

APPENDICES

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APPENDIX A: Dentist and Hygienist MRA Practices and Adaptive Reserve

The purpose of this study is to characterize dental practitioners', dental payers', and patients' attitudes about conducting/participating in MRAs during dental visits; and providing/receiving follow-up counseling about and referrals for identified risks. Researchers at the University of Florida are conducting this NIH-NIDCR funded research.

Informed Consent: Your completion of this survey is voluntary and should take approximately 10-20 minutes. All names you provide will be replaced with unique numbers to protect confidentiality. You do not have to answer any questions that you are uncomfortable answering.

You will be compensated for your participation. At the end of the survey, you will be asked if you would like to receive \$50 for completing this survey. At the conclusion of the survey you will be asked to verify your payment preferences for completion of the survey.

This research will not directly benefit you. The alternative is to not participate in the study. We hope that the results of this research will be useful to the dental community.

Your response is confidential. All data will be reported in the aggregate only. Data will be maintained only by unique code number, not by name, and you will not be identified in the results. All data will be used for scientific purposes only.

To make sure that this research is being carried out in the proper way, the UAB Office of the IRB (OIRB) may review study records. The Office of Human Research Protections may also look at study records. The sponsor of this study, NIH has the right to review study records as well. Your data will be stored in Westat in Rockville, Maryland and University of Florida, Gainesville, FL. If you have any questions about your rights as a research subject, you may contact the OIRB at (205) 934-3789 or toll free at 1-855-860-3789. Regular hours for the OIRB are 8:00 a.m. to 5:00 p.m. CT, Monday through Friday.

Thank you for agreeing to participate in this survey.

Oral health is influenced by many factors including health risk behaviors such as tobacco use, alcohol use, and intake of sugary beverages. Health risk behaviors are often co-occurring with individuals engaging in more than one risk. In addition, health risk behaviors can contribute to the development and exacerbation of chronic medical conditions. For example, tobacco and alcohol use contribute to an increased risk for a range of physical and oral health problems including hypertension and cancer.

Dental visits for routine check-ups and screenings may provide the opportunity to comprehensively assess patients' health risks and to make referrals to address those risks; potentially improving both oral and physical health.

We are interested in learning more about the extent to which you comprehensively assess the patients in your practice for health risk behaviors, including tobacco and alcohol use, and for a family history or presence of chronic physical conditions. Assessments focused on more than one health risk are often called Multiple Risk Assessments.

We are also interested in learning more about the barriers you face in comprehensively assessing dental patients' health risk behaviors. This questionnaire also includes items about how your practice is organized and the strategies you use when you want to implement a new intervention.

Please choose from the following:

- I want to complete this survey electronically.”
(please click on this link to complete the survey – insert link here)
- I want to complete this survey, but please mail me a paper version. A survey packet will be sent to you to complete within three business days.
- I do not want to participate in this survey. [*branching to...*]
 - The survey content does not apply to my practice. Please do not contact me further about this particular study.
 - I am not interested in participating, although this survey content does apply to my practice. Please do not contact me further about this particular study.

For the purpose of this survey, please indicate the appropriate response for your current practice within the past 6 months. All questions refer to patients seen for a routine check-up and dental cleaning.

Section 1: Multiple Risk Assessment Practices

- Thinking about routine check-up and dental screening visits, for what *percentage* of your patients do you assess more than one health risk behavior that could affect both physical and oral health? Examples include: tobacco use, e-cigarette use, alcohol use, sexually transmitted infections (such as human immunodeficiency virus (HIV), human papillomavirus (HPV), herpes simplex virus (HSV)), and other health risks?

_____ %

The questions below refer to routine checkup and dental screening visits. The questions also address any mode of administration to your patients (e.g., written questionnaires, verbal questions, both).

Thinking about routine check-up and dental screening visits only...

- ... how often do you ask your patients about their use of tobacco?

| Never | Rarely | Occasionally | Usually | Always |
|-------|--------|--------------|---------|--------|
| | | | | |

- ... how often do you ask your patients about their use of e-cigarettes?

| Never | Rarely | Occasionally | Usually | Always |
|-------|--------|--------------|---------|--------|
| | | | | |

- ...for your patients who use tobacco, do you discuss the oral health risks associated with tobacco use, such as risk of developing head and neck cancer?

| Never | Rarely | Occasionally | Usually | Always |
|-------|--------|--------------|---------|--------|
| | | | | |

- ... for your patients who use tobacco, do you provide recommendations to them about nicotine replacement therapy?

| Never | Rarely | Occasionally | Usually | Always |
|-------|--------|--------------|---------|--------|
| | | | | |

- ... for your patients who use tobacco, do you provide recommendations to them about non-medical tobacco cessation strategies? Examples include the use of quit lines, an online quit program or face-to-face classes?

| Never | Rarely | Occasionally | Usually | Always |
|-------|--------|--------------|---------|--------|
| | | | | |

- ... how often do you ask your patients about their use of alcohol?

| | | | | |
|-------|--------|--------------|---------|--------|
| Never | Rarely | Occasionally | Usually | Always |
| | | | | |

8. ... if you identify that a patient is abusing alcohol, how often do you discuss the risks that excess alcohol use poses for their oral health?

| | | | | |
|-------|--------|--------------|---------|--------|
| Never | Rarely | Occasionally | Usually | Always |
| | | | | |

9. ... how often do you ask your patients about risky behaviors, such as unprotected or oral sex, that may contribute to the development of sexually transmitted infections (such as HIV, HPV, and HSV)?

| | | | | |
|-------|--------|--------------|---------|--------|
| Never | Rarely | Occasionally | Usually | Always |
| | | | | |

10. ... if you identify that a patient is engaging in risky behavior that may contribute to the development of sexually transmitted infections, such as unprotected or oral sex, how often do you discuss these risks with the patient?

| | | | | |
|-------|--------|--------------|---------|--------|
| Never | Rarely | Occasionally | Usually | Always |
| | | | | |

12.... how often do you ask your patients about their consumption of foods that are high in sugar?

| | | | | |
|-------|--------|--------------|---------|--------|
| Never | Rarely | Occasionally | Usually | Always |
| | | | | |

13.... how often do you ask your patients about their consumption of beverages that are high in sugar?

| | | | | |
|-------|--------|--------------|---------|--------|
| Never | Rarely | Occasionally | Usually | Always |
| | | | | |

14.... how often do you ask patients about their level of physical activity?

| | | | | |
|-------|--------|--------------|---------|--------|
| Never | Rarely | Occasionally | Usually | Always |
| | | | | |

15.... how often do you ask your patients about their weight?

| | | | | |
|-------|--------|--------------|---------|--------|
| Never | Rarely | Occasionally | Usually | Always |
| | | | | |

16. Who routinely conducts health risk assessments in your office?

- We do not conduct health risk assessments
- The dentists

- The hygienist
- Both the dentist and hygienist

Section 2: Chronic Condition Screening Practices

The questions below refer to routine checkup and dental screening visits. The questions also address any mode of administration to your patients (e.g., written questionnaires, verbal questions, both).

Thinking about routine check-up and dental screening visits only...

1. ... how often do you ask your patients about whether they have a **family history** of?

| | Never | Rarely | Occasionally | Usually | Always |
|---------------|-------|--------|--------------|---------|--------|
| Diabetes | | | | | |
| Hypertension | | | | | |
| Heart Disease | | | | | |
| Obesity | | | | | |

- 2... how often do you ask your patients about whether **they have**?

| | Never | Rarely | Occasionally | Usually | Always |
|-------------------------------|-------|--------|--------------|---------|--------|
| Diabetes | | | | | |
| Hypertension | | | | | |
| Heart Disease | | | | | |
| Reflux or GERD | | | | | |
| Sleep problems or sleep apnea | | | | | |
| Obesity | | | | | |

3. During routine check-up and screening visits, for what percentage of your patients do you...

Please do not leave any blank. If you do not provide the particular item, please check (✓) “do not screen for this”:

| | Percentages | | | | | |
|---|--------------------------|---------------|------------|------------|------------|------------------|
| | I do not screen for this | Less than 25% | 25% to 50% | 51% to 75% | 76% to 90% | Greater than 90% |
| Take blood pressure readings | | | | | | |
| Ask the patient his/her height and weight | | | | | | |
| Conduct HIV testing | | | | | | |
| Offer blood glucose screening | | | | | | |
| Offer other health screening tests: Name _____ | | | | | | |
| Offer other health screening tests: Name _____ | | | | | | |
| Offer other health screening tests: Name _____ | | | | | | |

4. Who, in your office, routinely asks patients about a **family history** of chronic health conditions?

- We do not routinely ask about a family history of chronic conditions
- The dentists
- The hygienist
- Both the dentist and hygienist

5. Who, in your office, routinely asks patients if **they have** chronic health conditions?

- We do not routinely ask about if the patient has chronic conditions
- The dentists
- The hygienist
- Both the dentist and hygienist

6. At which visit are the following chronic condition assessments conducted?

Check (✓) one for each of the following listed risk behaviors or health conditions:

| | Initial Visit | Recall Visit | All Visits | I Do Not Offer This |
|-------------------------------|---------------|--------------|------------|---------------------|
| Blood pressure | | | | |
| Weight | | | | |
| HIV testing | | | | |
| Blood glucose screening | | | | |
| Diabetes | | | | |
| Hypertension | | | | |
| Heart disease | | | | |
| Reflux or GERD | | | | |
| Sleep problems or sleep apnea | | | | |

Section 3: Knowledge Levels Related to Assessment and Screening

1. How knowledgeable do you think you or members of your practice are about referral sources (e.g., physician primary care providers, patient education classes, and/or individual counseling) for the following?

Check (✓) one for each of the following listed risk behaviors or health conditions:

| | Not at All | Not Very | Moderately | Very |
|-------------------------------|------------|----------|------------|------|
| Tobacco Use | | | | |
| Alcohol Use | | | | |
| Other Substance Use | | | | |
| STI Risks | | | | |
| Diabetes | | | | |
| Hypertension | | | | |
| Heart Disease | | | | |
| Reflux or GERD | | | | |
| Sleep Problems or Sleep Apnea | | | | |
| Obesity | | | | |
| Nutritional Counseling | | | | |

Section 4: Referral Practices for Identified Risks

- For patients where you have identified a health risk and/or health condition, how often do you refer your patients to resources (e.g., physician primary care providers, patient education classes, and/or individual counseling) for the following?

| How often do you refer your patients for each of the following behaviors/conditions? Check one response for each behavior/condition. | | | | | | |
|---|--------------------------|---------------|------------|------------|------------|------|
| | Percentages | | | | | |
| | I do not screen for this | Less than 25% | 25% to 50% | 51% to 75% | 75% to 90% | >90% |
| Tobacco Use | | | | | | |
| Alcohol Use | | | | | | |
| Other Substance Use | | | | | | |
| STI Risks | | | | | | |
| Diabetes | | | | | | |
| Hypertension | | | | | | |
| Heart Disease | | | | | | |
| Reflux or GERD | | | | | | |
| Sleep Problems or Sleep Apnea | | | | | | |
| Obesity | | | | | | |
| Nutritional Counseling | | | | | | |

- Do you have a specific primary care provider to whom you can refer your patients when you identify a health risk?
 - I typically refer the patient to his/her primary care provider if one is available
 - I have a primary care provider or providers I can refer to if the patient does not have one
 - I do not have any specific primary care provider or providers I can refer to if the patient does not have one

- How often do you follow-up with patients to determine if they kept any referrals that you recommended to them?
 - Always
 - Usually
 - Occasionally
 - Rarely
 - Never
 - Don't Know

Section 5: Barriers

- Overall, what barriers do you face in conducting multi-health risk assessments in your practice (e.g., comprehensively assessing for multiple health risks during a dental visit including: tobacco use, alcohol use, risky sexual behaviors)?

Check (✓) one for each of the following listed risk behaviors or health conditions:

| | Never | Rarely | Occasionally | Usually | Always |
|--|-------|--------|--------------|---------|--------|
| Lack of time | | | | | |
| Excessive paperwork to obtain reimbursement | | | | | |
| Lack of reimbursement | | | | | |
| Not comfortable with Multi-Risk screening | | | | | |
| Office set-up does not allow for private discussions | | | | | |
| My patients would be uncomfortable with the screening | | | | | |
| I do not have sufficient staff to conduct the screening | | | | | |
| I do not have data collection tools to gather the information from my patients | | | | | |
| I do not have referral sources if I identify health risks | | | | | |
| Conducting MRAs is beyond my scope of practice | | | | | |
| Other: Name _____ | | | | | |
| Other: Name _____ | | | | | |

- Do you feel that you would need to modify the physical layout of your office to screen for and discuss health risks with your patients?
 - Yes
 - No
 - Don't Know

- Do you feel that you would need to modify the workflow in your practice to screen for and discuss health risks with your patients?
 - Yes
 - No
 - Don't Know

Section 6: Attitudes

1. To what extent do you agree with each of the following statements?

Check (✓) one for each of the following statements:

| | Strongly Disagree | Disagree | Unsure | Agree | Strongly Agree |
|---|-------------------|----------|--------|-------|----------------|
| Comprehensive Health Risk assessments are important to offer in dental practices | | | | | |
| Comprehensive Health Risk assessments are better done in physicians' practices than in dental practices | | | | | |
| Comprehensive Health Risk assessments in <u>physician</u> practices can help prevent or reduce morbidity | | | | | |
| Comprehensive Health Risk assessments in <u>dental</u> practices can help prevent or reduce morbidity | | | | | |
| I would consider offering comprehensive Health Risk assessments in my dental practice | | | | | |
| Staff at all levels of this office openly talk about what is and isn't working | | | | | |
| After trying something new, we take time in our practice to think about how it worked | | | | | |
| People in this practice operate as a real team | | | | | |

Section 7: Open-Ended Questions

Please provide additional feedback below:

1. Do you think that multi-risk health assessments should be part of routine screening in dental practices? Why, Why Not?
2. Do you think that patients would benefit from screening and counseling for health risks in dental practices? Why? Why not?
3. Do you think establishing referral relationships with primary care physicians would be helpful for the early identification of and referral for identified health risks?
4. Do you think drugstore screening tests, such as glucose testing, could be helpful to your patients if they do not want a physician referral? Why/why not?
5. What changes, if any, would you like to see in dental practices to promote early detection and screening of health risks?

Section 8: Practice Structure

1. Approximately how often do the dentists and staff at your practice site hold meetings to discuss the practice site's performance on:

Check (✓) one for each of the following listed meeting topics:

| | Never | Annually | Quarterly | Monthly | More often than Monthly |
|--------------------------------|-------|----------|-----------|---------|-------------------------|
| Quality of dental care? | | | | | |
| Patient satisfaction ratings? | | | | | |
| Dentist or staff satisfaction? | | | | | |
| Dentist Productivity? | | | | | |
| Staff Productivity? | | | | | |
| Utilization or costs of care? | | | | | |

2. Does your practice monitor the dental practitioner(s) personal performance on:

Check (✓) one for each of the following listed items:

| | Yes | No | Don't Know |
|--|-----|----|------------|
| Dental quality of care? | | | |
| Patient satisfaction ratings? (e.g., patient experience surveys) | | | |
| Productivity? (e.g., patient volume, procedure volume) | | | |
| Utilization or costs of care? | | | |

3. Does your practice monitor the staff members' personal performance on:

Check (✓) one for each of the following listed items:

| | Yes | No | Don't Know |
|--|-----|----|------------|
| Dental quality of care? | | | |
| Patient satisfaction ratings? (e.g., patient experience surveys) | | | |
| Productivity? (e.g., patient volume, procedure volume) | | | |
| Utilization or costs of care? | | | |

4. Do the practitioners at your practice site use planned communications (e.g., letters, phone calls, text messages) to contact patients who are due for dental visits?

- Yes
- No
- Don't Know

5. Does your practice site have:

Check (✓) one for each of the following listed items:

| | Yes | No | Don't Know |
|--|-----|----|------------|
| Agreements with community service agencies (e.g., health departments) to enhance services for any of your patients? | | | |
| A referral system for linking any of your patients to physician primary care providers? | | | |

6. Does your practice use computer-based dental records (as opposed to paper dental records) to manage clinical/patient data?

- Yes
- No

7. If yes, what is the name of the computer-based system that you use to manage dental clinical/patient data?

Thank you for completing the survey. As a thank you for your time, we would like to send a pre-paid gift card.

1. Would you like us to send you a \$50.00 electronic pre-paid payment card as a thank you for completing this survey? [remuneration]

- Yes, please send compensation
- No

2. If yes, please provide the best email address for receiving the gift card

Appendix B: Change Process Capability Questionnaire (CPCQ)

The purpose of this study is to characterize dental practitioners', dental payers', and patients' attitudes about conducting/participating in MRAs during dental visits; and providing/receiving follow-up counseling about and referrals for identified risks. Researchers at the University of Florida are conducting this NIH-NIDCR funded research.

Informed Consent: Your completion of this survey is voluntary and should take approximately 5-10 minutes. All names you provide will be replaced with unique numbers to protect confidentiality. You do not have to answer any questions that you are uncomfortable answering.

You will be compensated for your participation. At the end of the survey, you will be asked if you would like to receive \$25 for completing the survey. At the conclusion of the survey you will be asked to verify your payment preferences for completion of the survey.

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How would you describe the current status of and attitudes toward quality improvement in your dental practice?

On a scale of 1 to 5, 1 is strongly disagree and 5 is strongly agree.

| | | | | | | |
|--|---|---|---|---|---|-----|
| We have greatly improved the quality of care within the past 6 months | 1 | 2 | 3 | 4 | 5 | N/A |
| We choose new processes of care that are more advantageous than the old for everyone involved (patients, dental practitioners, and our entire group/clinic) | 1 | 2 | 3 | 4 | 5 | N/A |
| Our resources (personnel, time, financial) are too tightly limited to improve care quality now | 1 | 2 | 3 | 4 | 5 | N/A |
| The dental practitioners and staff in our practice have a shared vision about how we define quality of dental care | 1 | 2 | 3 | 4 | 5 | N/A |
| The dental practitioners in our practice adhere to practice policies | 1 | 2 | 3 | 4 | 5 | N/A |
| Our dental practice has well-developed administrative structures and processes in place to create change | 1 | 2 | 3 | 4 | 5 | N/A |
| Our dental practice is undergoing considerable stress as the result of internal changes | 1 | 2 | 3 | 4 | 5 | N/A |
| The working environment in our dental practice is collaborative and cohesive, with a shared purpose, cooperation, and willingness to contribute to the common good | 1 | 2 | 3 | 4 | 5 | N/A |
| Our dental practice has a well-defined quality improvement process for designing and introducing changes in the quality of care | 1 | 2 | 3 | 4 | 5 | N/A |

Our dental practice has used the following strategies in the past 6 months to implement improved care quality:

On a scale of 1 to 5, 1 is strongly disagree and 5 is strongly agree

| | | | | | | |
|--|---|---|---|---|---|-----|
| Provided information and skills-training for office staff | 1 | 2 | 3 | 4 | 5 | N/A |
| Used opinion leaders or role modeling to encourage change | 1 | 2 | 3 | 4 | 5 | N/A |
| Changed or created systems in the practice that made it easier to provide high quality care | 1 | 2 | 3 | 4 | 5 | N/A |
| Removed or reduced barriers to better quality of care | 1 | 2 | 3 | 4 | 5 | N/A |
| Organized people into teams focused on accomplishing the change process for improved care | 1 | 2 | 3 | 4 | 5 | N/A |
| Delegated to non-dentists the responsibility to carry out aspects of care that do not have to be carried out by dentists | 1 | 2 | 3 | 4 | 5 | N/A |
| Provided those who are charged with implementing improved care the power to authorize and make the desired changes | 1 | 2 | 3 | 4 | 5 | N/A |
| Used periodic measurement of health care quality to determine the effects of a new intervention | 1 | 2 | 3 | 4 | 5 | N/A |
| Developed reports that documented the measurements of individual or practice performance | 1 | 2 | 3 | 4 | 5 | N/A |
| Set performance quality goals and benchmarking rates at least yearly | 1 | 2 | 3 | 4 | 5 | N/A |
| Customized the implementation of any care changes to the practice site | 1 | 2 | 3 | 4 | 5 | N/A |
| Deliberately designed care improvements so as to make dentist participation less work than before | 1 | 2 | 3 | 4 | 5 | N/A |
| Deliberately designed care improvements to make the care process more beneficial to the patient | 1 | 2 | 3 | 4 | 5 | N/A |

Thank you for completing the survey. As a thank you for your time, we would like to send a pre-paid gift card.

1. Would you like us to send you a \$25.00 electronic pre-paid payment card as a thank you for completing this survey? [remuneration]

Yes, please send compensation

No

2. If yes, please provide the best email address for receiving the gift card

Appendix C: Dental Patient Survey

*This survey will be administered to only those who are scheduled for a routine dental screening visit. Part 1 will be completed while waiting to be seen, with part 2 completed after the visit. Before visit and after visit surveys will be linked using a unique patient ID created from the Dental practitioner's location and practitioner ID, patient visit order and either a 1 to indicate the before visit or 2 for after visit.

Part 1: Administered While in Waiting Room Pre-Visit

MRA Pre-visit Survey

<Survey # >

Please answer the following questions:

1. Do you now smoke cigarettes, cigars, or use smokeless tobacco?
 Yes
 No

2. Would you be comfortable discussing tobacco use with your dentist or hygienist?
 Yes
 No
 I do not use tobacco

3. Would you be comfortable discussing alcohol use with your dentist or hygienist and how alcohol use may affect your oral health?
 Yes
 No
 I do not use alcohol

4. Would you be comfortable discussing your intake of sugar sweetened beverages and how your beverage choices may affect your oral health? Sugar sweetened beverages are beverages such as soft drinks/sodas, fruit drinks, sports drinks, tea and coffee drinks, energy drinks, and sweetened milk or milk alternatives.
 Yes
 No

5. If applicable, would you be comfortable discussing with your dentist or hygienist issues that you may have related to *Human Immunodeficiency Virus* (HIV) and how this disease may affect your oral health?
 Yes
 No
 I do not have any issues related to HIV

6. If applicable, would you be comfortable discussing with your dentist or hygienist issues that you may have related to *Human Papillomavirus* (HPV) and how this disease may affect your oral health?

- Yes
- No
- I do not have any issues related to HPV

7. Would you be comfortable discussing with your dentist or hygienist any medical conditions, such as diabetes, high blood pressure, or heart disease?

- Yes
- No
- I do not have any medical conditions

8. If you indicated that you are not comfortable in discussing one or more health issues with your dentist or hygienist, can you tell us why not?

9. Would you be willing to pay for a health issue assessment in your dentist's office?

- Yes
- No
- Don't Know

10. In the last 12 months, did you make any appointments for a check-up or routine care at a doctor's office or clinic?

- Yes
- No
- Don't Know

11. Approximately, when did you last see your primary medical care provider or clinic for a check-up or routine care?

I have not been to the doctor/clinic in the last 12 months

I have been to the doctor/clinic and the approximate date was:

| | | | | | | | |
|----------------------|----------------------|---|----------------------|----------------------|---|------|----------------------|
| <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | / | 20 | <input type="text"/> |
| Month | | | Day | | | Year | |

Just a few more questions

12. Today's Date: / /

Month Day

13. Your gender:

- Male
- Female

14. How old are you? _____ years old

15. Your ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino
- I don't know
- Decline to answer
- Other: _____

16. Your race (Check all that apply):

- White
- Black or African American
- Asian
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- I don't know
- Decline to answer
- Other: _____

17. Your **dental** insurance type or third party coverage for any type of dental care (Check all that apply):

- No dental insurance coverage
- Private insurance (e.g., employer sponsored, commercial, HMO, etc.)
- Public/government insurance (Medicaid, military or veterans benefit, etc.)
- Other (please specify): _____
- Don't know

18. Indicate your highest level of education:

- Less than a high school diploma
- High school graduate (including equivalency, GED, etc.)
- Some college or Associate Degree
- Bachelor's degree
- Graduate degree (including Master's)
- Decline to Answer

19. ZIP code where you live:

Thank you for agreeing to participate in this survey. **Remember to do the post-visit survey at the end of your appointment.**

Part 2: Administered Post-Visit

MRA Post-visit Survey

<Survey #>

We are interested in learning if the health issues that concern you were discussed with your dentist or your dental hygienist during today's visit. Health issues include things like: tobacco use, alcohol use, and intake of sugar sweetened beverages. Health issues can also mean a medical condition like diabetes or heart disease.

During your dental visit today...

1. ... did anyone ask you if you smoke cigarettes, cigars, or use smokeless tobacco?
 Yes
 No
2. ... did anyone advise you to quit tobacco?
 Yes
 No
3. ... did anyone ask you if you drink alcohol?
 Yes
 No
4. ... did anyone discuss your nutrition with you such as your intake of sugar sweetened beverages?
 Yes
 No
5. ... did anyone discuss with you sexual behaviors, such as unprotected or oral sex, which might increase issues with diseases like HIV?
 Yes
 No
6. ... did anyone ask you about any existing medical conditions you may have such as diabetes, high blood pressure, heart disease?
 Yes
 No

Thank you for completing the surveys.

Please place both before visit and after visit surveys in the locked box provided for the study.

As a thank you for your time, we would like to give you a \$10 pre-paid gift card. **Please collect your gift card from the office before you leave.**

Appendix D: Dental Plan Dental Director In-Depth Interview Guide

Informed Consent: Your completion of this survey is voluntary and should take approximately 30-45 minutes. All names you provide will be replaced with unique numbers to protect confidentiality. You do not have to answer any questions that you are uncomfortable answering.

You will not be compensated for your participation.

This research will not directly benefit you. The alternative is to not participate in the study. However, we hope that the results of this research will be useful to the dental community.

Your response is confidential. All data will be reported in the aggregate only. Data will be maintained only by unique code number, not by name, and you will not be identified in the results. Before the interview, we will ask you if we can audio-record the interview. You can decline and notes will be taken instead. If you agree, the audio recording will be transcribed following the interview and destroyed. All data will be used for scientific purposes only.

To make sure that this research is being carried out in the proper way, the UAB Office of the IRB (OIRB) may review study records. The Office of Human Research Protections may also look at study records. The sponsor of this study, NIH has the right to review study records as well. Your data will be stored in Westat in Rockville, Maryland and University of Florida, Gainesville, FL. If you have any questions about your rights as a research subject, you may contact the OIRB at (205) 934-3789 or toll free at 1-855-860-3789. Regular hours for the OIRB are 8:00 a.m. to 5:00 p.m. CT, Monday through Friday.

1. When did your dental health plan begin coverage? Please provide dates for commercial, Medicaid, and CHIP coverage separately.

| | Began coverage on: | | | | | | | | | | | |
|----------------------------|--------------------|---|---|---|---|---|---|---|---|---|--|--|
| Commercial coverage | M | M | / | D | D | / | Y | Y | Y | Y | | |
| Medicaid coverage | M | M | / | D | D | / | Y | Y | Y | Y | | |
| CHIP coverage | M | M | / | D | D | / | Y | Y | Y | Y | | |

2. Are you affiliated with a university or hospital system?

- Yes (**go to A**)
 No (go to 3)

- A. Name of affiliated organization:

[TEXT]

Date affiliation began:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|---|

1) Please provide the number of states in which your dental plan operates.

| |
|----------|
| [NUMBER] |
|----------|

2) Does your plan require practitioners to screen for the following health risks during any type of dental visits?

| | Yes | No |
|---|--------------------------|--------------------------|
| Tobacco use | <input type="checkbox"/> | <input type="checkbox"/> |
| Alcohol use | <input type="checkbox"/> | <input type="checkbox"/> |
| Other substance use | <input type="checkbox"/> | <input type="checkbox"/> |
| Risky Sexual Behaviors (such as unprotected or oral sex) | <input type="checkbox"/> | <input type="checkbox"/> |
| Chronic conditions such as diabetes, hypertension, and others | <input type="checkbox"/> | <input type="checkbox"/> |

3) Does your dental plan require dentists to screen for oral cancer as part of routine examinations?

- Yes
- No

4) Do you include time for screening for and discussing health risks with patients in your rate setting calculations?

- Yes
- No

5) Do you reimburse dental practitioners for

| | Yes | Yes | No |
|--------------------------------|-----------------------------------|--------------------------|--------------------------|
| | For in Network Practitioners only | Any Dental Practitioners | |
| Taking blood pressure readings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|--|--------------------------|--------------------------|--------------------------|
| Conducting HIV testing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Performing blood glucose screening | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other health screening tests: Name_____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other health screening tests: Name_____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other health screening tests: Name_____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- 6) Do you think that multi-risk health assessments should be part of routine screening in dental practices? Why, Why Not
- 7) Do you think patients would find multi-risk health assessments acceptable in dental practices? Why? Why not?
- 8) Would you be supportive of dental practitioners in your network conducting multi-risk health assessments? Why? Why Not?
- 9) Would your dental plan reimburse dental practitioners for conducting multi-risk health assessments? Why? Why Not?
- 10) Do you think establishing better bi-directional referral relationships with physician PCPs would be helpful for the early identification of and referral for identified health risks?
- 11) What changes, if any, would you like to see in dental practices to promote early detection and screening of health risks?