RoMoNOH
ROCKY MOUNTAIN
NETWORK OF ORAL HEALTH

Community Health Center Oral Health Needs and Capacity Assessment

RoMoNOH requests the following information to learn about your Community Health Center (CHC) Organization, each CHC-site, that is interested in this project, the CHC's providers, and the population each CHC serves. The information you provide here will help us estimate which model of oral health integration best meets each unique CHC's oral health needs and their capacity to participate in the RoMoNOH Project.

This is done via two sections, 1) Oral Health Needs Assessment, and 2) Capacity Assessment. We encourage many different members of your CHC-site team to complete the Capacity Assessment. Therefore, if someone within your organization has already completed all of the Oral Needs Assessment for each of your CHC-clinic(s), skip to the Capacity Assessment.

If you have more than one CHC participating, you will need to complete the form once for each separate clinic, meaning you may have multiple submissions. Please enter "N/A" for questions that are not applicable to your CHC.

Has someone within your organization already completed the Oral Health Needs Assessment for your each of your CHC-clinic(s)?

○ No

○ Yes, skip to the Capacity Assessment

○ Complete Oral Health Needs Assessment only

Organization and Health Center Information

I. Application Key Contact Person (This is the person who we will contact to review this information.)

1. First Name

[   ]

2. Last name

[ ]

3. Credentials

[ ]

4. Title

[ ]

5. Email address

[ ]

6. Phone number (e.g. Phone number 777-777-7777)

[ ]

7. Name of person completing this form

[ ]

8. Date this form is completed (e.g. mm/dd/yyyy)

[ ]

II. Community Health Center Organization Information (This information is about your organization.)

1. Organization name

[ ]

2. List counties served

[ ]

3. Number of medical clinics

[ ]

4. Number of dental clinics

[ ]

5. Number of clinics with co-located medical & dental services

[ ]

III. Community Health Center Site Information (This information is about the CHC-site where you will be integrating oral health. If you are interested in more than one CHC-site participating, please complete this form for each of your CHC-sites.)

1. CHC Official site name

[ ]

2. CHC street address

[ ]

3. CHC city

[ ]

4. CHC state (please write out the full name of the state, not the abbreviation)

[⌄]

5. CHC zip code

[   ]

6. CHC NPI number

[   ]

7. CHC specialty type (e.g. Pediatrics, ObGyn, Family Medicine, etc)

[   ]

8. List counties served

[   ]

9. Is this CHC site: rural, urban or frontier?

○ Rural

○ Urban

○ Frontier

10. Does this CHC site have co-located medical & dental clinics?

○ Yes

○ No

11. Is this CHC site in a dental professional shortage area?

○ Yes

○ No

IV. <u>Community Health Center Site Population Information</u>

1. Total number of unique patients served at CHC in 2018

[   ]

2. Average number of patients seen/day at this CHC setting in 2018

[   ]

3. Number of unique patients who received medical services at CHC in 2018

[   ]

4. Percent of unique patients who received medical services at CHC in 2018 (please enter numbers only, do not enter the "%" symbol)

[   ]

5. Number of unique patients who received dental services at CHC in 2018

[   ]

6. Percent of unique patients who received dental services at CHC in 2018 (please enter numbers only, do not enter the "%" symbol)

[   ]

7. If known, number of unique patients who received both medical and dental services in 2018

[   ]

8. If known, percent of unique patients who received both medical and dental services in 2018 (please enter numbers only, do not enter the "%" symbol)

[   ]

9. Number of unique child patients (0-3 years old)

[   ]

10. Number of unique child patients (0-18 years old)

[   ]

11. Number of unique adult patients (18-64 years old)

[   ]

12. Number of unique OB patients

[   ]

13. Number of patients with any dental visit within previous 12 months

[   ]

V. <u>Staff information, as applicable</u>:

1.FTE within CHC Site

☐ a) Medical Doctor(s) (MD/DO) FTE [   ]

☐ b) Physician Assistant(s) FTE [   ]

☐ c) Nurse Practitioner(s) FTE [   ]

☐ d) Certified Nurse Midwife(s) FTE [   ]

☐ e) Nurse(s) FTE [   ]

☐ F) Medical Assistant(s) FTE [   ]

☐ g) Other medical support staff (e.g. Care Coordinator, Case Worker, Patient Navigator, etc) FTE
[   ]

☐ h) Dentist(s) FTE [   ]

☐ i) Dental Hygienist(s) FTE [   ]

☐ j) Dental Assistant(s) FTE [   ]

☐ k) Other dental support staff (e.g. Care Coordinator, Case Worker, Patient Navigator, etc) FTE
[   ]

2. Total FTE within CHC Organization (including CHC site)

☐ a) Medical Doctor(s) (MD/DO) FTE [   ]

☐ b) Physician Assistant(s) FTE [   ]

☐ c) Nurse Practitioner(s) FTE [   ]

☐ d) Certified Nurse Midwife(s) FTE [   ]

☐ e) Nurse(s) FTE [   ]

☐ f) Medical Assistant(s) FTE [   ]

☐ g) Other medical support staff (e.g. Care Coordinator, Case Worker, Patient Navigator, etc) FTE
[   ]

☐ h) Dentist(s) FTE [   ]

☐ i) Dental Hygienist(s) FTE [   ]

☐ j) Dental Assistant(s) FTE [_____]

☐ k) Other dental support staff (e.g. Care Coordinator, Case Worker, Patient Navigator) FTE
[_____]

VI. Do you have a dental clinic/team this CHC-site will be working with to refer patients (either in the same physical location or nearby)?

○ Yes

○ No

VII. Does the dental team this CHC-site will be working with provide the following dental services to young patients (<3 years): (Mark the best answer to the best of your knowledge.)

1. Diagnosis and preventive dental services

○ Yes

○ No

○ I don't know

2. Non-invasive management of early childhood caries (i.e. the use of SDF, glass ionomer)

○ Yes

○ No

○ I don't know

3. Comprehensive restorative dental services

○ Yes
○ No
○ I don't know

3. Surgical dental services

○ Yes
○ No
○ I don't know

VIII. Does the dental team this CHC-site will be working with provide dental care to pregnant women? (Mark the best answer to the best of your knowledge.)

○ Yes
○ No
○ I don't know

IX. Health Information Technology Information

1. Electronic dental record name

[   ]

2. Electronic dental record version

[   ]

3. Electronic <u>dental</u> record number of years used

[   ]

4. Electronic <u>medical</u> record name

[   ]

5. Electronic <u>medical</u> record version

[   ]

6. Electronic <u>medical</u> record number of years used

[   ]

7. Patient portal, if applicable name

[   ]

8. Patient portal, version

[   ]

9. Patient portal number of years used

[   ]

10. Does the CHC's scheduling system(s) allow for scheduling appointments across medical and dental departments?

○ Yes
○ No

11. Can medical providers view notes in the electronic dental record?

○ Yes

○ No

12. Can dental providers view notes in the electronic medical record?

○ Yes

○ No

13. Does your electronic health record allow staff to manage dental referrals initiated by primary medical care team?

○ Yes

○ No

14. Are there any changes to your EMR or EDR planned in the next year?

○ Yes

○ No

Additional comments:

15. Does your CHC use any quality measure reporting tools, such as Azara, PRIME, other?

○ Yes

○ No

Describe:

16. Do you have HIT staff who are available to optimize your EHR for data collection and workflow/progress template for oral health integration?

○ Yes
○ No

Additional comments:

The following questions ask about the integration of oral health services in the medical practice.

X. Briefly describe your CHCs programs or policies that promote oral health and medical-dental integration. Describe (fewer than 250 words):

XI. How often do your CHC's Primary Care Medical Providers conduct the following:

1. Oral health screenings/risk assessment

○ Always
○ Often
○ Sometimes
○ Rarely
○ Never
○ Not sure

2. Oral health education

○ Always
○ Often
○ Sometimes
○ Rarely
○ Never
○ Not sure

3. Fluoride varnish application

○ Always
○ Often
○ Sometimes
○ Rarely
○ Never
○ Not sure

4. Oral health referrals

○ Always

○ Often

○ Sometimes

○ Rarely

○ Never

○ Not sure

5. Does your CHC provide any other oral health services?

○ Yes

○ No

Please describe any other oral health services your CHC's primary care medical provides that have not been listed above.

[ ]

XII. How often do your medical support staff, such as MAs, RNs conduct the following:

1. Oral health screenings/risk assessment

○ Always

○ Often

○ Sometimes

○ Rarely

○ Never

○ Not sure

2. Oral health education

○ Always

○ Often

○ Sometimes

○ Rarely

○ Never

○ Not sure

3. Fluoride varnish application

○ Always

○ Often

○ Sometimes

○ Rarely

○ Never

○ Not sure

4. Oral health referrals

○ Always

○ Often

○ Sometimes

○ Rarely

○ Never

○ Not sure

5. Does your CHC provide other oral health services?

○ Yes

○ No

Please describe any other oral health services your medical support staff provide that have not been listed above:

XIII. How often do your CHC's non-clinical support staff (e.g. care navigators, health educators, outreach coordinators, community health workers) conduct the following:

1. Oral health screenings/risk assessment

- ○ Always
- ○ Often
- ○ Sometimes
- ○ Rarely
- ○ Never
- ○ Not sure

2. Oral health education

- ○ Always
- ○ Often
- ○ Sometimes
- ○ Rarely
- ○ Never
- ○ Not sure

3. Fluoride varnish application

- ○ Always
- ○ Often
- ○ Sometimes

○ Rarely

○ Never

○ Not sure

4. Oral health referrals

○ Always

○ Often

○ Sometimes

○ Rarely

○ Never

○ Not sure

5. Does your CHC provide other oral health services.

○ Yes

○ No

Please describe other oral health services your CHC's non-clinical support staff provide that has not been listed above:

XIV. Our primary care providers refer patients to the dental clinic through the use of (select all that apply.)

☐ Warm hand-off

☐ EHR Messaging system/Telephone Encounter in EHR

☐ Create a referral in the EHR for staff to coordinate an appointment

☐ Recommendation of Referral left up to patients to contact dental

☐ Other (Specify):

☐ N/A Currently do not refer patients to dental

Describe:

XV. 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:

1. Number and percentage of oral health assessments or screenings performed by primary care medical providers.

○ Site currently tracks

○ Site currently has the ability to track but does not

○ Site does not have the ability to track

○ Unsure

2. Number and percentage of fluoride varnish applications by medical providers.

○ Site currently tracks

○ Site currently has the ability to track but does not

○ Site does not have the ability to track

○ Unsure

3. Number and percentage of fluoride varnish applications by dental providers.

○ Site currently tracks

○ Site currently has the ability to track but does not

○ Site does not have the ability to track

○ Unsure

4. Number and percentage of patients referred from medical to dental.

○ Site currently tracks

○ Site currently has the ability to track but does not

○ Site does not have the ability to track

○ Unsure

5. Number and percentage of patients with completed dental referrals (e.g. through referral tracking, care coordination, patient navigation services)

○ Site currently tracks

○ Site currently has the ability to track but does not

○ Site does not have the ability to track

○ Unsure

6. Number and percentage of patients with last dental visit in previous 12 months.

○ Site currently tracks

○ Site currently has the ability to track but does not

○ Site does not have the ability to track

○ Unsure

7. If you track number and percentage of patients with last dental visit on a different time frame than 12 months, please describe that here:

[   ]

Do you want to complete the Capacity Assessment?

○ No

○ Yes

The following set of Capacity Assessment Questions can be completed by as many members of your team as you would like.

CAPACITY ASSESSMENT

Does your CHC have the capacity to participate in the RoMoNOH Project at this time or is it **better to wait**? Pick the response that best describes your CHC for the following 10 items.

XVI. Senior Leadership Support (Senior Leader is someone who makes decisions for your CHC at a system's level, e.g. approves modification of your electronic health record, changes scope of work of staff, dedicating time to the project.) Senior leader ...

○ A. Is genuinely interested in oral health integration. Has a history of consistently inspiring the team to adopt new visions. Expects engaged teams that are improving patient care and providing high-quality care. Provides time, training, and resources to the team to accomplish the work. Will break down barriers when needed.

○ B. Is genuinely interested in oral health integration and may have time to stay aware of project progress and provide support. Checks in on the work when possible.

○ C. Is moderately interested in medical-dental integration.

XVII. Oral Health Need of Population

○ A. Most of our patients have a dental home and regularly use it.

○ B. Most of our patients have a dental home but don't regularly use it.

○ C. Most of our patients don't have a dental home and either go without dental care or use the emergency department for their oral health needs.

XVIII. <u>Physical Space for Integrated Dental Hygienist in Medical Setting If This Were the Chosen Model</u>

○ A. Our CHC has space available which could be made into a dedicated dental room. Or, the practice has multiple spaces available in which mobile equipment could be used.

○ B. Our CHC wants to integrate a dental room but will need to build out the space.

○ C. Our CHC cannot identify a space/s (for permanent or mobile equipment) that could be used as a dental space.

XIX. <u>Local Project Leadership</u> (Local leader is someone who makes decisions for your CHC's medical-dental integration work at a local level, e.g. leads local team to develop workflows, lead regular meetings and assigns tasks to team members and follows up to make sure task can be/are completed)

○ A. CHC Leader is genuinely interested in oral health integration and will take actionable steps to consistently champion it daily. Will provide constant direction, clarity, lead problem solving activities, and break down barriers when needed.

○ B. CHC Leader is genuinely interested in oral health integration and will sometimes take actionable steps to champion the work and support the team.

○ C. CHC Leader is moderately interested in oral health integration and will do the minimal work necessary to implement the project. Has many commitments to other projects.

XX. <u>Provider Buy-In</u>

○ A. The providers understand the value of offering oral health services in a medical practice and may be concerned it will negatively affect their patient flow; however, they are looking forward to providing more comprehensive services to their patients.

○ B. A minority of providers have reservations about the rationale for oral health services being provided in a medical setting.

○ C. The majority of providers have reservations about the rationale for oral health being provided in a medical setting.

XXI. <u>Staff Buy-In</u>

○ A. The clinical and administrative staff understand the importance of integrating oral health services into the practice, have a history of willingly taking on new activities for new initiatives, and have the time for these activities.

○ B. The clinical and administrative staff understand the value of integrating oral health services into the practice but have some history of reluctantly taking on new activities in their job or may not have the time to.

○ C. The clinical and administrative support staff are neutral on if oral health services should be added to the practice and don't like to take on new activities.

XXII. Building a Team

○ A. Leadership will be able to include a representative from each department to serve on the medical-dental integration development team. These staff will have the time to devote monthly.

○ B. Leadership wants to include one person from each department on a medical-dental integration team, and those people will be intermittently available to serve and contribute to the work.

○ C. It is unlikely there will be many department representatives participating in integration other than the project champion.

XXIII. Dedicated Time

○ A. CHC staff regularly working on the project will have frequently meetings (for example, biweekly) to work on the development and implementation. In between meetings, each member has time to work on their assigned responsibilities.

○ B. CHC staff working on the project will have some time to invest in the project and will meet at least monthly. Sometimes there is time to work on the project between meetings.

○ C. The staff working on the project will meet as needed to respond to urgent needs.

XXIV. Continuous Quality Improvement

○ A. CHC has experience with quality improvement activities, staff/providers participate regularly in such activities, and appreciate the value they bring to their work.

○ B. CHC isn't aware of or doesn't have experience with quality improvement activities.

○ C. Staff/providers have expressed clear dislike or avoidance of quality improvement activities.

XXV. Workflows

○ A. Many workflows throughout the clinic have been documented, are referenced, evaluated, and modified on a regular basis.

○ B. Workflows are documented in some departments, but the concept is not regularly used.

○ C. There is an inversion to documenting and/or using workflows.

XXVI. <u>Relationships with Dentists</u>

○ A. Our practice has a dental clinic with capacity for additional patients, or our practice already has one or more dental clinics in the community who have committed to work with us to provide preventive and restorative care for our patients.

○ B. Our practice has a dental clinic, but there is little or no capacity for additional patients at this time. Or, we have talked with our community dentists to see if there is willingness to collaborate with us to provide exams and restorative care, but we don't have any commitments yet.

○ C. Our community (within a reasonable drive) does not have any dental clinics to provide preventive and restorative care, or the dentists that are here do not accept Medicaid or uninsured patients.

XXVII. <u>Practice Capacity for Change Right Now</u>

○ A. CHC has a stable electronic medical record, build environment, and leadership. The practice strategically manages priorities by thoughtful consideration of what funding and improvement activities they participate in.

○ B. CHC is considering multiple changes and/or grants in the next two years and could foresee limitations to manage them all.

○ C. CHC is planning for any of the following types of changes in the next two years: leadership, building, electronic records. Or, the CHC is participating in many other projects and quality improvement activities right now limiting staff ability to participate.

XXVIII. First Name

[   ]

XXIX. Last Name

[   ]

XXX. Credentials

[ ]

XXXI. Title

[ ]

XXXII. Email address

[ ]

XXXIII. Phone number (e.g. Phone number 777-777-7777)

[ ]

XXXIV. Name of person completing this form

[ ]

XXXV. Date this form is completed (e.g. mm/dd/yyyy)

[ ]