Prosthodontists in Private Practice: Current and Future Conditions of Practice in the United States (Part I)

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<u>Purpose</u>: The purpose of this study was to use data from surveys of prosthodontists to examine the current conditions and characteristics of prosthodontists in private practice in the United States.

<u>Materials and Methods</u>: Characteristics of prosthodontists and conditions of practice are based on the 2002 Survey of Prosthodontists and the 2005 Survey of Prosthodontists. Both surveys were conducted by the American College of Prosthodontists. Several characteristics of private practice/practitioners are estimated including age, gender, number of patient visits, hours in the practice, employment of staff, and financial conditions (gross receipts, expenses of the practice, and net income of prosthodontists)

<u>Results:</u> In 2004, the average age of private practitioners was 50 years. Years since graduation from dental school averaged 23.4 years, and years since completion of residency was 18.3 years. Prosthodontists spent an average of 35.7 hours per week in the office and 29.5 hours treating patients. In 2004, the average gross revenue per owner of a private practice reached \$782,130, and mean net income was \$258,490. The largest percentage of prosthodontist time was spent providing six procedures including fixed prosthodontics, implant services, complete dentures, operative care, diagnosis, and partial dentures.

<u>Conclusion</u>: The United States spends about \$1.8 billion on prosthodontic services provided by prosthodontists in private practice. Prosthodontists spend \$1.1 billion dollars in expenses and treat an estimated 1.1 million patients per year.

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INDEX WORDS: prosthodontists, earnings, survey, economics, financial, practitioners, specialist

A RECENT report from the American Dental Association (ADA) stated that "Halfway through the first decade of the 21st century, dentistry in the United States is flourishing and continuing its mission of delivering the best oral health care."¹ The results of the report continued, "[t]oday, dentistry is an attractive option for young people choosing their career path".¹ Dental specialists represent about 19% of all dentists operating a private practice in the United States.² Aside from the specialties in oral and

Copyright © 2007 by The American College of Prosthodontists 1059-941X/07 doi: 10.1111/j.1532-849X.2007.00213.x maxillofacial pathology, public health dentistry, and oral and maxillofacial radiology, prosthodontics ranks as the smallest dental specialty in the United States with an estimated 3362 professionally active prosthodontists and 2639 in private practice.²

Relatively little information is available about the current and future conditions (dental, economic, and demographic) that shape the private practice of prosthodontists. Part I of this study is a review of the conditions and characteristics of prosthodontists in private practice. Several characteristics of private practice are examined, including age, gender, and years since graduation; employment of staff, patient visits, and hours treating patients; and revenues, wages, expenses, and net income. Future growth of private practice by prosthodontists including growth in dental school students and growth in the nation's prosthodontics programs will be included in Part II. Several factors and conditions discussed in this article (Part I) are key to the future growth of the profession of prosthodontics.

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Accepted December 31, 2006.

Portions of the results were presented to the Pacific Coast Society of Prosthodontists, 2006 Annual Meeting, June 2006.

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Materials and Methods

Two sources of data are used and summarized here to provide a primary basis for examining current and future conditions of practice. These sources include the 2002³ and 2005⁴ Survey of Prosthodontists conducted by the American College of Prosthodontists (ACP). The purpose of the surveys was to gather appropriate information to assist the ACP in formulating a program encouraging dentists to consider a career in the profession of prosthodontics.

While the 2002 survey has been previously reported,³ the 2005 survey was designed to include a larger number of questions about private practice. The initial mailing of the questionnaire took place in April 2005 and was sent to a total of 2245 members and non-members of the ACP. The total response to the survey included 701 respondents for an adjusted response rate of 30.1%.

The questionnaire covered several topics including occupation and years in practice, characteristics of the practice, percent of time treating patients by type of procedure, financial characteristics, and demographics of respondents (age, gender, and years since completion of residency). Additional topics covered in the 2005 survey included type of employment, length of a scheduled appointment, office and appointment waiting time, patient visits, expenses of the practice, employment of staff, wages and experience of staff, characteristics of patients, sources of reimbursement, referral sources, and costs of services from outside commercial laboratories. Respondents were asked to answer the questions based on the most recent completed calendar year (i.e., 2001 for the 2002 Survey, and 2004 for the 2005 Survey). Survey respondents were asked to report their net income from practice as income after business expenses and business taxes but before personal taxes. Annual earnings are important, because they are part of a stream of economic returns over a career to the prosthodontist subsequent to their financial investment in prosthodontics residency training beyond dental school.

The mailing of the questionnaires and the processing of the returned surveys were conducted by an outside survey firm. The outside firm was responsible for the printing of the survey questionnaire and cover letters, the mailing of all questionnaires, the receipt and processing of all returned surveys, the conversion of survey responses from the mailed questionnaire to electronic files, and finalization of data sent to the survey analysts for review and tabulation. In addition to the initial mailing of the survey, two follow-up mailings were sent to the non-respondents to the survey. Nonrespondent follow-up mailings were possible, since each mailed questionnaire contained a survey code used to determine who responded to the survey. The survey code allowed mailings only to those who had not responded, and assisted in minimizing the survey mailing costs. Each mailing of the survey was also accompanied by a cover letter signed by the President of the ACP. The cover letter contained information about the purpose of the survey, who was conducting the survey, the content of the survey, a confidentiality statement related to use of information gathered from the survey, contact information at the ACP for further information about the survey, and a request to complete the survey.

Results

Selected results of the surveys are useful in describing the current conditions of private practice and the demographic characteristics associated with prosthodontists in these practices.

Table 1 contains several characteristics associated with the prosthodontists who responded to the survey. In 2004, the average (mean) age of private practicing prosthodontists was 50 years among all responding prosthodontists and solo prosthodontists (where solo means the practice

Table 1. Demographics and Practice Characteristics ofProsthodontists in Private Practice, 2004

Characteristic	All Prostho- dontists	Solo Prostho- dontists
Age group (%)		
<35	6.4	5.3
35-44	27.0	27.5
45–54	29.6	30.2
55-64	29.4	29.8
65+	7.6	7.3
Mean age (years)	50.1	50.2
Median age (years)	51.0	50.0
Gender (%)		
Female	11.5	7.9
Male	88.5	92.1
Mean years since graduation from dental school	23.4	23.3
Mean years since completion of residency	18.3	18.5
Mean years since starting practice as a prosthodontist	17.8	17.8
Mean years since starting in the current practice (at time of survey)	13.7	13.7
Region (%)		
Northeast	30.0	27.3
South	29.1	29.6
Midwest	17.0	15.9
West	23.9	27.3

	All Prosthodontists		Full-time Prosthodontists	
Status	Number	Percentage	Number	Percentage
Status				
Sole proprietor	267	66.25	193	75.69
Partner	63	15.63	39	15.29
Employed	45	11.17	16	6.27
Independent contractor	28	6.95	7	2.75
Total	403	100.00	255	100.00
	Appointm	nent Times Overall		
Appointment Time (min)	Mean	Number	Mean	Number
Less than 40	27.43	28	29.03	19
40 to 59	44.93	75	44.80	50
60 to 79	61.01	188	60.88	119
80 to 99	89.69	64	89.47	38
100 or more	134.76	21	136.15	13
Total	64.30	376	63.63	239
	Appointments Excluding	Recall Exams & Postoper	ative Care	
Less than 60	37.39	58	38.34	38
60 to 79	61.72	158	61.98	106
80 to 99	89.44	90	89.60	50
100 or more	130.80	56	128.63	40
Total	75.40	362	75.44	234

Table 2. Employment Status and Mean Scheduled Appointment Time by All Private Practitioners and Full-timeProsthodontists, 2004

consisted of one and only one prosthodontist who was also the owner of the practice). About 12% of prosthodontists in private practice are female – 8% who are solo prosthodontists. On average, prosthodontists in private practice graduated from dental school 23.4 years ago, completed residency 18.3 years ago, started practicing as a prosthodontist specialist 17.8 years ago, and have been in their current practice (at the time of the survey) 13.7 years. About 30% of respondents were located in the Northeast, 29% in the South, 17% in the Midwest, and 23.9% in the West.

Table 2 contains a summary of responses by private practitioners regarding their employment status in the practice and the scheduling of appointments. Most private practicing prosthodontists are owners or share in the ownership of the private practice as a sole proprietor (66%) or partner (16%). Among full-time practitioners (time in the office per week greater than 32 hours), 76% own the practice as a sole proprietor, and 15% are partners in the practice. Prosthodontists working as employees or as independent contractors represent the remainder of the employment status reported by the survey respondents.

The scheduled appointment times reported by prosthodontists in the survey are also shown in Table 2. Participants were asked to report the length of a scheduled appointment time in minutes overall, and for appointments excluding recall exams or postoperative treatment. Overall, the mean scheduled appointment time was slightly more than one hour (64 minutes) and ranged from 27 minutes for those reporting less than 40 minutes to 135 minutes for the prosthodontists whose appointment times exceeded 100 minutes. Mean scheduled appointment times did not differ significantly between all prosthodontists in private practice and those who were practicing full-time (p < 0.01). Excluding recall exams and postoperative treatment, the mean scheduled appointment rises (compared with all patients) to about 75 minutes for all prosthodontists and for full-time prosthodontists.

Respondents were asked to describe their patients in terms of age, gender, and source of payment for care rendered by the prosthodontist and to also report the volume of patient visits. Figure 1 contains the mean age of patients as reported by survey respondents. About 14% of patients of



Figure 1. Mean percentage of patients by age of patients by all private practitioners and full-time prosthodontists, 2004.

prosthodontists are under the age of 35 years. Fifty percent of patients were between the ages of 35 years and 64 years, and 35% were reported to be 65 years of age or older. About 61% of patients are 55 years of age or older. Among other characteristics of patients, 57% are female, and 50% are covered by a private insurance plan that pays or partially pays for care. A mean of 47% of patients pay for care out of their own pocket, and 3% are covered by public assistance or some other means of coverage. Patient visits treated by prosthodontists were also reported by respondents and are shown in Table 3. The patient visit data shown in the table includes visits scheduled by prosthodontists plus emergency/walk-in visits. Eighteen percent of all private practitioners and 20% of solo prosthodontists reported 1500 to 1999 patient visits per year. About 26% of all prosthodontists and 28% of solo prosthodontists reported 2500 or more patient visits per year. The mean annual number of patient

Annual Patient Visits	All Prosthodontists		Solo Prosthodontists	
	Number	Percentage	Number	Percentage
<1000	75	21.31	35	14.89
1000-1499	61	17.33	42	17.87
1500-1999	65	18.47	47	20.00
2000-2499	61	17.33	45	19.15
2500+	90	25.57	66	28.09
Total	352	100.00	235	100.00
Mean visits	2081.1		2211.2	
Standard deviation	1682.1		1686.3	
Number	352		235	

 Table 3. Percentage of Prosthodontists by Annual Number of Patient Visits and the Mean Annual Number of Patient Visits Treated by All Private Practitioners and Solo Prosthodontists, 2004



Figure 2. Sources of patient referrals to prosthodontists in private practice, 2004.

visits was estimated to be 2081 per year among all prosthodontists and averaged 2211 per year for solo private practitioners.

Sources of patient referrals to private practicing prosthodontists are shown in Figure 2. Prosthodontists indicated that about 26% of patients are referred by patients, followed by 19% of patients referred by general dentists. Seventynine percent of patients are referred by the top five referral sources shown in Figure 2 including patients, general dentists, periodontists, patient self-referrals, and oral & maxillofacial surgeons.

Prosthodontists were asked about the total number of hours per week they spend in the practice treating patients, supervising, and managing the practice. They were also asked to report just the number of hours per week treating patients. Figure 3 contains a comparison of the weekly hours in the practice per week in 2001 and 2004. About 85% of prosthodontists in 2001 and 78% in 2004 spent 30 or more hours per week in the practice. Fifty-four percent of prosthodontists in 2001 and 47% in 2004 spent 40 hours or more. In 2004, less than 10% reported they spent 60 hours or more in the practice and less than 15% spend less than 20 hours per week in the office.

Figure 4 contains a comparison similar to Figure 3 but includes only the hours per week treating patients. Most prosthodontists reported spending 30 to 39 hours per week treating patients. In 2001, 53.9% reported treating patients 30 to 39 hours per week compared with 47.1% in 2004. Although not shown, the mean hours treating patients in 2001 was 31.6 hours per week compared to 37.9 hours per week in the office. In 2004, the mean hours treating patients was 29.5 hours per week compared to 35.7 hours in the office per week. Prosthodontists apparently spend, on average, about 6.3 hours in the office over and above the time spent directly treating patientsdealing with activities including administration, supervision, laboratory work, and patient activities. Hours of treatment per week represent about 83% of weekly hours in the office.

The survey of prosthodontists was also used to identify how prosthodontists spend their treatment time when patients are in the office. Prosthodontists were asked to indicate the



Figure 3. Percentage of prosthodontists by hours per week in the practice, 2001, 2004.



Figure 4. Percentage of prosthodontists by hours treating patients per week, private practitioners, 2001, 2004.



Figure 5. Percentage of patient treatment time by procedure, private practicing prosthodontists, 2001, 2004.

percentage of their treatment time spent in providing various procedures as shown in Figure 5. Respondents indicated that they spend the largest percentage of time in fixed prosthodontics, although the percentage reported was lower compared with 2001 (29%). The six procedures requiring the largest percentage of prosthodontist time (89% in 2001 and 91% in 2004) included fixed prosthodontics, implant services, complete dentures, operative care, diagnosis, and partial dentures.

Respondents were also asked to report the amount of practice expenses incurred for several types of expense and the total practice expenses. Figure 6 contains the mean expense per owner, per solo practitioner, and per prosthodontist (among all respondents). The five practice expense categories shown in Figure 6 (wages, laboratory, supplies, space, and fringes) represent 69% of total expenses per owner, 73% of solo total expenses, and 72% of total expenses per prosthodontist. Expenses per owner are calculated by dividing an expense by the number of owners or partial owners in the practice. Expenses per prosthodontist are calculated by dividing an expense by the total number of prosthodontists in the practice (including owners and non-owners). Wages shown in Figure 6 are the annual wages and salaries expense for non-prosthodontist employees (and not including other dentists or specialists) and are the single largest expense in the practice. Lab expenses are the annual expenses for outside and in-house laboratory expenses. Expenses for space are the annual expenses paid for rental expenses and mortgage expenses. Fringes are the annual fringe benefit expense for employees (excluding prosthodontists, dentists and other specialists). Average total expenses per owner in 2004 were \$506,980, \$319,670 for solo practitioners, and \$308,970 per prosthodontist working in the practice.

The mean annual wage and salary expense was estimated to be \$137,170 per owner, \$121,260 for solo prosthodontists, and \$120,540 per prosthodontist. On an hourly basis (not including fringe benefits), dental hygienists show the highest average hourly wages at \$38.60 for part-time and \$32.50 for full-time (Fig 7). While dental hygienists receive the highest hourly wage, dental assistants receive the lowest hourly wage. For



Figure 6. Mean expenses per owner, per solo prosthodontist, and per prosthodontist among all private practitioners and by type of practice expense, 2004.



Figure 7. Mean wages per hour for dental hygienists, lab technicians, and dental assistants employed by private practice prosthodontists, 2004.



Figure 8. Percentage of prosthodontists employing staff (people) by type of staff, by full- or part-time, and by full-time only, prosthodontists in private practice, 2004.

dental hygienists and dental assistants, full-time staff show a lower average hourly wage compared with part-time. This pattern is reversed, however, for full-time and part-time lab technicians (Fig 7).

The employment of staff is a key function in the conduct of a private practice by prosthodontists. The prosthodontists in the survey were asked to indicate the number of staff employed by the practice in 2004 by types of staff. Figure 8 contains the percentage of respondents who indicated they employed staff in each of the staff categories shown. The bars of the chart show the percentage who employed staff full- or part-time or who employed staff as full-time only. The bars also reflect the results of calculations based on the number of staff employed only and no adjustment is made for full-time equivalency. Dental assistants, hygienists, and secretary/receptionists are employed fulltime or part-time by over 70% of prosthodontists in private practice. Almost 40% of prosthodontists reported the employment of office managers on a full- or part-time basis. Almost 80% employed full-time dental assistants, and 65% employed fulltime secretary/receptionists. Thirty-six percent of prosthodontists reported the employment of a full-time dental hygienist.

The mean number of staff employed on a full- or part-time basis and on a full-time basis is shown in Figure 9. The mean number of full- or parttime staff employed by prosthodontists reached 8.1 persons in 2004 and included an average of 5.5 full-time staff. This implies that about 68% (two of every three prosthodontists) employs at least one full-time staff person. Dental assistants, dental hygienists, and secretary/receptionists comprise about 78% of both the number of full- or parttime staff and full-time staff. The remaining staff (22%) is comprised of laboratory technicians, office managers, business personnel, implant assistants, nurses, and other personnel. Even though a few prosthodontists employ nurses, the number shown in Figure 9 rounded to zero.

Solo practice is the predominant practice organization for most prosthodontists in private practice. As shown in Figure 10, 72% of prosthodontists reported solo practice in 2001, and 67% reported solo practice in 2004. Only about 10%



Figure 9. Mean number of staff (people) employed by type of staff, by full- or part-time and by full-time only, prosthodontists in private practice, 2004.



Figure 10. Percentage of prosthodontists by size of practice (number of prosthodontists), 2001, 2004.



Figure 11. Percentage of prosthodontists by gross revenue per prosthodontist, 2001, 2004.

of prosthodontists are in the largest practices of three or more prosthodontists.

Gross revenue of the practice is one measure of the overall "economic" activity of the prosthodontic practice. Revenue is the source from which all expenses of the practice must be paid if the practice is to ultimately survive. Figure 11 contains a comparison of practice revenue "per prosthodontist in the practice" based on all prosthodontist respondents. About 72% of prosthodontists earned revenues up to \$1 million dollars in 2004 compared with 66% in 2001. The average gross revenue per prosthodontist reached \$647,010 in 2001 compared with \$682,340 in 2004 (an average increase of 1.77% per year over the three-year period). Solo prosthodontists, who comprise about 72% of all private practicing prosthodontists, averaged \$675,480 in gross revenue in 2001 compared with \$726,690 in 2004.

The net income among all private practicing prosthodontists responding to the survey is shown in Figure 12. Net income is defined as the income received after practice expenses and business taxes including commission, bonus, and/or dividends. Net income is the highest in the 45–54 age range and lowest for both the youngest and the oldest prosthodontists. The mean net earnings in 2001 were \$222,010, which increased to \$232,900 in 2004—an increase of about 1.61% per year.

Table 4 contains the mean net income for various groups of private practicing prosthodontists in 2001 and 2004. About 82% of private practicing prosthodontists are owners or share in the ownership of the practice where they treat patients. Among owner dentists in 2001, the mean net income was \$239,080, which increased to an average owner net income of \$258,490 in 2004 (an average annual increase of 2.64% per year). Solo prosthodontist mean net income increased from \$211,600 in 2001 to \$231,070, an increase of 2.98% per year over the 3-year period.

Discussion

The ADA estimates that about 78.5% of all prosthodontists engaged in practicing prosthodontics are in a private practice.² Not only are most practicing prosthodontists in a private practice, but most are owners or share in the ownership of their practice. About 73% of prosthodontists practice full-time (at least 32 hours per week).



Figure 12. Mean net income among all private practicing prosthodontists by age group, 2001, 2004.

Based on the results reported from the 2005 Survey of Prosthodontists, the mean age of prosthodontists in private practice is 50 years, and females comprise an estimated 12% of private practitioners. The mean years since graduation from dental school for prosthodontists in private practice is 23 years. On average, most prosthodontists entered prosthodontics residency soon after graduation from dental school and then entered

Table 4. Mean Net Income of Prosthodontists in Private Practice by all Prosthodontists, Prosthodontists Practicing Full-time, Practice Owners, and Solo Prosthodontists, 2001, 2004

Group	Mean	Standard Deviation	Number
2001			
All prosthodontists	\$222,010	\$171,180	696
All full-time	\$239,940	\$164,950	510
Practice owners	\$239,080	\$172,690	610
Solo practitioners	\$211,600	\$152,307	479
2004	-	,	
All prosthodontists	\$232,900	\$188,340	289
All full-time	\$255,280	\$176,960	191
Practice owners	\$258,490	\$192,440	240
Solo practitioners	\$231,070	\$171,435	133

practice almost immediately after completing the residency.

The economic health of a profession is often judged by the annual net earnings of its members. Earnings averaged over all private practicing prosthodontists reached \$232,900 in 2004 after rising 1.61% per year since 2001. But this included prosthodontists who are not owners of a practice and also prosthodontists who do not practice fulltime. For prosthodontists who own or share in the ownership of private practice, net income reached \$258,490—an increase of 2.64%, which exceeded the increase in inflation over the same period. Solo prosthodontists experienced an even greater growth in earnings of since 2001—2.98%.

For all independent (owner) dentists, the ADA reported in 2004^8 that owner general dentists earned an average of \$177,340, and all owner specialists (including prosthodontists) earned an average of \$300,200. The Bureau of Labor Statistics (BLS) of the US Department of Labor in May 2005⁹ has identified the top earning occupations in the nation. The top ten occupations in the BLS ranking included nine that were medical/dental related: (1) surgeons (\$177,690), (2) anesthesiologists (\$174,240), (3) obstetricians

& gynecologists (\$171,810), (4) orthodontists (\$163,410), (5) oral & maxillofacial surgeons (\$160,660), (6) internists (\$156,550), (7) psychiatrists (\$146,150), (8) prosthodontists (\$146,080), and (9) family/general practitioners (\$140,370). The single occupation that was not medical/dental related was chief executive (\$139,810), which ranked tenth. BLS estimates are based on survey data about occupational employment and wages. The BLS estimates are limited to employment defined as the number of workers who can be classified as full- or part-time employees including salaried officers, executives, and staff members of incorporated firms. Self-employed persons who own and operate an unincorporated practice are not included, although the employees in an unincorporated practice are included.

A key element in growth of past net earnings has been the growth in gross revenues by prosthodontists. The percentage of prosthodontists earning \$1 million of gross revenues or more increased from 28% in 2001 to 34% by 2004. Based on gross revenues, the size of the prosthodontists industry reached about \$1.8 billion dollars in revenue in 2004 using 2690² prosthodontists in private practice and an average gross revenue of \$682,340 per prosthodontist. Note that the "total prosthodontics" industry encompasses dentists and specialists, who provide surgical and nonsurgical procedures, is larger than the market represented by only prosthodontists. One estimate (based on the number of procedures rendered⁵ and published dental fees⁶) places the size of the "total prosthodontics" industry at about \$21 billion, with an estimated \$18 billion going to general dentists in private practice.

An alternative measure of the size of the prosthodontist industry is based on the expenditures made by prosthodontists to operate the practice (i.e., the practice expenses). These expenditures are important, not only because they represent the expenses necessary to operate the practice, but also because they represent a flow of revenue to the personnel who work in the practice and the industries (e.g., equipment, supplies, laboratories, and professional services) that support the practice of prosthodontists. In 2004, it is estimated that private practicing prosthodontists paid out about \$1.1 billion in expenses (revenue to the recipients), or an average of \$426,800 per prosthodontist. About 33% of these expenses were spent for the services of the practice nonprofessional staff, including wages, salaries, and fringe benefits.

A final measure of the size of the prosthodontics industry is based on the number of patients and patient visits treated by prosthodontists. In 2004, the total number of patient visits (scheduled plus emergency visits) treated by all prosthodontists in private practice reached about 5.6 million visits based on an average of 2081 annual patient visits including an average of 46.8 weeks in the office per year. The ADA estimates that a patient of record visits the specialist practice an average of five times per year.⁷ Assuming this is applicable to the private practice of prosthodontists, then a total of 1.1 million patients are treated by prosthodontists per year.

Prosthodontists in private practice spend, on average, about 35.7 hours per week working in the practice. Most of those hours (83%) are spent in providing direct treatment to patients. Prosthodontists spend most of their treatment time (91%) providing fixed prosthodontics, implant services, complete dentures, operative care, diagnosis, and partial dentures. Diagnostic time spent by prosthodontists is an investment in their patient's care. In 2001 and 2004, prosthodontists reported that time in patient diagnosis represented about 11% of their patient care time or about 3.3 hours per week. Prosthodontists reported that the average appointment time without recall exams and postoperative care was about 75 minutes, but the average declined by 10 to 15 minutes when exams and postoperative care were included.

In 1990, the ADA reported that prosthodontists in private practice delivered a total of 52,000 completed implant services.⁵ By 1999, the number of implant services rendered increased 6.9 times to about 355,900. In 2001, private practicing prosthodontists indicated they spent about 16% of their time providing implant services to patients, which increased to 19% of their time by 2004. On average, prosthodontists have experienced an increase in their time in implant services by about 1 hour per week, or 47 hours per year

Conclusion

The private practice of prosthodontics remains an attractive profession based on current net earnings and in comparison to other occupations. The industry has grown to \$1.8 billion in revenue with more than 30% of prosthodontists earning in excess of one million dollars of gross revenue. Prosthodontists in private practice pay out about one billion dollars in expenses and treat more than a million patients annually. Prosthodontists spend most of their time in fixed prosthodontics, but this time has declined since 2001. Diagnosis time is a relatively important service due to its relationship to most prosthodontics work in the practice. Even though the percentage of time spent providing implant services is relatively low, growth in implant services time bears monitoring over the near future.

Acknowledgments

Dr. Nash is president, Nash & Associates, Inc. and consultant on the economics of dentistry. Dr. Pfeifer is Director of the Dental Department at the Rossmoor Medical Center. Thanks go to the American College of Prosthodontists (ACP) for funding the survey and to the ACP staff for their helpful assistance.

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