



Transforming Oral Health for Families: Health Information Technology Assessment

Introduction

Background:

This assessment survey is being conducted to gain knowledge about factors that could impact the integration of health information technology (HIT) of oral health care into primary care at the state level. The information collected will help to inform the work on the Network for Oral Health Integration and the NOHI, a Health Resources and Services Administration cooperative agreement. The goal of the NOHI projects is to improve the oral health of children from birth to age 40 months and pregnant women through medical dental integration.

Instructions:

Please fill out the survey below to the best of your ability. If you are not able to obtain any of the requested information, please simply note that in your response. The survey may take about 7-10 minutes to complete.

Thank you for participating in our survey. Your feedback is important.



TOHF Health Information Technology Assessment

HER/EDR Information

1. The Electronic Medical Record (EMR) of our center is

2. EMR Version number

3. Number of years used

4. The Electronic Dental Record (EDR) of our center is

5. EDR Version number

6. Number of years used

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

Yes

No

Other (please explain)



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Capability & Configuration

Our EHR has the capability and is configured to

8. Document the dental encounter diagnosis and CPT/CDT codes

- Yes
- No

Other (please explain)

9. Document patient's social determinant of health

- Yes
- No

Other (please explain)

10. 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 explain)

11. Be a shared record where medical and dental providers document allergies, problems, medications, history and prescribe medication

- Yes
- No

Other (please explain)

12. 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 explain)

13. Enable staff to monitor the status of dental referrals initiated by primary medical care team

- Yes
- No

Other (please explain)

14. Identify patients who are seen for Primary Medical Care that are not seen by on-site dental providers

- Yes
- No

Other (please explain)

15. Identify the patient's primary care provider

- Yes
- No

Other (please explain)

16. Identify the patient's primary dental provider

- Yes
- No

Other (please explain)



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Features

Does the EHR have the following features?

17. Create and Assign Care Teams

- Yes
- No

Other (please explain)

18. Create care team alerts that Oral Health Evaluation is due

- Yes
- No

Other (please explain)

19. Create new structured data fields

- Yes
- No

Other (please explain)



Can the user interface be modified to accept new data entry fields

20. Oral health screening questions

- Yes
- No

Other (please explain)

21. Risk assessment and other findings

- Yes
- No

Other (please explain)

22. Create new order sets

- Yes
- No

Other (please explain)

23. Is there someone who knows how to program the changes?

- Yes
- No

24. If yes to 23, what is this person's name and their contact information?

Name

Email Address

Phone Number



25. Is the clinical data in a reporting database?

- Yes
- No

Other (please explain)

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

- Yes
- No

Other (please explain)

27. If yes to 26, please specify

Name

28. Population Reporting features: Target population Definition

- Yes
- No

Other (please explain)

29. Population Reporting features: Custom Reports (point prevalence, etc.)

- Yes
- No

Other (please explain)

30. Population Reporting features: Numerator and Denominator Data

- Yes
- No

Other (please explain)

31. Population Reporting features: Run Charts

- Yes
- No

Other (please explain)

32. Granular Reports: Reports with raw data including patient level details

- Yes
- No
- Other (please specify)

33. Is there a query writing software?

- Yes
- No

Other (please explain)

34. If yes to 32, Is there someone who can use the software?

- Yes
- No

Other (please explain)

35. If yes to 33, please provide the query writer's name and their contact information?

Name

Email Address

Phone Number



Measures

36. 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)

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

Yes

No

Other (please explain)

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

Yes

No

Other (please explain)

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

Yes

No

Other (please explain)

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

Yes

No

Other (please explain)

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

- Yes
- No

Other (please explain)

42. Number and percentage of patients with last dental visit in previous 12 months (or other time frame: _____)

- Yes
- No

Other (please explain)



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Organization HIT Environment

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

- Yes
- No

Other (please explain)

44. 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)

45. If yes to 43, Please provide details regarding the program/policy

46. Does the CHC leadership consider this HIT optimization a high priority?

Yes

No

Other (please explain)

47. Does the CHC have available resources to implement the HIT changes to support this integration?

Yes

No

Other (please explain)

48. Are there any barriers to a successful integration that you are aware of?

Yes

No

Other (please explain)

* 49. Please enter your email address to receive a copy of the completed survey

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