Health Professional Shortage Area (HPSA) Dental Survey

The information collected is required for the Montana Department of Public Health and Human Services, Montana Primary Care Office to identify medically underserved areas or health professional shortage areas (HPSAs). A dental health professional shortage area (HPSA) is a geographic area wherein the population has an inadequate number of dentists to serve their dental needs. The designation is used to help bring oral health funding into the State of Montana, primarily for the purposes of loan repayment for dentists and hygienists. Information collected for designations can also be used for dental business and workforce planning.

The questions in this survey should be answered by a dentist or by the designated staff at the dental practice. All information submitted is confidential and will be used only for shortage area analysis, and workforce planning.

Names are only utilized to ensure non-duplication and to conduct follow-up regarding completing the survey.

*1. Please provide:

First name

Last name

NPI#

2. What is your age?

3. What is your gender?

- Female
- Male

4. Which race/ethnicity best describes you? (Please choose only one.)

- American Indian or Alaskan Native
- Asian / Pacific Islander
- Black or African American
- Hispanic American
- White / Caucasian

Other (please specify)

5. Please provide the following:

Name of dental school

Year of dental school graduation

6. What is your practice status? (select one response)

- ○ Actively working (full-time or part-time) in a position that requires a dental license
- ○ Volunteer in a position that requires a dental license
- ○ Only working in a field that does NOT require a dental license
- ○ Not currently working
- ○ Retired
- ○ Other (please specify)

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*7. What is your PRIMARY practice address? (physical practice location, not mailing address)

Address:

Address 2:

City/Town:

State:

ZIP:

Phone Number:

8. Please provide the following information about your practice manager at this location:

Name:

Email Address:

Phone Number:

*9. Please indicate the specialty areas you practice at this location.

- ☐ No speicality, I am a general practitioner
- ☐ Oral and maxillofacial surgery
- ☐ Endodontics
- ☐ Orthodontics
- ☐ Pediatric dentistry
- ☐ Periodontics
- ☐ Prosthodontics
- ☐ Oral and maxillofacial pathology

10. What type of provider are you at this location?

- ☐ Private Provider
- ☐ NHSC Provider
- ☐ IHS/ Tribal Provider
- ☐ Federal Employee
- ☐ FQHC (CHC) Provider
- ☐ Volunteer
- ☐ Other (please specify)

***11. Please indicate the average number of hours per week spent on each major activity at this location:**

Clinical care (one-on-one with patients)

Research

Teaching/ Education (NOT one-on-one with patients)

Administrative

12. Please indicate the average number of weeks per year you practice at this location: (Note: There are about 52 weeks per year)

13. Are you currently accepting new patients at this locaiton

- ☐ Yes, all new patients
- ☐ Not accepting new patients
- ☐ Yes, but NO new Medicaid patients
- ☐ Yes, but only a limited number of Medicaid patients

Please specify the number of new Medicaid patients you are accepting

14. Do you offer a sliding fee scale at this location?

- ○ Yes
- ○ No

15. Please specify the approximate percentage of your patients in the following categories at this location, if any:

Medicaid

Sliding fee scale

Homeless

Migrant Workers

Tourists

Seasonal Residents

Native Americans

16. Is language interpretation offered at this practice location?

- Yes
- No

If yes, please specify languages offered

17. How many days does the average patient of record and average new patient wait for an appointment:
(not including emergent care)

	Patient of record, non-Medicaid	Medicaid patient of record	New patients, non-Medicaid	New Medicaid Patients
for an evaluation or restorative care				
for preventive care (i.e.,dental cleaning)				

18. When a patient has an appointment, what is the usual amount of time between the appointment time and the actual time you see the patient at this location?

New Patient (minutes)

Current Patient (minutes)

19. If you take walk-ins, what is the usual amount of time between the time the patient arrives and the actual time you see the patient at this location? (In minutes)

20. How many outpatient visits do you take at this location per year? This refers to the total number of visits and not the number of distinct patients seen (e.g., four appointments with the same patient counts as four visits).

21. Please indicate the number of full- and part-time non-dentist employees at this location.

	Full-time (32-40+ hours/week)	Part-time (less than 32 hours/week)	Total number of clinical hours provided by all
Dental hygienists			
Chairside dental assistants			
Sterilizaiton dental assistants			
Receptionists/Patient coordinators			

Other (please specify)

22. What age do you and your staff recommend children begin dental exams and preventive care at this location?

23. Do you have a secondary practice location?

- Yes
- No

*24. What is your SECONDARY practice address? (physical practice location, not mailing address)

Address:

Address 2:

City/Town:

State:

ZIP:

Phone Number:

25. Please provide the following information about your practice manager at this location:

Name:

Email Address:

Phone Number:

*26. Please indicate the specialty areas you practice at this location.

- ☐ No speicality, I am a general practitioner
- ☐ Oral and maxillofacial surgery
- ☐ Endodontics
- ☐ Orthodontics
- ☐ Pediatric dentistry
- ☐ Periodontics
- ☐ Prosthodontics
- ☐ Oral and maxillofacial pathology

27. What type of provider are you at this location?

- ☐ Private Provider
- ☐ NHSC Provider
- ☐ IHS/ Tribal Provider
- ☐ Federal Employee
- ☐ FQHC (CHC) Provider
- ☐ Volunteer
- ☐ Other (please specify)

***28. Please indicate the average number of hours per week spent on each major activity at this location:**

Clinical care (one-on-one with patients)

Research

Teaching/ Education (NOT one-on-one with patients)

Administrative

29. Please indicate the average number of weeks per year you practice at this location: (Note: There are about 52 weeks per year)

30. Are you currently accepting new patients at this locaiton

- ☐ Yes, all new patients
- ☐ Not accepting new patients
- ☐ Yes, but NO new Medicaid patients
- ☐ Yes, but only a limited number of Medicaid patients

Please specify the number of new Medicaid patients you are accepting

31. Do you offer a sliding fee scale at this location?

- ○ Yes
- ○ No

32. Please specify the approximate percentage of your patients in the following categories at this location, if any:

Medicaid

Sliding fee scale

Homeless

Migrant Workers

Tourists

Seasonal Residents

Native Americans

33. Is language interpretation offered at this practice location?

- Yes
- No

If yes, please specify languages offered

34. How many days does the average patient of record and average new patient wait for an appointment:
(not including emergent care)

	Patient of record, non-Medicaid	Medicaid patient of record	New patients, non-Medicaid	New Medicaid Patients
for an evaluation or restorative care				
for preventive care (i.e.,dental cleaning)				

35. When a patient has an appointment, what is the usual amount of time between the appointment time and the actual time you see the patient at this location?

New Patient (minutes)

Current Patient (minutes)

If different for Medicaid, please indicate (new, current)

36. If you take walk-ins, what is the usual amount of time between the time the patient arrives and the actual time you see the patient at this location? (In minutes)

37. How many outpatient visits do you take at this location per year? This refers to the total number of visits and not the number of distinct patients seen (e.g., four appointments with the same patient counts as four visits).

38. Please indicate the number of full- and part-time non-dentist employees at this location.

	Full-time (32-40+ hours/week)	Part-time (less than 32 hours/week)	Total number of clinical hours provided by all
Dental hygienists			
Chairside dental assistants			
Sterilizaiton dental assistants			
Receptionists/Patient coordinators			

Other (please specify)

39. What age do you and your staff recommend children begin dental exams and preventive care at this location?

40. Do you have any additional practice locations?

- Yes
- No

If yes, please specify location

41. Regarding future career planning, do you anticipate to (check all that apply):

	Within the next year	Within 5 years
Retire	☐	☐
Cut back on hours/patients seen	☐	☐
Increase hours/patients seen	☐	☐
Add an associate/partner dentist to your practice	☐	☐
Close your practice to new patients	☐	☐
Seek a non-clinical job	☐	☐
Move to another location in Montana	☐	☐
Move out of state	☐	☐
Continue practicing as I am	☐	☐

If you plan to make any changes within the next year, please briefly state your reasons for doing so

42. Do you currently participate in any of the following community service activities? (check all that apply)

	Previously served	Currently serve	Interested in serving
Serve on a Board to represent oral health (i.e. CHC, Head Start)			
Charitable care in your office (Give Kids a Smile or other free or discounted service days)			
Provide screenings/preventive care in Head Start			
Provide clinical care in a long-term care facility			
Provide clinical care in other community-based settings			

Other (please specify)

43. Please provide any additional comments or questions.

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You have completed the survey. Thank you for your time! Your responses will help the Montana Department of Public Health and Human Services, Montana Primary Care Office to identify medically underserved areas or health professional shortage areas and bring additional funding into the State to support oral health.

For more information or questions please contact:

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