



## 2010 – 2020 Dental Work Force Study

The WDA commissioned this independent research in spring 2009 to provide data on both the current dental work force and a projection of future needs in the state. Delta Dental of Wisconsin supported this follow-up to the 2001 Wisconsin dental work force study, which was conducted by the same research team, with a grant of \$87,000.

**Preliminary review of this report indicates Wisconsin currently has enough dentists to meet the economic demand for access to quality dental services.**

- In some areas of the state, however, access to dental care for low-income and uninsured individuals and persons in the state's growing medical assistance programs is a challenge due to underfunding by the government and the economic reality that dentists, as small-business owners, tend to settle where economic demand for their services remains high.
- The researchers also note "...increasing the number of dentists in the state without increasing demand will have little impact of reducing access disparities... 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."
- Expanding access to dental services in these areas and to these patient groups should be a top priority for our state.
- The dental profession, government and community organizations need to work together on timely and cost-effective programs if dental care is to be made accessible to all people and in areas of the state where economic demand is currently low.

**Another important piece of news in the report is Wisconsin dentists are very efficient and productive. They utilize allied dental personnel, such as hygienists and assistants, much more effectively than their counterparts nationally.**

- Finding solutions that build upon the existing dental care delivery system will efficiently address the access problem and ensure high quality care.
- There is no silver bullet. Our state currently fails to meet the dental care needs of urban and rural residents who are low-income, uninsured or enrolled in MA. Our solutions must try to address these various populations in the most comprehensive and effective fashion possible.

**"Dentists Do Serve and Dentists Make a Difference" in helping close the access to dental care gap for underserved patients across Wisconsin. But, while important, charity is not a solution to access problems; it is merely a stopgap measure.**

- Voluntary survey information collected by WDA since 2004 shows each year individual dentists, on average, donate \$10,000 - \$12,000 in care to patients in need. These private-practice donations are in addition to non-reimbursed Medicaid care, volunteer service in community programs and any bills patients fail to pay.
- Last year at the first Mission of Mercy event in Wisconsin, a team of 903 volunteers, including 170 dentists, 87 dental hygienists and numerous dental assistants and dental students delivered more than \$850,000 in care to 1,533 adults and children.
- Volunteer dentists also provide needed care to patients at more than 40 reduced-rate dental clinics statewide.

**More needs to be done to improve dental care for the underserved in our state. The difficult economy requires dental access solutions be timely, cost-effective and arrived at with the support of the state Legislature and other stakeholders. Top WDA priority recommendations include:**

- Adequate reimbursement funding for dental Medicaid services. Experience in other states shows adequate funding increases access to dental care by providing patients with the financial purchasing power that, ultimately, makes it more economically feasible for dentists to initiate or to increase their participation in the program thus increasing patients' access to care. WDA supports a limited pilot to test the impact of funding the program to allow 75<sup>th</sup> percentile reimbursement rates in three counties.
- Legislation that expands the dental team to allow more people to receive quality care, including:
  - Creating and utilizing expanded function dental assistants which will enable dentists in underserved areas to care for more patients
  - Allowing for collaborative agreements between state and/or private-sector dentists and public health dental hygienists which will expand the settings in which hygienists can provide preventive dental services to the underserved population
  - Tracking the outcome of the community dental health coordinator position to be utilized in the Oneida tribal clinic facility in Wisconsin; if effective, pass legislation that expands the model into non-tribal areas of the state
- Implement meaningful loan forgiveness programs to attract dentists specifically to rural and/or underserved areas of the state
- Increase the number of Wisconsin residents enrolled at Marquette University School of Dentistry from 40 per class to 50 per class as part of the school's emphasis on rural care
- Explore expanding the capacity of dental students to provide more care to the underserved population through increased state investment in its current \$2.8 million clinical contract with Marquette dental school

**In summary, dental access in Wisconsin is a multi-faceted issue that will require a combination of solutions with involvement from a wide variety of entities for success. The state currently enjoys the benefits of a productive dental work force and it is up to us to make sure the state remains committed to building upon the current system resources in a way that allows the most people to obtain timely access to quality dental care in the most cost-effective manner.**