

Appendix G

2010 SURVEY OF ACTIVE LICENSED DENTISTS IN NEW HAMPSHIRE

CHARTBOOK OF RESULTS

This chartbook presents the findings of a survey of dentists, fielded in February 2010. The survey was conducted as a project of Bi-State Primary Care Association in partnership with the State of New Hampshire's Department of Health and Human Services. The survey was implemented and analyzed by the Community Health Institute / JSI under contract with Bi-State. The survey was mailed in February to all actively licensed dentists in NH with a valid mailing address, based on a list obtained from the New Hampshire Board of Dental Examiners as of December 15th, 2009. A total of 996 surveys were mailed, of which 25 were returned as undeliverable and dropped from the universe as corrected addresses could not be obtained. This resulted in a revised total universe of 971 surveys. A reminder postcard was sent to all non-responsive dentists approximately 3 weeks after the original surveys were sent and responses were received through the end of March 2010.

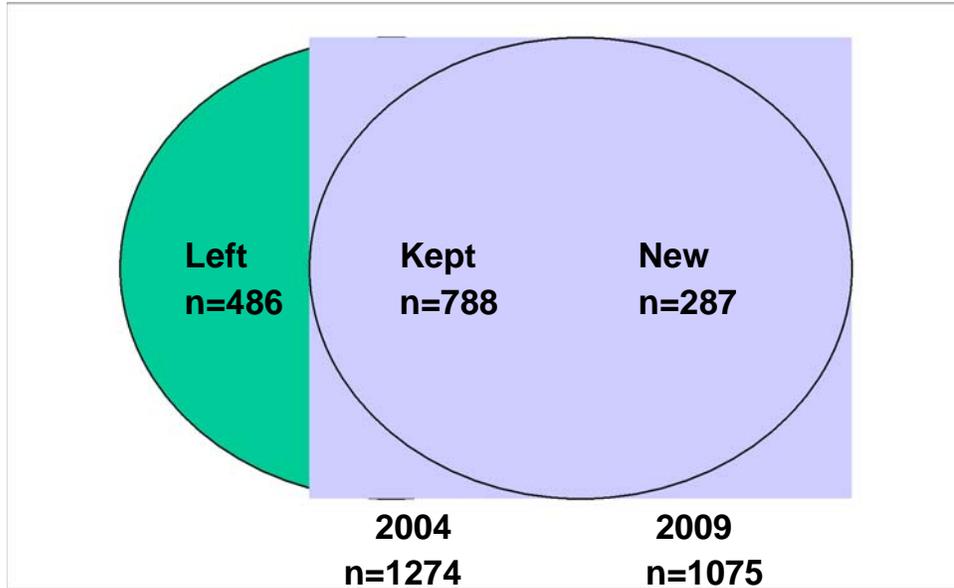
The survey resulted in 495 responses, or an overall response rate of 51%. The responding dentists were compared to the non-responding group based on parameters in the licensing list. Overall the response appears highly representative by specialty, with slightly more general dentists responding (75% vs. 73% amongst non respondents). Examining the license issue dates, it was noted that the average years licensed was somewhat higher for respondents at 21 years compared to 16 years for non-respondents.

The responses were scanned in electronically and incorporated into a statistical database for analysis using SPSS. Data were cleaned to assure skip patterns and survey logic was followed, and key variables were recoded as needed for analytic groupings.

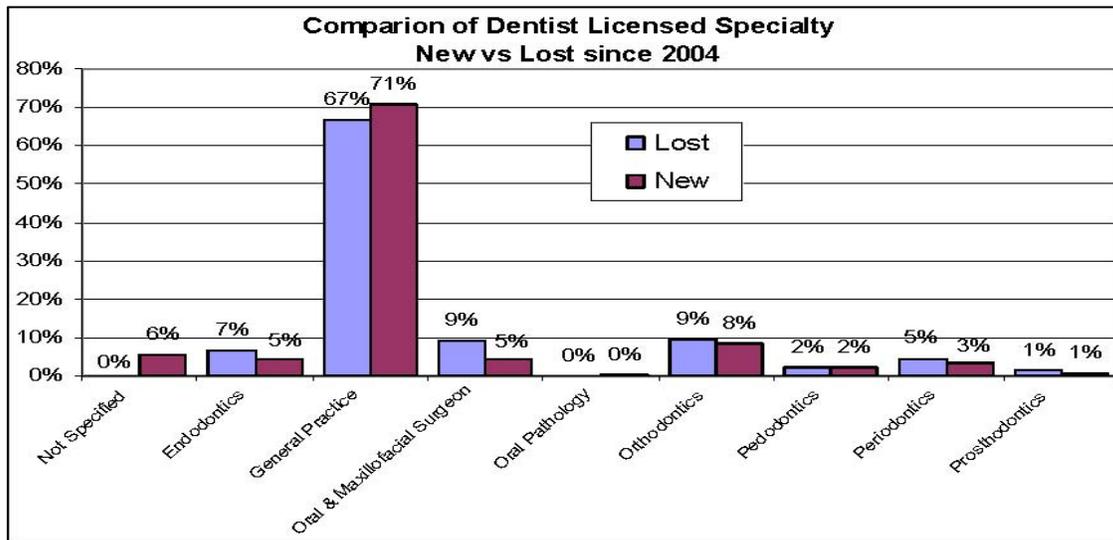
Where possible and valid, results were compared to the results obtained from a similar survey conducted in 2004. Because many of the questions in the current survey were new or modified from the 2004 survey, comparisons were not always possible.

In addition to statistical analyses of the survey results, a 'crosswalk' analysis of the entire dentist licensing list was conducted between the list obtained for this survey and the list used in 2004. By linking dentists based on their license number, it was possible to analyze the nature of dentists that had left practice in the state as compared to those that were newly licensed in the state.

Crosswalk of 2004 to 2009 Dentist Licensure List



- In the roughly five and a half years between the dates the two lists were produced (May 19, 2004 to December 15, 2009) the pool of actively licensed dentists in NH decreased by 199 providers or -15.6% of those on the list in 2004.
- The change was the net result of 486 providers dropping off the 2004 licensure list and 287 new providers being added since the 2004 list was produced.
- Approximately 62% of the providers licensed in 2004 remained on the 2009 list.

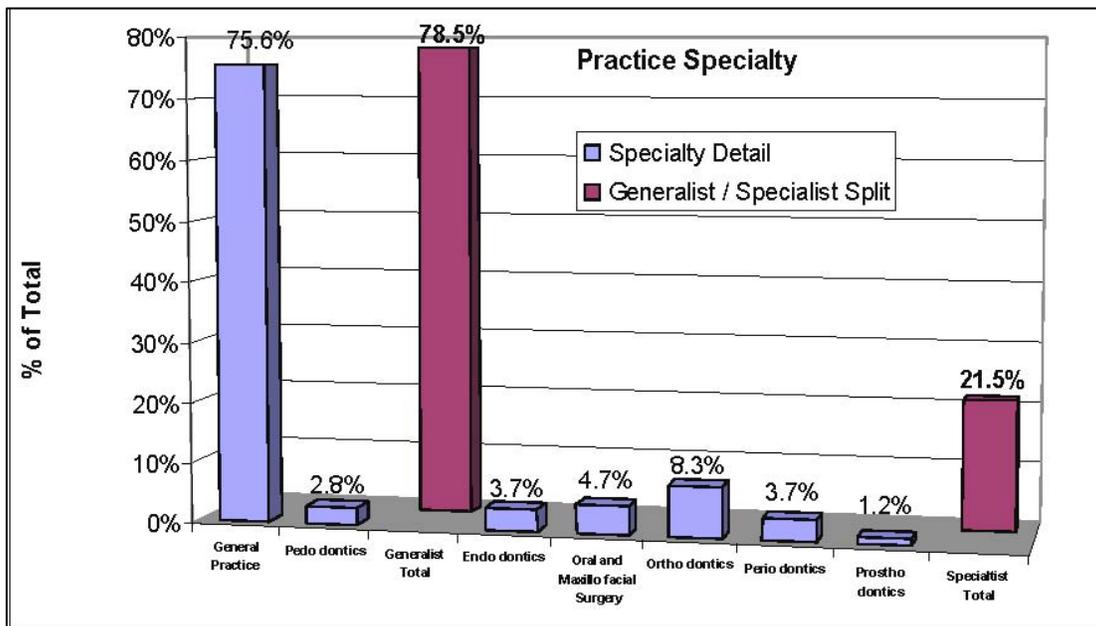


- Slightly more of the dentists new to the state since 2004 are General Dentists compared to those that were lost (however note that 6% of new dentists had no specialty listed, which was not an issue in 2004).

2010 New Hampshire Dentist Survey Results

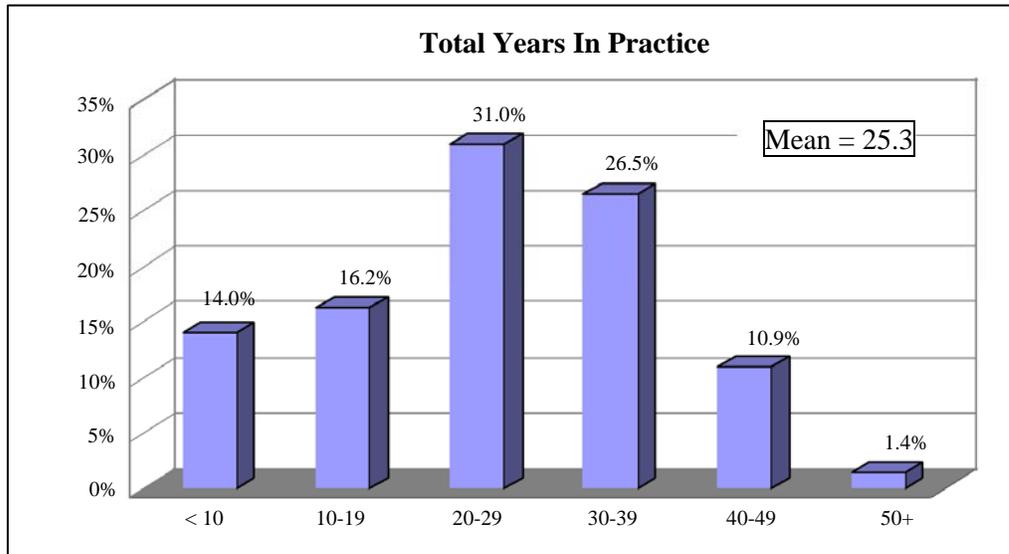
(based on December 2009 Licensure List)

Dental Specialty:

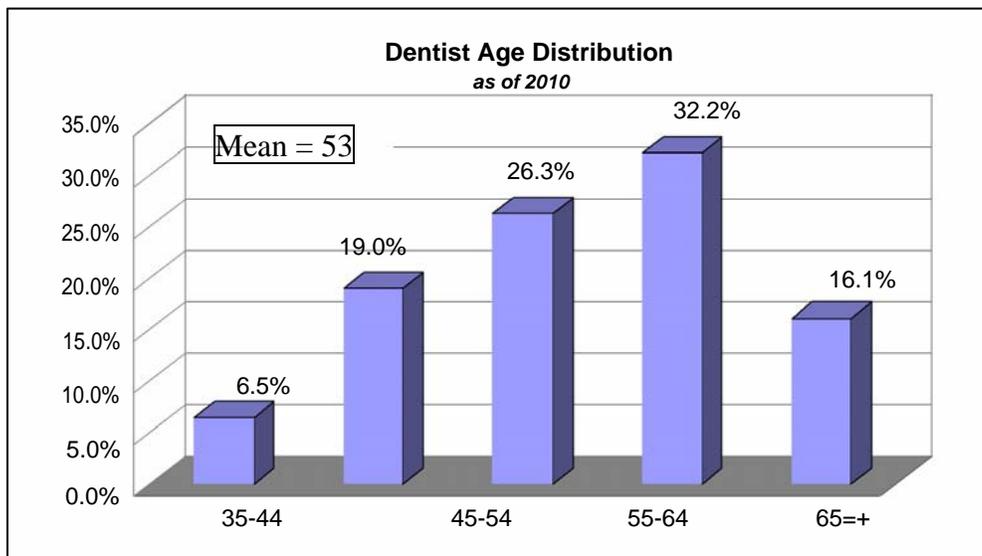


- General Practice and Pediatric dentists represented 78.5% of the survey respondents. These two specialties are grouped as they are considered the primary point of dental contact and routine care for the adult and juvenile population.
- The proportion of General Practice dentists remained largely unchanged since 2004 when they represented 76% of the total. Pediatric dentists were slightly lower than 2004 when they represented 4% of the total. Specialists were slightly higher (20% in 2004).
- Note: Although the survey permitted respondents to allocate their time across multiple specialties, the omission of a general dentistry response category prevented this data from being used in the analysis. As such, specialty data for this report is based on the specialty under which the provider was listed in the licensure list.

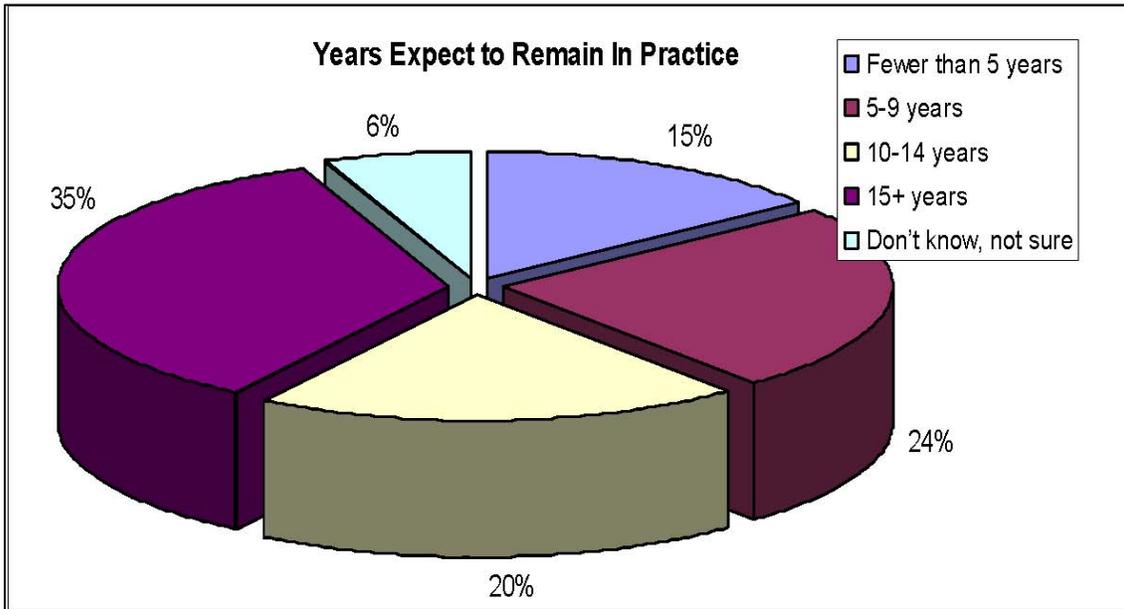
Dentist Tenure, Age, and Years to Remain in Practice:



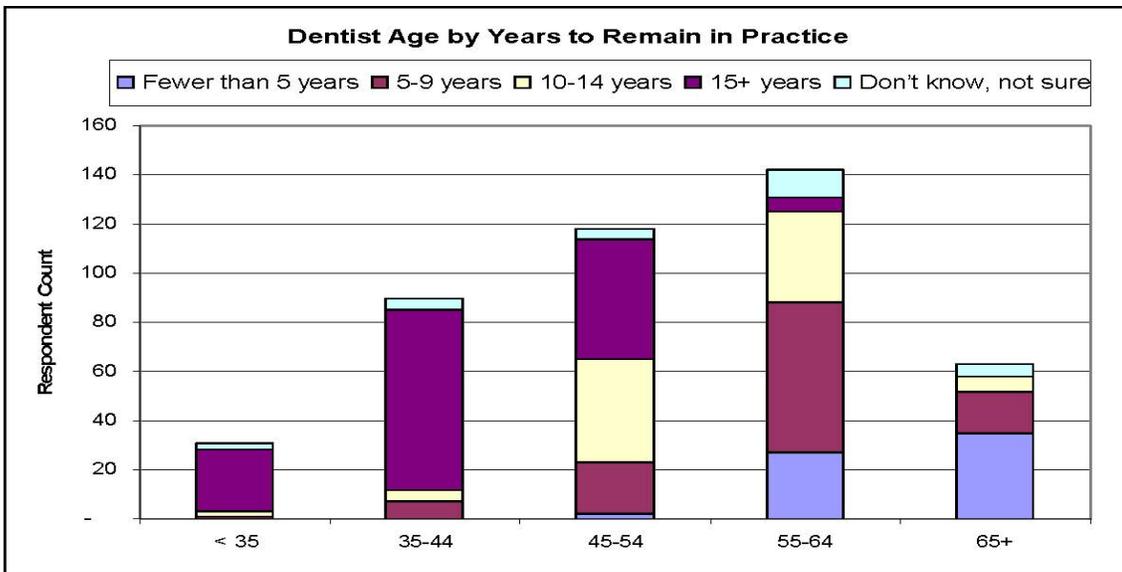
- Nearly 40% of NH dentists have been in practice for more than 30 years, with a mean practice tenure of just over 25 years overall.
- 4.6% of dentists with an active NH dental license reported that they are not currently practicing. Of these, just over half stated that they were retired, with those having left the state but still maintaining active license status being the next most cited reason.



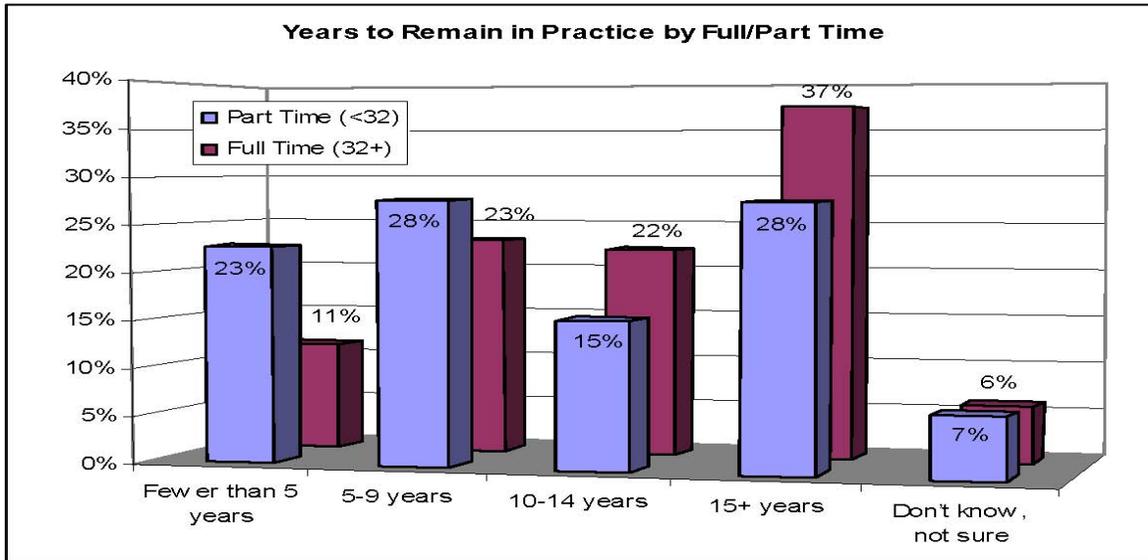
- Nearly half of NH dentists are over age 55, with steep drop in the age curve for those in the younger age categories. The mean age for dentists in the state is 53 years. Note that the average license date for respondents suggests that they may be somewhat older than non-respondents.
- The age curve has shifted towards the older age groups since the 2004 survey, when the largest category was those 45-54 years old (37%), while the largest group is now 55-64 years old (32%). Only 35% of dentists were over age 55 in 2004. The proportion over age 65 has more than doubled from 7% in 2004 to over 16% now.



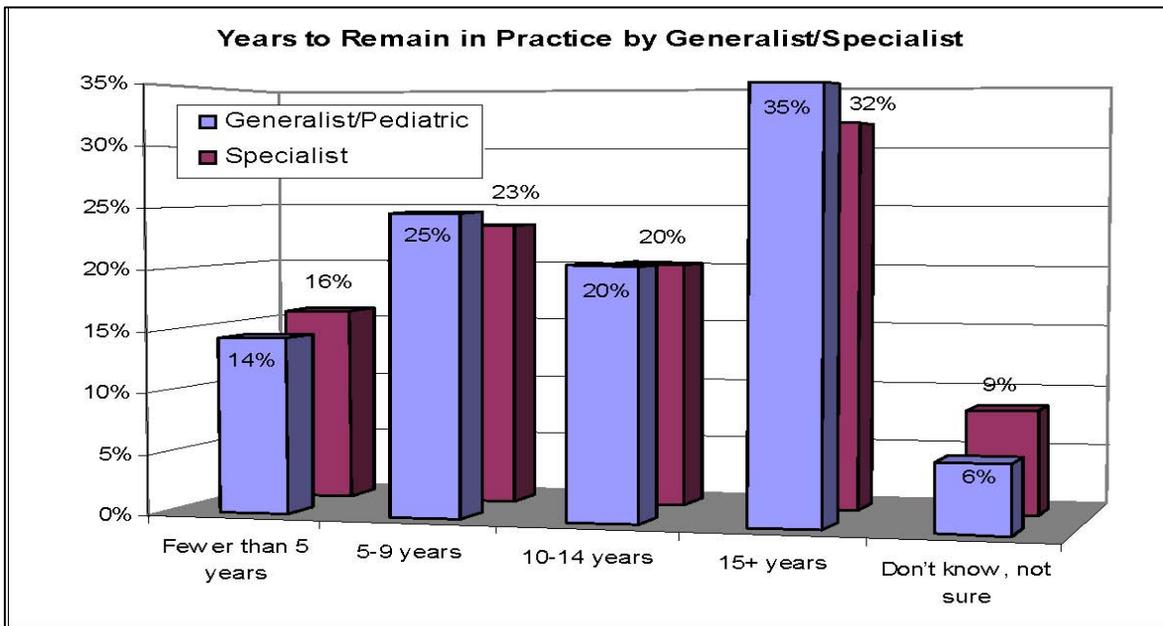
- Nearly 40% of current dentists expect to leave practice within the next 10 years, compared to 30% in the 2004 survey. Just under 60% of current dentists expect to leave practice within 15 years.



- Not surprisingly, the length of remaining practice is strongly tied to age. The great majority of those ages 55+ intend to leave practice within 10 years. This pattern, combined with the fact that replacement is not keeping pace with loss as noted in the crosswalk analysis, predicts steep declines in dentists over next 10-20 years unless efforts are made to recruit new providers to NH.
- The greatest level of uncertainty regarding years to remain practicing is seen in those 55-64 years old.

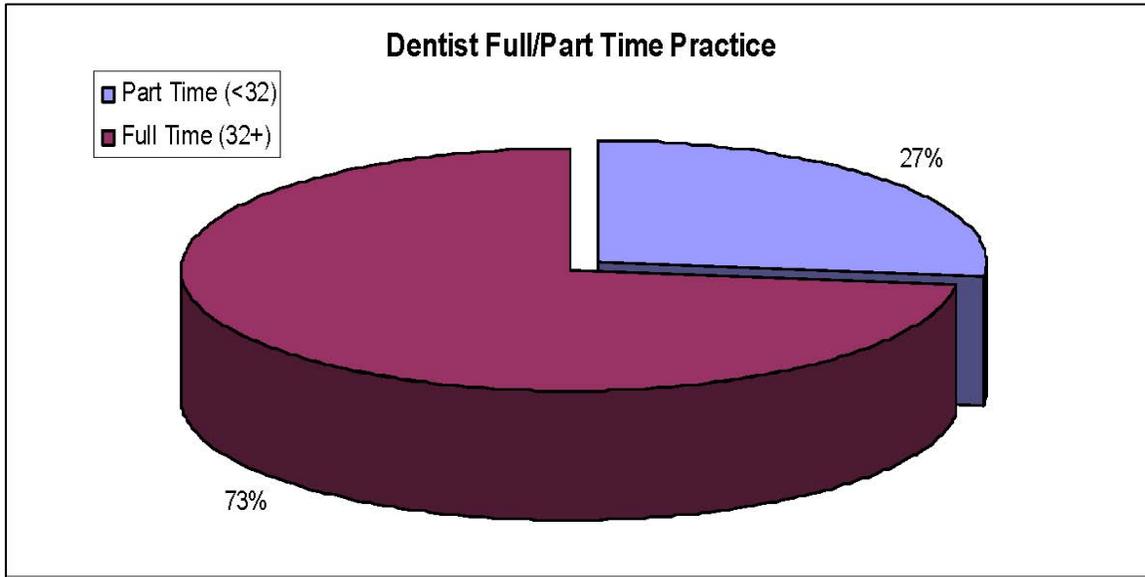


- Further exacerbating the potential workforce issues going forward, the results show that dentists appear to reduce practice hours in the final 10 years prior to retirement. This effectively reduces the workforce capacity beyond what is indicated by the count of dentists.

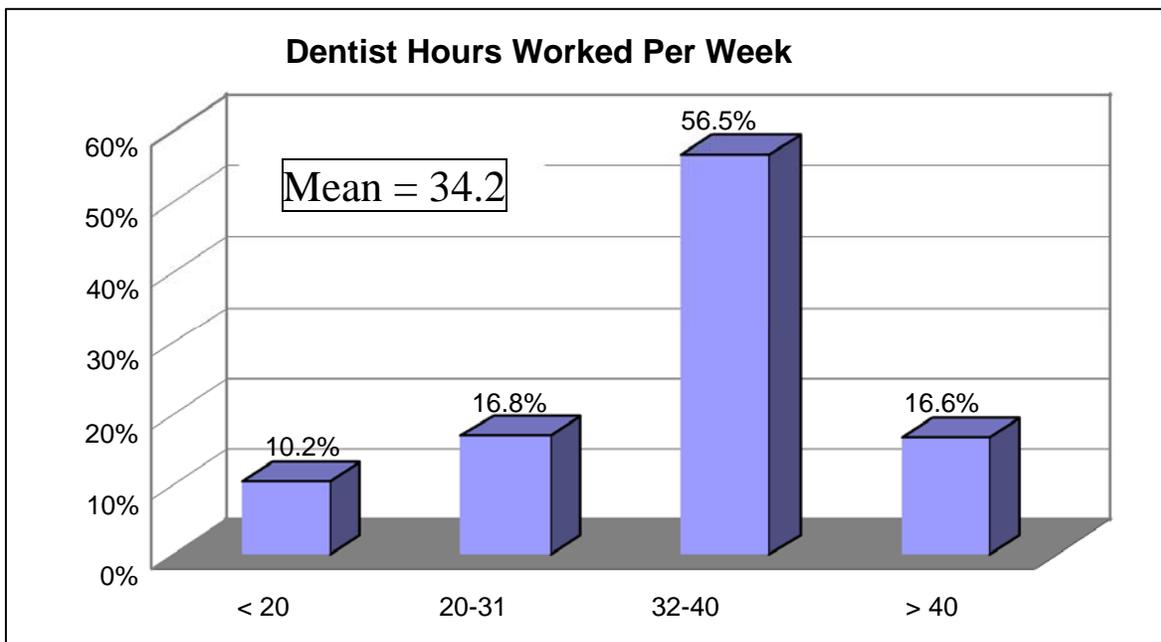


- 39% of both General/Pediatric Dentists and Specialists expect to leave practice within 10 years.
- General/Pediatric dentists show a slightly higher overall profile of years to remain in practice, and are slightly more certain of the number of years they plan to remain in practice.

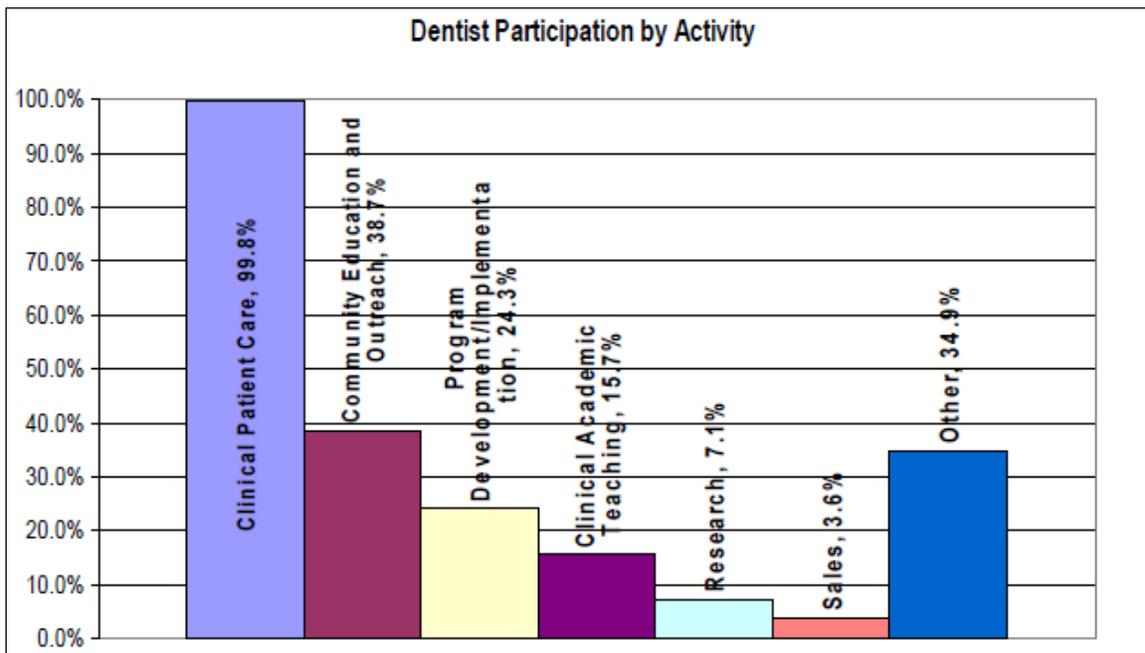
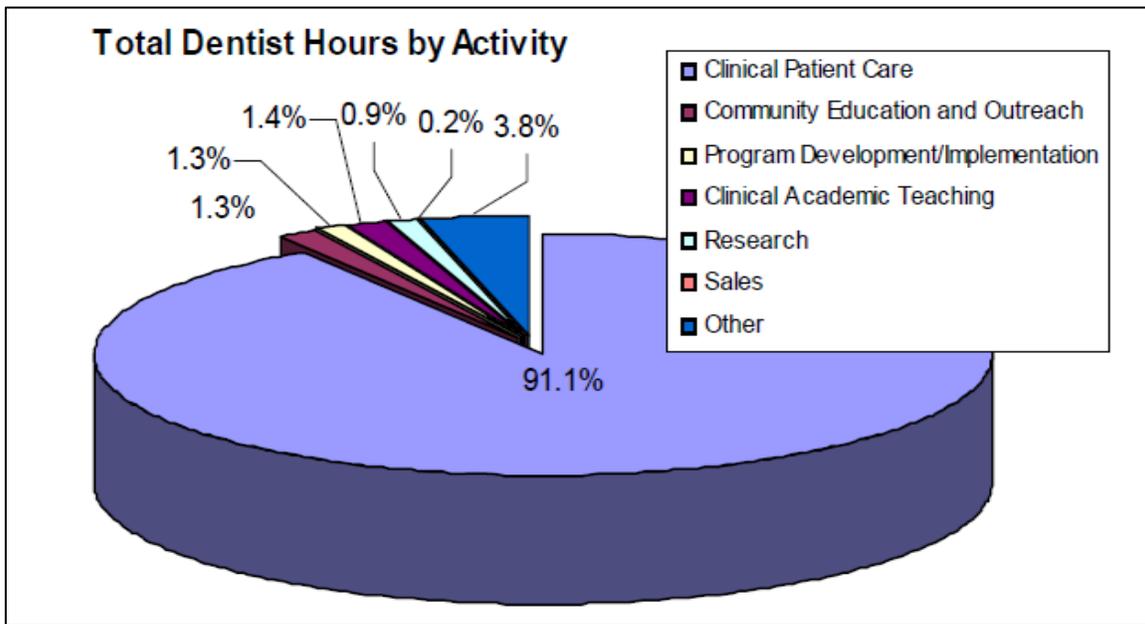
Dentist Practice Patterns, Activities, and Setting:



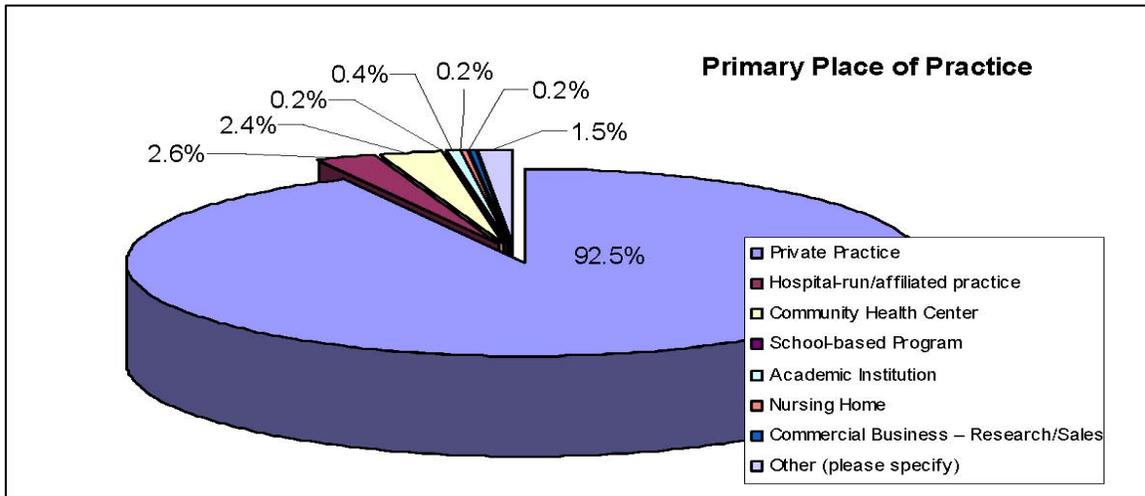
- Nearly three-quarters of dentists work ‘full time’ defined as 32+ hours per week.
- The proportion of full time dentists is down from 84% in the 2004 survey.



- More than 16% of dentists report working more than 40 hours per week. Approximately 10% of dentists work < 20 hours per week.
- Looking at detailed responses (not pictured), the most common work schedule is a 4-day week (32 hours), with a 40 hour week being next most common. The mean for dentists is just over 34 hours per week.

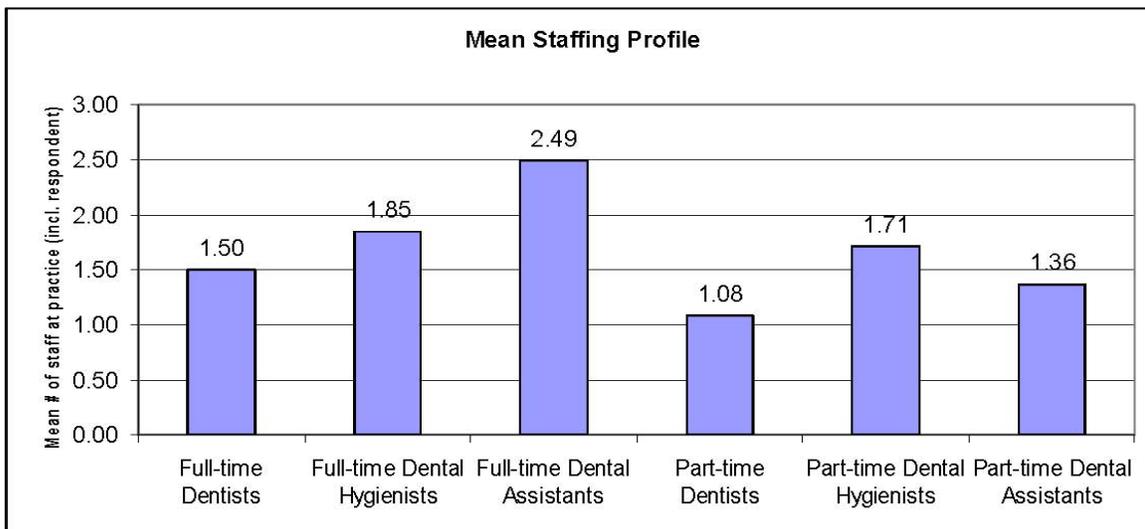


- Nearly all dentists (99.8%) provide some degree of clinical care.
- While nearly 40% of dentists provide education/ outreach and 24% engage in program development, each of these activities account for only about 1% of total practice hours overall. All non-clinical activities account for less than 10% of dentist time combined.
- The ‘Other’ category largely consists of providers specifying hours spent on office management and business operations.

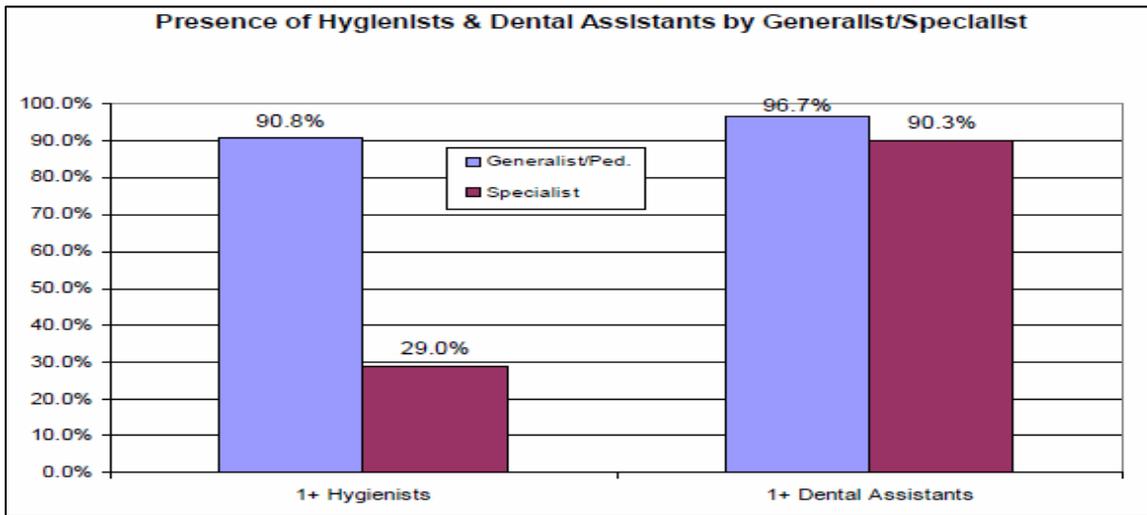


- 92.5% of dentists work in the Private Practice setting.
- About one-third of the remaining 7.5% of dentists work in a hospital affiliated practice and one-third work at a Community Health Center.
- The ‘Other’ category consists primarily of settings like correctional facilities and military/Veteran’s Administration settings.

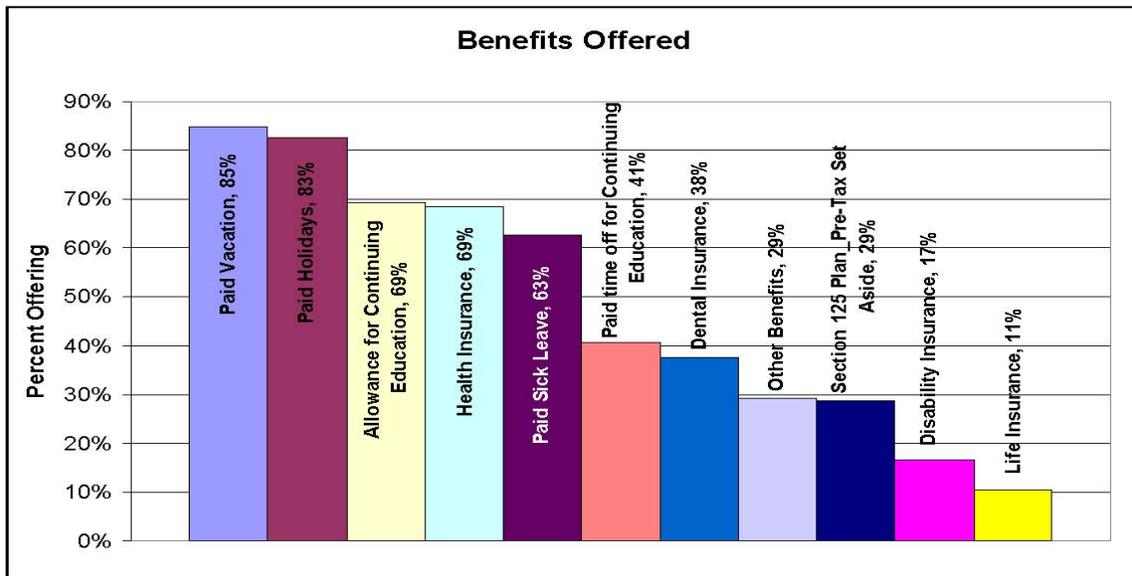
Practice Structure and Benefits:



- NH practices averaged 1.5 full time dentists and just over 1 part time dentist, with higher levels of Hygienists and Dental Assistants. Part time information cannot be translated to FTE as respondents were not asked to quantify part time hours.



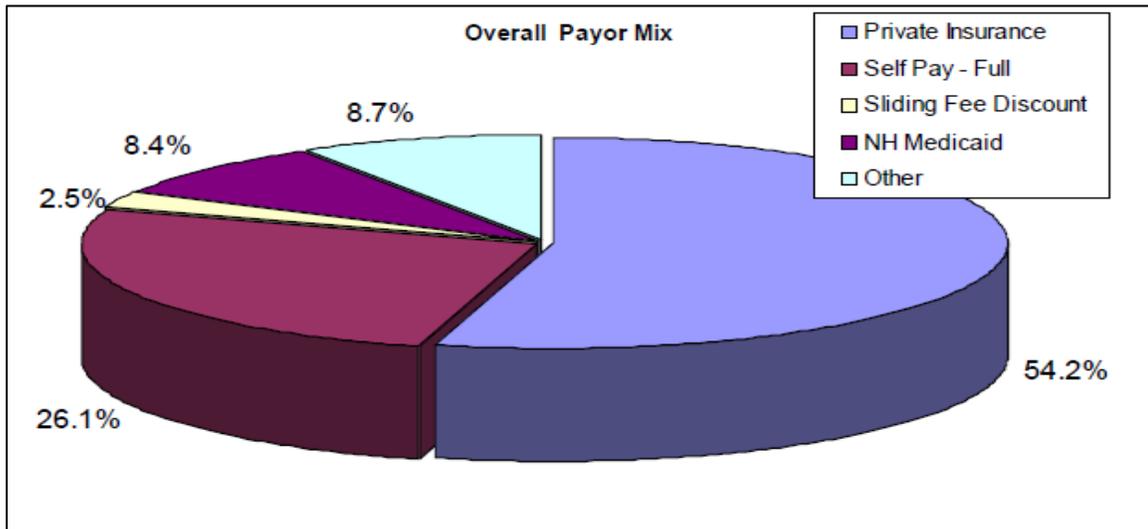
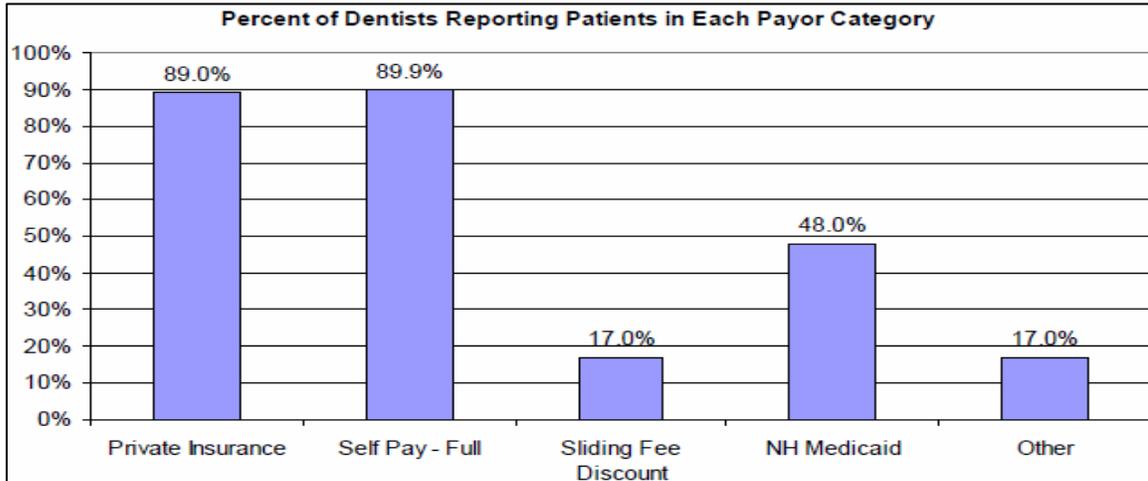
- Just under 10% of General/Pediatric dental practices employ no Hygienists.
- Less than one third of Specialist practices employ hygienists. Examining this by specialty (not shown), about half of these specialists are Periodontists, but hygienists were also reported by some Orthodontists, Prosthodontists, and Oral/Maxillofacial surgeons (in their practice overall).
- Dental Assistants are present in most General Dental practices and all but 10% of Specialist practices.



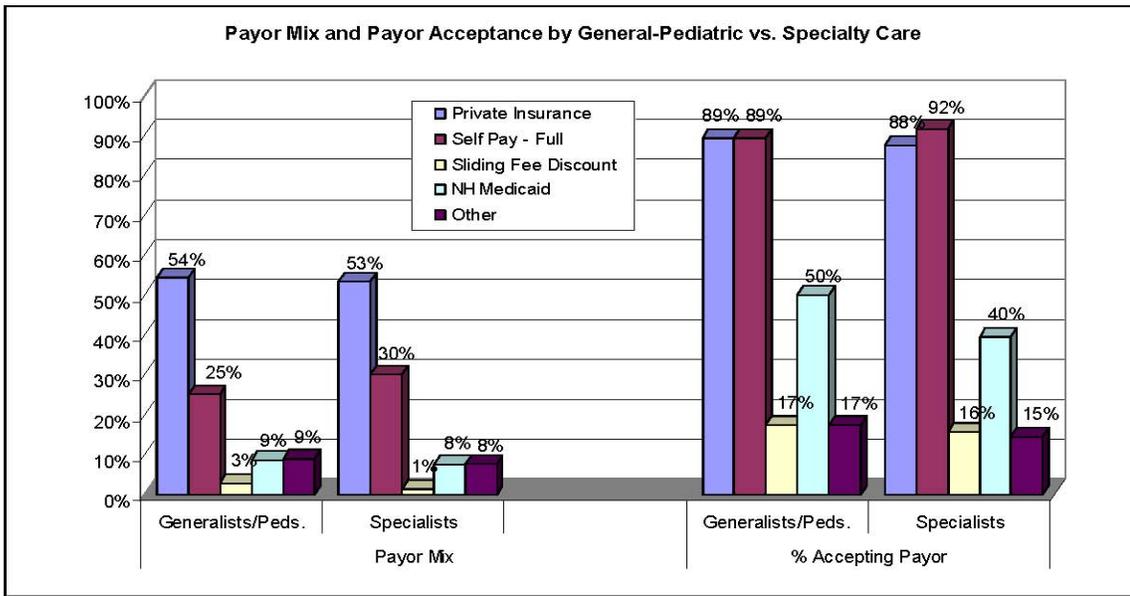
- The most frequently offered benefits were related to paid time off, including Paid Vacation and Paid Holidays, which were offered by 85% and 83% of practices respectively. Paid sick leave was offered by 63% of practices.
- Disability Insurance is the second lowest benefit category offered despite physical demands of dental practice.
- Just under 70% of practices offer an allowance for continuing education, but only 41% offered paid time for pursuing continuing education

- 69% of practices offer health insurance. 38% report offering dental insurance, however many respondents cited offering free or discounted dental care to staff and their families under “Other Benefits.”
- Other benefit categories included retirement/pension/401k/SEP/IRA contributions, profit sharing, uniform cleaning service, and free/discounted dental services.

Payor / Insurance Acceptance and Patient Payor Mix:

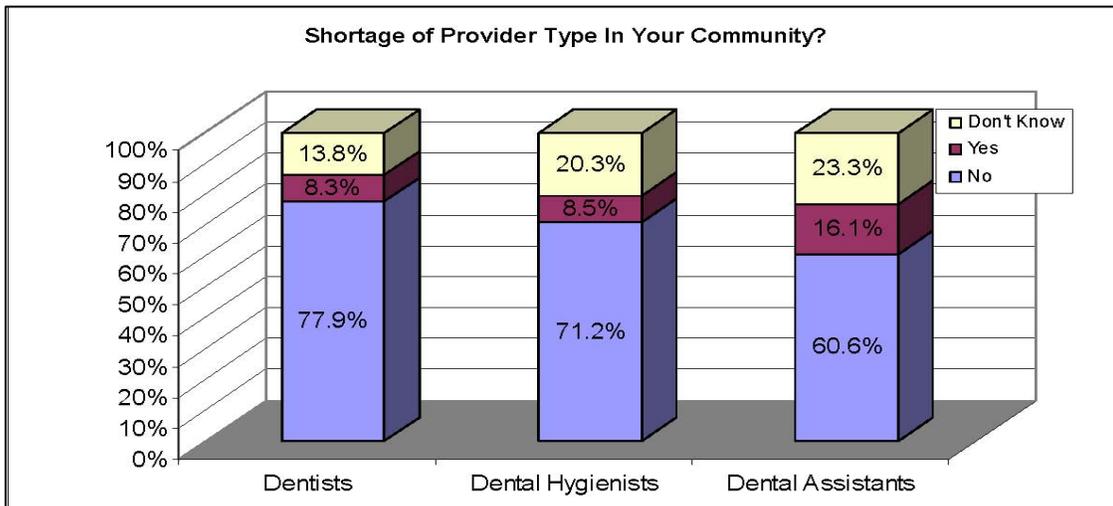


- Approximately 90% of dentists report accepting private dental insurance and full self pay (undiscounted) patients. Combined, these two payor categories account for 80% of total patients seen, though private insurance accounts for more than twice the proportion of patients seen compared to self pay (54% vs. 26% respectively).
- Nearly 50% of dentists report New Hampshire Medicaid in their payor mix, but this represents only 8.4% of total patients seen.
- 17% of dentists report offering a Sliding Fee discount (a formal up-front discount based on the patient’s income and ability to pay); however this covered only 2.5% of patients seen.

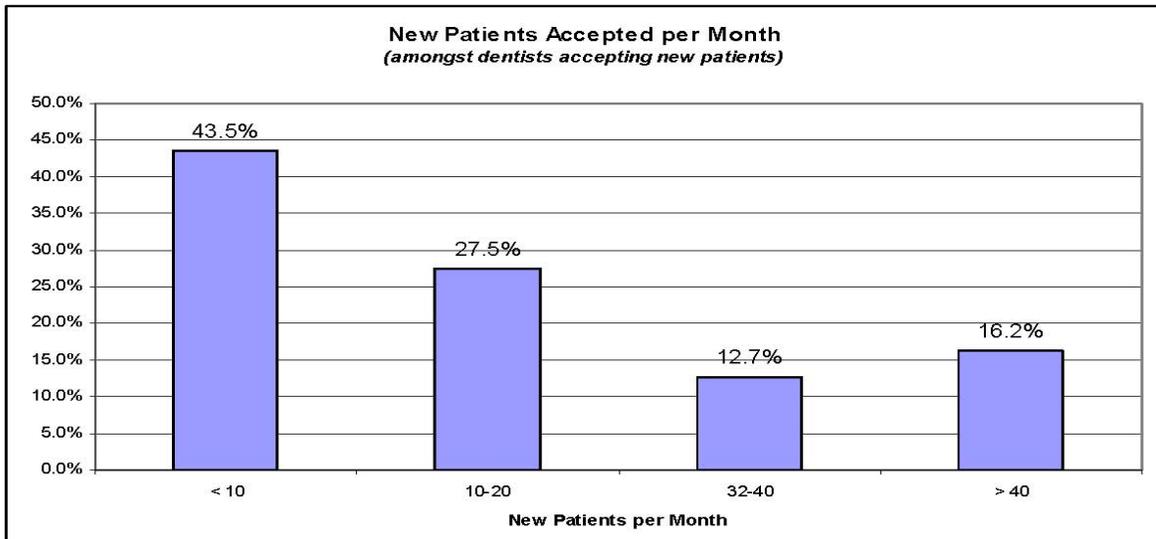


- Payor acceptance of insurance types is similar between General and Specialist dentists.
- General Dentists are 10% more likely to accept Medicaid, but the Medicaid percent of patients seen is approximately the same between the two groups (8-9%).
- Looking at General/Pediatric dentists only, 77.6% of those that see children under age 1 for their first dental exam accept Medicaid, compared to only 44.7% of those that do not see children under 1 for their first exam (not shown)

Factors Related to Dental Access:



- Amongst those dentists that felt they knew about the workforce in their community, approximately 10% felt that there were shortages of Dentists and of Dental Hygienists.
- Approximately one in five dentists stated that they did not know if there was a shortage of Hygienists and almost one quarter did not know if there was a shortage of Dental Assistants.

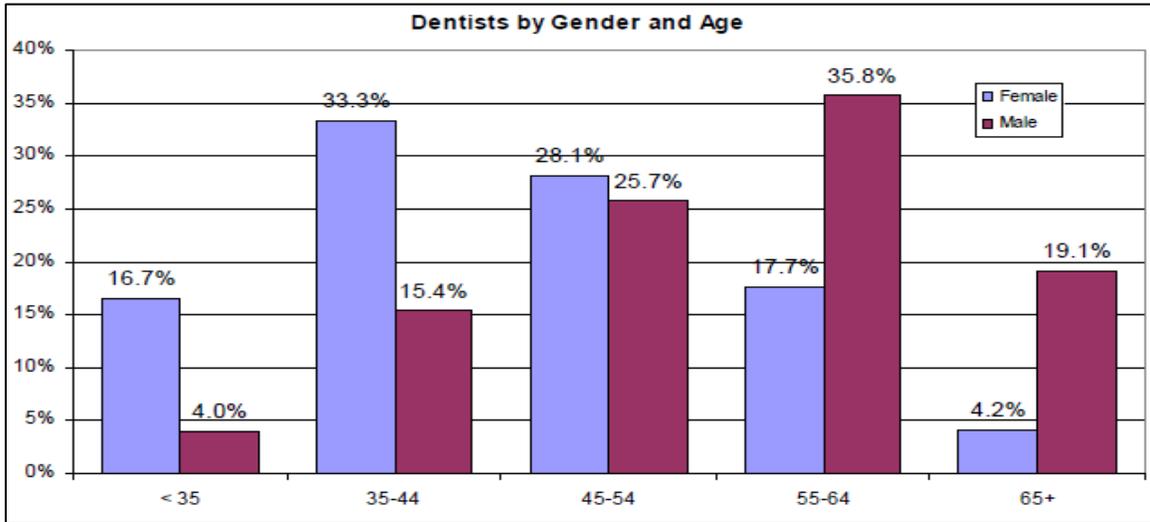


- 96.2% of dentists reported accepting some level of new patients each month. General and specialist dentist reported approximately equal rates of accepting new patients. Amongst those that accept new patients, 43.5% accept less than 10 new patients per month, and 71% reported seeing less than 20 new patients per month (or approximately one per weekday).

Other Responses Related to Dental Access:

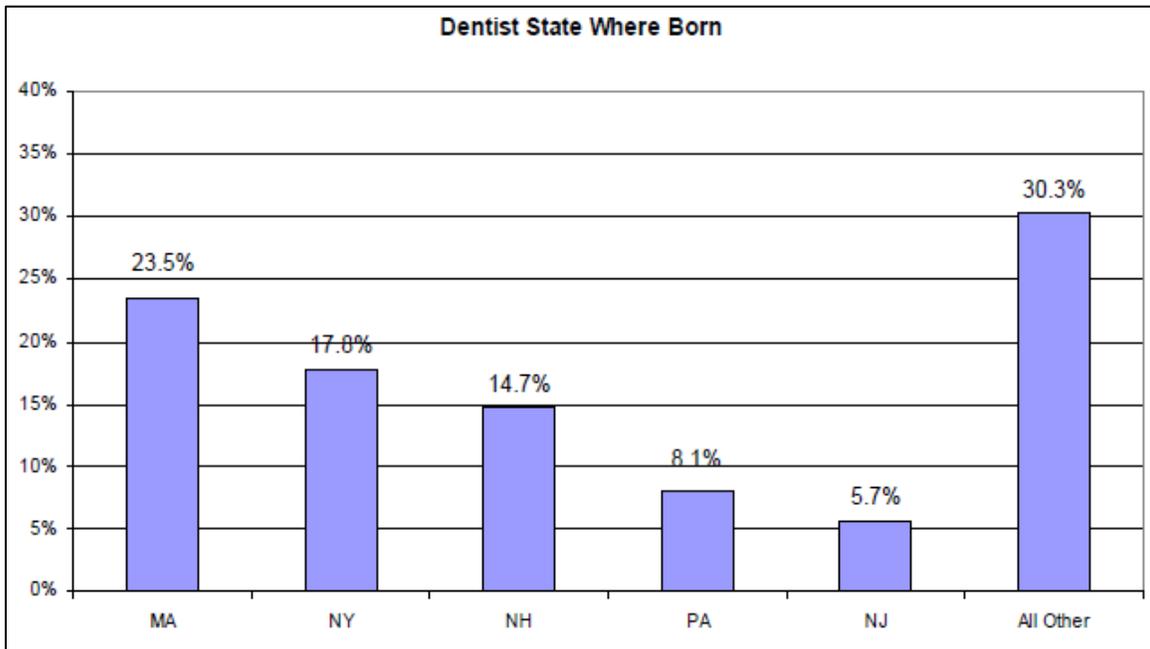
- 28.5% reported that their practice offers evening or weekend hours. As the question asked about the practice overall, it is unclear what proportion of dentists work these hours, or how many hours are available.
- 19% of General/Pediatric dentists see children under the age of 1 year for their first dental exam. Of those that do not currently see this population for their first dental exam, 21.8% stated that the ADA/AAPD guideline regarding children being seen by age 1 has influenced the likelihood that they will see this population for initial exams in the future.
- 45.6% of dentists report that they provide community outreach or clinical care on volunteer basis. This includes a wide variety of programs such as Dentists with a Heart, Cheshire Smiles, Give Kids a Smile, Traveling Adult Dental Services, etc., and providing care in community settings including schools, shelters, refugee programs, senior centers, and Community Health Centers.
- 26.9% of dentists speak a language other than English – approximately the same as in the 2004 survey. This represents a wide range of languages, with French being the most commonly cited, followed by Spanish.

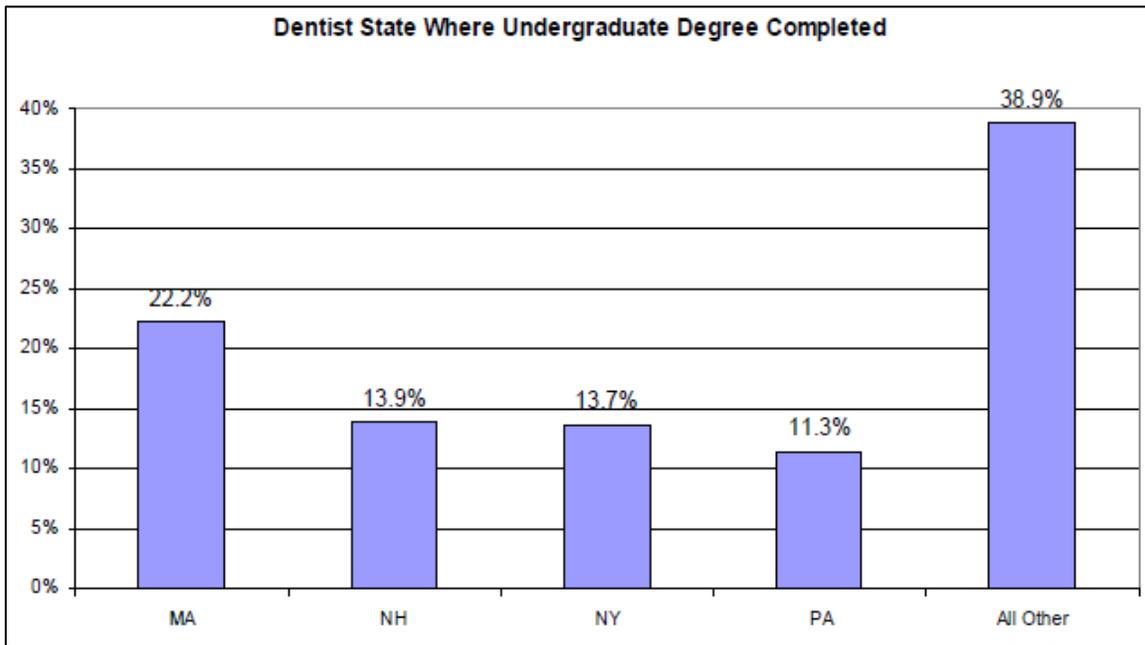
Dentist Gender:



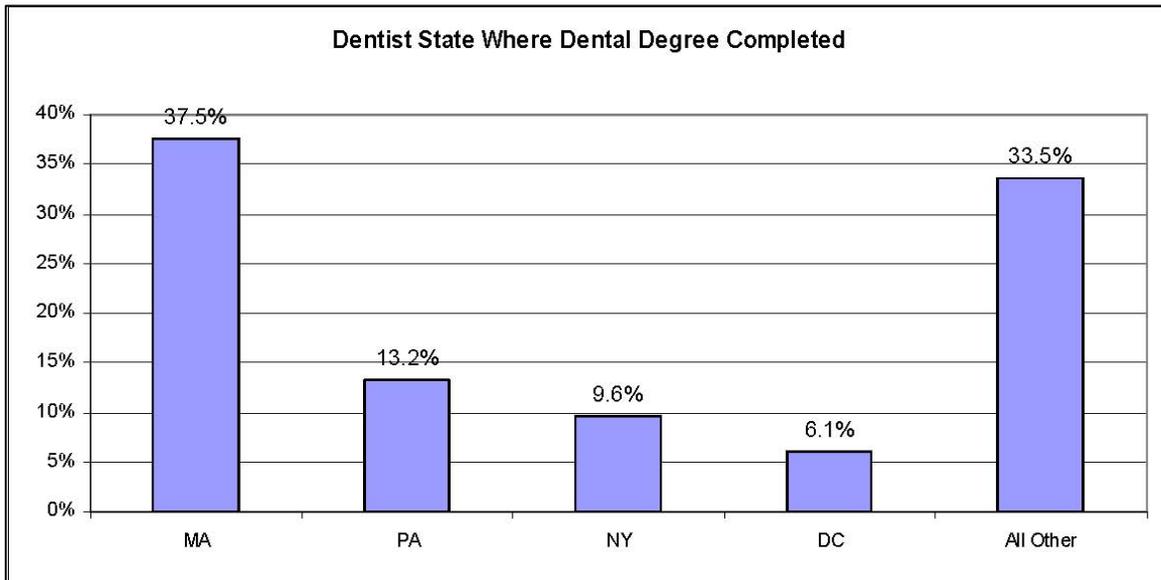
- 20.4% of dentists in the state are female, compared to 16% in the 2004 survey.
- Female dentists are considerably younger than male dentists in the state, with a mean age of 45 years compared to 55 years for male dentists. The distribution by age is even more pronounced, with the greatest proportion of female dentists (33%) in the 35-44 year age range while the greatest proportion of male dentists (36%) is in the 55-64 year range.
- Female dentists are somewhat more likely to work part time (33.0%) compared to males (25.6%). Female dentists are disproportionately likely to work part time at ages 35-44, while males are more likely to work part time when they are 65+.

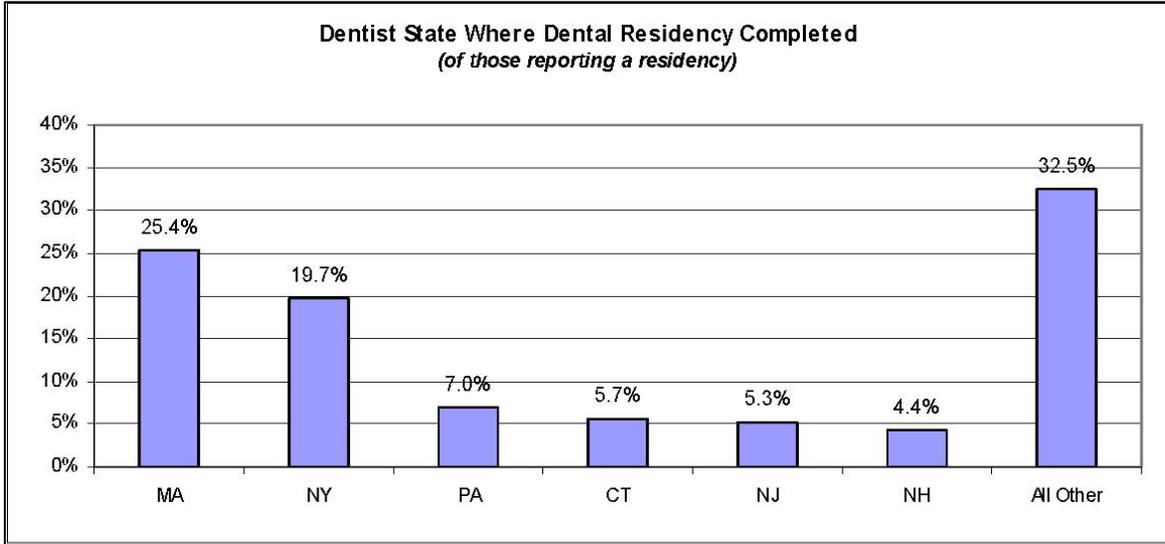
Dentist Geographic Origin, Education, and Licensure:



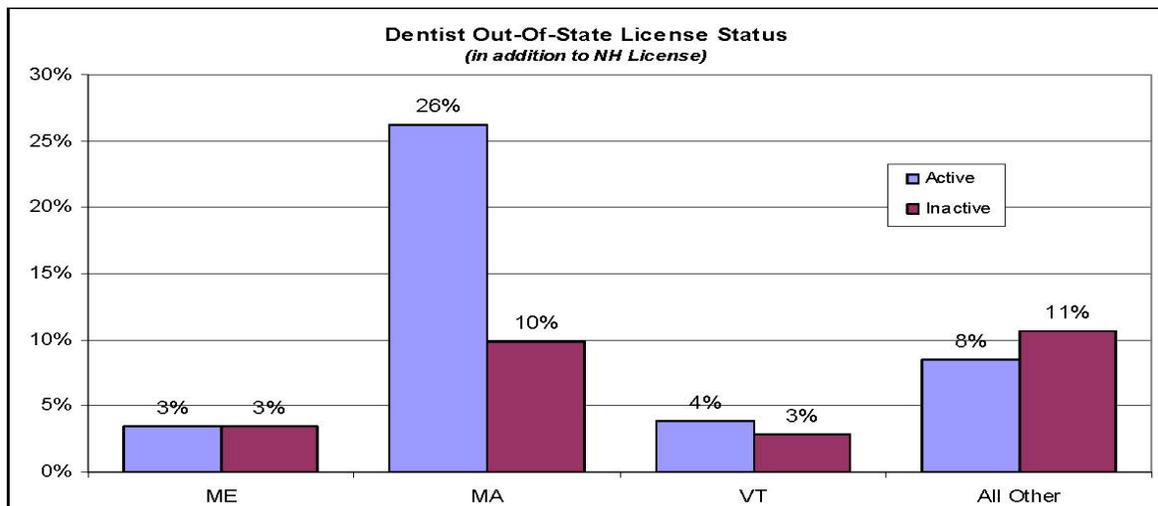


- The greatest portion of New Hampshire dentists, nearly one quarter, were born in Massachusetts, followed by New York at just under 18% of dentists. Just under 15% of the state’s dentists were natives of New Hampshire.
- Massachusetts was also the state where the greatest proportion of the state’s dentists completed their undergraduate degree. Though slightly smaller than the proportion born in the state, New Hampshire was second for undergraduate education at 13.9%, followed closely by New York

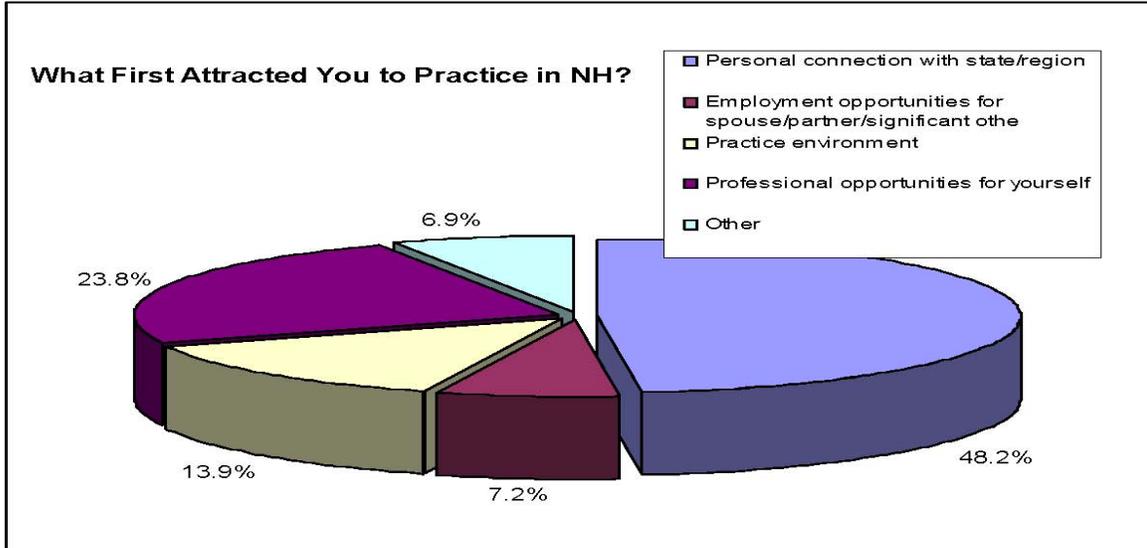




- Massachusetts is, by far, the dominant state where NH dentists complete their dental degree, accounting for nearly 40% of the state’s dentists. This is more than double the proportion from the next most common state, Pennsylvania at just over 13%. There are no dental schools in NH.
- 46% of dentists reported completing a residency program, up from 31% in the 2004 survey. Of those completing a residency, again Massachusetts was the most common state for the program, accounting for just over one quarter, followed by New York at just under 20%. New Hampshire was the 6th most common state for completing a residency, accounting for 4.4% of dentists completing a residency program. NH has not had a residency program in the state since the General Practice residency program at the Veteran’s Association closed in 2007.
- 11.9% of dentists reported completing a Masters’ Degree and 24.4% had a Specialty Certification.

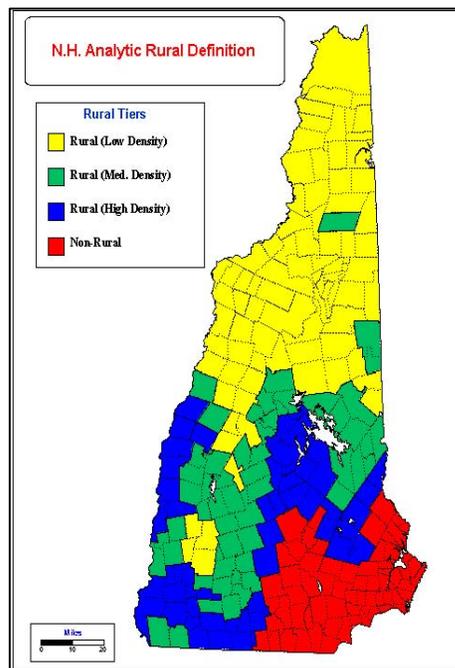


- More than one in four New Hampshire dentists maintains an active license in Massachusetts. This rate is approximately the same as in the 2004 survey. An additional 10% of NH dentists hold an inactive MA license.
- 8% of NH dentists hold an active out-of-state license in a state other than ME, MA, or VT. This is down slightly from 13% in the 2004 survey.



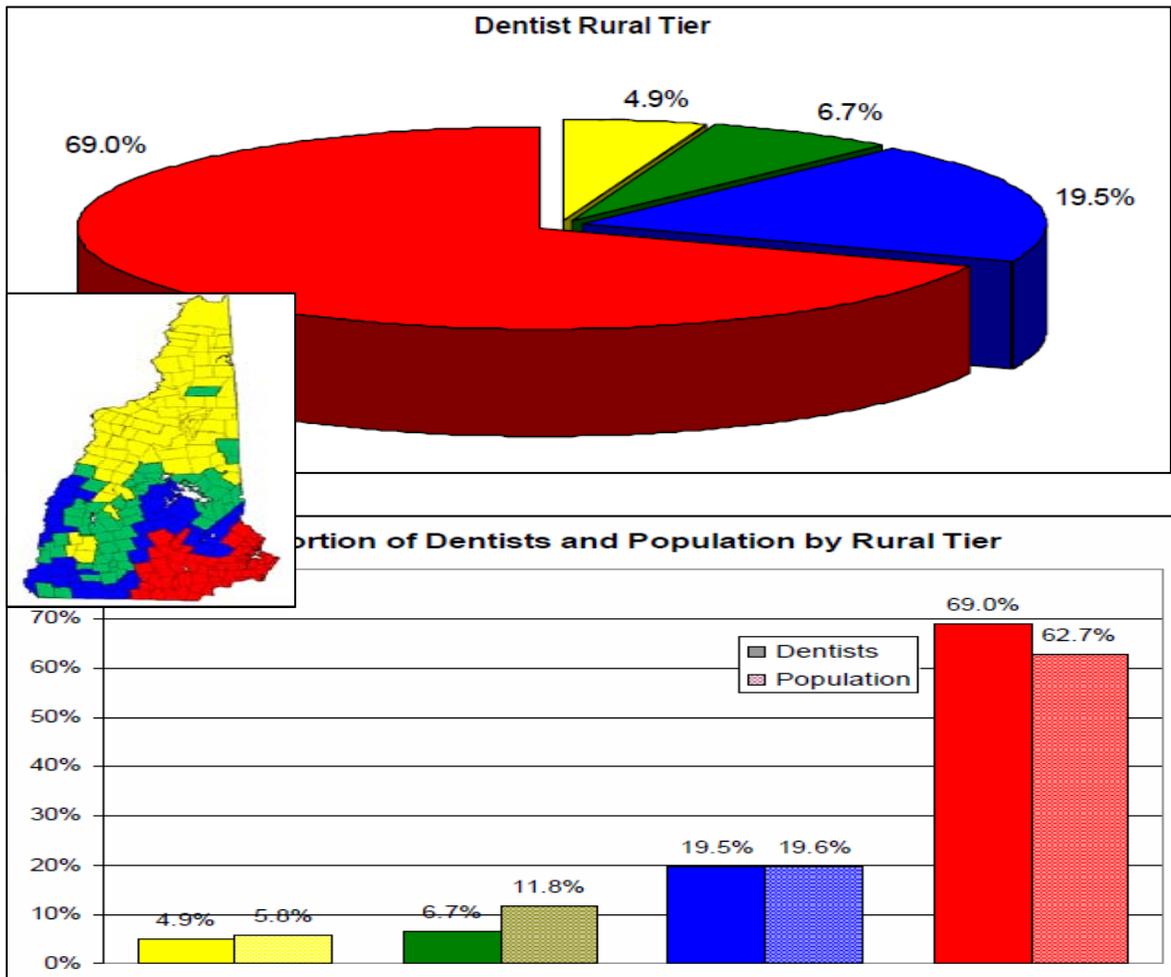
- Nearly half of all dentists in NH had a personal connection with the state/region that led to their practicing here.
- Nearly 40% were attracted to NH for professional reasons including the practice environment and professional opportunities available.

Dentist Geographic Distribution and Rural Analysis:

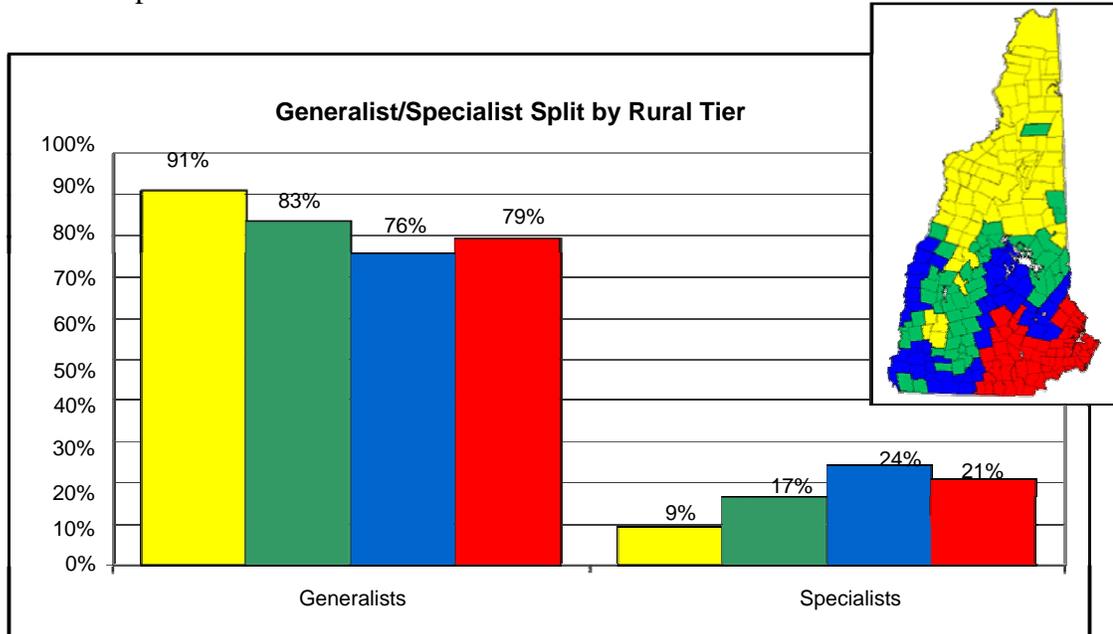


	Population	% Pop.	Cumulative Population	Cumul. % Pop.	Area (Sq. Miles)	% Area	Cumul. Area	Cumul. % Area
Rural Low Density	71,881	6%	71,881	6%	3,860	42%	3,860	42%
Rural Med. Density	146,160	12%	218,041	18%	2,034	22%	5,894	64%
Rural High Density	242,204	20%	460,245	37%	1,822	20%	7,716	84%
Non-Rural	775,305	63%	1,235,550	100%	1,437	16%	9,153	100%

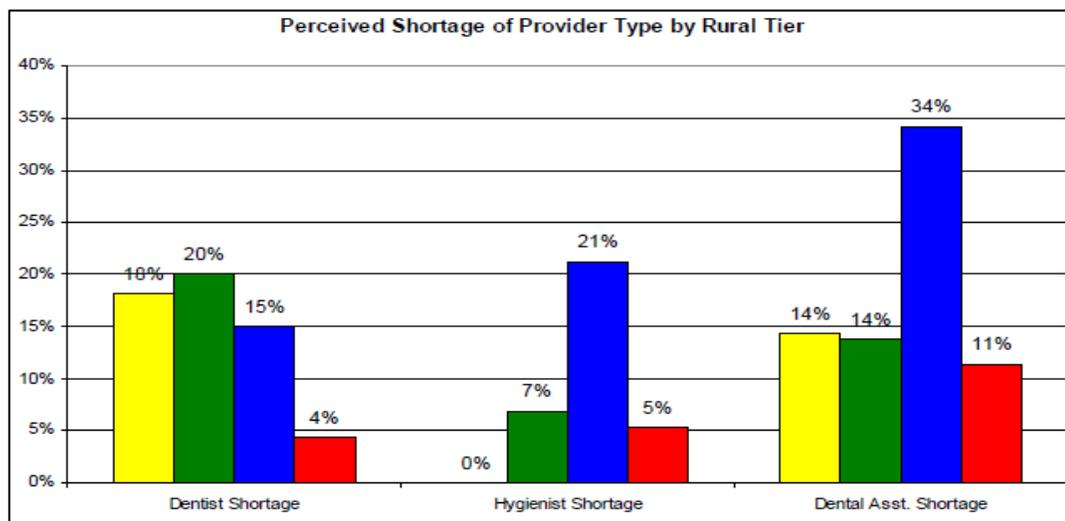
- To examine geographic distribution, the analysis broke responses down by a tiered rural definition developed for NH Department of Health and Human Services' State of Health in Rural New Hampshire report, released in 2004.
- The definition is based on a calculated population density within a 10-mile radius of the center of each city/town in the state, including areas and populations outside the state for municipalities on the border. The definition relies on 2000 census data for population and was crosswalked to match zip codes in the state.
- Dentists were assigned to a rural tier based on the zip code where they reported practice the greatest number of hours per the survey.



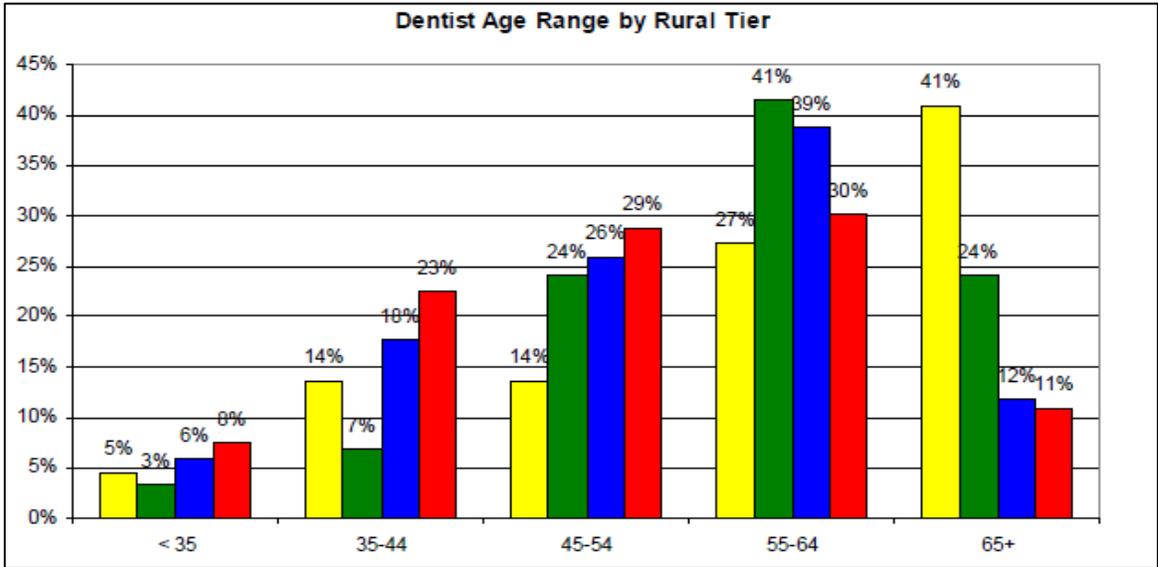
- Non-Rural areas of the state have 69% of the dentists, but just under 63% of the population, indicating that dentists have a proportionally higher density in the non-rural areas.
- The greatest difference between the proportion of dentists and population is in the Medium Density rural areas (green) which have 11.8% of the population but only 6.7% of the dentists.
- The three rural tiers account for 84% of the land area in the state, but just 31% of the dentists. Much greater area and fewer dentists in rural communities indicate a more sparse distribution of services and likely longer travel times to reach a provider.



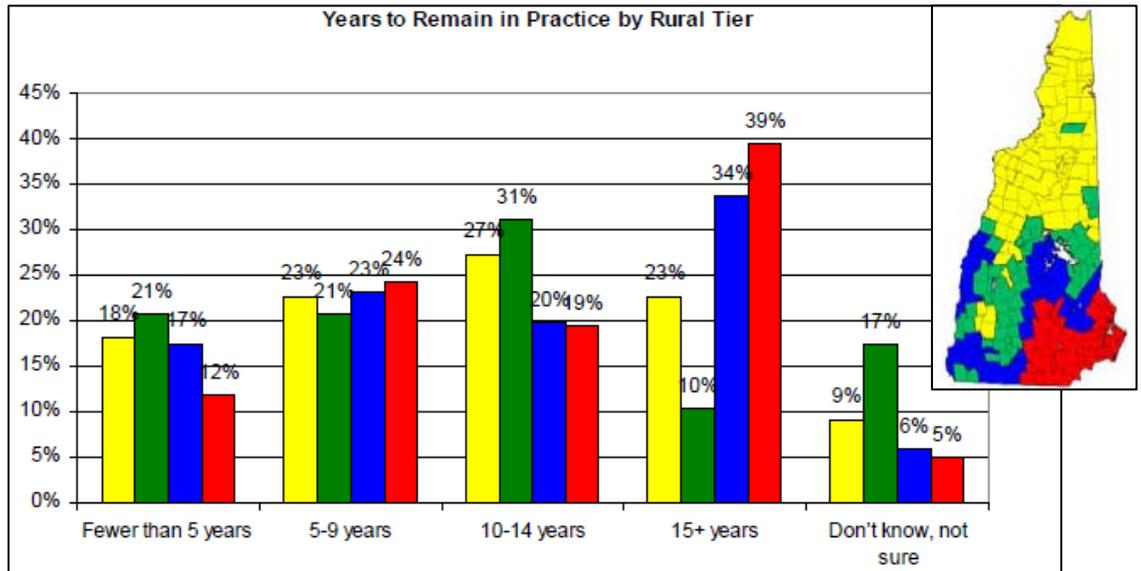
- The most rural parts of the state have the lowest proportion of specialists.
- The high density rural areas have slightly higher proportion of specialists than the non-rural areas.



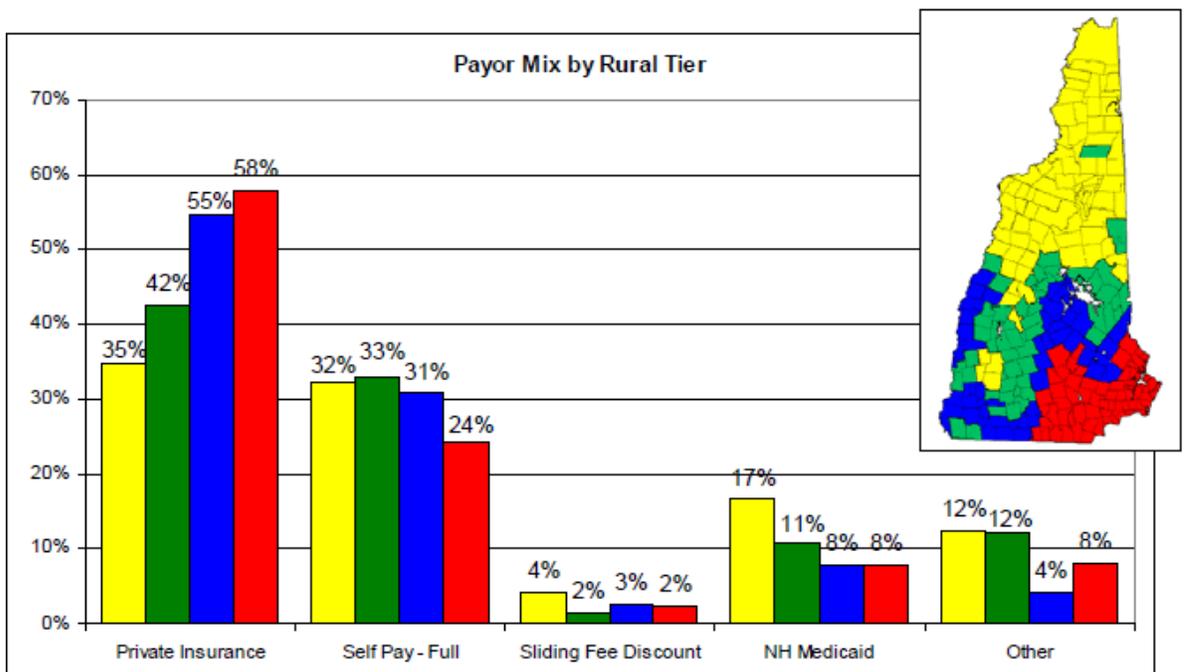
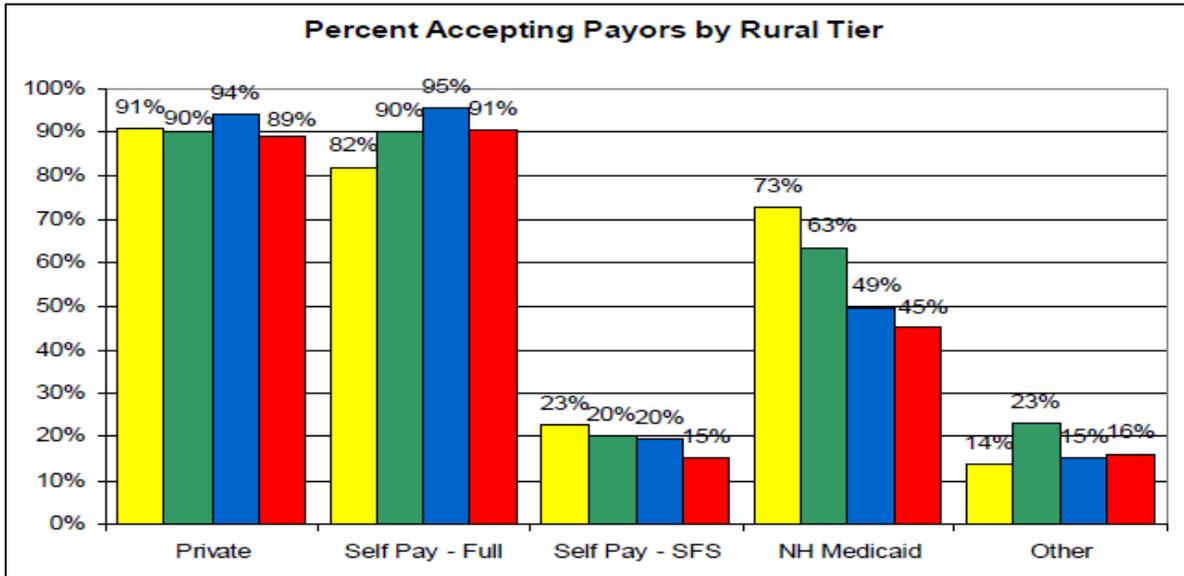
- Rural dentists perceived shortages of all provider categories (dentists, hygienists, and dental assistants) compared with non-rural dentists. This was most pronounced for the perceived shortage of dentists, where rural dentists were approximately four to five times as likely to perceive a shortage amongst their ranks compared to non-rural dentists (15-20% of rural dentists perceived a shortage, compared with 5% of non-rural dentists). Dentists in the two most rural tiers perceived the greatest shortage for dentists, while those in the high density rural areas felt shortages of hygienists and dental assistants were more of an issue.



- The age profile for dentists in the rural parts of the state shows a workforce that is significantly older than dentists in the non-rural areas, and there is a strong pattern of increasing age as rurality increases. Over 60% of dentists in each of the rural tiers are over age 55, compared to just over 40% in the non-rural tier. In the most rural tier, 41% of respondents were over age 65.



- The pattern regarding intent to leave practice is less notable than the patterns regarding age, though a notably greater portion in all of the rural tiers intend to leave practice within 5 years compared to those in the non-rural tier. This may suggest that rural dentists may plan to retire later in life to some degree.
- The greatest portion of dentists in the two most rural tiers plan to work 10-14 years, while the greatest portion in the high density rural and non-rural tiers plan to work 15+ years.
- The prevalence of part time practice (not shown) was roughly equivalent across the tiers.



- 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.
- Full self pay patients represent a greater portion of total patients in rural areas despite similar or lower rates of acceptance of self pay in rural areas.
- Dentists in the more rural parts of the state are far more likely to accept Medicaid compared with those in non-rural areas and see somewhat more Medicaid patients as a proportion of the total.