



Submit Your Story

Share how your clinic or practice is integrating oral health and primary care.

INSTRUCTIONS

Type your answers into this form, completing all applicable questions, and email the completed form to Samantha Dorr at sdorr@vaoralhealth.org. Feel free to submit attachments with this form, including blank patient intake sheets, charts or graphs, etc. **Please do not submit patient-specific health information.** The Virginia Oral Health Coalition may share your story and contact information on our website, unless otherwise indicated on this form.

Organizational Information

Organization Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

County: _____

Program Contact | Please include contact information for the person at the organization who is willing to speak with other community members about the organization's integration activities.

Name: _____ **Job Title:** _____

Email: _____ **Phone:** _____

Approximate Start Date for Integration Activities (Month/Year): _____

Briefly describe the population of focus for your integration efforts (age range, health status or condition, geographic area, etc.)



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Key Components of the Integration Workflow

Patient Intake | What kind of information is collected from patients as part of your integrated care activities or program? Who collects it?

Example: "The medical front office staff ask patients about their last dental visit."

Clinical Services | What services are provided to patients through your integration efforts and by whom?

Example: "Our primary care physician provides an oral exam, oral health education, blood pressure or glucose screening, and referrals."

Documentation and Information-Sharing | How is the patient health information collected and shared between medical and dental clinics and staff?

Example: "We augmented our electronic health records so that our dental providers can see the medical notes, and vice versa. We also include a dental representative in monthly care meetings."

Referrals | How and when are referrals made between the medical and dental clinic?

Example: "We have built time into our schedule on Thursdays for medical referrals." Or, "A dental assistant walks patients up to medical to be seen immediately if their blood pressure is too high."

Follow up/Patient Support Services | What types of follow up, case management and/or patient support services are offered?



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Results, Lessons and Key Considerations

Key Metrics | List the key measures used to evaluate your efforts.

Challenges, Successes and Outcomes | List challenges, successes and outcomes (if available) from your efforts thus far.

Lessons Learned | What are some lessons learned from your integration efforts?

Key Considerations | What are some considerations for others as they navigate oral health integration activities?

What additional thoughts can you share with us to better understand your integration activities?

May we post your story on our website (www.vaoralhealth.org)? Yes No

May we share your contact information with your story? Yes No