



NETWORK REFERRAL PROCESS

MORE Care:

The Interprofessional Oral Health Referral

The need for a successful referral process continues to increase as interprofessional practice (IPP) and the coordination of care becomes a focus of health systems.¹ Previous reports have demonstrated links between a strong referral system and increased patient satisfaction, patient outcome improvement, and practice viability.²⁻⁴ Unfortunately, difficulties with referrals in dentistry and medicine are commonly reported, and universal guidelines on referral management are incomplete or missing within health literature.^{1,5-6} Given the noted complexities, this document aims to address the following challenges to the IPP referral process:



Provider Time Constraints¹



Difficulty in Maintaining Continuity of Care⁷



Overall Communication Failure⁸



Extremely Limited Interoperability⁹

In addition, the American Dental Association's Health Policy Institute reported that a lack of interprofessional guidelines for dental referral processes interrupts oral disease diagnosis and results in an increased cost of care.⁹ The purpose of this document is to provide interprofessional providers and networks with a framework to develop and implement IPP care coordination.

Medical-Oral Expanded Care (MORE Care Referral)

The IPP referral process and tools presented within this document have been developed and implemented as part of the Medical Oral Expanded Care (MORE Care) Collaborative, a 2016 program of the DentaQuest Partnership for Oral Health Advancement. In addition, MORE Care develops relationships and formalizes referral networks with dental care providers. Dental care providers are guided in facilitating the referral relationship to meet the needs of their interprofessional partners.

Cooperative tasks are then developed and shared between the teams to fortify a bi-directional referral system between dentistry and primary care medicine, improve interprofessional communication, and identify areas of overlap to optimize time and care.

MORE Care: Referral Tools and Forms



The MORE Care Referral Tools (caries and periodontal disease) were created to guide medical care teams in completing the medical provider referral for dental care form. Within the referral tool, visual pictures of dental disease stages are provided to guide providers in determining the oral health referral type, which are defined according to disease and referral need.

In addition, suggested ICD-10 codes are provided to assist with IPP communication and closing the referral gap. The confirmation and explanation of disease diagnosis (ICD-10), risk status, and patient outcomes by the dental provider team back to the primary care team initiates a dependable care pathway for the patient.

Explanation of Sections in MORE Care Referral Recommendations Tool

SECTION 1	SECTION 2	SECTION 3
Intraoral Examination Results	Referral Type	ICD-10 Codes
<p>This section should serve as a quick reference to the relevant oral health findings observed during a risk-based HEENOT examination. [HEENOT- Head, Eye, Ear, Nose, Oral (teeth-gums-mucosa-tongue-palate), Throat]. Training on oral health intervention and prevention within the medical setting can be located at: www.smilesforlifeoralhealth.org</p>	<p>Using a population health framework, the referral types are arranged and timed according to need while factoring in the time involved by medical providers to complete the referral process. At risk patients will benefit from a direct referral to assess observed signs and symptoms of disease. Given that disease indicators are present, a more direct referral process will be beneficial to work in conjunction with the dental care team to verify the disease process and participate in interprofessional care to improve patient outcomes.</p>	<p>Suggested ICD-10 codes provide a structured medical language to a patient’s oral health diagnosis. The following document is a valued resource for oral health ICD-10 coding: www.aap.org/en-us/Documents/coding_factsheet_oral_health.pdf</p>

MORE Care: Medical-to-Dental Caries Referral Recommendations

INTRAORAL EXAMINATION RESULTS:	REFERRAL DESCRIPTION:	SUGGESTED ICD -10 CODES:
	<p>EMERGENT REFERRAL: Pain/swelling; possible infection. The dental referral appointment should be as soon as possible if ICD-10 K12.2 is used.</p>	<p>Z00.121 Encounter/routine child examination w/abnormal findings</p>
	<p>URGENT REFERRAL: If active cellulitis/abscess is not observed, complete the referral within 5 days to lower broken appointment rates and optimize therapeutics. Observation of soft tissue anomalies or oral cancer. <i>*Referral managed with the same workflow/process as urgent referrals for similar specialty medical care.</i></p>	<p>Z13.84 Encounter for screening for dental disorders</p> <p>K02.9 Dental caries</p> <p>K12.2 Cellulitis and abscess of mouth</p> <p>K08.8 Other specified disorders of teeth and supporting structures</p>
	<p>DIRECT REFERRAL: Caries activity visible as white spots or small brown areas. Patient lacks a dental home. Patients lacks or has limited access to oral hygiene products for home care. Referral within 10-20 days will optimize buy-in and timely care. Currently pregnant. <i>*Referral managed the same as any medical specialty referral.</i></p>	<p>Z00.121 Encounter/routine child examination w/abnormal findings</p> <p>Z13.84 Encounter for screening for dental disorders</p> <p>K02.9 Dental caries</p>
	<p>MAINTENANCE REFERRAL: Low risk patients; healthy teeth, following good home health care. When necessary, referral includes recommendation to visit dental provider [verbal referral and dental care team list to patient]. Verify dental care appointment at next medical visit. <i>*No referral is necessary for patients with a current dental home.</i></p>	<p>Z00.129 Encounter for routine child health examination without abnormal findings</p> <p>Z13.84 Encounter for screening for dental disorders</p>

MORE Care: Medical-to-Dental Periodontal Referral Recommendations

INTRAORAL EXAMINATION RESULTS:	REFERRAL DESCRIPTION:	SUGGESTED ICD -10 CODES:
	<p>EMERGENT REFERRAL: Pain/swelling; obvious inflammation; possible infection. The dental referral appointment should be as soon as possible if ICD-10 K12.2 is used.</p>	<p>Z00.121 Encounter/routine child examination w/abnormal findings</p>
	<p>URGENT REFERRAL: If active cellulitis/abscess is not observed, complete the referral within 5 days to lower broken appointment rates and optimize therapeutics. Observation of soft tissue anomalies or oral cancer. <i>*Referral managed with the same workflow/process as urgent referrals for similar specialty medical care.</i></p>	<p>Z13.84 Encounter for screening for dental disorders</p> <p>K02.9 Dental caries</p> <p>K12.2 Cellulitis and abscess of mouth</p> <p>K08.8 Other specified disorders of teeth and supporting structures</p>
	<p>DIRECT REFERRAL: Tartar & Plaque accumulation; Inflammation visible as dark or bright red areas along the gum line. Gingival tissue loss/necrosis as gum line recession. Patient diagnosed with diabetes. Patient lacks a dental home. Patients lacks or has limited access to oral hygiene products for home care. Chronic or concomitant disease or disorder resulting in significant risk of caries activity. Referral within 10-20 days will optimize buy-in and timely care. <i>*Referral managed the same as any medical specialty referral.</i></p>	<p>Z00.121 Encounter/routine child examination w/abnormal findings</p> <p>Z13.84 Encounter for screening for dental disorders</p> <p>K05.1 Chronic gingivitis</p>
	<p>MAINTENANCE REFERRAL: Low risk patients; healthy gingival tissue, following good oral health care at home. When necessary, referral includes recommendation to visit dental provider [verbal referral and dental care team list to patient]. Verify dental care appointment at next medical visit. <i>*No referral is necessary for patients with a current dental home.</i></p>	<p>Z00.129 Encounter for routine child health examination without abnormal findings</p> <p>Z13.84 Encounter for screening for dental disorders</p>

Risk-Based Population Health and Referral Type

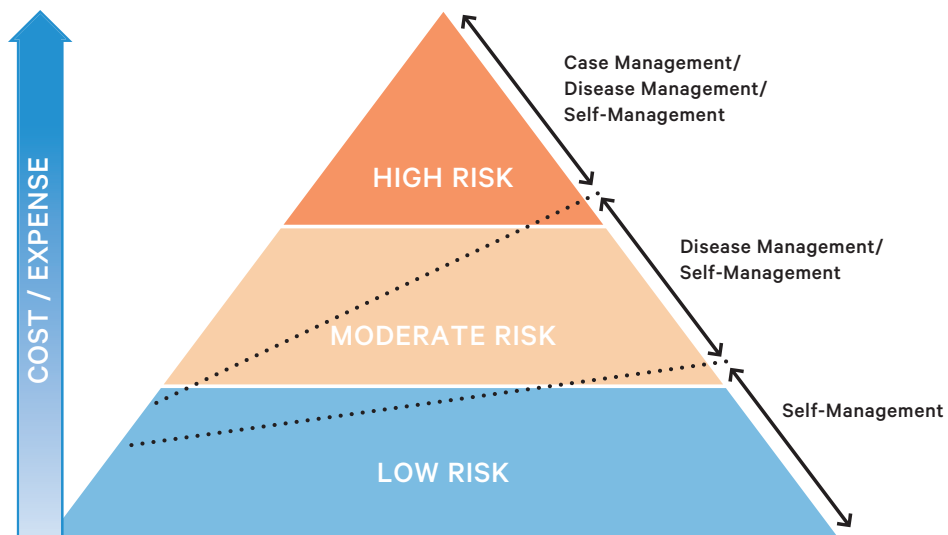
Given that the average physician refers to 229 other physicians, it is vital to have a uniform referral process that includes communication mechanisms to aid interprofessional care teams.¹⁰⁻¹¹ As seen in the figure on page 5, the MORE Care Referral tools utilize a risk based methodology to assignment of referral type.

Emergent and Urgent Referrals: Referrals for patients at high risk for oral disease usually presenting with active dental caries, periodontal disease, and/or suspicious soft tissue lesions. This referral type requires purposeful case management and coordination as the disease is either approaching or resulting in active infection.

Direct Referral: Referral for patients at risk for oral disease present with active dental caries or early carious lesions (commonly called “white spots”) that require secondary intervention, ongoing dental care contacts, or surgical intervention to remove the disease and repair the damaged tissue of the tooth.




Maintenance Referral: Because patients with low risk can benefit from ongoing self-management, the referral process for these patients consists of providing patients without a regular dentist or dental home a list of community or regional dental providers and encouraging them to make an appointment for ongoing preventive care. Follow up should be made when the patient presents for their next medical care encounter.

Referral Type	Management Type	Associated Risk Status	Associated Referral Process
Maintenance Referral	Self-Management	Low Risk	List with Primary Care Follow up
Direct Referral	Self-Management	Moderate-to-high Risk	Electronic transfer and/or a warm handoff.
	Disease Management		Referral within 10-20 days.
Emergent or Urgent Referral	Self-Management	High Risk	Electronic transfer and/or warm handoff.
	Disease Management		Referral within 5 days.
	Case Management		



Self-Management	The personal and medical care performed by the patient, usually in collaboration with and after instruction by a health care professional that focuses on disease prevention or decreasing ongoing impact from disease
Disease Management	A system of coordinated healthcare interventions and communications for populations with conditions in which patient self-care efforts are significant but require augmentation by ongoing medical intervention
Case Management	A collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual's and family's comprehensive health needs through communication and available resources to promote quality, cost-effective outcomes

MORE Care: Medical-to-Dental Caries Referral Recommendations

	INTRAORAL EXAMINATION RESULTS:	REFERRAL DESCRIPTION:	SUGGESTED ICD -10 CODES:
<div style="border-left: 1px dashed orange; border-right: 1px dashed orange; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> AT RISK </div>		<p>EMERGENT REFERRAL: Pain/swelling; possible infection. The dental referral appointment should be as soon as possible if ICD-10 K12.2 is used.</p> <p>URGENT REFERRAL: If active cellulitis/abscess is not observed, complete the referral within 5 days to lower broken appointment rates and optimize therapeutics. Observation of soft tissue anomalies or oral cancer. <i>*Referral managed with the same workflow/process as urgent referrals for similar specialty medical care.</i></p>	<p>Z00.121 Encounter/routine child examination w/abnormal findings</p> <p>Z13.84 Encounter for screening for dental disorders</p> <p>K02.9 Dental caries</p> <p>K12.2 Cellulitis and abscess of mouth</p> <p>K08.8 Other specified disorders of teeth and supporting structures</p>
		<p>DIRECT REFERRAL: Caries activity visible as white spots or small brown areas. Patient lacks a dental home. Patients lacks or has limited access to oral hygiene products for home care. Referral within 10-20 days will optimize buy-in and timely care. Currently pregnant. <i>*Referral managed the same as any medical specialty referral.</i></p>	<p>Z00.121 Encounter/routine child examination w/abnormal findings</p> <p>Z13.84 Encounter for screening for dental disorders</p> <p>K02.9 Dental caries</p>
<div style="border-left: 1px dashed blue; border-right: 1px dashed blue; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> LOW RISK </div>		<p>MAINTENANCE REFERRAL: Low risk patients; healthy teeth, following good home health care. When necessary, referral includes recommendation to visit dental provider [verbal referral and dental care team list to patient]. Verify dental care appointment at next medical visit. <i>*No referral is necessary for patients with a current dental home.</i></p>	<p>Z00.129 Encounter for routine child health examination without abnormal findings</p> <p>Z13.84 Encounter for screening for dental disorders</p>

MORE Care Medical Provider Referral for Dental Care and Dental Referral Treatment Report

The referral forms are designed to establish a pathway of care communication that streamlines the scheduling process and closes the loop on the referral. Dentists are asked to acknowledge acceptance of the referral, and following the

referral treatment visit, complete the Dental Referral Treatment Report to verify diagnosis, disease risk status, dental treatment report, and patient recare schedule with the medical care team.

MORE CARE			
MEDICAL PROVIDER REFERRAL FOR DENTAL CARE			
Referral Type: <input type="checkbox"/> Emergent <input type="checkbox"/> Urgent <input type="checkbox"/> Direct <input type="checkbox"/> Maintenance			
REFERRING PROVIDER REPORT:	Provider:	Practice Name	Phone: Fax: Email:
Address:			
PATIENT INFORMATION:	Patient Name:	Patient DOB:	Phone 1: Phone 2: Email:
Address:		Parent(s) Name:	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Insurance Information: <input type="checkbox"/> Self Pay/No Coverage <input type="checkbox"/> Medicaid (ID #: _____) <input type="checkbox"/> Commercial (Name: _____)		
PATIENT MEDICAL INFORMATION:	Abbreviated Medical History: <small>(Please provide dental team recent H & P and medication list when applicable)</small>		
Date of Last Fluoride Application: / /	Allergies:	Any prescriptions provided specific to the patient's oral issues?	
Fluoride Supplements Prescribed: <input type="checkbox"/> Yes <input type="checkbox"/> No			
REASON FOR REFERRAL:	Reason for Referral (Select all that apply): <input type="checkbox"/> Abscess/Infection [K12.2] <input type="checkbox"/> Periodontitis [K05.6] <input type="checkbox"/> Caries Activity/Decay [K02.9] <input type="checkbox"/> Significant Plaque/Tartar/Calculus <input type="checkbox"/> Gingivitis [K05.1] <input type="checkbox"/> Pregnant <input type="checkbox"/> Diabetes <input type="checkbox"/> Other: _____		
INTERNAL USE (REFERRAL TRACKING):	Date Referral Sent:	Referring Dental Provider:	Date of Referral Follow Up:
I am the patient or parent/guardian of the patient. I consent to this medical provider sharing information about me / my child with the dentist/dental care team named. I also consent to the dentist/dental care team sharing information about me / my child with this medical provider. Signature: _____ Date: _____			

MORE CARE			
DENTAL REFERRAL TREATMENT REPORT			
PATIENT INFORMATION:	Patient Name:	DOB:	Phone: Fax: Email:
Address:			
DENTAL CARE REPORT:	Date of Dental Appt:	Did patient keep their scheduled appointment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is all needed treatment completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
List any prescription agents given to patient:			
Patient's Oral Health Diagnosis: <input type="checkbox"/> Abscess/Infection [K12.2] <input type="checkbox"/> Periodontitis [K05.6] <input type="checkbox"/> Caries Activity/Decay [K02.9] <input type="checkbox"/> Gingivitis [K05.1] <input type="checkbox"/> Other: _____		Oral Health Risk Status: <input type="checkbox"/> HIGH <input type="checkbox"/> MODERATE <input type="checkbox"/> LOW	
Self-Management Goal Recommendations:			
Date of Patient's Next Dental Appointment: / /	Additional Notation:		
DENTAL CARE TEAM:	Date: / /	Dental Provider:	Dental Provider Phone #:
Dental Provider Signature:			

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CareQuest Institute for Oral Health

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