OBJECTIVE

A major objective of the study was to collect data about DSOs to understand qualitative differences in organizational structures, variation in forms of engagement with dental and other clinical providers, and to evaluate the contributions of DSOs to care for traditionally underserved populations, particularly the publicly insured.

This study was conducted by the Oral Health Workforce Research Center (OHWRC) in cooperation with the Association of Dental Support Organizations (ADSO).

This work was supported by funding from the Health Resources and Services Administration.

METHODS

The study surveyed the 47 members of ADSO in 2017. ADSO fielded emails to their members requesting study participation. Responses were directed to and resided on a dedicated server at OHWRC.

Survey Instrument

The final survey instrument consisted of 15 questions about:
- The structure and location of DSOs and their affiliates
- The services provided by the DSO
- The percentage of affiliated dentists who treated patients insured by Medicaid or CHIP
- The percentage of the patient population that was publicly insured

Survey Administration

The survey was web-based (built on the Qualtrics platform) and was open for approximately one month from May 2017.

RESULTS

In total, 32 of the 47 organizations solicited to participate responded to the survey for a response rate of 68.1%. DSOs described their organizations in various ways, suggesting functional differences among similar organizations within the broad class known as “dental support organizations” (DSOs).

DSOs defined their organizations in various ways, suggesting qualitative differences in organizational structures, variation in forms of engagement with dental and other clinical providers, and to evaluate the contributions of DSOs to care for traditionally underserved populations, particularly the publicly insured.

Neuro Psychiatric

Twenty three of the 32 survey respondents (71.9%) indicated that they served Medicaid or CHIP insured patients in at least one state in which they had dental practice affiliates.

Sixty-one percent of DSOs that served Medicaid-insured patients indicated that 50% or more of the dentists affiliated with the organization treated some patients insured by Medicaid or CHIP.

Sixty-eight percent of DSO respondents selected that the surveyed DSOs treated at least 50% of its patients insured by Medicaid or CHIP. Nearly two-thirds (63.6%) of respondents indicated that more than 60% of the Medicaid insured population served in their organization was publicly insured.

DSOs were mainly for-profit organizations (96.8%), and a majority were privately held (62.5%).

DSOs were operating in 48 states and in the District of Columbia. There was no DSO presence among respondent organizations in Alaska and Montana.

All DSOs (100.0%) provided similar business and management services. However, fewer than three-quarters (71.9%) had a common electronic dental record, and fewer than half (46.9%) provided clinical care protocols to affiliates.

CONCLUSIONS

The accumulated data describe a diverse group of management services that provide a common core of business and information services but otherwise vary substantially in size and focus, types of services offered and patients served.

DSOs described a focus on management services with only limited involvement in any aspect of clinical dentistry. DSOs provided general dentistry, specialty services, or both. Most dentists recruited to DSOs were experienced dentists who were interested in a strategy of affiliating with private practice dentists. DSOs are leveraging size and market penetration to serve Medicaid or CHIP eligible patients to an appreciable degree.

REFERENCE