Frequently Asked Questions
CO MDI Request for Applications

Following are questions that were asked during the informational webinars for the Colorado Medical-Dental Integration (CO MDI) Project Request for Applications (RFA).

1. **Does CO MDI have an approximate visit/day productivity target/expectation for hygienists?**
   The overall CO MDI Wave II project has a target of 32,000 patient encounters over four years. This will be the total of the encounters from each of the 10 grantees funded. Each grantee will contribute to this differently. We do not have a specific visit/day expectation. Each clinic has unique characteristics that influence what is a reasonable per day expectation. Therefore, each clinic will set their own visit/day goal. Eight visits per day is an average goal we have heard from many of the Wave I CO MDI clinics. But, it does vary from one clinic to the next.

2. **How is CO MDI Wave II different from CO MDI Wave I?**
   There are two significant differences. One, Wave II has a 13-week training that wasn't available for Wave I grantees. It includes many topics that were identified from the Wave I work as important for startup training. Second, Wave II grantees will have an assigned practice coach that works with their clinic monthly throughout most of the project. Wave I grantees didn't have this extensive of coaching support.

3. **We have already started part-time a version of medical dental integration at our clinic. Can we use funding to expand to full time?**
   Yes, if you're medical dental integration approach aligns with the approach of the CO MDI project. Please reference the following page in our toolkit for details on the CO MDI model:
   http://medicaldentalintegration.org/co-mdi-overview/co-mdi-model/

4. **Will the program pay for an assistant?**
   You can include this as part of your application if your budgeting process leads you to believe that the revenue generated by the hygienist will cover the expenses of both the hygienist and support staff salary by the end of two years. Consider if your practice has the volume to support this position. In some clinics there is a need and in others there isn't. Since the hygienist is going to be integrated into the clinic, an ideal scenario would be that support is provided by the systems in place that support the medical providers: scheduling, billing, MAs, and more, rather than by a dedicated staff person just for dental.

5. **Can we propose a project that focuses on high-risk adults?**
   You can propose reaching any target vulnerable population that would benefit from these services. Consider in your budgeting process if it seems to be financially feasible once grant funding ends.

6. **How much administrative time per month will the project participation take the hygienist, and how much time per other team member?**
   The CO MDI model does have great success when there is a strong team with time to dedicate to the project. It is somewhat difficult to estimate time since some clinics will have more baseline knowledge of dental than others. Weekly meetings between the project lead and the hygienist will be needed, with a few hours of work in between meetings, at least for the first six months. Once the project is in place and moving forward, less work between weekly meetings is likely. For the hygienist there is likely to be a large amount of time spent on administrative activities in the first few months before seeing patients. Once the hygienist is seeing patients their administrative time will go down to 5-10%. Other team members can expect monthly team meetings with a light amount of work between meetings. Read more about this on the following page of our toolkit: http://medicaldentalintegration.org/building-mdi-models/building-a-co-mdi-team/creating-a-co-mdi-team/.

7. **Is there a preferred method/best practice for integration of dental coding with medical electronic health records (EHR)?**
   There is no preferred method or best practice for dental records. Each grantee will figure out what method is best for them. EHRs are ideal but you can use paper records if needed. More information, including a range of dental records options, is available here: http://medicaldentalintegration.org/building-mdi-models/building-co-mdi-space/ehredr/.

8. **Do we have to hire a new hygienist or can we set up a medical room for one that already works in our dental clinic?**
   If you already have a hygienist on your dental clinic staff that would be a great fit for this medical clinic work, it is fine to use them. We want you to have a hygienist that is a great fit! You can read more about this on the following CO MDI Toolkit page: http://medicaldentalintegration.org/building-mdi-models/building-a-co-mdi-team/adding-rdh-to-practice/hiring-rdh-for-co-mdi-model/.

9. **Can a Wave I grantee apply for Wave II?**
   Yes, a grantee that was part of Wave I can apply for Wave II. However, they have to apply for a different medical clinic within their system. It can't be the same medical clinic that participated in Wave I.