Closing the Loop: Bidirectional Communication between Pediatricians and Dentists
Disclosure

Cathleen Ballance, MD, MPH and Irvin Sherman, DDS have nothing to disclose.
Webinar Learning Objectives:

- Understand the goals and objectives of a structural referral to dentistry
- Describe the key components of an effective referral process to dentistry
- Effectively communicate oral health assessment results with parents and patients and appropriately refer all children by age 1 and or when they are at risk
- Understand the importance to build a relationship with a local dentist to help establish a dental home by age 1.
Oral Health Integration: Dentistry Referral Workflow

• Purpose: Review an example referral workflow, and plan the future state for oral health referrals.

• Agenda items:
  • Review referral example.
  • Plan future state for dental referrals.
  • Develop task list and plan oral health referral process pilot with follow-up.
Goals of a “Structured Referral” to External Dentistry

• Patient leaves primary care office with referral to specific dentist/dental office, understands what to do, what to expect, whom to contact.

• Agreed-upon set of information sent from primary care to dentist.

• Dentist sends consultation note back to primary care.

• All referrals documented in EHR as structured data.
In-House Referrals are Often Handoffs, Yet with Clear Information Requirements
For Formal Referrals Frequently Most of the Work is Done by the Referral Coordinator

- Patient schedules visit
- Reception staff prepares for visit
- Care Team prepares for visit
- Patient checks in at Reception
- Clinical Assistant rooms patient
- Provider conducts encounter
- End of visit activities
- Patient leaves
- Referral Coordinator processes & sends referral
- Pt communicates with specialty office to make appointment

- Documentation of decision
- Clinical Information
- Insurance Information
- Appointment Information
- Process Information
What’s Wrong with This Picture?

**Advantages**
- Providers don’t have to spend time filling out clinical information.
- Care team doesn’t spend time on referrals.
- Note: These “advantages” are all due to workload shifting rather than efficiency.

**Disadvantages**
- Referral office uses protocol to enter clinical information.
- Requests for more info from team takes far more time.
- Value of clinical information sent to consultant is limited.
- Bottleneck at referral office.
- Patient leaves office without key information.
- Language barriers for referral coordinator undermine the referral.
Doing “Right Now’s Job Right Now” Saves Total Work
## What’s Different?

### Advantages

- Person who understands reason for referral enters clinical information.
- Patient leaves clinic with all the information needed.
- Fewer costly interruptions for more info for care teams.
- Referral coordinator only gets involved if there are problems with insurance.
- Language resources are already in place for visit.
- Additional resources, if needed, go to care teams instead of referral office.

### Disadvantages

- ???
Now that you know the basics of primary care oral health referral design, let’s get started!
Documenting the Decision

- Standard internal referral order
- Internal referral order that closes as it is signed
- Triplicate form; one sheet goes to person tracking handoffs

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
Gathering Insurance Information

- Look online
- Ask at time appointment is made
- Include scripting on dental insurance in reminder call
- Verify dental insurance when patient checks in
- Gather dental insurance information when handoff decision is made
- Gather dental insurance information when processing the referral

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
Clinical Information: Getting it from the Medical to the Dental Provider

Dentist has access to clinical information in EHR
Clinical information sent in referral delivered to dentist
Common EHR/EDR platform
Triplicate form, one of which goes to dental office

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
Schedule Information: Making the Dental Appointment

- Clinical assistant has access to dental schedule and makes appointment from exam room.
- Referral coordinator calls patient to schedule appointment once referral is processed.
- Dental office calls patient to schedule appointment once referral is processed.
- Patient takes triplicate form to dental office to schedule appointment.
Process Information: The Patient Knows the Plan

- **Patient instructions for referral entered in AVS**
- **Referral coordinator calls patient to establish a plan after the referral is processed**
- **Patient takes one copy of triplicate form home**
- **Clinical assistant reviews plan with patient**

Flowchart:

- 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
What Happens with the Dental Team?

1. Dental office processes referral
2. Patient makes appointment
3. Patient has appointment with dentist
4. Dentist writes consultation report
5. Dental office sends consultation report to referring clinician office
Results Reporting

Dental office sends report

Referral coordinator receives report

Provider receives report
Consider Simple Data

Measure routinely, more frequently when starting.

- **Process Metrics**
  - Denominator - # patients referred
  - Numerator - # patients referred with dental consultation report received

- **Population Metrics (examples)**
  - Pediatrics - % with documented dentist by 15 months old
  - Adults with diabetes - % seen by dentist within 12 months
  - Pregnant women - % with dental visit within first two trimesters of pregnancy
## Task List

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