

## Supplemental materials for

Jiang T, Savageau JA, Russinof H, Riedy CA, Silk H. Evaluation of the Oral Health Knowledge Network's impact on pediatric clinicians and patient care. *Ann Fam Med*. 2023;21(Suppl 2):S39-S48.

## Supplemental Appendix 1. Medical Clinician Interview Guide

### Demographics/Overview of professional role (5 minutes):

1. Please describe your professional role(s) among the following choices - **[answer all that apply]**:
  - a. Clinician
  - b. Educator
  - c. Administrator
  - d. Researcher
  - e. Other (please specify): \_\_\_\_\_
2. Of the professional roles discussed above, which is your **primary** one (highest percentage of your time)?
  - a. Clinician
  - b. Educator
  - c. Administrator
  - d. Researcher
  - e. Other (please specify): \_\_\_\_\_
3. We will dive into this more later in the interview, but can you briefly tell me about what medical-dental integration activities you are a part of currently?

### Clinical Practice Setting (5 minutes)

We'd like to now ask you a few questions about your clinical practice setting.

1. Can you describe your practice setting (i.e. location, patient demographics, payer mix, how many/types of providers)?
  - a. Private practice
  - b. FQHC
  - c. Hospital
  - d. University
  - e. Patient demographics
  - f. Payer mix:
    - i. Medicaid
    - ii. Medicare

- iii. Private insurance
    - iv. Uninsured
  - g. Level of disease:
    - i. Poor
    - ii. Fair
    - iii. Good
    - iv. Excellent
    - v. Unsure
  - h. How many providers?
  - i. Types of providers?
- 2. In your practice, who is performing the medical-dental integration activities? Is it interprofessional?
- 3. How would you rate your perceived level of overall success\* in medical-dental integration in your practice using a score of 1-10 with 10 being outstanding, 7 being above average, 5 being average, 3 below average, 1 poor? (*\*purposely vague*)

*Prompt: What would make it a 10 or Outstanding?*

### **Overview of Involvement with OHKN (7 minutes)**

Let's start out by asking a few general questions about your involvement with the OHKN. Some may be similar to the survey, but because your contact information was not linked to your survey responses, these answers will help me guide you through the interview.

1. How long have you been a part of the OHKN? (*\*OK to estimate in months, years*)
2. Have you formally presented at one of the OHKN sessions?
3. How many sessions have you attended? (0-25%/26-50%/51-75%/>75%)
4. What was the impetus (driving force) behind your joining the network?

### **Impact of OHKN (10 minutes):**

In this next section, we'd like to learn about how the OHKN may or may not have impacted your work around medical-dental integration.

1. How has the OHKN impacted your work? Was there a particular session or person you could attribute to these changes?

(If the respondent mentions the following clinical practice changes, ask further.)

- a. Increased number of fluoride varnish applications
- b. Referrals to oral health providers
- c. Hired an oral health coordinator or other dental team member
- d. Dedicated patient education around oral health
- e. Incorporated oral exam (e.g., screening for dental disease and/or oral cancer) into patient exams
- f. Incorporated oral health training for medical team
- g. Others (please specify): \_\_\_\_\_

2. In what other ways did your participation in the OHKN sessions lead to other changes? Was there a particular session or person you could attribute to these changes?

(If the respondent mentions the following changes, ask further.)

- a. Networking
- b. Further training in oral health for yourself or colleagues
- c. Engaging with others on medical/dental integration
- d. Policy change (e.g., dental insurance coverage, providers licensed to apply fluoride varnish)
- e. Applied for a grant
- f. Scholarship (e.g., manuscript, abstract, poster)
- g. Other projects (please specify): \_\_\_\_\_

3. Has the OHKN influenced you professionally in any other way that we have not yet discussed?

4. Has the OHKN led you to influence non-clinicians in your state? (Examples of non-clinicians: state coalition program directors, health advocates)

### **Evaluation of OHKN (7 minutes)**

Next, we'd like to ask for some feedback around your experience with the OHKN.

- 1. How has the OHKN been the most beneficial to you?
- 2. How could it better meet your needs?

### **Influences (10 minutes)**

Thanks for your feedback. We now want to ask a few questions about what influences your work around medical-dental integration.

1. What are the drivers for integrating oral health activities into your practice?

Examples of drivers: leadership buy-in, reimbursement for fluoride varnish, epidemiology of local disease

2. Did OHKN influence any of these drivers?

3. Did you/do you have specific funding for developing and/or maintaining\* your oral health integration? (\*Be sure interviewee answers funding for developing and maintaining).

*Prompt: What was the funding source? Institutional/Internal or external grant? Initial funding vs. sustainable funding – describe?*

4. Do you have a relationship with a State/National Project/Coalition/Department/Agency?

**IF YES:** Can you describe who it is and how you work together?

*Prompt: State or national oral health coalitions? AHEC, DPH, NIIOH, or specialty national organization?*

5. Are there any other influences in terms of people, processes, or resources that have made your oral health integration successful?

### **Barriers (5 minutes)**

Now, I'd like to ask you about some barriers you may have faced in your integration work.

1. a) What do you feel your greatest barrier was to implementing your oral health activities in your practice?

*Prompt: Can you describe how this barrier was overcome?*

*Prompt: Can you think specifically about your experience in OHKN and tell me if there were any barriers to implementing something that you learned at a training session(s)?*

b) Do you have any different barriers to maintaining your OH activities?

c) How can OHKN help you overcome these barriers?

*Prompt: What are you doing to help overcome this barrier?*

### **Wrap-Up (5 minutes)**

1. Moving forward with the OHKN, how do you see the OHKN helping medical-dental integration?
2. Would you be interested in a more traditional Project ECHO approach to the OHKN where future sessions would be more focused on helping members offer more oral health care (e.g. real time consultations on oral health issues, fluoride varnish, silver diamine fluoride, and case management)?

(Project ECHO which stands for Extension for Community Healthcare Outcomes project where medical providers and system-level leaders are educated through monthly oral health teaching sessions and case presentations)

3. Is there anything else you would like to tell me that we haven't covered that you think might be relevant?

### **Concluding Interview (3 minutes)**

- Thank you very much for taking time to answer our questions today.

In addition to our survey and interviews, we would like to assess clinical practice changes at your practice (e.g., the number of oral exams conducted, fluoride varnish administered, dental referrals, etc) through electronic medical record reviews and billing data. Is this something you and/or your office managers and IT specialists would be willing to participate in? **Y** \_\_\_ **N** \_\_\_. If yes, could you provide the name, title, and contact information for whom we should contact?

Name:

Title:

Email address:

Phone number:

- Do you have any workflow charts/frameworks/presentations around your integration work that you'd like to share? **Y** \_\_\_ **N** \_\_\_. That would really help our study. I can send you an email to make it easy for you to simply reply. Would it be okay if we share the information on our CIPCOH website? **Y** \_\_\_ **N** \_\_.
- If you think of anything else that you want to add, please feel free to email me.

· Lastly, please indicate the email address, name, address, and phone number you would like us to send your gift card to and we will get it out to you right away. As mentioned at the start of the interview, we will ask for you to send us an email confirming your receipt of the gift card. Thanks.

Email address: \_\_\_\_\_

Name:

Address:

Phone number (cell/work/home):

## Supplemental Appendix 2. Non-Clinician Interview Guide

### **Demographics/Overview of professional role (5 minutes):**

1. Please describe your professional role(s) among the following choices - **[answer all that apply]**:
  - a. Clinician
  - b. Educator
  - c. Administrator
  - d. Researcher
  - e. Other (please specify): \_\_\_\_\_
2. Of the professional roles discussed above, which is your **primary** one (highest percentage of your time)?
  - a. Clinician
  - b. Educator
  - c. Administrator
  - d. Researcher
  - e. Other (please specify): \_\_\_\_\_
3. We will dive into this more later in the interview, but can you briefly tell me about what medical-dental integration activities you are a part of currently?
4. Do you engage with medical or dental clinical providers? If yes, how?

### **Overview of Involvement with OHKN (7 minutes)**

Let's start out by asking a few general questions about your involvement with the OHKN. Some may be similar to the survey, but because your contact information was not linked to your survey responses, these answers will help me guide you through the interview.

1. How long have you been a part of the OHKN? (*\*OK to estimate in months, years*)
2. Have you formally presented at one of the OHKN sessions?
3. How many sessions have you attended? (0-25%/26-50%/51-75%/>75%)
4. What was the impetus (driving force) behind your joining the network?

### **Impact of OHKN (10 minutes):**

In this next section, we'd like to learn about how the OHKN may or may not have impacted your work around medical-dental integration.

1. How has the OHKN impacted your work? Was there a particular session or person you could attribute to these changes?

Did the OHKN allow you to engage with medical or dental clinicians in any of the following?

- a. Increased number of fluoride varnish applications
- b. Referrals to oral health providers
- c. Hired an oral health coordinator or other dental team member
- d. Dedicated patient education around oral health
- e. Incorporated oral exam (e.g., screening for dental disease and/or oral cancer) into patient exams
- f. Incorporated oral health training for medical team
- g. Others (please specify): \_\_\_\_\_

2. In what other ways did your participation in the OHKN sessions lead to other changes? Was there a particular session or person you could attribute to these changes?

(If the respondent mentions the following changes, ask further.)

- a. Networking
- b. Further training in oral health for yourself or colleagues
- c. Engaging with others on medical/dental integration
- d. Policy change (e.g., dental insurance coverage, providers licensed to apply fluoride varnish)
- e. Applied for a grant
- f. Scholarship (e.g., manuscript, abstract, poster)
- g. Other projects (please specify): \_\_\_\_\_

3. Has the OHKN influenced you professionally in any other way that we have not yet discussed?

### **Evaluation of OHKN (7 minutes)**

Next, we'd like to ask for some feedback around your experience with the OHKN.

1. How has the OHKN been the most beneficial to you?
2. How could it better meet your needs?

### **Influences (10 minutes)**

Thanks for your feedback. We now want to ask a few questions about what influences your work around medical-dental integration.



1. What are the drivers for integrating oral and systemic health activities into your work?

Examples of drivers: leadership buy-in, reimbursement for fluoride varnish, epidemiology of local disease

2. Did OHKN influence any of these drivers?

3. Did you/do you have specific funding for developing and/or maintaining\* your oral and systemic health integration? (\*Be sure interviewee answers funding for developing and maintaining).

*Prompt: What was the funding source? Institutional/Internal or external grant? Initial funding vs. sustainable funding – describe?*

4. Do you have a relationship with a State/National Project/Coalition/Department/Agency?

**IF YES:** Can you describe who it is and how you work together?

*Prompt: State or national oral health coalitions? Area Health Education Center (AHEC), DPH, NIIOH, or specialty national organization?*

5. Are there any other influences in terms of people, processes, or resources that have made your oral health integration successful?

### **Barriers (5 minutes)**

Now, I'd like to ask you about some barriers you may have faced in your integration work.

1. a) What do you feel your greatest barrier was to implementing your oral and systemic health activities in your work?

*Prompt: Can you describe how this barrier was overcome?*

*Prompt: Can you think specifically about your experience in OHKN and tell me if there were any barriers to implementing something that you learned at a training session(s)?*

b) Do you have any different barriers to maintaining your oral and systemic health OH activities?

c) How can OHKN help you overcome these barriers?

*Prompt: What are you doing to help overcome this barrier?*

**Wrap-Up (5 minutes)**

1. Moving forward with the OHKN, how do you see the OHKN helping medical-dental integration?
2. Are you familiar with a traditional Project ECHO, which stands for Extension for Community Healthcare Outcomes project where medical providers and system-level leaders are educated through monthly oral health teaching sessions and case presentations? Would you be interested in a more traditional Project ECHO approach to the OHKN where future sessions would be more focused on helping members offer more oral health care (e.g. real time consultations on oral health issues, fluoride varnish, silver diamine fluoride, and case management)?
3. Is there anything else you would like to tell me that we haven't covered that you think might be relevant?

**Concluding Interview (3 minutes)**

- Thank you very much for taking time to answer our questions today.

In addition to our survey and interviews, we would like to assess clinical practice changes (e.g., the number of oral exams conducted, fluoride varnish administered, dental referrals, etc) through electronic medical record reviews and billing data. Is this something that would be relevant for you and would you and/or your office managers and IT specialists be willing to participate in? **Y** \_\_\_ **N** \_\_\_. If yes, could you provide the name, title, and contact information for whom we should contact?

Name:

Title:

Email address:

Phone number:

- Do you have any workflow charts/frameworks/presentations around your integration work that you'd like to share? **Y** \_\_\_ **N** \_\_ That would really help our study. I can send you an email to make it easy for you to simply reply. Would it be okay if we share the information on our CIPCOH website? **Y** \_\_\_ **N** \_\_

- If you think of anything else that you want to add, please feel free to email me.
- Lastly, please indicate the email address, name, address, and phone number you would like us to send your gift card to and we will get it out to you right away. As mentioned at the start of the interview, we will ask for you to send us an email confirming your receipt of the gift card.

Thanks.

Email address: \_\_\_\_\_

Name:

Address:

Phone number (cell/work/home):

## Supplemental Appendix 3. Non-Medical Clinician Interview Guide

### **Demographics/Overview of professional role (5 minutes):**

1. Please describe your professional role(s) among the following choices - **[answer all that apply]**:
  - a. Clinician
  - b. Educator
  - c. Administrator
  - d. Researcher
  - e. Other (please specify): \_\_\_\_\_
2. Of the professional roles discussed above, which is your **primary** one (highest percentage of your time)?
  - a. Clinician
  - b. Educator
  - c. Administrator
  - d. Researcher
  - e. Other (please specify): \_\_\_\_\_
3. We will dive into this more later in the interview, but can you briefly tell me about what medical-dental integration activities you are a part of currently?
4. Do you engage with medical clinical providers? If yes, how?

### **Overview of Involvement with OHKN (7 minutes)**

Let's start out by asking a few general questions about your involvement with the OHKN. Some may be similar to the survey, but because your contact information was not linked to your survey responses, these answers will help me guide you through the interview.

1. How long have you been a part of the OHKN? (*\*OK to estimate in months, years*)
2. Have you formally presented at one of the OHKN sessions?
3. How many sessions have you attended? (0-25%/26-50%/51-75%/>75%)
4. What was the impetus (driving force) behind your joining the network?

### **Impact of OHKN (10 minutes):**

In this next section, we'd like to learn about how the OHKN may or may not have impacted your work around medical-dental integration.

1. How has the OHKN impacted your work, especially your clinical activities? Was there a particular session or person you could attribute to these changes?

Did the OHKN allow you to engage with medical clinicians in any of the following?

- a. Increased number of fluoride varnish applications
- b. Referrals to oral health providers
- c. Hired an oral health coordinator or other dental team member
- d. Dedicated patient education around oral health
- e. Incorporated oral exam (e.g., screening for dental disease and/or oral cancer) into patient exams
- f. Incorporated oral health training for medical team
- g. Others (please specify): \_\_\_\_\_
- h.

2. In what other ways did your participation in the OHKN sessions lead to other changes? Was there a particular session or person you could attribute to these changes?

(If the respondent mentions the following changes, ask further.)

- a. Networking
- b. Further training in oral health for yourself or colleagues
- c. Engaging with others on medical/dental integration
- d. Policy change (e.g., dental insurance coverage, providers licensed to apply fluoride varnish)
- e. Applied for a grant
- f. Scholarship (e.g., manuscript, abstract, poster)
- g. Other projects (please specify): \_\_\_\_\_

3. Has the OHKN influenced you professionally in any other way that we have not yet discussed?

### **Evaluation of OHKN (7 minutes)**

Next, we'd like to ask for some feedback around your experience with the OHKN.

1. How has the OHKN been the most beneficial to you?
2. How could it better meet your needs?

### **Influences (10 minutes)**

Thanks for your feedback. We now want to ask a few questions about what influences your work around medical-dental integration.

1. What are the drivers for integrating oral and systemic health activities into your practice?

Examples of drivers: leadership buy-in, reimbursement for fluoride varnish, epidemiology of local disease

2. Did OHKN influence any of these drivers?

3. Did you/do you have specific funding for developing and/or maintaining\* your oral and systemic health integration? (\*Be sure interviewee answers funding for developing and maintaining).

*Prompt: What was the funding source? Institutional/Internal or external grant? Initial funding vs. sustainable funding – describe?*

4. Do you have a relationship with a State/National Project/Coalition/Department/Agency?

**IF YES:** Can you describe who it is and how you work together?

*Prompt: State or national oral health coalitions? Area Health Education Center (AHEC), DPH, NIIOH, or specialty national organization?*

5. Are there any other influences in terms of people, processes, or resources that have made your oral health integration successful?

### **Barriers (5 minutes)**

Now, I'd like to ask you about some barriers you may have faced in your integration work.

1. a) What do you feel your greatest barrier was to implementing your oral and systemic health activities in your practice?

*Prompt: Can you describe how this barrier was overcome?*

*Prompt: Can you think specifically about your experience in OHKN and tell me if there were any barriers to implementing something that you learned at a training session(s)?*

b) Do you have any different barriers to maintaining your oral and systemic health activities?

c) How can OHKN help you overcome these barriers?

*Prompt: What are you doing to help overcome this barrier?*

### **Wrap-Up (5 minutes)**

1. Moving forward with the OHKN, how do you see the OHKN helping medical-dental integration?
2. Are you familiar with a traditional Project ECHO, which stands for Extension for Community Healthcare Outcomes project where medical providers and system-level leaders are educated through monthly oral health teaching sessions and case presentations? Would you be interested in a more traditional Project ECHO approach to the OHKN where future sessions would be more focused on helping members offer more oral health care (e.g. real time consultations on oral health issues, fluoride varnish, silver diamine fluoride, and case management)?
3. Is there anything else you would like to tell me that we haven't covered that you think might be relevant?

### **Concluding Interview (3 minutes)**

- Thank you very much for taking time to answer our questions today.

In addition to our survey and interviews, we would like to assess clinical practice changes at your practice (e.g., the number of oral exams conducted, fluoride varnish administered, dental referrals, etc) through electronic medical record reviews and billing data. Is this something that would be relevant for you, and would you and/or your office managers and IT specialists be willing to participate in? **Y** \_\_\_\_ **N** \_\_\_\_\_. If yes, could you provide the name, title, and contact information for whom we should contact?

Name:

Title:

Email address:

Phone number:

· Do you have any workflow charts/frameworks/presentations around your integration work that you'd like to share? Y \_\_ N \_\_ That would really help our study. I can send you an email to make it easy for you to simply reply. Would it be okay if we share the information on our CIPCOH website? Y \_\_ N \_\_

· If you think of anything else that you want to add, please feel free to email me.

· Lastly, please indicate the email address, name, address, and phone number you would like us to send your gift card to and we will get it out to you right away. As mentioned at the start of the interview, we will ask for you to send us an email confirming your receipt of the gift card.  
Thanks.

Email address: \_\_\_\_\_

Name:

Address:

Phone number (cell/work/home):