

Practice Patterns of Postgraduate Dental Residency Completers from Select Long-Term HRSA-Funded Primary Dental Care Training Programs

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Introduction/Background

The Health Resources and Service Administration (HRSA) mission is *“To improve health outcomes and address health disparities through access to quality services, a skilled health workforce, and innovative, high-calorie programs.”* To support this mission, HRSA supports primary care postgraduate dental (PGD) training programs through competitive grant funding.¹ Primary dental care fields include Advanced Education in General Dentistry (AEGD), General Practice Residency (GPR), Pediatrics, and Dental Public Health (DPH). This study aims to assess the impacts of this HRSA-funded training experience on current practice patterns of completers of these programs, and subsequent patient access to care, and to measure the long-term impact of these programs on improving the capacity of dentists to meet the needs of the underserved.

Methods

Using historical HRSA funding data on award disbursement to PGD programs, we selected 25 programs from 13 institutions to recruit for participation, from which 12 programs at 7 institutions agreed. Institutional interviews with program directors informed survey development and provided contextual data. A web-based survey of all program completers was developed, pilot tested and deployed, receiving an overall response rate of 44%. Responses were analysed descriptively by program type to assess experience, skills and practice patterns related to HRSA stated goals.

Findings

Compared to the universe of postgraduate trained primary care dentists trained in the same time frame², the surveyed sample of HRSA-funded PGD completers are younger, more female, and more racially/ethnically diverse. Among the surveyed completers, a wide variation in educational pathways was observed, including 29% who reported multiple post-graduate dental training experiences and 17% who reported having additional academic degrees. The vast majority of completers across all program types were satisfied with their training, with less than 2.6% overall indicating any dissatisfaction.

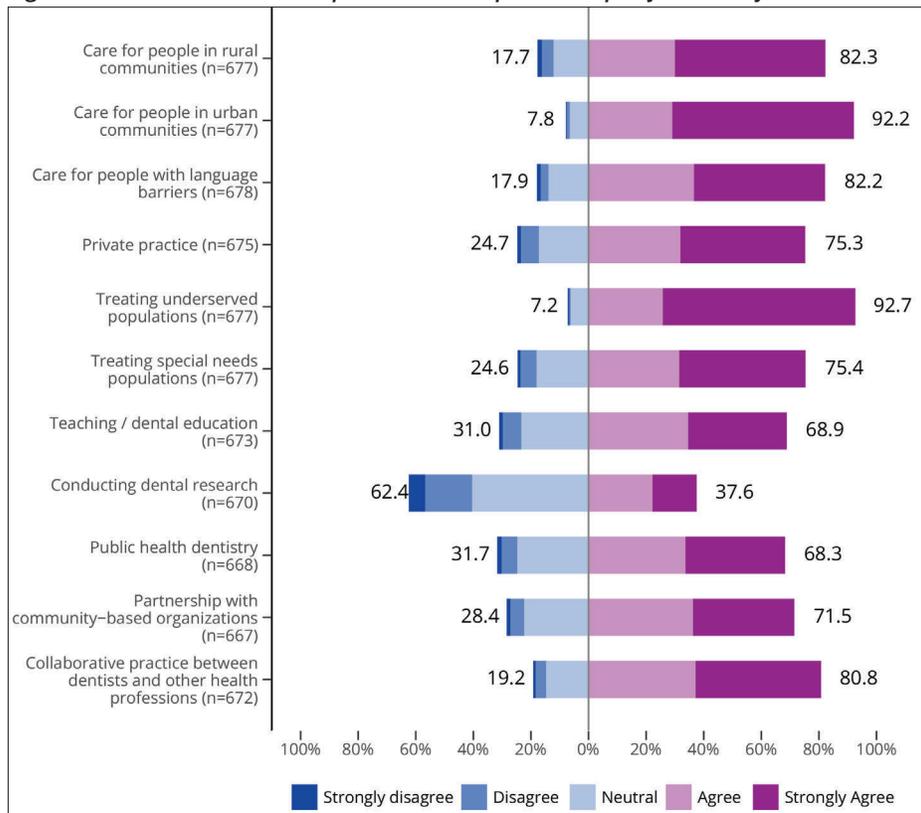
Conclusions and Policy Implications

- 1) The training experiences (high quality) and long-term practice patterns of dentists (improving access) indicate that HRSA-funded programs perform quite well in creating a long term impact on HRSA priority areas of improving workforce diversity and addressing health disparities.
- 2) The number of programs that receive HRSA funding is dwarfed by the overall size of graduate dental education. Supportive policy mechanisms for comprehensive advanced training priorities should be developed to further meet the dental professions’ and public’s needs.
- 3) We see distinctive patterns among the primary care fields, with pediatric dentists more likely to work in private practice, the use of the DHP residency as a pathway for foreign trained dentists and AEGD and GPR programs often serving as a gateway to specialty training.
- 4) A more comprehensive look at postgraduate dental training is limited by the lack of data for tracking and measuring the comparative impacts over time.

¹ National Center for Health Workforce Analysis. *Oral Health Training and Workforce Programs: Academic Year 2016-2017*. Rockville, MD: Health Resources and Services Administration, Bureau of Health Workforce; 2018.

² American Dental Association Health Policy Institute, unpublished data, December 2018.

Figure 1. Extent to Which Completers Felt Prepared in Specific Skills after PGD Training



Younger dentists reported higher educational debt, with over 10% reporting \$350K+ total debt. Respondents reported a high level of preparation in all HRSA focus areas except dental research (Figure 1). A majority (63%) of respondents had experience in Interprofessional Education during their training, which has been strong focus of HRSA funding in recent years.

In their current practice, completers reported a strong commitment to activities in HRSA's priority areas including treating publicly insured patients (63%), patients with special health needs (53%), working in a medically underserved area (43%) or dental health professional shortage area (30%), and working in dental education (28%). Among clinically active dentists, the average proportion of their patients with public insurance (45.9%) exceeded the average proportion of patients with private insurance (44.2%), although this varied by program type. A current HRSA focus is on addressing the opioid epidemic, while nutrition and tobacco counselling have long been a priority as part of a focus on prevention. Over half of respondents said they usually or always have conducted tobacco and nutritional counselling, while 1 in 3 reported usually or always screening for alcohol and substance use.

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This study indicates targeted Federal training investments can have positive short-and long-term impacts, yet overall support for postgraduate dental training is limited. To improve access to dental care through workforce development will require investment and strategic alignment with key public health goals, along with improved data and tracking on the workforce for policy monitoring and modification.