Helping Dental Students Make Informed Decisions About Private Practice Employment Options in a Changing Landscape

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Abstract: According to the 2014 American Dental Education Association (ADEA) Survey of Dental School Seniors, 45.3% of new graduates planned to enter private practice immediately after graduation; of those, while 65% planned to become an associate dentist in a private practice, 28.3% intended to enter a corporate group practice—the only category that saw an increase over the previous year. Current trends indicate that the number of new graduates choosing to enter some form of private practice without further education will continue to remain high, due in large part to the need to repay educational debt. In light of these trends, the question that must be asked is whether dental schools are optimally preparing students to make informed decisions regarding future employment options in the changing dental practice landscape. This article argues that dental schools should review their curricula to ensure graduates are being prepared for this changing environment and the increased business pressures associated with dental practice. Important considerations in preparing dental students to be successful in the process of selecting a practice model are identified.

Keywords: dental education, career choice, practice management, dental group practice, corporate group practice

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Upon graduation from dental school, a new dentist must select a career path. Whether graduates choose private practice in an individual or group environment, pursuit of a career in research, military service, or dental education, or an alternative career track in the dental profession, their dental education should help them in making that decision. According to the 2014 American Dental Education Association (ADEA) Survey of Dental School Seniors, control of work schedule, service to others, and opportunity for self-employment remain the top reasons seniors chose dentistry as a career; but the variety of career options in dentistry has become an increasingly important factor, seeing an almost 8.0% increase as a very important factor from 2010 to 2014. But how well do current dental curricula help students choose from among these career options?

While the private practice model remains the predominant method of practicing clinical dentistry, the American Dental Association (ADA) reports that becoming a “dentist employee” in a corporate dental service organization (DSO) has steadily increased in popularity among practitioners. DSOs provide nonclinical services for their affiliated dental practices. Typical services include marketing, financial operations, and contract negotiations for supplies and services provided by third parties. Dentists may be owners, employees, or independent contractors in DSOs in exchange for a salary or commission.

New graduates as well as existing practitioners may consider a corporate dentistry alternative, expecting that it will free them from the business side of practice and allow them to concentrate on clinical dentistry. With the need to repay increasing levels of educational debt, new dentists may also be more likely to enter corporate or other forms of private practice as opposed to teaching, research and administration, or government service positions. The ADEA survey of 2014 seniors found that 45.3% planned to enter private practice immediately after graduation; of
those, while the highest percentage (65%) planned to become an associate dentist in a private practice, the next highest percentage (28.3%) intended to enter a corporate group practice—the only category that saw an increase over the previous year.¹

With corporate dental practice an increasingly viable alternative to the solo or group practice models, an investigation by the Academy of General Dentistry (AGD) found that while dentists do ask questions when they are considering a corporate practice, many say they do not know the right questions to ask.⁸ Without accurate information, choosing the best business model will be a difficult decision to make. If dentists do not know the right questions to ask, one may ask if dental school curricula are including adequate content to optimally prepare graduates for these employment decisions. In the changing practice environment, Valachovic asks, “Are we doing enough to prepare students for the shifts occurring in the business of dentistry?” and “Should we be doing more to help our students evaluate their opportunities both as employees and as entrepreneurs?”⁸ As dental educators, it is our responsibility to expose students to the dynamics of the practice of dentistry as a business.

This article will review factors underlying students’ choice of practice model and discuss potential challenges to the delivery of quality care and standards of compliance required by state and national professional dental organizations. We will argue that dental schools should review their curricula to ensure that their students’ education continues to meet the needs of the changing practice environment.

### Effects of Debt

While dental school graduates make practice choices based upon many factors such as family preference, office location, lifestyle, and practice styles, their decisions are also influenced by their educational debt burden, the prospect of taking on more debt, and the need for immediate income to begin paying off loans.¹⁰ Students graduating from dental school in 2014 had an average total undergraduate and dental school debt for all students combined (those with and without debt) of $220,892.¹ However, debt was not distributed evenly across the student population: 10% from public schools and 11% from private schools graduated with no educational debt, while almost a third (32.1%) had a debt level over $300,000.¹

The new dental graduate will likely have other financial needs in addition to the responsibility of making a monthly student loan payment. Although many new graduates will either begin their careers as an associate or enter a residency program, most will at some point own a practice as a sole proprietor or buy into a partnership. According to the National Maternal and Child Oral Health Resource Center, the cost of a three-chair, 1,800-square foot office in 2011 was $624,452 for start-up and $305,609 for annual operations, for a total of $930,601 for the first year.¹¹ This figure includes the salaries of one dentist ($140,658), two assistants, and one half-time dental hygienist as well as the costs of remodeling, construction, large and small equipment, supplies, and instruments. In addition to these anticipated professional expenses, other considerations many dentists will face are the personal expenditures associated with children. According to the U.S. Department of Agriculture, the estimated cost of raising a child through age 17 born in 2012 was $407,820 including day care and monthly grocery bill.¹²

As an example of the loan repayment burden, consider if a new dentist graduates with a loan amount of $250,000 (Table 1). Upon completion of dental school at 26–28 years of age, completion of the debt repayment would occur around the age of 33–35 on this schedule. When one takes into account additional costs a recent graduate may face (starting a practice, living expenses, moving, raising children, housing, etc.), the total debt owed may double to $500,000, resulting in a higher loan repayment amount. The need to manage their educational debt and make decisions about the advisability of taking on additional debt makes it imperative that dental students learn how to evaluate the costs and benefits of various practice options.

### Meeting Standards of Care

Along with the motivations of paying off educational debt and being unwilling or unable to take on additional debt associated with an ownership situ-
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Some of the challenges that have been attributed anecdotally to a corporate practice model include overtreatment or overservicing; clear demarcation of assigned professionals responsible for patient care on a long-term basis; conflict between practitioners regarding treatment plans and standards of care (especially when disagreements arise); and perceived conflict of a business model in which the financial goals of a for-profit corporate practice and entity may prevail over standards of care.\textsuperscript{13}

Overservicing is a breach of ethical conduct that is not unique to a particular business or practice model, but is a concern in oral health care and may contribute to increased overall health care costs.\textsuperscript{18}

Currently, there are no quantitative data to support the idea that overservicing is a systematic problem in DSOs, but concerns have been raised in the media regarding pressure on some corporate dentists to produce in a manner to meet corporate goals, raising the prospect of overtreatment by employees who may be threatened with termination if not meeting production goals.\textsuperscript{19}

Another example of an ethical challenge, reported to an author of this article by a corporate practice practitioner, involved the role of a dental hygiene consultant. In this practice, responsibility for diagnosis and treatment of periodontal disease was transferred from the dentist to the dental hygienist, which resulted in overtreatment and redundant therapies. Allegations that profits take precedence over patient care have been made,\textsuperscript{8} while yet another ethical dilemma may be the inability to complete treatment as a result of closure of a corporate office.\textsuperscript{20}

Such situations result in compromised ethical standards as the dentist would not have the ability to access records or provide timely referral to another competent provider.

Currently, conflicting opinions exist as to whether or not non-dentists can own, manage, and be involved in what are eventually clinical decisions of a dental practice.\textsuperscript{21} The fundamental question is how a corporate, for-profit entity intertwines with the clinical care of patients by dentists who have an ethical duty and legal responsibility for their patients. Certainly, a group of professionals can put checks and balances in place to ensure the dental practice is meeting the highest standards of care. Our question is how well dental schools are preparing our students to address such complex issues that may arise in a corporate environment. As increasing numbers of graduates move into large corporate practices, dental schools must prepare students both to gather
sufficient data to make practice decisions and to be knowledgeable about their legal and ethical obligations for private and corporate practice.

Extending Practice Management Education

Providing practice management education for students regarding models of practice requires information on the legal structure of various practices and the dentist’s rights and responsibilities within each practice model. Educating students about the corporate practice of dentistry presents a number of challenges due to variations in practice modalities and laws governing these practices.

Among the variations, corporate dentistry models can be assessed by key attributes such as location of the provision of management services, ownership of the business services company, ownership of any parent company, and roles of the dentist. However, the combination of these attributes can result in a number of management modalities. A recent attempt by an ADA group to establish a terminology for dental group practices proposed these categories: dentist-owned and operated group practice, dentist management organization-affiliated group practice, insurer-provider group practice, not-for-profit group practice, government agency group practice, and hybrid group practice. However, the ADA group emphasizes that the tremendous range in the number of dentists involved, the status of dentists in the organization, and the involvement of private equity firms will result in large variations in practices within the same category. Confusion in terminology has also hindered meaningful study of the impact of corporate dentistry on access to care and dentist satisfaction with practice. Within this shifting environment, teaching students to ask the right questions may be more valuable than providing information on such an imprecise topic.

Educating students about the regulation of corporate dentistry is another challenging topic for dental educators because oversight varies widely from state to state. One constant is that no state allows the practice of dentistry by a non-dentist in order to prevent the interference by an unlicensed person with the physician-patient relationship. However, rules regarding ownership and scope of services provided by non-dentists vary across states. New dentists entering practice may assume that a corporation practicing within a state is following the state’s statutes. However, numerous legal challenges of the corporate model show that the practices of existing corporations may be subject to litigation. Therefore, the requirement is for new dentists to familiarize themselves with prospective practice models and their own state statutes prior to committing to employment with a practice. Whatever the practice modality, the practicing dentist is responsible for compliance with state laws and regulations.

Dentists are also responsible for placing the patient’s best interest over their self-interest, whether an economic concern or a matter of convenience, regardless of the type of practice. The treatment rendered and the supervision of auxiliary staff members remain under the purview of the dentist. The dentist is responsible for obtaining informed consent and informed refusal for appropriate treatments regardless of practice protocols or insurance coverage. Perhaps one of the most difficult transitions from dental student to dentist is the shift of this locus of responsibility from the institution to the individual. Unlike in dental school, the novice dentist may mistake practice policies, production expectations, and directives from the corporation as shared responsibility for outcomes. However, there are no circumstances, including following recommendations by practice facilitators, whether dentists or non-dentists, that absolve dentists from responsibility for the treatment of their patients. These responsibilities should be reinforced in the practice management curriculum.

New Needs for Teaching Practice Management

In the Commission on Dental Accreditation (CODA) predoctoral accreditation standards, the practice management and health care systems section (standards 2-17, 2-18, and 2-19) outlines the curricular obligations of this topic for each accredited dental school. Graduates must be competent in basic principles and philosophies of practice management, models of oral health care delivery, and leading an oral health care team, including skills for communication and collaboration with other members of the health care team. The intent of these standards is for students to understand the role of different members of the health care team through their educational experiences, particularly in the clinical environment.

Based on these CODA standards, the argument can be made that dental schools are in fact obligated
to educate predoctoral dental students regarding all facets of dental practice, including DSOs. The changes in practice models should be reflected in what is being taught regarding practice management. Today, fewer than 85% of dentists are owners of their practice; however, 25 years ago, more than 90% of dentists were owners.\textsuperscript{22} This change in practice ownership can be attributed to increasing numbers of dentists working in DSOs and other large group practice settings.\textsuperscript{22,24} As dental practice continues its evolution from a solo practitioner setting to a group practice model, it will be imperative for dental students to receive the requisite educational training to prepare them for future practice in a group setting. Dentists will also be required to possess sufficient skills to practice in an interprofessional manner, given the known links between oral and systemic health, coupled with the aging of the dental patient population.

Interprofessional education (IPE) is an educational process that provides health professions students with the opportunity to obtain knowledge and skills within their area of expertise while interacting with students from one or more additional health profession disciplines.\textsuperscript{26} The importance of IPE extends beyond students’ education, as it also prepares them for a future of interprofessional practice (IPP), removing disciplinary silos. Without proper IPE, students cannot be expected to engage in meaningful IPP with practitioners from other health fields when they enter practice. Although those choosing the dental profession tend to be individuals who aspire to the goal of being a practice owner, with more graduates today electing to enter group practices, IPE and IPP will become a more necessary component of the dental curriculum to prepare students for the evolving nature of dental practice. The dynamics of being a solo practitioner versus an employee in a group setting are very different. Dental education should simulate these clinical conditions. An example of a clinical education model of IPE and IPP can be found in the New York University College of Dentistry’s collaboration with the College of Nursing.\textsuperscript{27} In that setting, dental students and nurse practitioners provide care in a collaborative clinical environment where patients receive basic primary medical care along with their dental treatment in one location.

Many graduating dental students are enticed by competitive compensation offers to accept positions in corporate practices, not realizing the implications of their decision with regards to the demands of patient care. Contracts generally stipulate a minimum number of working days per year. In order to compensate for the expected low production for the first several months of employment of a new graduate, some DSOs now require employees to sign 18- to 24-month contracts. The curriculum must demonstrate that not all DSOs are alike. DSOs at one end of the continuum more closely resemble a smaller private practice, while larger practices focus on higher volume and profits. Some corporate practices maintain the character of a private practice with one to three dentists in a smaller practice setting, allowing for more autonomy of the practitioner. Other practices fall in the middle along this continuum, while still others exemplify more of a corporate model in terms of their emphasis on patient volume and profit and grant less autonomy to the practitioner.\textsuperscript{28}

What amount of time is allotted to the topic of corporate dentistry in the practice management curriculum to meet CODA standards covering practice models? Historically, our experience leads us to believe that most of the practice management curriculum is devoted to the private practice model: associateship positions and practice ownership. The goal of all dental schools should be to provide greater emphasis on educating dental students regarding the pros and cons of corporate and private practice, so they may have the ability to make an informed decision regarding the trajectory of their career. We recommend that curriculum content be reviewed in order to ensure that students are prepared for the shifts occurring in the business of dentistry, as dental education should be doing more to help our students evaluate their employment and entrepreneurial opportunities (Table 2).

### Table 2. Summary of recommendations for curricular enhancements in practice management education

1. Explain shifts that occur in the business of dental practice.
2. Provide a clear understanding of the legal structure of the corporate practice of dentistry and the dentist’s rights and responsibilities in this practice model and others.
3. Review time allotted in the dental curriculum for inquiry into the corporate dentistry practice model, and assist students in developing the appropriate questions required to make an educated decision regarding this and other practice options.
4. Develop interactive and engaging experiences that give students the opportunity to experience various types of practice models that include interprofessional experiences.
Conclusion

The culture of dental practice is changing, and new graduates are faced with a myriad of choices. Debt is likely to drive their decisions along with consideration for family, location, recommendations from other professionals, and their interest in private, group, military, and corporate models of practice. This important career choice should be based upon the educational experiences and guidance obtained from students’ academic programs. In the changing landscape of dental practice, dental education must provide the curricular support necessary to enable our graduates to make successful career decisions in the practice of oral health care delivery.

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REFERENCES

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