

AAE Professional Issues & Advocacy Survey

This survey being administered by the American Association of Endodontists, using a third-party consultant to protect the privacy of your response. The purpose of this survey is:

- 1) to document your clinical practice and share general characteristics with the membership; and
- 2) to help us better understand what advocacy issues should be for endodontic practice.

A. Your Profile

1. **Which best describes your practice?** (check all that apply; response required)

- | | |
|--|--|
| <input type="checkbox"/> Private practice | <input type="checkbox"/> DSO |
| <input type="checkbox"/> Public practice, such as government | <input type="checkbox"/> Fully or semi-retired |
| <input type="checkbox"/> Academic practice | <input type="checkbox"/> Inactive or in transition |
| <input type="checkbox"/> Other (please describe) _____ | |

1a. **Which best describes your employment status?** (check all that apply; response required)

- | | |
|--|---|
| <input type="checkbox"/> Sole owner | <input type="checkbox"/> Independent contractor |
| <input type="checkbox"/> Partner/partial owner | <input type="checkbox"/> Faculty/teacher |
| <input type="checkbox"/> Associate/employee | |

1b. **Which best describes your private practice?** (check all that apply)

- Practice with multiple dentists who own/operate individual practices with shared space/costs
- Practice with a single-dentist owning and operating
- Other (please describe) _____

2. **Which best describes your priorities over the next five years?** (check all that apply)

- Maintaining a steady practice with a consistent territory, referral patterns, and staffing level
- Increasing patient volume through referrals, digital marketing, and other techniques
- Adding one or more new offices
- Starting a practice of my own
- Changing jobs or moving to a different practice
- Selling all or part of my practice
- Buying into/partnering in a practice
- Increasing our total endodontists
- Increasing our other staff: hygienists, assistants, and/or administrative
- Broadening our territory of operation (new communities or metro areas)
- Reducing the size of our practice: fewer staff, cutting back on hours, etc.
- Increasing our efficiency with better use of technology and AI
- Considering academia
- Retirement or semi-retirement
- Other (please describe) _____

2a. **What kind of practice do you plan to enter after leaving your current practice?** (check all that apply) [if A2.4-5]

- | | |
|---|--|
| <input type="checkbox"/> Solo private practice | <input type="checkbox"/> DSO |
| <input type="checkbox"/> Group private practice | <input type="checkbox"/> Specialized endodontic practice |
| <input type="checkbox"/> Academic practice | <input type="checkbox"/> Practice working with some general dentists |

2b. **Why do you plan to make this change?** _____

B. Your Most Important Issues

1. How important do you regard each of these challenges or opportunities to affecting your patient volume over the next several years?

Extremely Important / Very Important / Somewhat Important / Somewhat Unimportant / Not at all Important / No opinion

| | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Insurers limiting treatment options | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Overall levels of insurance reimbursement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Insurance down-coding or not covering specific codes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Regulatory compliance/changes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Increasing administrative burden | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Telehealth treatment options | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to leverage AI for clinical treatment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to leverage AI for practice operations..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Workforce issues: ability to recruit/retain qualified employees..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Level of competition in my area of patients | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to use mid-level providers for some of our work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lack of access to endodontic care for underserved individuals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Growth and influence of corporate dental practices | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The increasing influence of private equity..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Choosing and spending for necessary technology..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Managing overhead costs and profitability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. What other challenges and opportunities do you see as important? _____

3. What do you see as the top administrative burdens to endodontic practices today? _____

4. Please tell us about your practice's relationship with insurers:

a. With which insurers is your practice currently in network? (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Aetna | <input type="checkbox"/> DentaQuest | <input type="checkbox"/> Spirit Dental |
| <input type="checkbox"/> Ameritas | <input type="checkbox"/> Guardian | <input type="checkbox"/> United Concordia |
| <input type="checkbox"/> BlueCross Blue Shield | <input type="checkbox"/> Humana | <input type="checkbox"/> UnitedHealthcare |
| <input type="checkbox"/> Cigna | <input type="checkbox"/> MetLife | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> Delta Dental | <input type="checkbox"/> Physicians Mutual | |
| <input type="checkbox"/> Other (please describe) _____ | | |

b. With which insurance types or providers are you no longer in network? (check all that apply)

- None Insurers not checked in B4a Other (please describe) _____

c. How would you rate each of your insurers for the ease of submitting claims and receiving payment now or in the past?

Scale: Excellent / Good / Average / Fair / Poor / No opinion

| | | | | | | |
|--------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Aetna (if checked in B4a)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ameritas..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| etc..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

d. Are you currently tracking any quality measures and if so, which insurers are tracking them?

- Yes No

e. Which insurers require your practice to submit quality measures? (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Aetna | <input type="checkbox"/> DentaQuest | <input type="checkbox"/> Spirit Dental |
| <input type="checkbox"/> Ameritas | <input type="checkbox"/> Guardian | <input type="checkbox"/> United Concordia |
| <input type="checkbox"/> BlueCross Blue Shield | <input type="checkbox"/> Humana | <input type="checkbox"/> UnitedHealthcare |
| <input type="checkbox"/> Cigna | <input type="checkbox"/> MetLife | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> Delta Dental | <input type="checkbox"/> Physicians Mutual | |
| <input type="checkbox"/> Other (please describe) _____ | | |

C. AAE Advocacy Priorities

1. How important do you regard each of the current priorities of AAE's advocacy agenda?

Extremely Important / Very Important / Somewhat Important / Somewhat Unimportant / Not at all Important / No opinion

Dental plan advocacy: virtual credit card reform, non-covered

and disallowed services and Silent PPOs

Pushing for transparency in dental loss ratio.....

Combating misinformation to address false narratives about root canals

and reinforcing importance of saving natural teeth

Reducing administrative and regulatory burdens.....

Teledentistry.....

Promoting specialty recognition so that endodontists are recognized

for their advanced training.....

Promoting scope of practice protections from non-dentists

Addressing workforce shortages.....

Supporting interstate compact legislation to allow easier practice mobility.....

Promoting tax/small business reform (tax deductions for small businesses to

allow endodontists to reinvest in their practices.....

Implementing liability and tort reform

Promoting dentist mental health & wellness.....

Promoting use of quality measurements.....

Increasing oral health funding

Promoting water fluoridation

Expanding Medicare and Medicaid coverage

Advocating for reductions in the debt burden of dental students/recent graduates...

2. What do you see as the single highest advocacy priority for AAE? (use drop-down menu)

3. What do you see as the limits to what AAE can achieve on behalf of your practice and endodontic practice in general?

4. In what ways have you been involved in dental advocacy in the past? (check all that apply)

AAE

Visited AAE Advocacy Action Center online for grassroots organizing resources

Supported AAE Dental Plan & Government outreach

Supported AAE Save Your Tooth Month in May

Supported other aspects of Worth Saving public awareness campaign

Serve on or participate in state dental boards

Accessed and shared patient outreach materials (e.g., patient education videos, graphics, digital communications)

None, but I have considered it

No AAE activity

Other associations

Advocacy activities of the ADA

Advocacy with my ADA state affiliate and/or local dental society

Advocacy with other specialty or general dental organizations

5. What advice can you share that would help make AAE advocacy more accessible to endodontists?

D. Your Practice Profile

1. Please tell us about your current primary practice setting: (response required; feel free to estimate)

a. History

How many years have you been a practicing endodontist? _____
How many years have you been an owner of your current practice? _____
How many years have you been in your current practice? _____
What is your age? _____

b. Location

What is the approximate population of the area that your practice is primarily located?
 Rural area (under 20k people) Small city (20-100k) Larger city (100-500k) Larger metro area (>500k)

c. Patient Volume & Profile

Approximately how many patients do you and your practice (if different) work with in an average week?

You personally..... _____
Your practice (including other dentists) _____

What proportion of your patients are pediatric vs. adult patients?

(please answer so the total adds to 100%)

Pediatric %
Adult..... %
All patients: 100% [autosum]

What proportion of your patients would you estimate fall into the following payment categories?

(please answer so the total adds to 100%)

Fee for service/cash %
Private insurance %
Medicare advantage.... %
VA coverage %
Medicaid %
All patients: 100% [autosum]

What would you estimate to be your practice’s total patients seen and total procedures per week performed in 2025?

Total patients seen per week (counting each person seen as 1 rather than total visits) _____
Total procedures performed per week..... _____

d. Staffing

How many full-time equivalent (FTE) staff do you have in your primary practice?

(Use a decimal if appropriate)

Total endodontists (including yourself) _____
Total general dentists or other specialists..... _____
Total dental hygienists..... _____
Total dental assistants _____
Total administrative staff, excluding above _____
Total FTE staff in your practice [Autosum]

Has your practice had any open positions within the past 12 months (including current vacancies)?

Dental assistant: Yes No
Dental hygienist: Yes No
Administrative staff: Yes No

How difficult was it to fill the position(s)?

Scale: Extremely difficult / Very difficult / Somewhat difficult / Somewhat easy / Very easy / Unsure

Dental assistant.....
Dental hygienist.....
Administrative staff.....

e. Changes over time

In what ways has your practice changed over the past five years (or since you began there) and if possible, can you estimate the number or percentage increase or decrease? (check all that apply)

Scale: Increased / Stayed the Same / Decreased / Unknown / How much did it change (number or percent)

Total FTE staff: _____
Patient volume: _____
Total locations: _____
Gross revenue: _____
Total expenses: _____

What are the primary factors that have led your practice to grow or stay constant over time?

What are the primary factors that have led your practice to decrease in size?

Have you experienced or considered a change in management structure/ownership within the past several years?

Yes, changed Only considered, didn't change Planning a change No

Please describe the change(s): _____

f. Technology

In what ways have you implemented or are planning to use technology in your practice to improve operations?

Clinical _____
Administrative ... _____
Other _____

Thank you for participating in the AAE Professional Issues and Advocacy Survey