Dear Dentist,

This survey is the collaborative effort of the Utah Medical Education Council, the Utah Department of Health, and the Utah Dental Association, with the cooperation of the Division of Occupational and Professional Licensing. Your response to this survey is crucial in determining the active dentist workforce characteristics and distribution in Utah. The data requested will be kept strictly confidential. For any further questions, please contact Utah Medical Education Council at 526-4550. Please return the completed survey in the envelope provided.

Sincerely,

David F. Squire                                            Dr. Scott Theurer
Executive Director                                               President
Utah Medical Education Council                    Utah Dental Association

Dr. Steven Steed
State Dental Health Director/CFHS
Utah Department of Health

Utah Dentist Workforce Survey 2012

1. What is your practice status? (Please check one of the following)

☐ Do Not Provide Any Services in Utah
☐ Active Full Time Practitioner in Utah
☐ Active Part Time Practitioner in Utah
☐ Other (please specify) ____________________________

2. If you DO NOT PROVIDE services in Utah, why do you maintain a license in Utah? Please check all that apply:

☐ Future Practice Options
☐ Employment Requirement
☐ Other (please specify) ____________________________

3. If you DO NOT PROVIDE services in Utah, what state are you currently practicing in? ____________

4. If you DO NOT PROVIDE services in Utah, on a scale of 1-5 (1 being the most influential and 5 being the least influential), please rank the following factors that have influenced your choice:

   Climate: _______  Wages/Payscale: _______  Lifestyle: _______
   Family: _______  Dental School Debt Load: _______  Other (Specify): _______

IF YOU DO NOT PROVIDE SERVICES IN UTAH STOP HERE AND RETURN THE SURVEY. THANK YOU.
5. If you **PROVIDE services in Utah**, on a scale of 1-5 (1 being the most influential and 5 being the least influential), please rank the following factors that have influenced your choice:

   Climate: _______   Payscale/Wages: _______   Lifestyle: _______
   Family: _______   Cost of Living: _______   Other (Specify): _______

6. Did you practice in another state prior to practicing in Utah? □ Yes □ No

   If Yes, (a) for how long? _____ Yrs   (b) In which state? _______   (c) Why did you leave to come practice in Utah? _______

**DEMOGRAPHICS**

7. (a) Gender: □ Male □ Female   (b) Age: __________

8. Are you of Hispanic ethnicity? □ Yes □ No

9. What is your race?
   □ Caucasian   □ Pacific Islander   □ American Indian
   □ African American   □ Asian   □ Other (please specify) _______

10. (a) Where did you spend the majority of your upbringing?

    City/Town: ___________________________   County: ___________   State: ______   Zip Code: ______

    (b) Estimated population of the City/Town at the time of your upbringing:

    □ ≤ 2,500   □ 2,500 to 9,999   □ 10,000 to 49,999
    □ 150,000 to 249,999   □ 50,000 to 149,999
    □ 250,000 ≥

11. (a) Did you come back to practice in the area where you were brought up? □ Yes □ No

    (b) Do you intend to come back to practice in the area where you were brought up? □ Yes □ No

**EDUCATION**

12. Please provide the following information about the institution from which you received an **undergraduate degree**:

    State: ______   Year of Degree: ______   Check one that applies: □ State School   □ Private School

13. Please provide the following information about the institution from which you received a **doctorate (DDS or DMD) degree**:

    State: ______   Year of Degree: ______   Check one that applies: □ State School   □ Private School

14. If you specialized in a field of dentistry, please provide the following information about the specialty and the institution at which you earned the specialist degree:

    Specialty: ___________________________   Institution: ___________________________   Year of Degree: ______

**EDUCATIONAL DEBT**

15. What was the total educational debt for your undergraduate degree (including fees and living expenses)? $__________

16. What was your total educational debt for **dental school** (including fees and living expenses)? $__________

17. What was your total educational debt for your **post-graduate degree** (including fees and living expenses)? $__________

18. What is your monthly payment for **all your educational debts**? $__________

19. Did you receive loan reimbursement or other form of loan payment help? □ Yes □ No

    If Yes, from which program or agency? ___________________________________________________________________

20. Would you be willing to practice in the underserved areas of Utah if your debt load could be reduced? □ Yes □ No

**INCOME**

21. What is your **Individual Annual Gross Production for the year 2011**? $__________
22. What is your average yearly net income after tax deductions?

- $<50,000
- $50,000 - $74,999
- $75,000 - $99,999
- $100,000 - $124,999
- $125,000 - $149,999
- $150,000 - $174,999
- $175,000 - $199,999
- $200,000 - $224,999
- $225,000 - $249,999
- $250,000 - $274,999
- $275,000 - $299,999
- $300,000 - $324,999
- $325,000 - $349,999
- $350,000 - $374,999
- $375,000 - $399,999
- $400,000 - $424,999
- $425,000 - $449,999
- $450,000 - $474,999
- $475,000 - $499,999
- $500,000 - $524,999
- $525,000 - $549,999
- $550,000 - $574,999
- $575,000 - $599,999
- $600,000 - $624,999
- $625,000 - $649,999
- $650,000 - $674,999
- $675,000 - $699,999
- $700,000 - $724,999
- $725,000 - $749,999
- $750,000 - $774,999
- $775,000 - $799,999
- $800,000 - $824,999
- $825,000 - $849,999
- $850,000 - $874,999
- $875,000 - $899,999
- $900,000 - $924,999
- $925,000 - $949,999
- $950,000 - $974,999
- $975,000 - $999,999
- $1,000,000 - $1,024,999
- $1,025,000 - $1,049,999
- $1,050,000 - $1,074,999
- $1,075,000 - $1,099,999
- $1,100,000 - $1,124,999
- $1,125,000 - $1,149,999
- $1,150,000 - $1,174,999
- $1,175,000 - $1,199,999
- $1,200,000 - $1,224,999
- $1,225,000 - $1,249,999
- $1,250,000 - $1,274,999
- $1,275,000 - $1,299,999
- $1,300,000 - $1,324,999
- $1,325,000 - $1,349,999
- $1,350,000 - $1,374,999
- $1,375,000 - $1,399,999
- $1,400,000 - $1,424,999
- $1,425,000 - $1,449,999
- $1,450,000 - $1,474,999
- $1,475,000 - $1,499,999
- $1,500,000 - $1,524,999

23. Compared to five years ago has your net income:

- Increased by ____%  
- Decreased by ____%  
- Remained the same

24. How often do you/your employer raise fees (Check one that applies)?
- Biannually
- Annually
- Every other year
- Other (please specify) _______

25. When is the next fee raise scheduled for? _______ (Please fill in with a year. For example, 2012)

**PRACTICE SETTINGS & CHARACTERISTICS**

26. In a typical workweek, indicate your current practice setting(s) and the hour of practice in each setting:

<table>
<thead>
<tr>
<th>Practice Setting</th>
<th>Location I</th>
<th>Location II</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Zip Code</td>
<td>Hrs/Week</td>
</tr>
<tr>
<td>Private Practice - Solo</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private Practice - Group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private Affiliated Practice (Eg. Monarch Dental)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Health/ Low-Income Clinic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School Faculty</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regulatory Agency/Govt. Armed Forces/ Other Federal Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research Facility/ Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (Specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

27. At your primary dental practice setting, are you __ an employed dentist __ an owner/partial owner?

28. In a typical work week, how many of the following staff members work at your practice settings?

<table>
<thead>
<tr>
<th>Staff Category</th>
<th>Location I</th>
<th>Location II</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Num. of Staff</td>
<td>Total Hrs/Week (for all staff in this category)</td>
</tr>
<tr>
<td>Dental Assistants</td>
<td>#________</td>
<td>__________</td>
</tr>
<tr>
<td>Dental Hygienists</td>
<td>#________</td>
<td>__________</td>
</tr>
<tr>
<td>Office/Admin Staff</td>
<td>#________</td>
<td>__________</td>
</tr>
</tbody>
</table>

29. Mark all the services that you provide under the scope of your primary practice:

- Endodontics
- Oral/Maxillofacial Surgery
- Pediatric Dentistry
- Public Health
- General Dentistry
- Oral Pathology
- Periodontics
- Other___________
- Geriatrics
- Orthodontics
- Prosthodontics

30. Please check the technology(s) that you currently use in your practice (please check all that apply):

- Electronic (patient) Medical Record (EMR) system
- e-Prescribing system
- Electronic Patient Panel
- Health Information Exchange
- Digital Standard X-Rays
- Digital Panoramic X-Rays
- None of the above

31. How many hours per week do you spend in each of the following categories?

- Patient Care: Hrs/wk ______
- Teaching: Hrs/wk ______
- Research: Hrs/wk ______
32. At what age are you planning to retire completely from dentistry? __________

33. Are you planning to reduce hours before retirement? ☐ Yes ☐ No

   If YES, How many hours will you work after this reduction of hours? ________________

34. Do you plan to relocate within the next 5 years? ☐ Yes ☐ No

   If yes, check one: ☐ Leave Utah ☐ Urban to Urban location within Utah ☐ Rural to Urban location within Utah
   ☐ Rural to Rural location within Utah ☐ Urban to Rural location within Utah

35. Does your office provide non-emergent services in non-traditional hours? ☐ Yes ☐ No (traditional hours being M-F 8am to 5pm)

   If Yes, please provide your office hours: ________________________________

36. On average, what is the number of patients you see per month? __________

37. On average, how many days must patients wait for an appointment?

   New Patients: _______ days    Established Patients: _______ days

38. Do you or your staff members provide services in any language(s) other than English? ☐ Yes ☐ No

   If yes, please list the language(s): ____________________________________________

39. Do you or your staff members provide services in sign language? ☐ Yes ☐ No

40. Please list the number of plans you participate in: HMOs #_________ PPOs #__________

PATIENT DEMOGRAPHICS

41. What approximate percentage (%) of your patients belong to the following age groups:

   ≤ 1 Yr ___%  2-4 Yrs ___%  5-17 Yrs ___%  18-44 Yrs ___%  45-64 Yrs ___%  ≥65 Yrs ___%

42. Do you provide charity care? ☐ Yes ☐ No (charity does not include write-offs)

   a. In Utah: $ ______________ per year
   b. Outside Utah: $ ______________ per year
   c. In Utah, for whom do you provide charity?
      ☐ Children only ☐ Senior Citizens only ☐ Any person in need ☐ Other (Specify): __________

43. What percent of your gross production comes from the care you provide to the following patients per month:

   Medicaid: ______ % Self-Pay: ______ % CHIP: ______ % Privately Insured: ______ %

44. Are you taking new patients in any of these categories?

   ☐ Fee for Service ☐ Medicaid ☐ CHIP ☐ Other Insured ☐ Charity ☐ None/ Practice is Full

   a. If you DID NOT CHECK the MEDICAID category above, on a scale of 1-5 (1 being the most influential and 5 being the least influential), rank the why you do not accept new MEDICAID patients (please fill one number per option):

      Missed Appointments _______ Patient Behavioral Problems _______
      Slow Reimbursement _______ Cumbersome Admin Work _______
      Low Reimbursement _______

45. What is your overall missed appointment rate? ________%

46. What is your missed appointment rate for:

   Medicaid Patients: ______ % Self-Pay Patients: ______ % CHIP Patients: ______ % Privately Insured Patients: ______ %

47. Are you as busy treating patients as you wish to be? ☐ Yes ☐ No

   a. If No, how many additional patients a week do you think you would be able to treat? ________ patients
   b. If No, how many additional hours a week do you think you would be treating patients? ________ hours/week

Thank you for your participation. Please return the survey in the envelope provided.