

# Dentistry: Looking Beyond the COVID-19 Pandemic

*Missouri Oral Health Policy Conference*

March 4, 2022

# Today



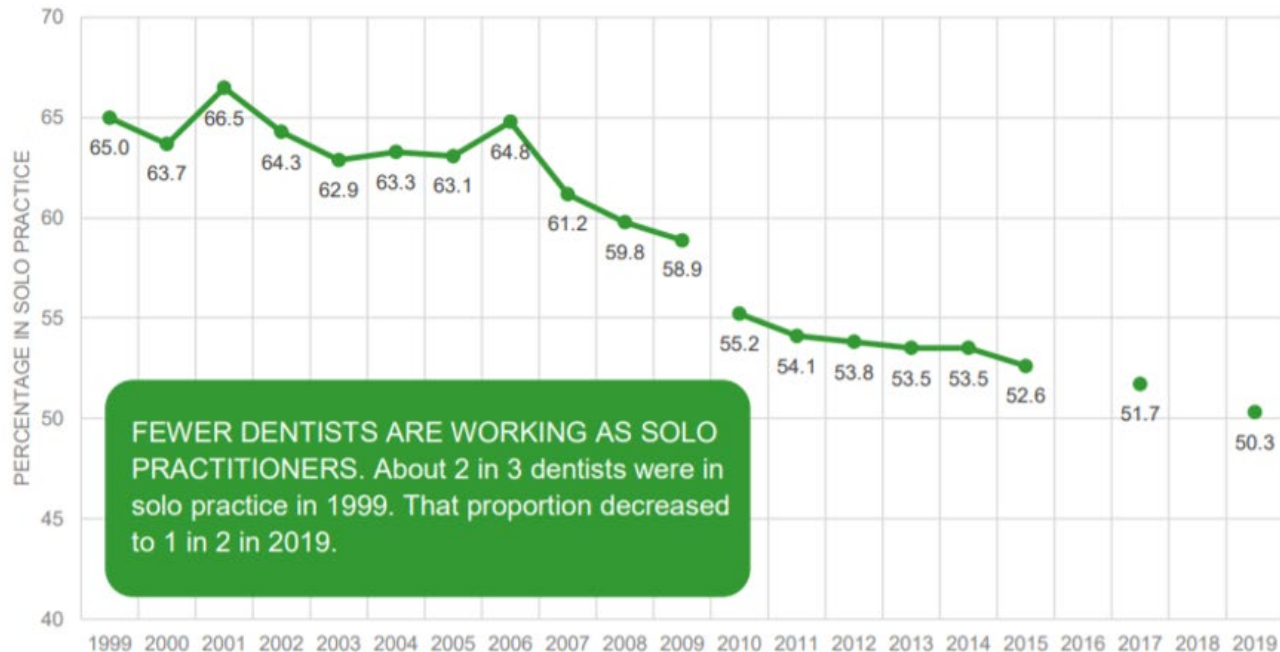
1. Big picture trends in dentistry predating the COVID-19 pandemic
2. Economic outlook and emerging issues in dentistry, including workforce challenges
3. Data-driven insights on Medicaid dental programs

# Today

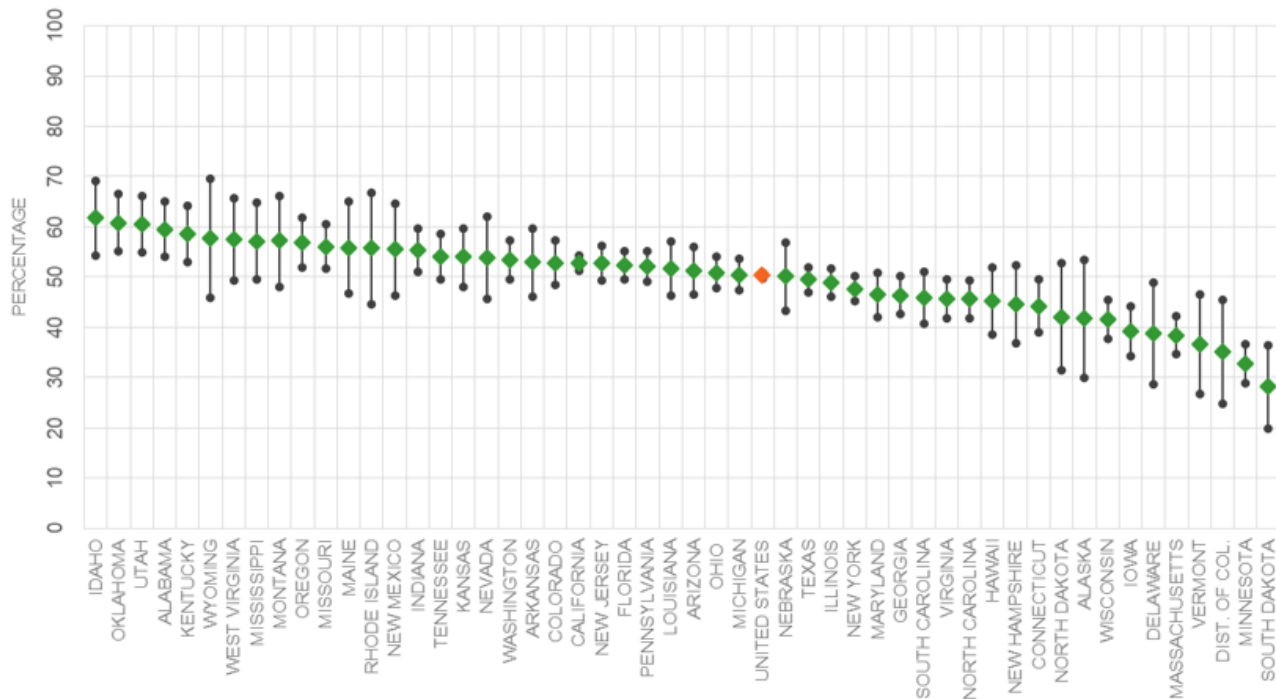


1. **Big picture trends in dentistry predating the COVID-19 pandemic**
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# Fewer Dentists in Solo Practice



# Fewer Dentists in Solo Practice



*There is lots of variation across states in practice structure. ID, OK, UT, for example, have highest share of dentists in solo practice.*

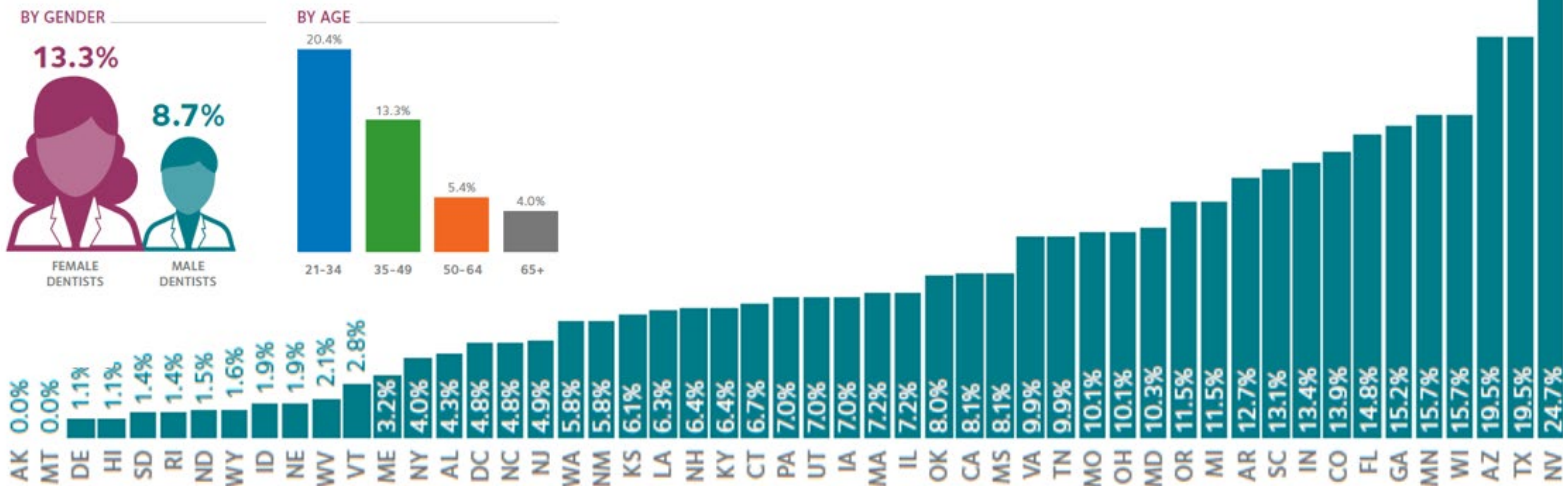
# Practice Consolidation Varies by State



**10.4%**

OF U.S. DENTISTS were affiliated with dental service organizations (DSOs) in 2019. In 2017, it was 8.8%.

## How Big are Dental Service Organizations?



# Practice Consolidation Will Accelerate

Received 12 February 2021 | Accepted 12 February 2021  
DOI: 10.1002/ajce.1400

ASSOCIATION REPORT

ADEA | THE VOICE OF  
DENTAL EDUCATION | WILEY

## Dentists of tomorrow 2020: An analysis of the results of the 2020 ADEA Survey of U.S. Dental School Seniors

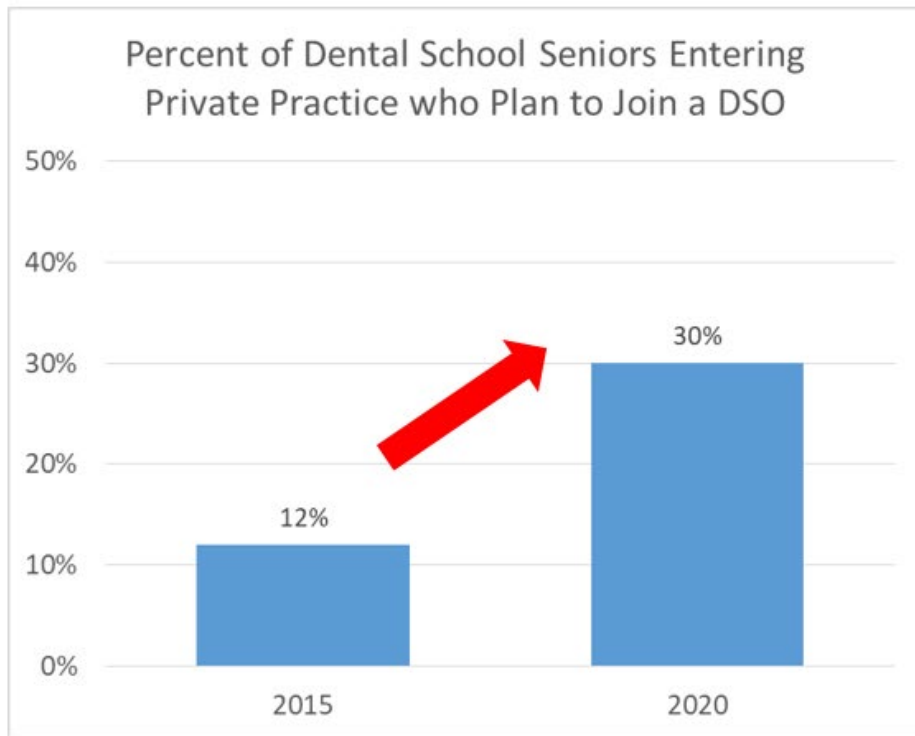
Emilia C. Istrate PhD, MAIS | Franc J. Slapar MA | Monisha Mallarapu MS |  
Denice C.L. Stewart DDS, MHSA | Karen P. West DMD, MPH

American Dental Education Association, Office of Policy and Educational Research, 400 K St NW, Suite 400, Washington, District of Columbia 20004, USA

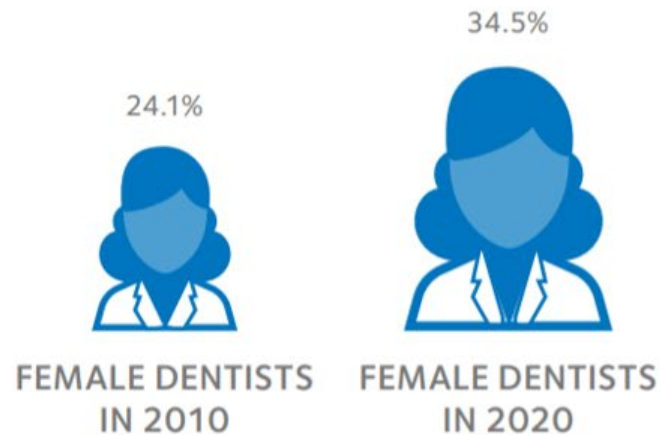
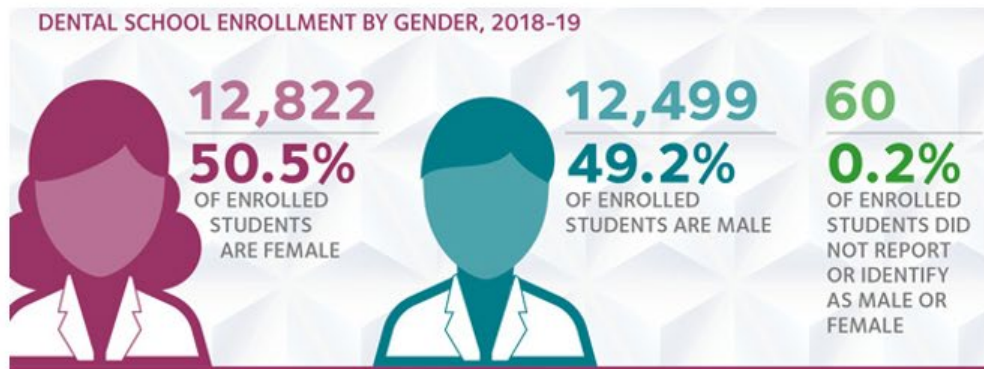
**Abstract**  
**Purpose/Objective:** This study examines the journey of U.S. dental schools' predoctoral senior class of 2020, from the influences on and their motivations to pursue careers in dentistry, aspects of their dental school experiences, to plans upon graduation and the investment in their careers.  
**Methods:** The study is an analysis of the results of the ADEA Survey of Dental School Seniors, 2020 Graduating Class. Each year, ADEA surveys senior predoctoral students from the accredited U.S. dental schools. Whenever possible, the answers of the survey respondents from the 2020 class were compared with their 2015 counterparts.  
**Results:** The analysis revealed that 46% of the 2020 respondents decided to become a dentist before going to undergraduate college, more than the proportion of those deciding while in college (42%). When it comes to preparedness to practice dentistry, the responses indicated a high level of readiness to go into the profession. Seventy-seven percent of survey participants reported the COVID-19 pandemic did not affect their plans after graduation. Between 2015 and 2020, the share of survey respondents who planned to go into advanced dental education immediately after graduation increased from 19% to 40%. Almost a third of the 2020 respondents who planned to go into private practice immediately upon graduation intended to join a Dental Service Organization (DSO). Grants and scholarships represented a higher share of the average funding for dental education for the 2020 respondents than five years ago. The share of respondents expecting to graduate without any loans to finance their dental degrees and pre-dental education (educational debt) increased significantly, from 12% in 2015 to 17% in 2020.  
**Conclusion(s):** This research shows that during these uncertain times, U.S. dental schools continued their mission to train and graduate oral health professionals fully prepared to go into the profession.

**KEYWORDS**  
careers in dentistry, dental education, dental schools, dental students, student finances

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# Higher Share of Dentists are Female



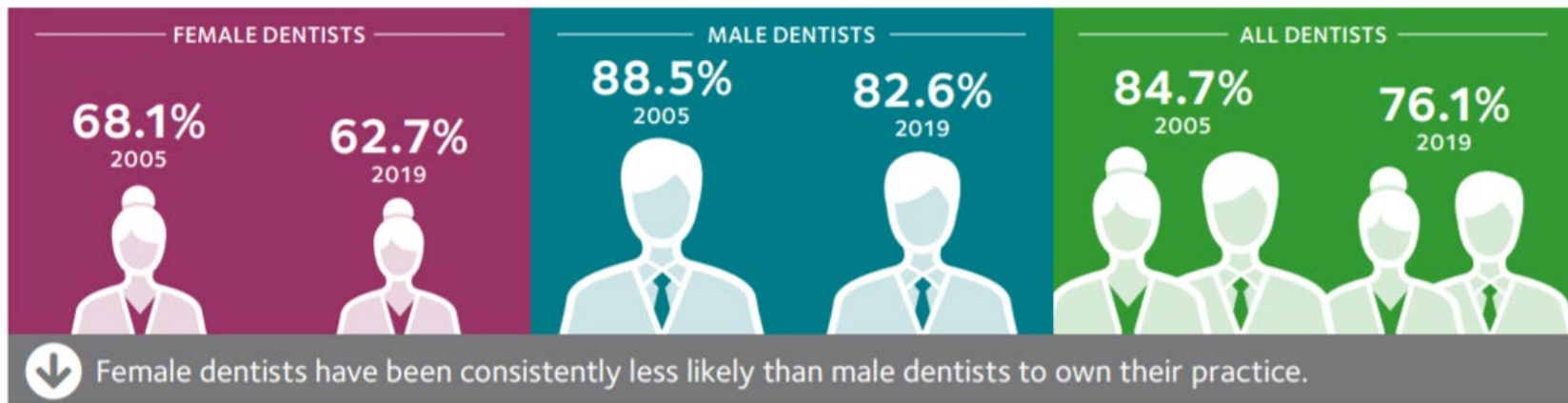
## THE WALL STREET JOURNAL.

### Women Overtake Men as Majority of U.S. Workforce

Data reflect growth in services industries that employ higher numbers of women

# Fewer Dentists are Practice Owners

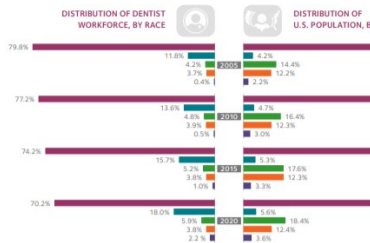
PERCENTAGE OF DENTISTS IN PRIVATE PRACTICES WHO ARE OWNERS, BY GENDER



# Data on Racial Disparities in Dentistry

HPI Health Policy Institute  
ADA American Dental Association

## Racial and Ethnic Mix of the Dentist Workforce in the U.S.

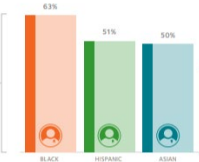


**THE RACIAL MIX OF THE DENTIST WORKFORCE DOES NOT REFLECT THE U.S. POPULATION.** Black and Hispanic dentists are significantly underrepresented while Asian dentists are significantly over-represented.

**OVER TIME, THE DENTIST WORKFORCE HAS DIVERSIFIED.** But almost all of the diversification is accounted for by more Asian dentists. The share of dentists who are Black, for example, has not changed at all.

**RESEARCH SHOWS THAT** Black and Hispanic dentists are significantly underrepresented while Asian dentists are significantly over-represented.

**43%**  
Of U.S. dentists participate in Medicaid or CHIP for child dental services



Source: ADA Health Policy Institute analysis of data from the ADA masterfile, U.S. Census Bureau, and American Dental Education Association.  
For more information, visit [ADA.org/HPI](http://ADA.org/HPI) or contact the Health Policy Institute at [hpi@ada.org](mailto:hpi@ada.org).

HPI Health Policy Institute  
ADA American Dental Association

## Cost Barriers to Dental Care Among the U.S. Population, by Race and Ethnicity



**BARRIERS TO DENTAL CARE – CHILDREN**  
COST BARRIERS TO DENTAL CARE have fallen significantly for children while none for adults and seniors.

**BARRIERS TO DENTAL CARE – ADULTS**  
RACIAL DISPARITIES IN BARRIERS to dental care have improved slightly for children and widened for adults and seniors.

**FOR ALL AGE GROUPS,** Hispanics and Blacks are likely to face cost barriers to dental care.

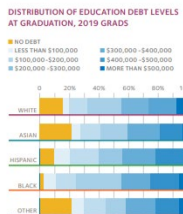
**RESEARCH SHOWS THAT MAIN BARRIERS TO DENTAL CARE** for children, adults and seniors all relate to cost.

Source: ADA Health Policy Institute analysis of data from the Behavioral Risk Factor Surveillance System (BRFSS) survey. Data represent the percent of all reporting they needed dental care within the past year but did not do so because of cost.

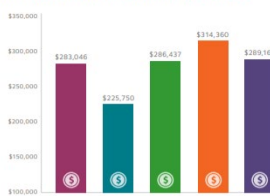
For more information, visit [ADA.org/HPI](http://ADA.org/HPI) or contact the Health Policy Institute at [hpi@ada.org](mailto:hpi@ada.org).

HPI Health Policy Institute  
ADA American Dental Association

## Racial and Ethnic Mix of Dental Students in the U.S.



### AVERAGE EDUCATIONAL DEBT AT GRADUATION, 2019 GRADS



Source: ADA Health Policy Institute analysis of data from the American Dental Education Association.

Source: ADA Health Policy Institute analysis of the Survey of Dental Graduates and ADA Masterfile includes responses where zero debt was indicated. Excludes responses with values greater than \$1 million to limit skewing.

### DISTRIBUTION OF FIRST YEAR DENTAL SCHOOL ENROLLEES, BY RACE



Source: ADA Health Policy Institute analysis of the ADA Survey of Dental Graduates, ADA masterfile and American Dental Education Association data.

For more information, visit [ADA.org/HPI](http://ADA.org/HPI) or contact the Health Policy Institute at [hpi@ada.org](mailto:hpi@ada.org).

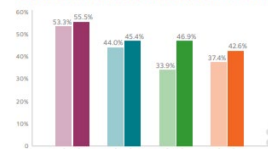
**THE DENTAL STUDENT BODY HAS DIVERSIFIED OVER TIME,** with more Asian and Hispanic dental students. But the share of Black dental students has not changed. Nearly one-quarter of dental students are Asian, compared to 18% of dentists overall and 6% of the U.S. population.

**EDUCATIONAL DEBT LEVELS FOR DENTAL SCHOOL GRADUATES VARY SIGNIFICANTLY BY RACE.** For example, more than 20% of Asian dentists graduate with no student debt compared to less than 1% of Black dentists. Black dentists, by far, graduate with the highest levels of educational debt.

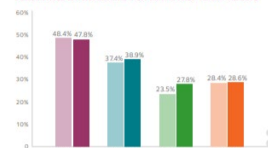
HPI Health Policy Institute  
ADA American Dental Association

## Dental Care Utilization Among the U.S. Population, by Race and Ethnicity

### PERCENTAGE WITH A DENTAL VISIT IN THE PAST YEAR – CHILDREN



### PERCENTAGE WITH A DENTAL VISIT IN THE PAST YEAR – ADULTS



### PERCENTAGE WITH A DENTAL VISIT IN THE PAST YEAR – SENIORS



Source: ADA Health Policy Institute analysis of data from the Behavioral Risk Factor Surveillance System (BRFSS) survey. Data represent the percent of respondents reporting they had a dental visit within the past year.

**IN GENERAL, DENTAL CARE USE HAS INCREASED OVER TIME** for children and seniors, but not for adults.

**RACIAL DISPARITIES IN DENTAL CARE USE** are smallest for children and largest for seniors.

**HISPANIC CHILDREN, ADULTS AND SENIORS** have seen the largest increases in dental care use over time.

For more information, visit [ADA.org/HPI](http://ADA.org/HPI) or contact the Health Policy Institute at [hpi@ada.org](mailto:hpi@ada.org).

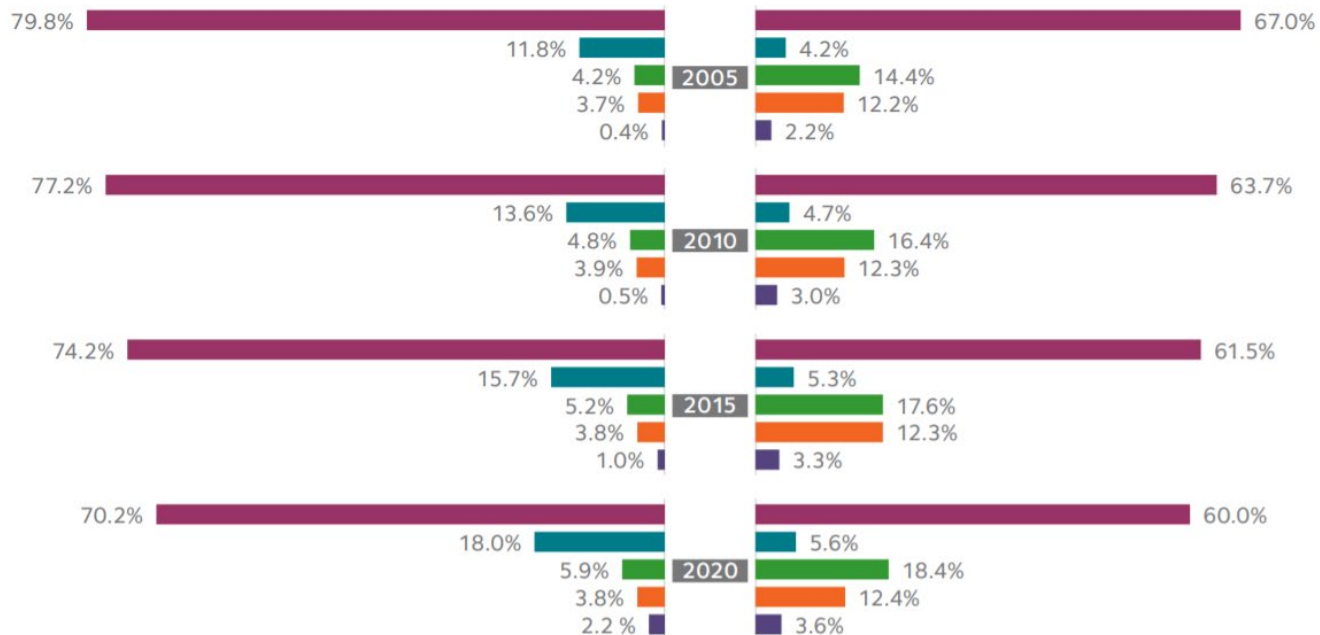
# The Dentist Workforce

DISTRIBUTION OF DENTIST WORKFORCE, BY RACE



DISTRIBUTION OF U.S. POPULATION, BY RACE

- WHITE
- ASIAN
- HISPANIC
- BLACK
- OTHER



# More Non-White Dentists



THE RACIAL MIX OF THE DENTIST WORKFORCE DOES NOT REFLECT THE U.S. POPULATION. Black and Hispanic dentists are significantly underrepresented while Asian dentists are significantly over-represented.



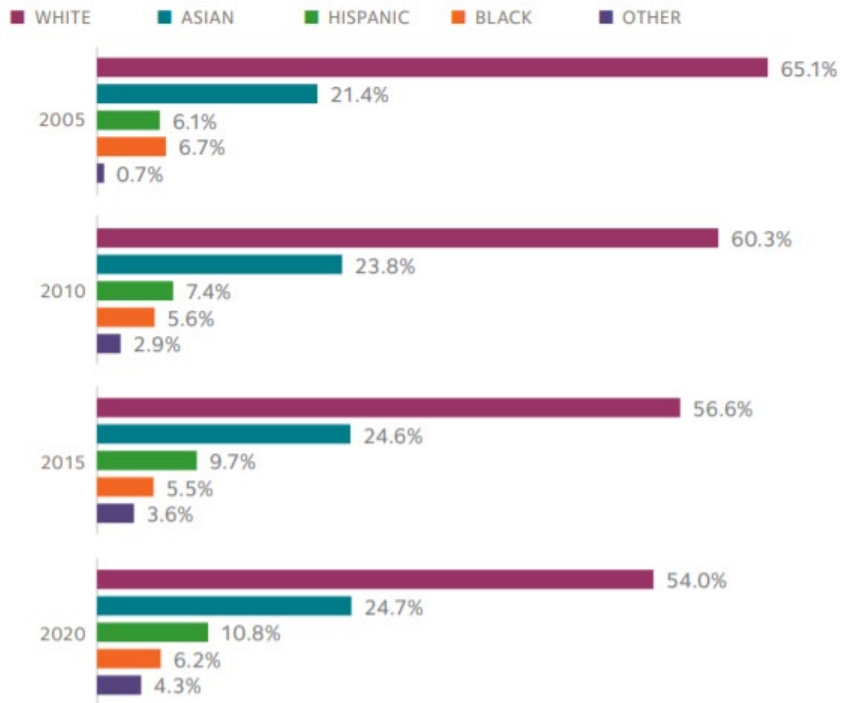
OVER TIME, THE DENTIST WORKFORCE HAS DIVERSIFIED. But almost all of the diversification is accounted for by more Asian dentists. The share of dentists who are Black, for example, has not changed at all.



RESEARCH INDICATES SOME CAREER CHOICES ARE INFLUENCED BY RACE\*. For example, Black dentists are more likely to participate in Medicaid than White dentists, all else equal.

# The Pipeline

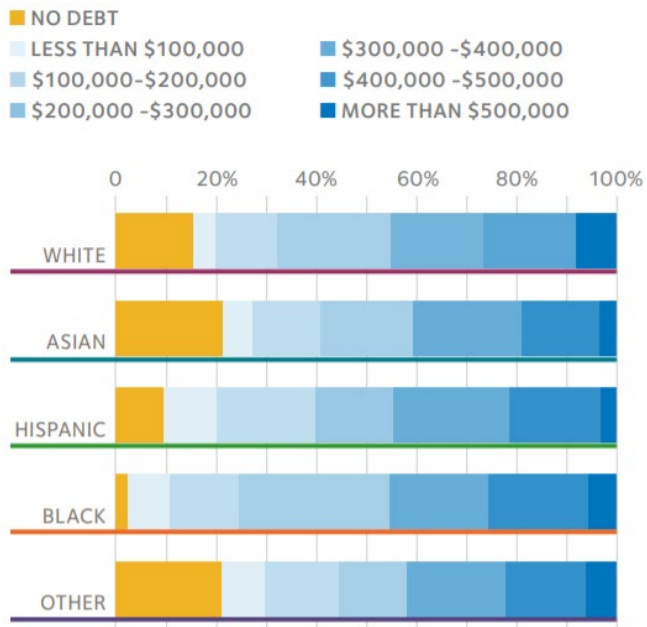
## DISTRIBUTION OF FIRST YEAR DENTAL SCHOOL ENROLLEES, BY RACE



THE DENTAL STUDENT BODY HAS DIVERSIFIED OVER TIME, with more Asian and Hispanic dental students. But the share of Black dental students has not changed. Nearly one-quarter of dental students are Asian, compared to 18% of dentists overall and 6% of the U.S. population.

# The Pipeline

## DISTRIBUTION OF EDUCATION DEBT LEVELS AT GRADUATION, 2019 GRADS



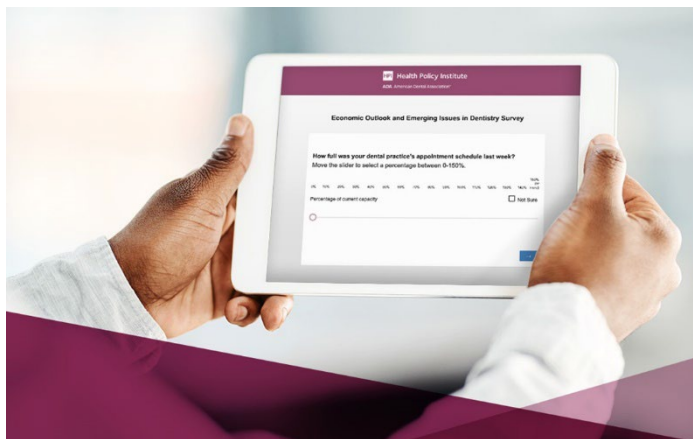
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# Economic Outlook and Emerging Issues in Dentistry

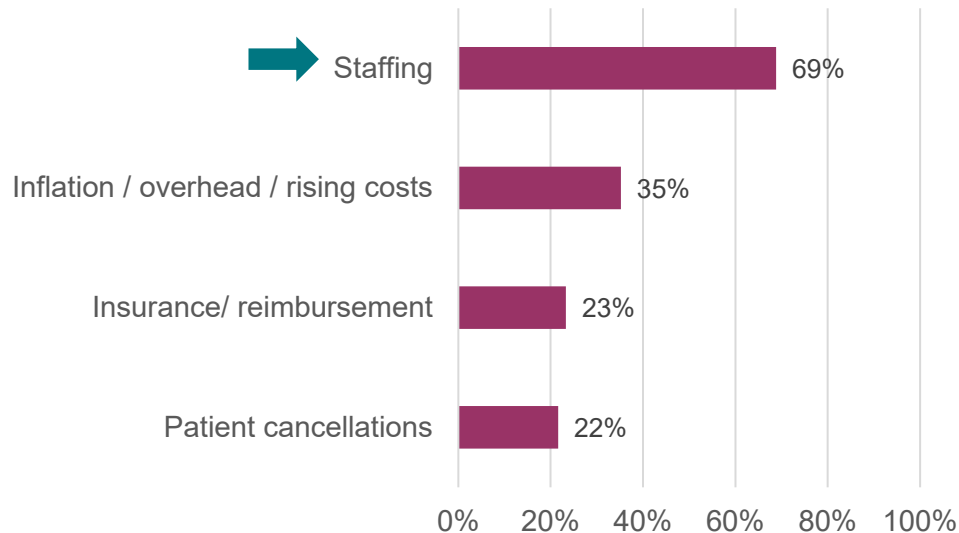


- *Measuring the ongoing impact of the COVID-19 pandemic and other emerging issues in dentistry*
- *Nearly 3000 dentists have opted to participate to date*
- *Most recent data were collected February 15-20, 2022*
- *Complete reports with breakdowns available at [ADA.org/HPI](https://ada.org/HPI)*



# Staffing and Inflation are the Top Challenges

**Looking forward to the next six months, what are the top 3 challenges facing your dental practice?**

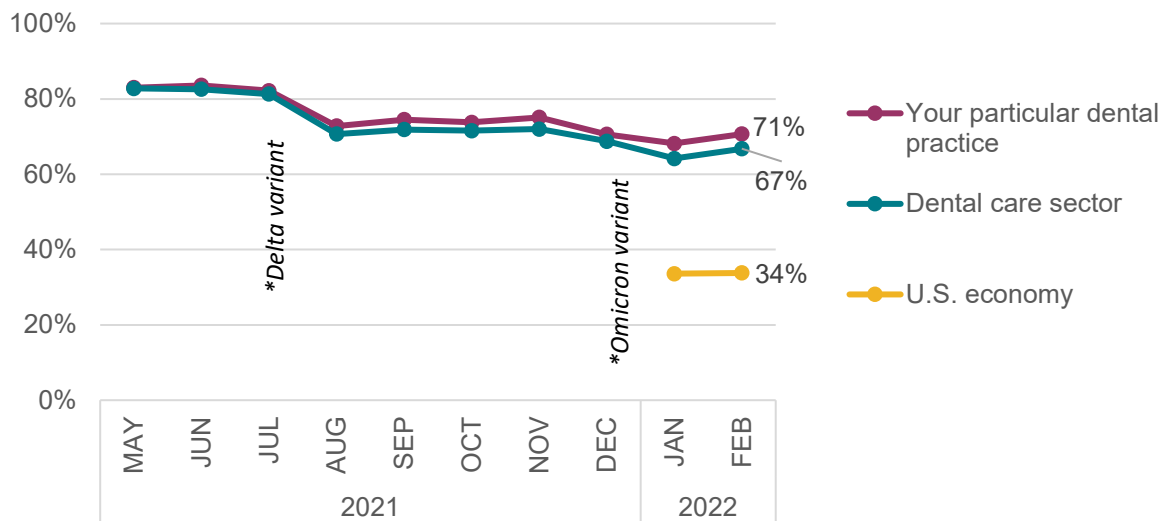


*Nearly 70% of dentists indicated that staffing issues were one of the biggest challenges they were facing at the beginning of 2022.*

*More than one-third had concerns regarding inflation, overhead, and rising costs.*

# Dentists Wary of U.S. Economic Recovery

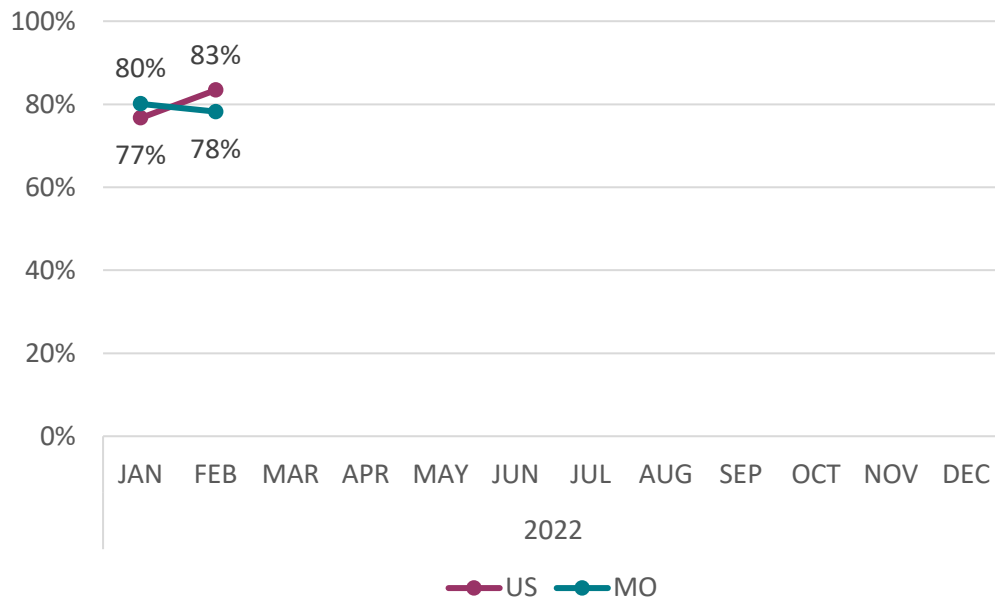
Looking ahead to the next six months, how confident are you in the recovery of the following? (Percentages indicating “very” or “somewhat” confident.)



*Dentists' confidence in their practices' and the sector's recovery has rebounded slightly, but they remain wary of U.S. economic recovery on the whole.*

# Dental Practice Schedules

## How full was your dental practice's appointment schedule last week?

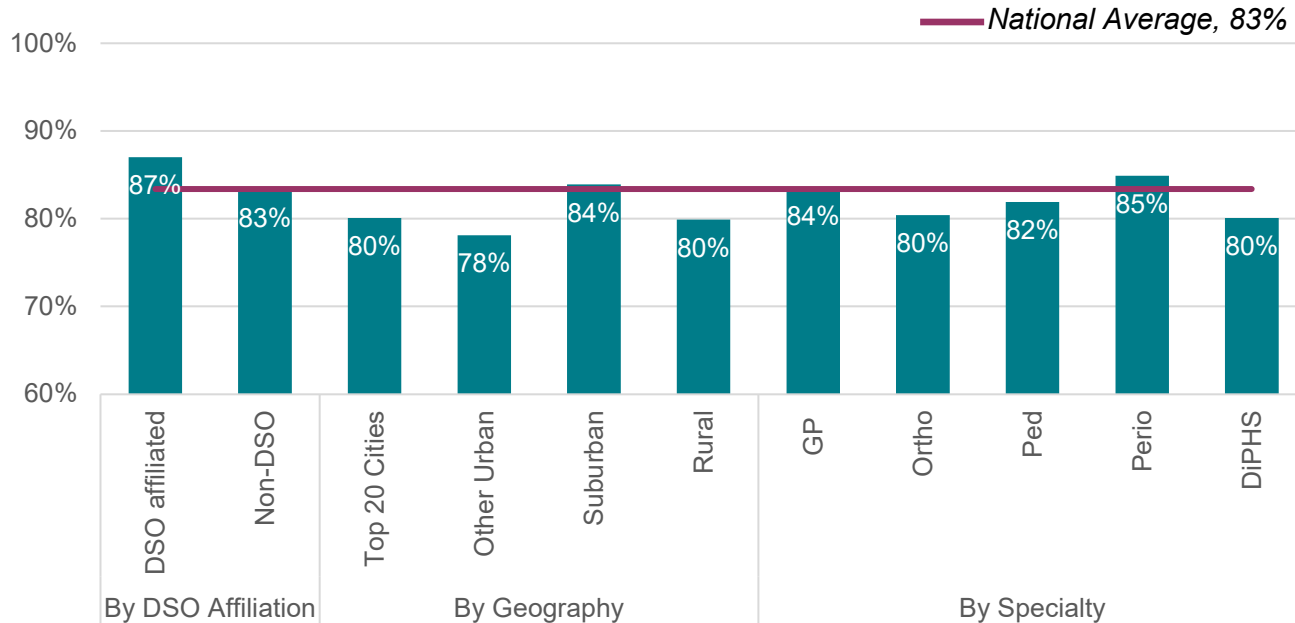


*Schedules in dental practices were about 83% full on average in February, representing an increase from 77% full in January.*

*Missouri dentists' schedules were roughly 78% full in February, on average.*

# DSOs, Suburban Practices are Busier

## How full was your dental practice's appointment schedule last week?



*Dentists affiliated with DSOs indicated more full schedules compared to their colleagues.*

*Dentists in urban and rural areas did not have as full schedules as their suburban dentist colleagues.*

# Assessing Practice Capacity

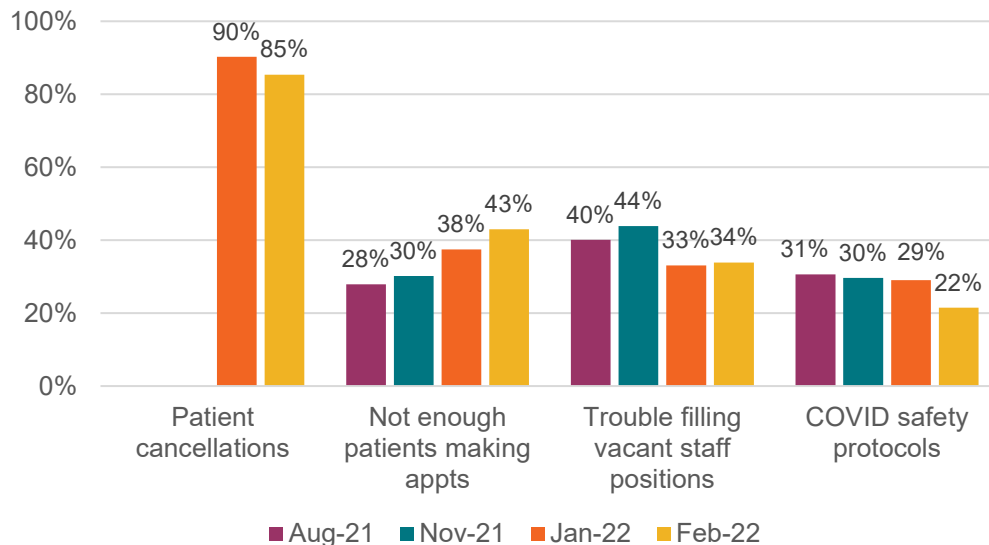
- 1. When your practice is FULLY STAFFED, what is the maximum number of patients it could see in a typical week?**
- 2. Considering your practice's CURRENT STAFFING situation, what is the maximum number of patients it could see in a typical week?**
- 3. How many patients did your practice ACTUALLY SEE last week?**

# Shifts in Practice Capacity



# Slight Drop in Cancellations in February

**Which of the following factors prevented your dental practice's appointment schedule from reaching 100% last week? (Select all that apply.)**

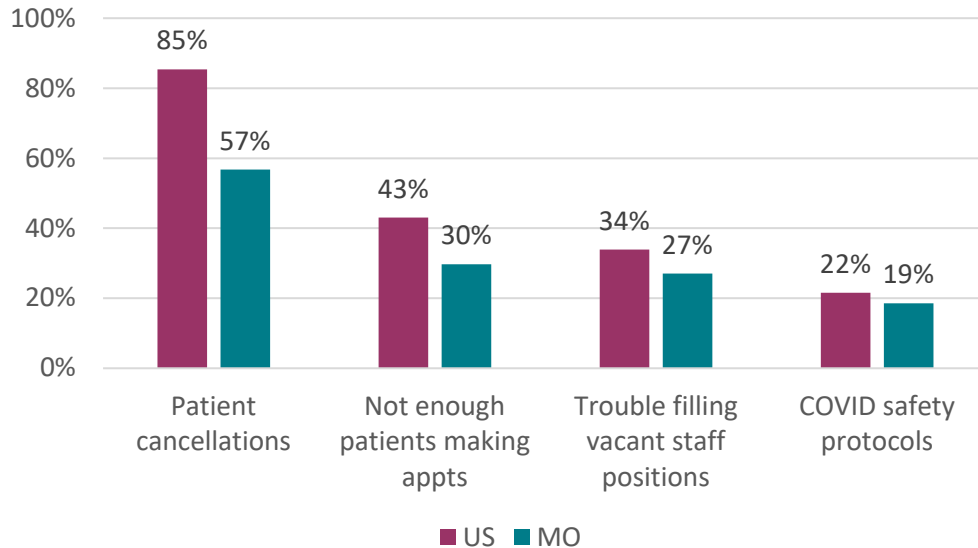


*Patient cancellations remained the most common reason schedules were not full in February.*

*More than 4 out of 10 dentists indicated that low patient demand is also leading to empty appointment slots.*

# Missouri Dentists: Not Quite as Many Cancellations

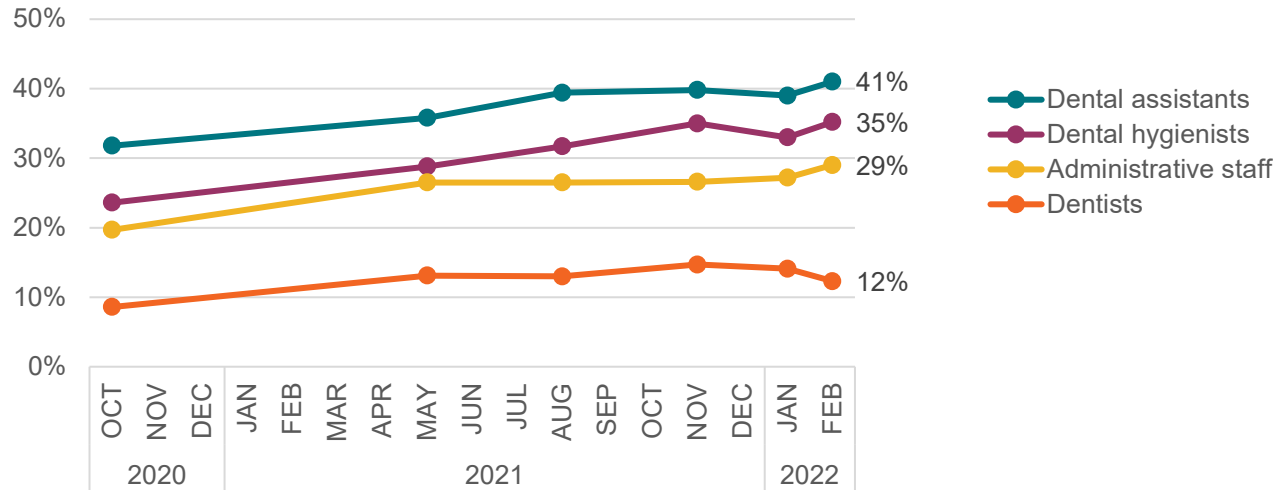
**Which of the following factors prevented your dental practice's appointment schedule from reaching 100% last week? (Select all that apply.)**



*Patient cancellations were the most common reason for not having a full schedule, though a lesser share of dentists in Missouri indicated this was a problem as compared to dentists national in February.*

# Dental Team Recruitment Needs on the Rise Again

**Have you recently or are you currently recruiting any of the following positions in your dental practice? (Percentages indicating “Yes.”)**

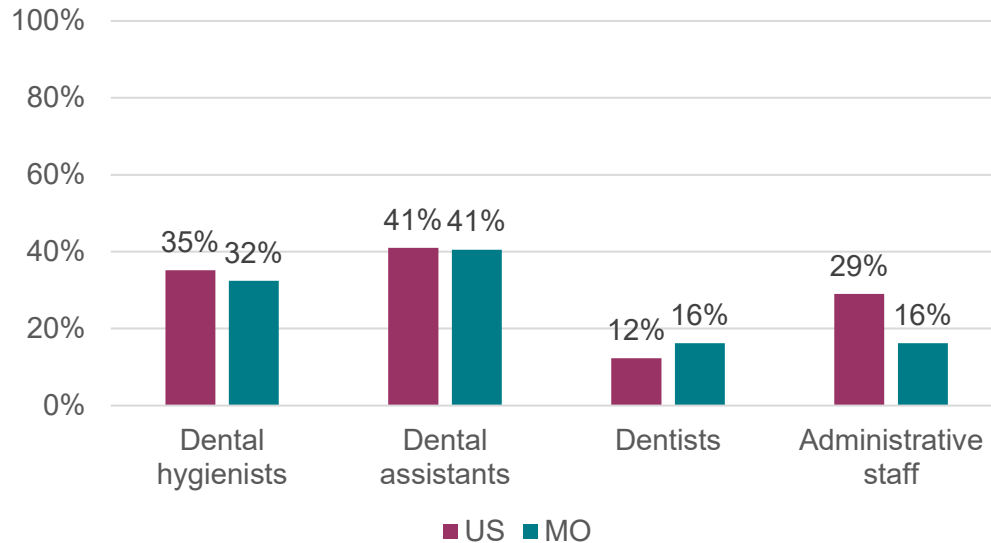


*Dental team recruitment needs reached a new high in February.*

*More than 4 out of 10 dentists have recently or are currently recruiting dental assistants, and 35% have recently recruited or are trying to recruit dental hygienists.*

# Dental Assistants and Hygienists in High Demand

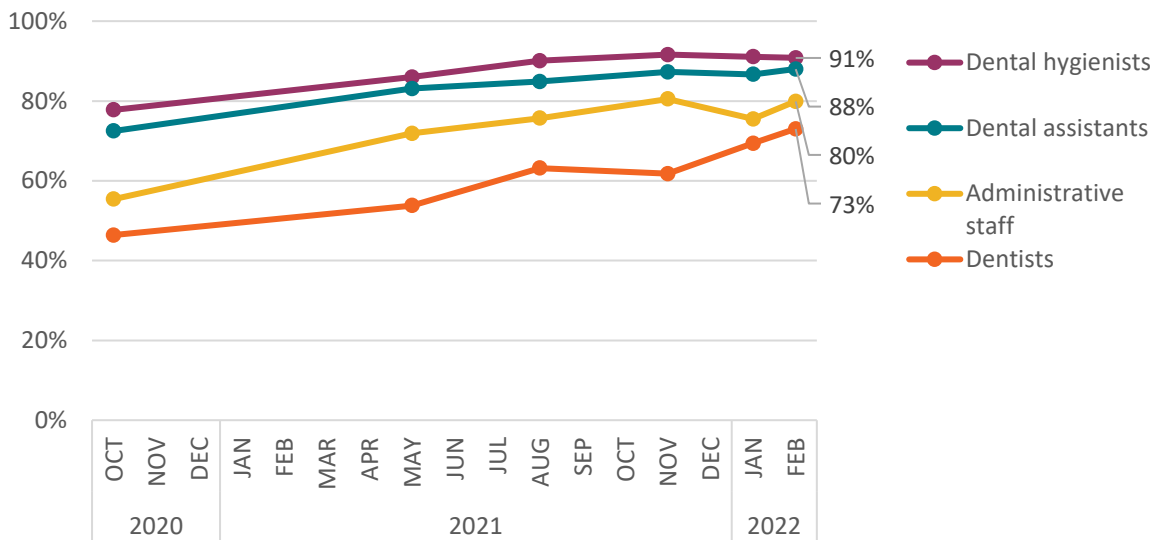
**Have you recently or are you currently recruiting any of the following positions in your dental practice?**



*The staff recruitment needs of dentists in Missouri are very similar to those of dentists nationally.*

# Challenges with Recruitment Persist

**How challenging has it been to recruit the position(s) below?**  
(Percentages indicating “extremely” or “very” challenging.)

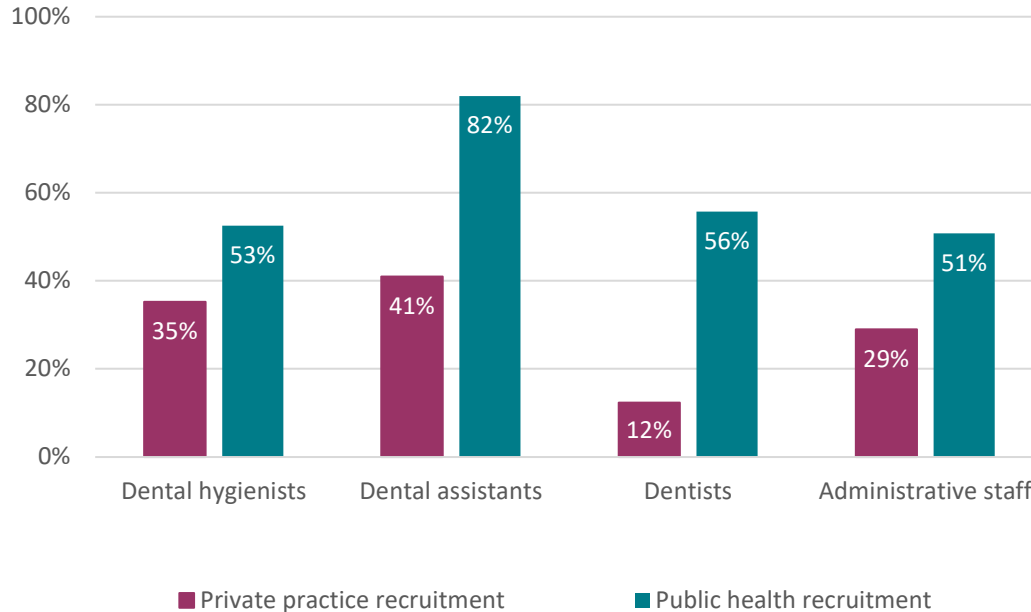


*Hiring for any dental team position is a major challenge.*

*Over 90% of dentists recruiting dental hygienists indicate it has been “extremely” or “very” challenging, and nearly 90% indicate the same for recruiting dental assistants.*

# More Dental Team Openings in Public Health Settings

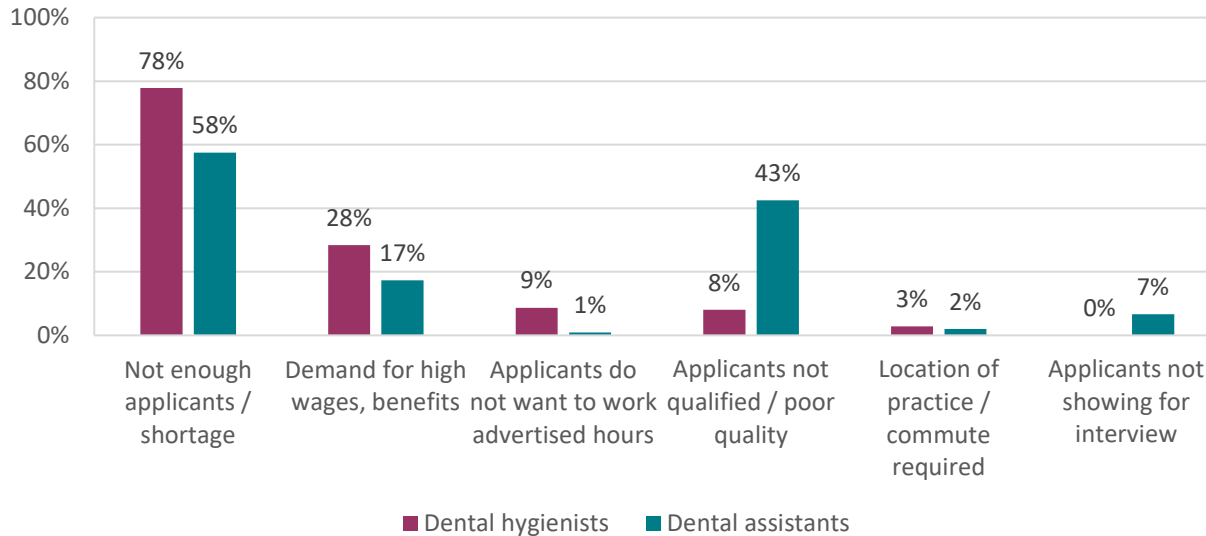
**Have you recently or are you currently recruiting any of the following positions in your dental practice? (Percentages indicating “Yes.”)**



*Dentists in public health settings indicate more dental team openings compared to their colleagues in private practice.*

# Applicant Shortages, Wage Requirements

## What specifically has been challenging about recruiting dental hygienists and dental assistants?



*A lack of applicants is the most common reason dentists are struggling to recruit both hygienists and assistants.*




*For open hygienist positions, the wage and benefit requirements of the applicants is a challenge for dentists. Dentists also indicate a lack of qualified assistant applicants.*

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# The Cost to Provide Extensive Dental Coverage



ADA American Dental Association®

This Research Brief was written in a partnership between the ADA Health Policy Institute (HPI) and Families USA and Community Catalyst.

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Community Catalyst® is a consumer health advocacy organization that seeks to engage policy makers and other stakeholders to increase access and affordability of care through policy reform.

Families USA is a leading non-partisan research organization that provides public health policy analysis with specific focus on health care values, health equity, coverage, and consumer experience.

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## Making the Case for Dental Coverage for Adults in All State Medicaid Programs

Author: Marko Vujcic, Ph.D.; Chelsea Fosse, D.M.D., M.P.H.; Colin Rousch, M.P.A.; Melissa Burroughs

### Key Messages

- *Oral health is essential for overall health. Providing adult dental coverage through Medicaid improves access to and utilization of dental care among low-income adults and has the power to reduce racial disparities, advance health equity, and lower medical care costs.*
- *We estimate the cost of implementing extensive dental coverage for adults in all state Medicaid programs that do not provide such coverage. We estimate increased spending on dental care as well as medical care cost savings stemming from improved oral health.*
- *Federal and state policymakers have various levers to promote oral health equity across the nation, including designating dental services as a mandatory benefit category for adults, establishing a baseline of comprehensiveness for adult dental services in Medicaid, and bolstering state budgets to ensure adequate funding for successful implementation.*

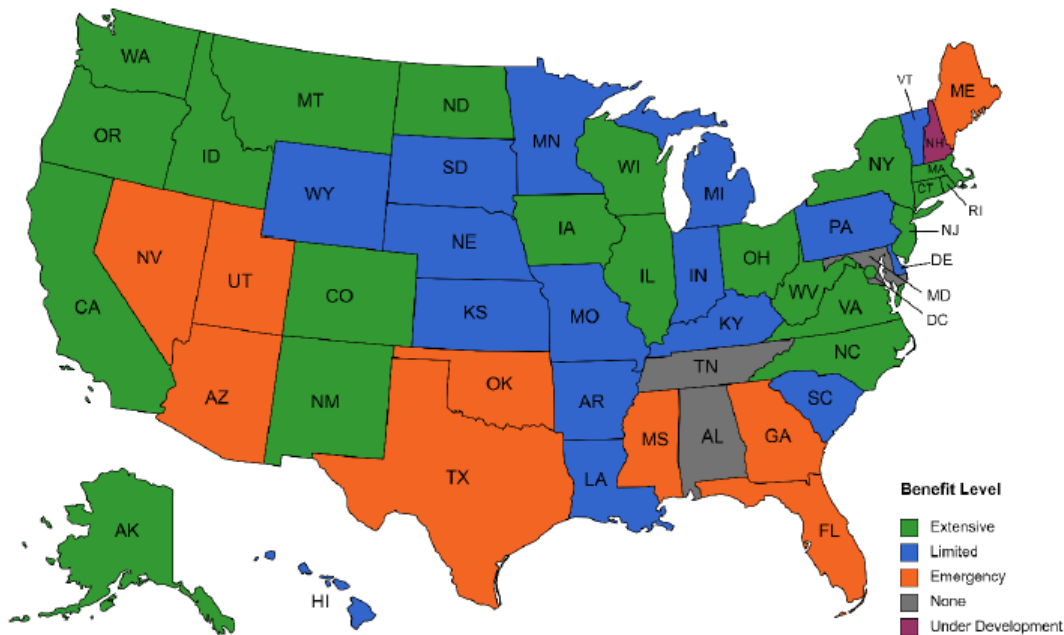
### Introduction

Oral health is essential for overall health and wellness. Oral health is linked with systemic health conditions and diseases as well as employment opportunities, economic stability, and social connectedness. One cannot be healthy without a healthy mouth. Yet millions of adults in America – particularly low-income adults – cannot afford the oral health care they need to stay healthy, eat, work, socialize, and live pain free. Part of this disparity is driven by gaps in dental coverage in federal and state policy, particularly dental coverage for adults enrolled in Medicaid.

As the nation recovers from the COVID-19 pandemic and economic downturn, oral health coverage is a critical gap in our health care system. For adults who rely on Medicaid, being able to afford oral health care could be the key to recovering their health or getting a new job. Yet millions of adults are left without oral health coverage, exacerbating health inequities. Notably, the people most likely to get sick and lose jobs during the pandemic are

- *We estimated the fiscal impact of adding extensive dental coverage for adults in the 28 state Medicaid programs that do not provide it.*
- *We estimated the increased dental care costs as well as reductions in medical care costs among beneficiaries with diabetes, heart disease, and who become pregnant. We did not estimate emergency room cost savings due to data constraints.*
- *We estimated the federal and state shares of spending according to current FMAP rates.*
- *We summarize results for all 28 states combined as well as state by state.*

# The Current Landscape



**Source:** Health Policy Institute analysis of data from Center for Health Care Strategies, Inc.<sup>18</sup> Authors have updated the analysis with data as of early 2021. **Note:** None = No coverage. Emergency-only = Coverage for pain relief under defined emergency situations. Limited = Coverage for a subset of diagnostic, preventive, and minor restorative procedures with a per-enrollee annual maximum expenditure of \$1,000 or less. Extensive = Coverage for a more comprehensive mix of services, including at least 100 diagnostic, preventive, and restorative procedures, and a per-enrollee annual maximum expenditure of at least \$1,000.

*As of 2021...*

*21 states provide extensive adult dental benefits in their Medicaid programs.*

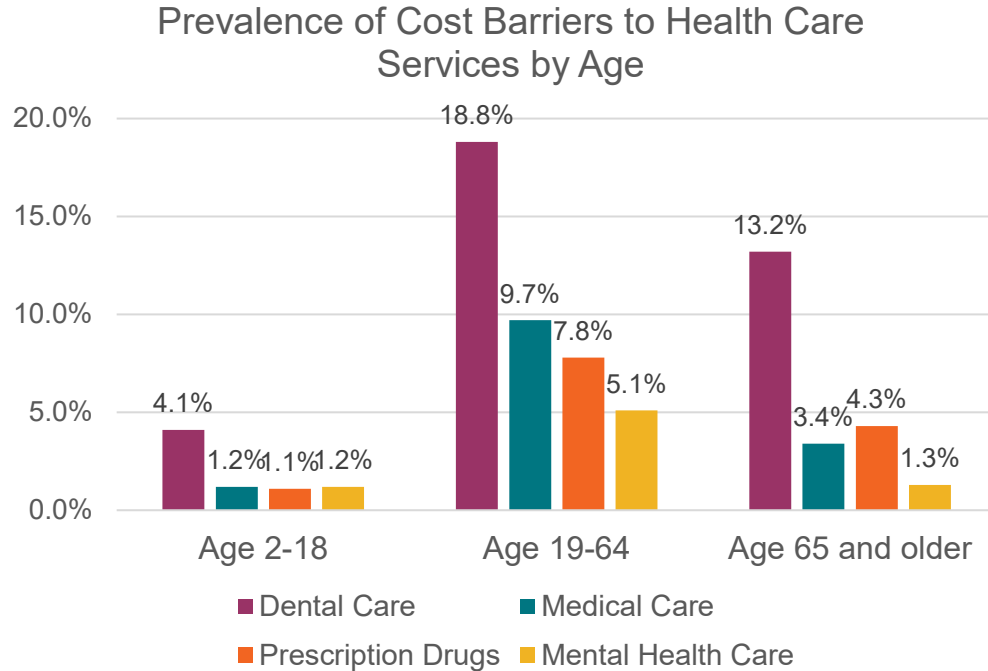
**➔** *16 states provide limited benefits,*

*9 provide emergency-only benefits,*

*3 provide no benefits, and*

*1 has a dental benefit under development.*

# Dental Care Stands Out in Terms of Cost Barriers

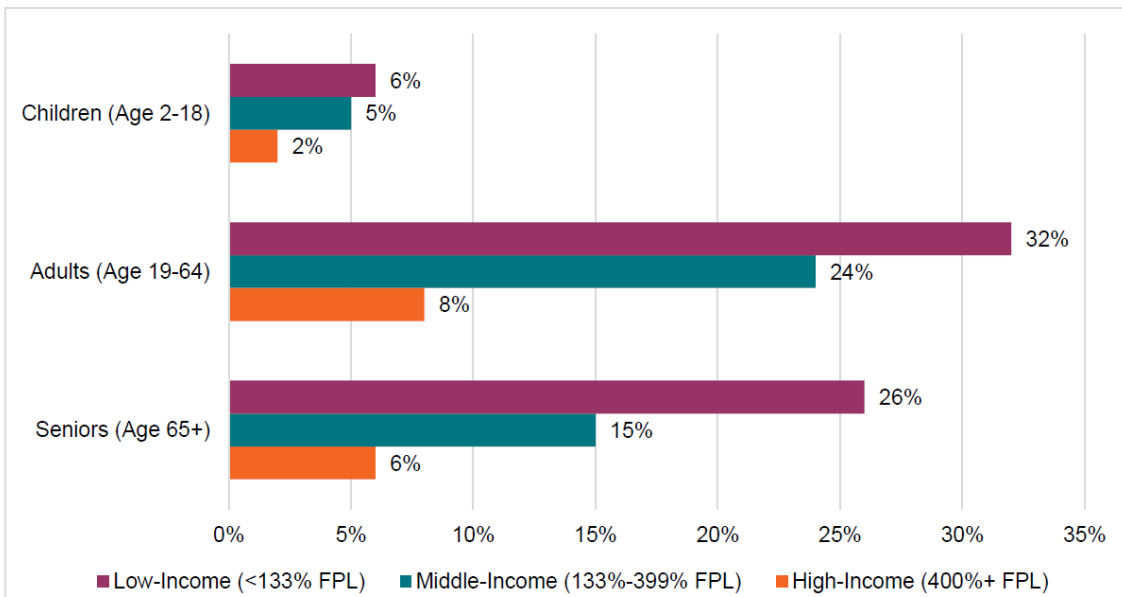


*Cost barriers to dental care are higher than for any other type of health care service.*

**Source:** Health Policy Institute analysis of National Health interview Survey data for 2019. Unpublished. **Note:** Percentages indicate those who reported they did not obtain needed services in the past 12 months due to cost.

# Low-Income Adults Face the Biggest Challenge

Figure 1: Prevalence of Cost Barriers to Dental Care by Age and Income Level



Source: Health Policy Institute analysis of National Health Interview Survey data for 2019. Note: Percentages indicate those who needed dental care but did not obtain it in the past 12 months due to cost. FPL: federal poverty level.

*The most commonly cited barriers to accessing needed dental care all relate to cost.*

*Of any age and income group, low-income adults face the most significant cost barriers to dental care.*

# The Cost to Provide Extensive Dental Coverage

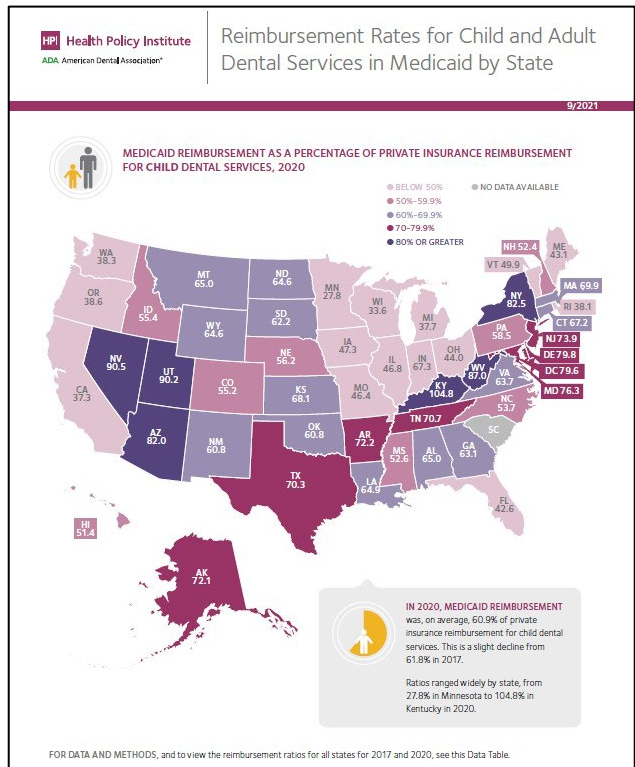
**Table 1:** Estimated Additional Cost of Providing Extensive Medicaid Adult Dental Benefits in All States

	Dental care spending	Medical care savings	Net cost
State share	\$401,474,150	\$100,503,357	\$300,970,792
Federal share	\$707,533,813	\$172,623,476	\$534,910,337
<b>Total</b>	<b>\$1,109,007,963</b>	<b>\$273,126,834</b>	<b>\$835,881,130</b>
<b>Per enrollee per month</b>	<b>\$6.16</b>	<b>\$1.52</b>	<b>\$4.64</b>

**Note:** Table reflects net cost estimates for 28 states combined that currently have no, emergency-only, or limited adult Medicaid dental benefits. Estimates are annual. See Appendix A for full methodology.

*It is important to note that our analysis likely overestimates net costs. We were conservative in our assumptions and we also do not include emergency room cost reductions in our analysis.*

# Medicaid Reimbursement Rate Analysis

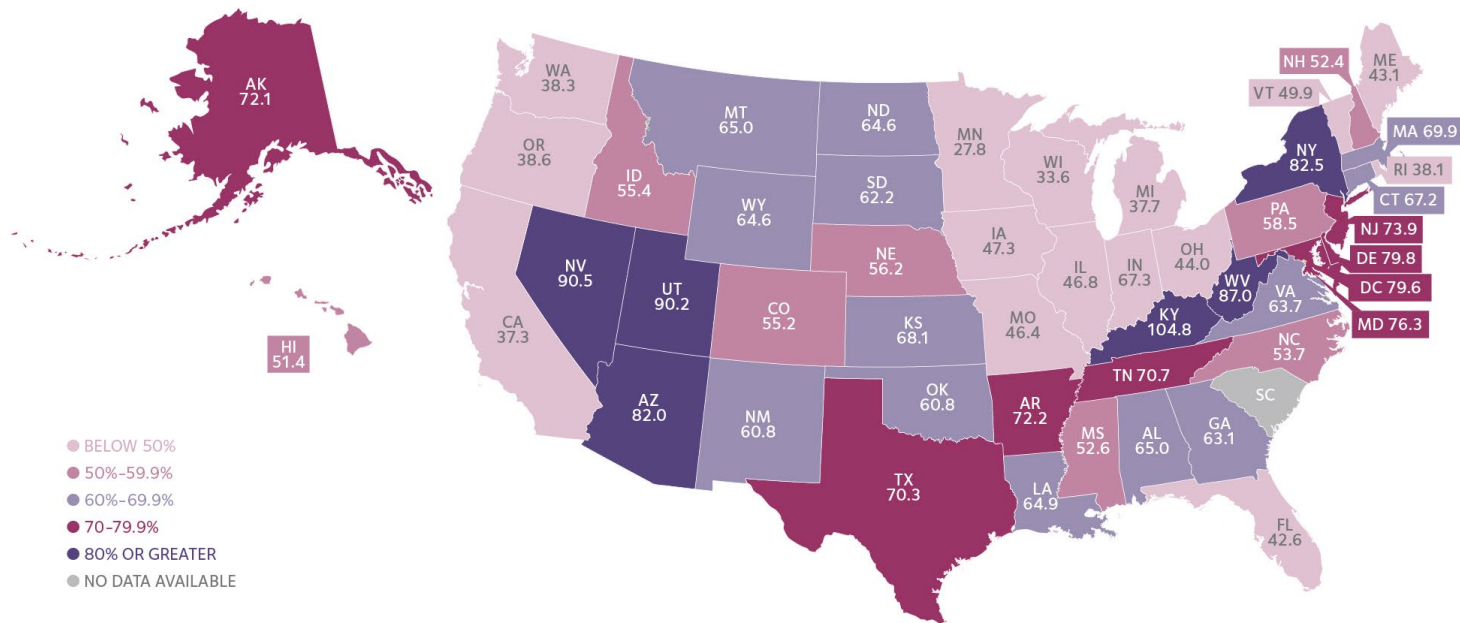


- *Collected Medicaid FFS reimbursement rate data from state Medicaid programs*
- *Obtained private dental insurance reimbursement rate data from the IBM Health MarketScan® Research Databases (IBM)*
- *Analysis is based on the top ten most common procedures among privately insured children and top five most common procedures among privately insured adults*
- *Constructed the measure of Medicaid FFS reimbursement relative to private insurance rates*

# Medicaid Reimbursement Rates



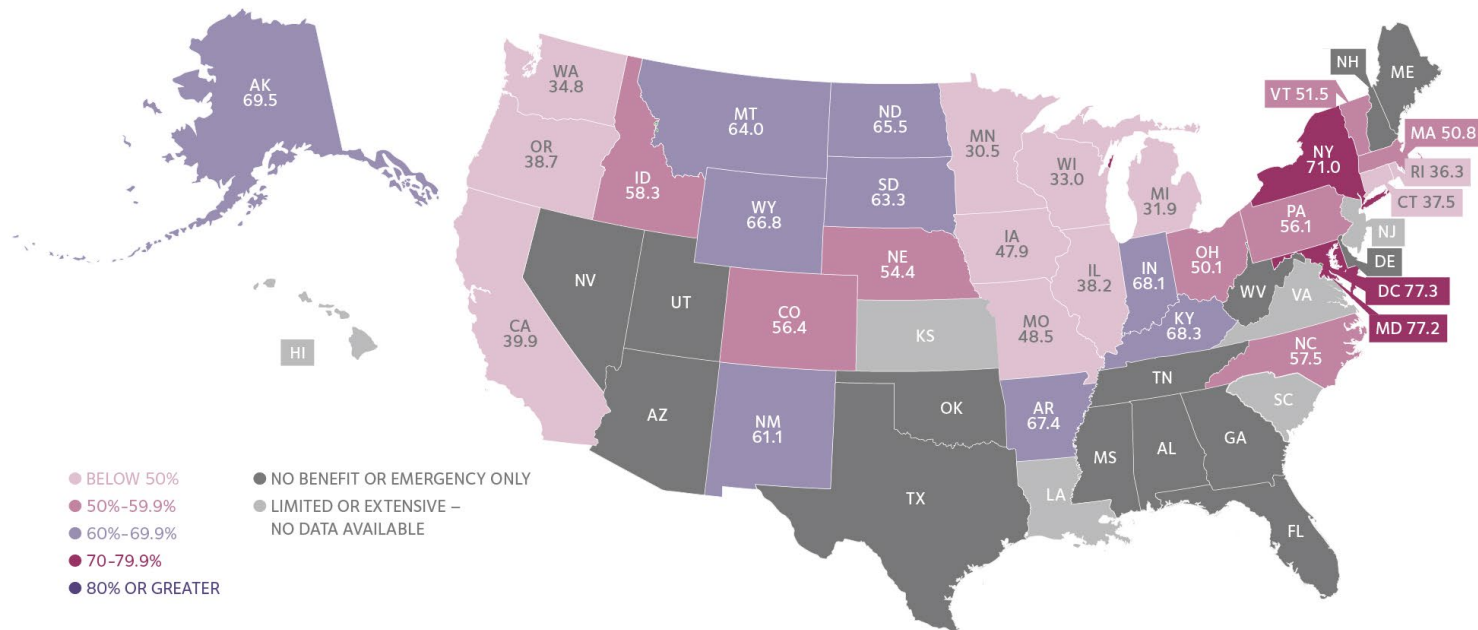
MEDICAID REIMBURSEMENT AS A PERCENTAGE OF PRIVATE INSURANCE REIMBURSEMENT FOR **CHILD** DENTAL SERVICES, 2020



# Medicaid Reimbursement Rates



MEDICAID REIMBURSEMENT AS A PERCENTAGE OF PRIVATE INSURANCE REIMBURSEMENT FOR **ADULT** DENTAL SERVICES, 2020



# Reimbursement Rates



**IN 2020, MEDICAID REIMBURSEMENT** was, on average, 60.9% of private insurance reimbursement for child dental services. This is a slight decline from 61.8% in 2017.

Ratios ranged widely by state, from 27.8% in Minnesota to 104.8% in Kentucky in 2020.



**THE AVERAGE MEDICAID REIMBURSEMENT** among states providing limited or extensive adult dental services was 54.1% of private insurance reimbursement in 2020, an increase from 50.5% in 2017.

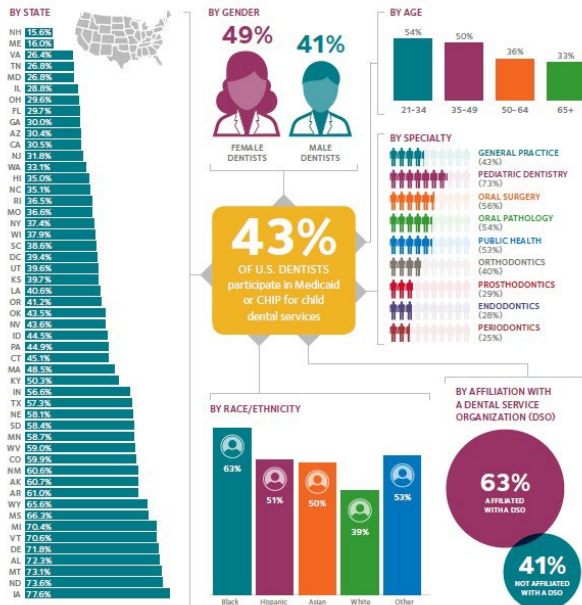
Medicaid reimbursement as a percentage of private insurance reimbursement for adult dental services varied between 30.5% in Minnesota to 77.3% in the District of Columbia.

# Dentist Participation in Medicaid

HPI Health Policy Institute  
ADA American Dental Association

## Dentist Participation in Medicaid or CHIP

AUGUST 2020



Sources: Analysis of the HPI's Office Database maintained by the American Dental Association (ADA) and Issue Kids Now data (2019).  
Note: CHIP is Children's Health Insurance Program. For full methodology, please contact: [hpi@ada.org](mailto:hpi@ada.org)

For more information, visit [ADA.org/HPI](http://ADA.org/HPI) or contact the Health Policy Institute at [hpi@ada.org](mailto:hpi@ada.org).



# Dentist Participation in Medicaid

HPI Health Policy Institute  
ADA American Dental Association\*

## Research Brief

### Dentist Participation in Medicaid: How Should It Be Measured? Does It Matter?

Authors: Marko Vujcic, Ph.D.; Kamyar Naseeh, Ph.D.; Chelsea Fosse, D.M.D., M.P.H.

#### Key Messages

- There is considerable debate on how best to measure dentist participation in Medicaid. In a first-of-its-kind analysis, we use of newly accessible data to measure dentist participation in Medicaid according to different metrics and compare results across states.
- Our results show that different metrics give different conclusions. For example, some states have a wide but shallow pool of Medicaid providers, meaning many dentists are enrolled in the Medicaid program but, on average, see few patients each. Other states have narrow and deep pools of providers, meaning fewer dentists are enrolled providers, but each, on average, sees a high volume of patients.
- Our research does not propose a single best definition of meaningful dentist participation in Medicaid. Rather, it provides different cuts of provider enrollment and patient volume data in a transparent way. Further research will explore which measures matter when it comes to access to dental care.

#### Introduction

Medicaid enrollment hit record levels in 2021.<sup>1</sup> Dentist participation in state Medicaid programs is an important aspect of the dental care safety net meant to serve nearly 75 million covered adults and children. Research suggests there is an association between dentist participation in Medicaid and access to dental care for low-income individuals.<sup>2</sup>

Various criteria have been used to measure dentist participation in Medicaid, including provider enrollment, volume of patients, claims, and share of revenues. Each measure yields different levels and distributions of provider participation. The most meaningful way to measure dentist participation in Medicaid is still under debate.<sup>3,4</sup>

Medicaid is a state-administered health insurance program funded at the federal and state levels for low-income populations. Each state program determines its covered services,

*There is considerable debate on how best to measure dentist participation in Medicaid.*

*In a first-of-its-kind analysis, we use newly accessible Medicaid claims data from almost all states to measure dentist participation in Medicaid according to different metrics, incorporating an analysis of number of patients served.*

*We compare results across states and by dentist race/ethnicity.*

The Health Policy Institute (HPI) is a thought leader and trusted source for policy knowledge on critical issues affecting the U.S. dental care system. HPI strives to generate, synthesize, and disseminate innovative research for policy makers, oral health advocates, and dental care providers.

#### Who We Are

HPI's interdisciplinary team of health economists, statisticians, and analysts has extensive expertise in health systems policy research. HPI staff routinely collaborates with researchers in academia and policy think tanks.

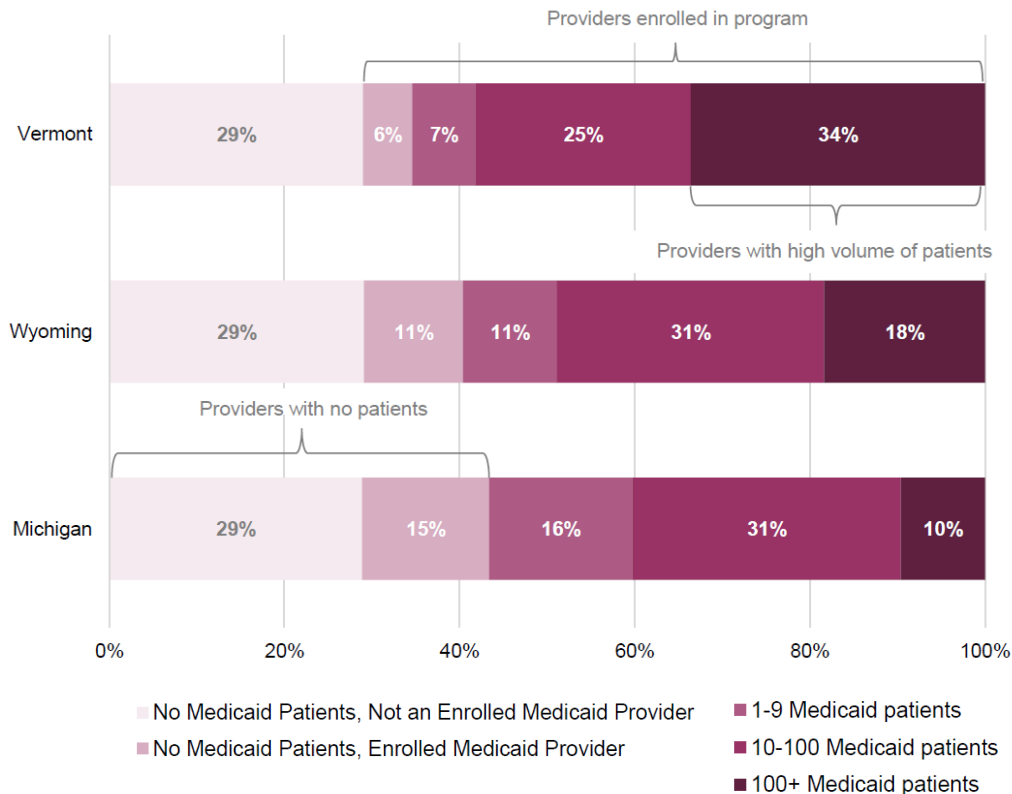
#### Contact Us

Contact the Health Policy Institute for more information on products and services at [hpi@ada.org](mailto:hpi@ada.org) or call 312.440.2928. Follow us on Twitter @ADAHPI.

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October 2021

# Dentist Participation in Medicaid

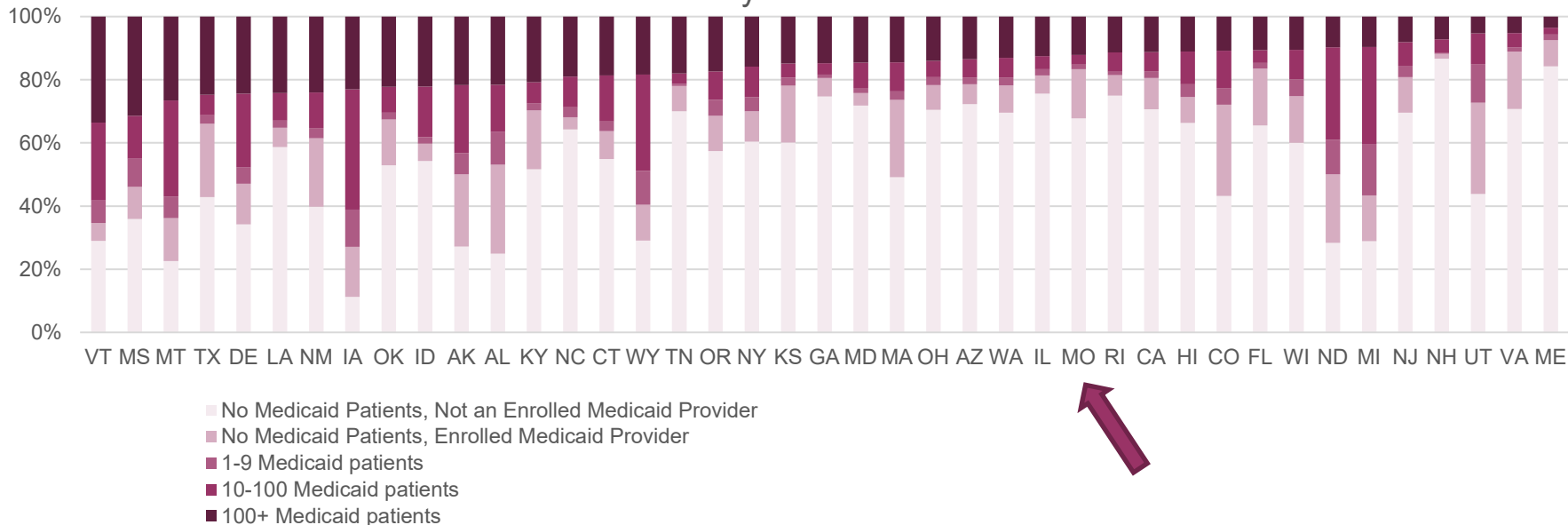


*In each of the three selected states, 71% of dentists were enrolled as providers in their respective Medicaid programs.*

*However, the level of engagement of dentists with Medicaid patients varied drastically.*

# Dentist Participation in Medicaid

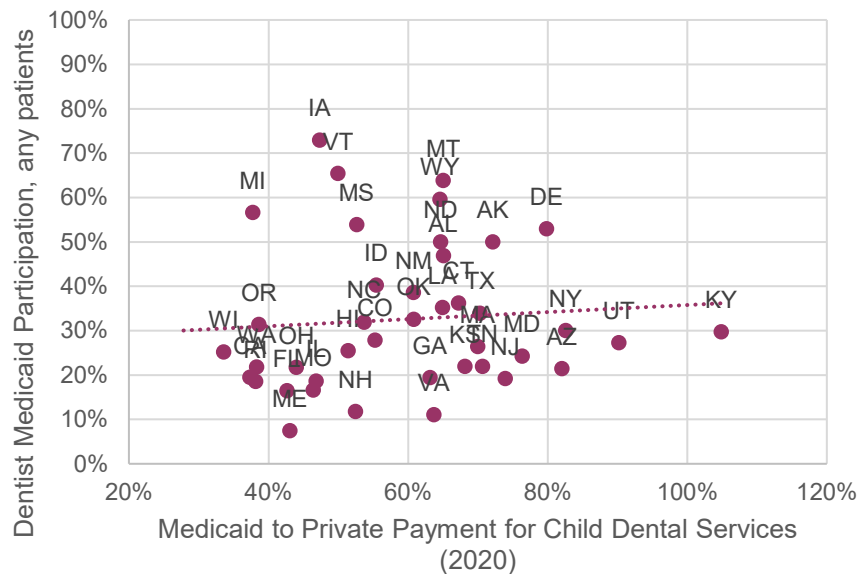
Distribution of Dentists by Number of Medicaid Patients



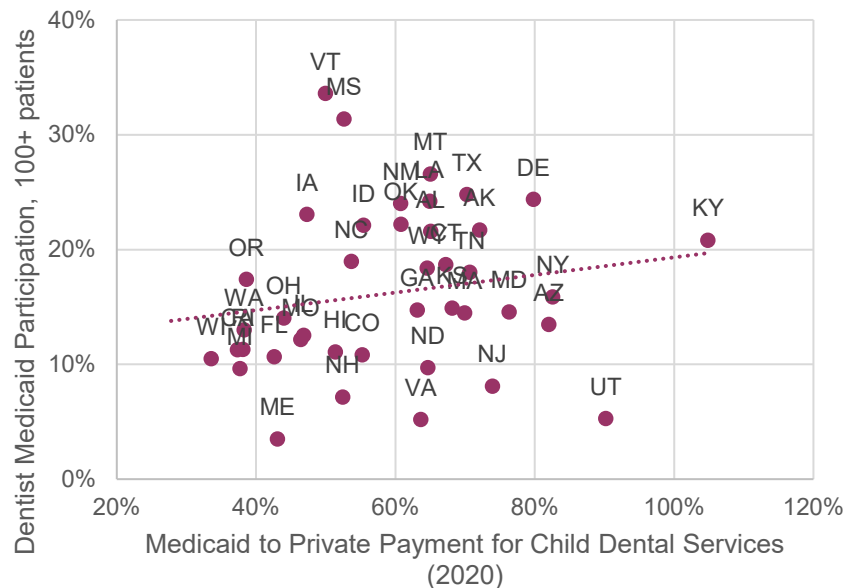
*This depiction of Medicaid engagement by volume of patients allows policymakers, including state Medicaid officials, to compare states using consistent yet flexible definitions of participation.*

# Dentist Participation vs. Medicaid Reimbursement

Dentist Medicaid Participation (any patients)  
vs. Medicaid-to-Private Payment Rate



Dentist Medicaid Participation (100+ patients)  
vs. Medicaid-to-Private Payment Rate



# Key Takeaways

- Practice consolidation will continue to accelerate.
- The demographics of the dentist workforce are shifting. A higher share of practicing dentists are female. The racial mix of the dentist workforce does not reflect the U.S. population, but it has become less White over time.
- Staffing shortages and inflation / rising costs were the top concerns among dentists in early 2022. Staffing shortages have caused an estimated 11% reduction in practice capacity. Recruitment challenges cited by dentists include not receiving enough applications, underqualified applicants, and applicant requirements for wages and benefits.
- Schedules in dental practices were about 83% full on average in February, an increase from 77% in January. Gaps are most commonly due to patient cancellations and low patient demand.
- Dentists' confidence in their practices and the dental care sector rebounded slightly in February, from the omicron-associated low in January, but most remain wary of U.S. economic recovery.
- There are significant opportunities to improve access to dental care and reduce disparities in oral health robust dental programs in Medicaid. Dentist engagement in Medicaid programs and reimbursement rate analyses offer solid starting points for improving programs for providers *and* beneficiaries.

# Thank You!

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[hpi@ada.org](mailto:hpi@ada.org)



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