Oral Health Integration Referral Mapping: A Coach's Guide

Introduction

Mapping the dental referral workflow is intended to help the practice think about how dental referrals resemble medical-surgical referrals, and how they may differ. It is usually best to build a new referral to dentistry using the existing process for all other referrals. However, in order for the dental referral workflow process to operate effectively and efficiently, there may be changes identified that will need to be tested.

For more information about the goals of a structured referral, the key components of an effective referral process, and guidance on how practices can build dental referral networks that meet the need of their primary care patients, refer to the Organized, Evidence-Based Care Supplement: Oral Health Integration implementation guide, Section 6: Structuring Referrals to Dentistry.

The process used for referral workflow mapping is the same as was used for office visit workflow optimization, and should take place shortly after the office visit optimization workshop. (See Oral Health Integration Workflow Optimization Mapping: A Facilitator's Guide.) Because many members of the referral mapping team will already be familiar with the streamlined approach used to map the oral health workflow, this work can often be done remotely using virtual conference technology.

Referral mapping starts with the future state from the workflow optimization workshop, and uses the Referral Workflow Workshop PowerPoint tool to map the future state for dental referrals. The components of the workflow include filling out and signing the referral order to a specific dentist or dental office, sending the referral to the dental office, tracking the referral to be sure the patient is scheduled and seen, and handling the consultation report that comes back to the primary care provider. (This is called a "closed loop" referral process, a key goal of coordinated care.) As in the office visit workflow optimization workshop, the end product of this mapping is a graphic future state report, a task list with assignments, and a timeline for task completion. (See Appendix A.)

Who Should Attend?

1. The clinician leader from the pilot team
2. Referral coordinator or person responsible for tracking referrals
3. Quality improvement representative
4. Information technology representative with expertise in customizing orders and report writing
5. Dental partner, especially if dental practice is co-located

How Long Does it Take?

Referral workflow optimization mapping takes 60–90 minutes to complete, depending upon team members' prior experience with workflow mapping, and whether a co-located or community-based dental partner participates.

Key Steps

- Map what happens with dental referrals in the medical practice, and review future state mapping from the workflow optimization workshop.
- Discuss what happens with a referral in the dental practice, and map if possible. If a dental partner is not present, this step may be only a review of challenges faced by the dental partner in identifying and responding to a referral. Review the options for clinical information exchange between the medical and dental offices.
- Map the process for getting the dentist's consultation report into the EHR where the medical care team can find it.
- Update the task list, noting who is responsible for completion and by when.
- Test the future state and work out kinks.

Following the workshop, a diagram of the future state should be shared with the pilot team to ensure all members of the team are on the same page moving forward.

Reference Documents

Referral Agreement Template

Referral Template for Primary Care Referrals to Dentistry

Sample Completed Referral Form

Oral Health Integration Workflow Optimization Mapping: A Facilitator's Guide

Organized, Evidence-Based Care Supplement: Oral Health Integration implementation guide, Section 6: Structuring Referrals to Dentistry

Referral Workflow Workshop PowerPoint

Appendix A: Referral Mapping Report

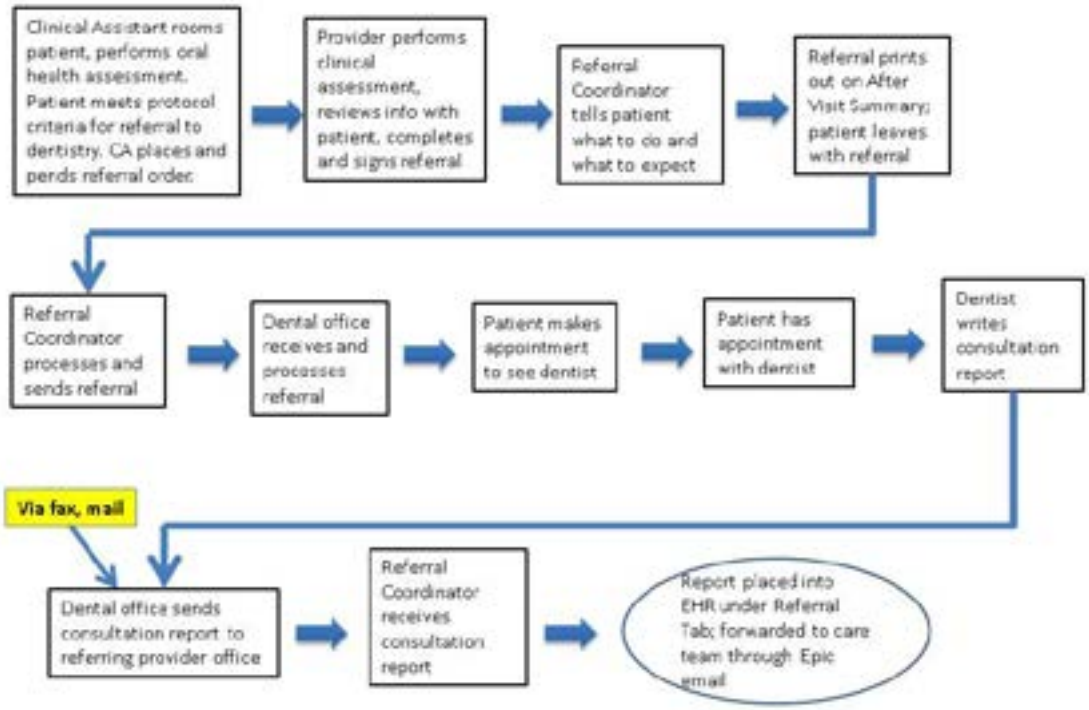
Oral Health Integration Project

Oral Health Referral Webinar
Happy Health Home Clinic
2-23-2016

Program Team:

Jane, Keri, and Alisa

Happy Health Home Clinic Future State Oral Health Referrals



Key Features of Dental Referrals

1. The referral is a clinical decision made jointly by the primary care provider and patient/family, which is reflected as an order in the EHR.
2. The referral order is designed to prompt the ordering clinician to enter clinical context and information needed by the dentist to address the reason for referral; i.e., for probable root caries, the order would prompt the ordering clinician to include the presence of any systemic disease such as diabetes, or habits like tobacco use, known to accelerate periodontal disease.
3. The referral coordinator ensures the patient leaves Happy Health Home Clinic with written information on the referral, including contact information for the dentist, what should happen next, and instructions about what to do if there are any problems with the referral.
4. Once the clinician signs the referral order, the referral coordinator processes the order, which may include verification of insurance, and any clerical and clinical information accompanying the referral. The referral is then transmitted to the dental office.
5. The dental office will review the referral. Review may lead to the dentist contacting the referring clinician, either to get more information or, in some cases, to answer the referring clinician's question without having to see the patient.
6. Once the dentist sees the patient, the dentist will create a consultation report.
7. The consultation report is sent to Happy Health Home Clinic, where it will be associated with the referral order and sent to the referring clinician/care team to review.

Task List

Task	Who is responsible?	When
Develop agreement with dental partner; decide on scheduling process		Underway—complete 3/31
Develop oral health referral order prompt for clinical information needed for dentist—field to enter information about why patient being referred		2/26
Evaluate creation of order set for oral health module— fluoride varnish, order for coaching diet/oral hygiene, referral		2/26
Confirm dental office (health department) capability to send e-reports		3/1
Develop interim understanding of how referrals will be entered into Epic, using current referral process, while awaiting designed oral health referral from vendor		

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.