# DELAWARE DENTIST SURVEY 2008

Commissioned by Delaware Health and Social Services

## INSTRUCTIONS
- Mail your completed form in the attached prepaid envelope or mail it to:
  
  University of Delaware  
  C ADSR - Graham Hall  
  Newark, DE 19716

- Use either a pen or pencil when completing the questionnaire.
- Follow all “SKIP” instructions after answering a question. If no instructions are provided, continue to the next question.
- If you have any questions, contact the Center for Applied Demography & Survey Research at the University of Delaware by calling 302-831-3320.

## NOTICE OF CONFIDENTIALITY
- The information you report on this questionnaire is confidential. It will never be linked to you as a respondent. Responses will be analyzed in an aggregate form only.

## RESPONSES
- The tracking information printed on the form permits follow up contacts to ensure the highest quality data. When you return the completed questionnaire, your name will be deleted from the list and never connected to your answers in any way.

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**If you would like to see a copy of the report based on the survey conducted in 2005, point your browser to:**


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## 1. Are you currently active in clinical dentistry in Delaware? (i.e.: seeing patients and/or doing things necessary for the care of patients):

1. ☐ Yes, in training  
2. ☐ Yes, working full time  
3. ☐ Yes, working part time  
4. ☐ No, retired (GO TO QUESTION 33)  
5. ☐ No, inactive (GO TO QUESTION 33)  
6. ☐ No, other (specify): ___________________  
7. ☐ Not practicing in Delaware (GO TO QUESTION 33)

**IF RETIRED, INACTIVE, OTHER, OR NOT PRACTICING IN DELAWARE, PLEASE SKIP TO PAGE 4, QUESTION 33**

## 2. On average, how many hours per week do you spend on each of the following activities:

1. _____ Hours - Direct patient care or services and related paperwork  
2. _____ Hours - Administration and related paperwork  
3. _____ Hours - Teaching medical courses  
4. _____ Hours - Research  
5. _____ Hours - Other (specify): ___________________

## 3. What is the setting of your primary employment (check all that apply):

1. ☐ Clinical Care Settings:  
   1. ☐ Practitioner’s Office (solo, partner of group practice)  
   2. ☐ Hospital (except federal)  
   3. ☐ Nursing Home  
   4. ☐ Freestanding Clinic (administratively distinct from a hospital, nursing home, etc.)  
   5. ☐ Federally Qualified Health Center  
   6. ☐ Treatment Facility for the Handicapped or Disabled  
   7. ☐ Public Health Dental Clinic  
   8. ☐ Other (specify): ___________________

2. ☐ Federal Health Facility:  
   1. ☐ Veterans’ Administration (VA hospital)  

3. ☐ School:  
   1. ☐ School-of Dentistry  
   2. ☐ Other University or College  

4. ☐ Miscellaneous Setting:  
   1. ☐ Dental Research Institution or Establishment  
   2. ☐ Professional Association (e.g. ADA)  
   3. ☐ Manufacturing or Industrial Establishment  

5. ☐ Other (specify): ___________________

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CONTINUE ON PAGE 2
4. What is the form of your primary employment (check all that apply):
   - [ ] Self-Employed:
     1. Solo Practice
     2. Partner of Group Practice
     3. Professional Corporation
     4. Other (specify): 
   - [ ] Salaried, Employed by:
     1. Commissioned Associate
     2. Partnership of Group Practitioners
     3. Other Non-Government Employer (hospital, school, etc.)
     4. Federal Government
     5. Federally Qualified Health Center
     6. State Government
     7. Other (specify): 

5. What are the practice name, facility name, address and zip code for each of the locations in Delaware where you practice?
   - [ ] Primary Location (most time delivering care)
     - Practice Name (example: Bear-Glasgow Dental)
     - Facility Name (People’s Plaza)
     - Street Address
     - City [ ] State [ ] ZIP code
   - [ ] Secondary Location
     - Practice Name (example: Bear-Glasgow Dental)
     - Facility Name (People’s Plaza)
     - Street Address
     - City [ ] State [ ] ZIP code
   - [ ] Tertiary Location
     - Practice Name (example: Bear-Glasgow Dental)
     - Facility Name (People’s Plaza)
     - Street Address
     - City [ ] State [ ] ZIP code

6. What percentage of your working hours in Delaware do you spend at each of the locations listed above?
   - [ ] Percent – Primary Location
   - [ ] Percent – Secondary Location
   - [ ] Percent – Tertiary Location
   - [ ] Percent – Total

7. How long have you been practicing at this primary Location?
   - [ ] Years

8. What type of site is at the primary location?
   - [ ] Private Office
   - [ ] Clinic
   - [ ] Hospital
   - [ ] Federal Government
   - [ ] Federally Qualified Health Center
   - [ ] State Government
   - [ ] Other (specify):

9. Using the ADA self-designated practice codes found on page 5, please identify your specialty in the space provided below. (include all specialties that apply to you)
   - Specialty Code

10. How many dentists (including yourself) currently practice at this site (in case of shared space count only those that are in your practice)
    - [ ] Number

11. About how many total patient encounters do you have per week?
    - [ ] Total Number of patients per week
    - How many of these patient encounters per week are with patients receiving treatment, how many with those presenting for post-treatment evaluation and how many are hygiene patients?
      - Number of patients for treatment
      - Number for post treatment evaluation
      - Number of hygiene patients

12. Do you see pediatric patients at this site?
    - [ ] Yes
    - [ ] No
    - If YES, beginning at what age do you see patients?
      - [ ] Age

13. Do you offer Saturday and Evening hours?
    - Saturday [ ] Yes
    - [ ] No
    - Evening [ ] Yes
    - [ ] No
14. When a patient calls your office to request a routine (non-emergency) appointment, what is the usual elapsed time between the request and the resulting appointment for new and established patients (days)?

<table>
<thead>
<tr>
<th></th>
<th>New patients</th>
<th></th>
<th>Existing Patients</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Days</td>
<td>Yes</td>
<td></td>
<td>Not Applicable</td>
<td></td>
</tr>
</tbody>
</table>

15. Are you currently accepting new patients?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

16. If you are NOT accepting new patients or at a time are unable to make emergency appointments, do you provide any type of referral?

If YES, to what source(s) do you refer patients? (check all that apply)

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

17. Do you participate in dental insurance plans?

If YES, indicate which plans you participate in (check all that apply)

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Capitation</td>
<td>Reduced fee for service</td>
<td>Medicaid</td>
<td>Traditional insurance with balance billing</td>
<td>Other (specify):</td>
</tr>
</tbody>
</table>

18. What are the three biggest problems your practice encounters when dealing with insurance companies?

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

19. Do you use Certified Dental Technology (CDT) codes when submitting bills and other related paperwork to insurance companies?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

20. How do you currently submit bills and other related paperwork to your patients’ insurance companies? (check all that apply)

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mail bills directly to insurance companies</td>
<td>Electronic Transfer</td>
<td>Other (specify):</td>
<td></td>
</tr>
</tbody>
</table>

21. Does this site employ dental hygienists?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

If YES, please indicate how many hygienists are employed and how many patients in total do all the hygienists see per week:

Number of hygienists

Total number of patients seen by all hygienists per week

22. Does this site employ dental assistants?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

If YES, indicate the number of dental assistants that are part time (less than 30 hours per week) and full time (30 hours or more per week)

Number of part time (less than 30 hrs per week) dental assistants

Number of full time (30 hrs or more per week) dental assistants

23. Is this dental office fully staffed?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

If NOT fully staffed, how long have you actively been trying to fill these positions?

<table>
<thead>
<tr>
<th></th>
<th>less than 2 months</th>
<th>2-4 months</th>
<th>more than 4 months, less than 6 months</th>
<th>more than 6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

24. When was the last time you hired a new employee?

<table>
<thead>
<tr>
<th></th>
<th>Within the past 6 months</th>
<th>more than 6 months but fewer than 12 months ago</th>
<th>more than 12 months but fewer than 24 months ago</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

25. When you hired your last employee, how long did it take you to fill the position?

<table>
<thead>
<tr>
<th></th>
<th>less than 2 months</th>
<th>2-4 months</th>
<th>more than 4 months, less than 6 months</th>
<th>more than 6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

26. In the past, which position has been the most difficult to fill?

<table>
<thead>
<tr>
<th></th>
<th>Hygienist</th>
<th>Dental Assistant</th>
<th>Office Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
27. Do you perceive a shortage in qualified applicants for dental staff positions?
   1. Yes
   2. No

28. Are there people at this site who have the ability to communicate with patients in a language other than English?
   1. Yes
   2. No

29. What percentage of your practice’s gross fees are unreimbursed (includes uncollectables, not charity or discounts)? (chose one number)
   1. 0%
   2. 5%
   3. 10%
   4. 15%
   5. 20%
   6. 25%
   7. 30%
   8. 35%
   9. 40%
   10. 45%
   11. 50%

30. Do you provide charity care (no fee expected) inside your office?
   1. Yes
   2. No

31. Do you provide charity care (no fee expected) outside your office?
   1. Yes
   2. No

32. Do you offer flexible or installment payment plans, which would allow patients to pay for services over a period of time?
   1. Yes
   2. No

33. Do you expect to be active in clinical dentistry in Delaware 5 years from now?
   1. Yes
   2. No
   3. Unsure

34. State (or country if applicable) of residence at time of high school graduation.
   State (country if applicable)

35. From which dental school did you graduate?
   Name of medical school
   Year (YYYY)
   State (country if applicable)

36. Did you complete a dental residency?
   1. Yes
   2. No

37. If you completed a dental residency, what type of a dental residency was it (check all that apply)?
   1. General or Family Dental Residency
   2. Hospital Dental Residency
   3. Specialized Dental Residency (specify):
   4. Military Service
   5. Other (specify):

38. In which states are you currently licensed to practice dentistry?
   State
   State
   State

39. What is your race?
   1. Caucasian or White
   2. African American or Black
   3. Native American or Alaskan
   4. Asian or Pacific Islander
   5. Multi-Racial
   6. Other (specify):

40. Are you of Hispanic origin?
   1. Yes
   2. No

41. Gender?
   1. Male
   2. Female

42. Date of Birth?
   Month (MM) / Day (DD) / Year (YYYY)

43. Do you have a Delaware business license?
   1. Yes
   2. No

44. If you have any comments, please feel free to include them in the space provided below.

Thank you for completing the Delaware Dentist Survey 2008.

Return the completed form to:
University of Delaware, CADSR, Graham Hall, Newark, DE 19716
### ADA Self-Designated Practice Codes

(Listed alphabetically by specialty name)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBMX PROS</td>
<td>prosthodontics/maxillofacial prosthetic</td>
</tr>
<tr>
<td>DG</td>
<td>general dentistry</td>
</tr>
<tr>
<td>DPH</td>
<td>dental public health</td>
</tr>
<tr>
<td>ENDO</td>
<td>endodontology</td>
</tr>
<tr>
<td>GRP</td>
<td>general practice residency</td>
</tr>
<tr>
<td>MX PROS</td>
<td>maxillofacial prosthetic</td>
</tr>
<tr>
<td>OMP</td>
<td>oral and maxillofacial pathology</td>
</tr>
<tr>
<td>OMS</td>
<td>oral and maxillofacial surgery</td>
</tr>
<tr>
<td>ORTHO</td>
<td>orthodontics and dentofacial orthopedics</td>
</tr>
<tr>
<td>PED DENT</td>
<td>pediatric dentistry</td>
</tr>
<tr>
<td>PERIO</td>
<td>periodontics</td>
</tr>
<tr>
<td>PROS</td>
<td>prosthodontics</td>
</tr>
</tbody>
</table>