

[To be designed and formatted as a scannable booklet]

Survey of Primary Care Physicians on Oral Health

CONDUCTED BY:

Office on Women's Health
U.S. Department of Health and Human Services

Introduction

An often-overlooked aspect of quality patient care is the importance of oral health and its relationship to overall health. This survey asks about adult oral health in the primary care setting. The questions address preventive care for the mouth and related structures as well as physician training, knowledge, and attitudes about oral health care. Your participation will help to provide an understanding of this topic and help us to identify primary care physicians' needs related to oral health.

This survey is being sent to a random sample of family medicine physicians and internal medicine physicians specializing in primary care. The survey takes about 20 minutes to complete.

We take many steps to keep the information you provide private. Your answers will be aggregated with those of other respondents in any reports of findings. Participation is voluntary, and there are no penalties to you for not responding. Your participation, however, will help to ensure that the results are accurate and represent your point of view.

If you have any questions about this study, please call [telephone number].

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to OWH/HHS Reports Clearance Officer, ATTN: PRA 0990-xxxx.

Instructions to Complete the Survey

- ◆ Answer the questions with regard to the care you provide to **adult ambulatory** patients.
 - ◆ Please mark an **X** or a **✓** in the box that best represents your answer (or). Use a blue or black pen.
 - ◆ You will sometimes see an arrow and instruction to skip questions (▶ **GO TO Question X**).
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Survey Eligibility

A. What is your specialty?

- Family medicine
- Internal medicine, specializing in primary care
- Neither of the above ▶ **Please stop here and return the questionnaire in the envelope provided. Thank you for your time.**

B. Do you provide primary care to ambulatory patients solely in an urgent or immediate care center that provides only unscheduled walk-in access?

- Yes ▶ **Please stop here and return the questionnaire in the envelope provided. Thank you for your time.**
- No

C. Are you currently an employee or contractor of a Federal agency, such as the U.S. Public Health Service (including the Indian Health Service and the Federal Bureau of Prisons), the Department of Veterans Affairs, or a military service?

- Yes
- No ▶ **GO TO Question E**

D. In addition to your employment at a Federal agency, do you see ambulatory patients in a non-Federal setting?

- Yes
- No ▶ **Please stop here and return the questionnaire in the envelope provided. Thank you for your time.**

E. During a typical work week, do you spend 20 percent or more of your time treating patients in a primary care office or clinic?

- Yes
- No ▶ **Please stop here and return the questionnaire in the envelope provided. Thank you for your time.**

F. Are all of your patients residents of nursing homes, rehabilitation centers, or correctional facilities?

- Yes ▶ **Please stop here and return the questionnaire in the envelope provided. Thank you for your time.**

No

Your Education and Training in Oral Health

In this survey, *oral health* refers to the condition of all parts of the mouth and related structures.

1. **During medical school, did you receive any instruction specific to oral health, excluding anatomy classes?**

- Yes
 No
 Don't remember

2. **Did you receive any instruction or clinical training in oral health during your residency or fellowship training?**

- Yes, both instruction and clinical training
 Yes, instruction only
 Yes, clinical training only
 No
 Don't remember

3. **Since residency or fellowship training, have you participated in any continuing education specifically about oral health?**

- Yes
 No ► **GO TO Question 5**

4. **Which of the following types of continuing education about oral health have you participated in?**

Check ALL that apply.

- Continuing medical education (CME) credit activities
 Training by another provider in your practice
 Other continuing education activities (Please specify):

5. **When did you last participate in a continuing education activity about oral health?**

- Less than a year ago
 1 year to less than 3 years ago
 3 years to less than 5 years ago

5 or more years ago

Oral Health Knowledge and Role Perceptions

6. How would you rate the extent of your professional knowledge about the following oral health problems . . .

(Mark **ONE** box in each row)

	Little or no knowledge	Some knowledge	Extensive knowledge
Tooth decay?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Periodontal disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral malignancies and pre-cancerous lesions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Xerostomia (dry mouth)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sjögrens' syndrome (chronic auto-immune disease in which white blood cells attack moisture-producing glands)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. How much do you agree or disagree that primary care physicians should know how to identify signs of the following in adults . . .

(Mark **ONE** box in each row)

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Tooth decay?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Periodontal disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral malignancies and pre-cancerous lesions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Xerostomia (dry mouth)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sjögrens' syndrome (chronic auto-immune disease in which white blood cells attack moisture-producing glands)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. How well do you think your practice experience and education have prepared you to identify key oral health issues for . . .

(Mark **ONE** box in each row)

	Not at all well	Not very well	Somewhat well	Very well
Adult patients with diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult patients with HIV/AIDS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Users of tobacco products?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heavy users of alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnant women?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patients 65 years and older?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult patients missing all of their natural teeth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. How well do you think your practice experience and education have prepared you to . . .

(Mark **ONE** box in each row)

	Not at all well	Not very well	Somewhat well	Very well
Conduct a basic oral health history (including signs and symptoms of common oral diseases)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assess whether a mouth is healthy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assess patient risks for oral disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counsel patients on how oral health affects overall health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counsel patients on the prevention of oral health diseases and problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counsel patients on the importance of dental care during pregnancy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognize the impact of drugs and medical therapies on oral health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manage common dental emergencies (e.g., pain, swelling, bleeding, infection)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instruct patients on how to self-manage minor oral concerns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your Patients and Oral Health

10. How important do you think preventive dental care is to your patients' overall health?

- Very important
 Somewhat important
 Slightly important
 Not at all important
 Not sure

11. How often do you typically ask your adult patients with chronic conditions or known risks for oral health problems if they . . .

(Mark **ONE** box in each row)

	Rarely or never	During initial visit only	During annual preventive care visits	During annual preventive care visits <u>and</u> routine followup visits
Visit a dentist or dental hygienist at least once a year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have a history of periodontal disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have oral problems or concerns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brush their teeth twice daily?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floss daily?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. How often do you typically ask your other adult patients if they . . .

(Mark **ONE** box in each row)

	Rarely or never	During initial visit only	During annual preventive care visits	During annual preventive care visits and routine followup visits
Visit a dentist or dental hygienist at least once a year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have a history of periodontal disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have oral problems or concerns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brush their teeth twice daily?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floss daily?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Generally, for each of the following groups of adult patients, how often do you examine their mouths to look for signs of oral health problems?

	Rarely or never	During initial visit only	Only when the patient presents with an oral problem	During annual preventive care visits	During annual preventive care visits and routine followup visits
Patients with chronic conditions or known risks for oral health problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Do you conduct oral examinations more frequently with patients who DO NOT see dentists/dental hygienists than with patients who DO?

Yes

No

This question does not apply – I'm usually not aware if my adult patients see dentists/dental hygienists.

15. When you conduct oral examinations with your adult patients, do you typically . . .

(Mark **ONE** box in each row)

	YES, for <u>all</u> my adult patients	YES, but only for my adult patients with known oral health risks	YES, but only for my adult patients presenting with oral problems	No
Examine their:				
Lips?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teeth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tongue?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gingiva (gums)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hard and soft palates?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labial mucosa (inner lining of the lips)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buccal mucosa (inner lining of the cheeks)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Palpate the floor of their mouth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Palpate the neck?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Palpate the temporo--mandibular joint (TMJ)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. If you do NOT fully examine the mouth, the neck, and the TMJ of most or all of your adult patients during preventive care visits, what are the reasons?

Check ALL that apply

- This is the responsibility of dental professionals.
- Only patients at risk for oral health problems need such examinations.
- Only patients presenting with oral problems need such examinations.
- I need more hands-on training in conducting oral health examinations.
- It takes too much time.
- There are problems with getting reimbursed by insurers for that type of examination.
- I have many patients who do not come for preventive care visits.
- This question does not apply – I routinely conduct such examinations with most or all of my adult patients during preventive care visits.**

17. Do you ever talk to your adult patients about preventive dental care or the importance of oral health?

Yes

No ► GO TO Question 20

18. When you talk to your adult patients about preventive dental care or the importance of oral health, how likely or unlikely are you to discuss the following information?

(Mark **ONE** box in each row)

	Very likely	Somewhat likely	Neither likely nor unlikely	Somewhat unlikely	Very unlikely
Importance of fluoride in preventing tooth decay?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other causes of tooth decay?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Causes of gum diseases?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The relationship between oral health and overall health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How diet or lifestyle affects oral health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Possible oral health side effects of their medications (side effects such as dry mouth, bone necrosis of the jaws, inflammation of soft tissues, enlarged gums)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. How often do you typically talk to your adult patients about oral health when they . . .

(Mark **ONE** box in each row)

	Rarely or never	During initial visit only	Only when the patient presents with an oral problem	During preventive care visits	Do not see patients in this group or Does not apply
Have a systemic disease (e.g., diabetes, heart disease)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are pregnant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are 65 years or older?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are at risk for oral cancer (i.e., tobacco use, heavy use of alcohol, frequent lip or facial exposure to the sun)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do <u>not</u> visit dentists or dental hygienists at least once a year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do visit dentists or dental hygienists at least once a year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Referrals to Dentists/Dental Hygienists

20. Does your staff have a list of local dentists or dental hygienists who take . . .

(Mark **ONE** box in each row)

	Yes	No	Not sure
Your patients' insurance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patients on a sliding payment scale?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnant women?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. In the past 6 months, did you refer a patient for dental treatment for any of the following reasons? By refer, we mean you or someone in your practice or clinic scheduled a referral appointment or gave names of dental or oral specialists or dental clinics to the patient for scheduling an appointment or simply told a patient to schedule an appointment with a dentist or dental hygienist.

(Mark **ONE** box in each row)

	Yes	No	Don't remember
I saw a problem that needed treatment by a dentist, dental hygienist, or oral specialist.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The patient asked me to recommend a dentist or oral specialist.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I knew the patient had not seen a dentist for more than a year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. There are many reasons primary care physicians may NOT refer patients for dental care. Please check ALL of the following reasons that apply to you.

- I do not believe that referrals for dental care are within my practice scope.
- I do not have the time during patient visits to determine if they need dental care.
- I do not have the knowledge to determine if a referral is appropriate.
- I lack support staff to help patients with dental care referrals.
- Dentists and dental hygienists are scarce in this community.
- The patient cannot pay for such care.
- None of the above.

Collaboration With Dental Professionals

23. Have you built professional relationships with dental professionals in your community?

- Yes
- No

24. Have you collaborated with a dental professional to promote oral health in your community (e.g., participated in a community health fair, education program, or demonstration clinic specific to oral health)?

- Yes
- No

25. In your opinion, how important is it that primary care physicians collaborate with dental professionals in their community to promote the importance of oral health?

- Very important
- Somewhat important
- Slightly important
- Not at all important

Oral Health Resources for Current Primary Care Physicians

26. How useful do you think the following would be in helping you to address your patients' oral health needs?

(Mark **ONE** box in each row)

	Very useful	Somewhat useful	Not at all useful
More information about available CME in oral health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hands-on training in conducting oral examinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information about dentists and dental hygienists in the community (names, specialties, contact information, patient eligibility criteria)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities to meet with dentists and dental hygienists in my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Software applications to assist in diagnosing oral health problems at the point of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. In which of the following ways would you be most willing to spend time learning about oral health, risk factors for oral health problems, and the relationship between oral health and overall health?

Select up to TWO

- Reading journal articles
- Attending a breakout session at a conference you plan to go to
- Taking an online course that offers CME credits
- Taking a local course that offers CME credits
- Local lecture, followed by small-group demonstration or hands-on training
- None of the above

About Your Practice and You

28. What is the practice type where you see ambulatory patients?

- Single specialty – Family medicine
- Single specialty – Internal medicine providing primary care only
- Multispecialty

29. Which of the following best describes this practice/clinic?

- Private practice - solo
- Private practice - group
- Clinic affiliated with a university or medical school
- Clinic affiliated with a hospital or hospital system
- Practice or clinic owned by a health maintenance organization or insurance company
- Federally Qualified Health Center (FQHC) or Community Health Center (CHC)
- State or local government clinic
- Other type of organization (Please specify type) _____

30. About what percentage of your ambulatory patients are 18 years or older?

- Less than 50%
- 50% or more

31. Please estimate the percentage of your adult patients who . . .

(Mark **ONE** box in each row)

	0 to 10%	11 - 25%	26 - 50%	More than 50%
Have a limited ability to speak or read English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are transient – not part of your regular patient case load	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do <u>not</u> come in for annual preventive care visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are uninsured or self-pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are insured by Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are insured by Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32. Think about the office/clinic site where you see most of your adult ambulatory patients. What is the total number of physicians working at the site? Include both full-time and part-time physicians.

- 1
- 2
- 3 to 5
- 6 to 9
- 10 to 19
- 20 to 49
- 50 or more

33. Think about the same office/clinic site. What are the total numbers of physician assistants (PAs) and nurse practitioners (NPs) working at that site? Include both full-time and part-time PAs and NPs.

_____ Total number of PAs

_____ Total number of NPs

34. In what year did you graduate from medical school?

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Year graduated from medical school

35. Since the year you graduated from medical school, how many years, including residency training, have you been providing care to adult patients in ambulatory settings?

_____ Years

36. What is your discipline?

- Doctor of Medicine
- Doctor of Osteopathy

37. Did your medical school campus also include a dental school?

- Yes
- No
- Not sure

38. During a typical week, how many hours do you provide direct patient care in an ambulatory setting?

- Less than 20 hours
- 20 to 40 hours
- More than 40 hours

39. During a typical week, approximately how many adult ambulatory patients do you see during office visits?

- 25 or fewer
- 26–50
- 51–75
- 76–100
- 101–125
- More than 125

40. Are you male or female?

- Male
- Female

41. Are you Hispanic, Latino/a, or Spanish origin?

- No, not of Hispanic, Latino/a, or Spanish origin
- Yes, Mexican, Mexican American, Chicano/a, Puerto Rican, Cuban, or other Hispanic/Latino, or Spanish origin

42. What is your race?

Select one or more categories.

- White
- Black or African American
- American Indian or Alaska Native
- Asian (Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Other Asian)
- Native Hawaiian, Guamanian or Chamorro, Samoan, or Other Pacific Islander

43. How old are you?

Years old

Thank you for participating in this survey.

Please return your completed survey in the enclosed postage-paid envelope. If another envelope is used, please send to:

Westat/Attn:
Oral Health Survey, Room xxx
1600 Research Blvd.
Rockville, MD 20850-3195