Overall dentists and dental hygienist supply increased from 2007 to 2016


<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Dentists</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>4,654</td>
</tr>
<tr>
<td>2009</td>
<td>4,637</td>
</tr>
<tr>
<td>2016</td>
<td>5,326</td>
</tr>
</tbody>
</table>


Number of Dental Hygienists with Washington Licenses and Washington Addresses in 2007, 2009 and 2016

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Dental Hygienists</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>4,184</td>
</tr>
<tr>
<td>2009</td>
<td>4,381</td>
</tr>
<tr>
<td>2016</td>
<td>5,178</td>
</tr>
</tbody>
</table>


Dentists and dental hygienists were unevenly distributed across Washington state’s counties in 2016

Licensed Dentists per 100,000 Population in Washington Counties, 2016

Licensed Dental Hygienists per 100,000 Population in Washington Counties, 2016


Women are an increasing share of dentists in Washington state  

The increasing share of women in dentistry in Washington is consistent with the national trend.

Dentists by Age Group in Washington State  

The age distribution of the dentist workforce in Washington has changed from 2007 to 2016  

The number of dentists in their 30’s and 40’s has increased since 2007, while the number of dentists in their 50’s and early 60’s has decreased.

Washington Dentists by Race, 2007 and 2016  

More Washington dentists are from racial/ethnic minority groups in 2016 than in 2007, but several groups remain underrepresented  

Proportionally more dentists reported being from a racial minority group (27.6%) in 2016 than in 2007 (19.3%). Most of this increase occurred among Asians: those reporting their race as Asian only were 14.1% of practicing dentists in 2007, compared with 20.9% in 2016. Thus African American, American Indian/Alaska Native, Native Hawaiian/Pacific Islander, and Hispanic populations remain underrepresented in dentistry.
Washington’s rural areas had a disproportionately low supply of dentists and dental hygienists compared with urban areas in 2016.

Both urban and rural dentists report difficulty recruiting dental hygienists and dental assistants, but rural dentists report far more difficulty.


More Washington residents visited the dentist in 2014 compared with the U.S. population, but access differed greatly by income level.

### Percentage of Washington Residents Visiting a Dentist in 2014

<table>
<thead>
<tr>
<th>Washington vs. US</th>
<th>Washington Residents by Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Washington State overall</td>
<td>66.9%</td>
</tr>
<tr>
<td>United States overall</td>
<td>64.4%</td>
</tr>
<tr>
<td>Washington State adults earning less than $15,000 per year</td>
<td>37%</td>
</tr>
<tr>
<td>Washington State adults earning $50,000 or more per year</td>
<td>80.2%</td>
</tr>
</tbody>
</table>

Data Source: Centers for Disease Control and Prevention.

40% of Washington dentists accepted Medicaid for payment in 2016

Almost all dentists reported accepting self-payments (97.2%) and private insurance (97.3%). 40.0% of dentists reported accepting Medicaid.

### Forms of Payment Accepted by Washington Dentists, in 2016

- 97.2% Self-payment
- 97.3% Private insurance
- 40.0% Medicaid


The Medicaid utilization rate for children was more than double the rate for adults in 2016

Utilization of dental services by Medicaid enrollees—those using at least one dental service in 2016—varied considerably across counties around Washington state for both children (age 20 and under) and adults (age 21 and older).

### Medicaid Enrollees Age 20 and Under with at Least One Dental Service, by County, FY 2016

Data Source: Washington State Health Care Authority

### Medicaid Enrollees 21 and Older with at Least One Dental Service, by County, FY 2016

Data Source: Washington State Health Care Authority

The numbers of adults and children eligible for and receiving Medicaid dental services have increased from 2011 to 2016.

### Table 1. Dental Service Provision to Medicaid-eligible Populations in Washington State; 2011, 2016

<table>
<thead>
<tr>
<th>Population</th>
<th>Year</th>
<th>Eligible for Medicaid Dental Services</th>
<th>% of Eligibles Receiving Dental Services</th>
<th>Average Users per Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult (21+ years)</td>
<td>2011</td>
<td>487,649</td>
<td>21.4%</td>
<td>88</td>
</tr>
<tr>
<td></td>
<td>2016</td>
<td>1,120,265</td>
<td>22.1%</td>
<td>227</td>
</tr>
<tr>
<td>Child (&lt;21 years)</td>
<td>2011</td>
<td>866,234</td>
<td>52.8%</td>
<td>315</td>
</tr>
<tr>
<td></td>
<td>2016</td>
<td>994,555</td>
<td>56.3%</td>
<td>411</td>
</tr>
</tbody>
</table>

Data Source: Washington State Health Care Authority

Restorative work was the largest category of Medicaid payments in 2011 and 2016.

### Table 2. Payments for Medicaid Dental Services in Washington State by Type of Service; 2011, 2016

<table>
<thead>
<tr>
<th>Population</th>
<th>Year</th>
<th>Total cost</th>
<th>Diagnostics</th>
<th>Preventive care</th>
<th>Restorative work</th>
<th>Oral surgery</th>
<th>Removable prosthodontics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult (21+ years)</td>
<td>2011</td>
<td>$39,556,687</td>
<td>11.5%</td>
<td>3.0%</td>
<td>15.5%</td>
<td>13.5%</td>
<td>14.2%</td>
</tr>
<tr>
<td></td>
<td>2016</td>
<td>$122,026,130</td>
<td>9.9%</td>
<td>2.7%</td>
<td>13.4%</td>
<td>9.5%</td>
<td>8.4%</td>
</tr>
<tr>
<td>Child (&lt;21 years)</td>
<td>2011</td>
<td>$204,508,555</td>
<td>15.0%</td>
<td>15.6%</td>
<td>25.6%</td>
<td>5.0%</td>
<td>&lt;0.1%</td>
</tr>
<tr>
<td></td>
<td>2016</td>
<td>$243,655,097</td>
<td>15.9%</td>
<td>15.6%</td>
<td>21.3%</td>
<td>5.0%</td>
<td>&lt;0.0%</td>
</tr>
</tbody>
</table>

Data Source: Washington State Health Care Authority

Increased payment rates, access to specialists for referral, and reduced paperwork are the most favorably reported ways to encourage dentists to accept patients on Medicaid.

### Medicaid Program Changes That Were “Very” or “Somewhat Likely” To Encourage Washington’s Dentists to Continue Seeing or Accept New Medicaid Patients, 2016

- **Raising Medicaid payment rates to commercial insurance levels**: 69.0% Very Likely, 23.2% Somewhat Likely, 92.2%
- **Having greater access to specialists for referral of Medicaid patients**: 35.5% Very Likely, 35.5% Somewhat Likely, 71.0%
- **Reducing paperwork**: 29.0% Very Likely, 39.7% Somewhat Likely, 68.7%
- **Access to dental claims experts**: 21.9% Very Likely, 36.1% Somewhat Likely, 58.0%

Dentists refer patients to physicians more often than physicians to dentists


- 64.7% of Washington dentists referred patients to physicians.
- 42.5% of Washington physicians referred patients to dentists.

More physicians with oral health training provided these services and were paid for them in 2016 than physicians without training

Physician* Reimbursement for Oral Health Preventive Services for Children by Oral Health Training Status, 2016

- 74.5% of physicians with oral health training were reimbursed.
- 22.8% of physicians without oral health training were reimbursed.

Physicians trained in oral health services for children provide these services more often than physicians without training

Physicians trained in oral health services for children referred patients to dentists more often than physicians without training.

Provision of Oral Health Services for Children by Physician* or Practice Staff, by Physician’s Oral Health Training Status, 2016

Physicians with training reported fewer perceived barriers to providing oral health services for children than physicians without training

Physicians’* Perceived Major Barriers to Providing Oral Health Preventive Services for Children by Oral Health Training Status, 2016

- Limited time: 55.3% of physicians with training vs. 76.4% of physicians without training.
- Limited support or resources to integrate oral health into practice: 21.3% vs. 58.1%.
- Difficulty incorporating into clinic workflow: 32.1% vs. 56.5%.
- Limited knowledge or training in oral health: 10.6% vs. 50.5%.
- Limited reimbursement: 23.3% vs. 42.1%.
- Limited oral health providers in my community for referral: 21.2% vs. 25.1%.
- Limited evidence-based guidelines: 4.1% vs. 19.2%.
- Concern about exceeding my scope of practice: 5.9% vs. 18.2%.

*Major* barriers

*Includes family physicians and pediatricians.

Physician or staff “usually” or “always”

- Asks about oral disease symptoms/risks: 67.8% vs. 50.0%.
- Looks for signs of risk/disease: 87.9% vs. 76.2%.
- Decides on response with patients: 79.7% vs. 79.7%.
- Delivers preventive care (e.g., fluoride): 43.6% vs. 43.6%.
- Refers to dentist/specialists: 77.4% vs. 77.4%.
- Documents findings as structured data: 49.4% vs. 49.4%.
- Monitors outcomes: 41.3% vs. 14.6%.

*Includes family physicians and pediatricians.
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FUNDING
This study was funded by the Arcora Foundation.

ACKNOWLEDGEMENTS
The authors are grateful for contributions from Beverly Marshall, who assisted with document layout; Gina Keppel, MPH, who produced this report's maps; and Sandro Leveque, who created graphics.

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