



This questionnaire has to do with clinician and practice characteristics, information technology, how dental staff are utilized in your practice setting, and utilization of new types of dental providers that some U.S. states have established or are considering. Thank you for your participation!

Some questions may not apply to your practice or your role within the practice and may be left blank if necessary.

Once you start the survey, the “Back” button on your browser will be disabled. Instead, please use the “Back” button at the bottom of the survey form.

Please do not hit the “Enter” button on your keyboard to advance to the next page; this may end your survey. Instead, hit the “Next” button at the bottom of the survey form.

You can track how many pages you have completed by looking at the bottom of the screen.

Section 1: About your practice and your patients

1. Which category best describes your practice?

- a. Solo private practice (only one dentist in the practice)
- b. Group private practice (more than one dentist)
- c. HealthPartners Dental Group or Permanente Dental Associates
- d. Public health practice, community health center, or publicly-funded clinic
- e. Academic setting
- f. Other, please specify: _____

2. Are you in the same building or organization with any providers of medical care?

- a. Yes, in the same building
- b. Yes, in the same organization, but not in the same building
- c. No

3. What percent of your patients do you estimate consider your practice their regular source of dental care?

___ % of my patients

4. What percent of your patients do you estimate...

Seek dental care occasionally or regularly, whether
or not they have a specific problem _____ % of patients

Seek dental care only when they have a
problem of some type _____ % of my patients

100% [must add to 100%]

5. What percent of your patients do you estimate have a regular source of medical care?

___ % of my patients

6. What percentage of your patients do you estimate have been diagnosed with...

diabetes mellitus of any type _____ %

cardiovascular disease (including hypertension) _____ %

7. In the past month, how many patients have you referred to a physician for evaluation of medical problems?

___ patients referred in the past month (*number* of patients, not percentage)

8. Do you use a computer to manage clinical (as opposed to administrative) patient data?

a. Yes [if yes, then please answer this question...]

8a. What brand do you use?

- a. Dentryx
- b. Soft Dent
- c. Eagle Soft
- d. Eagle Dental
- e. Practice Works
- f. GSD Works
- g. Axium
- h. Other, please specify: _____

b. No [if no, then please answer this question...]

8b. Within the next two years, how likely are you to begin using a computer to manage clinical patient data?

- a. Very likely
- b. Somewhat likely
- c. Not likely
- d. Not sure at this time

9. Please indicate how you store clinical information. If you store information on both paper and computer, please check both categories.

Type of information	Paper	Computer	Not at all
chief complaint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
medical history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dental history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
progress notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
problem list/diagnoses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
treatment plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
completed treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dental status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
periodontal charting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
radiographs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
extraoral images or photographs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
intraoral images or photographs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Would you be willing to use data from your computer system for DPBRN studies, where feasible and allowed by confidentiality regulations, instead of having to enter them separately by hand or sending them to your DPBRN Regional Coordinator?

- a. Yes
- b. No
- c. Don't know

11. Would you be willing to use electronic forms (e.g., a secure system loaded onto your computer, laptop, or tablet PC) rather than paper forms for collecting research data?

- a. Yes
- b. No
- c. Don't know

12. When receiving periodic communication from your DPBRN Regional Coordinator, how do you prefer to be contacted?

- a. By personal email
- b. By e-mail to a staff member in my practice who will relay the information
- c. By personal telephone call
- d. By telephone call to a staff member in my practice who will relay the information
- e. Through social media (e.g., Facebook, Twitter, LinkedIn)
- f. By postal mail
- g. Other (please list): _____

13. When receiving a notice of new DPBRN results and network information (e.g., study findings, notice of publications, newsletters), how do prefer to receive this information?

- a. By e-mail
- b. Printed, sent by postal mail
- c. Through social media (e.g., Facebook, Twitter, LinkedIn)
- d. Other (please list): _____

14. Do you do personally do any root canal procedures?

- a. Yes [if yes, then please answer these questions...]

14a. On what percent of these root canals do you estimate that you use a rubber dam?

- a. None
- b. Less than 25%
- c. 25% - 50%
- d. 51% - 75%
- e. More than 75%, but less than 100%
- f. All of them

14b. Do you use any other type of isolation?

- a. Yes; please specify _____
- b. No

- b. No

Section 2: Types of dental staff

In this survey, the term “expanded function” means activities that dental hygienists and dental assistants cannot do in all U.S. states or Scandinavian countries.

Examples of “expanded duties” for dental hygienists and dental assistants would include cavity preparation for simple dental restorations, administering local anesthetic injections, re-cementing permanent crowns, extracting primary teeth or comparable procedures.

15. Please indicate if your practice setting employs any of the following dental providers:

	Check if your practice employs ...	Check if your practice does <u>not</u> employ...
a. Associate Dentist(s)	<input type="checkbox"/>	<input type="checkbox"/>
b. Expanded Function Dental Hygienist(s) (EFDH)	<input type="checkbox"/>	<input type="checkbox"/>
c. Dental Hygienist(s)	<input type="checkbox"/>	<input type="checkbox"/>
d. Expanded Function Dental Assistant(s) (EFDA)	<input type="checkbox"/>	<input type="checkbox"/>
e. Dental Assistant(s)	<input type="checkbox"/>	<input type="checkbox"/>

16. Please indicate all the personnel in your office who do each procedure (MARK ALL THAT APPLY):

	No one does this procedure in my practice setting.	A dentist does this in my practice setting.	A dental hygienist does this in my practice setting.	A dental assistant does this in my practice setting.
Oral health education and prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take radiographs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take impressions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apply topical medications (e.g., topical fluoride, bleaching agents and cavity varnishes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Etch enamel surfaces, apply pit and fissure sealants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Place and remove rubber dam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fabricate athletic mouth guards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Denture soft relines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remove supra-gingival deposits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remove sub-gingival deposits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perform root curettage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remove excess cement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Place temporary fillings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cement and adjust temporary restorations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	No one does this procedure in my practice setting.	A dentist does this in my practice setting.	A dental hygienist does this in my practice setting.	A dental assistant does this in my practice setting.
Re-cement permanent crowns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cavity excavation and preparation for simple permanent restorations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Place, carve and adjust restorations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suture removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extract primary teeth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administer local anesthetic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administer nitrous oxide inhalation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Have you ever worked with or employed an Expanded Function Dental Hygienist or Expanded Function Dental Assistant who was certified to perform care in areas beyond what is normally allowed (e.g., restorative functions, local anesthesia, administration of nitrous oxide)?

- a. Yes
- b. No

18. Would you say that your level of experience working with expanded function Dental Hygienists and/or expanded function Dental Assistants is:

- a. Much more than average
- b. Somewhat more than average
- c. About average
- d. Somewhat less than average
- e. Much less than average

19. Do you think that expanded function dental hygienists or expanded function dental assistants have a positive or negative impact on the provision of quality dental care?

- a. Very positive
- b. Positive
- c. Somewhat positive
- d. Somewhat negative
- e. Negative
- f. Very negative
- g. Don't know

Section 3: Expanding duties of non-dentist providers

Dental therapists are dental providers who deliver a limited set of preventive, therapeutic and basic restorative services. In some countries, they have been recognized dental providers for some time, but in the United States it is a new provider type. Currently only the state of Minnesota recognizes this provider.

20. How informed are you about the dental therapist provider?

- a. Not at all – I have never heard of It [please skip to Question #23]
- b. A little
- c. Somewhat
- d. Moderately
- e. Very

21. The following are statements about potential impacts that dental therapists could have on dentists. For each one, please indicate the extent to which you agree or disagree with each statement

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	Don't Know
a. It would disrupt the relationship I have with my patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. It would free up time for me to focus on more complex and interesting dental procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The administrative burden would not be worth it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I would trust the quality of their work in all areas for which they are trained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. Do you think that dental therapists will have a positive or negative impact on the provision of quality dental care?

- a. Very positive
- b. Positive
- c. Somewhat positive
- d. Somewhat negative
- e. Negative
- f. Very negative
- g. Don't know

23. Is your practice in the state of Minnesota?

- a. Yes [go to question 24M]
- b. No [go to question 24]

MINNESOTA ONLY SECTION:

24M. The first class of dental therapists will graduate in Minnesota in 2011. How likely is it that your practice will consider hiring a dental therapist?

- a. Very unlikely
- b. Somewhat unlikely
- c. Somewhat likely
- d. Very likely

25M. A specific aspect of the legislation passed was in response to access to dental care in the state of Minnesota. What impact do you think dental therapists will have on access to dental care in Minnesota?

- a. Decrease access
- b. Somewhat decrease access
- c. Have no impact on access
- d. Somewhat increase access
- e. Increase access
- f. Don't know

26M. When deciding whether to hire a dental therapist, how important do you think the following factors are:

	Not important	A little important	Somewhat important	Very important
a. Issues associated with liability insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The nature of the contractual agreement between the dentist and dental therapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Whether the dental therapist has experience and/or licensure as a dental assistant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Whether the dental therapist has experience and/or licensure as a dental hygienist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27M. The following are potential barriers to hiring a dental therapist. For each one, please indicate how much of a barrier it would be for your practice if you were to consider hiring a Dental Therapist.

	BIG BARRIER	MODERATE BARRIER	SMALL BARRIER	NOT A BARRIER	DON'T KNOW
a Space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Overhead Costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c Patient Acceptance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d Demand for the services they would provide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e Added supervisory responsibilities for the Dentist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f The risk they will leave the practice after they have gained experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28M. The Minnesota legislation requires that basic socio-demographic characteristics of the patients seen by dental therapists be reported to the State Board of Dentistry. How much of a concern would this be in the consideration of hiring a dental therapist in your practice setting?

- a. Of no concern
- b. Of little concern
- c. Of some concern
- d. Of much concern

NON-MINNESOTA

24. At the current time Minnesota is the only U.S. state that licenses dental therapists. Other states are considering licensing dental therapists. If your state were to license dental therapists, how likely is it that your practice will consider hiring a dental therapist?

- a. Very unlikely
- b. Somewhat unlikely
- c. Somewhat likely
- d. Very likely

25. A specific aspect of the legislation passed in Minnesota was in response to access to dental care in the state. If your state were to allow dental therapists to practice, what impact do you think dental therapists would have on access to dental care in your state?

- a. Decrease access
- b. Somewhat decrease access
- c. Have no impact on access
- d. Somewhat increase access
- e. Increase access
- f. Don't know

FOR ALL RESPONDENTS:

26. Please check here if you would like us to send you or your practice organization \$50 compensation for completing this survey.

yes, please send compensation

Please record here any comments that you think that we should know about:
