

Dental Services for Persons with Disabilities in Pennsylvania
(Senate Resolution 61)
Questionnaire for Dentists

1. Do you currently practice dentistry within the Commonwealth of Pennsylvania? Yes No
(If no, you may either stop here or continue by answering based on your prior experience.)
2. Do you practice/consult at more than one location? Yes No If yes, please answer based on your primary practice location.
3. Please tell us in which county your practice is located: _____
4. Do you have a permit to administer:
Nitrous Oxide (Restricted II Permit)? Yes No
Conscious Sedation (Restricted I Permit)? Yes No
General Anesthesia/Deep Sedation (Unrestricted Permit)? Yes No
5. What types of public insurance payments do you accept?
Medicaid Yes No CHIP Yes No
6. Please indicate practice or specialty:
 General Dentistry Periodontics
 Oral Surgery Orthodontics
 Other (Specify) _____
7. How many children (under 21) with disabilities do you treat per year?
 0-10 10 – 25 25 – 100 More than 100
8. How many adults (21 and over) with disabilities do you treat per year?
 0-10 10 – 25 25 – 100 More than 100
9. Please indicate any special training you have had for treating persons with disabilities (check all that apply):
 None Continuing education course(s)
 GPR or AEGD residency program Mentor or study club experience
 Included in dental specialty program training Other _____

10. Please indicate the types of disabilities that you have experience with and the types of disabilities you are willing to accommodate.

Disability Condition	Experience With	Willing to Treat
Cognitive Impairment		
Developmental Delay		
Physical Disability		
Mental Illness		
Other (please specify) _____		

11. Which of the following accessibility features does your practice have to help persons with disabilities? (Select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Building and office is wheelchair accessible | <input type="checkbox"/> American Sign Language |
| <input type="checkbox"/> Parking for people with special needs | <input type="checkbox"/> Easy transfer dental chair |
| <input type="checkbox"/> Designated hours or days for persons with disabilities | <input type="checkbox"/> Mobile equipment |
| <input type="checkbox"/> Convenient location for public transportation | <input type="checkbox"/> Panorex X-Ray |
| <input type="checkbox"/> Allow family/direct care professional/guardian to assist or observe | |
| <input type="checkbox"/> Other (please specify) _____ | |

12. Do you work with staff (hygienist or assistant) who have had special training and/or experience treating persons with disabilities? Yes No

13. How would you rate the ease of access to quality dental care for persons with disabilities living in your area?

	Big Problem	Small Problem	Not a Problem	Don't Know
Children with no insurance				
Children with public insurance (e.g., Medicaid or CHIP)				
Children with private insurance				
Adults with no insurance				
Adults with public insurance (e.g., Medicaid)				
Adults with private insurance				

Comment: _____

14. What factors impede you from providing or expanding services to persons with disabilities?

- None
- Office not handicap accessible
- Lack of specialized training
- Cost of specialized equipment
- Low reimbursement levels
- Practice at or near capacity
- High levels of "no show" appointments
- Difficult behavioral issues
- Lack of trained staff
- Time required to treat
- Other (specify) _____
- Other (specify) _____

Comment: _____

15. What steps do you think the Commonwealth could/should take to increase dental services to persons with disabilities? Please also indicate how helpful you think such a step would be.

None (Current services are adequate)

	Very Helpful	Helpful	Not Very Helpful
Increase Medicaid payments for treating persons with disabilities			
Liberalize and modify dental loan repayment programs for treating persons with disabilities in underserved areas			
Establish regional centers for specialized dental care for persons with disabilities			
Expand the policies related to dental hygiene practitioners to incentivize them to open their practices to persons with disabilities			
Greater public information on which dentists are willing and able to accommodate various types of disability conditions			
Establish and fund regional training centers for both dentists and dental hygienists			

Other (specify) _____

16. Please provide any other comments about any barriers that may prevent your clinic from offering care for persons with disabilities or any policies the Commonwealth could adopt to improve dental services for such patients. _____

Thank you for your assistance and cooperation with this study.