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Framework for Dental Integration in Free and Charitable Clinics and Charitable Pharmacies

Phase 1	**Partnership** • Dental and primary care providers are not part of the same organization. • Communication may occur at the executive level or provider level. • Referrals compromise the majority of communications. • Relationships between provider offices are highly dependent on personnel. • No formal agreements, payment arrangements, or MOUs are in place.
Phase 2	**Coordination** • Dental and primary care may or may not be under the same organization. • Dental and primary care programs operate as partners, separately and on separate systems. • Providers view each other as resources and communicate periodically about patients. • If separate organizations, executives facilitate coordination. • A formal agreement, referral process, payment arrangement, MOU, or shared governance institutionalizes the relationship.
Phase 3	**Working Collaboration** • Dental and primary care are housed within the same organization. • Dental and primary care services may be co-located. • Providers use separate systems but develop workarounds to share patient information and coordinate care, particularly for complex patients. • Movement of patients between service areas is most often through a referral process. • Most decisions about patient care are made independently by individual providers. • Organizational leadership and key providers discuss reducing silos
Phase 4	**Systematic Collaboration** • Patient-facing systems are shared (patient intake, eligibility, scheduling, reminders, etc.) • A process or system allows providers to consistently exchange information about patients across primary care, dental, or other services. • Complex patients drive the need for consultation, which is done through personal communication. • Some processes and workflows supporting collaboration are formalized in policies and information systems. • Organizational leadership and key providers have focused meetings on reducing silos and streamlining the patient experience

Phase 5 Working Integration

- Dental, primary care and/or other providers begin to function as one team.
- Team dedicates time to systematic solutions, policies, processes or workflows to reduce barriers to integration for a broad range of patients.
- Providers understand the different roles team members play and have started to change their practice and structure of care to better achieve patient goals.
- Organizational leadership, key providers, and staff work together to establish policies, processes, and workflows that advance the collaboration.

Phase 6 Systematic Integration

- Patients and providers view the operation as a single organization.
- Team communicates consistently across disciplines.
- A tracking or feedback system allows providers to verify that patients have received services across other disciplines.
- Receiving services across disciplines (e.g., dental, primary care, pharmacy, etc.) requires minimal effort for the patient.
- Supporting patients receiving services across disciplines requires minimal effort for providers.
- Integration workflows and efficiencies are sustained through infrastructure. Integration is independent of the personnel in key positions.

For digital access, updates to this framework, and other resources on dental integration, see www.mcjonesconsulting.com/dentalintegration.