

Workforce Shortages Pinch Care

by GUY DEYTON, DDS

If you tried to recruit staff in the last year, you may have had difficulty filling open positions and you may have found it necessary to escalate your compensation packages. You also may have discovered that formerly dependable temporary agencies were unable to offer replacement staff and had waiting lists for offices seeking help. Reports like this led the Missouri Office of Dental Health (ODH), the Missouri Dental Association, and the Missouri Dental Hygienists Association to review workforce data and distribute a workforce survey to care providers.

This article will describe what we learned about Missouri's Oral Healthcare Workforce and what we intend to do to help make things better. There were 843 total responses to the ODH Workforce Survey distributed in March 2022. Here are the main takeaways from our deep dive into the survey and data. Explanations follow.

The current workforce shortage cuts across all roles in the dental office: doctor, hygienist, dental assistant and administrators.

- The pre-pandemic workforce already was strained. The pandemic resulted in an estimated exit of 1-10 percent of our oral healthcare workforce, depending on the workforce role.
- Staff left offices for many reasons. Some exit reasons, like perceived health risks or need to stay home with children, were directly related to the COVID-19 pandemic. Other reasons, like cumulative stress and burnout, were indirectly related to the pandemic. Some reasons were personal.
- Our surveys and others indicate some may return to the oral healthcare workforce, but many may not return, opting for more flexible work options with less perceived risk.

- The result is short-staffed oral health-care facilities that are not only struggling to see all patients in need of care, but also stressed and frustrated about where they can find the staff they need.

PRE-PANDEMIC WORKFORCE: DENTISTS

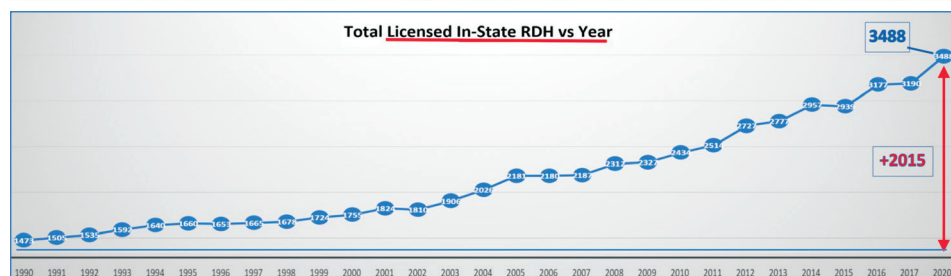
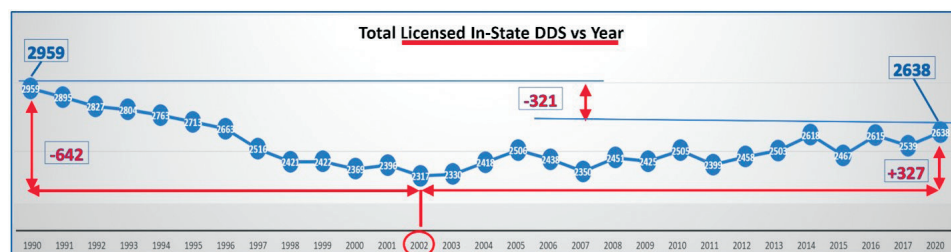
To understand our current workforce issues, one has to look backwards. From 1960 through 1984, three dental schools (Washington University, St. Louis University and UMKC School of Dentistry) produced an average of approximately 240 dentists per year. Between 1979 and 1989, Washington University and St. Louis University closed their undergraduate dental schools. In the mid-1980s UMKC cut its class size from 160 to 80. By 1990 many more dentists in Missouri started retiring than were being replaced by graduating dentists. In the 12 years between 1990 and 2002, Missouri lost approximately 642 dentists practicing in Missouri. In the 19 years since, we have recovered only about half of the dentists we lost. In that same period the population in Missouri has increased by more than 1 million people. The result was a 35 percent increase in the average workload on each Missouri Dentist.

PRE-PANDEMIC WORKFORCE: ASSISTANTS & HYGIENISTS

Between 1990 and 2020, the saving grace for the oral healthcare workforce was the growth of dental hygienists and Expanded Function Dental Assistants (EFDA). The number of hygienists grew by more than 2,000. Between 2000 and 2020, there were approximately 6,766 EFDA permits issued to approximately 3,000 assistants and hygienists. The increase in the number of dental hygienists and EFDAs didn't keep pace with the population growth, but it did let the oral healthcare workforce cope with increasing demand.

THE EFFECTS OF THE COVID-19 PANDEMIC ON WORKFORCE

The COVID-19 pandemic was hard on all healthcare workforce sectors including dentistry. Fifty-eight percent (58%) of respondents to the ODH Survey reported staff left their employ due to COVID-19 related concerns during the pandemic. While it is difficult to exactly determine the attrition rate by role, combining the results of the ODH Survey with other published surveys leads ODH to the following estimates on the impact of the pandemic on the oral healthcare workforce in Missouri.



Dentists: ODH estimates that 1-3 percent of dentists left the Missouri workforce during the pandemic. Predominantly, these were dentists near retirement age who chose to retire rather than dealing with the strains of practice during the pandemic. Eighteen percent (18%) of ODH survey respondents stated filling an open position for dentist took more than 90 days. Fifty-seven percent (57%) stated they were unable to fill an open position for a dentist.

Hygienists: The ADA/ADHA national survey indicated approximately 8 percent of hygienists withdrew from active practice during the pandemic. Our survey seems to mirror those results. The ADA/ADHA survey indicates some hygienists may consider returning in the future. Twenty-nine percent (29%) of ODH survey respondents stated filling an open position for hygienists took more than 90 days. Forty-four percent (44%) stated they were unable to fill an open position for a hygienist.

Dental Assistants: Our surveys and interviews seem to indicate that dental assistants who withdrew from dental practice during the pandemic may be the least likely to return. We estimate between 5%-10% of dental assistants left the oral healthcare workforce. Forty-five percent (45%) of ODH survey respondents stated filling an open position for assistants took more than 90 days or they were unable to fill the position. Sixty percent (60%) of respondents stated they were unable to fill an open position for an EFDA.

Administrative Staff: Our surveys indicate administrative staff was least affected by the pandemic with an estimated attrition rate of 1%-3%. Nineteen percent (19%) of ODH survey respondents stated filling an open position for administrative staff took more than 90 days. Twenty-two percent (22%) of respondents stated they were unable to fill an open position for administrative staff.

CONCLUSIONS & ACTION STEPS

There were more than 300 comments from respondents to the ODH Workforce Survey. The following are representative observations and planned action steps.

- Many expressed frustration, stress, burnout and concern for long-term

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health of care providers due to workforce shortages.

- Many expressed concerns workforce shortages were 'pinching' their ability to care for patients.
- Several suggested recruiting workforce was more difficult in rural areas.
- All seemed to suggest the need to do something to address workforce issues was urgent.
- This is the main thing I want you to remember about this article:

The Missouri Office of Dental Health, the MDA, the Missouri Dental Hygienists Association and the Missouri Primary Care Association have heard your concerns. We are convening a joint task force to discuss solutions. By the time you read this we will have already met once. Our goal is to develop a concrete action plan for an oral health-

care workforce that will adequately serve Missourians and support the well-being of the care providers. We will report our recommendations to each association no later than July 15.

Workforce issues have been building for a couple of decades and were exacerbated by the COVID-19 pandemic. We will try to offer practical short- and long-term solutions. In the meantime, hang in there and support each other.



Contact Dr. Deyton at guy.deyton@health.mo.gov or 573-526-3838.

DID YOU KNOW?

IN 2021, THERE WERE 712 HEALTHCARE DATA BREACHES REPORTED

(per the December 2021 Healthcare Data Breach Report, HipaaJournal.com)

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