Dentistry at a Crossroads

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The Washington Post
A dental visit can cost you, but a delay can hurt your teeth and budget even more

FOX NEWS
The main reason people avoid the dentist isn’t fear

The Washington Post
THE PAINFUL TRUTH ABOUT TEETH
You can work full time but not have the money to fix your teeth – visible reminders of the divide between rich and poor

USA TODAY
Chew on this: Dental coverage gives protection within limits

The Atlantic
Education Doesn’t Solve the Gender Pay Gap
For women in professions that require advanced degrees, such as dentists and physicians, discrepancies in pay are becoming harder to explain.

CNN
Stopped flossing? Teeth still vital to overall health

Forbes
Why Some Millennials Aren’t Smiling: Bad Teeth Hinder 28% In Job Search

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The Economy

Economic growth continues, with gains among the middle class.
The Dental Economy

Figure 1 – Total U.S. Dental Expenditures ($ millions)
The Dental Economy

Figure 2: National Dental Expenditures per Capita (in constant 2015 dollars)

The Dental Economy

Figure 4: Distribution of Overall Health Expenditures by Source of Financing

Figure 5: Distribution of Dental Expenditure by Source of Financing
Medicaid just became the top payer for emergency room visits for dental conditions.
The Dental Economy

Figure 6: National Dental Expenditures per Capita by Source of Financing (in constant 2015 dollars)

Dental Care Utilization

PERCENTAGE OF POPULATION WHO VISITED A GENERAL DENTIST IN THE PAST 12 MONTHS
- **CHILDREN**
- **ADULTS**
- **SENIORS**

Source/Notes: Based on Health Policy Institute analysis of Medical Expenditure Panel Survey data. Children are ages 2 to 18, adults are ages 19 to 64 and seniors are ages 65 and older. CHIP is the Children’s Health Insurance Program. This is an update of previously published research. Detailed methodology is available at [http://bit.ly/2xsLtoY](http://bit.ly/2xsLtoY). Changes from 2014 to 2015 by age group were not statistically significant.
Dental Care Utilization

THE GAP IN DENTAL CARE USE between low-income and high-income children has narrowed in recent years. For seniors it has widened.

PERCENTAGE OF POPULATION WHO VISITED A GENERAL DENTIST IN THE PAST 12 MONTHS – BY POVERTY LEVEL

Source/Notes: Based on Health Policy Institute analysis of Medical Expenditure Panel Survey data. Children are ages 2 to 18, adults are ages 19 to 64 and seniors are ages 65 and older. CHIP is the Children’s Health Insurance Program. This is an update of previously published research. Detailed methodology is available at http://bit.ly/2xsLtoY. Changes from 2014 to 2015 by age group were not statistically significant.
Medicaid expansion under the Affordable Care Act increased dental care use among low-income adults by 3 to 6 percentage points.
Dental Benefits Coverage

In 2015, 10.3% of children had no form of dental benefits coverage. This is the lowest level ever and down from 15.8% in 2010.

Source/Notes: Based on ADA Health Policy Institute analysis of Medical Expenditure Panel Survey data. Children are ages 2 to 18, adults are ages 19 to 64 and seniors are ages 65 and older. This is an update of previously published research. Detailed methodology is available at http://bit.ly/2w3IlUp. Changes from 2014 to 2015 by age group were not statistically significant. An estimate of the proportion of seniors in the ‘Medicaid with Dental Benefits’ category or ‘No Dental Benefits’ is not available.
Dental Benefits Coverage: Children

Source: Health Policy Institute analysis of the Medical Expenditure Panel Survey, AHRQ. Notes: All changes from 2000 to 2015 were statistically significant at the 1% level. Changes from 2014 to 2015 were not statistically significant.
Dental Benefits Coverage: Adults 19 to 64

Source: Health Policy Institute analysis of the Medical Expenditure Panel Survey, AHRQ. Notes: Changes for public statistically significant at the 5% level (2014-2015). Changes for uninsured statistically significant at the 1% level (2014-2015). Changes from 2000 to 2015 for public and uninsured statistically significant at the 1% level.
Dental Benefits Coverage

Medicaid expansion led to 5.4 million low-income adults gaining dental coverage.
Cost Barriers to Dental Care

Reasons for Not Visiting the Dentist More Frequently, Among Those Without a Visit in the Last 12 Months

- **Cost**: 56%
- **Afraid of Dentist**: 29%
- **Inconvenient Location or Time**: 18%
- **Trouble Finding a Dentist**: 13%
- **No Original Teeth**: 5%
- **No Perceived Need**: 16%
- **No Reason**: 7%
- **Other**: 7%
Cost Barriers to Dental Care

Cost is the top reason regardless of income, age, or source of dental benefits.

Trouble finding a dentist is a close second among adults with Medicaid dental benefits.
Cost Barriers to Dental Care

PERCENTAGE OF POPULATION REPORTING THEY NEEDED BUT DID NOT OBTAIN SELECT HEALTH CARE SERVICES DURING THE PREVIOUS 12 MONTHS DUE TO COST, 2016

- DENTAL CARE: 8.9%
- PRESCRIPTION DRUGS: 5.3%
- MEDICAL CARE: 5.0%
- EYEGLASSES: 4.8%
- MENTAL HEALTH SERVICES: 1.7%

Source/Notes: Based on Health Policy Institute analysis of 2000-2016 National Health Interview Survey data. This is an update of previously published research. Detailed methodology is available at [http://bit.ly/2hf0U2t](http://bit.ly/2hf0U2t). For adults ages 19-34, the change from 2013 to 2016 was statistically significant at the 5% level. For all other age groups, changes were not statistically significant. Changes from 2013 to 2016 by income level were not statistically significant. Children are ages 2 to 18, adults are ages 19 to 64, and seniors are ages 65 and older. FPL is Federal Poverty Level.
Cost Barriers to Dental Care

EXHIBIT 1

Percentages of National Health Interview Survey respondents who did not get selected health care services they needed in the past 12 months because of cost, by age group, 2014

- Dental care
- Medical care
- Prescription drugs
- Eyeglasses
- Mental health care

**Age group (years)**

- 2-18
- 19-64
- 65 and older

**Source**: Authors’ analysis of data for 2014 from the National Health Interview Survey. **Notes**: The sample consisted of 50,077 respondents. For all age groups, the difference between dental care and medical care not obtained was significant (p < 0.05).
Cost Barriers to Dental Care

REPORTING COST BARRIERS TO DENTAL CARE BY AGE GROUP

Source/Notes: Based on Health Policy Institute analysis of 2000-2016 National Health Interview Survey data. This is an update of previously published research. Detailed methodology is available at http://bit.ly/2hFQzJt. For adults ages 19-34, the change from 2015 to 2016 was statistically significant at the 5% level. For all other age groups, changes were not statistically significant. Changes from 2015 to 2016 by income level were not statistically significant. Children are ages 2 to 18, adults are ages 19 to 64, and seniors are ages 65 and older. FPL is Federal Poverty Level.
A New Normal for Young Adults?
A Growing Market for Kids and Seniors?

**Ages 2 to 18**

- Percent With Dental Visit
- Percent Reporting Cost Barriers
- Percent With Dental Benefits

**Ages 65+**

- Percent With a Dental Visit
- Percent Reporting Cost Barriers
- Percent With Dental Benefits
Key Takeaways

- Dental spending rose slightly in 2015 after years of stagnation. Driven mainly by increases in Medicaid and CHIP spending.

- Dental care use is rising steadily among (lower-income) children and (higher-income) seniors. Dental care use is flat among adults overall, but up slightly among lower-income adults due to ACA.

- Cost barriers to dental care are falling for all age groups except 65+. Driven partly by increases in dental coverage rates among all age groups, both public and private coverage.

- Data suggest a ‘New Normal’ for young adults. Recent increases in dental coverage rates and reductions in cost barriers to dental care have not translated into increased dental care use.
Dentist Workforce

More dentists...more young dentists...more women dentists...
Dentist Workforce

DENTIST-TO-POPULATION RATIOS VARY ACROSS STATES
The number of dentists per 100,000 population in the United States was 60.9 in 2015 and varied across states. The District of Columbia (89.9), New Jersey (81.5) and Alaska (80.8) had the highest ratios in the nation.
Dentist Workforce

DENTIST-TO-POPULATION RATIOS INCREASED FOR MOST STATES IN THE PAST DECADE

The states where the dentists per 100,000 population increased the most between 2005 and 2015 were New Mexico (17.4 percent), Nevada (16.7 percent) and Texas (16 percent). Only four states experienced decreases, ranging from -0.6 percent (Idaho) to -3.2 percent (Hawaii).
Dentist Workforce

Percent of Practicing Dentists that are Female, 2016
Dentist Workforce
Dentist Workforce

39% in 2016
Dentist Workforce

Medicaid reimbursement to dentists is in line, nationally, with reimbursement to physicians. But a much smaller share of dentists participate in Medicaid.
Dentist Earnings

Figure 1: Dentist Earnings, GDP Per Capita, Mean U.S. Household Income, 1981 to 2016 (2016 dollars)

Source: ADA Health Policy Institute; Bureau of Economic Analysis; U.S. Census Bureau, Current Population Survey. Note: Dentist net income data are based on the ADA Health Policy Institute annual Survey of Dental Practice with years 2000-2016 weighted to adjust for nonresponse bias. Shaded areas denote recession years according to National Bureau of Economic Research. GDP is deflated using the GDP deflator. Dentist earnings and U.S. household income are deflated using the All-Item CPI. All values are in constant 2016 dollars.
GP Dentist Earnings

% Change in Average Annual Net Income of GP Dentists, Inflation Adjusted, 2014-16
Figure 5: Patient Volume Compared to Last Year

Source: ADA Health Policy Institute annual Survey of Dental Practice. Note: Weighted to adjust for nonresponse bias.
Dentist Busyness

Figure 4: Average Wait Time for General Practitioner Dentist Appointment

Source: ADA Health Policy Institute annual *Survey of Dental Practice*. Note: Indicates the average wait time in days for an appointment with a general practitioner dentist. Weighted to adjust for nonresponse bias.
Dentist Fees (Submitted Charges)

Percent Change in Dentist Fees from 2011 to 2016

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Payment Rates (Paid Amounts)

Percent Change in Private Reimbursement Rates from 2010 to 2015

Percent Change in Private Reimbursement Rates from 2010 to 2015

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Key Takeaways

• Supply of dentists continues to grow.

• Dentist workforce is getting younger with a higher share female.

• Share of dentists in DSOs increased in 2016. Medicaid and CHIP participation increased slightly in 2016.

• Dentist earnings increased in 2016 after several years of stagnation. Busyness has been increasing slowly and steadily since 2012.

• Dentist fees (charges) have increased in most states in the past 5 years after adjusting for inflation. However, dentist reimbursement (paid amount) has declined in the vast majority of states.
Looking Ahead

• Uncertainty around Affordable Care Act.

• Continued pressure for employers to manage premium costs. Coverage rates are rising, but are benefit levels?

• Continuation of dental care use trends.

• Continuation of supply-side trends.
Opportunities

• Explore partnerships with different patient “touch points”.

• Tackle the convenience problem. The patient is in charge now.

• Get ready for the “value agenda” to hit dentistry.

“Skate to where the puck is going to be, not where it is.”
Thank You!

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