OHWRC
Oral Health Workforce Research Center

Understanding the Impact of Dental Residents and Student Dental Externs on Oral Health Service Delivery Capacity in the Safety Net

Description and Policy Relevance: Federally Qualified Health Centers are mandated to provide a comprehensive array of health services including pediatric dental care and preventive oral health services for adults. HRSA has made a significant investment to support FQHCs in their efforts to provide oral health services by awarding $55 million in oral health expansion grants to clinics since 2001.[1] In 2013, FQHCs provided onsite dental services to 4.4 million people, 1.3 million of whom received restorative dental services and more than a million of whom received emergency or oral surgery services.[2]

Recruiting and retaining a sufficiently sized oral health professional workforce is essential for FQHCs to respond in a timely manner to ongoing demand from safety net patients for emergency restorative and surgical services. Recruiting dentists for work in FQHCs is problematic because of the structure of the work and the location of the clinics. FQHCs often offer services in extended workdays and during weekend hours which differs from the typical four day work week in private practice. The rural and urban locations in which FQHCs are located are often viewed as less desirable locations in which to live. New dental graduates are also encumbered by high student loan debt, and while entry level dental salaries in FQHCs may be somewhat competitive, the income potential in private practice is widely regarded as more promising. State and federal loan repayment programs have encouraged dentists to work in the safety net but most carry only a three year service obligation limiting retention of program participants in clinic settings.

In a recent case study of FQHCs in a project funded by HRSA, the Oral Health Workforce Research Center found that FQHCs were employing various strategies to ensure sufficient dental workforce to meet persistent patient demand for oral health services.[3] One strategy was participation in dental residency and student dental externship programs. Dental residents and student dental externs increased capacity in the clinics, improved workflows, and represented potential new workforce in the safety net. Residencies and externships appeared to be mutually beneficial exposing residents and externs to working with patients in community health settings and to performing a high number of surgical and restorative procedures resulting in increased confidence and competence with providing these services. FQHCs in the case studies were also having success recruiting new dentists from the pool of students and residents rotating though their clinics. One side effect of additional staffing is improvement of dentist's satisfaction with work in FQHCs. Having extra capacity enables more flexible scheduling of dentists and permits more reasonable work hours.

Many of the newer dental schools including the AT Still University Dental Schools in Arizona and Missouri and the University of New England Dental School in Maine have built their core educational curriculum with an embedded requirement for externships in community clinics and other public health settings with a view to exposing students to practice in the safety net. The opportunities for FQHCs to partner with dental schools to provide these experiences have, therefore, increased in

recent years.

Hypothesis, Design, and Analysis: The hypothesis for this study is that dental residencies and student externship programs are increasing capacity in the safety net and having an impact on recruitment of new dentists.

The proposed study will include an on-line electronic or paper survey sent to each of the more than 1,200 FQHCs in the United States. The survey will be directed to either executive leadership or to the dental director in each FQHC. The survey instrument will ask questions about FQHC participation with dental residency or student externship programs, the structural characteristics of those rotations (e.g., how many weeks per year), the impact on schedules and workflows in the dental clinic, and whether or not new dentists have been recruited for work in the clinic as a result of these rotations. The survey will also ask about dentist satisfaction with the programs and any downstream effects on the structure of work hours in the clinics.

Once survey data is accrued, OHWRC staff will conduct frequency, cross tabular and multivariate regression analysis and describe significant findings. A literature review to understand the impacts of dental residency and student extern programs in FQHCs will supplement and confirm findings from the survey data. The analysis will also describe differences in participation in these programs in FQHCs related to geography and patient populations. Demographic data describing patients in individual FQHCs are available from the Uniform Data System (UDS) data submitted annually by each FQHC to HRSAs Bureau of Primary Care.

Data sources: This project will collect primary data using survey research. The primary data will be supplemented with secondary data contained in the UDS to describe variation among FQHCs in their participation with dental residency or student externship programs based on differences in geography, patient populations, presence of dental schools in the state, volume of dental services to clinic patients and to describe outcomes on clinic staffing and workflows.

Human Subjects Research: The research will be conducted under the auspices of the Institutional Review Board of the New York State Department of Health.

Deliverables: The OHWRC will prepare a technical report and a research brief on the findings from this project. OHWRC staff will work with the Project Officer to determine whether the findings from this project merit the preparation of a peer reviewed journal article.

References:

1. Institute of Medicine and National Research Council. Improving access to oral health care for vulnerable and underserved populations. 2011. Washington, DC. The National Academies Press.

2. U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Primary Care. Uniform Data System. 2013 Health Center Profiles. http://bphc.hrsa.gov/uds/datacenter.aspx?q=d&year=2013

3. Unpublished report. The Oral Health Workforce Research Center, Center for Health Workforce Studies. The Integration of Oral Health with Primary Care Services and the Use of Innovative Oral health Workforce in Federally Qualified Health Centers. 2015.