



A profession in transition

Marko Vujicic, Hilton Israelson, James Antoon,
Roger Kiesling, Thomas Paumier and Mark Zust

JADA 2014;145(2):118-121

10.14219/jada.2013.40

The following resources related to this article are available online at jada.ada.org (this information is current as of February 3, 2014):

Updated information and services including high-resolution figures, can be found in the online version of this article at:

<http://jada.ada.org/content/145/2/118>

Information about obtaining **reprints** of this article or about permission to reproduce this article in whole or in part can be found at: <http://www.ada.org/990.aspx>

Editorials represent the opinions of the authors and not necessarily those of the American Dental Association.

GUEST EDITORIAL

A profession in transition

Marko Vujcic, PhD; Hilton Israelson, DDS; James Antoon, DMD; Roger Kiesling, DDS; Thomas Paumier, DDS; Mark Zust, DDS

Dentistry is a profession in transition. Important economic, demographic and political forces are colliding to reshape the practice environment for America's dentists. To better understand the potential changes on the horizon, the American Dental Association (ADA) recently carried out a comprehensive, future-oriented analysis of the dental care sector as part of the 2015-2020 strategic plan development process.¹ This first-of-its-kind analysis drew on research carried out by health care consulting firm Diringer and Associates, various external consultants and the ADA's Health Policy Resources Center. Researchers investigated a wide variety of topics over a period of several months. To help identify the most pressing environmental factors that need to guide the ADA's strategic plan and to assist in a "what does it all mean for dentistry" discussion, a group of external thought leaders with diverse backgrounds and perspectives were asked to share their insights at a two-day conference. The full report, *A Profession in Transition*,¹ was released in August 2013. This is an executive summary of the key findings.

One of the most important findings is that utilization of dental care is declining among working-age adults, particularly the young and the poor, and that this trend is unrelated to the recent economic downturn.

LOOKING BACK

Several important structural changes have occurred in the dental care sector in recent years. Structural changes are those that are driven by changes in the underlying behaviors of various groups—including patients, dentists and payers—and are distinct from cyclical changes that are driven simply by economic cycles.

One of the most important findings is that utilization of dental care is

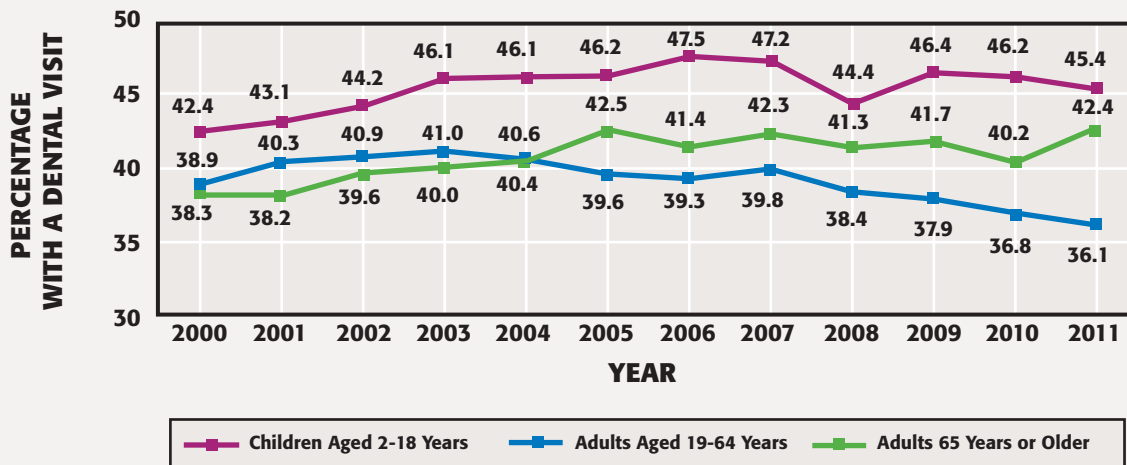


Figure 1. Percentage of the population with a dental visit in the past 12 months. Source: Nasseh and Vujicic.²

declining among working-age adults, particularly the young and the poor, and that this trend is unrelated to the recent economic downturn. Figure 1² shows that in the early 2000s, well before the Great Recession, dental care use among working-age adults began to fall. More in-depth analysis shows that this decline is occurring among all income groups and among those with private dental benefits, public dental benefits and no insurance. In other words, it is widespread among this age group. In contrast, dental care utilization among children has increased over the past decade. Unlike for adults, the gains among children are being driven entirely by the

Other factors are demographic shifts in the population—namely, an increase in the share of the adult population that is Hispanic—and sluggish household incomes.

Unlike for adults, the share of children lacking dental benefits has declined steadily. This decrease is due to an expansion of Medicaid coverage, which mandates extensive dental benefits for children. Combined with other reforms, this change has helped drive increased utilization of dental care among low-income children.

One of the most troubling developments in access to dental care this past decade has been the increase in hospital emergency room (ER) use for dental conditions.

The trend toward larger, consolidated multisite practices is expected to continue, driven by changes in the practice patterns of new dentists, a drive for efficiency and increased competition for patients.

lower-income groups. Dental care use among seniors is also on the upswing. Dental care utilization patterns in America are clearly changing, and they are changing in very different ways for children and for adults.

There are numerous reasons that could have caused adult dental care use to decrease and children’s dental care use to increase over the past decade. The research revealed that shifting dental benefits patterns is one major driver. Dental benefits coverage for adults has eroded steadily during the past decade, again particularly among young and poor adults. The share of the adult population covered by private dental benefits has been falling gradually. Most states provide only limited adult dental benefits through Medicaid, and there has been an overall scaling back of these voluntary benefits over the past decade. As a result, the share of adults who have no form of dental benefits has increased slowly, and this turns out to be a major factor driving reduced dental care utilization.

Between 2000 and 2010, the number of these ER visits has doubled, from about 1 million per year to just over 2 million.³ This increase has been driven almost entirely by young adults. ER use for dental conditions—which is wasteful and expensive and which often simply relieves pain and not the underlying conditions—costs the health care system up to \$2 billion per year.³

The shifting patterns of dental care utilization have had a major effect on dental practices and dental care spending in the United States. National dental spending slowed considerably in the early 2000s and has been flat since 2008, with public financing accounting for an increasing share.⁴ Although the most recent data cover only two years after the Great Recession, they suggest strongly that dental spending is not rebounding. The average net income of dentists also slowed and then declined considerably beginning in the mid-2000s (Figure 2⁵). Average net income has stabilized since 2009 but

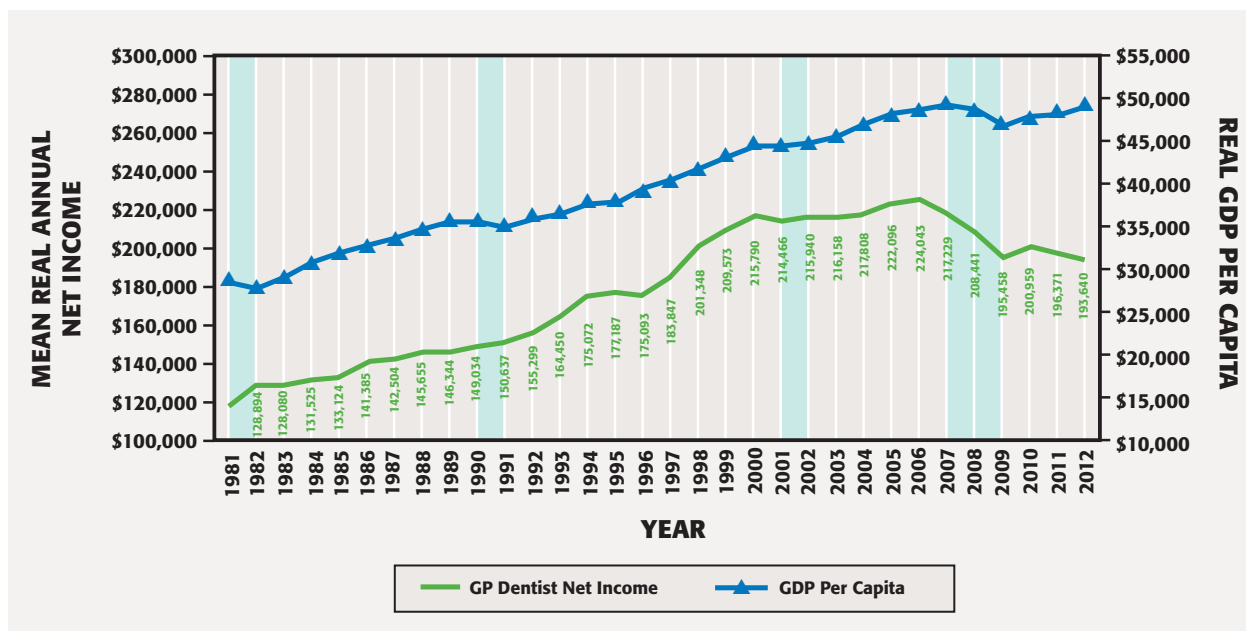


Figure 2. Average inflation-adjusted annual net income for general practitioner (GP) dentists. The blue bars denote recession years according to the National Bureau of Economic Research. Gross domestic product (GDP) is deflated using the GDP deflator. Net income is deflated using the all-item consumer price index. All values are shown in constant 2012 dollars. Source: Vujcic and colleagues.⁵

does not appear to be rebounding, despite three years of economic recovery.

LOOKING FORWARD

The coming years will bring to the dental profession considerable change, substantial challenges and new opportunities as well. Various modeling scenarios indicate that if current trends continue, dental spending will remain fairly flat in the coming decades. The increased dental care use and dental spending among seniors and children is predicted to be outweighed, in aggregate, by declining dental care use and spending among working-age adults. This “new normal” under the status quo is a stark departure from decades of historically robust growth in the dental economy.

For a variety of reasons, dental benefits could continue to erode for adults, which would further negatively influence dental care utilization. This situation is in part due to the Affordable Care Act’s (ACA’s) not having any specific provisions directly related to adult dental benefits. Future coverage rates will depend very closely on how employers and individuals behave now that the health insurance marketplaces have been launched. The rates also will depend on state policies concerning adult dental benefits, which remain voluntary but are eligible for the enhanced federal match provided through the ACA in states that decide to expand Medicaid eligibility. The fact that only 11 states provide what could be considered comprehensive adult dental benefits through Medicaid means that expanded Medicaid eligibility—a

BOX

Key characteristics of tomorrow’s dental practice environment.*

- Provider consolidation is likely to continue
- Growth in large, multisite practices is likely to continue
- Interest in midlevel providers is likely to continue
- Commercial plans increasingly will use selective networks and will demand increased accountability
- Premium will be placed on good practice management

* Source: Diringer and colleagues.⁷

key tenet of the ACA—will not have a major impact on reducing the number of adults who lack dental benefits in the United States.

In contrast, the ACA is expected to expand the number of children with dental benefits. Research carried out in 2012 indicates that up to 8.7 million children are expected to gain dental benefits by 2018 as a result of the Act, with roughly one-third of these children gaining Medicaid dental benefits and two-thirds gaining private dental benefits.⁶ This expansion would reduce the number of uninsured children in the United States by approximately 55 percent. However, since this analysis was done, the way the ACA is being implemented has watered down its impact on dental benefits coverage for children. As a result, this estimate of the additional number of children expected to gain coverage should be

viewed as an upper bound. More broadly, the Act does not address many of the critical access-to-care issues for either children or adults.

Depending on how medical and dental plans evolve within the health insurance marketplaces, the coming years also may affect how dental benefits are provided—namely, whether they are stand-alone benefits or embedded as part of a medical plan. There is tremendous uncertainty at this stage, and it is important to monitor this situation closely going forward.

On the care delivery side, there will be pressure to increase value and reduce costs, and this pressure will come from all three main payers—governments, employers and individuals. It will be driven by a shift toward value-based payments within both public and private plans and a new wave of health care consumerism among the population. Tomorrow's patients will be seeking more value from their health care providers, dentists included. The trend toward larger, consolidated multisite practices is expected to continue, driven by changes in the practice patterns of new dentists, a drive for efficiency and increased competition for patients. The pressure to reduce costs also will drive innovation, including exploring alternative models of care delivery. Today, solo practice still remains the main practice arrangement for dentists, but this is changing. The percentage of dentists who are in solo practice is declining steadily, and this trend is expected to continue (Box⁷).

A longer-term potential effect of the changing U.S. health care system is that the coming years will bring increased coordination of care among various health care professionals. This will provide an opportunity to bridge the gap between dental care and primary care and between oral and whole-body health. Tomorrow's health care environment also will provide an opportunity to re-examine the role of oral care providers within the health care system. According to the ADA Health Policy Resources Center, in any given year 27 million Americans visit a dentist but do not see a physician. Another 108 million visit a physician but do not see a dentist, including more than 60 percent of children aged 1 through 4 years. There will be new opportunities to raise the profile of oral health and, potentially, to engage dentists in primary care networks through increased interprofessional collaboration.

FROM ANALYSIS TO ACTION

This is a critical moment for dentistry and a time for the profession to define its destiny. Given the profound environmental changes on the horizon, this is a watershed moment for the profession. It is not a time for complacency. Ignoring what is happening in the health and consumer environment will mean ceding the future of the profession to others. This environmental scan, through

its thoughtful, objective empirical research, has provided key information needed to help shape a strategy for the challenges ahead and for charting a course for the dental profession. The ADA is in the process of developing a strategic plan that will outline key actions to help dentists navigate this new environment and to help advance the oral health of the public. ■

doi:10.14219/jada.2013.40

Dr. Vujcic is the managing vice president, ADA Health Policy Resources Center, American Dental Association, 211 E. Chicago Ave., Chicago, Ill. 60611, e-mail vujcicm@ada.org. Address correspondence to Dr. Vujcic.

Dr. Israelson is a periodontist in private practice in Frisco, Texas, and an associate clinical professor, Baylor College of Dentistry, Texas A&M University, Dallas. He also represents the Fifteenth District on the American Dental Association Board of Trustees and chairs the ADA's Strategic Planning Steering Committee.

Dr. Antoon is a periodontist in private practice in Rockledge, Fla. He also represents the Seventeenth District in the American Dental Association House of Delegates, is a member of the ADA's Strategic Planning Steering Committee and serves on the Florida Dental Association Board of Trustees.

Dr. Kiesling is a private practitioner in Helena, Mont. He also represents the Eleventh District on the American Dental Association Board of Trustees and is a member of the ADA's Strategic Planning Steering Committee.

Dr. Paumier is a private practitioner and a member of the faculty of the general practice dental residency program, Mercy Medical Center, Canton, Ohio. He also is a member of the American Dental Association Council on Members Insurance and Retirement Programs, a member of the ADA's Strategic Planning Steering Committee and president-elect of the Ohio Dental Association.

Dr. Zust is a general dentist, Family Dentistry of St. Peters, St. Peters, Mo. He also represents the Sixth District on the American Dental Association Board of Trustees and is a member of the ADA's Strategic Planning Steering Committee.

Disclosure. None of the authors reported any disclosures.

The authors thank the following thought leaders for their participation in the conference that helped shape the report *A Profession in Transition*: Dr. Howard Bailit, University of Connecticut Health Center, Farmington; Dr. Ira Lamster, Columbia University, New York City; Dr. Roger Levin, Levin Group, Owings Mills, Md.; Dr. Anthony LoSasso, University of Illinois at Chicago; Dr. Matthew Messina, Fairview Park, Ohio; Mr. Steve Thorne, Pacific Dental Services, Irvine, Calif.

1. American Dental Association. A profession in transition: key forces reshaping the dental landscape. www.ada.org/escan. Accessed Dec. 13, 2013.

2. Nasseh K, Vujcic M. Dental care utilization continues to decline among working-age adults, increases among the elderly, stable among children. Health Policy Resources Center Res Brief 2013 October. www.ada.org/sections/professionalResources/pdfs/HPRCBrief_1013_2.pdf. Accessed Dec. 13, 2013.

3. Wall T, Nasseh K. Dental-related emergency department visits on the increase in the United States. Health Policy Resources Center Res Brief 2013 May. http://www.ada.org/sections/professionalResources/pdfs/HPRCBrief_0513_1.pdf. Accessed Jan. 7, 2014.

4. Vujcic M. National dental expenditure flat since 2008, began to slow in 2002. Health Policy Resources Center Res Brief 2013 March. www.ada.org/sections/professionalResources/pdfs/HPRCBrief_0313_1.pdf. Accessed Jan. 7, 2014.

5. Vujcic M, Munson B, Nasseh K. Despite economic recovery, dentist earnings remain flat. Health Policy Resources Center Res Brief 2013 October. www.ada.org/sections/professionalResources/pdfs/HPRCBrief_1013_4.pdf. Accessed Dec. 13, 2013.

6. Nasseh K, Vujcic M, O'Dell A. Despite economic recovery, dentist earnings remain flat. Health Policy Resources Center Res Brief 2013 April. www.ada.org/sections/professionalResources/pdfs/HPRCBrief_0413_3.pdf. Accessed Dec. 13, 2013.

7. Diringer J, Phipps K, Carsel B. Critical trends affecting the future of dentistry: assessing the shifting landscape. Prepared for American Dental Association. May 2013. www.ada.org/sections/professionalResources/pdfs/Escan2013_Diringer_Full.pdf. Accessed Dec. 20, 2013.