

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.**

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**Section 1: About your practice and your patients**

**1. Which category best describes your practice? ISPRAC**

1. Solo private practice (only one dentist in the practice)
2. Group private practice (more than one dentist)
3. HealthPartners Dental Group or Permanente Dental Associates
4. Public health practice, community health center, or publicly-funded clinic
5. Academic setting
6. Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ISPRACSP**

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

1. Yes, in the same building
2. Yes, in the same organization, but not in the same building
3. No

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

 \_\_ % of my patients **ISREGDC**

**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 **ISOCCC**

Seek dental care only when they have a

problem of some type \_\_\_\_ % of my patients **ISPROBC**

 100% [must add to 100%]

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

 \_\_ % of my patients

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

 diabetes mellitus of any type \_\_ % **ISDIAB**

 cardiovascular disease (including hypertension) \_\_ % **ISCVD**

**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) **ISPPTREF**

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

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

**8a. What brand do you use? ISESW**

a.   Dentrix

b.   Soft Dent

c.   Eagle Soft

d.   Eagle Dental

e.   Practice Works

f. GSD Works

g. Axium

h.   Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ISESWSP**

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? ISECLINL**

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 | □**ISPCCOMP** | □**ISECCOMP** | □**ISNCCOMP** |
|  medical history | □**ISPMHIS** | □**ISEMHIS** | □**ISNMHIS** |
| dental history | □**ISPDHIS** | □**ISEDHIS** | □**ISNDHIS** |
| progress notes | □**ISPPREG** | □**ISEPREG** | □**ISNPREG** |
| problem list/diagnoses | □**ISPPROB** | □**ISPEPROB** | □**ISNPROB** |
| treatment plan | □**ISPTRTP** | □**ISETRTP** | □**ISNTRTP** |
| completed treatment | □**ISPCTRT** | □**ISECTRT** | □**ISnCTRT** |
| dental status | □**ISPSTAT** | □**ISESTAT** | □**ISNSTAT** |
| periodontal charting | □**ISPPERIOD** | □**ISEPERIOD** | □**ISNPERIOD** |
| radiographs | □**ISPRAGRAPH** | □**ISERAGRAPH** | □**ISNRAGRAPH** |
| extraoral images or photographs | □**ISPEXIMG** | □**ISREXIMG** | □**ISNEXIMG** |
| intraoral images or photographs | □**ISPITIMG** | □**ISEITIMG** | □**ISNITIMG** |
| appointments | □**ISPAPPT** | □**ISEAPPT** | □**ISNAPPT** |
| other:\_\_\_\_\_\_\_\_\_\_\_\_**ISOTSP** | □**ISPOTHER** | □**ISEOTHER** | □**ISNOTHER** |

**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? ISEDATA**

1. Yes
2. No
3. 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? ISFORM**

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? ISCONTACT**

1. By personal email
2. By e-mail to a staff member in my practice who will relay the information
3. By personal telephone call
4. By telephone call to a staff member in my practice who will relay the information
5. Through social media (e.g., Facebook, Twitter, LinkedIn)
6. By postal mail
7. Other (please list):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ISCONTSP**
8. **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? ISINF**
9. By e-mail
10. Printed, sent by postal mail
11. Through social media (e.g., Facebook, Twitter, LinkedIn)
12. Other (please list):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ISPINFSP**
13. **Do you do personally do any root canal procedures? ISROOTC**
14. 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? ISRDAMPCT**

1. None
2. Less than 25%
3. 25% - 50%
4. 51% - 75%
5. More than 75%, but less than 100%
6. All of them

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

1. Yes; please specify \_\_\_\_\_\_\_\_\_\_\_ **ISOTISOSP**
2. No
3. 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 not employ… |
| 1. Associate Dentist(s) **ISASSOC**

 **0** | □ | □ |
| b. Expanded Function Dental Hygienist(s) (EFDH) **ISEFDH** | □ | □ |
| c. Dental Hygienist(s) **ISHYG** | □ | □ |
| d. Expanded Function Dental Assistant(s) (EFDA) **ISEFDA** | □ | □ |
| e. Dental Assistant(s) **ISASSIST** | □ | □ |

**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 dentalhygienist does this in my practice setting. | A dentalassistant does this in my practice setting. |
| --- | --- | --- | --- | --- |
| Oral health education and prevention |  □**ISNPREV** |  □ □**ISDPREV ISHPREV** | □**ISAPREV** |
| Take radiographs | □**ISNGRAPH** | □ □**ISDGRAPH ISHGRAPH** | □**ISAGRAPH** |
| Take impressions | □**ISNIMPRES** | □ □**ISDIMPRES ISHIMPRES** | □**ISAIMPRES** |
| Apply topical medications (e.g., topical fluoride, bleaching agents and cavity varnishes) | □**ISNTOPMED** | □ □**ISDTOPMED ISHTOPMED** | □**ISATOPMED** |
| Etch enamel surfaces, apply pit and fissure sealants | □**ISNETCH** | □ □**ISDETCH ISHETCH** | □**ISAETCH** |

|  |  |  |  |
| --- | --- | --- | --- |
| Place and remove rubber dam | □**ISNDAM** | □ □**ISDDAM ISHDAM** | □**ISADAM** |
| Fabricate athletic mouth guards | □**ISNGUARD** | □ □**ISDGUARD ISHGUARD** | □**ISAGUARD** |
| Denture soft relines | □**ISNDENTUR** | □ □**ISDDENTUR ISHDENTUR** | □**ISADENTUR** |
| Remove supra-gingival deposits | □**ISNSPGDEP** | □ □**ISDSPGDEP ISHSPGDEP** | □**ISASPGDEP** |
| Remove sub-gingival deposits | □**ISNSBDEP** | □ □**ISDSBDEP ISHSBDEP** | □**ISASBDEP** |
| Perform root curettage | □**ISNRTCUR** | □ □**ISDRTCUR ISHRTCUR** | □**ISARTCUR** |
| Remove excess cement  | □**ISNCEMT** | □ □**ISDCEMT ISHCEMT** | □**ISACEMT** |
| Place temporary fillings | □**ISNFILL** | □ □**ISDFILL ISHFILL** | □**ISAFILL** |
| Cement and adjust temporary restorations | □**ISNCMADJ** | □ □**ISDCMADJ ISHCMADJ** | □**ISACMADJ** |
| Re-cement permanent crowns  | □**ISNCROWN** | □ □**ISDCROWN ISHCROWN** | □**ISACROWN** |
| Cavity excavation and preparation for simple permanent restorations | □**ISNCAVITY** | □ □**ISDCAVITY ISHCAVITY** | □**ISACAVITY** |
| Place, carve and adjust restorations | □**ISNCVADJ** | □ □**ISDCVADJ ISHCVADJ** | □**ISACVADJ** |
| Suture removal  | □**ISNSUTUR** | □ □**ISDSUTUR ISHSUTUR** | □**ISANSUTUR** |
| Extract primary teeth  | □**ISNEXTR** | □ □**ISDEXTR ISHEXTR** | □**ISAEXTR** |
| Administer local anesthetic | □**ISNANES** | □ □**ISDANES ISHANES** | □**ISAANES** |
| Administer nitrous oxide inhalation | □**ISNNO** | □ □**ISDNO ISHNO** | □**ISANO** |

**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)? ISEFDHWRK**

1. Yes
2. No

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

1. Much more than average
2. Somewhat more than average
3. About average
4. Somewhat less than average
5. 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? ISEFDHIMP**

1. Very positive
2. Positive
3. Somewhat positive
4. Somewhat negative
5. 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? ISDT**

1. Not at all – I have never heard of It [please skip to Question #23]
2. A little
3. Somewhat
4. Moderately
5. 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**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | StronglyAgree | SomewhatAgree | SomewhatDisagree | StronglyDisagree | Don’tKnow |
| a It would disrupt the relationship I have with my patients **ISDTDISRUP** | □ | □ | □ | □ | □ |
| b. It would free up time for me to focus on more complex and interesting dental procedures **ISDTTIME** | □ | □ | □ | □ | □ |
| c The administrative burden would not be worth it **ISDTNOWORTH** | □ | □ | □ | □ | □ |
| d I would trust the quality of their work in all areas for which they are trained **ISDTTRUST** | □ | □ | □ | □ | □ |

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

1. Very positive
2. Positive
3. Somewhat positive
4. Somewhat negative
5. Negative

 f. Very negative

 g. Don’t know

**23. Is your practice in the state of Minnesota? ISMINNES**

1. Yes [go to question 24M]
2. 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? ISDTMHIRE**

1. Very unlikely
2. Somewhat unlikely
3. Somewhat likely
4. 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?**

 **ISDTMIMP**

1. Decrease access
2. Somewhat decrease access
3. Have no impact on access
4. Somewhat increase access
5. Increase access
6. 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 **ISDTLIAB** | □ | □ | □ | □ |
| b. The nature of the contractual agreement between the dentist and dental therapist **ISDTAGREE** | □ | □ | □ | □ |
| c. Whether the dental therapist has experience and/or licensure as a dental assistant **ISDTEXPDA** | □ | □ | □ | □ |
| d. Whether the dental therapist has experience and/or licensure as a dental hygienist **ISDTEXPDH** | □ | □ | □ | □ |

**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 **ISDTSPACE** | □ | □ | □ | □ |  | □ |
| b Overhead Costs **ISDTCOST** | □ | □ | □ | □ |  | □ |
| c Patient Acceptance **ISDTACCEP** | □ | □ | □ | □ |  | □ |
| d Demand for the services they would provide **ISDTSERV** | □ | □ | □ | □ |  | □ |
| e Added supervisory responsibilities for the Dentist **ISDTRESP** | □ | □ | □ | □ |  | □ |
| f The risk they will leave the practice after they have gained experience **ISDTRISK** | □ | □ | □ | □ |  | □ |

**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? ISDTDEMO**

1. Of no concern
2. Of little concern
3. Of some concern
4. 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? ISDTHIRE**

1. Very unlikely
2. Somewhat unlikely
3. Somewhat likely
4. 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? ISDTIMP**

 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. ISCOMPENS**

□ yes, please send compensation

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_