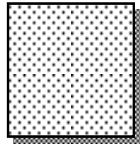


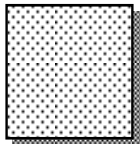
Appendix 1: 2013 Survey of Iowa Dentists



2013 Survey



Of Iowa



Dentists

This survey is being conducted by researchers at the
Public Policy Center and the
College of Dentistry at the
University of Iowa.

If you have any questions or comments, please contact:

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INSTRUCTIONS: In this questionnaire we will be asking about your participation in and attitudes toward the Title 19 (Medicaid) program and care for needy populations. For each question, please circle or check the box next to the most appropriate response or write your response in the space provided.

In order for the results of this study to reflect the views of dentists in Iowa, it is important that we hear from you. However, if you come to a question you do not feel comfortable answering, feel free to skip to the next question. When you have completed the questionnaire, please fold it and return it in the enclosed postage-paid envelope.

Thank you.

If you practice in more than one location, please answer the questions in this survey as they pertain to what you consider your *primary practice location*.

The following questions are about your experience with the Title 19 (Medicaid) program in Iowa.

1. Do you currently accept *new* Title 19 patients in your practice?

1.1. NO

*If you **are not currently** accepting **new** Title 19 patients, please answer **a** and **b** below.*

a. Have you ever treated Title 19 patients in the past?

1. I have never accepted Title 19 patients.

2. I accepted Title 19 patients for _____ *years*,
then stopped accepting **new** Title 19 patients in the year ____.

b. How seriously have you/your practice considered starting to accept **new Title 19 patients in the past year?**

1. Not at all seriously

2. Slightly seriously

3. Moderately seriously

4. Extremely seriously

5. Not sure/ I am not responsible for this decision.

Go to Question 2.

1.2 YES

*If you **are currently** accepting **new** Title 19 patients, please answer **a** and **b** below.*

a. Do you accept all new Title 19 patients into your practice?

1. YES, I accept all new Title 19 patients.

2. NO, in our office we only accept the following Title 19 patients:

(please check all that apply)

1. A set number of new Title 19 patients

2. Our own patients who go on Title 19

3. Referrals from other dentists/physicians

4. I-Smile coordinator referrals

5. Child patients

6. Adult patients

7. Patients only from our county

8. Other _____

b. How seriously have you/your practice considered stopping your acceptance of new Title 19 patients in the past year?

1. Not at all seriously

2. Slightly seriously

3. Moderately seriously

4. Extremely seriously

5. Not sure/I am not responsible for this decision.

2. Do any other dentists in your practice accept Title 19 patients?
- 1. N/A – I am a solo practitioner
 - 2. YES, they accept some Title 19 patients
 - 3. YES, they accept all Title 19 patients
 - 4. NO
3. About what percentage of your current patients are covered by Title 19? _____ %
4. Where do you refer Title 19 patients that you are not interested or able to accept in your practice? (*check all that apply*)
- 1. I accept them all
 - 2. Community Health Center
 - 3. The UI College of Dentistry
 - 4. Another local practice
 - 5. Local I-Smile coordinator
 - 6. Iowa Medicaid “Find a Provider” website(<https://secureapp.dhs.state.ia.us/provide> rsearche/)
 - 7. I don’t have a good place to refer
 - 8. Other
5. Who was *primarily* responsible for making the decision whether your practice would accept Title 19 patients? (*please check only one*)
- 1. I was
 - 2. The dentists in the practice as a group
 - 3. The owner of the practice
 - 4. The clinic management
 - 5. Other
6. What was your personal level of involvement in the decision whether to accept Title 19 patients in your practice?
- 1. Not involved
 - 2. Somewhat involved
 - 3. Involved
 - 4. Very involved

7. Please read the following statements about the Title 19 (Medicaid) program and circle the number that indicates the degree to which you disagree or agree with these statements.

	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly agree</i>	<i>Not sure/ Don't know</i>
a. It is difficult to provide comprehensive treatment to Title 19 patients.....	1	2	3	4	NS
b. The Title 19 program has been getting less complicated in the last few years	1	2	3	4	NS
c. Title 19 patients make other patients feel uncomfortable in the office	1	2	3	4	NS
d. Without the Title 19 program, low income patients would not be able to get adequate dental care	1	2	3	4	NS
e. I am concerned about having the only practice in the area that accepts Title 19 patients	1	2	3	4	NS
f. The Title 19 program respects my professional judgment concerning patient care..	1	2	3	4	NS
g. Oral health problems of Title 19 patients are more severe than those of other patients	1	2	3	4	NS
h. Dentists can have an impact on the policies of the Title 19 program	1	2	3	4	NS
i. Low income patients are more difficult to treat than others	1	2	3	4	NS
j. Dentists have an ethical obligation to treat Title 19 patients.....	1	2	3	4	NS
k. Changes in the Title 19 program are communicated effectively to my office.....	1	2	3	4	NS
l. I am more likely to be sued if I treat Title 19 patients	1	2	3	4	NS

8. Please read the following statements about treating needy patients and circle the number that indicates the degree to which you disagree or agree with these statements.

	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly agree</i>	<i>Not sure/ Don't know</i>
a. Dental care should be available for needy patients	1	2	3	4	NS
b. It is the responsibility of the government to fund programs that provide dental care to the needy.	1	2	3	4	NS
c. I feel a personal responsibility for providing dental care to the needy.	1	2	3	4	NS
d. Taxes should be raised so that dentists can be reimbursed more to treat needy patients.....	1	2	3	4	NS
e. It is more efficient for the government to pay private dentists to provide care to needy patients than to fund public clinics.....	1	2	3	4	NS
f. I feel I am personally unable to have an impact on the problem of meeting the dental needs of the underserved.....	1	2	3	4	NS

9. The following is a list of commonly reported problems with Title 19 programs. Please indicate how important you considered each problem to be when deciding how much to participate in Title 19.

	<i>Not at all important</i>	<i>Slightly important</i>	<i>Moderately important</i>	<i>Extremely important</i>	<i>Not sure/ Don't know</i>
a. Complicated paperwork	1	2	3	4	NS
b. Low reimbursement rates	1	2	3	4	NS
c. Intermittent eligibility of Title 19 patients	1	2	3	4	NS
d. Denial of payment	1	2	3	4	NS
e. Broken appointments.....	1	2	3	4	NS
f. Slow payment.....	1	2	3	4	NS
g. Patient non-compliance with recommended treatment	1	2	3	4	NS
h. Frequently changing Title 19 regulations	1	2	3	4	NS
i. Not enough other practices in the area accepting Title 19 patients.....	1	2	3	4	NS
j. Fear of government investigation (e.g., chart audits)	1	2	3	4	NS
k. Limited services covered by Title 19	1	2	3	4	NS

10. Which of the problems above (a–k) are the three most important considerations for your office (with “1” indicating the most important)?

1
2
3

11. Please read the following statements about Community Health Centers (CHCs) and circle the number that indicates the degree to which you disagree or agree with these statements.

	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly agree</i>	<i>Not sure/ Don't know</i>

a. CHCs provide patients with high quality dental care.	1	2	3	4	NS
b. CHCs are a source of professional competition for my practice	1	2	3	4	NS
c. CHCs are a good place to refer Title 19 patients	1	2	3	4	NS
d. Patients are not able to get comprehensive care at CHCs	1	2	3	4	NS

12. Please read the following statements about corporate dental practices (e.g., Aspen Dental, Ocean Dental, or Applewhite Dental) and circle the number that indicates the degree to which you disagree or agree with these statements.

	Strongly disagree	Disagree	Agree	Strongly agree	Not sure/ Don't know
a. Corporate practices provide patients with high quality dental care	1	2	3	4	NS
b. Corporate practices are a source of professional competition for my practice.....	1	2	3	4	NS
c. Corporate practices are a good place to refer Title 19 patients.....	1	2	3	4	NS
d. Patients are not able to get comprehensive care at a corporate practice	1	2	3	4	NS

We would like to ask some questions about your practice setting to identify how different practice characteristics generally relate to Iowa dentists' impressions of the Title 19 (Medicaid) program.

13. How many years have you been practicing in your current location? ___ years

14. How would you best describe your practice during the past 12 months?

- 1. Too busy to treat all requesting appointments
- 2. Provided care to all requesting it, but felt overworked
- 3. Provided care to all requesting it, but did not feel overworked
- 4. Not busy enough, would have liked more patients
- 5. Practice limited, no new patients taken

15. In your practice, how many dentists practice 32 hours or more per week (*including yourself*)? _____
dentists

16. How would you describe your role in your primary practice?

- 1. Solo practice (owner)
- 2. Partner
- 3. Associate buying into the practice
- 4. Associate not buying into the practice
- 5. Independent contractor
- 6. Employee in a corporate owned practice (e.g., Aspen, Ocean Dental, or Applewhite Dental)
- 7. Other _____

17. Please indicate your **personal gross production** in your practice last year (excluding investment or non-practice income).

- | | |
|---|---|
| <input type="checkbox"/> 1. under \$200,000 | <input type="checkbox"/> 6. \$600,000 – \$699,999 |
| <input type="checkbox"/> 2. \$200,000 – \$299,999 | <input type="checkbox"/> 7. \$700,000 – \$799,000 |
| <input type="checkbox"/> 3. \$300,000 – \$399,999 | <input type="checkbox"/> 8. \$800,000 – \$899,000 |
| <input type="checkbox"/> 4. \$400,000 – \$499,999 | <input type="checkbox"/> 9. \$900,000 – \$999,000 |
| <input type="checkbox"/> 5. \$500,000 – \$599,999 | <input type="checkbox"/> 10. over \$1,000,000 |

18. Approximately how much were you reimbursed by Title 19 for dental services in 2011? \$ _____

19. Do you accept *hawk-i* patients in your practice?

hawk-i is the name for Iowa's childrens health insurance program.

It is operated as a Delta Dental Premier dental plan.

- 1. YES – all *hawk-i* patients
- 2. YES – some *hawk-i* patients
- 3. NO
- 4. Not sure/don't know

Now, we would like to ask a few questions about computers in your office.

20. Do you currently have one or more computers in your office?

1. NO

2. YES

a. How do you use computers in your practice? *Check all that apply.*

- 1. Scheduling
- 2. Billing information
- 3. Patient treatment information (an electronic dental record)
- 4. Digital X-rays
- 5. Medical history
- 6. Submit insurance claims electronically
- 7. Send information to other health care providers
- 8. Check eligibility for Medicaid-enrolled patients

b. Is your computer system capable of sending information such as chart information or x-rays to other health care providers?

- 1. Yes
- 2. No
- 3. Don't know

Finally, we would like to ask you some questions about Expanded Function Dental Auxiliaries (EFDAs).

The Iowa Dental Board has convened a task force to look at the possibility of increasing the number of procedures that EFDAs (Dental Assistants and Dental Hygienists) can perform under the supervision of a dentist. Auxiliaries would be required to receive additional education and demonstrate competency in order to provide each procedure. The following questions are intended to explore Iowa dentists' attitudes about additional expanded functions.

21. The state of Iowa currently allows EFDAs to perform the following duties.

Do you ever delegate any of these duties to an EFDA in your practice? (Circle yes or no.)

a. Remove temporary crowns.....	Yes	No
b. Take final impressions	Yes	No
c. Fabricate temporary crowns	Yes	No
d. Apply cavity liners, bases, desensitizing agents, or bonding systems	Yes	No
e. Test pulp vitality	Yes	No
f. Take occlusal registrations	Yes	No
g. Placement and removal of gingival retraction.....	Yes	No

22. If the practice act was changed, would you ever consider having a trained and tested expanded function dental auxiliary (EFDA) provide any of the following services in your practice? (Circle yes or no.)

a. Removal of cement/adhesives following permanent cementation of crowns/bridges	Yes	No
b. Place and shape amalgam restorations following preparation of a tooth by a dentist	Yes	No
c. Place and shape composite restorations following preparation of a tooth by a dentist	Yes	No
d. Fit and cement stainless steel crowns on primary teeth	Yes	No
e. Take final impressions and records for the fabrication of dentures and partial dentures.....	Yes	No
f. Cement final restorations (crowns, fixed partial dentures)	Yes	No

23. *How seriously would you consider covering the costs to send one of your own dental auxiliaries, with multiple years of experience, to a course where they could become certified to provide the services listed in Question 22?*

- 1. Not at all seriously
- 2. Slightly seriously
- 3. Moderately seriously
- 4. Extremely seriously
- 5. Not sure

24. What is the most important change that could be made to increase dentists' willingness to accept

Title 19 patients? _____

25. We are interested in any other comments you may have about the Title 19 program.

May we contact you to participate in a follow-up survey?

We will be conducting an online survey in 4-5 months to further understand how we can improve the Title XIX program based on dentists' responses to this survey. If you share your e-mail address with us below, we will e-mail you with information on how to participate. As always, your responses to that survey will remain confidential and we will not share your e-mail address with anyone else. Your responses to both surveys may be linked so that we do not have to ask certain questions twice.

Please call me if you have any questions about this:

Your e-mail address: _____

Thank you for your consideration.

Pete Damiano

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peter-damiano@uiowa.edu

**Thank you for completing this questionnaire.
Please return it in the enclosed postage-paid envelope.**