

**NH DHHS  
Division of Medicaid Services  
HB 692  
Working Group**

**Oral Health Capacity and Demand Environmental Scan**

**Sample Questions**

**Section I: Patient Population**

During the past year how many dental patient visits occurred in your organization for patients ages 21 - 64? \_\_\_\_\_

Please provide a breakdown of the previous information in the following age groups:

Age 21-44 \_\_\_\_\_

Age 45-64 \_\_\_\_\_

What percentage of your patient population is in each of these categories:

1. NH Dental Medicaid \_\_\_\_\_
2. Commercial Insurance \_\_\_\_\_
3. Uninsured \_\_\_\_\_

What percentage of adult dental patients accepted a proposed treatment plan in the past year? \_\_\_\_\_

What percentage of adult dental patients completed an accepted treatment plan in the past year? \_\_\_\_\_

What percentage of adult dental patients required interpretive language services in the past year? \_\_\_\_\_

What percentage of adult dental patients required pre-surgical oral health clearance (ex. to facilitate joint replacement, organ transplant, etc.) in the past year?  
\_\_\_\_\_

**Section II: Facility**

**Please list how many staff members are employed in your facility:**

	<b>Full time</b>	<b>Part time</b>
1. Dentist	_____	_____
2. Dental Assistant	_____	_____
3. EFDA	_____	_____
4. RDH	_____	_____
5. CPHDH	_____	_____
6. Support/Billing	_____	_____
7. Care coordinators	_____	_____

**Do any of your dental providers have advanced training for treatment of special needs patients? If yes, please describe.** \_\_\_\_\_

**Number of dental operatories in your facility:** \_\_\_\_\_

**Weekly schedule of office hours:**

Monday	_____
Tuesday	_____
Wednesday	_____
Thursday	_____
Friday	_____
Saturday	_____

**When booking patient dental appointments what is the average length of wait time until the first appointment?**

- 1-7 days
- 1-2 weeks
- 2-4 weeks
- Greater than 4 weeks

**Is the organization electronic health record (EHR) interoperable between medical and dental treatment areas?**

- Yes
- No

When patients are referred from a medical provider to a dental provider, or vice versa, it is handled by:

- Electronic referral within the EHR
- “Warm” hand off between providers
- Both a and b
- Other

**Section III: Access and Utilization**

Are dental specialists available to accept your referrals of patients from your organization for:

	Yes	No
Oral surgery	_____	_____
Endodontics	_____	_____
Periodontics	_____	_____

If your organization dentist has operating room (OR) privileges at a local hospital, are you able to book OR appointments for adult dental patients?

Yes                      No                      NA

What is the wait time for an OR appointment

- 1-4 weeks
- 5-8 weeks
- Greater than 8 weeks
- NA

Do you offer in-office analgesia during dental appointments?

Yes                      No

Do you offer in-office sedation during dental appointments?

Yes                      No

Do you accept referrals of patients with pain and/or infection from a local Emergency Department?

Yes                      No

Does your organization participate in a referral program for patients from SUD programs in your area?

Yes                      No

**Section IV: Work force**

Does your organization act as a preceptor location for UNE dental students?

**If you have a CPHDH working in your organization, do they work in any alternate treatment settings such as school based programs or a a medical office? If yes, describe the alternate treatment setting.**

**Has your organization considered adding an EFDA to your dental care team?**

**If no, what were the reasons that you did not consider this?**