# NNOHA
National Network for Oral Health Access

# Health Center Oral Health Promising Practice

**Practice Number:** 00019

**Submitted By:** Community Healthcare Network

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## Using the Capabilities of eClinicalWorks (eCW) to Create Patient Centered Care in Dental Programs

### Organization:
Community Healthcare Network, Brooklyn, NY

### One Sentence Description:
Using eCW order sets during the dental visit allows enhanced data collection and coordination of care.
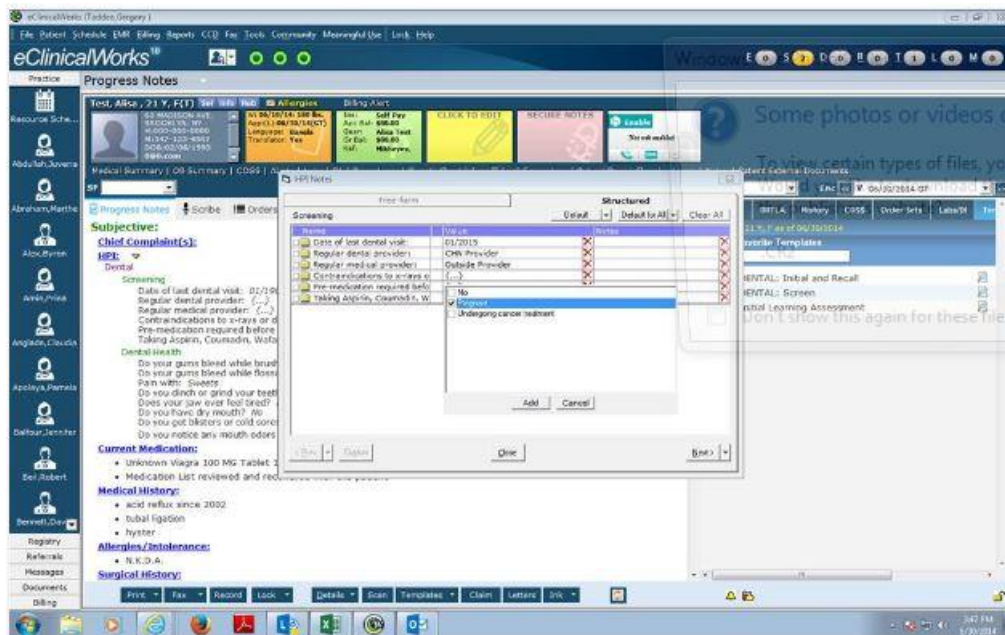
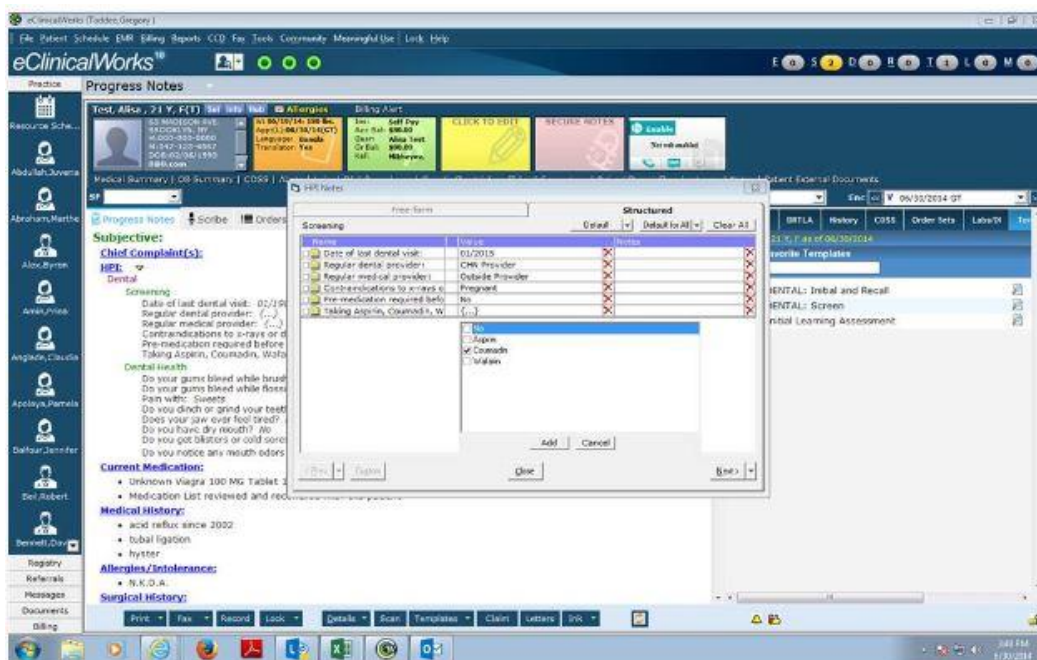### Summary:

**Background:**
The future of patient care is going to move away from quantity to quality and transform the practice of dentistry into oral health. In the future payers will hone in on the dental practitioner and evaluate if the dentist is aware of, and considering the patient's total health care status, not just the dental status, in planning care. Already, with Meaningful Use (MU) requirements that ask dentists to evaluate and document tobacco cessation, pain scales and to print visit summaries for patients, the early stages of this transformation are visible.

Beyond Meaningful Use requirements, the forward thinking dental practice can already use an EHR system like eCW to capture additional data that is either required or desired to provide optimal patient care. For example, the MU requirements for tobacco cessation are accessed through eCW, not through Open Dental. ECW can be configured to collect data to meet additional state, federal, and external organization regulatory and accreditation requirements, as well as to collect and store patient level data in the EHR that can lead to improved patient care. An example of the latter, would be the ability to determine at a dental visit when was the last time a pre-natal (screenshot 1) client or a patient on blood thinners (screenshot 2) had a primary care visit or to be able to communicate via the EHR that a patient needs a behavioral health intervention.

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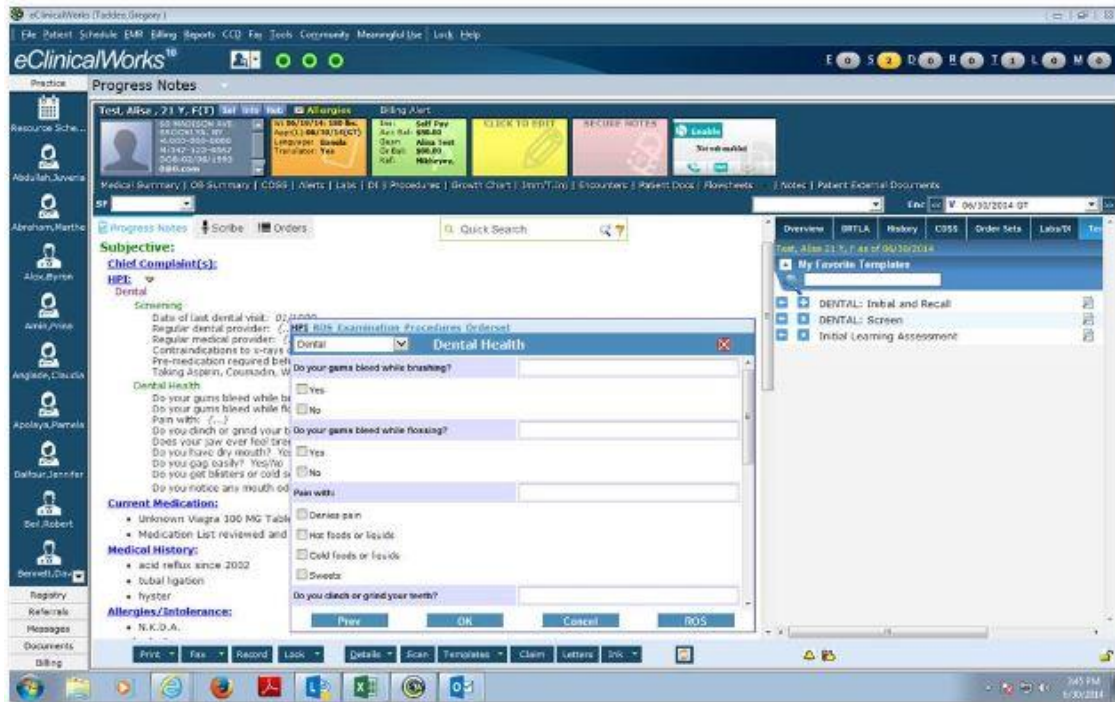
**Screenshot 1:**



**Screenshot 2:**



**Methods:**

To collect additional data in the dental clinic that is of interest and can be accessed and utilized by dental and other Health Center departments for quality and patient care initiatives, capabilities in eCW can be utilized. **Order sets** are pre-made templates that can be created in eCW and customized to collect data in specific fields. They increase efficiency because the user does not have to keep typing in the same information into the system each time.

The initial step when developing **order sets** is what data you are trying to collect and how the data will be used. There may be different priorities in terms of what information is needed from a patient that receives primary care in the Health Center and therefore already has medical information in eCW, and someone who only receives dental care in the Health Center and has a primary care provider in another network.

At Community Healthcare Network, initially, we created **order sets** to be incorporated into our Electronic Medical Record eCW. Once the **order sets** were created, dental staff at one clinic (beta test site) was trained and piloted the order sets and workflow for two weeks. After revisions were made based on the pilot feedback, the order sets and workflow were implemented in all dental clinics (screenshot 3).

**Screenshot 3:**



Entry of data into the EHR is a critical function that also needs to be efficiently performed. Since ancillary dental staff could be utilized to improve efficiency during the dental encounter by performing EHR data entry allowing more time for provider-patient interaction, the challenge was to design the clinical appointment workflow and EHR data entry in a manner that would maximize efficiency.

Once data has been entered into the EHR eCW, the data is accessible to pull reports and/or aggregate data as needed. The HIT staff at Community Healthcare Network can pull reports but the organization also contracts with a data collection service that manages data and can design and perform more complex data analyses. Dental software data is not accessible in this manner.

**Results:**
The following outcomes resulted from the implementation of **order sets** into the dental workflow:
• Decreased time spent on chart management via electronic **order sets**, and other templates.
• Integrated EMR/EDR enhanced coordination of care between medical and dental needs that promoted patient-centered health care.
• Increased efficiency during the patient visit while simultaneously collecting valuable patient data, with the goal of increased available time for patient care vs. documentation, which ultimately allows the dental department to see more patients.

**Conclusion:**
By incorporating data collection through **orders sets** into the current workflow, we create an ease of access to the data needed by dental providers to diagnose and improve the health of their patients and meet standards set by national organizations. It will also be valuable in the future as patients are able to access and enter patient-generated data. The information can ultimately be shared among doctors' offices, hospitals, and across health systems leading to better coordination of care.

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