

Utah Dentist Workforce Survey 2017

Q1 What is your primary practice status? (Please check ONE of the following):

I Do Not Provide Any Services in Utah
 Retired and Provide Voluntary or Occasional Service in Utah
 Active Practitioner and/or Dental School Faculty in Utah
 Other (specify)

Other (please specify):

Q2 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:

	1 - Influential	2	3	4	5 - Least influential
Climate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wages/Pay scale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental School Debt Load	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifestyle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify):

IF YOU DO NOT PROVIDE SERVICES IN UTAH STOP HERE AND RETURN THE SURVEY. THANK YOU.

Q3 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:

	1 - Influential	2	3	4	5 - Least influential
Climate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pay scale/Wages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost of Living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifestyle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify):

Demographics

Q4 Are you of Hispanic ethnicity?

Yes
 No

Q5 What is your race?

American Indian/Alaska Native
 African American
 Asian
 Native Hawaiian/Pacific Islander
 White/Caucasian
 Other (specify)

Other (please specify):

Q6 Please describe the area where you spent the majority of your upbringing (when you lived there):

Rural
 Suburban
 Urban

State:

Education

Q7 Please provide the following information about the institution from which you received a *doctorate (DDS or DMD) degree*:

State School
 Private School

State:

Year of Degree:

Q8 If you specialized in a field of dentistry, in what field did you obtain a specialist degree?

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Dental Public Health | <input type="checkbox"/> Oral and Maxillofacial Radiology | <input type="checkbox"/> Orthodontics | <input type="checkbox"/> Prosthodontics |
| <input type="checkbox"/> Endodontics | <input type="checkbox"/> Oral and Maxillofacial Surgery | <input type="checkbox"/> Periodontics | <input type="checkbox"/> Other |
| <input type="checkbox"/> Oral and Maxillofacial Pathology | | <input type="checkbox"/> Pediatric Dentistry | |

Q9 Please mark the amount of educational debt you CURRENTLY have (exclude pre dental and non-educational debt)

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> \$0.00 | <input type="checkbox"/> \$100,000 to \$124,999 | <input type="checkbox"/> \$225,000 to \$249,999 | <input type="checkbox"/> \$350,000 to \$374,999 |
| <input type="checkbox"/> \$0.01 to \$24,999 | <input type="checkbox"/> \$125,000 to \$149,999 | <input type="checkbox"/> \$250,000 to \$274,999 | <input type="checkbox"/> \$375,000 to \$399,999 |
| <input type="checkbox"/> \$25,000 to \$49,999 | <input type="checkbox"/> \$150,000 to \$174,999 | <input type="checkbox"/> \$275,000 to \$299,999 | <input type="checkbox"/> \$400,000 to \$424,999 |
| <input type="checkbox"/> \$50,000 to \$74,999 | <input type="checkbox"/> \$175,000 to \$199,999 | <input type="checkbox"/> \$300,000 to \$324,999 | <input type="checkbox"/> \$425,000 to \$449,999 |
| <input type="checkbox"/> \$75,000 to \$99,999 | <input type="checkbox"/> \$200,000 to \$224,999 | <input type="checkbox"/> \$325,000 to \$349,999 | <input type="checkbox"/> \$450,000 or more |

Q10 Please mark the amount of educational debt you had AT THE TIME OF GRADUATION from dental school (exclude pre dental and non-educational debt)

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> \$0.00 | <input type="checkbox"/> \$100,000 to \$124,999 | <input type="checkbox"/> \$225,000 to \$249,999 | <input type="checkbox"/> \$350,000 to \$374,999 |
| <input type="checkbox"/> \$0.01 to \$24,999 | <input type="checkbox"/> \$125,000 to \$149,999 | <input type="checkbox"/> \$250,000 to \$274,999 | <input type="checkbox"/> \$375,000 to \$399,999 |
| <input type="checkbox"/> \$25,000 to \$49,999 | <input type="checkbox"/> \$150,000 to \$174,999 | <input type="checkbox"/> \$275,000 to \$299,999 | <input type="checkbox"/> \$400,000 to \$424,999 |
| <input type="checkbox"/> \$50,000 to \$74,999 | <input type="checkbox"/> \$175,000 to \$199,999 | <input type="checkbox"/> \$300,000 to \$324,999 | <input type="checkbox"/> \$425,000 to \$449,999 |
| <input type="checkbox"/> \$75,000 to \$99,999 | <input type="checkbox"/> \$200,000 to \$224,999 | <input type="checkbox"/> \$325,000 to \$349,999 | <input type="checkbox"/> \$450,000 or more |

Q11 Did/do you receive loan reimbursement or other form of loan payment help?

- Yes No

Q11a If Yes, from which program or agency?

- | | | |
|--|--|---|
| <input type="checkbox"/> Army, Navy, Air Force Program | <input type="checkbox"/> U.S. Public Health Service Commissioned Corps | <input type="checkbox"/> U.S. HHS National Health Service Corps |
| <input type="checkbox"/> Veteran Affairs Program | <input type="checkbox"/> Indian Health Service | <input type="checkbox"/> Other |

Q11b Would you be willing to practice in the underserved areas of Utah if your debt load could be reduced?

- Yes No

Practice Settings and Characteristics

Q12 What was your Individual Annual Gross Production for the year 2016?

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Under \$100,000 | <input type="checkbox"/> \$400,000 to \$499,999 | <input type="checkbox"/> \$800,000 to \$899,999 | <input type="checkbox"/> \$1,200,000 to \$1,299,999 |
| <input type="checkbox"/> \$100,000 to \$199,999 | <input type="checkbox"/> \$500,000 to \$599,999 | <input type="checkbox"/> \$900,000 to \$999,999 | <input type="checkbox"/> \$1,300,000 to \$1,399,999 |
| <input type="checkbox"/> \$200,000 to \$299,999 | <input type="checkbox"/> \$600,000 to \$699,999 | <input type="checkbox"/> \$1,000,000 to \$1,099,999 | <input type="checkbox"/> \$1,400,000 to \$1,499,999 |
| <input type="checkbox"/> \$300,000 to \$399,999 | <input type="checkbox"/> \$700,000 to \$799,999 | <input type="checkbox"/> \$1,100,000 to \$1,199,999 | <input type="checkbox"/> \$1,500,000 or more |

Q13 Please select the response indicating your average annual NET compensation (after tax deductions)

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Less than \$50,000 | <input type="checkbox"/> \$100,000 to \$124,999 | <input type="checkbox"/> \$175,000 to \$199,999 | <input type="checkbox"/> \$275,000 to \$299,999 |
| <input type="checkbox"/> \$50,000 to \$74,999 | <input type="checkbox"/> \$125,000 to \$149,999 | <input type="checkbox"/> \$200,000 to \$249,999 | <input type="checkbox"/> \$300,000 to \$324,999 |
| <input type="checkbox"/> \$75,000 to \$99,999 | <input type="checkbox"/> \$150,000 to \$174,999 | <input type="checkbox"/> \$250,000 to \$274,999 | <input type="checkbox"/> \$325,000 or more |

Q14 Please indicate the practice CITY, ZIP CODE, HOURS WORKED per week, and VACATION WEEKS per year of your PRIMARY and SECONDARY practice settings

Primary City:	<input type="text"/>	Secondary City:	<input type="text"/>
Primary Zip Code:	<input type="text"/>	Secondary Zip Code:	<input type="text"/>
Primary Hours/week:	<input type="text"/>	Secondary Hours/week:	<input type="text"/>
Primary vacation weeks/year:	<input type="text"/>	Secondary vacations weeks/year:	<input type="text"/>

Q15 Please describe your PRIMARY and SECONDARY practice settings

	Primary Setting	Secondary Setting
Private Practice - Solo	<input type="checkbox"/>	<input type="checkbox"/>
Group Private Practice - Small (less than 5 dentists)	<input type="checkbox"/>	<input type="checkbox"/>
Group Private Practice - Medium (5 to 20 dentists)	<input type="checkbox"/>	<input type="checkbox"/>
Group Private Practice - Large (more than 20 dentists)	<input type="checkbox"/>	<input type="checkbox"/>
School Faculty	<input type="checkbox"/>	<input type="checkbox"/>
Govt. Agency/Armed Forces/Other Federal	<input type="checkbox"/>	<input type="checkbox"/>
Community Health Center/Low Income Clinic	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify):	<input type="text"/>	

Q16 At your primary dental practice setting, are you

An employed dentist An owner/partial owner

Q17. In a typical work week, how many of the following staff members work at your PRIMARY practice setting?

	Total Number of Staff	Total Hours/Week (for all staff in this category)
Dental Assistants	<input type="text"/>	<input type="text"/>
Dental Hygienists	<input type="text"/>	<input type="text"/>
Office/Admin Staff	<input type="text"/>	<input type="text"/>

Q18 Mark all of the services that you provide under the scope of your primary practice:

Endodontics Pediatric Dentistry Geriatrics Periodontics
 Oral/Maxillofacial Surgery Public Health Oral Pathology Prosthodontics
 General Dentistry Orthodontics Other (specify)

Other (please specify):

Q19 How many hours per week do you spend in each of the following categories?

Patient Care: Research:
 Teaching: Administration:

Q20 Is your PRIMARY practice setting...

Full (cannot accept new patients) Nearly Full (can accept a limited number of new patients) Unfilled (can accept many new patients)

Q21 At what age are you planning to retire completely from dentistry?

Q22 Are you planning to reduce hours before retirement? Yes No

Q22a If YES, in how many years do you plan to reduce your hours?

Less than 5 years 11-15 years 21-25 years 31 to 35 years
 5-10 years 16-20 years 26-30 years More than 35 years

Q22b If YES, how many hours per week will you practice after this reduction?

Less than 5 hours 11-15 hours 21-25 hours 31-35 hours More than 40 hours
 5-10 hours 16-20 hours 26-30 hours 36-40 hours

Q23 On average, what is the number of patients you see per week?

Q24 On average, how many days must patients wait for an appointment?

New patients:

Established patients:

Q25 Do you or your staff members provide services in any language other than English (including ESL)?

Yes No

If yes, please list the language(s):

Patient Demographics

Q26 What approximate percentage of your patients belong to the following age groups:

≤ 1 year %
2-4 years %
5-17 years %

18-44 years %
45-64 years %
≥ 65 years %

Q27 Do you provide charity care (not including insurance write offs, cash discounts, or other discounts)?

Yes No

Q27a If YES, how much charity care did you provide last year...

In Utah: \$

Outside Utah: \$

Q27b If YES, in Utah, for whom do you provide charity care?

Children Low Income Other (specify)
 Senior Citizens Any person in need

Other (please specify):

Q28 What percent of your gross production comes from the care you provide to the following patients per month:

Medicaid: %
CHIP: %

Self-Pay: %

Privately Insured: %

Q29 Are you taking new patients in any of these categories? (Check all that apply)

Fee for service CHIP Charity
 Medicaid Other insured None/practice is full

Q30 If you DID NOT check the MEDICAID category above, on a scale of 1 to 5 (1 being the most influential and 5 being the least influential), please rank the reasons you do not accept new Medicaid patients (please check one box per column):

	1-Influential	2	3	4	5-Least Influential
Missed appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slow reimbursement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient behavioral problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cumbersome administrative work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low reimbursement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q31 Are you as busy treating patients as you wish to be? Yes No

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

Utah Medical Education Council • 230 S. 500 E. Ste. 210, Salt Lake City, Utah, 84102
Phone: 801-526-4554 • Fax: 801-526-4551 • www.utahmec.org