TOHF Integrative Collaborative Practice Assessment

Modified IPAT© Tool for TOHF Practice Readiness Assessment Toolkit		
1. Do you have dental and medical providers physically located at your facility?	"Yes" - Go to question 2; "No" - Go to question 4	
2. Is there a team approach for patient care that involves both dental and medical health providers?	"Yes" - Go to question 3; "No" - Go to question 7	
3. Are dental and medical providers involved in care in a standard way across ALL providers and ALL patients?	"Yes" - Go to question 8; "No" - Go to question 7	E.g. the practice screens all patients for need of a dental provider visit?
4. Do you routinely exchange patient information with other provider types (primary care, behavioral health, other)?	"Yes" - Go to question 5; "No" - then 'Pre-coordination' - STOP	EXAMPLE: dental provider and medical provider engage in a "two way" email exchange or a phone call conversation to coordinate care.
5. Do providers engage in discussions with other treatment providers about individual patient information?	"Yes" - Go to question 6; "No" - then 'Pre-coordination' - STOP	In other words, is the exchange interactive?
6. Do providers personally communicate on a regular basis to address specific patient treatment issues?	"Yes" - then Level 2 coordinated - STOP; "No" - then Level 1 coordinated - STOP	EXAMPLE: Some form of ongoing communication via weekly/monthly calls or conferences to review treatment issues regarding shared patients: use of a registry tool to communicate which patients are not responding to treatment, so that dental providers can adjust treatment accordingly

		based on evidenced based guidelines.
7. Do provider relationships go beyond increasing successful referrals with an intent to achieve shared patient care?	"Yes", then Level 4 co-located - STOP; "No", then Level 3 co-located - STOP	EXAMPLES can include: coordinated service planning, shared training, team meetings, use of shared patient registries to monitor treatment progress.
8. Has integration been sufficiently adopted at the provider and practice level as a principal/ fundamental model of care so that the following are in place?	"Yes" to all, then Level 6 integrated - STOP; "No" to any, then Level 5 integrated - STOP	
a. Are resources balanced, truly shared, and allocated across the whole practice?		NOTE: In other words, all providers (dental AND medical) receive the tools and resources they need in order to practice.
b. Is all patient information equally accessible and used by all providers to inform care?		EXAMPLE: All providers can access the dental record and medical record.
c. Have all providers changed their practice to a new model of care?		EXAMPLES: Primary Care Providers (PCPs) are prescribing oral health assessments; PCPs are trained in motivational interviewing; dental providers are included in the PCP visit.
d. Has leadership adopted and committed to integration as the model of care for the whole system?		EXAMPLES: Leadership ensures that system changes are made to document all PHQ-9 scores in the electronic health record (EHR); leadership decides to

		hire a dental provider for a primary care clinic after grant funding ends.
e. Is there only 1 treatment plan for all patients and does the care team have access to the treatment plan?		NOTE: Treatment plan includes behavioral AND medical health information. EXAMPLE: Even though there may be a medical record and a dental record (separate EHRs),the treatment plan is included in both and is accessible in real time by all providers.
f. Are all patients treated by a team?		A care team requires membership from all disciplines.
g. Is population-based screening standard practice, and is screening used to develop interventions for both populations and individuals?		EXAMPLE: All patients are screened for caries and oral health needs. and then offered preventive services / interventions by their primary care provider, or referred to a dentist.
h. Does the practice systematically track and analyze outcomes related for accountability and quality improvement?		Population-based measures and outcomes are used in improving population health.

TOHF PRACTICE REFERRAL PROCESS ASSESSMENT		
1	Describe your current interprofessional referral system:	No referral system currently in place
		Bi-directional (medical to dental / dental to medical)
		Medical to dental referrals only
		Dental to Medical referrals only
2	Medical providers at our site, or part of our network, are administering fluoride varnish and identifying oral health risk factors in the majority of patients seen.	Yes/No/Other/NA (If no or other, please explain why)
3	Dental providers at our site, or part of our network, are pre-screening or screening for systemic disease (ex: diabetes, high blood pressure) in the majority of patients seen.	Yes/No/Other/NA (If no or other, please explain why)
4	List top three reasons why patients at your site may find it difficult to obtain a dental referral after a well child/prenatal visit	Reason 1,2, 3: Free text
5	Our EHR has a Medical - template with Dental referral	Yes/No/Other/NA (If no or other, please explain why)
6	Our EDR has a Dental template with Medical referral	Yes/No/Other/NA (If no or other, please explain why)
7	Our medical to dental referral includes the following elements: (Check all that apply)	Name and address of the patient
		Scheduled appointment date and time with the consulting dentist
		Reason for the referral/diagnosis
		General background information about the patient
		Authorization or release of records
		Medical consultation
		Oral health risk assessment/screening/evaluation findings
		Specific Problems
		Contributory history
		Future treatment needs beyond the referral
		Urgency of the situation, if an emergency
		Information already provided to patient
8	Our dental to medical referral includes the following elements: (Check all that apply)	Name and address of the patient
		Scheduled appointment date and time with the physician
		Reason for the referral/diagnosis

		General background information about the patient which may affect the referral
		Authorization or release of records
		Dental consultation
		Relevant findings
		Specific Problems
		Contributory history
		Future treatment needs beyond the referral
		Urgency of the situation, if an emergency
		Information already provided to patient
9	When communicating with the patient about the referral from medical to dental or vice-versa we consider/cover the following communication points (Check all that apply)	An assessment of the patient's ability to understand and follow instructions
		An explanation of the reason for the recommended referral to the patient, patient's parent or legal guardian as appropriate
		An explanation of which area of dentistry or specialty is chosen and why
		If possible, making a specific appointment with the specialist or consulting dentist
		If known and if requested by the patient, providing information about the specialist or consulting dentist's fee for the consultation or evaluation
		Giving instructions that will assist the patient's introduction to the specialist or consulting dentist, educational pamphlets or a map with directions
10	Our pre-referral communication process between physician and dentist includes the following: (Check all that apply)	Discuss referral reason and treatment period
		Follow up with referring physician /dentist
		Availability in the time of an emergency (if applicable)
11	Our post referral communication process between physician and dentist includes the following: (Check all that apply)	Initial report with preliminary diagnosis and anticipated treatment
		Final report, with factors affecting future management of the patient's condition
		Diagnostic labs/imaging
		Treatment done
		Return of any pertinent documents
12	How are referrals made? (Circle all that apply) [SKIP IF ANSWERED "A"IN QUESTION 4]	a. Electronic Transfer (EHR/EDR; third party)
		b. Protected, HIPAA Compliant fax
		c. Protected, HIPAA Compliant email

		d. Direct Mail	
		e. Direct Delivery (warm handoff, internal mail)	
		f. Referral list to pt. w/ contact #s	
		g. Verbal only	
		h. other:	
13	Does your site provide the patient with a referral form?	Yes/No/Other/NA (If no or other, please explain why)	
a	If yes, please attach a scanned copy of that form here		
14	If your site does not have electronic referrals, does your site have a standard referral form that is used to communicate the referral?	Yes/No/Other/NA (If no or other, please explain why)	
a	If yes, please attach a scanned copy of that form here		
b	Does your EHR/EDR system have the following capabilities:	Shared EMR/EDR system with existing referral templates	
		Shared EMR/EDR system no referral templates; but can be installed	
		Shared EMR/EDR system no referral templates; and new referral templates cannot be installed	
		Different EMR/EDR systems with no connection	
		Different EMR/EDR systems with central scheduling/billing services/registration	
15	If your site has electronic referrals, please answer the following:		
a	Our EHR allows referral entry	Yes/No/Other/NA (If no or other, please explain why)	
b	Our EHR allows sharing administrative and clinical information between clinicians	Yes/No/Other/NA (If no or other, please explain why)	
c	Our EHR supports referral tracking	Yes/No/Other/NA (If no or other, please explain why)	
d	Our EDR allows referral entry	Yes/No/Other/NA (If no or other, please explain why)	
e	Our EDR allows sharing administrative and clinical information between clinicians	Yes/No/Other/NA (If no or other, please explain why)	
f	Our EDR supports referral tracking	Yes/No/Other/NA (If no or other, please explain why)	
16	Our Medical to dental referral appointments are made in a timely manner (within 7 days).	Yes/No/Other/NA (If no or other, please explain why)	

17	Our Dental to Medical referral appointments are made in a timely manner (within 7 days).	Yes/No/Other/NA (If no or other, please explain why)
18	Our site sees significant issues with no-shows / broken appointments (15% or more) among referral patients.	Yes/No/Other/NA (If no or other, please explain why)
19	Our site has a well-established network of referral partners for medical to dental referrals?	Yes/No/Other/NA (If no or other, please explain why)
20	Our site has a well-established network of referral partners for dental to medical referrals?	Yes/No/Other/NA (If no or other, please explain why)
21	We have a referral coordinator to manage the referral system at our site	Yes/No/Other/NA (If no or other, please explain why)
a	Please provide the contact information for the referral coordinator	Name, Email, Phone number
22	Our site has adopted use of 'Referral agreements' that builds a shared understanding of roles and responsibilities for communication and care coordination between clinicians	Yes/No/Other/NA (If no or other, please explain why)
a	Please attach a copy of the referral agreement here	
23	Our site has drafted referral workflows to guide our referral process	Yes/No/Other/NA (If no or other, please explain why)
a	Please attach a scanned copy of the workflow maps/documents here	
24	Our site has drafted clear policies around referrals /no-shows/sliding fees etc.	Yes/No/Other/NA (If no or other, please explain why)
a	Please attach a copy of the policy documents here	
25	Our site has shared protocols regarding referrals/follow ups	Yes/No/Other/NA (If no or other, please explain why)
a	Please attach a copy of the shared protocol documents here	

Footnotes:

1) Boynes S. G. (2017): Oral Health Referral Management; Retrieved from: https://www.nnoha.org/nnoha-content/uploads/2017/12/OralHealthReferralManagement_Boynes_Lauer.pdf
2) ADA General Guidelines on Referring Dental Patients (2007): Retrieved from: http://www.ada.org/en/~/media/ADA/Member%20Center/FIles/referring_guidelines
3) Organized Evidence Based Care: Oral Health Integration: An Implementation Guide; Retrieved from: http://www.safetynetmedicalhome.org/sites/default/files/Guide-Oral-Health-Integration.pdf

NOHI TOHF HIT Assessment

#	Question	Options
1	**HER/EDR Information**	
1.1	The Electronic Medical Record of our center is	Athena/Allscripts/eClinicalWorks/ Epic /NextGen/Virence (GE Centricity)/Other
	EMR Version number	Enter info
	Number of years used	Enter info
1.2	The Electronic Dental Record of our center is	eClinicalWorks Dental Module/OpenDental /Dentrix/Epic Wisdom Dental Module /No separate dental module, use the same as medical /Paper Charts /Other
	EMR Version number	Enter info
	Number of years used	Enter info
1.3	Are any changes to your EMR or EDR planned in the next year?	Yes/No/Other please specify
2	**Capability & Configuration**	
2.0	Our EHR has the capability and is configured to	
2.1	Document the dental encounter diagnosis and CPT/CDT codes	Yes/No/Other please specify
2.2	Document patient's social determinant of health	Yes/No/Other please specify
2.3	Document the patient's dental appointments and create recalls/reminders for patients that are due for an appointment by the on-site dental provider.	Yes/No/Other please specify
2.4	Be a shared record where medical and dental providers document allergies, problems, medications, history and prescribe medication	Yes/No/Other please specify
2.5	Allow medical providers to view patient's dental treatment plans and oral health self-management goals developed by on-site dental providers	Yes/No/Other please specify
2.6	Enable staff to monitor the status of dental referrals initiated by primary medical care team	Yes/No/Other please specify
2.7	Identify patients who are seen for Primary Medical Care that are not seen by on-site dental providers	Yes/No/Other please specify
2.8	Identify the patient's primary care provider	Yes/No/Other please specify
2.9	Identify the patient's primary dental provider	Yes/No/Other please specify
3	**Features**	
3.0	Does the EHR have the following features?	
3.1	Create and Assign Care Teams	Yes/No/Other please explain
3.2	Create care team alerts that Oral Health Evaluation is due	Yes/No/Other please explain
3.3	Create new structured data fields	Yes/No/Other please explain
	Technical Requirements: User Interface	
4.0	Can the user interface be modified to accept new data entry fields	
4.1	Oral health screening questions	Yes/No/Other please explain
4.2	Risk assessment and other findings	Yes/No/Other please explain
4.3	Create new order sets	Yes/No/Other please explain

4.4	Is there someone who knows how to program the changes?	Yes/No
	If yes to 4.4, what is this person's name?	Name
	What is their contact information?	Email and Phone #
5	**Reporting**	
5.1	Is the clinical data in a reporting database?	Yes/No/Other please explain
5.2	Does your CHC use any quality measure reporting tools, such as Azara, PRIME, other?	Yes/No/Other please explain
	If Yes to 4.1, please specify	Name
5.3	Population Reporting features: Target population Definition	Yes/No/Other please explain
5.4	Population Reporting features: Custom Reports (point prevalence, etc.)	Yes/No/Other please explain
5.5	Population Reporting features: Numerator and Denominator Data	Yes/No/Other please explain
5.6	Population Reporting features: Run Charts	Yes/No/Other please explain
5.7	Population Reporting: Raw Data with patient level details	Yes/No/Other please explain
5.8	Is there a query writing software?	Yes/No/Other please explain
	If yes to 5.8, Is there someone who can use the software?	Yes/No/Other please explain
	If yes, please provide the query writer's name	Name
	What is their contact information?	Email and Phone #
6	**Measures**	
6.0	Please indicate whether your CHC, through an EMR or EDR currently tracks or has the ability to track (but doesn't currently) the following measures:	Yes/No/Other please explain
6.1	Number and percentage of oral health assessments or screenings performed by primary care medical providers.	Yes/No/Other please explain
6.2	Number and percentage of fluoride varnish applications by medical providers.	Yes/No/Other please explain
6.3	Number and percentage of fluoride varnish applications by dental providers.	Yes/No/Other please explain
6.4	Number and percentage of patients referred from medical to dental.	Yes/No/Other please explain
6.5	Number and percentage of patients with completed dental referrals (e.g. through referral tracking, care coordination, patient navigation services).	Yes/No/Other please explain
6.6	Number and percentage of patients with last dental visit in previous 12 months (or other time frame: _____)	Yes/No/Other please explain
7	**Organization HIT Environment**	
7.1	Does the CHC's scheduling system(s) allow for scheduling appointments across medical and dental departments?	Yes/No/Other please explain
7.2	Has the CHC site implemented programs or policies that promote oral health and medical care integration in the past? If so, what?	Yes/No/Other please explain
	If yes to 7.2, Please provide details regarding the program/policy	Enter info
7.3	Does the CHC leadership consider this HIT optimization a high priority?	Yes/No/Other please explain
7.4	Does the CHC have available resources to implement the HIT changes to support this integration?	Yes/No/Other please explain
7.5	Are there any barriers to a successful integration that you are aware of?	Yes/No/Other please explain