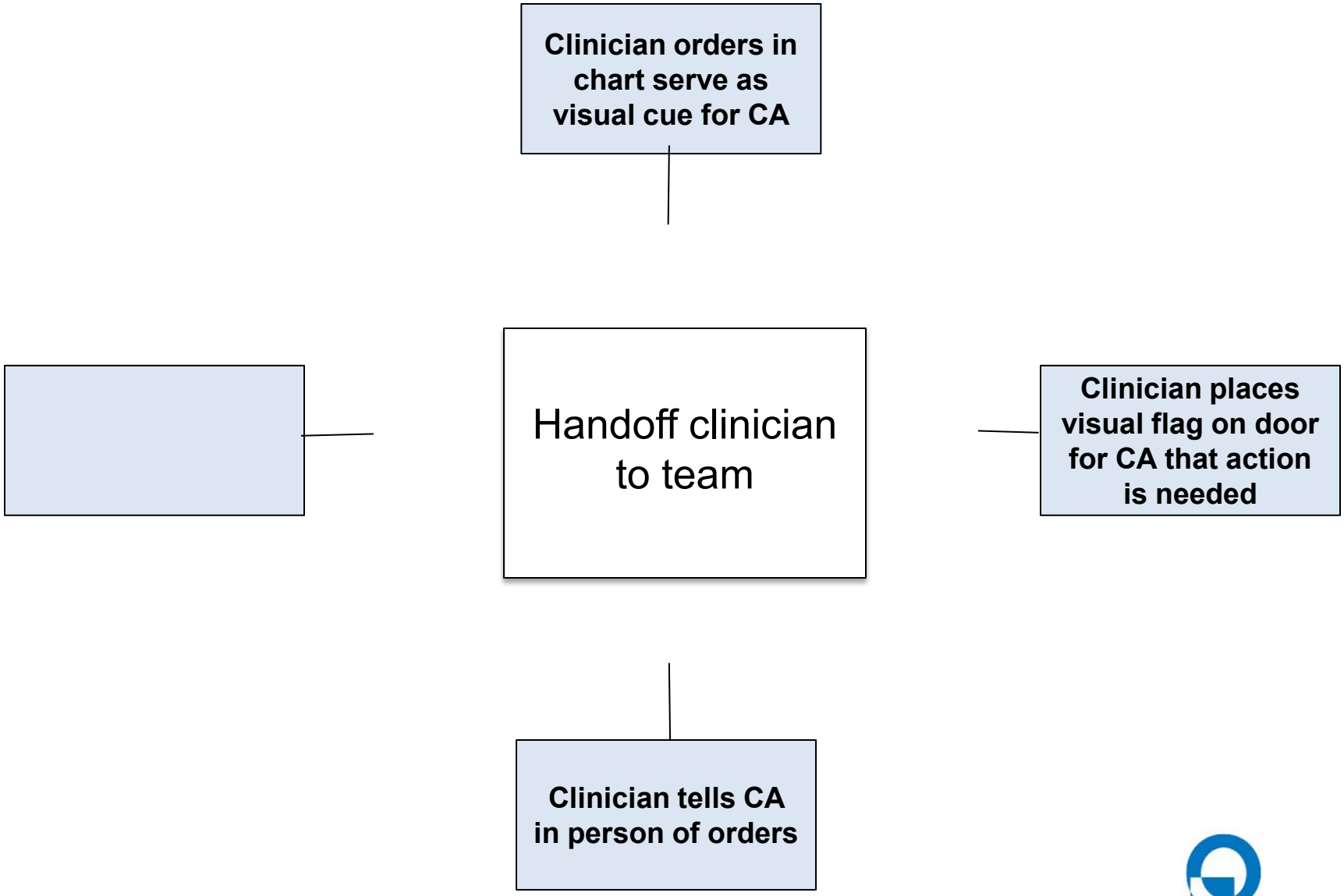

Reception staff marks patient arrived in EHR
Reception staff verifies insurance
Reception staff verifies demographic information
Reception staff gives patient a face sheet to assist back office workflow
Patient checks in at reception
Reception staff prints labels
Reception staff collects co-pay
Reception staff gives patient health status questionnaire
Reception staff gives patient copy of chronic care and preventive care gaps to review
Reception staff gives patient copy of medication list and allergies to review

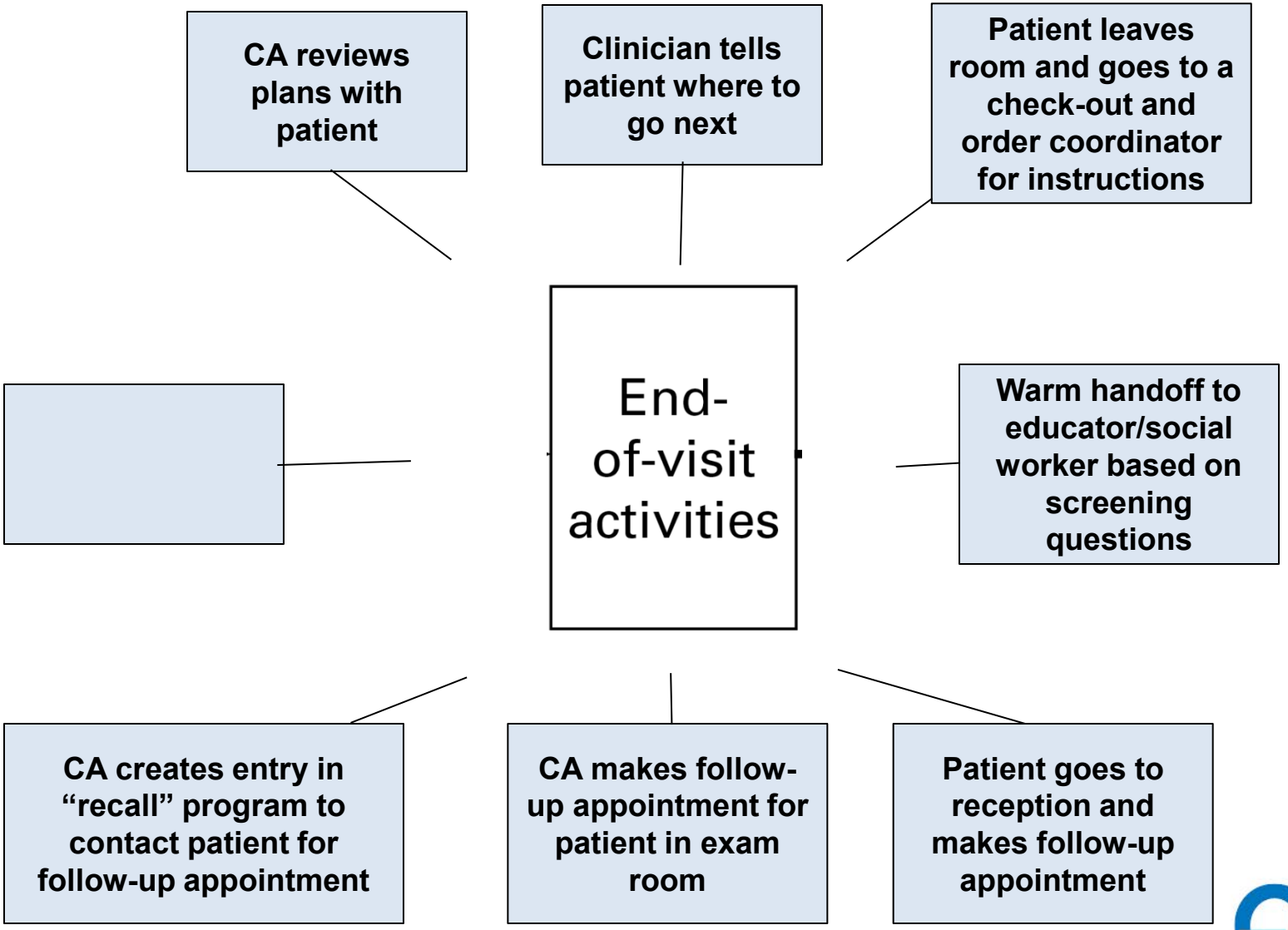

Reception staff marks record ready in EHR
Reception staff rings a bell
Handoff front to back office
Reception staff gives patient location device and sends to open exam room
Reception staff places papers in designated spot for CA to see/pick up
Reception staff tells patient to have a seat in waiting room

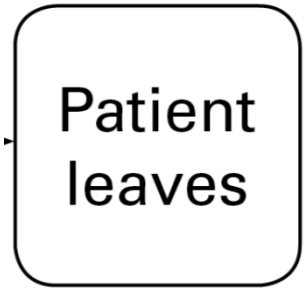

Logs on to computer
Verifies patient identity
Documents chief complaint
Sets up interpreter services
Takes vital signs and enters in chart
Reviews medication and allergy lists
Asks disease-specific screening questions
Clinical assistant rooms patient
Sets up room with equipment needed for visit
Administers clinical questionnaires per protocol
Gives flu shots if indicated and patient agrees
Orders and pends overdue screening tests and procedures per protocol
Performs point-of-care testing per written protocol
Ensures all necessary documents for visit are available to clinician
Enters results of pre-visit labs in chart
Orders pre-visit lab tests based on protocol
Writes patient's goals on white board and documents in Epic associated with diagnosis

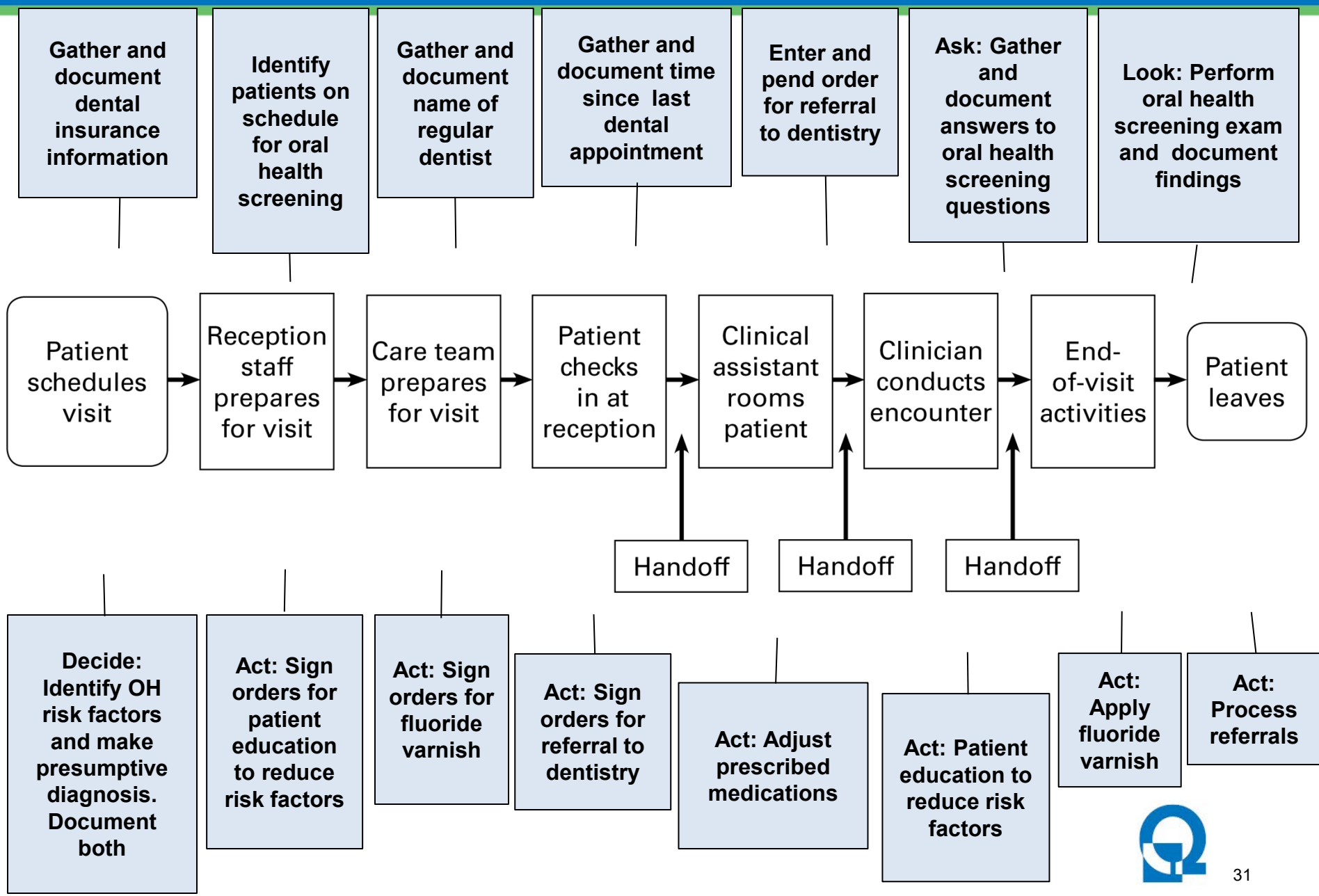

CA alerts Behavioral Health if services are needed
CA marks chart ready for clinician
Handoff front to back office
CA radios clinician patient is ready
CA discusses patient face-to-face with clinician
CA sets flag on exam room door

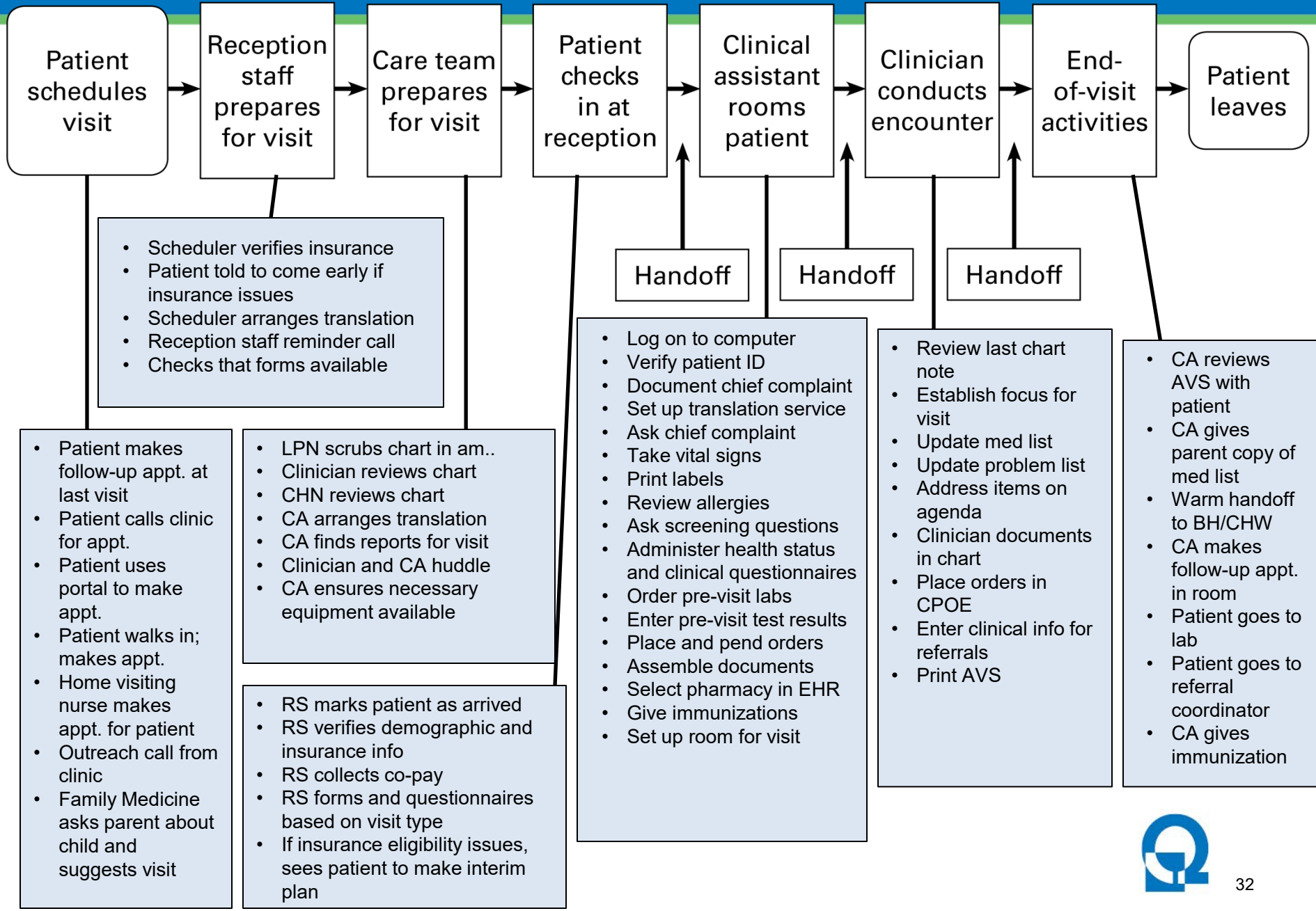

Clinician reviews last note and interim results/reports prior to entering exam room
Clinician uses establishing focus process to set agenda
Clinician addresses items on the agenda
Clinician updates medication list
Clinician conducts encounter
Clinician updates problem list
Clinician writes orders on paper encounter form
Clinician prints AVS at end of visit
Clinician completes clinical information needed for referrals
Clinician places orders in computer using CPOE
Clinician documents visit in chart in the exam room


Clinician orders in chart serve as visual cue for CA
Handoff clinician to team
Clinician places visual flag on door for CA that action is needed
Clinician tells CA in person of orders


CA reviews plans with patient
Clinician tells patient where to go next
Patient leaves room and goes to a check-out and order coordinator for instructions
End-of-visit activities
Warm handoff to educator/social worker based on screening questions
CA creates entry in "recall" program to contact patient for follow-up appointment
CA makes follow-up appointment for patient in exam room
Patient goes to reception and makes follow-up appointment


Patient
leaves


Gather and document dental insurance information
Identify patients on schedule for oral health screening
Gather and document name of regular dentist
Gather and document time since last dental appointment
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Act: Apply fluoride varnish
Act: Process referrals


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End-of-visit activities
Patient leaves
Handoff
Handoff
Handoff
• Scheduler verifies insurance
• Patient told to come early if insurance issues
• Scheduler arranges translation
• Reception staff reminder call
• Checks that forms available
• Patient makes follow-up appt. at last visit
• Patient calls clinic for appt.
• Patient uses portal to make appt.
• Patient walks in; makes appt.
• Home visiting nurse makes appt. for patient
• Outreach call from clinic
• Family Medicine asks parent about child and suggests visit
• LPN scrubs chart in am..
• Clinician reviews chart
• CHN reviews chart
• CA arranges translation
• CA finds reports for visit
• Clinician and CA huddle
• CA ensures necessary equipment available
• RS marks patient as arrived
• RS verifies demographic and insurance info
• RS collects co-pay
• RS forms and questionnaires based on visit type
• If insurance eligibility issues, sees patient to make interim plan
• Log on to computer
• Verify patient ID
• Document chief complaint
• Set up translation service
• Ask chief complaint
• Take vital signs
• Print labels
• Review allergies
• Ask screening questions
• Administer health status and clinical questionnaires
• Order pre-visit labs
• Enter pre-visit test results
• Place and pend orders
• Assemble documents
• Select pharmacy in EHR
• Give immunizations
• Set up room for visit
• Review last chart note
• Establish focus for visit
• Update med list
• Update problem list
• Address items on agenda
• Clinician documents in chart
• Place orders in CPOE
• Enter clinical info for referrals
• Print AVS
• CA reviews AVS with patient
• CA gives parent copy of med list
• Warm handoff to BH/CHW
• CA makes follow-up appt. in room
• Patient goes to lab
• Patient goes to referral coordinator
• CA gives immunization

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: www.niioh.org.
- DentaQuest Foundation: www.dentaquestfoundation.org.
- REACH Healthcare Foundation: www.reachhealth.org.
- Washington Dental Service Foundation: www.deltadentalwa.com/foundation.

QUALIS HEALTH

DentaQuest FOUNDATION

National Interprofessional Initiative on Oral Health — engaging clinicians eradicating dental disease

Washington Dental Service Foundation
Community Advocates for Oral Health

REACH healthcare foundation

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