

Medical-Dental Integration Manual

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Introduction

This manual is intended for North Dakota primary care and pediatric providers interested in improving the oral health of patients by integrating a registered dental hygienist (RDH) into a medical care team. The content in the manual is specific to North Dakota, particularly for topics addressing billing, contracting, rules and regulations, and scope of dental hygiene practice. This manual offers discussion related to workflow, patient data, and education which may be valuable to providers outside of North Dakota; however, for those out-of-state, you must review your state's regulations and rules as they relate to billing, scope of practice, and care provision.

Medical-Dental Integration (MDI) Pilot Project

In 2018, the [North Dakota Department of Health \(NDDoH\) Oral Health Program \(OHP\)](#) ^a integrated a Public Health Hygienist (PHH) into the [University of North Dakota Center for Family Medicine Clinic](#) ^b (UND CFM) in Bismarck, North Dakota. UND CFM is a teaching clinic that helps educate doctors specializing in Family Medicine. During a patient's initial visit, they may be seen by a resident physician (a doctor who has completed medical school and is in residency training) and/or a faculty physician, who will instruct the resident if present.

The MDI pilot project began by providing services in primary care, but they have recently expanded to a pediatric asthma clinic and to obstetrics and gynecology (OB/GYN) at UND CFM. The benefit of conducting the pilot project in a teaching clinic is that, in addition to direct patient care, the PHH has also been permitted to provide oral health education and training for the medical residents and interested clinical team members.

Under the current pilot, the PHH can offer the following preventive oral health services in the primary care setting without a dentist present (general supervision):

- An oral health screening (review of the health of the mouth and teeth).
- Application of fluoride varnish.
- Application of dental sealant(s) (if patient meets requirements).
- Oral health education.
- Care coordination.
- Dental home or dental care referral.

Additional Information

The NDDoH OHP and the PHH continue to review and update this manual as the oral health landscape changes, and new best practices are identified. Access the 2020 evaluation of the MDI pilot project *Evaluation of Medical-Dental Integration Program at the University of North Dakota Center for Family Medicine* for more information. ^c If you have questions related to this manual, or about the MDI pilot project, contact Cheri Kiefer, Oral Health Program Director at ckiefer@nd.gov or 1(701)-328-4930.

Table of Contents

ACRONYMS.....4

DEFINING MEDICAL-DENTAL INTEGRATION.....5

 Employing a Public Health Hygienist or Dental Hygienist in a Medical Setting.....5

SCHEDULING A VISIT.....7

 Scheduled Dental Hygiene Visits.....7

 Open Dental Hygiene Visits.....7

ORAL HEALTH SCREENING PROCESS.....8

 Oral Health Screening.....8

 Fluoride Varnish.....8

 Dental Sealants.....9

 Oral Health Education.....9

 Dental Home or Dental Care Referral.....9

INTEGRATING A HYGIENIST INTO THE CLINIC WORKFLOW.....10

 Clinic Workflow for Medical-Dental Integration.....11

ELECTRONIC MEDICAL RECORD (EMR)/ELECTRONIC DENTAL RECORD (EDR).....12

 Considerations When Purchasing Electronic Dental Record Software.....13

 Example of an Electronic Dental Record Integrated into the Existing EMR.....13

 Patient Dental Referral.....15

CARE COORDINATION.....16

CHARGING AND BILLING SERVICES.....17

SUGGESTED RULES AND REGULATIONS.....18

 Biannual Requirements for Registered Dental Hygienist.....18

MEDICAL RESIDENT AND CLINICAL STAFF EDUCATION.....19

CONCLUSIONS.....20

ADDITIONAL MDI RESOURCES AND TOOLKITS.....20

CITATIONS.....21

APPENDICES.....23

 Appendix A: Dental Sealant Consent Form.....24

 Appendix B: Anticipatory Guidance for Public Health Hygienist.....25

 Appendix C: Material Samples Provided for Patient Education.....28

 Appendix D: Book Available in Pediatric Waiting Room.....33

 Appendix E: Electronic Dental Record.....34

 Appendix F: Electronic Record of Dental Referral Follow-Up.....37

 Appendix G: Child Dental Follow-Up Letter.....38

 Appendix H: Adult Dental Follow-Up Letter39

 Appendix I: Community Dental Health Coordinators.....40

 Appendix J: Coding Guidelines for Fluoride Varnish42

 Appendix K: Training Evaluation Form.....43

 Appendix L: Pre-Rotation Survey.....44

 Appendix M: Post-Rotation Survey.....48

Acronyms

American Dental Association	ADA
Cardiopulmonary Resuscitation	CPR
Center for Rural Health	CRH
Community Dental Health Coordinators	CDHC
Continuing Education	CE
Dental Hygienist	DH
Electronic Dental Record	EDR
Electronic Health Record	EHR
Electronic Medical Record	EMR
Health Resources and Services Administration	HRSA
Medical-Dental Integration	MDI
North Dakota Board of Dental Examiners	NDBDE
North Dakota Department of Health Oral Health Program	NDDoH OHP
Primary Care Provider	PCP
Public Health Hygienist	PHH
Registered Dental Hygienist	RDH
State Abuse and Mental Health Services Administration	SAMHSA
University of North Dakota Center for Family Medicine	UND CFM

Defining Medical-Dental Integration

Full medical-dental integration (level six as defined in the figure below) means the registered dental hygienist (RDH) functions as another provider within that medical setting. Systems that support the providers, including scheduling and billing, and coordination of referrals, support the RDH. In this format, both the medical and dental electronic records communicate with one another and all providers (medical and dental) have access to both. See Additional MDI Resources and Toolkits on page 20 for more information and examples of levels of integrating medical and dental care. In the current MDI pilot, the PHH functioned at level five integration because there is not a fully integrated medical-dental health record that is capable of exchanging health information.

Employing a Public Health Hygienist or Dental Hygienist in a Medical Setting

In the MDI pilot project, the public health hygienist (PHH) is employed by the North Dakota Department of Health (NDDoH). The PHH is able to work in the clinic under written standing orders from a local dentist under general supervision. The PHH stays within the scope of practice as mandated and regulated under state law. They perform only those duties that have been identified in the written standing orders. The current standing orders are more restrictive than state law mandates because the dentist is not present nor available to provide care if needed. The NDDoH OHP continues to work with the clinic, the state, and the supervising dentist to expand the dental hygiene scope within the current parameters of state law, and to develop additional services that could be offered by the PHH.

Currently, the PHH is limited to education, screening, and application of fluoride and dental sealants. However, a medical clinic could develop a shared use agreement between the dentist and the medical facility to identify a shared space within the building. This would increase the scope of practice for the PHH, and would allow them to refer the patient to the dentist for same day treatment if the provider were onsite. Clinics that have successfully employed this model include Federally Qualified Health Centers (FQHCs) and Indian Health Services. Other MDI models go further and the medical facility employs the dentist and dental team members. This is the most common model evident among FQHCs both in North Dakota and nationally.

The Substance Abuse and Mental Health Services Administration (SAMHSA) and the Health Resources and Services Administration (HRSA) developed a framework of the continuum of care and it provides insight into the factors that differentiate coordinated care from co-located care and integrated care. The framework was adapted by Colorado to coach clinics through the continuum, with a goal of achieving Level 6 collaboration/integration. This MDI model integrates dental hygienists as part of a medical care team.^d See the following table.

STANDARD FRAMEWORK FOR LEVELS OF INTEGRATED MEDICAL-DENTAL HEALTHCARE^d

Integration Categories	Integration Levels	Roles of primary care provider (PCP) and the oral health professional (OHP) [hygienist or dentist]
Care coordinated Co-located care	Level 1 Minimal collaboration	<ul style="list-style-type: none"> • PCP and OHP work at separate facilities with separate systems. • Providers rarely communicate. • Any communication is typically related to a provider's need for specific information about a mutual patient.
	Level 2 Basic collaboration	<ul style="list-style-type: none"> • PCP and OHP work at separate facilities with separate systems. • Providers view each other as resources and communicate periodically about shared patients.
Co-located care	Level 3 Basic collaboration on-site	<ul style="list-style-type: none"> • PCP and OHP are co-located in the same facility but may or may not share the same practice space. • Providers still use separate systems. • Communication is more regular, with an occasional meeting to discuss shared patients. • Movement of patients between practices is most often through a referral process. That process is more likely to be successful because the practices are in the same location. • Providers may feel like they are part of a larger team, but the team and how it operates are not clearly defined. • Most decisions about patient care are made by individual providers.
	Level 4 Close collaboration with some system integration	<ul style="list-style-type: none"> • PCP and OHP begin to collaborate more because they are co-located in the same practice space. • Integration is beginning to take shape through some shared systems. • A typical model may involve a PCP setting embedding a dental hygienist or dentist. In an embedded practice, the PCP front desk schedules all appointments, and the OHP has access and enters notes in the medical record. • Complex patients often drive the need for consultation, which is done through personal communication.
Integrated care	Level 5 Close collaboration approaching an integrated practice	<ul style="list-style-type: none"> • There are high levels of collaboration and integration between PCP and OHP. • Providers begin to function as a true team with frequent communication. The team actively seeks system solutions. • Some issues, like the availability of an integrated medical and dental record, may not be easily resolved. • Providers understand the different roles team members need to play and have started to change their practice and the structure of care to achieve goals.
	Level 6 Full collaboration in a transformed/ merged practice	<ul style="list-style-type: none"> • There are very high levels of collaboration and integration between PCP and OHP. • Providers begin to function as a true team with regular personal communication. The team actively seeks system solutions. • An integrated medical-dental health record exists for ready exchange of health information. • Providers understand the different roles team members need to play, and they have started to change their practice and the structure of care to achieve goals.

Scheduling a Visit

Under the current pilot there are two ways to schedule a dental hygiene visit with the PHH in a medical setting. The patient can schedule a visit in advance, or open visits can be scheduled for patients already visiting the clinic for a scheduled medical appointment.

Scheduled Dental Hygiene Visits

Scheduled visits allow the PHH to be booked in advance. These visits can be arranged for patients who have an existing relationship with the medical facility. They may be scheduled over the phone at the time the patient is scheduling a medical appointment, they can be scheduled at the time of the medical visit as the patient is scheduling any follow-up medical appointment, or they can be scheduled for those who opted in for the oral health screening at the time of their medical appointment but the PHH was not available.

Open Dental Hygiene Visits

Open PHH visits work well for patients who are already scheduled for a medical visit and have been identified by the medical team as having an oral health dental need. As part of the MDI pilot project, all pediatric patients are offered open PHH visits when they come to the clinic for a wellness check. Additional dental patients, regardless of age, may be identified if they report:

- No dental home.
- No preventive visit in the last 12-months.
- Dental pain.

Open dental hygiene visits allow for a warm handoff from the medical personnel to the dental team member.

If the patient attends their medical visit with a family member who is also a registered patient at the clinic, that family member may also be a potential patient. Family members accompanying the patient can receive an oral health screening and oral health education at the same time as the current patient. Also, those family members who are registered patients but are not present the day of the medical appointment can have an appointment made for them to see the PHH at a later date.

No consent form is needed or used for the patient to receive oral health education and dental services. However, if a patient is identified as in need of dental sealants, the patient or the patient's guardian must sign a Parent Consent for Public Health Hygiene Services form. See Appendix A.

Oral Health Screening Process

The oral health screening completed by the PHH can be conducted in a medical exam room or any designated room provided by the clinic. The oral health visit may include:

- An oral health screening (screening of the health of the mouth and teeth).
- Application of fluoride varnish.
- Application of dental sealant(s) (if patient meets requirements).
- Oral health education.
- Care coordination.
- Dental home or dental care referral.

Oral Health Screening

Primary care professionals or other appropriately trained professionals, as determined by state practice acts or regulations, can perform an oral health screening of the lips, tongue, teeth, gums, inside of the cheeks, and roof of the mouth. This is done to identify oral disease, especially tooth decay, or other oral conditions (for example, delayed tooth eruption or premature tooth loss, abscesses, or trauma) and to provide guidance for management. An oral health screening takes only two to three minutes to complete. Screenings are not full examinations and do not involve making diagnoses that lead to treatment plans. Only an oral health professional (a dentist or RDH who is qualified according to state practice acts or regulations to perform preliminary examinations) has the education, training, and tools needed to conduct oral health examinations. Under this MDI model, the PHH is only allowed to complete an oral health screening, and not a full examination.

A dental chair is not needed to perform an oral health screening. For infants and children under age three, the professional and the parent should sit face to face with their knees touching, with the child placed in the professional's and the parent's lap. The child's head should be nestled securely against the health professional's abdomen with the child facing the parent. For a young adult to adult screening, the patient can lay on the exam table or sometimes sitting in a chair is acceptable also depending on lighting and patient cooperation.

Fluoride Varnish

Fluoride varnish is a protective coating that is painted on teeth to help prevent new cavities and to help stop cavities that have already started. The paint-on fluoride varnish is sticky, so it attaches to the teeth easily and makes the outer layer (enamel) of the teeth harder, helping to prevent cavities. It can be applied to all teeth, is safe, and recommended for children of all ages (including infants). It is quick, painless, and does not have a bad taste. It can be applied by both medical and dental health professionals and can be reapplied every three to six months. It can be reimbursed twice a year in either dental or medical settings. Anticipatory guidance used by North Dakota hygienists is available in Appendix B. The American Academy of Pediatrics also provides pocket guides and materials available at <https://brightfutures.aap.org/materials-and-tools/guidelines-and-pocket-guide/Pages/default.aspx>.

Dental Sealants

According to the [Centers for Disease Control and Prevention \(CDC\)](#),^e dental sealants are thin coatings that are painted on the chewing surfaces of the back teeth (molars). When applied, sealants can prevent cavities (tooth decay) for many years. Sealants protect chewing surfaces from cavities by covering them with a protective shield, blocking out germs and food. Sealants protect against 80% of cavities for two years and continue to protect against 50% of cavities for up to four years.

Dental sealants can be applied by a RDH or a dentist. Each state will have specific laws and regulations around who can apply dental sealants, and in which settings. In North Dakota, a RDH can apply sealants in various community settings, including schools, without a dentist present (general supervision). Placing a dental sealant is a reimbursable dental service. In the current model, the PHH applies dental sealants, but patients are not charged and there is no payment. These services are currently funded by external Federal grants through HRSA and the CDC.

Oral Health Education

Oral health education is provided to the patient(s) as shown in Appendix C. The topics shared are tailored to the patient's age and needs as determined through the basic screening questions and oral screening. In addition to providing education and resources during a patient's visit, the PHH worked with the UND CFM to add dental related resources in the waiting room. See Appendix C for examples of the materials provided by the American Dental Association (ADA). The waiting room was outfitted with brochures for the adults, dental coloring pages for the children, and a children's book titled "Ready, Set, Brush" (see Appendix D). These resources were popular. However, front desk staff at the clinic requested that the coloring pages and crayons be removed because they were making a mess. The book was also later removed because of damage. The PHH continues to work the UND CFM to identify other, similar, opportunities to reach patients.

Dental Home or Dental Care Referral

Patients receive a dental care referral if the patient has any clinical findings as a result of the screening, has a chief complaint of dental pain, or does not have a dental home. If the patient being screened does not have a dental home, the PHH questions further to determine how best to assist the patient. On some occasions, the patient does have a primary dentist (dental home) but they have fallen behind on treatment for various reasons. The patient may only need a reminder to make a dental appointment. If the patient needs, or wants, a dental home, the PHH questions further in order to make a suggestion that would be best suited for the patient.

Things taken into consideration when referring the patient include:

- Does the patient need a dental office that offers payment plans (with or without a checking account)?
- Does the patient have dental insurance? Which dental office accepts their dental insurance?
- Which dental office(s) are closest to the patient's home?
- Is transportation a barrier for the patient?
- Does the patient have Medicaid? Will they need a dental office that is accepting new Medicaid patients?
- Does the patient have a history of dental fear? If so, the patient may require a dental office that offers sedation.
- Would the patient benefit from being referred to a pediatric dental office or a family dental office?
- Does the patient have special needs?
- What is the patient's working schedule? Some patients may need a dental office with flexible hours and open later or earlier, open Fridays or weekends.
- Does the patient lack adequate income to pay for dental care and:
 - Have a permanent disability, or
 - Are age 65 or older, or
 - Qualify as medically fragile
 - If so the patient is informed of the Donated Dental Service Program (also known as Dental Lifeline Network)
 - Patient is given application packet for Dental Lifeline Network or suggested to fill out application on [Dental Lifeline Network's website](#).^f

After all of the above is taken into consideration the patient is given the option of the PHH sending a faxed referral to a dental office that was agreed upon between the patient and the PHH, or patient is given the contact information for the dental office to call on their own.

Integrating a Hygienist into the Clinic Workflow

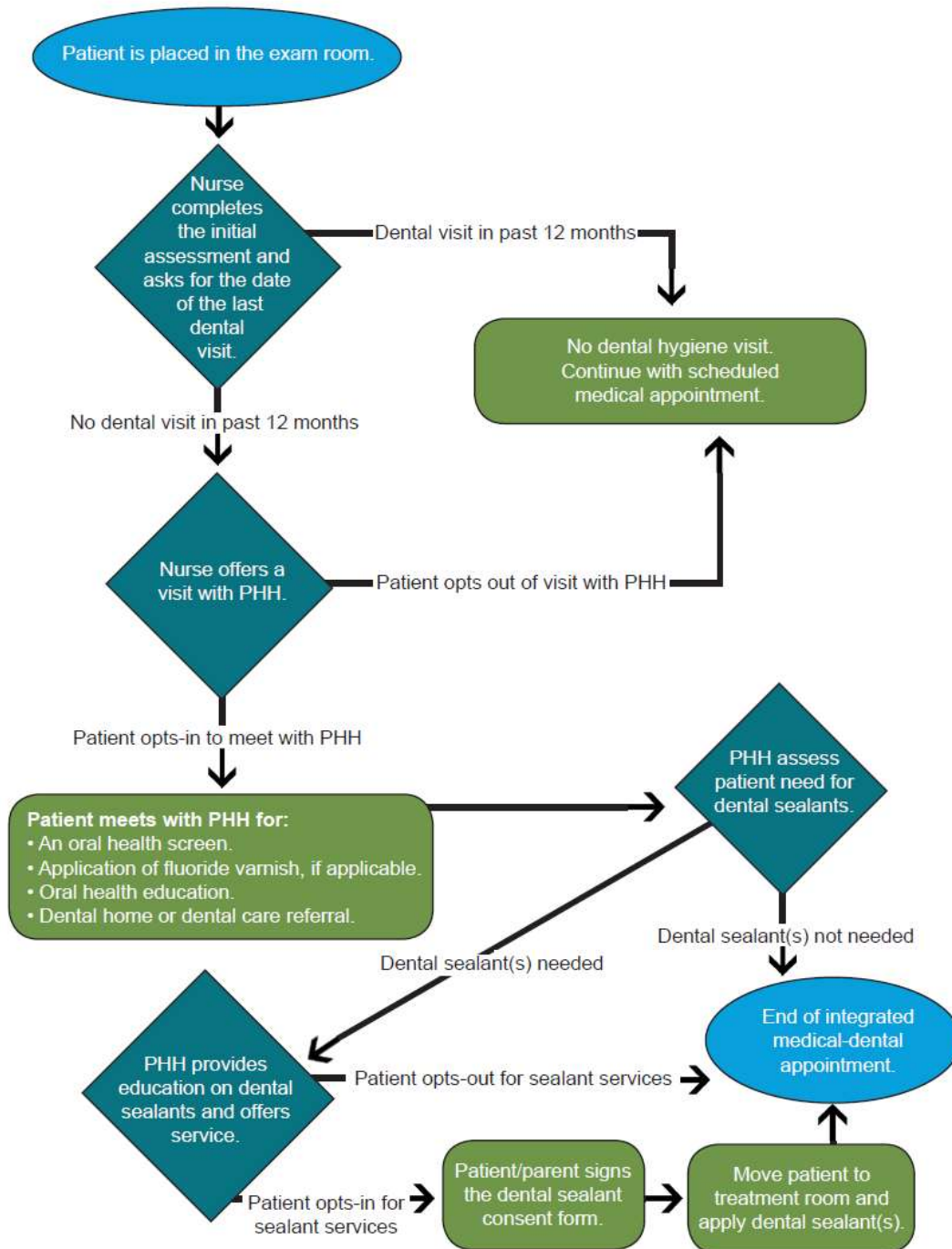
The workflow may vary per doctor's schedule and medical team preference. It may be convenient for the patient and the doctor if the hygienist is able to perform the screening, education, and referral prior to the doctor's examination. Other times it may be more convenient for the patient to be seen by the hygienist after the medical team has seen the patient. Both models have been successful and it is important to work with the medical team to determine what works best for clinic and patient flow.

In the current MDI pilot project, after the patient has agreed to see the PHH, a picture of a tooth is placed on the exam room door to signal that the patient has agreed to see the PHH. After the dental visit, the picture of the tooth is removed from the door. If the patient is eligible and has

consented to receive a dental sealant, the patient is asked to stay after their medical appointment and they are transferred into a procedure room.

The following is an example of the workflow developed by the medical team at the UND CFM in partnership with the PHH. This is the workflow applied under the MDI pilot project.

Clinic Workflow for Medical-Dental Integration



Electronic Medical Record/Electronic Dental Record

Electronic health records (EHRs) vary widely. Some EHRs include both a medical (EMR) and a dental record (EDR) that communicate with one another. Other EHRs have exclusively medical or dental components. Ideally your practice would have an EDR that communicates seamlessly with the EMR.

An integrated medical-dental record allows both medical and dental providers to view the full patient history. This integration promotes well-informed care and treatment planning. Comprehensive MDI allows for the analysis of more comprehensive population data to be used for quality-improvement processes and population health. Comprehensive MDI also allows for coordination of scheduling and billing of patient visits.

Medical-dental communication exists, but it is a relatively new concept. It is possible to incorporate MDI without a completely integrated EDR and EMR. It is even possible if you are using paper charts. However, the goal would be to reach a point in which patients and patient health information transition seamlessly between medical and dental teams.

There are many options when considering purchasing or developing an EDR to be utilized within a medical setting. Two scenarios include:

Scenario One

You pay a monthly user-fee to utilize an EDR software service that is cloud-based and does not interface with the existing medical software. This is the least costly and least integrated option.

Example: [Open Dental \(an EDR\)](#)⁹ sells cloud-based options for \$75 - \$150/month depending on the package purchased. Some packages are limited to a certain number of providers or have a fee per provider, per month.

Scenario Two

Some EMRs have a pre-built capacity to interface with an EDR software package. In this case, you pay for an interface to be built between the two which is easier than building an interface from scratch. There is a monthly fee per user. This is a moderate cost and a reasonably integrated option.

Example: [eClinicalWorks](#)^h has the capacity to interface with Open Dental software. If your practice has eClinicalWorks and you want to interface with Open Dental, it would take roughly two months to build the interface and the initial cost is up to \$5,000. Once the interface is built, a monthly fee is charged.

Considerations When Purchasing EDR Software

- Some EMRs already have an EDR software module completely built into them. These are less common and costlier, but they provide an excellent option for integration.
 - Examples: [Epic](#)ⁱ is an electronic medical record (Epic EMR) software that has an option for an integrated dental record. WISDOM is the dental software. eClinicalWorks (EMR) also has an integrated Open Dental software.
- Some EMRs require building an interface to a dental software. This is costly and time consuming, but the option can be highly integrated.
- If you want the dental and medical software to interface, contact vendors to receive a cost and time estimate. Know what patient information you want to collect.
- Some EMR programs can be formatted to develop an interface between their EDR and existing EMR from the ground up.
 - Example: The MDI pilot project utilized the existing EMR ([Medicat](#))^j and produced and formatted documents from within the existing EMR to interface with the dental record needs.

Example of an EDR Integrated into the Existing EMR

The following is an example of the forms the NDDoH OHP PHH and the UND CFM team have designed to chart the patient's oral health screen in the existing EMR.

When first invited to see the hygienist, the patient may opt out. The primary reason a patient would opt out is because they do not have the time to see the hygienist following their scheduled medical appointment. Appendix E is only completed with the patient opts out of treatment. When a patient opts in to see the PHH, a referral is entered by the nurse in the patient's EMR. If the patient later decides to opt out, that decision is charted in the EMR and there is a note indicating why the referral is canceled.

When completing an oral health screening the PHH enters the information in the EMR. Below is the EMR that is utilized in the current MDI model. Grey call out bubbles offer definitions of key terms as well as explanations for how each condition is determined by the PHH.

DATE OF SCREENING:

DATE OF LAST DENTAL VISIT:

This is collected by the nurse when taking the patient's vital signs and can include either prevention or treatment visits.

	NO ANSWER	YES	NO
Possible decay?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Missing teeth due to history of cavities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filled teeth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gingivitis present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluoride varnish?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tooth pain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient referred to dentist?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urgent care needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CASE MANAGEMENT

- Yes No

"Case management" is marked when the patient is in a treatment center (prison, transitional care unit, homeless shelter, etc.).

ORAL HEALTH EDUCATION GIVEN

- Dental supplies given to patient Education discussed
 Education materials given *

* is a free type space for an additional education provided.

IS THE PATIENT INSURED?

- No answer Yes No

These conditions are marked by the PHH based on the patient's medical history and diagnoses from their chart. Questions related to tobacco use and cessation are asked in-person.

ADDITIONAL COMMENTS: [Open text box]

CONDITIONS/DISEASES

- Alcohol abuse Cardiovascular Diabetes
 Obesity Pregnancy Substance abuse
 Tobacco use; chewing
 Tobacco use; cigarettes
 Tobacco use; vaping
 *

* is a free type space for additional conditions or diseases.

- Advised "Quitting tobacco is one of the most important things you can do to improve your health"

QUESTIONED THE PATIENT IF THEY ARE WILLING TO GIVE QUITTING TOBACCO USE A TRY

- No, offered to the patient that we are committed to helping when they are ready.
 Yes, nurse notified to send referral to ND Quits.

DID THE PATIENT SEEK TREATMENT?

- No answer Yes No

This section is reserved for patients who have been seen by the PHH previously and who the PHH had not been able to reach to ask about follow-up care.

Patient Dental Referral

If the PHH suggests that the patient seek dental treatment, the patient can either be given contact information for a dental office that meets their needs so they can set up their own appointment, or the clinic can provide a direct referral to a dental office. If the patient chooses to have the clinic make the dental referral, the PHH completes the referral form (shown below). The completed form is routed to the UND CFM medical records department who then faxes the information to the identified dental office. The fax includes helpful new patient information for the dental office and patient contact information.

UND Center for Family Medicine 701 E. Rosser Ave. Bismarck, ND 58501 Phone: 701-751-9500	
Date: ...	
Patient Name: ...	Patient DOB: ...
Address:,	
Home Phone: ...	Cell Phone: ...
<u>Insurance Information:</u> Company Name: ...	
Subscriber and Group Number: ...	
Responsible Party: ...	
Referral for (chief complaint): ...	
Facility Name:	
.....	
Patient will be needing an appointment. ...	
Fluoride Varnish applied ...	
Past Medical History:	
<i>Please send a copy of your <u>consult notes</u> to Vanessa Bopp, RDH, PHH</i>	
<i>Ph#: 701-751-6778 F#: 701-751-9559 Notify of missed appointment also.</i>	
<i>Office use only: _____ Consult notes/diagnostic reports not received.</i>	
<i>*Include copy of current medications when faxing referral note.</i>	

Care Coordination

Two to three weeks following the initial oral health screening, the PHH makes a follow-up call to patients who have been referred to a dental provider. The purpose of the call is to determine if the patient was able to see a dentist, and if not, what the barriers may be. If the patients do not answer, the PHH leaves a voicemail with contact information. Each time the patient is contacted, the hygienist tracks the encounter in the electronic record (screenshot included in Appendix F). After two failed attempts to reach the patient, the patient is sent a letter requesting the patient contact the PHH for follow up. See Appendix G-H.

DATE OF OUTGOING CALL:

TIME OF OUTGOING CALL (MILITARY):

SPECIFY PHONE NUMBER:

REASON FOR CALL (OUTGOING)

- Returning call
- Lab/x-ray result
- Needs follow-up appointment
- Referral information
- Refill request or information
- *

* is a free space for the PHH to add additional remarks, if needed.

DID THE PATIENT SEEK TREATMENT?

- No answer
- Yes
- No

PROVIDER: [Open text box]

TOPICS DISCUSSED WITH HYGIENIST: [Open text box]

HYGIENIST ADVICE/RECOMMENDATIONS: [Open text box]

Patient Care Coordinator or Community Dental Health Coordinator

In this MDI pilot project, the role of care coordination is the responsibility of the hygienist. However, other clinics may employ a patient care coordinator who can be responsible for this work. Additionally, the ADA has also launched a [Community Dental Health Coordinator \(CDHC\) program](#).^k The intent is that CDHCs will provide community-based prevention, care coordination, and patient navigation to connect people who typically do not receive care from a dentist in underserved rural, urban and Native American communities. For more information on CDHCs, see Appendix I.

Charging and Billing Services

Charging and billing for dental services will depend upon state laws and regulations. For the MDI pilot project, the patient was not charged a fee for the services provided by the hygienist. These services were covered by a grant from the [Health Resources and Services Administration \(HRSA\)](#).^l The EMR system used at UND CFM was also designed to drop charges when a patient was referred to the hygienist and when a patient received fluoride varnish.

Currently, primary care clinics and providers in North Dakota can bill for:

- Fluoride varnish application
- Case management/care coordination
- Oral health screen

Currently, a dental clinic under a dentist's billing number, can bill for the RDH's care provided under indirect/general supervision. Services that can be billed include:

- Fluoride varnish application
- Dental sealant application
- Oral health screen
- Oral health education
- Case management/care coordination

Although this current MDI model does not bill the patient for services provided, other medical facilities employing a similar model could bill for care. The supervising dentist would bill for the provided dental services and collect payment. In a fully integrated model where the supervising dentist is employed by the medical facility, the facility would collect the dental payments.

See Appendix J for a one-page document highlighting the coding guidelines for fluoride varnish application in North Dakota primary care settings.

[Coding Guideline for Fluoride Varnish](#)^m

Developed by the North Dakota Department of Human Services, this one-page document highlights fluoride varnish coding guidelines, and the criteria for reimbursement.

[North Dakota Provider Manual for Dental Services](#)ⁿ

Developed by the North Dakota Department of Human Services, this billing manual is designed to aid providers in billing the North Dakota Medicaid and Special Health Services programs. Included are general items of interest to providers, specific claim form billing instructions and procedures to follow when voiding and replacing a claim.

[Oral Health Coding Fact Sheet for Primary Care Physicians](#)^o

Developed by the American Academy of Pediatrics, this six page document identifies codes on dental procedures (CDT codes) and codes for medical procedures (CPT codes) that can be used by primary care physicians and teams offering oral health services.

Suggested Rules and Regulations

All medical and dental practices delivering dental services must comply with state and federal regulations for patient and provider safety, as well as infection control compliance. Below are resources and information specific to North Dakota. For those practicing outside of North Dakota, check regulations applicable to your state. Please note the following laws, statutes, rules, and regulations are as of March 2020 and they are subject to change at any time.

Biannual Requirements for Registered Dental Hygienist

Hygienists must complete 16 hours of continuing education (CE), only eight hours maximum of the 16 can be self-study every two years.

- Self-study: Self-study is defined as an education process designed to permit a participant to learn a given subject without involvement of a proctor or interaction of a third party. Self-study programs may be pre-recorded audio programs, self-paced digital courses, or self-paced printed material. Payment for a course and the certificate of completion are required in the event of an audit. Continuing education hours may consist of a maximum of one-half self-study and the remainder must come from online webinars or classroom style education.
- Webinars: A webinar is equivalent to classroom education where CE is concerned. A webinar is not considered equivalent to online/self-study education; webinars are interactive in some way, and by the nature of the experience, there is the existence of a third party and the inclusion of proof of attendance. Cardiopulmonary Resuscitation (CPR) may be obtained via a webinar, but the course must include an actual hands-on component.
- CPR: Registered DHs must maintain a current CPR certificate. The following are online courses healthcare providers can follow to renew or obtain CPR certification.
 - [The American Red Cross Professional Rescuer Course](#)^p
 - [The American Heart Association's Health Care Provider Course](#)^q
 - [ProTrainings, LLC](#)^r
- Infection Control: Renewal of license and registration requires two hours of infection control related continuing education. The following resources can be helpful with questions related to infection control.
 - [OSHA Bloodborne Pathogens Standard](#)^s
 - [OSHA Hazard Communication Standard](#)^t
 - [Minimum Standards for Infection Control](#)^u
 - [CDC Guidelines for Infection Control in Dental Health Care Settings—2003 MMWR 2003;52\(No. RR-17\)](#)^v
- Ethics and Jurisprudence: Registered DHs must take the online [Ethics and Jurisprudence Examination](#).^w There is no fee for the open book "no fail" exam.

Medical Resident and Clinical Staff Education

The PHH, employed by the NDDoH OHP, is tasked with providing oral health education to medical residents and medical staff at UND CFM. Whether the MDI is in a teaching facility or not, the PHH/RDH can provide oral health education to clinical care teams.

Utilizing [Smiles for Life Curriculum](#),^x the hygienist provided two, 30-minute educational lunch and learns. These sessions are intended for the UND CFM residents, but other clinical care staff were welcome. These lectures were recorded and are mandatory for all medical residents to view as part of their curriculum. The recorded lectures continue to be made available to six other UND campus sites for future review. Each training was also evaluated. See Appendix K for the training evaluation questions.

In addition to the specific training evaluations, a questionnaire was developed and administered among medical residents both before, and after, completing their three-year residency. The pre-test is a paper questionnaire they are invited to complete at the beginning of their three-year residency program and the post-test is provided to those completing the program. The pre-test gauges medical residents' level of awareness of the correlation between oral health and certain medical conditions, their ability to identify oral health conditions, and their perceptions of the importance of oral health integration in a family healthcare setting. The post-test assesses if medical residents' awareness, ability to identify oral health conditions, or perceptions changed over the course of their three-year residency. Any potential change in perceptions could be a result of any number of factors. However, the evaluation model presumes that changes in awareness, perceptions, or ability to identify oral health conditions would be, at least to some degree, a result of exposure to the PHH in a medical setting and educational materials designed specifically to improve medical residents and other clinic practitioners understanding of the linkage between oral health and overall health. See Appendix L-M for copies of both the pre- and post-surveys for medical residents.

SMILES FOR LIFE

Smiles for Life is the nation's most comprehensive and widely used oral health curriculum for primary care clinicians. It has been officially endorsed by 20 national organizations and is in wide use in professional schools and post-graduate training programs. The initial goal of the project was to provide educational resources to enhance the role of physicians training in Family Medicine residency programs in the promotion of oral health. The Smiles for Life curriculum consists of eight 60-minute modules covering core areas of oral health relevant to health professionals. Modules include: relationship of oral and systemic health; child oral health; adult oral health; acute dental problems; pregnancy and woman's oral health; carries risk assessment; fluoride varnish and counseling; the oral exam; and geriatric oral health.

Conclusions

This manual will support medical care teams considering the ND model of MDI and help determine if the practice is ready to begin this work. This manual describes specific activities and tactics to support the development and implementation phases of the ND MDI Pilot Project. The ND MDI Pilot Project is still being developed. Much has been learned. However, the model and tools provided here will continue to be tested and refined. Read the full report, [Evaluation Report: Medical-Dental Integration at the University of North Dakota Center for Family Medicine^y](#) to learn more about the reach of this program in 2019-2020, or read the seven page brief that highlights key findings from the program, [Brief: Evaluation of Medical-Dental Integration at the University of North Dakota Center for Family Medicine^z](#).

This manual will continue to evolve as enhancements are identified.

Additional MDI Resources and Toolkits

Below are additional resources, toolkits, and presentations related to levels of integrating medical and dental care. As always, review your state laws, regulations, and reimbursement rules for specifics.

[Arizona Association of Community Health Centers, Oral Health Toolkit^{aa}](#)

The purpose of the toolkit is to create awareness among medical providers in community health centers about the impact of oral health and integrating oral health into their list of services. Different sections the toolkit addresses include oral health in children, adults, the elderly, and special populations.

[Creating Medical Dental Integration: Helpful Hints and Promising Practices^{bb}](#)

This slide deck, developed by the National Network for Oral Health Access in 2014, provides information to help health centers integrate oral healthcare into their services, and provides a list of challenges and strategies to overcome barriers of medical-dental integration.

[Delta Dental of Colorado Foundation^{cc}](#)

The website provides materials and resources for medical practices that are interested in integrating a dental hygienist into a medical care team. Content is specific to Colorado, but can be used as a guide for practices in other states.

[Medical Dental Integration Colorado: Levels of Integration^{dd}](#)

The Medical Dental Integration Colorado website (2020) provides information regarding a standard framework for levels of medical-dental integration, as well as addressing the framework for the continuum of care developed by the SAMHSA and HRSA.

[North Dakota Board of Dental Examiners \(NDBDE\)^{ee}](#)

The NDBDE website addressed laws, regulations, and code of ethics for dental providers in North Dakota, as well as information regarding the board, practitioners, and information for consumers.

[Oral Disease Prevention in Primary Care](#)^{ff}

This 2018 fact sheet from the Virginia Oral Health Coalition addresses how non-dental healthcare professionals may apply and bill Medicaid for fluoride varnish application, as well as the proper diagnosis code, procedure code, and reimbursement rate. The fact sheet also addresses other preventative services.

[Oral Health Integration: A Manual from the Colorado Community Health Network](#)^{gg}

This manual provides information regarding medical dental integration, such as addressing barriers, challenges, and successes.

[Oral Health Toolkit: Resources for Supporting Oral Health Integration in Oregon](#)^{hh}

This toolkit, provided by Health Management Associates in 2016, focuses on oral health in Oregon by addressing the importance of oral health integration, as well as leadership and culture changes that are necessary for integration to be successful. The toolkit addresses integrating oral health with different populations, such as pregnant women and newborns, children and adolescents, and individuals with mental illness.

[Virginia Health Catalyst](#)ⁱⁱ

The Virginia Health Catalyst advocates for medical-dental integration in the state of Virginia, as well as providing a toolkit for healthcare systems to incorporate oral health services into a comprehensive care model.

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APPENDICIES

Appendix A: Dental Sealant Consent Form



PARENT CONSENT FOR PUBLIC HEALTH HYGIENE SERVICES
 NORTH DAKOTA DEPARTMENT OF HEALTH
 ORAL HEALTH PROGRAM
 SFN 61754 (12-2019)

Name of Child (First, Middle, Legal Last)	Age
---	-----

Name of Clinic

YES, I give my permission for my child to receive the following treatments:

- Oral Screening
- Sealants
- Fluoride Varnish

NO, I do not give my permission for my child to receive treatment. Specify reason:

- My child already has sealants and/or receives varnish.
- My child regularly sees a dentist.
- Other (describe): _____

* If you checked no, you do not need to complete the rest of the form.

If you answered yes to the above, complete the rest of the form.

Name of Parent/Guardian	Preferred Telephone Number
-------------------------	----------------------------

Address	City	State	ZIP Code
---------	------	-------	----------

Email Address	Child's Date of Birth (MM/DD/YYYY)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Primary Language
---------------	------------------------------------	---	------------------

Race of Child (check one)

- White
- Black/African American
- Multi-racial
- Declined to Answer
- Asian
- American Indian/Alaskan
- Other

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Is your child allergic to anything? If yes, what? _____
<input type="checkbox"/>	<input type="checkbox"/>	Is your child taking any medications? If yes, what? _____
<input type="checkbox"/>	<input type="checkbox"/>	Does your child have any medical conditions such as heart disease, asthma, hay fever, hepatitis, cancer, diabetes, etc.? Or any other medical condition? If yes, specify: _____
<input type="checkbox"/>	<input type="checkbox"/>	Has your child ever needed dental services but was unable to receive services or denied services? If yes, explain: _____
<input type="checkbox"/>	<input type="checkbox"/>	Does your child have a dentist? If yes, answer below: _____

Name of Child's Dentist	Date of Last Visit <input type="checkbox"/> Within the last 6 months <input type="checkbox"/> More than one year ago <input type="checkbox"/> Never
-------------------------	--

My child has no dental insurance

Medicaid Number (if child has Medicaid) - Medicaid insurance will be billed. No family or child will receive a bill for services provided.

Signature of Parent/Guardian	Date
------------------------------	------

*By signing above, indicates that you have read and understand the contents of the general information and medical history form. You understand the terms of the consent agreement and that you have legal authority to give consent for this child. Your child's personal information will be kept confidential and will not be shared with any person who is not directly involved in the care of your child as part of the Health Insurance Portability and Accountability Act (HIPAA) without written authorization.**

Appendix B: Anticipatory Guidance for Public Health Hygienist

The following anticipatory guidance is for the application of fluoride varnish.

Pre-Fluoride Varnish Application

1. Tooth surfaces should be as clean as possible. Remove visible debris by using a piece of dry gauze.
2. Some varnishes require dry tooth surfaces and other require moist but not pooled. Follow varnish application directions as per vendor.
3. Mix fluoride varnish with application brush.
4. Apply a thin film of varnish by painted in sweeping horizontal brushstrokes to the full mouth.

Instruction for Patient After Fluoride Varnish is Applied

- Only eat soft foods and nothing sticky for at least 2 hours after treatment.
- Do not brush and/or floss your teeth for at least 6 hours after treatment.
- Do not drink hot liquids or alcohol (including mouth wash/rinse) for at least 6 hours after treatment.

Infant Less Than Six Months Old

- Have dental exam every 6 months. It is important to keep your mouth healthy so that you do not pass germs that cause tooth decay to your baby.
- Do not share spoons or cups with your baby or use your mouth to clean the baby's pacifier. Germs that cause tooth decay can be passed to your baby through your saliva.
- Use a cold teething ring if your baby has sore gums.

Six Months to One Year

- Many babies begin to cut teeth.
- Brush teeth with a smear of toothpaste that has fluoride in it (a smear is the size of a grain of rice).
- Do not give your child a bottle or anything other than water in bed.
- Check your child's teeth for spots and stains. Ask your child's doctor or dentist about any problems that you see. Early signs of tooth decay can look like bright white spots.
- Do not share spoons or cups with your baby or use your mouth to clean the baby's pacifier. Germs that cause tooth decay can be passed to your baby through your saliva.
- Children should have fluoride put on their teeth 4 or more times by the time they're 4 years old.
- At 12-months of age children should have their first dental exam. This is consistent with the American Academy of Pediatric Dentistry's recommendations.

12 Months (One Year) to 36 Months (Three Years)

- Brush your child's teeth with a smear of toothpaste that has fluoride in it (a smear is the size of a grain of rice).
- Do not share spoons or cups with your baby or use your mouth to clean the baby's pacifier. Germs that cause tooth decay can be passed to your baby through your saliva.
- Check your child's teeth for spots and stains. Ask your child's doctor or dentist about any problems that you notice. Early signs of tooth decay can look like bright white spots.
- Ask your doctor or dentist about fluoride. Children should have fluoride put on their teeth 4 or more times by 4 years old.
- At 12-months of age children should have their first dental exam. This is consistent with the American Academy of Pediatric Dentistry's recommendations.

36 Months (Three Years) to Six Years Old

- Brush your child's teeth using a pea size amount of toothpaste that has fluoride in it twice a day; after breakfast and before bed. Have your child spit out extra toothpaste, but do not rinse with water.
- Start to floss your child's teeth at least once every day as soon as he/she has two or more teeth that touch each other.
- Take your child to the dentist every 6 months for check-ups.
- Ask your dentist about dental sealants to help prevent cavities in the molars.

Six to 12 Years Old

- Help your child brush his/her teeth twice a day; after breakfast and before bed, using a pea size amount of toothpaste that has fluoride in it. Have your child spit out extra toothpaste, but do not rinse with water.
- Ask your child to floss his/her teeth once every day.
- Take your child to the dentist every 6 months for routine oral health check-ups.
- Ask your child's dentist about dental sealants to help prevent tooth decay in the molars.
- Have your child wear a mouth guard when playing sports.

13 + years old:

- Your child should brush his/her teeth twice a day; after breakfast and before bed, using toothpaste that has fluoride in it. Have your child spit out extra toothpaste, but do not rinse with water.
- Ask your child to floss his/her teeth at least once every day.
- Take your child to the dentist every 6 months for routine or health check-ups.
- Ask your dentist about dental sealants to help prevent tooth decay in the molars.
- Have your child wear a mouth guard when playing sports.

Adults:

- Daily oral health routine, brushing two times a day and flossing one time a day
- Nutrition
- Fluoride exposure
- Importance of dental visits every 6 months
- How poor oral health can affect the whole body

A printable fluoride varnish consent form developed by the NDDoH OHP and UND CFM can be found below or at oral.health.nd.gov/resources/for-health-professionals/fluoride-varnish-consent/.

Fluoride Varnish Consent Form

A licensed health professional will be applying fluoride varnish to your teeth as a means of preventing tooth decay (cavities).

Fluoride varnish is a protective coating that is painted on teeth. The varnish releases fluoride over a period of time, which strengthens teeth and prevents tooth decay. Tooth decay is the most common chronic disease found in children.

For you or your child to receive the fluoride varnish you will need to give permission by completing the form below.

YES I would like my child/myself to receive the fluoride varnish application
 NO I do not wish for my child/myself to receive the fluoride varnish application

Name of person receiving
Fluoride varnish

____/____/____
Date of Birth

Male
 Female

Does the person receiving fluoride varnish see a dentist at least once per year?

YES NO

If Yes, name of dentist: _____

Signature of Parent/Caregiver/Self

Date

Please print name of Parent/Caregiver/Self

Date

Appendix C: Material Samples Provided for Patient Education

Materials are available for purchase through the American Dental Association at <https://www.ada.org/en/publications/ada-dental-product-guide/product-category/product-profile?productid=622&catid=87>

PERIODONTAL

Periodontal Disease

Don't wait until it hurts



The illustration shows a cross-section of teeth with significant bone loss and deep periodontal pockets. A dental probe is shown measuring the depth of one of these pockets. A large, diagonal watermark reading 'SAMPLE' is overlaid across the center of the image.

ADA American Dental Association®
America's leading advocate for oral health

Health

Sip and Snack All Day? Risk Decay!



The image shows a variety of snacks and drinks: a muffin, several cookies, a small container of yogurt, a glass of iced tea with lemon, and a small bowl of colorful gummy candies. A large, diagonal watermark reading 'SAMPLE' is overlaid across the center of the image.

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ADA American Dental Association®
America's leading advocate for oral health



Your Child's Teeth

Helpful tips for parents
and caregivers



ADA American Dental Association®
America's leading advocate for oral health

PREVENTION

Basic Flossing

ADA American Dental Association®
America's leading advocate for oral health



PREVENTIVE

Why You Should See Your Dentist

ADA American Dental Association®
America's leading advocate for oral health



INSIDE

Tooth Decay in Baby Teeth

Baby teeth can get cavities!



ADA American Dental Association®
America's leading advocate for oral health

HEALTH

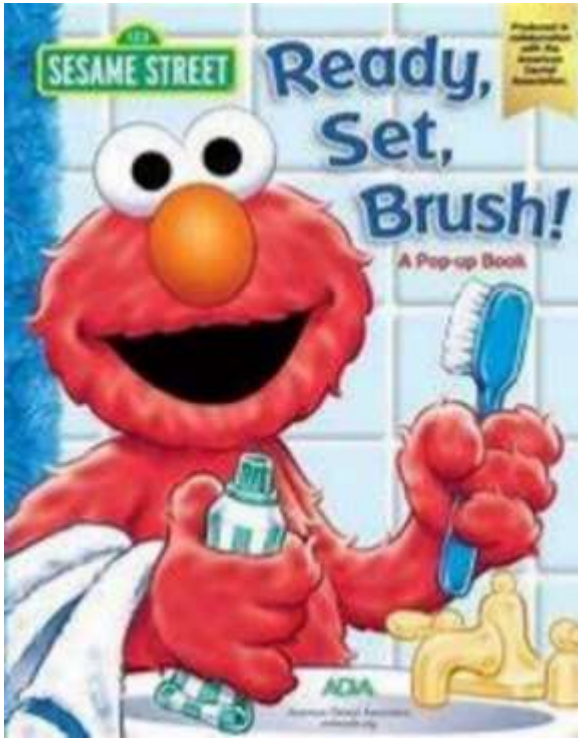
Oral Piercing: Is It Worth It?



ADA American Dental Association®
America's leading advocate for oral health

Appendix D: Book Available in Pediatric Waiting Room

This book is available for purchased through Amazon and other boook retailers. See Amazon order at <https://www.amazon.com/Sesame-Street-Ready-Brush-Pop-Up/dp/0794414451>



Appendix E: Electronic Dental Record

Dental Opt Out

Patient decide to

- opt out of screening
- opt out of screening, previously screened

Dental Screening

Date of Service

Date of last dental visit ? {Annual}

02/19

Possible decay?

- No Answer Yes No

Missing teeth due to history of cavities?

- No Answer Yes No

Filled teeth

- No Answer Yes No

Gingivitis present?

- No Answer Yes No

Flouride Varnish?

- No Answer Yes No

Tooth pain?

- No Answer Yes No

Patient referred to dentist?

- No Answer Yes No

Urgent care needed

- No Answer Yes No

Case Management?

Yes

No

Oral health Education was given

dental supplies given to patient.

education discussed,

education materials given,

*

Is the patient insured?
 No Answer Yes No

Additional comments:

Conditions/Diseases

Alcohol abuse

Cardiovascular

Diabetes

Obesity

Pregnancy

Substance abuse

Tobacco Use; chewing

Tobacco Use; cigarettes

Tobacco Use; vaping

*

Advice given "Quitting tobacco is one of the most important things you can do to improve your health"

Questioned the patient if they are willing to give quitting tobacco use a try?

No, offered to the patient that we are committed to helping when they are ready.

Yes, nurse notified to send referral to ND Quits.

Did the patient seek treatment?
 No Answer Yes No

DentalReferral

!!! ROUTE TO NURSING, SAVE only !!!

Date
 //

**Referral for(chief complaint):

Fluoride Varnish applied
 //

Past Medical History:

Additional information

Dental Office

Responsible party:

**Name of facility patient is being referred to:

Referred Provider Address:

Referred Provider Phone #:

Referred Facility Fax #:

Patient Name Format:
 LastName, FirstName, MiddleInitial

Patient DOB:

Address:

City:

State:

Zip:

Patient's phone number:

Cell Phone

Insurance Company Name:

Insurance Policy Number:

Dental Sealant

Dental Sealant placed?

- No Answer Yes No

Tooth Screening

<input type="checkbox"/> 1	
<input type="checkbox"/> 2	
<input type="checkbox"/> 3	
<input type="checkbox"/> 4	
<input type="checkbox"/> 5	
<input type="checkbox"/> 12	
<input type="checkbox"/> 13	
<input type="checkbox"/> 14	
<input type="checkbox"/> 15	
<input type="checkbox"/> 16	
<input type="checkbox"/> 17	
<input type="checkbox"/> 18	
<input type="checkbox"/> 19	
<input type="checkbox"/> 20	
<input type="checkbox"/> 21	
<input type="checkbox"/> 28	
<input type="checkbox"/> 29	
<input type="checkbox"/> 30	
<input type="checkbox"/> 31	
<input type="checkbox"/> 32	

Sealant placed on the following teeth:

<input type="checkbox"/> 1	
<input type="checkbox"/> 2	
<input type="checkbox"/> 3	
<input type="checkbox"/> 4	
<input type="checkbox"/> 5	
<input type="checkbox"/> 12	
<input type="checkbox"/> 13	
<input type="checkbox"/> 14	
<input type="checkbox"/> 15	
<input type="checkbox"/> 16	
<input type="checkbox"/> 17	
<input type="checkbox"/> 18	
<input type="checkbox"/> 19	
<input type="checkbox"/> 20	
<input type="checkbox"/> 21	
<input type="checkbox"/> 28	
<input type="checkbox"/> 29	
<input type="checkbox"/> 30	
<input type="checkbox"/> 31	
<input type="checkbox"/> 32	

Appendix F: Electronic Record of Dental Referral Follow-Up

Dental Outgoing Call

Date of outgoing call:

Time of outgoing call (military):

Specify Phone #

Reason for call (outgoing)

- returning call
- lab/xray result
- needs follow up appointment
- referral information
- refill request or information
- *

Did the patient seek treatment?



- No Answer Yes No

Provider:

Topic(s) Discussed:

Advice/Recommendations:

Appendix G: Child Dental Follow-Up Letter



Dear [REDACTED]

You were recently seen at the UND Center for Family Medicine Clinic in Bismarck for a dental screening. Our office has attempted to contact you at the phone number listed on your file to discuss seeking dental treatment.

We would like to be your partner in keeping your oral health up to date as it can also affect your overall health. I encourage you to call my office at (701) 751-6778 to ensure you have considered all options in seeking care and to avoid any dental emergencies.

Sincerely,

...

A handwritten signature in cursive script that reads "Vanessa Bopp".

Vanessa Bopp, RDH

North Dakota Oral Health Program

Appendix H: Adult Dental Follow Up Letter



Dear parent/guardian:

Fredie, was recently seen at the UND Center for Family Medicine Clinic in Bismarck. Our office attempted to contact you at the phone number listed on the patient's file to discuss your child's screening.

We would like to be your partner in creating a lifetime of healthy smiles for Fredie! In order to assure that Fredie, receives the best care possible and to avoid any dental emergencies, please contact me at 701.751.6778 at your earliest convenience.

Sincerely,

...

A handwritten signature in cursive script that reads "Vanessa Bopp".

Vanessa Bopp, RDH PHH
North Dakota Oral Health Program

Appendix I: Community Dental Health Coordinators

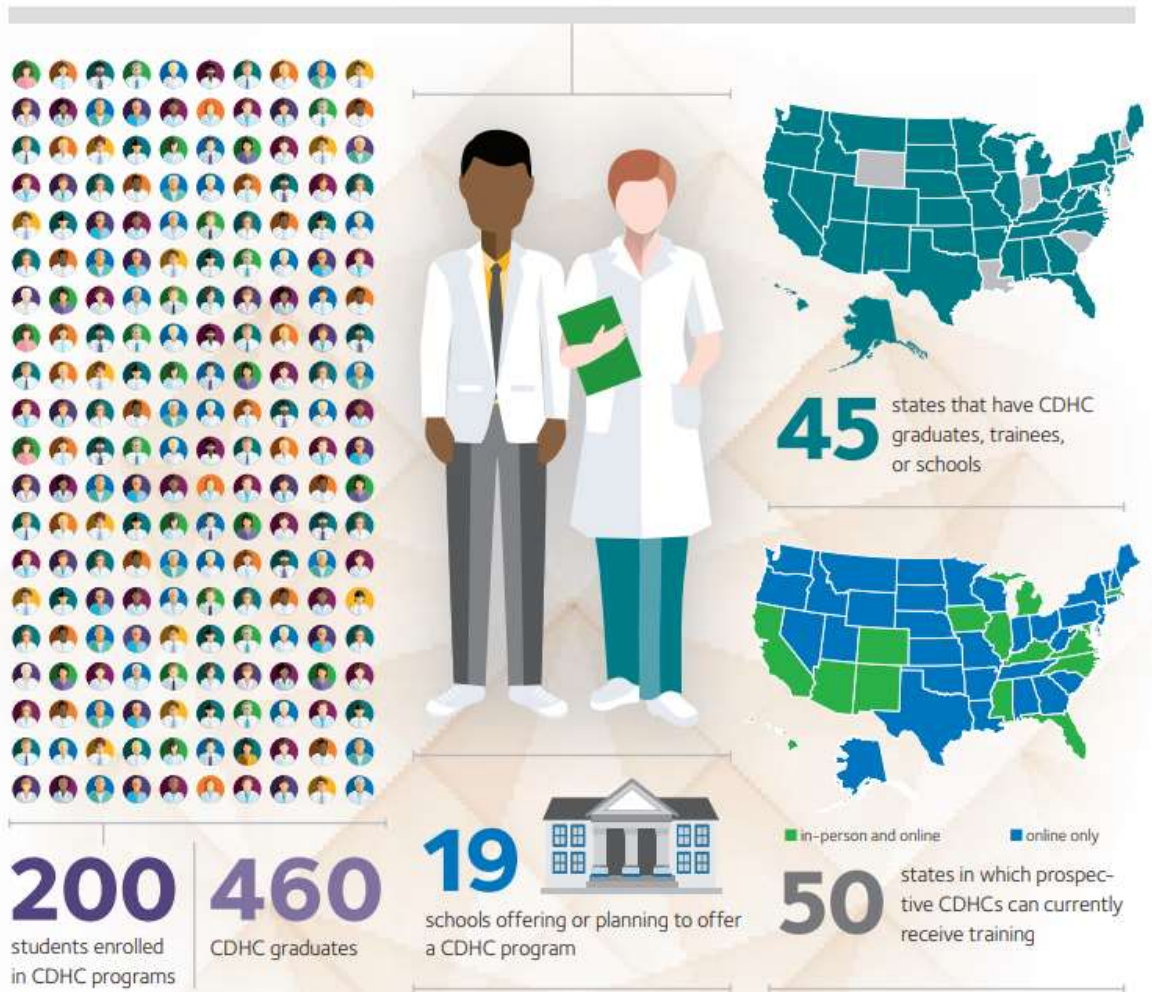
Community Dental Health Coordinators Provide Solutions Now



ADA American Dental Association*

What is a Community Dental Health Coordinator?

CDHCs are community health workers with dental skills, and they are members of the dental team. They focus on case management, navigation, oral health education and promotion, motivational interviewing and community mapping. Their expertise links patients into available, but underutilized, dental care.



CDHCs Increase Access and Improve Patient Outcomes NOW

- In New Mexico, a CDHC working with diabetes patients in a tribal community health center successfully eliminated missed appointments among her patients.
- In Arizona, a CDHC working in a single-dentist practice doubled the clinic's patient base and increased access to care in this remote, rural location.
- In Green Bay, Wisconsin, a CDHC working in 30 schools provided 1,200 screenings, 1,300 cleanings, and more than 2,000 sealants for children.

"CDHCs ... improve patient health beyond drilling and filling."

Calvin Hoops, CDHC

CDHCs Work

"After completing the Community Dental Health Coordinator course, it became evident to me that an important role of the CDHC is to identify resources within their community to guide and assist patients in connecting the dots of oral health care to total well-being. The **CDHC is not only a patient advocate, but a seeker of solutions to advance public health initiatives**, which address social disparities to access oral health care".

Marie Jones-Bridges,
C.D.A., R.D.H., B.S.

"Great program.
Could be used by a large group practice, a large health advocacy entity or multiple dental practices."

Dr. Chuck Seleen, Director,
Vermont Dental Care Program

"I have seen firsthand the great need for the role of a dental navigator, such as a CDHC, and **truly believe it can improve the quality of life** for individuals and communities as a whole."

Jenna Linden, R.D.H., C.D.H.C.

"I have devoted a lot of my time to our partnership with a local FQHC that does not provide dental. They contract with us to provide preventive oral care for their patients. **Just being in their center once a week has created 300% growth in the number of patients** coming from them. My goal as a CDHC with the SMILE ON 60+ team is to reach seniors that are missing out on basic oral healthcare by going to where they are and **letting them know that they matter, their oral health matters, and there is a way to access the care**".

Lindsay Baker, R.D.A., C.D.H.C.

"Until you have a CDHC, you don't realize **how much potential it** has for the clinic, it can relieve you of the burdensome follow up specialty medical and dental care can sometimes cause."

Dr. Richard Huot, Former Interim
Dental Director, Treasure Coast
Community Health Center

"As a dental hygienist, **my skills have improved** since training as a CDHC. I am more aware of the reasons behind a patient not showing up for their dental appointment. **I have a better connection with my community** by becoming more involved in my community's needs. I am also **a resource for our community** if someone has a dental question, needs dental assistance, or education. The members of my community know they can contact me with any dental issue."

Lori Wood, R.D.H., C.D.H.C.

For more information, contact Jane Grover, D.D.S., M.P.H.
Director, Council on Advocacy for Access and Prevention
groverj@ada.org | 312.440.2751 | [ADA.org/action](https://ada.org/action)

Appendix J: Coding Guidelines for Fluoride Varnish



Coding Guideline for Fluoride Varnish

- CDT® Code:** D1206 Topical application of fluoride varnish
- CPT® Code:** 99188 Application of topical fluoride varnish by a physician or other qualified health care professional

Criteria for Reimbursement:

- Fluoride varnish is covered for members age 6 months to 20 years old. A maximum of two applications per year, per member is covered. If age 21 or over a service authorization is required and member must be approved for D9920.
- Effective 9/1/2018, CPT 99188 is to be billed by a physician or other qualified healthcare practitioner when performed in a clinic or facility setting.
- Recommend the fluoride varnish be applied at the time of a well child visit / Health Tracks screening
- Only the following professionals may perform the procedure after receiving appropriate board approved training:
 - Physicians
 - Nurse Practitioners
 - Physician Assistants
 - Registered Nurses and Licensed Practical Nurses under the direct supervision of a physician, family nurse practitioner, or physician assistant
 - Registered Dental Hygienist or Registered Dental Assistant under the direct or general supervision of a licensed dentist.

ICD-10-CM Covered Diagnosis

- Z00.121 Encounter for routine child health examination with abnormal findings
- Z00.129 Encounter for routine child health examination without abnormal findings
- Z41.8 Encounter for other procedures for purposes other than remedying health state

Created: July 2007

Updated: January 2013; May 2015, August 2017; July 2018, July 2019

MEDICAL SERVICES

600 E Boulevard Ave Dept 325 | Bismarck ND 58505-0250

701.328.7068 | Fax 701.328.1544 | 800.755.2604 | 711 (TTY) | Provider Relations 701.328.7098 | www.nd.gov/dhs

Appendix K: Training Evaluation Form



Thank you for attending the training on Child Oral Health

Please consider answering a few questions about today's event. Your anonymous feedback will be used to improve the activities provided by the North Dakota Department of Health Oral Health Program. Your participation is entirely voluntary. There are no negative consequences should you decide not to complete the survey and you can stop the survey at any time. If you have any questions about how the data will be used, please contact the program evaluator, Dr. Shawnda Schroeder at the Center for Rural Health, University of North Dakota at Shawnda.schroeder@UND.edu or 701-777-0787.

Thank you!

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Not Applicable
The training was relevant to my career.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The training/event was well organized.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The materials presented will be useful to me in my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The presenter was knowledgeable about the subject matter.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The training enhanced my skills in this topic area.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would recommend this training to my colleagues/peers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Anything more you would like to share about your experience?



Appendix L: Pre-Rotation Survey

The University of North Dakota Center for Family Medicine and the North Dakota Department of Health are working together to explore and pilot medical dental integration in a family health care setting. The Center for Rural Health at the University of North Dakota is completing an assessment of this program. This assessment includes a short questionnaire to capture your experience with this pilot project in which the Center for Family Medicine has integrated a public health hygienist into the medical center. Please consider taking 5-10 minutes to complete this short survey. Your responses are voluntary, anonymous, and data will only be shared aggregately. This evaluation has been approved by the University of North Dakota Institutional Review Board. If you have questions about the survey or the evaluation, please contact Shawnda Schroeder at Shawnda.schroeder@UND.edu or 701-777-0787.

UNIQUE IDENTIFIER (CODE)

This information is needed to anonymously link your pre-survey with the post survey you will be invited to complete at the end of your residency.

First letter in mother's first name: _____ First digit of social security number: _____

First letter in mother's maiden name: _____ Last digit of social security number: _____

1. Did you receive any formal training in medical school related to oral health care?

- Yes
- No [Skip to Q. 3]

2. Please mark which topics you received formal training on in medical school. Mark all that apply.

- Diabetes and oral health
- Hypertension and oral health
- Medication and oral health
- Nutrition and oral health
- Other _____
- Other _____
- Other _____
- Other _____

3. Have you received any informal training or exposure to oral health care elsewhere?

- Yes
- No [Skip to Q. 5]

4. What type of informal training or exposure to oral health care have you received or been exposed to?

5. Have you ever conducted a basic oral health screening?

Yes No [Skip to Q. 7]

6. How many basic oral health screenings have you conducted?

A few Some Many

7. Have you ever observed a patient being referred for dental care?

Yes No (Skip to Q.9)

8. Was there follow up on the dental referral at a future appointment?

Yes No Do not know

9. Please indicate how much you agree or disagree with the following statement: Oral health is an important factor in overall health.

Strongly Disagree Disagree Neutral Agree Strongly Agree

10. How confident are you in your ability to identify each of the following conditions?

	Not At All Confident	Somewhat Confident	Confident	Very Confident
Cavity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Periodontal Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mouth Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gingivitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Candidiasis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gingival Hyperplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abscess	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Please indicate if you are, or are not, aware of a correlation (relationship) between oral health and the following medical conditions.

	Aware	Not Aware
Cerebrovascular disease	<input type="checkbox"/>	<input type="checkbox"/>
Coronary vascular disease	<input type="checkbox"/>	<input type="checkbox"/>
Xerostomia	<input type="checkbox"/>	<input type="checkbox"/>
Throat cancer	<input type="checkbox"/>	<input type="checkbox"/>
Preterm birth	<input type="checkbox"/>	<input type="checkbox"/>
HIV/Aids	<input type="checkbox"/>	<input type="checkbox"/>
HPV	<input type="checkbox"/>	<input type="checkbox"/>
Low birth weight	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Aspiration pneumonia	<input type="checkbox"/>	<input type="checkbox"/>

12. Please indicate if you are, or are not, aware of these behaviors or conditions having an influence on an individual’s oral health.

	Aware	Not Aware
Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition and diet	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol use	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco use	<input type="checkbox"/>	<input type="checkbox"/>
Use of methamphetamine	<input type="checkbox"/>	<input type="checkbox"/>
Opioid use (prescribed and illicit)	<input type="checkbox"/>	<input type="checkbox"/>
Use of certain prescribed medications	<input type="checkbox"/>	<input type="checkbox"/>
Alzheimer’s, dementia, and/or memory loss	<input type="checkbox"/>	<input type="checkbox"/>

13. Please rate how important, or not important, each of the following is in a family medical setting.

	Not At All Important	Somewhat Important	Very Important
Basic oral health screenings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Questions regarding oral health during intake screenings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient referrals for oral health treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follow up on referred oral health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presence of an oral health hygienist in the family medical practice setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuing education on oral health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrated oral health care in the family medical setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Where did you attend medical school? (If outside of the United States, just list the country; if within the United States, please spell out which state).

15. What year are you in your residency?

- First year
- Other (please specify): _____

16. Where do you intend to practice medicine upon completion of your residency?

- North Dakota
- Neighboring state (MN, SD, MT)
- Elsewhere in the United States
- Internationally
- Other (please specify): _____

17. Where are you most likely to practice upon completion of your residency?

- Rural
- Urban

18. What is your preferred type of practice upon completion of your residency?

- Private practice
- Large healthcare provider
- Small healthcare provider
- Federally Qualified Health Center (FQHC)
- Other (please specify): _____

19. Please provide your age: _____

20. How do you identify?

- Male
- Female
- Non-binary
- Prefer not to answer

21. Please provide any additional comments:

Thank you for completing our survey.

Return your survey to the Survey Administrator for your Session.

Appendix M: Post-Rotation Survey

The University of North Dakota Center for Family Medicine and the North Dakota Department of Health are working together to explore and pilot medical dental integration in a family health care setting. The Center for Rural Health at the University of North Dakota is completing an assessment of this program. This assessment includes a short questionnaire to capture your experience with this pilot project in which the Center for Family Medicine has integrated a public health hygienist into the medical center. Please consider taking 5-10 minutes to complete this short survey. Your responses are voluntary, anonymous, and data will only be shared aggregately. This evaluation has been approved by the University of North Dakota Institutional Review Board. If you have questions about the survey or the evaluation, please contact Shawnda Schroeder at Shawnda.schroeder@UND.edu or 701-777-0787.

UNIQUE IDENTIFIER (CODE)

This information is needed to anonymously link your pre-survey with the post survey you will be invited to complete at the end of your residency.

First letter in mother's first name: ____ First digit of social security number: ____
 First letter in mother's maiden name: ____ Last digit of social security number: ____

1. Please indicate your level of agreement with each of the following statements.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The seminars provided by the public health hygienist were informative.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The public health hygienist that delivered oral health seminars was knowledgeable about oral health and overall health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The seminars provided me with new information about oral health that I had not previously been exposed to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I will be able to integrate information from the oral health seminars into my family medical practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The seminars changed my perceptions on the importance of medical dental integration and the importance of oral health to overall health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The seminars provided by the public health hygienist were a positive addition to my residence training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The public health hygienist is a positive addition to the UND Center for Family Medicine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Did you conduct any basic oral health screenings while doing your resident rotation at the University of North Dakota Center for Family Medicine?

Yes No [Skip to Q. 6]

3. How many basic oral health screenings have you conducted?

A few Some Many

4. Did you refer any patients for dental care? Yes No (Skip to Q.6)

5. Did you follow up on dental referrals at future appointments? Yes No

6. Please rate your level of agreement with the following statement: Oral health is an important factor in overall health.

Strongly Disagree Disagree Neutral Agree Strongly Agree

7. How confident are you in your ability to identify each of the following conditions?

	Not At All Confident	Somewhat Confident	Confident	Very Confident
Cavity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Periodontal Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mouth Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gingivitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Candidiasis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gingival Hyperplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abscess	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Please indicate if you are, or are not, aware of a correlation (relationship) between oral health and the following medical conditions.

	Aware	Not Aware
Cerebrovascular disease	<input type="checkbox"/>	<input type="checkbox"/>
Coronary vascular disease	<input type="checkbox"/>	<input type="checkbox"/>
Xerostomia	<input type="checkbox"/>	<input type="checkbox"/>
Throat cancer	<input type="checkbox"/>	<input type="checkbox"/>
Preterm birth	<input type="checkbox"/>	<input type="checkbox"/>
HIV/Aids	<input type="checkbox"/>	<input type="checkbox"/>
HPV	<input type="checkbox"/>	<input type="checkbox"/>
Low birth weight	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Aspiration pneumonia	<input type="checkbox"/>	<input type="checkbox"/>

9. Please indicate if you are, or are not, aware of these behaviors or conditions having an influence on an individual's oral health.

	Aware	Not Aware
Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition and diet	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol use	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco use	<input type="checkbox"/>	<input type="checkbox"/>
Use of methamphetamine	<input type="checkbox"/>	<input type="checkbox"/>
Opioid use (prescribed and illicit)	<input type="checkbox"/>	<input type="checkbox"/>
Use of certain prescribed medications	<input type="checkbox"/>	<input type="checkbox"/>
Alzheimer's, dementia, and/or memory loss	<input type="checkbox"/>	<input type="checkbox"/>

10. Please rate how important, or not important, each of the following is in a family medical setting.

	Not At All Important	Somewhat Important	Very Important
Basic oral health screenings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Questions regarding oral health during intake screenings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient referrals for oral health treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follow up on referred oral health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presence of an oral health hygienist in the family medical practice setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuing education on oral health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrated oral health care in the family medical setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Where did you attend medical school? (If outside of the United States, just list the country; if within the United States, please spell out which state).

12. What year are you in your residency?

- Third year Other (please specify): _____

13. Where do you intend to practice medicine upon completion of your residency?

- North Dakota
- Neighboring state (MN, SD, MT)
- Elsewhere in the United States
- Internationally
- Other (please specify): _____

14. Where are you most likely to practice upon completion of your residency?

- Rural
- Urban

15. What is your preferred type of practice upon completion of your residency?

- Private practice
- Large healthcare provider
- Small healthcare provider
- Federally Qualified Health Center (FQHC)
- Other (please specify): _____

16. Please provide your age:_____

17. How do you identify?

- Male
- Female
- Non-binary
- Prefer not to answer

18. Please provide any additional comments:

Thank you for completing our survey.

Return your survey to the Survey Administrator for your Session.