



Coordination and Communication Between Healthcare Professionals

6/20/25

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Objectives

After this presentation you will be able to :

Appreciate the importance of effective communication between different healthcare professionals.

Better understand how to coordinate dental treatment with your patient's various healthcare providers.

Access information from various sources that will enhance multidiscipline communication.

Speaker

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Disclosure:

- In the past 24 months, I have NOT had any financial relationships with any ineligible companies.

Communication

- A process by which information is exchanged or ideas are expressed between individuals ¹
- “Verbal speech or other methods of relaying information that get a point across”²

Effective Communication

- “Effective communication is when the person who you are talking to listens actively, absorbs your point, and understands it.”
- Positive or negative



1. <https://www.merriam-webster.com/dictionary/communication>
2. <https://www.yourdictionary.com/effective-communication>
3. <https://quotesgram.com/communication-is-key-quotes/>

WHAT IS COMMUNICATION?

Communication is the process of sending and receiving messages through verbal or nonverbal means.



Verbal & Non-Verbal Communication

Verbal

- Can be either spoken or written
- Talking
- Listening
- Speaking style
- Various languages

Non-Verbal

- Facial expressions
- Body language
- Nodding
- Gestures
- Tone of voice
- Posture and position
- Eye contact

What can be done to enhance coordination and improve communication among healthcare professionals?

- Educational opportunities that involve varied professionals , such as CE courses targeted to nurses, dentists, physicians, physical therapists, and nurse practitioners
- Study clubs, Grand Rounds
- Interprofessional Education in our schools
- This allows for networking, building professional relationships, and breaking down barriers and misperceptions regarding roles in patient care.



What is collaborative care?

Healthcare professionals working together to:

Assume complementary roles

Share information

Share responsibility

Solve problems

Make decisions

Carry out patient treatment



Credit: Patient Safety and Quality: An Evidence-Based Handbook for Nurses, Chapter 33, Professional Communication and Team Collaboration by O'Daniel and Rosenstein

Link between Oral Health and Systemic Health

Dental professionals are well aware of the link between systemic diseases such as diabetes and cardiac disease and periodontal disease, but a surprising number of medical professionals are not.

- The link seems to be chronic inflammation and more research is being done to explore these correlations.

Oral health and systemic disease Links

- There is a positive correlation between periodontitis and increased risk of cardiovascular events.
 - Journal of Clinical Periodontology
Sept 2024
- Patients who have better controlled diabetes have better oral health and less periodontitis. Periodontal disease can increase a person's risk for diabetes.
 - American Diabetes Association
- ADA website: Having scaling and root planning, aka “deep cleanings” can help reduce a patient's HbA1c

Example indications for additional information from physician:

- Patient on dialysis
- Patient on anti-coagulant medication
- Recent history of stroke or cardiac event
- Patient is poor historian
- Patient with congestive heart failure
- Patient is immune compromised or immune suppressed
- Patient with poorly controlled diabetes
- Patient with COPD
- Patient with poorly controlled hypertension

Medical Information Request Form

Medical Information Request

<p>Signing Physician's Return Address: (Name, Address, & Phone)</p> <div style="border: 1px solid black; padding: 5px; text-align: center; margin: 5px 0;"> <i>MD, DO, NP, PA</i> <i>Medical contact info placed here</i> <i>(imported from axiUm, handwritten, or</i> <i>office return address stamp)</i> </div>	<p style="font-size: small;">Incomplete forms or forms over 90-days old will NOT be accepted. Please complete & return to:</p> <div style="display: flex; align-items: center;"> <div style="font-size: small;"> <p>LSU Health NEW ORLEANS School of Dentistry</p> <p>LSUHNO School of Dentistry Department of Diagnostic Sciences Phone (504) 941-8052 1100 Florida Avenue, Box 144 New Orleans L.A. 70119</p> <p>FAX# (504) 941-8350</p> </div> </div>
<p>RE: Patient _____ Address _____ Phone _____ DOB _____ Chart # _____</p> <div style="border: 1px solid black; padding: 5px; text-align: center; margin: 5px 0;"> <i>axiUm patient contact info</i> <i>imported here.</i> </div>	<p>PATIENT CONSENT I agree to the release of medical information to LSU School of Dentistry.</p> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border: 1px solid black; padding: 5px; width: 45%; text-align: center;"> <i>Electronic signature goes here.</i> </div> <div style="border: 1px solid black; padding: 5px; width: 45%; text-align: center;"> <i>Electronic date goes here.</i> </div> </div> <p style="font-size: small; margin-top: 5px;">Patient Signature Date Signed</p>

The LSUHNO School of Dentistry is a teaching institution and is requesting further medical information in order to help students make an accurate health assessment and evaluate the risks of dental treatment based on the patient's reported medical history as follows:

Pt Data, VS & date-----
(2 pts)

Diseases/conditions-----
(2 pts)

Meds/supplements---
(2 pts)

The following dental treatment is planned: Check appropriate boxes (2pts)

<input type="checkbox"/> Local anesthetic with epinephrine 1:100,000 (epi 0.01 mg/ml)	<input type="checkbox"/> Dental prophylaxis and scaling
<input type="checkbox"/> Nitrous oxide inhalation sedation	<input type="checkbox"/> Endodontics (root canal therapy)
Surgery: <input type="checkbox"/> biopsy <input type="checkbox"/> extraction <input type="checkbox"/> gum and alveolar bone	<input type="checkbox"/> Restorations (fillings, crowns)
<input type="checkbox"/> pre-prosthetic bone reduction/grafting <input type="checkbox"/> Implants	<input type="checkbox"/> Prosthodontics (bridges, partials, dentures)

Specific treatment concerns:

stress anxiety bleeding infection send most recent **Health & Physical Exam**

In the space below briefly enter **your specific medical concerns** for treating this patient. What information would you want from the physician (e.g., answers to unsure/unanswered questions on patient's health history, vital signs or other health history that indicate uncontrolled disease, patient management advice ...)? (2 pts)

Attending Faculty _____

Dental Student Name/Contact Information Enter your name here: _____

American Heart Association Guidelines for Antibiotic Prophylaxis

Coverage is reasonable for the following conditions:

- Patients with prosthetic heart valves or prosthetic repair

- Patients with prior episode of infective endocarditis

- Patients with certain congenital heart disease

- Patients with heart transplants who develop heart valve disease

Credit: American Heart Association

American Heart Association Guidelines for Antibiotic Prophylaxis

- Amoxicillin – Oral dose of 2 grams taken 30-60 minutes prior to dental appointment
- Azithromycin – Oral dose of 500mg taken 30-60 minutes prior to dental appointment



Fluoride?

Research shows that daily administration of fluoride tablets or drops at home are safe and effective to prevent tooth decay and cavities by making teeth stronger.

- Supplements have traditionally been considered for children at risk for cavities who do not have optimally fluoridated water. The recommendations for dietary fluoride supplements are based on fluoride in drinking water (natural or adjusted), dietary sources of fluoride, use of fluoridated toothpaste and risk of cavities.
- Fluoride supplements are effective in reducing tooth decay and are one method for maintaining oral health if utilized daily in compliance with the doctor's recommendations and at the proper dose.

Fluoride Supplements: A brief overview


ADA Recommendations:

The first step before taking supplements is to determine the fluoride content in the drinking water (well or water system) if your water has not been tested or recently changed. Contact your water supplier or local/ state health department to discuss free or available testing options.

- **Birth–6 months:** No fluoride supplements recommended (minimal risk of deficiency at this age).
- **6 months–3 years:** If the local water supply has <0.3 ppm fluoride, prescribe 0.25 mg fluoride per day typically as liquid drops for infants. No supplement is needed if water fluoride ≥ 0.3 ppm.
- **3–6 years:** If water fluoride is <0.3 ppm, give 0.50 mg/day; if water fluoride is moderate (0.3–0.6 ppm), give 0.25 mg/day. No supplement is needed if water fluoride ≥ 0.6 ppm.
- **6–16 years:** If water fluoride is <0.3 ppm, give 1.0 mg/day; if water is 0.3–0.6 ppm, give 0.50 mg/day. No supplement is needed if water fluoride ≥ 0.6 ppm.

ADA[®]

<http://www.lsusd.lsuhscl.edu/socs/default.aspx>



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School of Dentistry

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Patient Care

Thursday, May 11, 2017 2:04 PM | 347


- Self Oral Cancer Screening
- What is Oral Cancer?
- Highest Risk Areas
- Causes
- Prevention
- Self Oral Cancer Screening
- SOCS Brochures

Department of Diagnostic Sciences
118 Florida Ave. New Orleans, LA 70119
504.581.6449

SELF ORAL CANCER SCREENING



Learn about what oral cancer is, its causes and what it may look like

Sponsored by a grant from the 


What is Oral Cancer?

According to the American Cancer Society, approximately 48,000 Americans develop oral cancer each year and 2800 people die of the disease annually. If oral cancer is detected in its earliest stage the survival rate is much greater. The most common type of cancer that develops in the mouth is called squamous cell carcinoma (SCC). By performing a monthly Self Oral Cancer Screening (SOCS) you may be able to identify an early change in your mouth!

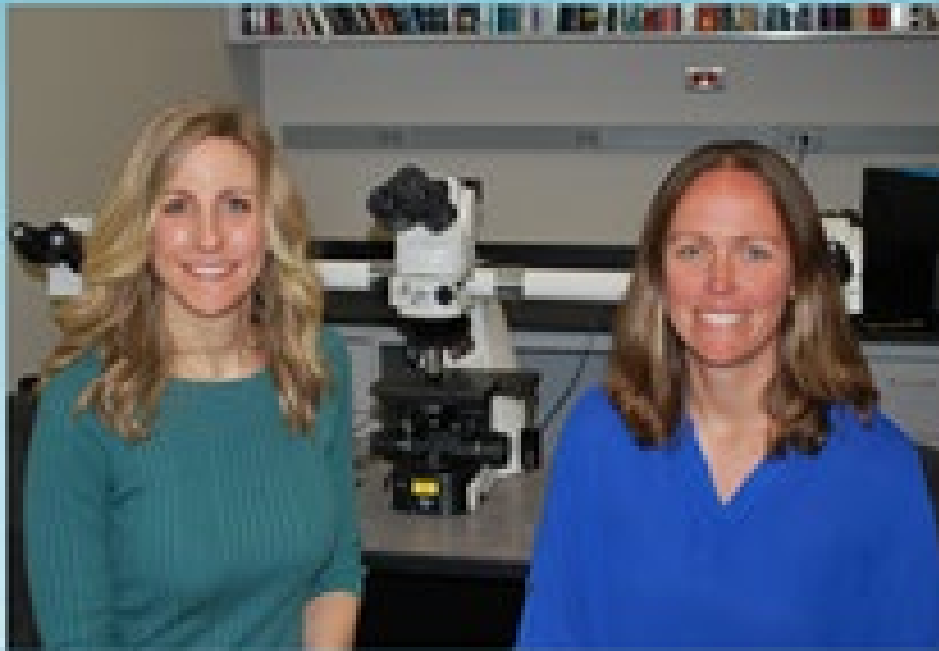
What can Oral Pre-Cancers and Cancers Look Like?

- White spots with sharply defined borders from the normal tissue
- Red spots with sharply defined borders from the normal tissue
- Ulcers (open sores) that do not heal in 2 weeks
- Lumps or bumps growing out of the tissue

Pre-Cancers: (Click to view full size images)



LSU Oral Pathology Biopsy Service



Kitrina Cordell, DDS, MS
Molly Rosebush, DDS, MS
Louisiana State University
School of Dentistry
1100 Florida Avenue
New Orleans, LA 70119
504.941.8449 p
504.941.8336 f

oralpath@lsuhsc.edu

Instagram: @lsuoralpathology

BIOPSY SUBMISSION FORM
ATTN: Enter FedEx Track #
(Submitting office please write in from shipping label)

 Kitrina G. Cordell, DDS, MS • Molly S. Rosebush, DDS, MS
 Diplomates, American Board of Oral and Maxillofacial Pathology
 LSU Faculty Dental Practice, LSU School of Dentistry

LSU ORAL PATHOLOGY LABORATORY
 1100 FLORIDA AVENUE, BOX 144 • NEW ORLEANS, LA 70119
 Telephone: (504) 941-8449 • 8008 Fax: (504) 941-8336
 Email: oropath@lsuhsc.edu
For Laboratory Use Only
 SPECIMEN # _____
 ACCESSION DATE _____

 Patient Name: _____ Social Security #: _____
 Address: _____ Birthdate: _____ Age: _____
 City/State/Zip: _____ Race: _____ Gender: M / F
 Phone: _____ Email: _____

Guarantor Info (if different than above): if insurance in name other than patient, include birthdate of insured party

 Name: _____ Relationship: Spouse Child
 Address: _____ Birthdate: _____
 City/State/Zip: _____
 Phone: _____ Email: _____

BILL TO: Patient Doctor Medical Insurance - **DO NOT SEND DENTAL INSURANCE**
PATIENT MUST SIGN and complete reverse side of this form unless doctor is billed
*****PLEASE INCLUDE READABLE COPIES OF MEDICAL INSURANCE CARDS*****
DATE OF BIOPSY (REQUIRED): _____

LOCATION of BIOPSY: _____

Procedure: Incisional biopsy Excisional biopsy
 Curettage Apicoectomy
 Other _____
Additional data included: clinical photo radiograph
Sent electronically: clinical photo radiograph

HISTORY, DESCRIPTION, CLINICAL DIAGNOSIS:

DOCTOR NAME (First and Last): _____
ADDRESS: _____
EMAIL: _____
FAX: _____ **PHONE:** _____
(PLEASE PROVIDE FAX NUMBER TO SEND RESULTS)
PLEASE COMPLETE REVERSE SIDE
LSU FACULTY DENTAL PRACTICE - ORAL PATHOLOGY LABORATORY

 Dr. Kitrina Cordell and Dr. Molly Rosebush
 Louisiana State University Health Sciences Center School of Dentistry
 1100 Florida Avenue, Box 144, New Orleans, LA 70119
 Telephone (504) 941-8449; Fax (504) 941-8336

***** Please attach a readable copy of the patient's MEDICAL insurance cards *****

PRIMARY MEDICAL INSURANCE	SECONDARY MEDICAL INSURANCE
Company: _____	Company: _____
Address: _____	Address: _____
Phone #: _____	Phone #: _____
Policy #: _____ Group #: _____	Policy #: _____ Group #: _____
Name of Insured (Policyholder): _____	Name of Insured (Policyholder): _____
Insured's Address: _____	Insured's Address: _____
Insured's Phone (H): _____ (W): _____	Insured's Phone (H): _____ (W): _____
Insured's Employer: _____	Insured's Employer: _____
Insured's Date of Birth: _____	Insured's Date of Birth: _____
Insured's Social Security #: _____	Insured's Social Security #: _____
Patient's Relation to Insured: <u>Self/Spouse/Child/Other</u>	Patient's Relation to Insured: <u>Self/Spouse/Child/Other</u>

PAYMENT POLICY

- Your doctor has determined that you need to have a biopsy procedure performed. The tissue removed during today's surgery will be sent to Dr. Kitrina Cordell and Dr. Molly Rosebush at the LSU Faculty Dental Practice, a section of LSU School of Dentistry in New Orleans, Louisiana. Our board-certified Oral and Maxillofacial Pathologists will send a written report of the test results to your doctor. Your doctor will discuss the test results with you.
- You will receive a bill from LSU Faculty Dental Practice for this service, which is separate from the fee charged by your surgeon. Based upon the different complexities of each tissue sample we receive our fees may vary. In case of multiple tissue sites, each site will have a separate fee. Decalcification of hard tissue and special studies take additional time and entail additional charges as well.
- The doctors of the LSU Faculty Dental Practice Oral Pathology Lab are in-network, participating providers with Medicare, Medicaid, Tricare, Blue Cross Blue Shield of Louisiana, and United Healthcare.
 - If you have any other insurance, claims will be filed as a courtesy.
- Complete insurance information must be provided above for an insurance claim to be filed on your behalf.
- You will be responsible for payment of any services or balances not covered by your insurance plan.
- You will receive monthly statements until the balance is paid in full.
- Any account remaining unpaid after 120 days will be forwarded to the Attorney General of the State of Louisiana for collection. Once forwarded, you will be responsible for all collection costs or charges incurred.
- FOR BILLING QUESTIONS PLEASE CALL 1-855-961-2462**

I certify that the above information is correct and understand the Payment Policy of LSU Faculty Dental Practice. I understand that, with or without medical insurance coverage, I am responsible for payment for all services provided by Dr. Kitrina Cordell and Dr. Molly Rosebush at LSU Faculty Dental Practice, a section of LSU School of Dentistry in New Orleans, Louisiana. This signature also authorizes LSU Faculty Dental Practice to release any information for insurance claim purposes.

Patient/Responsible Party Signature: _____ **Date:** _____

In Summary

Effective coordination and communication between healthcare professionals will:

- Improve flow of vital info
- Foster teamwork
- Increase patient safety
- Encourage collaboration
- Promote career satisfaction
- Provide better treatment outcomes



Questions?



THANK YOU

Well-Ahead Louisiana | Louisiana
Department of Health

Contact us: WellAhead@la.gov

Please also feel free to visit the Well-Ahead
website at:

<http://wellaheadla.com>

