OHWRC
Oral Health Workforce Research Center

Trends in the Development of the Dental Service Organization Model: Implications for the Oral Health Workforce and Access to Services

Description and Policy Relevance: Dental Service Organizations (DSOs) are described in the literature as 'the corporate practice of dentistry'[1] however, that term may not fully reflect the wide array of entities operating as DSOs. These organizations can be publicly or privately held; they can be for-profit or not-for-profit. DSOs also vary in their commitment to treating high need populations in underserved communities.

DSOs emerged from the private sector in the 1990s as an organizational and management model intended to create economies of scale for dental providers by improving efficiency and capacity in service delivery and increasing access to dental services.[2] More recently, the number of DSOs has increased substantially across the US, driven in part by the Affordable Care Act, which has placed increased emphasis on value-based payment models and meaningful use of clinical information. As state Medicaid programs increasingly shift patients to managed care plans, some DSOs have leveraged their model to serve more Medicaid patients.

DSOs provide practice management services, including employment and human resources; billing; accounting; purchasing services for dental providers; and information technology infrastructure and tools for clinical decision making. The configurations of DSOs vary widely with some consisting of DSO-employed dentists only, while others include small private practices that retain individual ownership and contract with a DSO for non-clinical administrative services.[3] Consolidation of management and other business-related functions reduces the overall cost of oral health service delivery of small dental practices and improves their ability to remain compliant with regulatory requirements.

DSOs appear to improve the dental services market by increasing access to oral health care and creating an attractive employment option for new dentists. Employment in, rather than ownership of, dental practices is an emerging preference among new dentists, many of whom are graduating with significant student debt due to the high cost of a dental education.[4] DSOs eliminate the need to invest in a dental practice post-graduation and offer employment with reasonable salaries, often providing opportunities to increase income through production incentives. DSOs provide new

---

[1] Academy of General Dentistry, Practice Models Task Force. *Investigative Report on the Corporate Practice of Dentistry*. 2013. http://www.agd.org/media/171772/corporatedentistrystudy.pdf

[2] Winegarden W, Arduin D. The Benefits Created by Dental Service Organizations. Pacific Research Institute, San Francisco, CA. October 2012. https://www.pacificresearch.org/fileadmin/documents/Studies/PDFs/DSOFinal.pdf

[3] The American Dental Association. Roadmap to Dental Practice. http://www.ada.org/~/media/ADA/Education%20and%20Careers/Files/Roadmap_to_Dental_Practice2907.pdf?la=en

[4] Mulvay,P. The Road to Integrated Care. Pick Your Path: What is a DSO? The NEXTDDS. 2015; 5(2):202-6. http://www.thenextdds.com/Magazines/Fall-2015-/-Volume-5-/-Issue-2/

dentists with available mentors and clinical supervision, which are not always available in private dental practices. DSOs influence the labor market for dentists through their hiring standards and training requirements, which often include a preference for residency-trained providers.

Research suggests that many of the existing DSOs provide services to historically underserved populations in greater volume than private dental practices in the same geographic area. The economies of scale generated by DSOs permit these entities to establish clinics in underserved areas, allowing service providers to focus on patients while the larger organization manages administration and regulatory compliance. As a result, it appears that underserved populations are increasingly engaged with DSO-affiliated dental providers.[2]

Hypotheses, Design, and Analysis: Because the DSO business, organizational, and workforce models have not been well-researched, this study is exploratory and hypothesis-generating in nature. This mixed-methods study will:

- Examine available literature about DSO models, focusing on the patients served, workforce recruitment and retention strategies, new and established dentists' career pathways, and evolving models of DSOs' service deployment.
- Use the literature review to inform case studies categorizing DSOs into a conceptual framework that currently does not exist and will underpin future analytic work.
- Conduct case studies of at least 5 DSOs organized under different business configurations and describe their models, their use of the dental workforce, and their intended impact on access to services. Not-for-profit DSOs and "Medicaid predominant" DSOs[5] will be included in this study.

Data Sources: There are limited data sources describing the impact of DSOs on oral health service delivery, access, and outcomes. Researchers will review and summarize available literature about DSOs with a focus on workforce strategies and expanded access for Medicaid patients. Researchers will then conduct interviews with key stakeholders in at least 5 DSOs (CEO, CFO, policy representatives, etc.) to gain their perspectives on workforce and access issues.

Human Subjects Research: The project will be submitted to the New York State Department of Health Institutional Review Board for review of the interview protocol for the case studies.

Deliverables: Researchers will produce a technical report and a research brief describing study findings. 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.

[5] Children's Dental Health Project. Issue Brief: Dental Visits for Medicaid Children: Analysis and Policy Recommendations. June 2012. https://www.cdhp.org/resources/173-dental-visits-for-medicaid-children-analysis-policy-recommendations