Appendix F

2010 SURVEYS OF ACTIVELY LICENSED

DENTISTS AND DENTAL HYGIENISTS IN NEW HAMPSHIRE

Executive Summary of Findings

In February of 2010, Bi-State Primary Care Association (BSPCA), in partnership with the State of New Hampshire's Department of Health and Human Services, undertook a project to survey Dentists and Dental Hygienists in the state of New Hampshire. The goal of the surveys was to explore issues related to the current and future dental workforce in the state, including issues of provider demographics, practice patterns, practice structure, compensation, reimbursement, motivations, and accessibility.

The surveys followed on a similar pair of surveys conducted in 2004, with comparisons between results being a goal where the surveys overlapped. The two current surveys were implemented and analyzed by the Community Health Institute / JSI under contract to BSPCA. Based on lists obtained from the New Hampshire Board of Dental Examiners, surveys were sent to all actively licensed dentists with a valid mailing address (996 total), and a random sample of 600 of the 1,269 actively licensed hygienists with valid mailing address. The response to the dentist and dental hygienist surveys were 51% (495 responses) and 59% (347 responses) respectively, correcting the sample for a small number of undeliverable surveys in both mailings. In addition to the survey results, a crosswalk of the entire licensing list in 2004 and 2009 was also conducted to examine trends in the underlying pool of licensed providers that form the survey universe. While the dentist crosswalk provided useful insights, the hygienist crosswalk identified gaps in the 2004 license list that did not allow for a similar analysis.

Examining the results of the two surveys collectively, the findings point to a dental workforce that is likely to experience significant changes in the coming years. The most notable issue was the aging of the dentist workforce, where nearly half of the respondents were over age 55, and nearly 40% reported and intent to leave practice within the coming 10 years. Both of these findings represent notable increases in the proportion of dentists in these categories compared to 2004, since which time the total pool of actively licensed dentists has already fallen by 15% as the number of newly licensed dentists in the state lagged behind the number that had dropped off the licensure list.

Further limiting workforce, an increased portion of dentists now work part time (27%) compared to 2004; an effect seen primarily in dentists nearing the end of their practice years. The likelihood of retirement within 10 years seems relatively similar for general/pediatric dentists and for specialists. The issue of dentist shortage is likely to impact the rural areas of the state first, however, as these areas already have proportionally fewer dentists compared to the population and those located in rural areas are considerably older than those in non-rural areas. Still less than 10% of dentists overall reported that they felt there is a shortage of dentists in their community. Here too, rural dentists were four to five times as likely to feel there was a shortage (15-20% compare

to 4% in non-rural areas). Over 96% of dentists statewide still report that their practice is accepting new patients each month.

By contrast, the state's hygienist workforce is considerably younger than that of the dentists, and has been in practice for fewer years. Only one quarter of hygienists are over age 55 – half the proportion amongst dentists, and they are less likely to report a plan to leave practice in the next 10 years. There appears to have been an influx of hygienists licensed in NH within the past 10 years, representing nearly 27% of the workforce; however, the actual change in total licensed hygienists cannot be calculated due to issues with the 2004 list as noted above.

Amongst hygienists, the desire to practice independently from dentists and to have a separate licensing board was expressed in a number of open ended comments. This may also be reflected, to some degree, in the greater proportion of hygienists than dentists that perceive a shortage of dentists in their community. At present, very few hygienists (less than 4%) feel there is a shortage in their own profession. Many of the hygienists' open-ended comments suggested that market saturation was more of an issue in terms of limited employment options, lack of benefits, and falling pay. Fifteen percent (15%) of hygienists reported working less hours than they would like to, jumping to 21% for the nearly half of hygienists that work a part time schedule. Over 90% of General/Pediatric dentist's practices, and nearly 30% of specialty practices, currently employ hygienists to some degree.

It is also notable that female providers represent an increasing portion of the dental workforce and this is likely to accelerate in the coming years. Over 20% of current dentists are female, up from 16% in 2004, and the female portion of the workforce is much younger. Nearly 55% of male dentists are over the age of 55, compared to just 22% of female dentists. This will shift the gender distribution of dentists sharply as dentist retirement accelerates in the next decade. Nearly 100% of current hygienists are female.

Most of the state's dental workforce is based around the private practice model, representing the primary practice setting for approximately 92% of both dentists and dental hygienists. Also, most of the capacity of the dental workforce is dedicated to direct patient care, representing 91% of total dentist hours and 93% of hygienist hours. Many providers engage in other professional activities but they represent a small amount of total professional time. For example, although nearly 40% of dentists and 27% of hygienists spend some of their time on community education and outreach, this represents less than 2% of reported time worked for both groups. Many also reported providing education and outreach on a volunteer basis.

Understanding the factors that influence the initial and long-term attractiveness of the dental profession is a key factor in shaping the workforce available. Hygienists were asked about their motivations for entering the field of dental hygiene, and the largest proportion (42%) selected the sense of service and helping people as the primary factor in their decision. Similarly, working with patients and their families was the most positive motivation for staying in the field of hygiene. Job flexibility was the next most commonly cited reason for entering dental hygiene, but earnings potential was the second most positive factor for staying in the field. Just over half of full-time hygienists (53%) earn between $40,000 and $60,000, with most of the remaining group (43%) earning over $60,000. Availability of various types of benefits were also examined.

Almost no hygienists cited good benefits as a reason for entering the field and it had a net neutral effect on their desire to remain in the profession. Looking at the specific benefits offered, a question asked of both dentists and hygienists, the two groups ranked benefits available in a similar order, though hygienists perceived a lower rate of availability in most comparable benefit categories within their practice compared to dentists. This is likely the result of many hygienists being employed on a part time basis for which benefits may not be offered even if that benefit is offered within the practice overall. Paid holidays and paid vacation were the two most common benefits offered. Retirement contributions were offered to just over 60% of hygienists – the second most common benefit (the category was not asked specifically of dentists). Health and dental insurance and paid sick time showed the greatest differences in availability between dentists and hygienists. It is also notable that disability insurance was available to only 16% of both dentists and hygienists through their practice, in spite of issues related to the physical demands of the job and concerns over injury and disability being frequently cited, particularly amongst hygienists. The physical demands of the profession was one of two factors that had a net negative impact on hygienists' overall desire to stay in the profession, along with the perceived opportunity for promotion and advancement.

Another set of key factors related to understanding and shaping the dental workforce are issues related to the pipeline of providers. This can be examined in terms of geographic origin, training, and ultimately the decision to practice in New Hampshire. Both dentists and hygienists were asked about these factors, with notably different results between the professions. Dental Hygienists are far more likely to be born in the state compared to dentists, with New Hampshire natives accounting for 41% of hygienists (the largest portion) compared to just 15% of dentists, amongst whom the state ranked third behind those born in Massachusetts and New York. Similarly, only 14% of dentists completed their undergraduate degree in New Hampshire.

This can best be compared to the proportion of hygienists that completed their dental hygiene degree in the New Hampshire, in that most hygienists have an Associate's (76%) or Bachelor's (20%) level education and there is no clinical training venue for dentists in the state. Again one sees a much greater proportion of hygienists, 45%, earning their degree in New Hampshire. New Hampshire relies most heavily on Massachusetts in terms of the clinical training of its dentists, with nearly 40% of the state's dentists completing their dental degree there. Of those that completed a dental residency program, again the largest group, over one quarter, did so in Massachusetts. A significant proportion of both dentists and dental hygienists with active New Hampshire licenses also maintain active license status in Massachusetts, representing 26% and 21% of the provider groups respectively.

When asked what was the initial reason for coming to New Hampshire to practice, personal connections to the state/region was the dominant factor for both dentists (48%) and hygienists (66%). Dentists were far more likely to cite professional reasons for coming to the state, with practice environment and professional opportunities accounting for nearly 40% of dentists, compared to less than half that proportion (19%) of hygienists.

Beyond the size and nature of the workforce, financial access is an important factor in determining the availability of dentists. Dentists were asked about the proportional payor mix of their practice within several distinct payor categories based on the percent of patients seen. Nearly 90% of dentists reported accepting both private insurance and self-pay patients paying full charges, with these two payor classes accounting for 80% of all patients seen (54% and 26% respectively). For those without insurance and unable to pay, financial access is typically obtained either through Medicaid, for those that qualify, or dentists accepting discounted payment, asked in terms of a formal sliding fee arrangement. While 48% of dentists reported accepting Medicaid to some degree, this accounted for only 8.4% of patients seen. Similarly, 17% of dentists reported that a portion of their patients were seen under a sliding fee discount arrangement, but this represented just 2.5% of patients seen.

The rates of insurance acceptance and the overall payor mix was relatively similar between General/Pediatric dentists and dental specialists. Looking just at general dentists that also report seeing children under 1 for their first dental exam, it is encouraging that a much greater proportion (78%) report accepting Medicaid. It is also notable that rural parts of the state have different financial access issues than the non-rural areas. Rural dentists accept private insurance at similar rates to non-rural dentists, but this represents a much smaller portion of total patients in rural areas. Conversely, self pay patients represent a greater portion of total patients in rural areas despite similar or lower rates of acceptance of full self pay in rural areas. Dentists in the more rural parts of the state are far more likely to accept Medicaid and sliding fee compared with those in non-rural areas and see somewhat more Medicaid patients as a proportion of the total.

The results of the survey highlight both the challenges and potential opportunities and solutions that lie ahead in terms of New Hampshire's dental workforce and access to dental services. While it appears that the state faces a coming wave of retirement amongst the aging pool of dentists currently practicing in the state, the results also point to opportunities in terms of increasing the proportion of dentists cultivated within the state's population and pool of undergraduates, and highlighting factors that ultimately influence dentists to practice here in the future. Also, the dentist workforce can be supplemented by the pool of dental hygienists, many locally born and trained that appear eager to expand their practice opportunities and role in the dental care available. Cultivating this opportunity, however, may require rethinking the relationship between dentists and hygienists, and the employment arrangements, benefit structure, and physical environment under which they work. Also, considering factors that improve the geographic distribution of dental workforce within the state and increase the diversity of practice settings and payment options may help to alleviate issues in the rural areas likely to feel the greatest short-term impact regarding the dental workforce.