

Learning Opportunity: Community Oral Health Transformation (COHT) Initiative in North Carolina

Online Application

The Blue Cross and Blue Shield of North Carolina Foundation in partnership with the North Carolina Oral Health Collaborative and CareQuest Institute for Oral Health, seeks to identify participants in a learning community of up to 14 dental clinics to support the advancement of prevention-focused, value-based, whole-person oral health care in North Carolina.

Eligibility Criteria

This opportunity is specifically designed for safety-net clinics (up to 12 will be included) with an established dental practice and a limited number of private practices (up to two will be included). All participating clinics must have a minimum payer mix of 15% Medicaid.

Additional eligibility considerations:

- A local health department, community-based nonprofit organization that is exempt under Section 501(c)(3) of the Internal Revenue Code, or private practice with a payer mix of 15 % or greater Medicaid
- A minimum of three operatories
- Provide comprehensive care
- Use of Electronic Health Record (EHR) -preferred EHRs are: Open Dental, Eaglesoft, Epic, and Dentrix)

In addition to basic eligibility, the following areas are also considered critical success factors:

- Alignment among leadership, providers, and staff concerning continuous learning and clinical and administrative improvement
- The ability to engage two to three individuals who will serve as the Site Implementation Team — attending the virtual and face-to-face sessions and providing leadership on a day-to-day basis at the clinic to implement new practices
- Staff buy-in (clinical and administrative)
- Commitment to interdisciplinary practice (e.g., partnership with primary care/behavioral health)

Application Deadline: June 2, 2022, by 5:00 p.m. EST

Learning Opportunity: Community Oral Health Transformation (COHT) Initiative in North Carolina

Organizational Information

Please provide the following organizational contact information.

* 1. Primary Contact Phone

* 2. Primary Contact Email

* 3. Primary Contact Name

* 4. Organization Mailing Address

* 5. Organization Name

Learning Opportunity: Community Oral Health Transformation (COrHT) Initiative in North Carolina

Clinic Operations

Responses should be based on the last 12 months of clinical operations.

* 6. Clinic Type

Please provide the following Clinic Demographic information (Questions 7-10). For organizations with multiple brick and mortar or community based sites, please use data from only those sites that will be most directly involved in this project.

* 7. Total active patients in practice.

* 8. Language interpretation on site (please provide specific languages)

* 9. Percentage of patient population(s) served (pediatric (0-18 years of age) vs adult)

* 10. County(ies) in service area

* 11. How many operatories does your clinic have at its brick-and-mortar site.

* 12. Relating to your brick-and-mortar site(s), please indicate what additional health services that your organization provides.

* 13. Relating to your brick-and-mortar site(s), please indicate what type of service(s) are provided (e.g. preventive services only, preventive and restorative only, comprehensive oral health care services, etc.)

* 14. Do you currently offer oral health care services outside your brick-and-mortar location(s)?

Yes

No

Learning Opportunity: Community Oral Health Transformation (COHT) Initiative in North Carolina

Oral Health Care Services

If you currently offer oral health care services outside your brick-and-mortar location, please indicate the following.

* 15. What type of service site(s) (e.g. school-based)

* 16. What service(s) are provided (e.g. preventive services only, preventive and restorative only, comprehensive oral health care services, etc.)

* 17. Geographic location (county(ies))

Learning Opportunity: Community Oral Health Transformation (COHT) Initiative in North Carolina

Clinic Operations (continued)

* 18. Approximately what percent of your payer mix is Medicaid?

* 19. Does your clinic accept new patients with Medicaid insurance ?

Yes

No

* 20. Approximately how many patients with Medicaid insurance does your clinic see monthly?

* 21. Describe the racial and ethnic composition of your patient population using percentages of your overall patient population.

* 22. Approximately what percent of your patients speak a language other than English?

* 23. What Electronic Health Record System (EHR) does your clinic use?

* 24. Describe your staffing (e.g., number and employee type with corresponding FTE for each).

Learning Opportunity: Community Oral Health Transformation (COHT) Initiative in North Carolina

**COHT and Domain-related Questions (Critical Success Factors)
Teleprevention (teledentistry)**

* 25. Does your clinic offer services via teledentistry?

Yes

No

If yes, please describe what service(s) is / are provided via teledentistry.

26. If no, does your clinic currently have the capability (hardware equipment and software) to offer dental services via teledentistry?

Yes

No

Learning Opportunity: Community Oral Health Transformation (COHT) Initiative in North Carolina

Minimally Invasive Care

* 27. Does your clinic offer minimally invasive care treatments (e.g., SDF, ITR, ICON, Hall crowns, etc.)?

Yes

No

If yes, please describe what minimally invasive care treatments your clinic provides.

Learning Opportunity: Community Oral Health Transformation (COHT) Initiative in North Carolina

Integrated and Personalized Care

* 28. Does your clinic have a system in place for internal referrals and/or collaboration with other providers within your organization (medical, dental, and/or behavioral health)?

- Yes
- No
- Not applicable

If yes, please describe your clinic's process for internal referrals to other providers within your organization (medical, dental, and/or behavioral health).

* 29. Does your clinic have a system in place for external referrals to outside providers (medical, dental, and/or behavioral health)?

- Yes
- No
- Not applicable

If yes, please describe your clinic's process for external referrals to outside providers (medical, dental, and/or behavioral health).

* 30. Does your clinic use risk assessments (social and/or caries risk) when creating care plans and helping determine self-management goals?

- Yes
- No

If yes, please describe.

* 31. Does your clinic utilize navigation / care coordination services to assist patients in their ability to access and receive oral health care?

Yes

No

If yes, please describe the navigation / care coordination services your clinic provides to assist patients in their ability to receive oral health care

* 32. Does your clinic currently measure patient experience and satisfaction?

Yes

No

If yes, please describe how your clinic is currently measuring patient experience and satisfaction.

Learning Opportunity: Community Oral Health Transformation (CO_rHT) Initiative in North Carolina

Additional Questions

* 33. With regard to the Three Domain Framework (teledentistry, minimally invasive care, and integrated and personalized care), what potential barrier(s) do you anticipate regarding your clinic's participation in the CO_rHT Initiative in North Carolina?

* 34. With regard to staffing / capacity, what potential barrier(s) do you anticipate regarding your clinic's participation in the CO_rHT Initiative in North Carolina?

* 35. With regard to technology and/or data management and reporting, what potential barrier(s) do you anticipate regarding your clinic's participation in the CO_rHT Initiative in North Carolina?