

## Research Brief

# Practice Setting Transitions and Career Satisfaction among New Dentists

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## Key Messages

- *When examining practice setting transitions, we find that new dentists are most likely to remain within the same setting over a five-year period. This is true for both practice size and dental support organization (DSO) affiliation, the two aspects of practice setting we focus on in our transitions analysis. When transitions do occur, they are most often “downhill,” meaning dentists move from larger practices to smaller ones. However, over a five-year period, only 10 to 15 percent of new dentists transition into solo practice.*
- *In terms of career satisfaction, our analysis suggests that, overall, new dentists have a preference for unaffiliated private practice, meaning they are not part of, or affiliated with, a multi-site group practice or a DSO. At the same time, our research indicates there are pros and cons associated with different practice settings, and new dentists might be sorting into different settings based on how they value various aspects of the practice environment.*
- *Educational debt levels do not vary across practice settings for new dentists, suggesting debt is not a major driver of career choice for dentists, at least in the early career stage.*

## Introduction

Health practice consolidation comes in many forms: hospital networks, accountable care organizations, provider-owned large group practices, private equity-owned large group practices, single-specialty group practice, multi-specialty group practice, and so on. Many health care professions have gone through various stages of consolidation. As of 2020, half of U.S. physicians are employees while 44.0 percent are practice owners, down from 53.2 percent in 2012.<sup>1</sup> Nearly 1 in 5 (17.2 percent) physicians work in a practice with 50 or more other physicians while only 14.0 percent are in solo practice, down from 18.4 percent in 2012.<sup>1</sup> Corporate entities such as hospitals and private equity firms own an estimated 52.1 percent of physician practices.<sup>2</sup> These trends toward practice consolidation have been steadily increasing for decades and are unlikely to slow down given large stakeholders' unabating interest in the health care sector<sup>3</sup> and the struggle of independent practices to maintain financial stability.<sup>4,5</sup>

Dentistry has been experiencing a similar shift toward consolidated practice. According to the latest data from the ADA Health Policy Institute, 36 percent of U.S. dentists are in solo practice as of 2022<sup>6</sup> compared an estimated 54 percent in 2012.<sup>7</sup> Fourteen percent of dentists work in practices that have 10 or more locations. Consolidation in dentistry is likely to accelerate in the future. Younger dentists have the highest rates of large group practice affiliation (about one-fourth of dentists who are less than 10 years out of dental school work in practices with 10 or more locations compared to 8 percent of dentists who are 25 years or more out of dental school).<sup>6</sup>

More and more dentists are affiliated with a dental support organization (DSO). An estimated 13 percent of dentists in the U.S. are in such a model. Among dentists up to five years out of dental school, however, 27 percent are affiliated with a DSO.<sup>6</sup> These numbers are all trending upwards.

There is a lot of debate over the implications of practice consolidation for quality of care, affordability and access to care, and efficiency of care that patients receive. There is also a lot of interest in how provider satisfaction varies by practice setting type. Are providers happier as employees in a large corporate entity, or is consolidated practice merely a “steppingstone” to private practice? What are the key job attributes that are important to provider satisfaction, and are these attributes more likely to be found in large groups, small groups, or solo practice? Within a DSO-affiliated practice or unaffiliated private practices? These questions have been explored for the medical side, but less so for dentistry. Our previous research found that dentists rated small group practice slightly more satisfying than solo practice in terms of work-life balance, benefits, and ability to focus on the clinical aspects of their practice.<sup>8</sup> Dentists in large group practice, on the other hand, reported the lowest rates

of satisfaction for nearly every attribute, including work-life balance and emotional exhaustion.

In this brief, we share insights based on new research on two key questions related to the practice setting shift happening in dentistry. We first examine transition rates of dentists in and out of various practice setting types over time. Second, we identify underlying factors driving dentist career satisfaction, how these vary by practice setting, and what role they play in determining future career choices. Given that practice setting transitions are more common in the earlier career stages, our analysis focuses exclusively on “new” dentists, defined as those who are less than 10 years out of dental school.

## Results

### *Transitions Across Practice Setting Types*

We used data for 2016 and 2021 for all practicing dentists in the U.S. to track how two key aspects of practice setting changed over a five-year period. As our starting sample, we focused only on dentists who in 2016 were less than 10 years out of dental school. We did not have comparable data for many of our outcomes of interest for earlier years. The first key aspect of practice setting we examined is the number of affiliated locations in the dental practice where the dentist is working, or practice size (Table 1). The second key aspect of practice setting is whether the dentist’s practice is affiliated with a DSO (Table 2). As noted in the methods section, these are two related but distinct aspects of practice setting.

We generated a “transition matrix,” which provides a picture of how new dentists’ practice setting changes over a five-year period, comparing flows from one type of practice setting type to another.

The shaded cells in Table 1 represent the percentages of dentists whose practice size category did not change between 2016 and 2021. For example, among all new dentists who were in a practice with at least 100 locations in 2016, 53.9 percent were still in a practice with at least 100 locations five years later. It is important to note that this does not necessarily mean they were in the exact same practice, but that they remained in the same practice size category. The dentists could have moved from one practice to another of similar size. Looking at the other end of the spectrum, among new dentists who were in solo practice in 2016 (i.e., practices with one location and one dentist), 57.4 percent were still in solo practice in 2021, while 34.7 percent had moved to a single location practice with at least one other dentist or added at least one more dentist to that practice.

With regards to practice size transitions, there are important insights to highlight. First, in all but one case, new dentists are most likely to remain in the same

category of practice size over a five-year period. Moving across any particular row in Table 1, the highest percentage is usually found in the same practice size category (shaded cells). The one exception is new dentists who were in a practice with 2-9 locations in 2016. By 2021, these dentists were more likely to be in a smaller group (i.e., single location, more than one dentist). Second, when transitions do occur, they are usually “downhill” from larger to smaller practices. The exception, again, is the transition out of 2-9 location practices where there is a higher probability that dentists move to a larger group than a smaller group. Third, solo practice is not the “end game,” at least over a five-year period. For new dentists who were in any type of group practice in 2016, only 10 to 15 percent had transitioned to solo practice by 2021. Even among new dentists who were in solo practice in 2016, by 2021, about one in three had transitioned out of solo practice and into some type of group practice.

**Table 1:** Changes in Practice Size Between 2016 and 2021, New Dentists

		Practice Size in 2021						TOTAL
		100+ locations	50-99 locations	10-49 locations	2-9 locations	1 location & >1 dentist	1 location & 1 dentist	
Practice Size in 2016	100+ locations	53.9%	2.0%	2.6%	0.8%	27.2%	13.6%	100%
	50-99 locations	13.2%	49.6%	4.5%	0.1%	21.3%	11.3%	100%
	10-49 locations	16.0%	10.2%	36.1%	1.0%	25.8%	11.0%	100%
	2-9 locations	22.5%	4.2%	15.1%	23.0%	24.8%	10.4%	100%
	1 location & >1 dentist	5.9%	1.0%	2.9%	0.6%	74.3%	15.3%	100%
	1 location & 1 dentist	5.0%	0.7%	2.0%	0.3%	34.7%	57.4%	100%

**Source:** ADA Health Policy Institute analysis of office database data, 2016 to 2022. **Note:** Results are for dentists less than 10 years out of dental school. Results for dentists in later career stages available upon request. Shaded cells refer to dentists whose practice size category did not change between 2016 and 2021.

Turning to DSO affiliation, a similar pattern of inertia emerges (Table 2). It is most common for new dentists to have the same DSO affiliation status after a five-year period. For example, among new dentists who were affiliated with a DSO in 2016, 57.0 percent remained affiliated with a DSO in 2021 while 43.0 percent transitioned out of DSO affiliation, as seen in the shaded cells in Table 2. Among those not affiliated with a DSO in 2016, 91.0 percent remained unaffiliated by 2021 while 9.0 percent joined a DSO. Another important insight is that the probability of transitioning out of a DSO by 2021 among dentists affiliated with a DSO in 2016 (0.43) is much higher than the probability of transitioning into a DSO by 2021 among dentists unaffiliated with a DSO in 2016 (0.09).

For comparison, we calculated the same type of transition matrix as in Tables 1 and 2 but for dentists

who were mid and late-career in 2016 (results not shown). A very similar pattern appears in the data. Dentists of any career stage are most likely to be in practices of similar size and have the same DSO affiliation status after five years. When transitions do occur, they are likely to be “downhill” from a larger to smaller practice size. As we see with dentists less than 10 years out of dental school, solo practice is not the “end game,” at least over a five-year period. Only 10 to 15 percent of mid and late-career dentists practicing in any type of group in 2016 transitioned to solo practice by 2021. Further, another important difference compared to new dentists is that mid and late-career dentists are much less likely to change practice setting in general. In other words, the inertia or “stickiness” becomes more pronounced the later a dentist is in his or her career.

**Table 2:** Changes in Dental Support Organization Affiliation Between 2016 and 2021, New Dentists

		DSO Affiliation in 2021		
		Yes	No	TOTAL
DSO Affiliation in 2016	Yes	57.0%	43.0%	100%
	No	9.0%	91.0%	100%

**Source:** ADA Health Policy Institute analysis of office database data, 2016 to 2022. **Note:** Results are for dentists less than 10 years out of dental school as of 2016. Results for dentists in later career stages available upon request. DSO: dental support organization. Shaded cells refer to dentists whose DSO affiliation status did not change between 2016 and 2021.

*Results from Survey of New Dentists Practice Choices*

In addition to the transitions across practice setting analysis, we surveyed dentists to understand differences in career satisfaction by practice setting type. We targeted dentists who were up to ten years out of dental school as of 2022. We asked about their first position out of dental school, their current position, and their intentions regarding the future. We were able to delineate four types of practice settings: multi-site group practice or a DSO-affiliated private practice (i.e., affiliated private practice), private practice that is not part of a DSO or multi-site group practice (i.e., unaffiliated private practice), federally qualified health centers (FQHCs), and additional public settings (Table 3). It is important to note that practice settings based on our survey data are not directly comparable to the practice settings as analyzed in the previous section.

New dentists rated their satisfaction with 11 different attributes of their practice setting at the time of the survey. Results indicating satisfaction combine “satisfied” and “very satisfied” responses. Dentists working in FQHCs reported the highest levels of satisfaction for two of 11 attributes: paid time off and continuing education (CE) opportunities (Figure 1). Dentists working in additional public settings also reported the highest level of satisfaction for two attributes: leave and benefits package. For the remaining seven attributes, dentists in unaffiliated private practice reported the highest levels of satisfaction across all four practice settings. This suggests that the unaffiliated practice setting may be more satisfying than the affiliated practice setting, particularly when it comes to schedule flexibility, influence on business decisions, balance of time spent on clinical vs. non-clinical duties, and workplace culture.

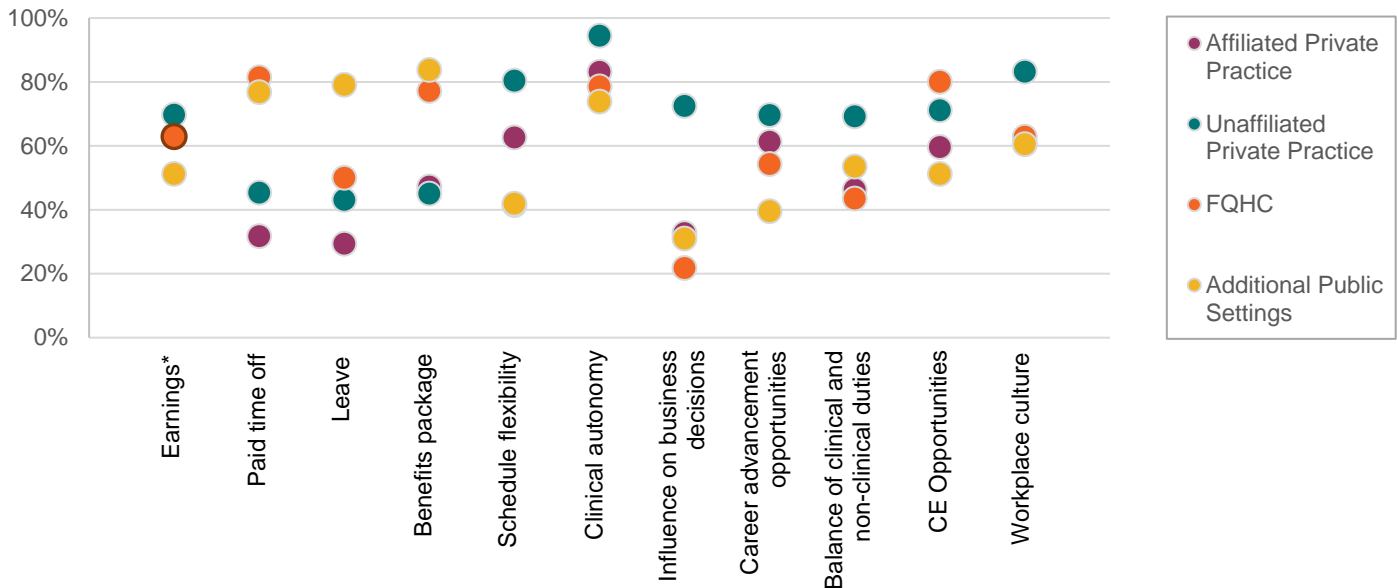
*Satisfaction with Current Position*

**Table 3:** Practice Setting Types, HPI Survey of New Dentists Practice Choices

Practice Setting Type	Definition
Affiliated private practice	Dental practice that is a part of, or affiliated with, a multi-site group practice or a dental support organization (DSO).
Unaffiliated private practice	Dental practice that is <b>not</b> a part of, or affiliated with, a multi-site group practice or a dental support organization (DSO).
Federally qualified health centers (FQHCs)	Nonprofit health clinics that provide outpatient health services to underserved populations and areas. Services are reimbursed by Medicare and Medicaid.
Additional public settings	Federal health centers for the Army, Veterans Affairs, and Public Health Services as well as other settings outside of private practice such as hospitals.

**Notes:** See Methods section for information on how survey was designed. Survey targeted dentists who graduated from dental school between 2013 and 2022.

Figure 1: Satisfaction with Various Aspects of Current Practice Setting, New Dentists



**Source:** ADA Health Policy Institute survey of dentists less than 10 years out of dental school. **Note:** Results are for dentists who graduated from dental school between 2013 and 2022. Combines “satisfied” and “very satisfied” responses. Affiliated private practice: practice that belongs to a multi-site group practice and/or a dental support organization (DSO). Unaffiliated private practice: practice that does not belong to a multi-site group practice or DSO. FQHC: federally qualified health centers. Additional public settings: practices affiliated with the U.S. Army, Veterans Affairs or Public Health Service, and hospitals. CE: continuing education. \*Satisfaction with earnings among dentists in affiliated private practice settings and dentists in FQHC settings was nearly equal and therefore “affiliated private practice” is not visible in the “earnings” column.

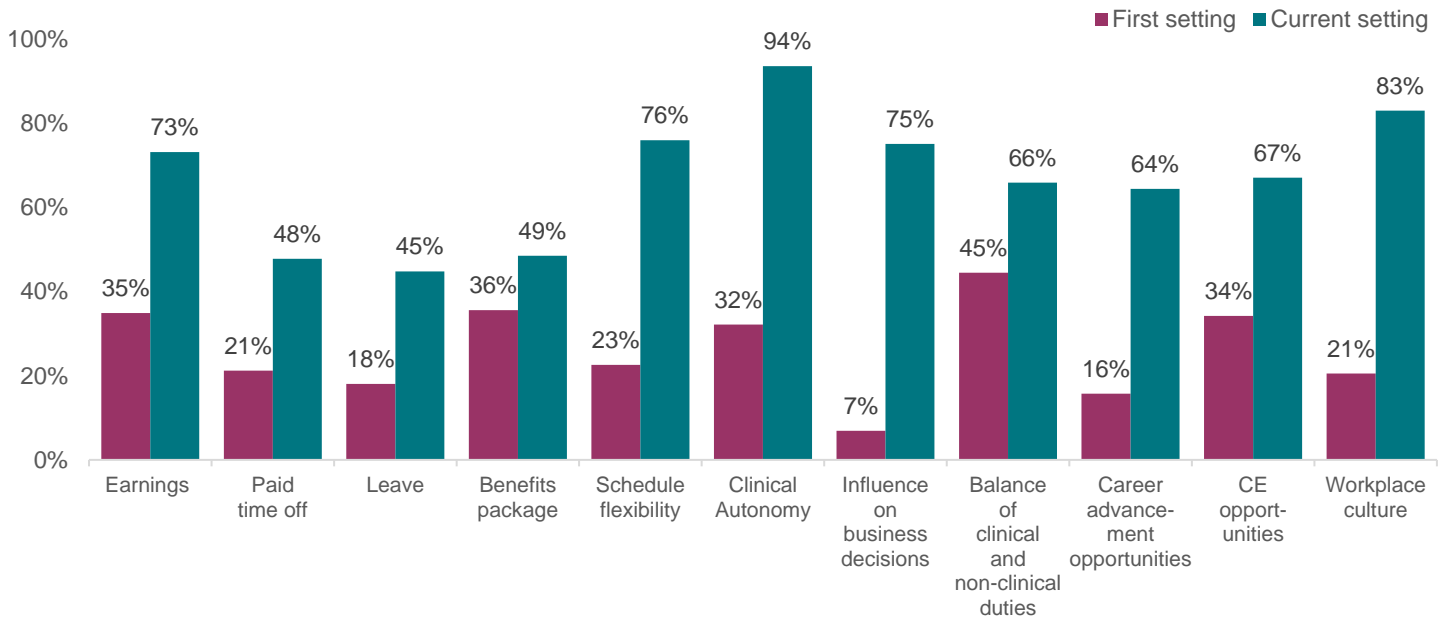
*Satisfaction Among New Dentists Whose Current Position Differed from Their First Position*

Dentists are generally more satisfied with their current position compared to their first position, regardless of which type of practice setting they left. The increase in satisfaction was especially high among dentists who left affiliated private practice compared to those who left unaffiliated private practice in terms of schedule flexibility (increase of 53 percent and 22 percent, respectively), clinical autonomy (increase of 62 percent and 38 percent, respectively), business influence (increase of 68 percent and 19 percent, respectively), and workplace culture (increase of 62 percent and 42 percent, respectively). Additionally, dentists who left unaffiliated private practice gave lower ratings of current satisfaction with business influence compared to those who left affiliated private practice (40 percent and 75 percent, respectively).

For dentists moving away from affiliated private practice, the three biggest increases in satisfaction ratings between their first and current positions were seen for influence on business decisions (from 7 percent to 75 percent), workplace culture (from 21 percent to 83 percent), and autonomy in clinical decision-making (from 32 percent to 94 percent) (Figure 2a). Increases in satisfaction for these attributes among dentists who left affiliated private practice were more pronounced than among dentists who left unaffiliated private practice.

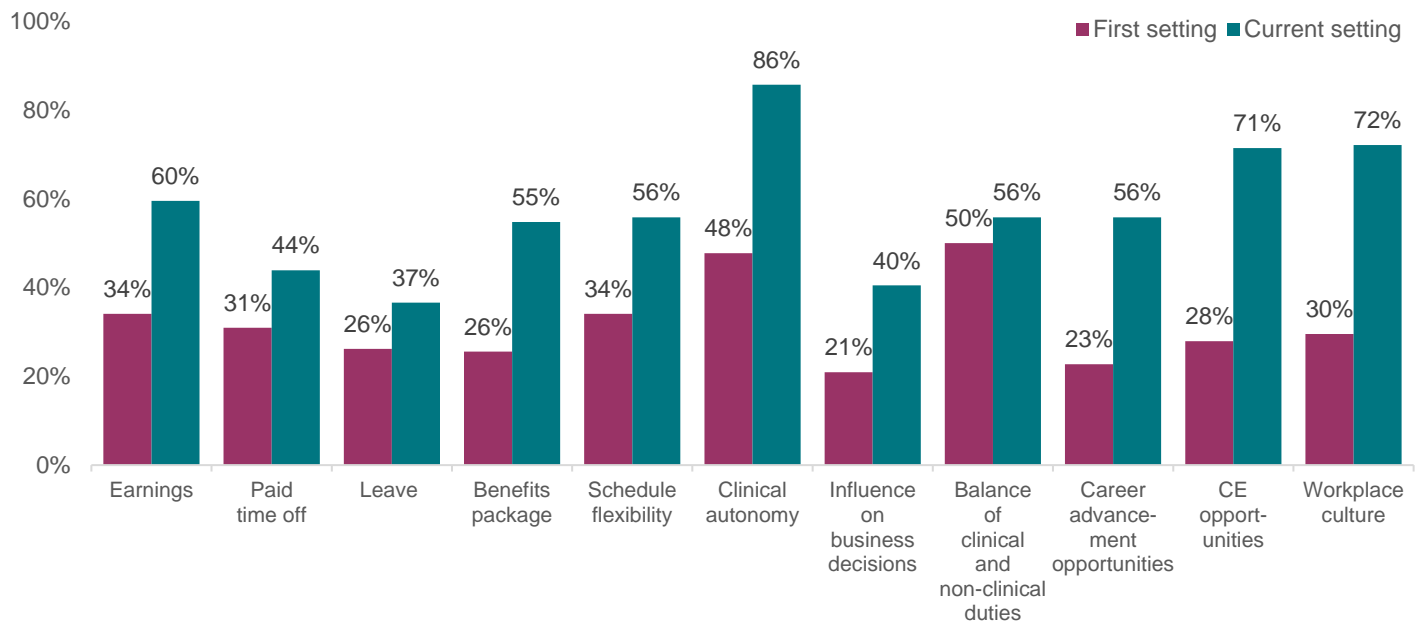
For dentists moving away from unaffiliated private practice, the three biggest increases in satisfaction were seen for CE opportunities (from 28 percent to 71 percent), workplace culture (from 30 percent to 72 percent), and clinical autonomy (from 48 percent to 86 percent) (Figure 2b).

**Figure 2a:** Change in Satisfaction for New Dentists Who Left an Affiliated Private Practice for Any Other Setting



**Source:** ADA Health Policy Institute survey of dentists less than 10 years out of dental school. **Note:** Results are for dentists who graduated from dental school between 2013 and 2022. Combines “satisfied” and “very satisfied” responses. Affiliated private practice: practice that belongs to a multi-site group practice and/or a dental support organization (DSO). CE: continuing education.

**Figure 2b:** Change in Satisfaction for New Dentists Who Left an Unaffiliated Private Practice for Any Other Setting



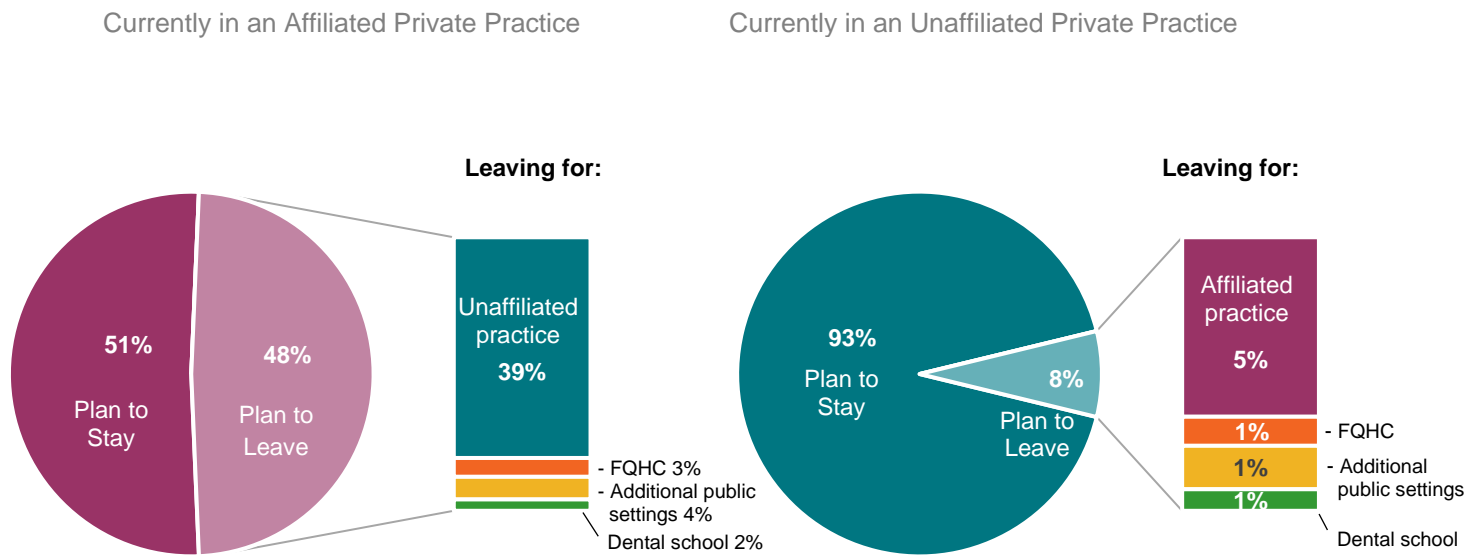
**Source:** ADA Health Policy Institute survey of dentists less than 10 years out of dental school. **Note:** Results are for dentists who graduated from dental school between 2013 and 2022. Combines “satisfied” and “very satisfied” responses. Unaffiliated private practice: practice that does not belong to a multi-site group practice or DSO. CE: continuing education.

*Satisfaction Among New Dentists Planning to Leave Current Practice Setting*

To gain insight on why dentists leave a given practice setting, we examined satisfaction rates among dentists who plan to leave their current position. A much larger proportion of dentists plan to leave affiliated private

practice (48 percent) than plan to leave unaffiliated private practice (8 percent) (Figure 3). Thirty-nine percent in affiliated private practice plan to leave for unaffiliated private practice, while five percent in unaffiliated private practice plan to leave for an affiliated private practice.

**Figure 3:** Percentage of New Dentists Planning to Leave Current Setting for a Different Practice Setting



**Source:** ADA Health Policy Institute survey of dentists less than 10 years out of dental school. **Notes:** Results are for dentists who graduated from dental school between 2013 and 2022. Affiliated private practice: practice that belongs to a multi-site group practice and/or a dental support organization (DSO). Unaffiliated private practice: practice that does not belong to a multi-site group practice or DSO. FQHC: federally qualified health centers. Additional public settings: practices affiliated with the U.S. Army, Veterans Affairs or Public Health Service, and hospitals. Dental school: dentists would be part of faculty/staff. Results may not add up to 100% due to rounding.

Dentists who plan to move away from an affiliated private practice were least satisfied with their influence on business decisions for the practice (15 percent), leave (18 percent), and paid time off (21 percent). Those who plan to leave unaffiliated private practice were least satisfied with their benefits package (28

percent), paid time off (33 percent), and leave (35 percent) (Figure 4). The biggest differences in satisfaction between affiliated and unaffiliated private practice settings for those intending to leave these settings occurred for their influence on business decisions for the practice (15 percent and 51 percent,



respectively), opportunities for career advancement (26 percent and 44 percent, respectively), leave (18 percent and 35 percent, respectively), and workplace culture (45 percent and 61 percent, respectively).

### *Importance of Various Attributes for Future Position*

Additionally, we examined the importance of the 11 attributes of practice settings when it comes to dentists' future practice plans. Results combine "important" and "very important" responses. With a few exceptions, importance of attributes of future position was rated high across the board, regardless of current practice setting (Figure 5).

Despite high importance ratings across the board, there were some differences between dentists planning to leave affiliated vs. unaffiliated private practice settings. Dentists planning to transition away from affiliated private practice gave significantly lower ratings of importance for leave compared to dentists planning to transition away from unaffiliated private practice (56 percent and 90 percent, respectively). Alternatively, dentists planning to transition away from unaffiliated private practice gave significantly lower ratings of importance than their affiliated counterparts for their influence on business decisions about the practice (63 percent and 79 percent, respectively).

### *Relationship Between Current Satisfaction Levels and Importance of Attributes*

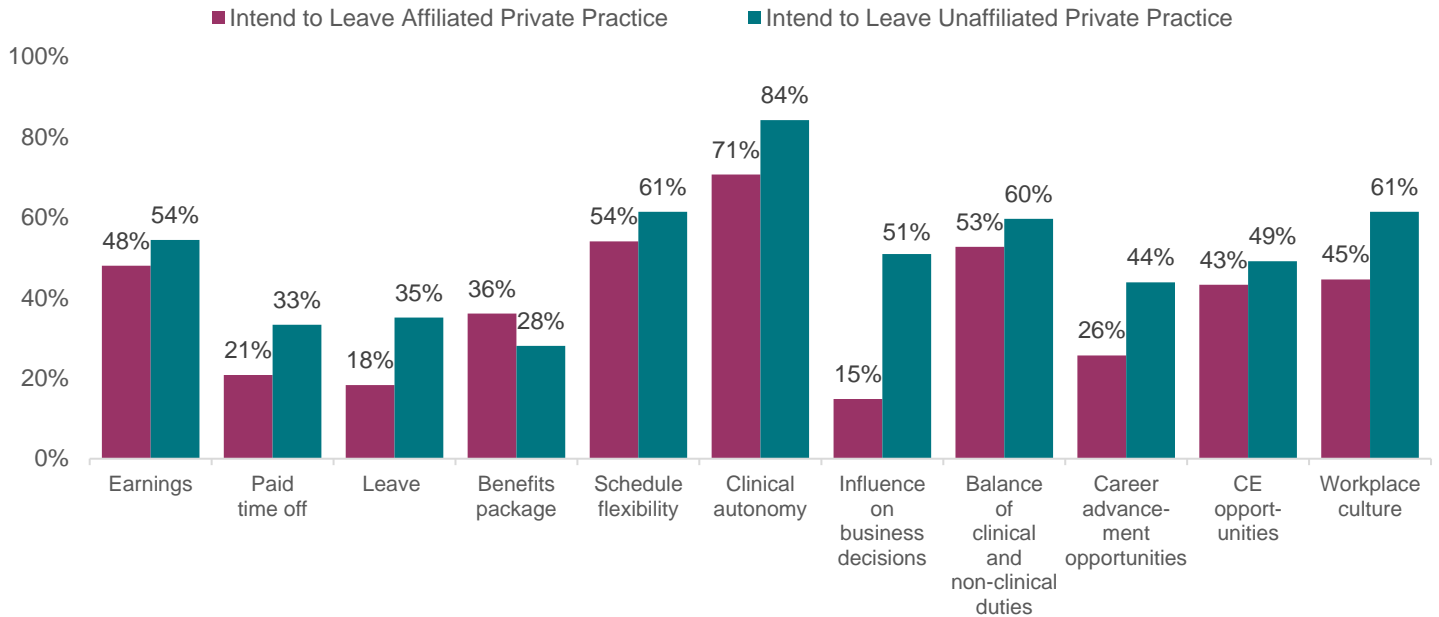
Comparing Figures 4 and 5, we can infer the relationship between satisfaction with current position

and importance of the attributes in choosing a future position. Only 15 percent of dentists who plan to leave affiliated private practice are satisfied with their current level of influence on business and 26 percent are satisfied with their opportunities for career advancement. About 8 in 10 dentists rated influence on business decisions as "important" or "very important" and 9 in 10 rated career advancement as "important" or "very important." So, dentists who plan to leave affiliated private practice may feel that their current position limits their ability to be involved in business decisions in their practice as well as their opportunities for advancement.

Dentists who plan to leave unaffiliated private practice were least satisfied with their current benefits package (28 percent satisfied), paid time off (33 percent satisfied), and leave (35 percent satisfied), while most of them rated these same attributes as "important" or "very important" (81 percent, 88 percent, and 90 percent, respectively). So, dentists who plan to leave unaffiliated private practice may feel that their overall benefits are subpar.

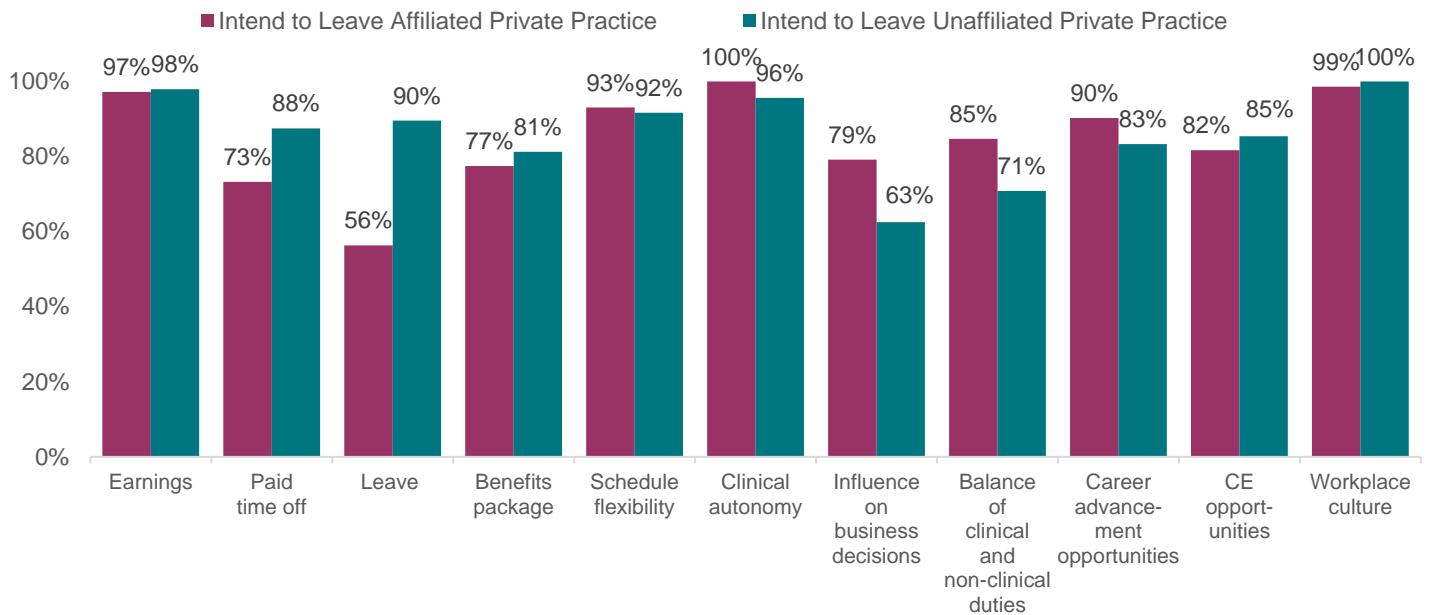
Taken together, these findings suggest that dentists planning to leave affiliated vs. unaffiliated private practice settings may have different pain points driving their decision to leave. Those in the affiliated private practice setting appear to want more high-level influence in their future position, while those in the unaffiliated private practice setting appear to want better overall benefits; dentists in both settings may feel that they could find more satisfaction with certain attributes in a different type of practice setting.

**Figure 4:** Satisfaction with Current Position for New Dentists Planning to Leave Current Practice Setting



**Source:** ADA Health Policy Institute survey of dentists less than 10 years out of dental school. **Note:** Results are for dentists who graduated from dental school between 2013 and 2022. Combines “satisfied” and “very satisfied” responses. Affiliated practice: practice that belongs to a multi-site group practice and/or a dental support organization (DSO). Unaffiliated practice: practice that does not belong to a multi-site group practice or DSO. CE: continuing education.

**Figure 5:** Importance of Various Attributes for New Dentists Planning to Leave Current Practice Setting



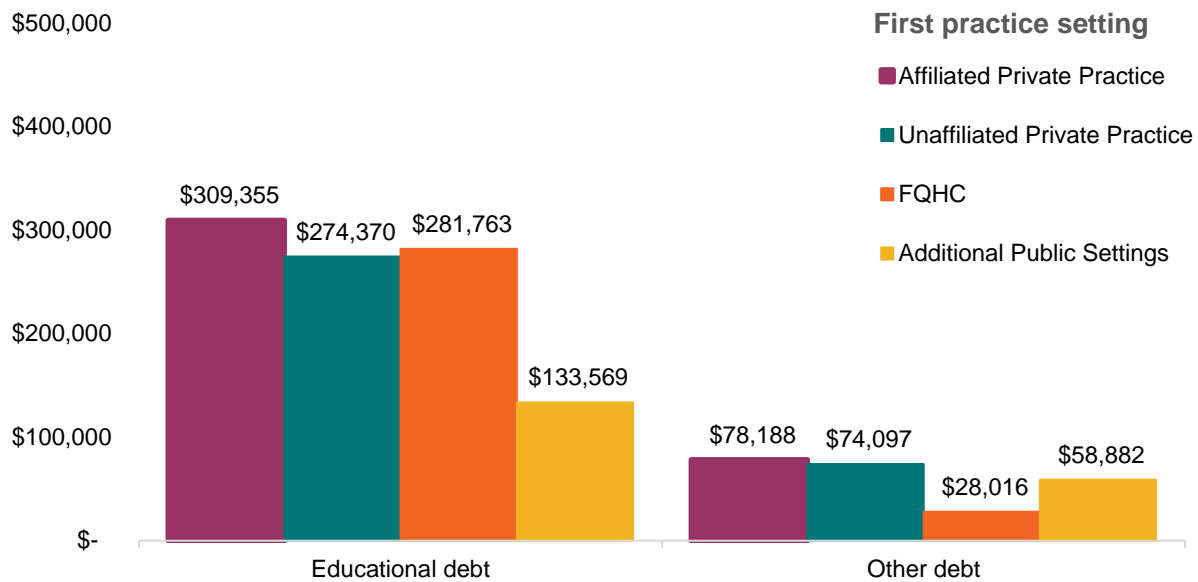
**Source:** ADA Health Policy Institute survey of dentists less than 10 years out of dental school. **Note:** Results are for dentists who graduated from dental school between 2013 and 2022. Combines “important” and “very important” responses. Affiliated private practice: practice that belongs to a multi-site group practice and/or a dental support organization (DSO). Unaffiliated private practice: practice that does not belong to a multi-site group practice or DSO. CE: continuing education.

*Financial and Demographic Influences on Dentist Practice Setting Choice*

We examined the role of debt in dentists' choice of first position after dental school and the role of dentists' sex in the importance of attributes of a future career choice. While average educational debt upon graduation was lowest for dentists who started out in

additional public settings (i.e., Army, Veterans Affairs, hospital), it was similar among dentists who started out in affiliated private practice, unaffiliated private practice, and FQHC practice settings (Figure 6). These data suggest debt at time of graduation from dental school may not play a meaningful role in influencing practice setting choices.

**Figure 6:** Average Debt Upon Graduation, New Dentists, by First Practice Setting

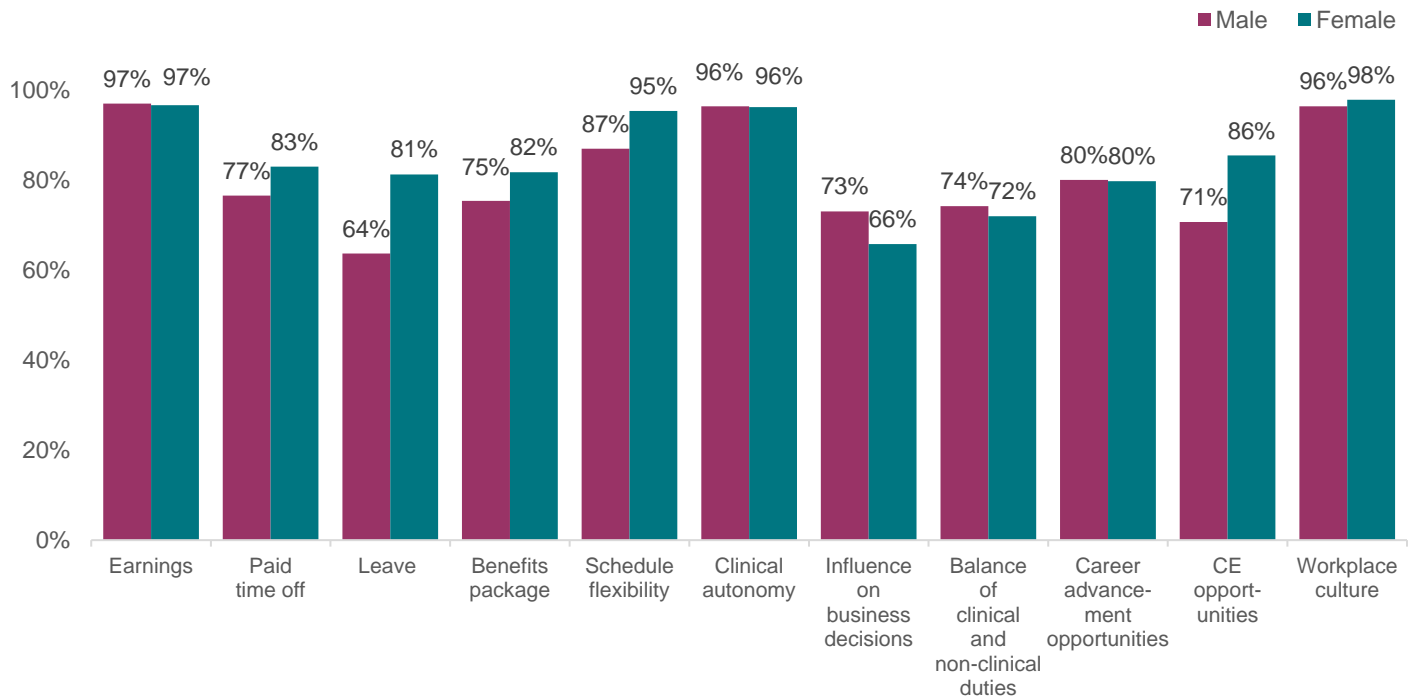


**Source:** ADA Health Policy Institute survey of dentists less than 10 years out of dental school. **Note:** Results are for dentists who graduated from dental school between 2013 and 2022. Affiliated practice: practice that belongs to a multi-site group practice and/or a dental support organization (DSO). Unaffiliated practice: practice that does not belong to a multi-site group practice or DSO. FQHC: federally qualified health centers. Additional public settings: practices affiliated with the U.S. Army, Veterans Affairs or Public Health Service, and hospitals. Includes respondents who reported \$0 debt.

What dentists rated as important in choosing a future position differed by sex for some attributes (Figure 7). Compared to male dentists, female dentists rated importance higher for leave, flexibility in scheduling how much and when they work, and CE opportunities. The biggest difference between male and female

dentists occurred for leave – 64 percent of male dentists and 81 percent of female dentists rated leave as important. This is likely due to salience of maternity leave among female dentists.

**Figure 7:** Importance of Various Attributes for New Dentists Planning to Leave Current Practice Setting, by Sex



**Source:** ADA Health Policy Institute survey of dentists less than 10 years out of dental school. **Note:** Results are for dentists who graduated from dental school between 2013 and 2022. Combines “important” and “very important” responses. Affiliated practice: practice that belongs to a multi-site group practice and/or a dental support organization (DSO). Unaffiliated practice: practice that does not belong to a multi-site group practice or DSO. CE: continuing education.

## Discussion

Practice consolidation continues to accelerate in dentistry, with fewer dentists in solo practice and more and more in groups of various configurations and characteristics. Our research provides new insights on this trend, focusing specifically on new dentists, that is, those with less than 10 years out of dental school.

When it comes to transitions in and out of various practice settings, our analysis indicates that new dentists are most likely to remain in the same practice setting type across the five-year span we analyzed. This is true for both practice size and DSO affiliation, the two aspects of practice setting we focus on. Among new dentists affiliated with a DSO, we find that 57 percent are still affiliated with a DSO five years later. As far as we know, this is the first estimate of “retention” rates within DSOs. At the same time, the majority of new dentists who are currently affiliated with a DSO report that they intend to transition out of this practice setting. In contrast, among new dentists in an unaffiliated practice, nearly all report they intend to remain in this type of practice setting. There is a difference between actual DSO retention rates and intentions among new dentists. Our results strongly suggest that the growth of DSOs is tightly linked to new dental school graduates practicing in these types of models.

In terms of practice size, when transitions do occur, we find that the main movement is “downhill” from larger practice sizes to smaller ones. However, our analysis shows that solo practice is not the ultimate destination among new dentists. Only 10 to 15 percent of new dentists in some form of group practice transition into a solo practice over a five-year period.

Turning to career satisfaction, our analysis suggests that, overall, new dentists show a preference for unaffiliated private practice. New dentists in unaffiliated

private practice rated satisfaction higher than those in affiliated private practice for almost all job attributes. New dentists who transitioned away from affiliated private practice saw larger increases in satisfaction levels for key attributes than those who transitioned away from unaffiliated private practice. A much higher share of new dentists intend to leave affiliated private practices for unaffiliated private practice than intend to leave unaffiliated private practice. These findings, taken together, suggest a preference for unaffiliated private practice.

At the same time, our analysis also indicates there are pros and cons associated with different practice settings, and new dentists might simply be sorting into different settings based on how they value various job attributes. New dentists who switched practice settings saw an increase in career satisfaction regardless of the practice setting that they transitioned out of or into. This is an important finding. New dentists who transitioned out of affiliated private practice as well as those who transitioned out of unaffiliated private practice both, on average, experienced increases in career satisfaction. But the drivers of the increase may be different.

Dentists who transitioned out of affiliated private practice saw larger increases in satisfaction with schedule flexibility, clinical autonomy, influence on business decisions, and workplace culture compared to those transitioning out of unaffiliated private practice. Dentists who transitioned out of unaffiliated private practice saw larger increases in satisfaction with benefits package and continuing education opportunities compared to those transitioning out of affiliated practice. Notably, the increase in satisfaction with influence on business decisions among dentists moving from affiliated to unaffiliated private practice

represented the largest increase in satisfaction with any job attribute across all dentists who changed practice settings. Together, these findings support the notion that the unaffiliated private practice setting provides dentists more opportunities to influence business decisions for the practice, an attribute that was also rated as more important by dentists planning to leave affiliated private practice.

There were some surprising findings from our analysis. In theory, consolidated practice models free up health care providers from the administrative burdens and personal financial risks of practice ownership and management, allowing them to concentrate on treating patients. On the flip side, practice ownership gives providers full control and oversight of the clinical and business aspects of their professional lives.<sup>9</sup> We found it surprising that compared to unaffiliated private practice settings, dentists in affiliated private practice settings had lower rates of satisfaction with paid time off, schedule flexibility, and advancement opportunities: the very attributes that group practices should seemingly have to their advantage.

These surprising findings do not appear to be unique to dentistry. Employed physicians report higher degrees of feeling overworked and having too many

administrative burdens compared to private practice physicians<sup>10,11</sup>

It is important to highlight our results related to educational debt. Our findings show no significant differences in educational debt levels between new dentists in affiliated and unaffiliated private practice settings. This finding suggests educational debt is not a main driver of practice setting choice. Previous research aligns with this conclusion.<sup>12</sup>

As dentistry continues to shift from solo practice toward group practice and more affiliation with DSOs, our study is an important contribution on how new dentists are being impacted by these trends. We wish to emphasize that our results focus on practice setting transitions of new dentists over a five-year period due to data availability. Our results might be different looking at a ten-year or twenty-year timeframe and as more data become available, we plan on updating the analysis. Bigger picture, the ADA Health Policy Institute will continue exploring broader research related to dentist practice settings and career transitions.

## Data & Methods

This research brief is based on two data sources: the ADA Health Policy Institute's office database for 2016 through 2021 as well as a survey fielded in 2023 to U.S. dentists who are less than 10 years out of dental school.

### *HPI Office Database – Sources*

The core of HPI's office database is the American Dental Association (ADA) masterfile. The masterfile includes a census of all practicing dentists in the United States and was used as the primary source of business addresses for the dentist office database. Addresses in the masterfile are obtained via the ADA Distribution of Dentist Survey, the ADA Survey of Dental Graduates, state and local dental associations, and state licensure databases. Along with business addresses, the ADA masterfile<sup>13</sup> includes dentist name, dental specialty, birth year, gender, year of graduation, and dental school of graduation. For any given year, the dentist office database uses a snapshot of the masterfile as of November of that year.

We supplemented the masterfile with data from the National Provider Identifier (NPI) dentist registry, maintained by the Department of Health and Human Services' (HHS) Centers for Medicare and Medicaid Services (CMS) for all health care providers who submit insurance claims electronically.<sup>14</sup> The NPI database includes fields such as individual dentist NPI number – a unique identification for an individual dentist – and a business address. The NPI data for a particular year are taken during the fall months of that particular year.

We incorporated data from Insure Kids Now (IKN), a website that identifies dentists that participate in Medicaid or the Children's Health Insurance Program (CHIP) for child dental care services. The IKN website

is maintained by CMS.<sup>15</sup> Through a data use agreement, CMS provided raw data to HPI for all states. The purpose of the IKN website is to help families in each state locate Medicaid or CHIP dental providers for their children. For each state, CMS provided a full roster of Medicaid or CHIP providers for three months covering the fall months of that particular year. We removed duplicate observations and used exact and fuzzy matching methods to merge IKN records to the ADA masterfile. In some cases, IKN only provides the address of a dental office participating in Medicaid or CHIP, but no dentist information. In those instances, we considered all dentists working at that address as participating in Medicaid or CHIP.

We incorporated data on dentist affiliation with dental support organizations (DSOs), which are entities that provide compliance, accounting, billing, supply, inventory, and management services to dental practices.<sup>16</sup> DSO affiliation status is based on a list provided by the Association of Dental Support Organizations (ADSO).<sup>17</sup> We collected data on dental office locations from the website of each ADSO member based in the U.S. The data included dentist name and office address. Using exact and fuzzy matching methods, we matched dentists from the DSO database into the masterfile. We also collected data on group practices that are not affiliated with ADSO via web searching. If these companies have information on their websites that declare themselves to be a DSO or language that states they provide management services for dentists, we considered these group practices to be DSOs. Data on practice size and DSO affiliation was also provided by Fluent, which we used to supplement our analysis.

We incorporated data from the Health Resources and Services Administration (HRSA) on federally qualified health center (FQHC) provider sites during the fall of

the relevant data year.<sup>18</sup> Based on dentist address data in the ADA masterfile, NPI dentist registry, and IKN database, we were able to map dentists into specific FQHCs. These locations are included in the office database.

### *HPI Office Database – Analysis*

To examine dentist transitions out of different practice modalities based on group practice location size and DSO status over a five-year period, we examined dentists in the 2016 and 2021 ADA office databases. We separately analyzed transitions based on practice size (100 or more locations, 50-99 locations, 10-49 locations, 2-9 locations,<sup>19</sup> single location/more than one dentist, single location/one dentist) and DSO status<sup>20</sup> (DSO and non-DSO). To maintain mutual exclusivity in the percentage of dentists in a certain practice setting based on location size, we imposed a hierarchy where 100 or more locations > 50-99 locations > 10-49 locations > 2-9 locations > single location/more than one dentist > single location/one dentist. For example, if a dentist is in a group practice with 100 or more locations and at another group practice with 2-9 locations, he or she is considered to be in a group practice with 100 or more locations. We examined five-year transitions for all dentists and separately for dentists with up to 10 years out of dental school, 11 to 25 years out of dental school, and 26 or more years out of dental school. We classified dentists according to their years out of dental school in 2016. Dentists with inconsistent graduation year and gender in 2016 and 2021 are excluded from the analysis. We also excluded dentists who were not mapped to an address in 2016 or 2021 or did not practice in both years. After imposing these restrictions, our final analytic sample includes 153,127 dentists.

Conditional on a dentist's practice setting type in 2016, we estimated the percentage of dentists in a particular practice setting type based on practice size or DSO

status in 2021. For example, based on practice size, among dentists who were in a group practice with 100 or more locations in 2016, we calculated the percentage of those dentists who stayed in that particular setting type or transitioned to another setting type in 2021. We also estimated transition percentages based on other practice size modalities. Similarly, based on DSO status, we estimated the percentage of DSO dentists in 2016 stayed in a DSO or transitioned to a non-DSO practice in 2021. Vice versa, we also estimated the percentage of non-DSO dentists who transitioned to a DSO practice or stayed at a non-DSO location in 2021.

### *Survey of New Dentists Practice Choices – Instrument*

HPI fielded a survey via online and mail among new dentists to assess their satisfaction with their first and current practice settings and identify key drivers behind the decision to transition to other practice settings.

To measure dentists' job satisfaction, we developed a list of 11 attributes relevant to dentistry, drawing from our previous work<sup>8</sup> on dentists' job satisfaction as well as other research on job satisfaction among health care providers.<sup>21-27</sup>

A draft of the attributes list was reviewed by other ADA staff, select members of the ADA New Dentist Committee, and the Texas Dental Association. The attributes list was then revised to adjust phrasing and capture additional attributes. The final list of attributes includes four items to capture satisfaction with compensation and benefits (earnings, paid time off, leave, benefits package), two items to capture satisfaction with hours worked and how they are spent (flexibility in scheduling hours, balance of time spent on clinical vs. non-clinical duties), two items to capture satisfaction with sense of control in the workplace (autonomy in clinical decision making, influence on



business decisions in the practice), one item to capture satisfaction with working relationships (overall atmosphere and culture in the workplace), one item to capture satisfaction with continuing education or professional development (opportunities for continuing education), and one item to capture satisfaction with possibilities for advancement or promotion (opportunities for career advancement). (See survey questions 7, 12 and 16 in the Appendix for the complete list of attributes.)

In addition to asking respondents to rate satisfaction with those attributes, the survey included questions about practice setting and importance of the 11 attributes in choosing a future position. Respondents were asked to indicate their current practice setting and first practice setting out of dental school as well as rate their satisfaction with each attribute for their current and first positions. Respondents were also asked to indicate the practice setting where they plan to work in the next five years and to rate the importance of each attribute when thinking about their future position.

In order to categorize respondents in private practice as affiliated or not affiliated with a DSO or multi-site group practice, respondents who indicated private practice for their current or first practice setting were also asked to indicate whether or not the practice setting is/was affiliated with a DSO or multi-site group practice. Respondents who indicated that they plan to be in a private practice setting in the next five years were also asked if they plan for that setting to be affiliated with a DSO or multi-site group practice.

In order to examine the possible role of debt in dentist choice of first practice setting after dental school, all respondents were asked to indicate their education and other debt at the time of graduation from dental school. Additionally, all respondents were asked to indicate month and year that they began their current

and first practice settings. Other survey items for dentists in private practice also included number of locations of the current practice, number of locations the dentist currently works in, number of owners and nonowners in the current practice; these items were taken from the annual HPI Survey of Dental Graduates. (See Appendix for exact item wording of these other survey items.)

### *Survey of New Dentists Practice Choices – Sample*

The ADA masterfile of dentists was used as the source for this sample. Dentists were eligible for the study if they graduated dental school between 2013 and 2022 and were actively practicing dentistry in the U.S. or its territories at the time of the survey, a total of more than 61,000 dentists. The sample was designed to include all dentists who graduated in 2019-2022 and a random sample of 3,000 graduating dentists from each year between 2013 and 2019, resulting in a total sample of 41,732 practicing dentists.

Dentists were contacted up to a total of five times between April and July of 2023. Data collection began April 22, 2023, when the survey was first emailed to 35,276 dentists in the sample who had a valid email address in their ADA masterfile record. Three reminder emails were sent to nonrespondents on April 25, April 27, and May 6. About three weeks after the third email reminder was sent, a paper copy of the survey was mailed to 40,220 dentists who did not have a valid email address in the masterfile or who were contacted by email but did not respond online. Data collection closed in July 2023, about six weeks after the survey was mailed. The data collection period spanned eleven weeks. A total of 1,010 dentists responded to the survey (480 online and 530 via mail), resulting in an overall margin of error of  $\pm 3\%$  at the 95% confidence level.

Eighteen percent of respondents indicated that they are currently practicing in a DSO or multi-site group practice, which is comparable to the 23 percent of dentists practicing in that setting based on HPI's analysis of the latest data on dentists' practice settings.<sup>6</sup> The majority of respondents (69 percent) indicated that they practice in a private practice not affiliated with a DSO or multi-site group practice, 8 percent indicated an FQHC, and 5 percent indicated some additional public setting (e.g., U.S. Army, Veteran's Affairs, hospital dentist, or other). About 57 percent (n=133) of respondents left an affiliated private practice setting for another practice setting. About 8 percent (n=32) of respondents left an unaffiliated private practice for another practice setting.

#### *Survey of New Dentists – Analysis*

Before analysis, survey data were checked for accuracy and cleaned. Responses of "other, please specify" were reviewed and used to reassign the answer for current practice setting for one respondent, the answer for first practice setting for one respondent, and the answer for future practice setting for eight respondents.

Survey item 8 asked respondents to indicate whether their current position is the same as their first position after graduating from dental school. Online respondents who indicated "yes" did not see survey questions pertaining to their first position. Paper survey respondents who indicated "yes" were instructed to leave blank the survey questions pertaining to first practice setting and position. Therefore, values for questions pertaining to first practice setting and position were missing for these 402 respondents before the data were cleaned. For these respondents, questions about their first practice setting and position (survey items 9, 10, 11, 12) were populated with the answers they gave for questions about their current practice setting and position (survey items 1, 5, 6, 7).

Respondents were categorized into practice setting based on how they reported where they currently work and their DSO affiliation for their current practice setting (survey items 1 and 5), first practice setting (survey items 9 and 10), and future practice setting (survey items 14 and 15). The categories are 1) affiliated private practice, 2) unaffiliated private practice, 3) FQHC, and 4) other. Respondents who indicated "yes" that their practice was "private practice (including DSO or multi-site group practices)" were categorized as affiliated private practice. Respondents who indicated "no" that their practice was not "private practice (including DSO or multi-site group practices)" were categorized as unaffiliated private practice. Single site practices can include practices with only one dentist (solo) or multiple dentists. Respondents who indicated FQHC were categorized as FQHC. Respondents who indicated Army, Veterans Affairs or Public Health Service, hospital staff dentist, or other were categorized as additional public settings. For respondents who indicated that in five years they plan to remain in the same practice setting where they currently work (survey item 14), future practice setting was categorized based on their current practice setting answer.

Dental school faculty or staff members, graduate students or interns or residents, or those not in practice or looking for openings or waiting for boards were not assigned to any category for current practice setting. Dentists who indicated that their first practice setting was dental school faculty or staff member or a graduate student or intern or resident were also not assigned to any category for first practice setting. Dentists who indicated that their future practice setting is dental school faculty or staff member were categorized as dental school faculty or staff. Dentists who indicated that their future practice setting is graduate student, intern, or resident were categorized as graduate student/intern/resident.

Some respondents did not provide enough information to be categorized or indicated dental school faculty or staff member, graduate student or intern or resident, or not in practice or looking for openings or waiting for boards: 140 were not assigned a current practice setting, 226 were not assigned a first practice setting, and 137 were not assigned a future practice setting. These respondents are excluded from analyses involving those respective practice settings.

All analyses were conducted using SAS version 9.4 and limited to top two box score for both satisfaction (satisfied and very satisfied) with attributes of current and first position as well as importance (important and very important) of each attribute in choice of future position.

To determine whether satisfaction with attributes of current practice setting differs significantly across the

four practice setting categories described previously, we conducted a 4 (current practice setting) x 2 (top two box vs. not top two box) chi-square test for each attribute. For all attributes, the relationship between satisfaction and practice settings was statistically significant ( $p < .05$ ) (Table 4). In other words, satisfaction with current practice setting is linked to type of practice setting.

We also conducted pairwise comparisons to determine which differences between settings were statistically significant. Compared to affiliated practice settings, satisfaction with current position was higher among dentists in unaffiliated settings for the following attributes: schedule flexibility, influence on business decisions, balance of time spent on clinical vs. non-clinical duties, and workplace culture.

**Table 4:** Satisfaction With Current Practice Setting, Dentists in Four Practice Settings

Job Attributes	X <sup>2</sup>	(df, N)	p
Earnings (salary, bonus, profit share)	8.1826	(3,839)	0.0424
Paid time off (vacation, sick days)	62.5715	(3,812)	<.0001
Leave (maternity, family, medical)	35.0192	(3,806)	<.0001
Benefits package (insurance, retirement)	46.2208	(3,817)	<.0001
Schedule flexibility	78.3804	(3,836)	<.0001
Autonomy in clinical decision-making	43.2364	(3,837)	<.0001
Influence on business decisions in practice	138.6564	(3,832)	<.0001
Balance of time spent on clinical vs. non-clinical duties	22.166	(3,836)	<.0001
Opportunities for career advancement	39.3226	(3,824)	<.0001
Opportunities for continuing education	17.4496	(3,826)	0.0006
Overall atmosphere and organizational culture in practice	48.3418	(3,837)	<.0001

## Research Brief

To determine whether there is a significant relationship between choice of current practice setting and choice of first practice setting, we conducted a 4 (current practice setting) x 4 (first practice setting) chi-square test and found that it is statistically significant,  $\chi^2(9,752)=846.7203$ ,  $p<.0001$ . In other words, choice of current practice setting is linked to choice of first practice setting.

To compare differences in satisfaction from first to current practice setting between dentists *who left* an affiliated practice setting vs. unaffiliated practice setting, we ran crosstabs for each attribute, separately for each dentist group.

We also conducted repeated measures analysis of variance for each attribute to determine whether differences in satisfaction at first practice and current practice setting are statistically different as well as to determine whether any differences between satisfaction at first and current practice setting vary based on the type of practice setting the dentist left.

Regardless of the type of practice setting a dentist left, ratings of satisfaction for current practice setting were higher than those for first practice setting. (Table 5). Among respondents who left an affiliated practice, the difference between ratings of satisfaction for first and current practice setting was more pronounced for these attributes: flexibility in scheduling how much and when one works [ $F(1,183)=7.58$ ,  $p=.0065$ ], autonomy in clinical decision-making [ $F(1,182)=5.91$ ,  $p=.0160$ ], influence one has on business decisions in their practice [ $F(1,178)=26.61$ ,  $p<.0001$ ], and workplace culture [ $F(1,183)=4.41$ ,  $p=.0371$ ]. Additionally, respondents who left an unaffiliated private practice gave lower ratings for current satisfaction with influence on business decisions compared to those who left an affiliated private practice setting [ $F(1,178)=5.71$ ,  $p=.0179$ ].

To determine whether there is a significant relationship between type of practice dentists *plan to leave* and satisfaction with attributes of current practice setting, we conducted a 2 (affiliated vs. unaffiliated) x 2 (top two box vs. not top two box) chi-square test for each attribute. Satisfaction with current practice setting for those who plan to leave affiliated vs. unaffiliated practice settings was statistically significant for three attributes: leave [ $\chi^2(1,128)=4.6513$ ,  $p<.0310$ ], influence one has on business decisions in their practice [ $\chi^2(1,131)=19.6870$ ,  $p<.0001$ ] and opportunities for career advancement [ $\chi^2(1,131)=4.7729$ ,  $p=.0289$ ]. For workplace culture, this difference was nearly significant [ $\chi^2(1,131)=3.6442$ ,  $p<.0563$ ]. Satisfaction with current practice setting was lower on these attributes among dentists who plan to leave an affiliated practice compared to those who plan to leave an unaffiliated practice.

To determine whether there is a significant relationship between type of practice setting dentists *plan to leave* and importance of attributes in choice of future position, we conducted a 2 (affiliated vs. unaffiliated) x 2 (top two box vs. not top two box) chi-square test for each attribute and found that this relationship was statistically significant for two attributes: leave and one's influence on business decisions in the practice (Table 6). Fewer dentists who plan to leave affiliated practice settings rated leave (maternity, family, medical) as "important" or "very important"; more dentists planning to leave affiliated practice rated one's influence on business decisions in the practice as "important" or "very important" compared to dentists who plan to leave unaffiliated practice settings.

To determine whether there is a significant relationship between sex and importance of attributes in choice of future position, we conducted a 2 (male vs. female) x 2 (top two box vs. not top two box) chi-square test for each attribute and found that this relationship was

significant for three of the 11 attributes: leave [ $X^2(1,412)=16.0886$ ,  $p<.0001$ ], flexibility in scheduling how much and when one works [ $X^2(1,411)=9.4725$ ,  $p=.0021$ ], and opportunities for continuing education [ $X^2(1,413)=13.3856$ ,  $p=.0003$ ]. More female dentists rated these attributes as “important” or “very important.”

To determine whether there is a significant relationship between choice of first practice setting and debt at time of graduation from dental school, we conducted a one-way ANOVA to compare educational debt across the

types of practice settings. We conducted the same analysis for non-educational debt.

Only the relationship between choice of first practice setting and educational debt was statistically significant [ $F(3,754)=15.26$ ,  $p<.0001$ ]. Post hoc testing indicated that educational debt was significantly lower for dentists who chose an additional public setting after graduating from dental school compared to affiliated, unaffiliated, and FQHC practice settings. There were no significant differences in average educational debt between affiliated, unaffiliated, or FQHC practice settings.

**Table 5:** Satisfaction With Current vs. First Practice Setting, Dentists Who Left Affiliated Practice vs. Dentists Who Left Unaffiliated Practice

Job Attributes	F	df	p
Earnings (salary, bonus, profit share)	32.19	(1,182)	<.0001
Paid time off (vacation, sick days)	12.62	(1,177)	0.0005
Leave (maternity, family, medical)	11.32	(1,174)	0.0009
Benefits package (insurance, retirement)	12.12	(1,180)	0.0006
Schedule flexibility	48.77	(1,183)	<.0001
Autonomy in clinical decision-making	108.66	(1,182)	<.0001
Influence on business decisions in practice	86.12	(1,178)	<.0001
Balance of time spent on clinical vs. non-clinical duties	5.30	(1,182)	0.0225
Opportunities for career advancement	56.85	(1,179)	<.0001
Opportunities for continuing education	46.20	(1,179)	<.0001
Overall atmosphere and organizational culture in practice	105.48	(1,183)	<.0001

**Table 6:** Importance of Job Attributes in Deciding Future Practice Setting, Dentists Planning to Leave Affiliated Practice vs. Dentists Planning to Leave Unaffiliated Practice

Job Attributes	$\chi^2$	(df,N)	p
Earnings (salary, bonus, profit share)	0.0570	(1,120)	0.8113
Paid time off (vacation, sick days)	3.5096	(1,119)	0.0610
Leave (maternity, family, medical)	15.0012	(1,119)	0.0001
Benefits package (insurance, retirement)	0.2473	(1,119)	0.6190
Schedule flexibility	0.0801	(1,120)	0.7772
Autonomy in clinical decision-making	3.1844	(1,118)	0.0743
Influence on business decisions in practice	4.0125	(1,120)	0.0452
Balance of time spent on clinical vs. non-clinical duties	3.3684	(1,120)	0.0665
Opportunities for career advancement	1.2698	(1,120)	0.2598
Opportunities for continuing education	0.2844	(1,119)	0.5938
Overall atmosphere and organizational culture in practice	0.6723	(1,120)	0.4123

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## Appendix – Survey Instrument

### Survey of New Dentist Practice Choices

#### Current Position and Practice Setting

1. In which type of practice setting do you **currently** work?

- a. Private Practice (including DSO and multi-site group practices) (Go to Question 2)
- b. Dental school faculty / staff member
- c. Armed Forces
- d. Veterans Affairs (VA) or Public Health Service (PHS)
- e. Federally Qualified Health Center (FQHC) / FQHC look-alike / community health center
- f. Hospital staff dentist
- g. Graduate student / intern / resident
- h. Not in practice, looking for openings, waiting for boards
- i. Other, please specify below  
\_\_\_\_\_

If you did **not** select Private Practice in Question 1, skip to Question 5.

- 2. How many **total** locations does the practice have?
- 3. In how many of those locations do you practice?
- 4. How many dentists, including yourself, work in the practice across all locations?
  - a. Total number of **OWNER** dentists (i.e., sole owner, partner, or shareholder)
  - b. Total number of **NONOWNER** dentists (i.e., employed dentists, associates, nonshareholders, and independent contractors) If none, enter zero

5. Is the practice where you work affiliated with a DSO or multi-site group practice?

- a. Yes
- b. No

6. When did you begin your **current** position? (month/year)

7. How satisfied or dissatisfied are you with the following characteristics of your **current** position? (1=Very dissatisfied, 2=Dissatisfied, 3=Neutral, 4=Satisfied, 5=Very satisfied. If an item is not applicable, please leave it unanswered.)

- a. Your earnings (salary, wage, bonus, profit share, etc.)
- b. Paid time off (vacation, sick days, etc.)
- c. Leave (maternity, family, medical, etc.)
- d. Benefits package (insurance, retirement, etc.)
- e. Flexibility in scheduling how much and when you work
- f. Your autonomy in clinical decision-making
- g. Your influence on business decisions in your practice
- h. Balance of time spent on clinical vs. non-clinical duties
- i. Opportunities for career advancement
- j. Opportunities for continuing education
- k. Overall atmosphere and organizational culture in your workplace

8. Is your **current** position your first position working as a dentist after graduating from dental school?

- Yes (Skip to Question 11)
- No



**First Position After Dental School**

9. In which type of practice setting was your **first position as a dentist** after graduating from dental school?
- a. Private Practice (including DSO and multi-site group practices)
  - b. Dental school faculty / staff member
  - c. Armed Forces
  - d. Veterans Affairs (VA) or Public Health Service (PHS)
  - e. Federally Qualified Health Center (FQHC) / FQHC look-alike / community health center
  - f. Hospital staff dentist
  - g. Graduate student / intern / resident
  - h. Other, please specify below
- 
10. Was the practice where you **first** worked affiliated with a DSO or multi-site group practice?
- Yes  
No
11. When did you begin your **first position as a dentist** after graduating from dental school? (month/year)
12. How satisfied or dissatisfied were you with the following characteristics of your **first** position? (1=Very dissatisfied, 2=Dissatisfied, 3=Neutral, 4=Satisfied, 5=Very satisfied. If an item is not applicable, please leave it unanswered.)
- a. Your earnings (salary, wage, bonus, profit share, etc.)
  - b. Paid time off (vacation, sick days, etc.)
  - c. Leave (maternity, family, medical, etc.)
  - d. Benefits package (insurance, retirement, etc.)
  - e. Flexibility in scheduling how much and when you work
  - f. Your autonomy in clinical decision-making
  - g. Your influence on business decisions in your practice
  - h. Balance of time spent on clinical vs. non-clinical duties
  - i. Opportunities for career advancement
  - j. Opportunities for continuing education
  - k. Overall atmosphere and organizational culture in your workplace

13. What was your debt **at the time of graduation from dental school**? (If none, enter zero.)

- a. **Educational** debt balance at graduation - \$
- b. **Other** debt (include home mortgage, automobile loans, consumer credit, but **not** educational debt) - \$

**Looking Ahead**

14. In 5 years, in which type of practice setting do you plan to work?
- a. I plan to remain in my current position
  - b. Private Practice (including DSO and multi-site group practices (Go to Question 15)
  - c. Dental school faculty / staff member
  - d. Armed Forces
  - e. Veterans Affairs (VA) or Public Health Service (PHS)
  - f. Federally Qualified Health Center (FQHC) / FQHC look-alike / community health center
  - g. Hospital staff dentist
  - h. Graduate student / intern / resident
  - i. Other, please specify below
- 
15. Do you plan to be working in a DSO or multi-site group practice in 5 years?
- Yes  
No

16. How **important** will each of the following characteristics be when you are choosing a **future** position? (1=Not at all important, 2=Somewhat unimportant, 3=Neutral, 4=Important, 5=Very important. If an item is not applicable, please leave it unanswered.)
- l. Your earnings (salary, wage, bonus, profit share, etc.)
  - m. Paid time off (vacation, sick days, etc.)
  - n. Leave (maternity, family, medical, etc.)
  - o. Benefits package (insurance, retirement, etc.)
  - p. Flexibility in scheduling how much and when you work
  - q. Your autonomy in clinical decision-making
  - r. Your influence on business decisions in your practice
  - s. Balance of time spent on clinical vs. non-clinical duties
  - t. Opportunities for career advancement
  - u. Opportunities for continuing education
  - v. Overall atmosphere and organizational culture in your workplace

### ADA Record Updates

Your answers to the next questions will be used to verify that your record with the ADA is up to date. Even if nothing has recently changed for you, we would appreciate your response to confirm your information. It will take less than 2 minutes and your answers will be kept confidential. You may skip any questions you do not wish to answer.

- 17b. If the address is **not** your office/where you see patients or is incorrect, please provide the address where you see most of your patients:

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Office telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

- 17c. Please provide your email address(es):

Email address for patients:

\_\_\_\_\_

Email address for other contacts (including ADA):

\_\_\_\_\_

18. If your **primary occupation** is a private practicing dentist, which of the following **best** describes **you** in your **primary practice where you work**?

- a. Owner (i.e., sole owner, partner, or shareholder) dentist
- b. Nonowner (employed) dentist
- c. Nonowner (associate dentist)
- d. Independent contractor
- e. Other, please specify: \_\_\_\_\_

- 17a. Is the address that this survey was sent to you:

- 1. Home?
- 2. Office/where you see patients?
- 3. Other?
- 4. The address on the label is incorrect.

19. If you have already completed advanced education work, for which of the following dental specialties have you obtained a degree? (Select all that apply.)
- a. Oral and maxillofacial surgery
  - b. Endodontics
  - c. Orthodontics and dentofacial orthopedics
  - d. Pediatric dentistry
  - e. Periodontics
  - f. Prosthodontics
  - g. Oral and maxillofacial pathology
  - h. Dental public health
  - i. Oral and maxillofacial radiology
  - j. Anesthesiology
  - k. Oral medicine
  - l. Orofacial pain
  - m. Other
  - n. Not applicable, I'm a general practitioner

20a. What is your race?

- 1. White
- 2. Black or African American
- 3. American Indian or Alaska Native
- 4. Asian
- 5. Native Hawaiian or Other Pacific Islander
- 6. Other
- 7. Prefer not to answer

20b. Are you of Hispanic or Latino ethnicity?

- Yes
- No
- Prefer not to answer

21. What is your gender?

- Male
- Female
- Prefer not to answer
- Prefer to self-describe:

\_\_\_\_\_

22. What year were you born? \_ \_ \_ \_ \_

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<sup>20</sup> Based on counts of dentists provided by CEOs of select DSOs, it is likely we slightly underestimated the percentage of dentists in a DSO.

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