Provider and Staff Survey

Provider and Staff Oral Health Survey
Rocky Mountain Network of Oral Health

Thank you for participating in the Rocky Mountain Network of Oral Health (RoMoNOH) survey. The RoMoNOH project is funded by HRSA at the Maternal and Child Health Bureau.

We are interested in hearing your opinions and experiences with providing oral health services to your young patients. There are no right or wrong answers to these questions.

We thank you for taking the time to give thoughtful responses. We estimate this survey will take you 15-20 minutes. Your responses will be kept confidential.

You have the option to receive a gift card for completing this survey.

Date

_____

Please enter your email address

_____

What is the name of the healthcare practice where you spend most of your time?

- ◯ Sunset Health North Yuma
- ◯ Sunset Health San Luis
- ◯ North Country HealthCare Show Low
- ◯ North Country HealthCare Williams
- ◯ North Country HealthCare Round Valley
- ◯ El Rio Health Congress
- ◯ El Rio Health El Pueblo
- ◯ Valley-Wide Cesar Chavez
- ◯ Valley-Wide Sierra Blanca
- ◯ Valley-Wide La Junta
- ◯ Valley-Wide Las Animas
- ◯ Tepeyac Community Health Center
- ◯ Denver Health Pena
- ◯ Denver Health Westside
- ◯ Denver Health Webb
- ◯ Eastside Family Health Center
- ◯ University of Wyoming Family Practice Cheyenne
- ◯ University of Wyoming Family Medicine Casper
- ◯ Community Health Center of Central Wyoming
- ◯ Healthworks
- ◯ RiverStone Health Clinic
- ◯ Southwest Montana Community Health Center Butte
- ◯ Southwest Montana Community Health Center Dillon

What is your primary role in your clinic?	◯ Medical doctor (MD/DO) ◯ Physician Assistant ◯ Nurse Practitioner ◯ Nurse ◯ Medical Assistant ◯ Midwife ◯ Dentist ◯ Dental hygienist ◯ Dental Assistant ◯ Patient Coordinator ◯ Behavioral Health Provider ◯ Health Coach ◯ Manager/Administrator ◯ Other _____
Are you part of a healthcare team that provides care to children 3 years of age and younger?	◯ Yes ◯ No

Thank you for your time. This survey is intended for participants part of a healthcare team who provide care to children 3 years of age and younger.
Please click on the "End Survey" button.

The following questions pertain to oral health care to children birth to 3 years.

By what age do you believe healthy children should have their first dental visit?

- ◯ By 1 year of age
- ◯ After 1 year of age but before 2 years of age
- ◯ After 2 years of age but before 3 years of age
- ◯ After 3 years of age but before 4 years of age
- ◯ After 4 years of age but before 5 years of age
- ◯ After 5 years of age but before 6 years of age
- ◯ After 6 years of age
- ◯ Other _____

How would you rate your ability to perform the following with patients birth to 3 years of age AND do you believe you should perform the following?
For each item, please select one response for (A) and one for (B).

For patients birth - 3 years A. How would you rate your ability to perform the following? B. You should perform?

Identify teeth with dental caries
*must provided value _____ _____

Inform parents on how to brush their children's teeth correctly
*must provided value _____ _____

Inform parents on the oral health effects of putting their child to bed with a bottle
*must provided value _____ _____

Inform parents on the oral health effects of sugary food and drink
*must provided value _____ _____

Apply fluoride varnish
*must provided value _____ _____

Perform caries risk assessment
*must provided value _____ _____

Ask about parents' own oral health
*must provided value _____ _____

Assess whether fluoride supplements are needed
*must provided value _____ _____

Recommend when to begin using fluoride toothpaste
*must provided value _____ _____

Ask families about consumption of water with fluoride
*must provided value _____ _____

Refer to dental provider for routine dental visit
*must provided value _____ _____

Survey progress: .

Do you or members of your team offer fluoride varnish to young children in your medical practice?

- ◯ Yes
- ◯ No
- ◯ Unsure

During medical visits with patients birth to 3 years, in your experience, how much of a barrier to providing preventive oral health services (such as caries risk assessment, fluoride varnish application, dental referral) are the following?
Please select one response for each item.

For patients birth-3 years:

	Not a barrier	Somewhat a barrier	Moderate barrier	Significant barrier
Lack of adequate time during visit	◯	◯	◯	◯

Lack of my professional training in oral health care to young children	○	○	○	○
Fluoride varnish application is not a priority	○	○	○	○
Most of my patients already have a dental home where they get their dental care	○	○	○	○
I'm not convinced of the efficacy of fluoride	○	○	○	○
Family hesitancy or refusal	○	○	○	○
Lack of medical staff to apply fluoride varnish	○	○	○	○
Lack of fluoride varnish in my office	○	○	○	○
Lack of ability to bill separately for oral health assessments and/or counseling on preventive oral hygiene	○	○	○	○
Lack of ability to bill separately for application of fluoride varnish	○	○	○	○
Lack of adequate reimbursement for fluoride varnish	○	○	○	○

Thinking about dental referrals for patients, please indicate Yes or No to the following questions:

Please select one response for each item.

	Yes	No	Unsure
Does your clinic have an established referral relationship with a dental home?	◯	◯	◯
Is there someone in your clinic who is primarily responsible for dental referrals and care coordination?	◯	◯	◯

When making dental referrals for patients, what steps do you take?

Please select one response for each item.

	Yes	No	Unsure
Tell the patient/parent that a dental visit is needed.	○	○	○
Provide a "warm hand-off" to the integrated dental provider in our clinic.	○	○	○
Provide the patient/parent with a list of dental providers to contact.	○	○	○
Contact a dental office directly (e.g. call or fax) to arrange the appointment.	○	○	○
Complete a referral to a dental provider through the electronic health record.	○	○	○

Thinking about barriers to making dental referrals for patients, to what extent are the following barriers to making dental referrals for patients?
Please select one response for each item.

	Not a barrier	Somewhat a barrier	Moderate barrier	Significant barrier
Referring patients to dental provider is not a priority.	◯	◯	◯	◯
Lack of dental providers to refer patients to.	◯	◯	◯	◯
Patients' lack of dental insurance/inability to pay for care.	◯	◯	◯	◯
Families not following through on appointments.	◯	◯	◯	◯
Time limitations in current practice.	◯	◯	◯	◯
Lack of medical office staff to make dental referrals.	◯	◯	◯	◯
Lack of a formal process to make a dental referral (e.g. no referral tool in your health record)	◯	◯	◯	◯

Survey progress: .

These next questions pertain to fluoride counseling.

Does the community where your main clinic is located participate in community water fluoridation (the process of adjusting the amount of fluoride in a community's water system)?

- ◯ Yes
- ◯ No
- ◯ Unsure

How prepared do you feel to counsel patients and thier families on each of these fluoride topics? Please select one response for each item.

	Not prepared	Slightly prepared	Moderately prepared	Very prepared
Parental concerns about community water fluoridation	◯	◯	◯	◯
Explaining topical and systemic fluoride mechanisms	◯	◯	◯	◯
Instructions for home use of fluoride	◯	◯	◯	◯

Anticipatory Guidance and Education

Thinking about anticipatory guidance for child health and wellness, below is a list of health and wellness topics that may be covered as part of routine well-childcare visits and dental visits. To what extent do you think that medical and dental teams are responsible for addressing these topics?
For each item, please select one response for A) medical teams and B) dental teams. A) To what extent are medical teams responsible for addressing? B) To what extent are dental teams responsible for addressing? Nutrition issues *must provided value _____ _____ Obesity *must provided value _____ _____ Iron deficiency *must provided value _____ _____ Child car seat guidelines *must provided value _____ _____ HPV prevention/vaccination *must provided value _____ _____ Bed-time routines *must provided value _____ _____ Oral health *must provided value _____ _____

During your well childcare medical visits with patients birth to 3 years of age, what is your estimate of the proportion of patients that you or a member of your team provide the following preventive oral health services (such as caries risk assessment, fluoride varnish application, dental referral)?
Please select one response for each item.

	0%	1-25%	26-50%	51-75%	76-99%	100%	Don't know
Identify teeth with dental caries.	○	○	○	○	○	○	○
Inform parents on how to brush their children's teeth correctly.	○	○	○	○	○	○	○
Inform parents on the oral health effects of putting their child to bed with a bottle.	○	○	○	○	○	○	○
Inform parents on the oral health effects of sugary food and drink.	○	○	○	○	○	○	○
Perform caries risk assessment.	○	○	○	○	○	○	○
Ask parents about their own oral health.	○	○	○	○	○	○	○
Bill for caries risk assessment and/or oral health education for eligible patients.	○	○	○	○	○	○	○
Apply fluoride varnish.	○	○	○	○	○	○	○
Prescribe fluoride supplements.	○	○	○	○	○	○	○
Recommend when to begin using fluoride toothpaste.	○	○	○	○	○	○	○
Ask families about consumption of water with fluoride.	○	○	○	○	○	○	○
Bill for fluoride varnish application for eligible patients.	○	○	○	○	○	○	○
Refer to dental provider for routine dental visit.	○	○	○	○	○	○	○
Provide "warm hand-off" to integrated dental provider in clinic.	○	○	○	○	○	○	○

Survey progress: .

Your Characteristics

What is your gender?

◯ Male
◯ Female
◯ Prefer to self-describe _____

Please describe your racial or ethnic identity. You may use terms that you feel best represent your background. For example, you might identify as African American, Asian, Hispanic/Latino, Native American, Pacific Islander, White, or another ethnicity. Feel free to provide specific details about your cultural or regional background, or use other terms that resonate with you.

_____

In what year were you born?

_____
(Please fill in your 4-digit year (e.g., 2002))

Thank you very much for completing this survey. We would like to send you a $40 gift card for completing the survey. Please fill out the information below.

Would you like to receive a gift card for completing this survey?	◯ Yes ◯ No
First Name	_____
Last Name	_____
Please provide your email address where you would like to receive your gift card.	_____
Please re-enter your email address	_____
Emails do not match. Please ensure they match	
Emails match	
You will receive your giftcard within 72 hours. Thank you.	
ETID (This is a hidden field used for the GC Administration. Please do NOT alter this field)	_____
UTID (This is a hidden field used for the GC Administration. Please do NOT alter this field)	_____
Reward amount (This is a hidden field used for Gift Card Administration. Please do NOT alter this)	_____