



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

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Objective: Dental services in the US have been traditionally provided in private dental practices operating as small businesses. Organizational structures for oral health service delivery and for managing business functions are changing, resulting in a variety of options for patients selecting providers. Perhaps the most noticeable change in the dental practice paradigm is the consolidation of small private dental practices into large groups. Dental support organizations (DSOs) provide practice management, human resources, and clerical services, as well as many other business tools. Trends in consolidation of dental practices and the business, organizational, and workforce models that enable these large practices have not been well researched.

The objectives of this project were to:

- Identify and analyze data describing these organizations
- Conduct interviews with DSOs to understand the qualitative aspects and benefits of management alliances.

Design/Methods: This mixed-methods study was exploratory in nature. The available literature and secondary data on DSOs were examined. Primary data were collected through an online survey of a convenience sample of 47 DSOs in the US. Finally, qualitative case studies of 6 DSOs were developed through phone interviews.

Results: The findings from the online survey included the following:

- DSOs defined their organizations in various ways, suggesting functional differences among similar organizations within the broad class known as “dental support organizations” (87.5%).
- DSOs were mainly for-profit organizations (96.8%), and a majority were privately held (62.5%).
- DSOs varied in the number of patients served by practice affiliates in 2016. The range was 6,000 to 1,600,000 patients.

- Dentists affiliated with DSOs in various ways, including as associates (66.7%), owners (66.7%), and employees (53.7%).
- The main source of new recruits to many of the organizations was experienced dentists.
- DSOs observed that dentists are attracted to work with a DSO because of the compensation, location, and career opportunities afforded within the organization.
- Thirty of the DSOs that participated in the survey research responded to a question asking if any of the dentists affiliated with the organization treated patients insured by Medicaid or CHIP. Eighty percent indicated that at least some of their affiliated dentists treated publicly insured people.
- Most of the Medicaid or CHIP population served by DSO affiliate practices were children.

Findings from the case studies included:

- Economic and regulatory influences, including costs associated with delivering oral health services, drive the growth in the number of DSOs across the US and their organizational structures.
- DSOs clearly delineate between the management functions of the organization and any clinical functions of dentistry.
- DSOs contribute to increased availability of oral health services for underserved populations.
- DSOs locate and configure as variously as the private practices that comprise them.
- Providing dental services to people insured by Medicaid has unique challenges in each of the states in which DSOs operate.
- Recruitment and retention strategies for dentists and other clinical providers varied by DSO and by individual practice need within each DSO.
- A common electronic dental record is essential to managing practices in multiple locations and to enable compliance, cost containment, and other management services.

Conclusions: The dynamic policy and practice environment in health care generally is a primary motivator for the growth in large group dental practices across the US. DSO involvement in dental practice management will continue to evolve in light of ongoing concerns around the availability of services, the need for accountability of providers, and the importance of generating efficiencies to reduce escalating costs. Further research is needed to fully understand the impact of the merging of dental practices in states. Ongoing longitudinal and systematic review of the impact of emerging management structures and consolidated practice models in dentistry would be beneficial.

Key Words: DSOs, Dentistry, Oral Health

HWRC Website Link: http://www.oralhealthworkforce.org/wp-content/uploads/2017/09/OHWRC_Trends_in_Dental_Service_Organization_Model_2017.pdf