



The purpose of this survey is to collect baseline data that will help your First Tooth Trainer understand your clinic's current situation and identify the starting point for oral health integration at your agency. Please answer each question to the best of your knowledge.

First Tooth Baseline Survey

1. What is the name of your clinic?

2. What electronic health record system do you use (if any)?

3. What is your current panel size of patients ages 0-6?

4. Has your clinic had previous success integrating additional services? (i.e. Mental Health, etc.)

- Yes
- No
- Not sure
- Not applicable

5. Is your staff willing to perform interventions to prevent cavities in children?

- Not willing
- Slightly willing
- Moderately willing
- Very willing
- Extremely willing

6. What is the payer mix for your clinic? Please include percentages (if known).

- Private/commercial insurance _____%
- Medicaid/OHP (please list contracted plans _____) _____%
- Self-pay/uninsured _____
- Medicare _____%
- Other _____%

7. Does your clinic currently provide oral health assessments?

- Yes
- No
- Not sure

8. If yes, how many oral health assessments were conducted by each provider in the last calendar year? (If this data is not accessible, please indicate how many oral health assessments are conducted by each provider per week.)

- Per week Per calendar year Unable to provide data

Provider 1 Provider 2 Provider 3 Provider 4 Provider 5 Provider 6

If you have additional providers, please list number here: _____

9. How about "What percent of your clients age 0-6 received oral health assessments in the last calendar year?"

_____ Unable to provide data

10. For your 0-6 population, how many oral health assessments was your clinic reimbursed for in the last calendar year?

_____ Unable to provide data

11. Does your clinic currently provide fluoride varnish applications?

- Yes
 No
 Not sure

12. What percent of your patients ages 0-6 received a fluoride varnish application in the last year?

_____ Unable to provide data

13. How many total fluoride varnish applications was your clinic reimbursed for in the past 12 months?

_____ Unable to provide data

14. What type of referrals does your clinic provide? Please select all that apply.

- Dental Health
 Mental/Behavioral Health
 Specialty
 Other, please specify: _____

15. Does your clinic provide dental referrals for ages 0-6?

- Yes
 No
 Not sure

16. How does your clinic provide dental referrals for ages 0-6?

- We do not provide dental referrals
- Verbal recommendation
- Written recommendation or referral (i.e. after-visit summary)
- Electronic
- Help navigate/Care Coordinate
- Make appointment with provider

17. Estimate the total number of dental referrals by provider for patients ages 0-6 in the last calendar year. If this data is not accessible, please indicate how many dental referrals for patients ages 0-6 are conducted by each provider per week.)

- Per week Per calendar year Unable to provide data

_____ _____ _____ _____ _____ _____
Provider 1 Provider 2 Provider 3 Provider 4 Provider 5 Provider 6

If you have additional providers, please list number here: _____

18. Of the dental referrals given for patients ages 0-6 in the last calendar year, how many resulted in a visit?

- _____
- Unable to provide that data
 - Not currently tracking
 - Not sure

19. What are some barriers you have faced integrating preventive oral health services into your practice?

- Adequate training
- Reimbursement issues
- Time constraints
- Provider discomfort
- Integrating into workflow
- Other (please specify): _____

- _____
- Not applicable

20. How comfortable is staff (providers, nurses, MAs, etc.) with providing oral health assessments?

- Very uncomfortable
- Not comfortable or uncomfortable
- Comfortable
- Very comfortable

21. How comfortable is staff with providing fluoride varnish applications?

- Very uncomfortable
- Not comfortable or uncomfortable
- Comfortable
- Very comfortable

22. What staff role is currently providing each preventive oral health service? (i.e. MAs, nurses, providers, etc.)

- Oral Health Assessment: _____
- Caries Risk Assessment: _____
- Education/Anticipatory Guidance: _____
- Fluoride Varnish Applications: _____
- Dental Referrals: _____

23. Do staff feel they have adequate time to address oral health during a visit?

- Not at all
- Very little
- Somewhat
- To a great extent

24. Any questions, comments or suggestions? We welcome your feedback!
