



## Wisconsin's 2010-2020 Dental Workforce Report – Research Highlights

The WDA joined with Delta Dental of Wisconsin to commission a study by the University of Connecticut dental research team (led by Howard Bailit, DMD, PhD; Dr. Tryfon Beazaglou, PhD) to determine the current supply and demand for dental services at the state and county levels and to estimate the future supply and demand for dental care in the year 2020. The proposal, as commissioned by the WDA and Delta Dental, was to include an estimate on the number and distribution of dentists and dental hygienists needed to meet the demand for dental care in 2020 and to examine policy options for increasing the supply and distribution of dental services to reduce access disparities.

The final report was received by the WDA on Monday, January 18, 2010. Below are some key data points and highlights that the WDA leadership and staff believe are the most noteworthy of the report. To obtain a copy of the entire report, please visit the WDA website at [www.wda.org](http://www.wda.org).

### Prediction of Future Supply of Dentists Adequate

“The results suggest that the growth in dentists and population will be approximately equal in the next ten years, keeping the dentist to population ration relatively constant (1/1,803). The expected rise in dentist productivity will outpace the expected growth in the demand for care. As a result, in 2020 Wisconsin residents with the resources to purchase dental services in the private sector will have the same or better access to dental care than the current population.”

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***Expected Dentists in 2020=3,353***

***Required Dentists in 2020= 3,358***

***Variance = -5***

***Growth in dentists between 2010-2020: 6.25%***

***Growth in population in Wisconsin between 2010-2020: 6.70%***

***Growth in dentist productivity: 2.6%***

***Growth in expected demand for care: 1.6%***

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### Predicted Shortage of 2000-2010 Not Realized

It is interesting to note that the same research team predicted a decrease in the number of actively practicing dentists in our state in their 2001 Wisconsin Dental Workforce Study; when reviewing the actual numbers for the past decade, it was discovered that the total number of active dentists practicing in Wisconsin between 2000-2009 increased from 2979 in 2000 to 3142 in 2009. This change is due to multiple factors including, but not limited to: (1) greater than expected economic growth in the state of Wisconsin which attracted dentists from other states to move here; (2) increase in the percentage of Wisconsin residents attending Marquette University School of Dentistry; and (3) the number of retirements of Wisconsin dentists being fewer than anticipated.

### Wisconsin Dentists Employ More Dental Staff than National Average

The report highlights that dentists employed substantially more full or part-time dental hygienists than dentists in other states. Substantial evidence suggests that patient visits and services per dentist

increase with the employment of more hygienists. The ratio of hygienists to dentists in Wisconsin is 1.5 hygienist/1.0 dentist where the national average is 1.0 hygienist/1.0 dentist. The report also includes information that dentists in Wisconsin work fewer hours than the national average but utilize staff more efficiently than their national counterparts which allows their total patient visits/dentist, gross billings and net income to be consistent with the national average. (NOTE: The assumption that dentists in Wisconsin work fewer hours may not be accurate because it isn't clear from the Wisconsin-specific survey whether the dentists responding to the survey reported just their clinical hours or if they reported both their clinical and administrative hours; the WDA hopes to survey dentists on this issue in the future in order to gain better insight into the average number of hours worked by Wisconsin dentists.) The report also indicates that this use of dental staff could be connected to the overall health of the population improving and the fact that a large percentage of patients visiting the dentist only need maintenance care.

#### Wisconsin's Problem: Not Workforce but Access for Medicaid/Underserved

The problem which continues to plague Wisconsin is not the supply of dentists/dental workforce but rather the lack of "demand" for dental services, where "demand" is specifically defined as the ability of the underserved to purchase services from private practices. The report highlighted a continuing disparity between those who have the economic purchasing power to obtain dental services and those (on Medicaid and the low-income uninsured) who do not.

#### Closing the Disparities Gap: Patient Education and Economic Purchasing Power

The report indicates the current supply of dentists in Wisconsin is sufficient and identifies that the lower utilization rates by Medicaid and low-income uninsured patients is a factor of: (a) the education of the patient with regards to the need to seek routine oral health care and (b) the individual patient's economic purchasing power. The report states, "...it is important to take into account differences in education by family income, since education is a major predictor of utilization. Thus, it is not clear that even with the same financial access to care, lower income children will have the utilization rates of higher income, privately insured children."

Because Medicaid patients may not realize or value the need for routine dental care and because the reimbursement rates for Medicaid are so far below market rates, these patients may not have either the knowledge or the economic purchasing power (or a combination of both) that is necessary in order to turn their need for oral health care into true demand for services. The state can best close the disparity gap by passing public policies that: (a) provide the necessary education regarding the need to seek routine dental care and (b) provide Medicaid patients and the low-income uninsured with the economic purchasing power that allows them to turn their need into demand, similar to that of patients in the private sector.

#### Wisconsin Dentists Continue to Provide Care to Growing Medicaid Population

In regards to the Medicaid issue, the report indicates that some 43 percent of Wisconsin dentists participate in the Medicaid program, which is a higher percentage than other states. The report specifically states: "They (Wisconsin's private sector dentists) also treat the great majority of underserved patients who do receive care because the safety net system is so small." Furthermore, the report details the increase in the Medicaid population. Nearly 17 percent of the total Wisconsin population is enrolled in Medicaid at some point during a 12 month period and nearly 564,000 residents (nearly 10% of the population) are enrolled in Medicaid for an entire 12 month period. The number of Medicaid individual who were continuously enrolled in Medicaid (12 month period) grew by 8% per year between 2000 and 2008. Despite this tremendous increases in the number of eligible individuals,

private sector dentists were critical in increasing the utilization rate (at least one dental visit in the 12 month period) for these continuously enrolled individuals from 31% in 2000 to 33.6% in 2008.

#### Comparison of Delta Dental Patient Utilization with Medicaid Patient Utilization

The researchers compared Delta Dental utilization data with that of the state's Medicaid program (in order to provide accurate utilization comparisons with Delta Dental beneficiaries, the researchers removed Medicaid individuals from the pool who were covered for a period of less than 12 months) and highlighted the following differences. Children age 0 to 20 enrolled in Delta utilized dental services at rate of about 66.4% whereas children age 0 to 20 who were enrolled continuously for 12 months on the state's Medicaid program only utilized services at a rate of about 40.5% (if the researchers were to include the "enrolled at any point during a year" as the denominator - rather than the "continuously enrolled for a year" - the rate of utilization for Medicaid children would drop to 25%).

#### Safety Net/FQHC System Reviewed

The researchers looked at the safety net system of the current Federally Qualified Health Centers (a total of 15 dental clinics) in the state and compared the services they are able to provide to the overall need of the state's Medicaid population and observed the "relatively low output of FQHC dental clinics compared to private practices" (3,384 patient visits for the average practicing private practice dentist verses 2,642 patient visits per year for the average practicing FQHC dentist), which they indicated could be related to a number of factors including: (1) having too few operatories per dentist and not employing adequate numbers of dental hygienists and assistants; and (2) having to treat a greater numbers of low-income patients who have more oral disease. The report suggests that the state could expand capacity at FQHCs by either increasing the number of FQHCs or by helping to make the current operating FQHCs more productive and efficient. Either way, the report did not indicate that expansion of the FQHC model, alone, would be sufficient to address the dental access disparity issue in the state.

#### No Silver Bullet to Wisconsin's Dental Care Disparity Gap

The report states: "There is no simple answer to the question of the adequacy of the state's dental workforce to meet the demand of the lower income population if they had financial access to private practice or to safety net clinics..." The researchers anticipate that the current dental workforce could absorb the underserved children of the state but that it may not be sufficient to address the underserved adults if the state were suddenly to approve policies and funding that would provide all Medicaid/low-income adults with the economic purchasing power they need in order for access to be obtained.

#### Conclusion: Increasing Numbers of Dentists Doesn't Solve Disparities Issue

The researchers concluded with the following observation: "Finally it bears repeating that just increasing the number of dentists in the state without increasing demand will have little impact of reducing access disparities. Most of the new dentists will locate in the more affluent counties and mainly treat patients that can pay for their services. If they cannot make an adequate income with this strategy, most will move to other states. To reduce disparities, the state needs to provide the underserved population financial resources to purchase the care in the private system or greatly expand the safety net system. In either case, the state will be required to substantially increase Medicaid dental budgets."

For a complete copy of the report and other workforce-related information, please visit the WDA website at [www.wda.org](http://www.wda.org).