

Regional Dental Provider Survey

Summary of Results

Prepared for the Southeast Oral Health Task Force
Policy, Advocacy & Regulatory Committee

By

PHILADELPHIA COORDINATED HEALTH CARE
Southeastern Region Health Care Quality Unit

10 February 2005



**Philadelphia Coordinated Health Care
Southeastern Region Health Care Quality Unit**

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Information Concerning Regional Dental Provider Survey

The Survey Form was sent to all 63 residential service providers in the Southeast Region with 31 returned. The average response rate for the survey was 49%.

	<u>Philadelphia</u>	<u>Delaware</u>	<u>Montgomery</u>	<u>Chester</u>	<u>Bucks</u>
Sent	23	12	10	8	8
Returned	11	10	4	4	2

The high rate of response from Delaware County agencies tends to skew results for the number of individuals served, especially with Elwyn Institute representing 500 individuals. The rate of response in Montgomery County was low (40%) and very low in Bucks County (25%).

	<u>Philadelphia</u>	<u>Delaware</u>	<u>Montgomery</u>	<u>Chester</u>	<u>Bucks</u>
Number of Individuals	465	1025	340	270	140

The Survey Forms were not always completely filled-out by some agencies. The reported survey results are based solely on the responses recorded on the Survey Forms.

Graphs represent counts recorded on the Survey Form. In most cases, the data are neither complete nor exhaustive. This is reflected in the entries labeled "No Data" in the Table. Thus, in reporting summary data, it is not possible to know the exact number of individuals that are using each Dental Provider.

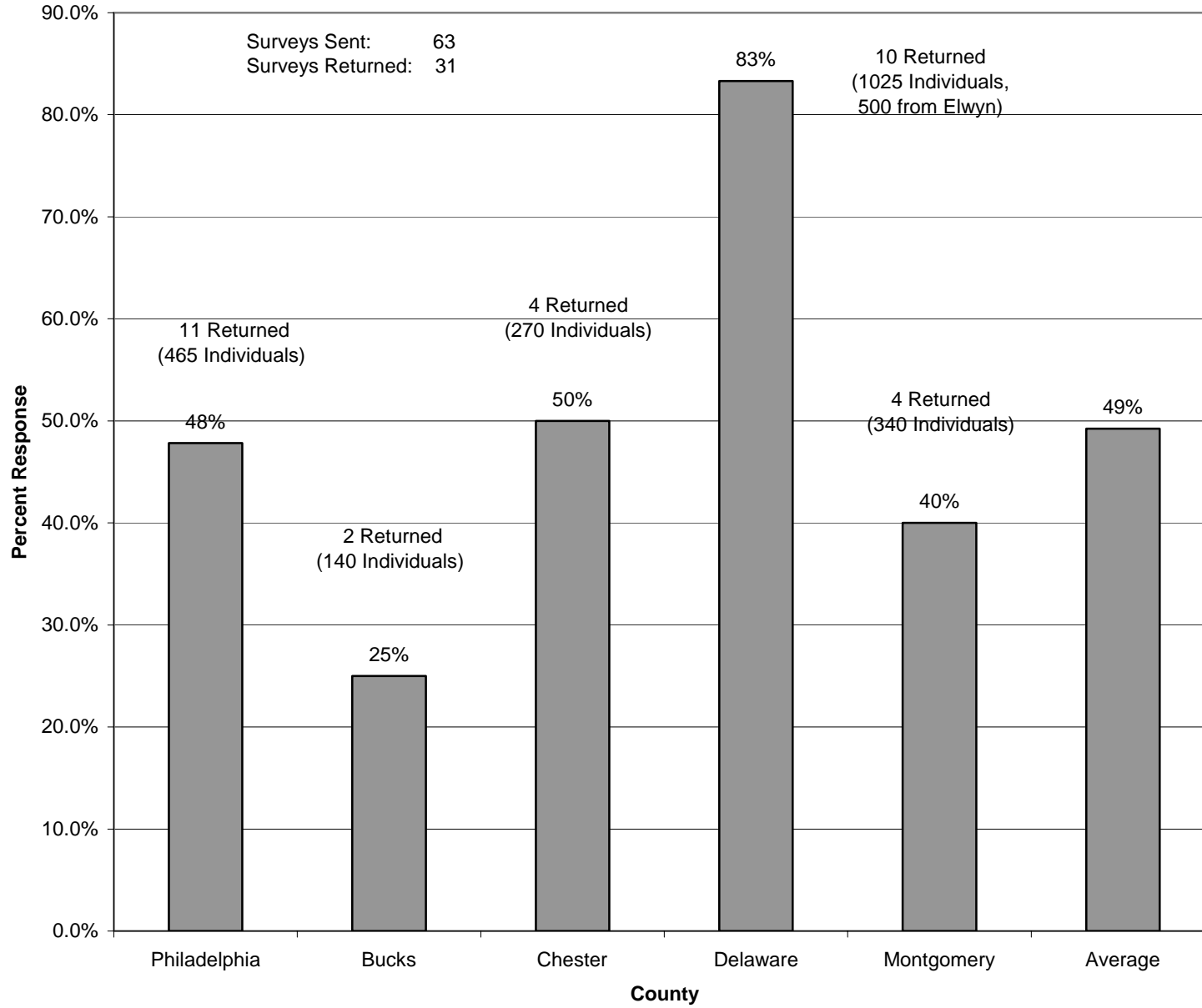
PHILADELPHIA COORDINATED HEALTH CARE, Southeastern Region Health Care Quality Unit

Regional Dental Provider Survey

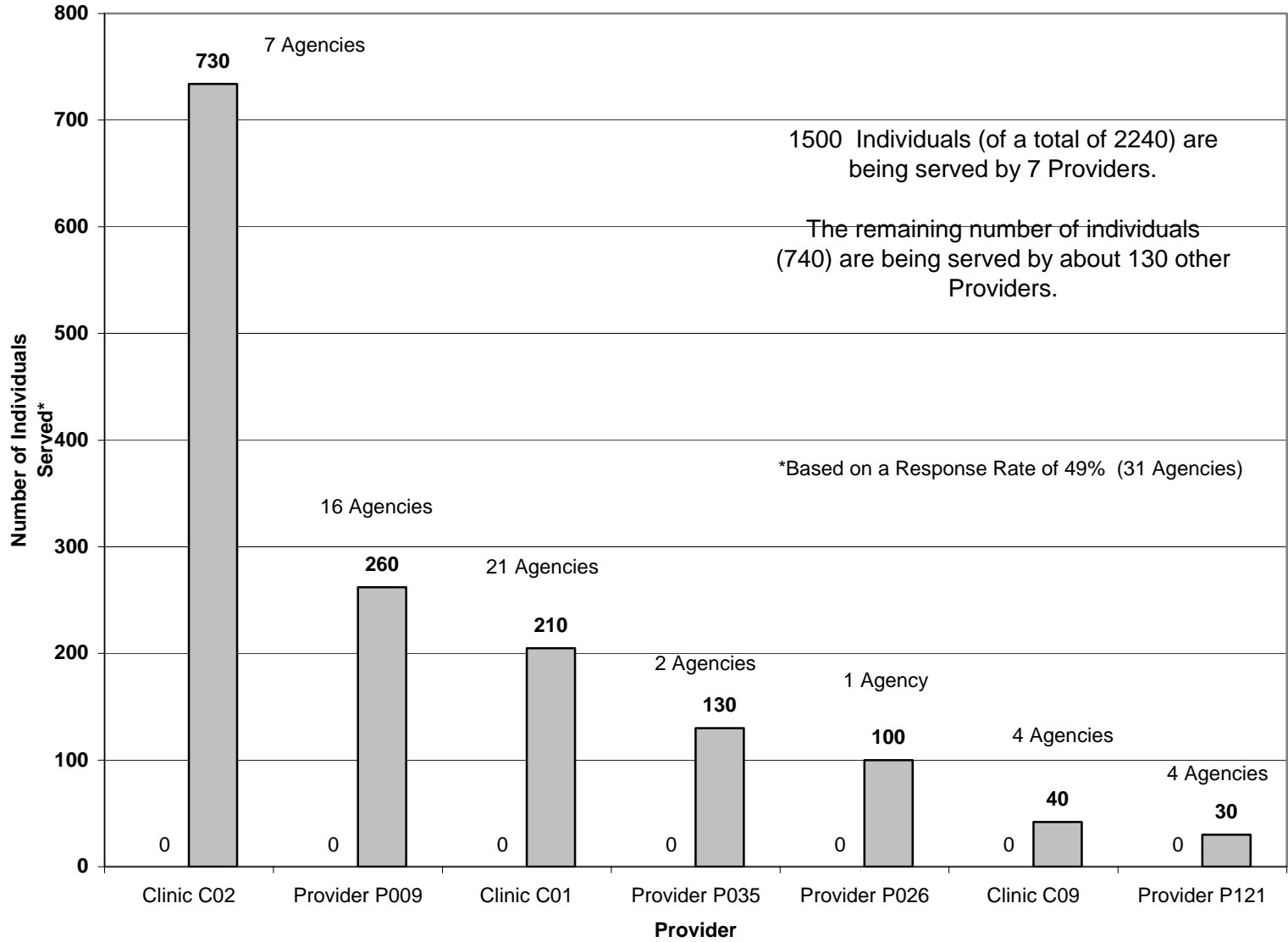
Instructions: Please complete grey agency information section. Information should be provided in the dental provider information section for each dental provider used by individuals at the agency. *(Additional photocopies of this form may be necessary.)* Please feel free to attach any comments and/or suggestions you may have about dental services in general. **Thank you for your time!**

Date:		Name of Person Completing Survey:	
Agency Name:		Agency Contact:	
Agency Address:			
Agency Phone:		Total # of residents using dental services:	
DENTAL PROVIDER INFORMATION			
<i>Dentist Name and Degree:</i>		Dentist Phone:	
Dentist Address:		Specialty (if applicable):	
Insurance Participation: <input type="checkbox"/> Keystone-Mercy <input type="checkbox"/> AmeriChoice <input type="checkbox"/> HealthPartners <input type="checkbox"/> Other		Number of individuals using services of this provider:	
Please select from the following 3 categories, the highest level of care offered by the dental provider listed above.			
<input type="checkbox"/> PRIMARY: Dentist provides routine care (for example, fillings, cleanings, prophylaxis);	<input type="checkbox"/> SECONDARY: Specialty dentist (for example, periodontist, endodontist);	<input type="checkbox"/> TERTIARY: Specialized care provider or specialized center (e.g., Special Smiles);	
How would you rate access to services for this provider? <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <i>Why?</i>			
<i>Dentist Name and Degree:</i>		Dentist Phone:	
Dentist Address:		Specialty (if applicable):	
Insurance Participation: <input type="checkbox"/> Keystone-Mercy <input type="checkbox"/> AmeriChoice <input type="checkbox"/> HealthPartners <input type="checkbox"/> Other		Number of individuals using services of this provider:	
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How would you rate access to services for this provider? <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <i>Why?</i>			
<i>Dentist Name and Degree:</i>		Dentist Phone:	
Dentist Address:		Specialty (if applicable):	
Insurance Participation: <input type="checkbox"/> Keystone-Mercy <input type="checkbox"/> AmeriChoice <input type="checkbox"/> HealthPartners <input type="checkbox"/> Other		Number of individuals using services of this provider:	
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How would you rate access to services for this provider? <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <i>Why?</i>			

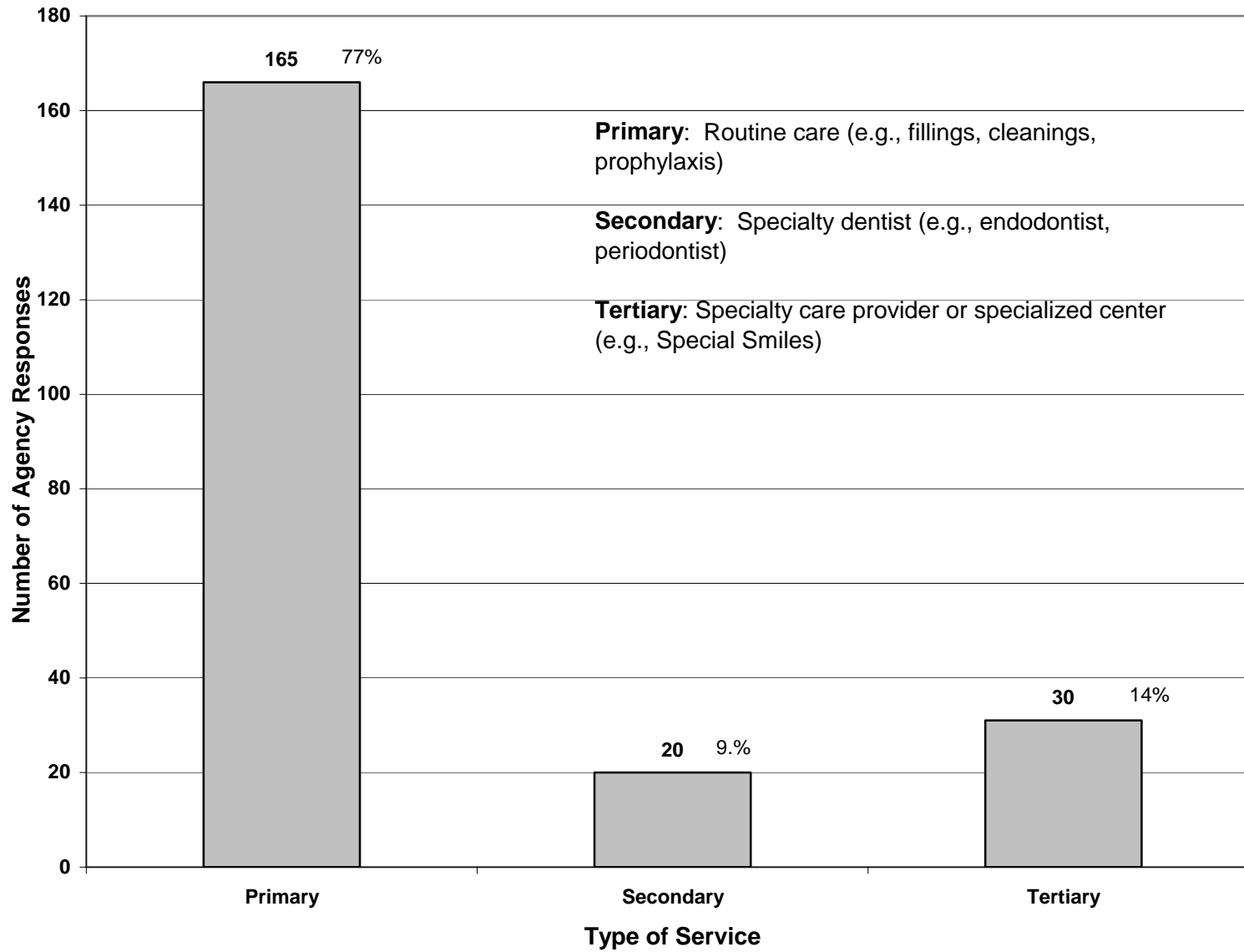
Response Rate of Survey



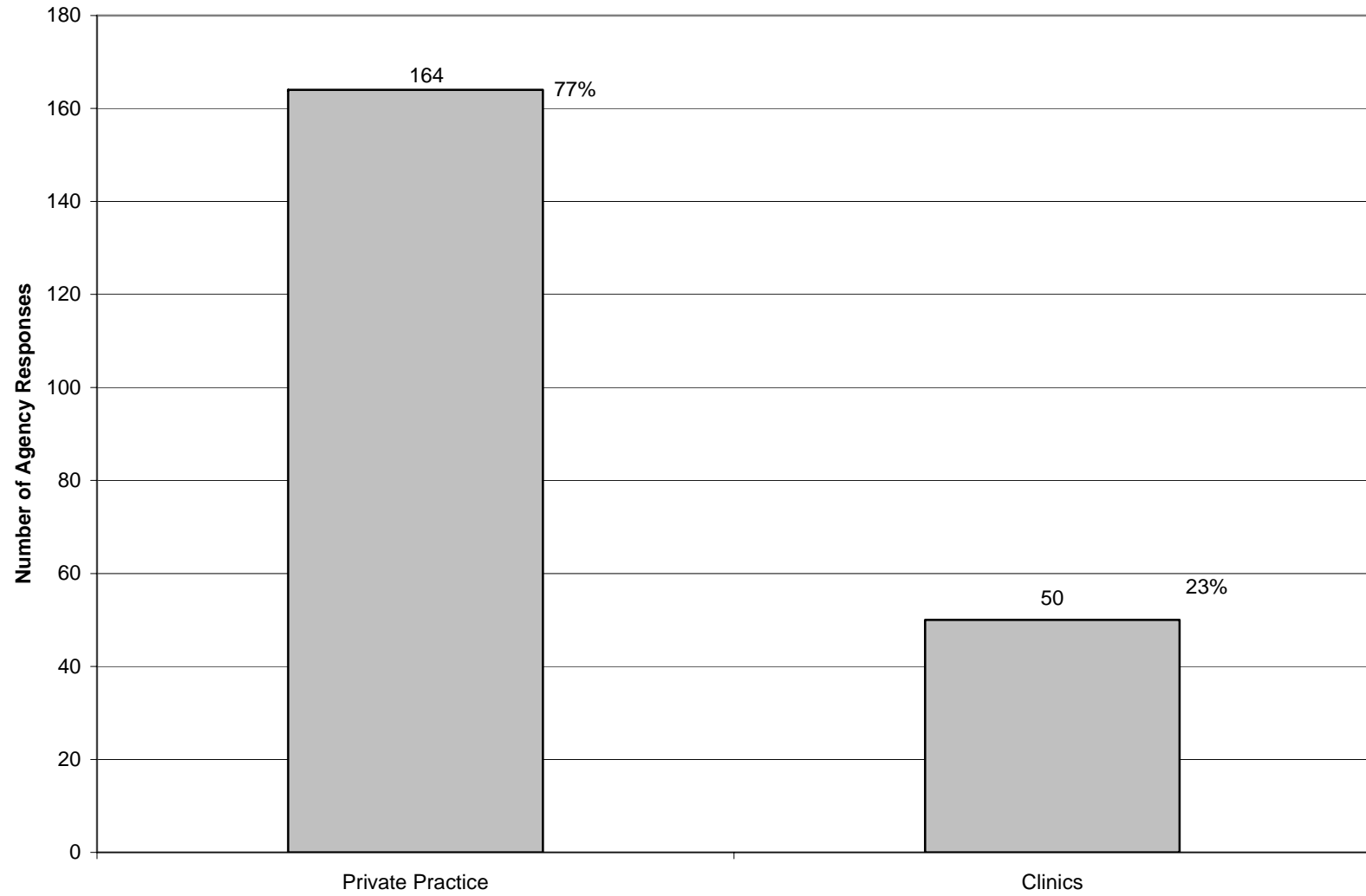
Major Dental Providers



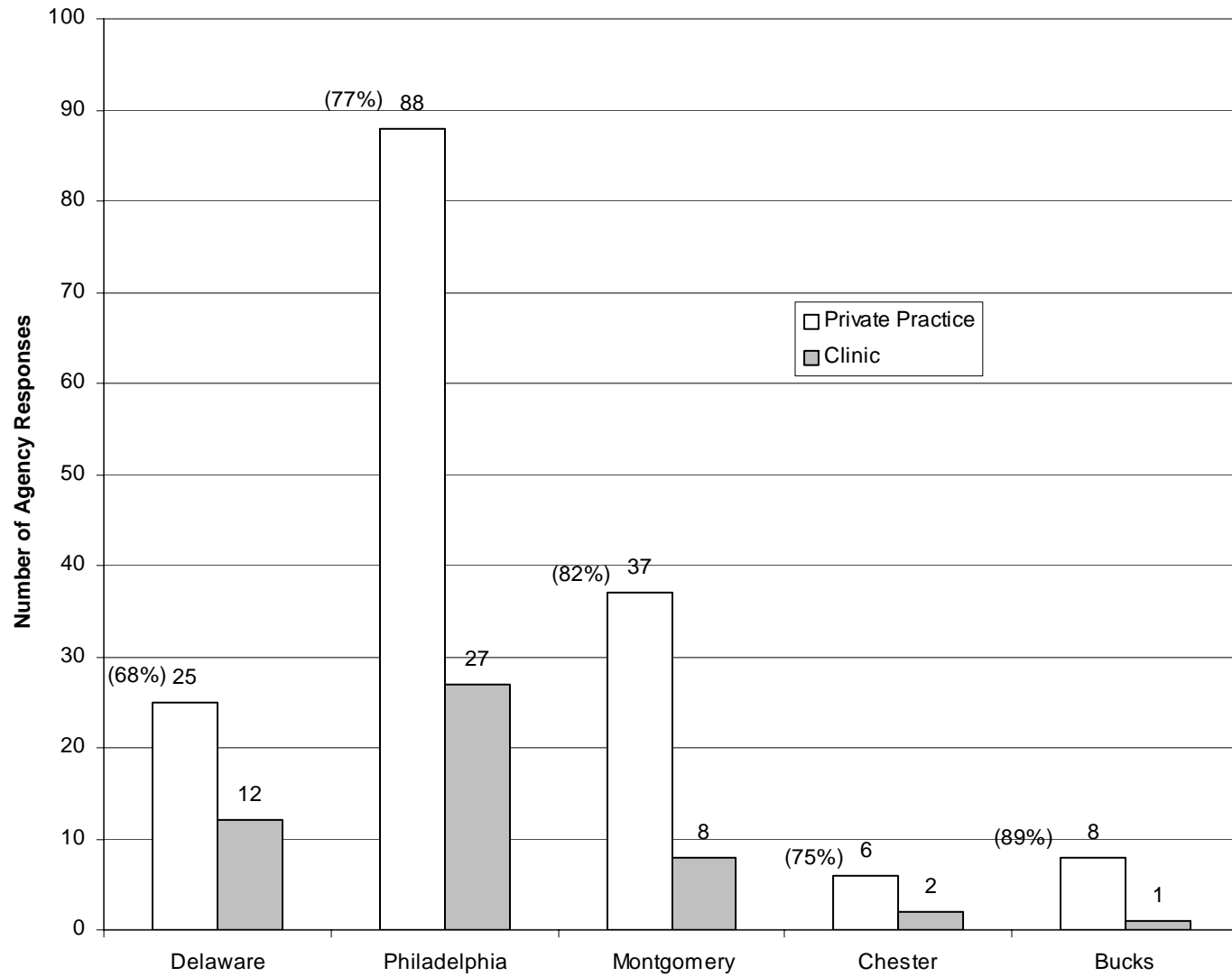
Respondent Classification of Dental Provider Service



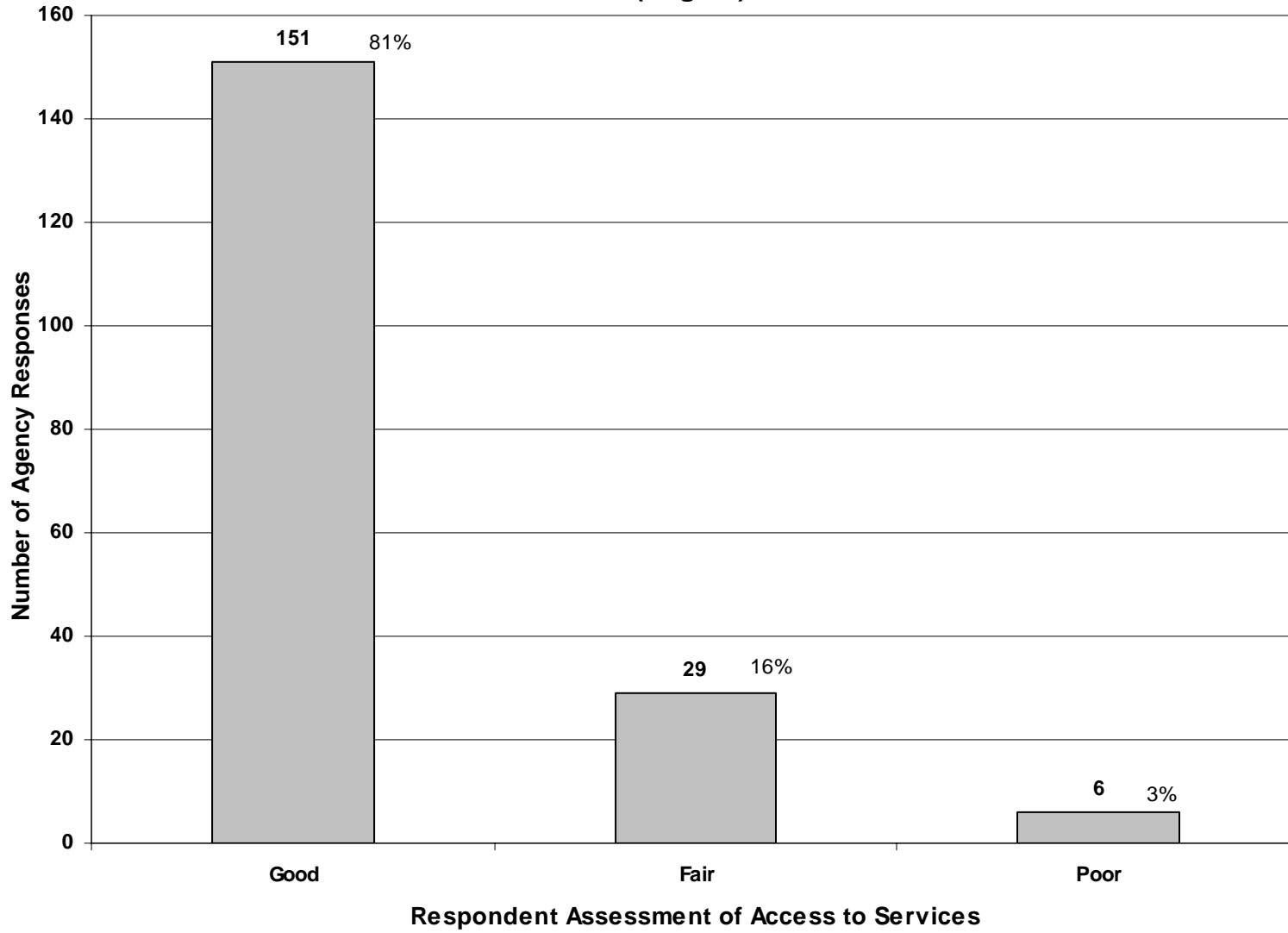
Type of Dental Provider (Region)



Type of Dental Provider (Counties)



Access to Dental Provider Service (Region)



Access to Dental Provider Services by County

