



December 2018

MILITARY PERSONNEL

DOD Needs to Improve Dental Clinic Staffing Models and Evaluate Recruitment and Retention Programs

Why GAO Did This Study

DOD has taken steps to modernize its Military Health System to ensure that it operates efficiently. For example, in September 2013, the Defense Health Agency was created, in part, to implement common clinical and business processes across the services. Essential to this effort are the services' ability to effectively staff their medical facilities, including the processes used for staffing dental clinics and the services' ability to recruit and retain military dentists.

Senate Report 115-125 included a provision for GAO to review the services' processes for determining requirements for dentists and its programs for recruiting and retaining military dentists, among other things. GAO assessed the extent to which the services (1) use validated dental clinic staffing models that also incorporate cross-service staffing standards, and (2) have recruited and retained military dentists and measured the effectiveness of their recruitment and retention programs. GAO assessed service dental clinic models, analyzed recruitment and retention data from fiscal year 2012 through 2016, and interviewed DOD and service officials.

What GAO Recommends

GAO recommends that each of the services develop cross-service staffing standards to be incorporated into their staffing models, and evaluate the effectiveness of their recruitment and retention programs. DOD did not provide comments on a draft of this report.

View [GAO-19-50](#). For more information, contact Brenda S. Farrell at (202) 512-3604 or farrellb@gao.gov

MILITARY PERSONNEL

DOD Needs to Improve Dental Clinic Staffing Models and Evaluate Recruitment and Retention Programs

What GAO Found

The Army and the Air Force use validated staffing models for their respective dental clinics, and the Navy has developed a model that is under review. The Army and the Air Force's models are based on service-specific staffing standards. For example, the Army's model generally projects dental clinic staffing based on historical facility data and, according to officials, the Air Force model is largely a population-based model that requires one dentist for every 650 servicemembers. In contrast, in the absence of a validated model, officials stated that, the Navy uses a general ratio of one dentist for every 1,000 servicemembers to staff its dental clinics. The Navy has developed a model that is under review, and if approved, according to officials, will be subject to the Navy's validation processes.

While the services have developed and implemented cross-service staffing standards for 42 medical specialties, according to a key official involved in developing these standards, they currently do not plan to develop a similar set of standards for dental care. Cross-service staffing standards help the services standardize clinic staffing to address the common day-to-day health needs of patients. Service officials maintain that they must operate their respective dental clinics autonomously and in a manner that best supports their service-specific needs and unique command structures. However, as oral health requirements for servicemembers are standardized across the Department of Defense (DOD), it is unclear why dental care has been excluded from the staffing standardization effort—especially because the services have implemented cross-service staffing standards for 42 other medical specialties.

The Army, the Navy, and the Air Force meet their needs for military dentists by recruiting both dental students and fully qualified dentists. The services generally met their recruitment goals for dental students between fiscal years 2012 and 2016, but faced challenges recruiting and retaining fully qualified dentists during that period. For example, the Army missed its recruitment goals for fully qualified dentists in all 5 years, the Navy missed its goals in 2 out of 5 years, and the Air Force missed its goals in 3 out of 5 years. These challenges are most pronounced for certain specialties. For example, service data indicate that the Army and the Navy were unable to recruit any oral surgeons, while the Air Force recruited 50 percent of the oral surgeons it needed. Service officials cited various reasons for not meeting recruitment goals, including the availability of more lucrative careers in the private sector and quality of life concerns associated with military service.

The services rely on various programs, including scholarships and special pay and incentives, to attract and retain military dentists, and service officials stated that they monitor their programs by reviewing their goals, among other actions. However, GAO found that some services continue to provide incentive bonuses for positions that are overstaffed and have met or exceeded recruitment goals, but they do not know whether this is necessary because they have not evaluated the effectiveness of their programs. Without evaluating their programs, the services lack the information necessary to ensure that they are using recruitment and retention incentives effectively and efficiently for attracting and retaining dentists.

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Abbreviations

AFHPSP	Armed Forces' Health Professions Scholarship Program
BUMED	Bureau of Medicine and Surgery
CWSAB	Critical Wartime Skills Accession Bonus
DOD	Department of Defense
HMPDS	Health Manpower and Personnel Data System
MTF	Military Treatment Facilities
USUHS	Uniformed Services University of the Health Sciences

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December 13, 2018

The Honorable James M. Inhofe
Chairman
The Honorable Jack Reed
Ranking Member
Committee on Armed Services
United States Senate

The Honorable Mac Thornberry
Chairman
The Honorable Adam Smith
Ranking Member
Committee on Armed Services
House of Representatives

In recent years, the Department of Defense (DOD) has taken steps to modernize its Military Health System to ensure that it operates as efficiently as possible in the delivery of health services, while fully supporting its mission and maintaining medical readiness. Key to this modernization is ensuring that the Military Health System has the right number of medical providers, including dentists, with the requisite skill set and competencies to staff its Military Treatment Facilities (MTF).¹ Military dentists practice across all major dental specialties with the primary mission of ensuring the dental readiness of all active duty servicemembers.

According to a February 2015 U.S. Department of Health and Human Services report, projected future nationwide shortages of dentists are anticipated through 2025 as the demand for dental care in the United States exceeds supply.² Projected nationwide shortages of dentists emphasize the importance for DOD to ensure its dental clinics are

¹A military treatment facility is established for the purpose of furnishing medical and/or dental care to eligible individuals. According to service officials, MTFs also function as a readiness platform for teaching programs and skill sustainment.

²U.S. Department of Health and Human Services, Health Resources and Service Administration, National Center for Health Workforce Analysis, *National and State-Level Projections of Dentists and Dental Hygienists in the U.S., 2012-2025*, (Rockville, MD: February 2015).

adequately staffed and the services³ are able to recruit and retain certain dental specialists. In 2010, we found that DOD's processes for determining MTF personnel requirements could be improved, and we made recommendations aimed at enhanced collaboration across the services. Specifically, we recommended that by identifying shared medical capabilities, the services would benefit from the development of cross-service standards for determining the amount of personnel needed to meet the day-to-day health needs of the patient population. We also made recommendations aimed at ensuring the validity and verifiability of their MTF staffing models.⁴ DOD generally concurred with these recommendations and took actions to implement them. These recommendations and DOD's actions are discussed in more detail in subsequent sections of this report.

Senate Report 115-125, accompanying a bill for the National Defense Authorization Act for Fiscal Year 2018, included a provision for us to review the services' processes for determining requirements for dentists and DOD's programs for recruiting and retaining military dentists, among other things.⁵ This report assesses the extent to which the services (1) use validated dental clinic staffing models that also incorporate cross-service staffing standards, (2) have recruited and retained military dentists, and are measuring the effectiveness of their recruitment and retention programs.

To address our first objective, we reviewed DOD, Army, Navy, and Air Force policy and guidance for reviewing and validating workforce models.⁶ We described the processes the services use for reviewing and

³In this report, the term "services" refers to the Army, the Navy, and the Air Force. The U.S. Navy is responsible for providing the dental care for those serving in the U.S. Marine Corps.

⁴GAO, *Military Personnel: Enhanced Collaboration and Process Improvements Needed for Determining Military Treatment Facility Medical Personnel Requirements*, [GAO-10-696](#) (Washington, D.C.: July 29, 2010).

⁵S. Rep. No. 115-125, at 170 (2017).

⁶Department of Defense Directive 5000.59, *DOD Modeling and Simulation (M&S) Management* (Aug. 8, 2007); Army Regulation 71-32, *Force Development and Documentation* (July 1, 2013); Army Regulation 570-4, *Manpower Management* (Feb. 8, 2006); Air Force Instruction 38-201, *Management of Manpower Requirements and Authorizations* (Jan. 30, 2014); Office of the Chief of Naval Operations Instruction 1000.16L, *Navy Total Force Manpower Policies and Procedures* (June 24, 2015) (change transmittal 1, Apr. 28, 2016).

validating their dental clinic staffing models as it pertains to this guidance. We interviewed officials with the Army Medical Command, the Navy Bureau of Medicine and Surgery, and the Air Force Medical Service, as well as officials from each service's dental corps and other service organizations who are responsible for the development, operation, and implementation of these models. We reviewed the models and interviewed service officials to determine similarities and differences within the methodologies used in the models and processes, and assessed the extent to which the services collaborated in the development of their models and based their models on common standards.

To address our second objective, we analyzed the extent to which the services have met their recruitment goals for military dentists during fiscal years 2012 through 2016, the most recent year for which data were available at the time of our review. We assessed the reliability of these data by obtaining and reviewing information from the services regarding the processes and internal controls that are in place to ensure the reliability and quality of the data. Based on our review, we believe these data are sufficiently reliable for the purposes of this report. Additionally, we used data from DOD's Health Manpower and Personnel Data System (HMPDS) and service-level data for fiscal years 2012 through 2016 to assess the extent to which the Army, the Navy, and the Air Force (1) have met authorized end-strengths for dentists, (2) are retaining dentists, and (3) have gaps in dental specialties. We selected this timeframe to enable us to evaluate trends over time, and fiscal year 2016 was the most recent year of HMPDS and service-level data available at the time of our review. We assessed the reliability of the HMPDS and service-level data by collecting information and interviewing officials to determine how the services and the Defense Manpower Data Center compile the data and what internal controls are in place to ensure their reliability. We found these data to be sufficiently reliable for the purposes of this report.

Additionally, we reviewed DOD's special and incentive pay plan and other DOD policies and guidance related to DOD recruitment and retention programs. We interviewed officials and received written responses from the services regarding their identified gaps, the programs they use to address gaps in dental specialties, and any challenges they experience in recruiting and retaining dentists. We also interviewed officials with the Office of the Assistant Secretary of Defense for Health Affairs as well as each service's dental corps regarding the programs used and the measures in place to evaluate the effectiveness of any such programs. We reviewed our prior work on effective strategic workforce planning,

which state agencies should periodically measure their progress toward meeting human capital goals and the extent that human capital activities contributed to achieving programmatic goals and provide information for effective oversight by identifying performance shortfalls and appropriate corrective actions.⁷ Further, we reviewed *Standards for Internal Control in the Federal Government*, including requirements for monitoring internal control systems and evaluating results.⁸

We conducted this performance audit from August 2017 to December 2018 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Background

The Military Health System is responsible for, among other things, assuring the overall oral health of all uniformed DOD personnel. As part of this health system, each service's dental corps provides dental care for its servicemembers. The Army, the Navy, and the Air Force Dental Corps include approximately 3,000 active duty dentists and approximately 247 (200 in the United States) dental clinics to serve over 1.3 million servicemembers.⁹

Unlike their medical counterparts, the services' dental corps rarely provide beneficiary care, according to service officials.¹⁰ The primary role of military dentists is to ensure the oral health and readiness of servicemembers. Servicemembers' oral health is evaluated using standardized measures to determine the extent to which they are deployable. Generally, servicemembers with identified urgent, emergent,

⁷GAO, *Human Capital: Key Principles for Effective Strategic Workforce Planning*, [GAO-04-39](#); (Washington, D.C.: Dec. 11, 2003).

⁸GAO, *Standards for Internal Control in the Federal Government*, [GAO-14-704G](#) (Washington, D.C.: Sept. 10, 2014).

⁹The United States Navy is responsible for providing the dental care for those serving in the United States Marine Corps.

¹⁰The provision of beneficiary dental care is limited to the families of servicemembers stationed in locations outside of the continental United States (OCONUS).

or unknown dental treatment needs are not considered to be worldwide deployable until their oral health is adequately addressed.

Becoming a Military Dentist

Most military dentists enter service through the Armed Forces' Health Professions Scholarship Program (AFHPSP), a scholarship program available to students enrolled in or accepted to dental school. Under the services' AFHPSP program, DOD pays for tuition, books, and fees, and provides a monthly stipend.¹¹ In return, the students incur an obligation to serve 6 months of active duty service for each 6 months of benefits received, with a 2-year minimum obligation.¹² AFHPSP dental students can pursue either a Doctor of Dental Surgery or Doctor of Dental Medicine degree to become a general dentist.

In addition to the AFHPSP program, the services recruit fully qualified licensed dentists. For example, individuals may become military dentists through direct accessions, either by entering the service as a fully trained, licensed dentist or through the Financial Assistance Program, which provides stipends for dentists accepted or enrolled in a residency program. For additional information on these and other recruitment programs, see appendix I.

Regardless of the recruitment program, dentists may begin to practice after obtaining a degree and completing licensure requirements. Military dentists may pursue postgraduate training through a general dentistry program, such as the Advanced Education in General Dentistry Program, a general practice residency, or a specialty dental program offered through the Uniformed Services University of the Health Sciences Postgraduate Dental College.¹³ Postgraduate dental college includes

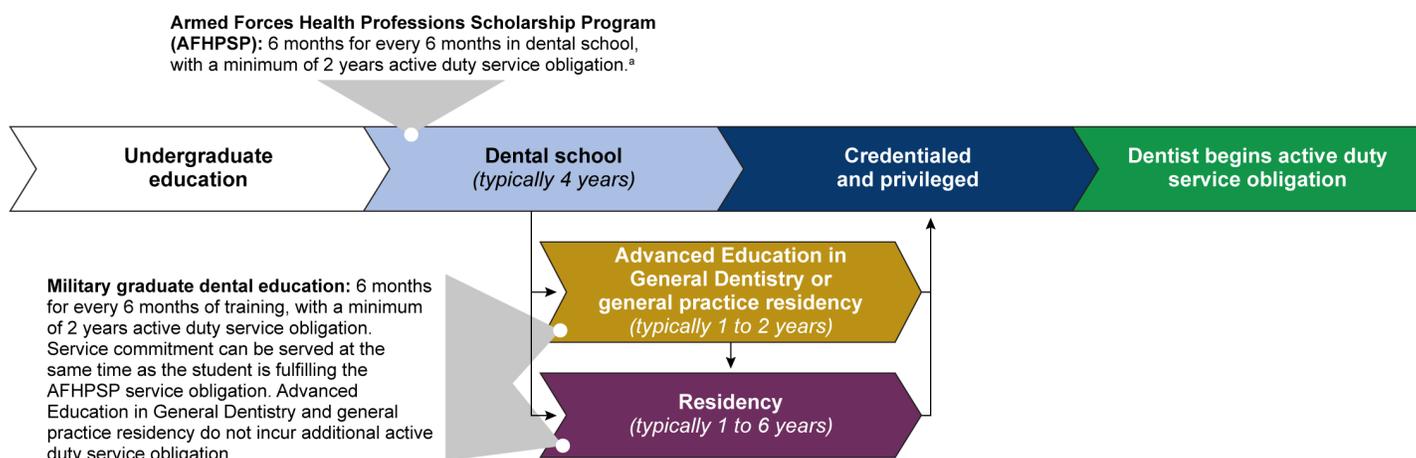
¹¹In 2008, we reported on the financial investment DOD makes in AFHPSP students and recommended that DOD undertake steps to strengthen its debt collection procedures against students who fail to complete their education or to serve their active duty service obligation. See [GAO-08-612R](#).

¹²Department of Defense Instruction 6000.13, *Accession and Retention Policies, Programs, and Incentives for Military Health Professions Officers (HPOs)* (Dec. 30, 2015) (incorporating change 1, May 3, 2016).

¹³The Uniformed Services University of the Health Sciences (USUHS) Postgraduate Dental College consists of the Army, Navy, and Air Force Postgraduate Dental Schools. USUHS Postgraduate Dental College grants Master of Science degrees for 19 residency programs in 7 different dental specialties. Additionally, the Air Force has 10 Advanced Education in General Dentistry, 1-year certificate programs affiliated with the Postgraduate Dental College.

training and/or residency within a specific specialty and typically requires between 1 to 6 years of additional training. While in a postgraduate dental college program, participants incur an additional 6 months of active duty service obligation for each 6 months in training, with a minimum of 2 years active duty service obligation. However, this obligation can be served concurrently with obligations already incurred through AFHPSP if incurred through sponsored postgraduate education in a military or affiliated program. Figure 1 portrays the path to becoming a military dentist and the active duty obligation incurred for AFHPSP dental students.

Figure 1: Path to Becoming a Military Dentist through the Armed Forces' Health Professions Scholarship Program



Source: GAO analysis. | GAO-19-50

Note: After dental school, dentists can pursue postgraduate training through a 1-year certificate program such as the Advanced Education in General Dentistry Program, a general practice residency, or specialty training through the Postgraduate Dental College.

^aThere are some exceptions to the active duty service obligation incurred. For example, Department of Defense Instruction 6000.13 states that an AFHPSP participant may serve his or her service obligation in a component of the Selected Reserve for a period twice as long as the participant's remaining active duty obligation.

Each service takes steps to validate whether the military dentist has the appropriate professional qualifications and clinical abilities. Validation includes ensuring the dentist is credentialed and privileged to practice.¹⁴

¹⁴Credentialing is the process of inspecting and authenticating documents to ensure appropriate education, training, licensure, and experience. Privileging is the corresponding process that defines the scope and limits of practice for health care professionals based on their relevant training and experience, current competence, peer recommendations, and the capabilities of the facility where they are practicing.

See appendix II for more details on service processes for monitoring qualification and performance of dentists.

Roles and Responsibilities for the Recruitment and Retention of Military Dentists

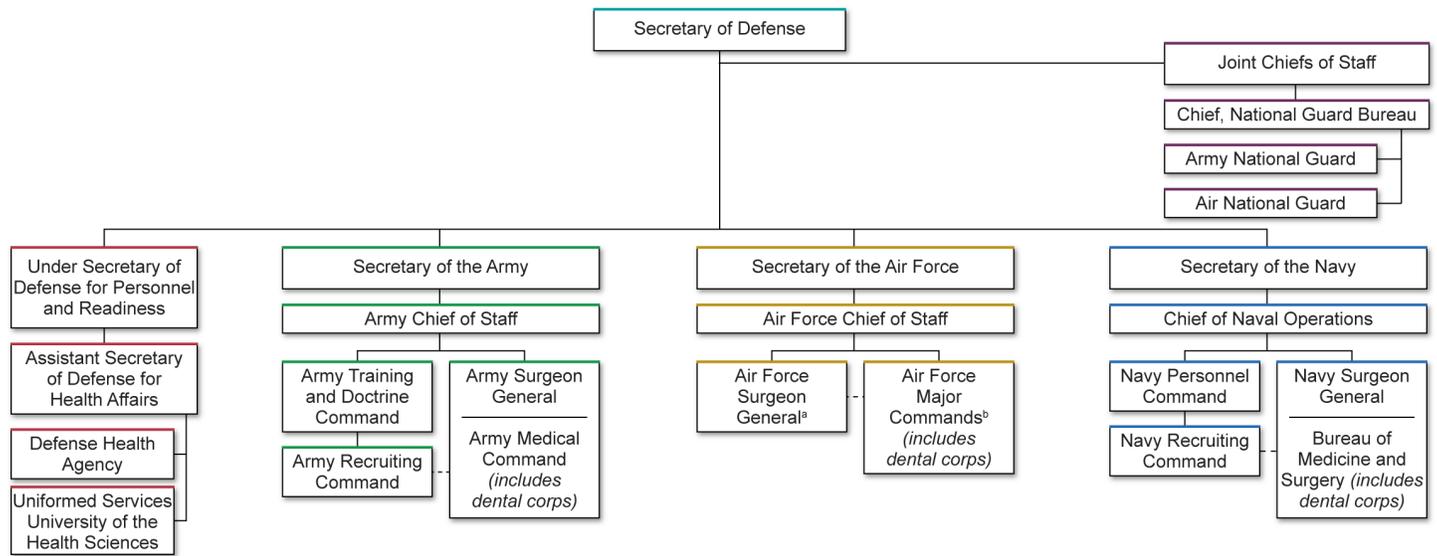
The Assistant Secretary of Defense for Health Affairs (ASD(HA)) serves as the principal advisor for all DOD health policies and programs.¹⁵ The ASD(HA) issues DOD instructions, publications, and memorandums that implement policy approved by the Secretary of Defense or the Under Secretary of Defense for Personnel and Readiness and governs the management of DOD medical programs. The ASD(HA) also exercises authority, direction, and control over the President of the Uniformed Services University of the Health Sciences (USUHS). Further, ASD(HA) sets the special and incentive pay amounts for all military dentists.¹⁶ The ASD(HA) reports to the Under Secretary of Defense for Personnel and Readiness, who in turn reports to the Secretary of Defense.

The Army, the Navy, and the Air Force medical commands and agencies report through their service chiefs to their respective military department secretaries and then to the Secretary of Defense. The Army, the Navy, and the Air Force have the authority to recruit, train, and retain dentists. Each military service has its own organizational structure and responsibilities. See figure 2.

¹⁵Department of Defense Directive 5136.01, *Assistant Secretary of Defense for Health Affairs (ASD(HA))* (Sept. 30, 2013) (incorporating change 1, Aug. 10, 2017).

¹⁶ In addition to regular military compensation, qualified dentists may receive one or more special and incentive pays, such as board certification pay, incentive pay, and multi-year retention bonuses.

Figure 2: Organizational Structure of the Military Health System



----- Line of communication

Source: GAO analysis of Department of Defense information. | GAO-19-50

^aThe Air Force Surgeon General also leads the Air Force Medical Service. This agency is responsible for medical planning, programming, policy, and execution of service medical operations. The Air Force Surgeon General interacts with the Air Force’s major commands and military treatment facilities.

^bThere are 10 active Air Force Major Commands, including the Air Education and Training Command and the Air Force Reserve Command. The Air Force Recruiting Service reports to the Air Education and Training Command, and the Air Force Reserve Recruiting Service reports to the Air Force Reserve Command.

In September 2013, the Defense Health Agency was established to support greater integration of clinical and business processes across the Military Health System. The Defense Health Agency, among other things, manages the execution of policies issued by the ASD(HA) and manages and executes the Defense Health Program appropriation, which funds the services medical departments. By no later than September 30, 2021, the Director of the Defense Health Agency will assume responsibility for the administration of each military treatment facility, to include budgetary matters, information technology, and health care administration and management, among other things.¹⁷ Although military treatment facilities

¹⁷10 U.S.C. § 1073c. DOD is implementing the transfer through a phased approach. For more detail on this see: Defense Health Care: DOD Should Demonstrate How Its Plan to Transfer the Administration of Military Treatment Facilities Will Improve Efficiency. GAO-19-53, Washington, D.C.: Oct. 30, 2018.

include dental clinics, DOD initially intended to exclude dental care (except oral and maxillofacial surgery), from the transfer to the Defense Health Agency.¹⁸ However, as of September 2018, DOD stated it is assessing the extent to which dental care will fall under the Defense Health Agency's administration.

GAO's Prior Work on Military Treatment Facility Staffing Models and Tools

In July 2010, we found that the services' collaborative planning efforts to determine staffing of medical personnel working in fixed military treatment facilities, including dentists, were limited, and that their staffing models and tools had not been validated and verified in all cases as DOD policy requires.¹⁹ Specifically, we found that some Army specialty modules contained outdated assumptions, and that only a portion of the models had been completely validated. We also found that the Navy did not have a model, but instead employed a staffing tool that used current manning as a baseline and adjusted its requirements based on emerging needs or major changes to its mission. However, the Navy's tool was not validated or verified in accordance with DOD policy. Further, we found that the Air Force may not know its true medical requirements because the model it relied on also was not validated or verified.

We made several recommendations in our 2010 report, two of which were aimed at improving staffing of MTFs. Specifically, we recommended that the services identify common medical capabilities shared across military treatment facilities and develop and implement cross-service medical staffing standards for these capabilities as appropriate.²⁰ We also recommended that each service update or develop medical personnel requirements determination tools as needed to ensure that they use validated and verifiable processes.

The Army, the Navy, and the Air Force have implemented our recommendation related to the development and implementation of

¹⁸Under Secretary of Defense for Personnel and Readiness Memorandum, *Authorities and Responsibilities of Military Treatment Facility Leaders, Service Leaders and the Military Medical Departments* (Feb. 21, 2018); Under Secretary of Defense for Personnel and Readiness Memorandum, *Construct for Implementation of Section 702* (May 22, 2018).

¹⁹[GAO-10-696](#).

²⁰These standards could then be used consistently across the services to determine the amount of personnel needed to meet common, day-to-day health needs of patient populations.

validated and verifiable tools for developing medical personnel requirements. Additionally, they identified and developed standardized cross-service staffing standards for over 40 medical specialties and incorporated them into their individual MTF staffing tools.

Two of Three Services Use Validated Dental Clinic Staffing Models, and None of the Models Incorporate Cross-Service Standards

The Army and the Air Force Use Validated Dental Clinic Staffing Models, and the Navy's Proposed Model Is under Review

The Army and the Air Force have validated the dental clinic staffing models that they use, and the Navy's draft model is under review. In the absence of a validated model, the Navy uses a general ratio to staff its dental clinics. See table 1 for a description of each of the services' methodology for staffing dental clinics.

Table 1: General Staffing Methodology for Department of Defense Dental Clinics

Service	Methodology	Description
Army	Workload Based Model	Model projects staffing needs by using historical, facility-specific data on number of actual procedures and mean time to perform them. The model accounts for fixed positions needed at each clinic regardless of workload (i.e. treatment coordinators, sterilization technicians, radiograph technicians, etc.), and variable positions that are workload dependent (i.e. dentists, dental hygienists, receptionists, etc.).
Navy	Population Based Approach	According to Bureau of Medicine and Surgery officials, the Navy uses a ratio of one dentist for every 1,000 servicemembers as the baseline for staffing dental clinics. Adjustments are made as needed to address emerging needs and major changes to mission.
Air Force	Population Based Model	According to Air Force officials, the Air Force generally requires one dentist for every 650 servicemembers at a given location. The requirements for dental specialists are then entered into the model, as are variances based on unique needs of individual facilities, workload, and other factors.

Source: GAO presentation of DOD data. | GAO-19-50

The Army and the Air Force models, which were developed in accordance with DOD guidance²¹ and service-specific requirements,²² are subject to the following validation processes:

- **Army.** Since 2011, the Army has used the Army Dental Clinic Model, which, according to officials, is intended to determine the minimum number of dentists necessary, by location, to ensure the medical readiness of soldiers. Army staffing models are subject to validation by the U.S. Army Manpower Analysis Agency, which validated the Army's Dental Clinic Model when it was developed in 2011.²³ According to an Army official, the model's validation expired in 2014, and was not re-validated until May 2018 due to limited resources. Additionally, Army officials stated that the data used in the model are updated on an annual basis and that the model is subject to revalidation every 5 years.
- **Air Force.** Since 2014, according to Air Force officials, the Air Force has used its Dental Manpower Model to determine the minimum number of dentists required, by clinic, to ensure the medical readiness of servicemembers served by Air Force dental clinics. According to Air Force officials, the Air Force Dental Manpower Model is subject to review and validation that includes input from the Air Force Medical Service; Surgeon General's Manpower, Personnel, and Resources office; Air Force Personnel Center; and consultants. Officials told us the model is reviewed and validated annually and presented to the Dental Operations Panel and Air Force's medical service corporate structure. The model was most recently validated in April 2018.

According to Navy Bureau of Medicine and Surgery (BUMED) officials, the Navy does not yet have a model and therefore instead uses a general ratio of one dentist for every 1,000 sailors as a baseline to initially determine the staffing requirements of its dental clinics. This ratio is adjusted based upon emerging needs or major changes to mission. In 2013, according to Navy officials, BUMED began developing a Dental Services Model that could be used to determine dental clinic staffing needs. In November 2016, BUMED internally released a draft report

²¹Department of Defense Instruction 5000.61, *DOD Modeling and Simulation (M&S) Verification, Validation, and Accreditation (VV&A)* (Dec. 9, 2009).

²²Army Regulation 71-32, *Force Development and Documentation* (July 1, 2013); Army Regulation 570-4, *Manpower Management* (Feb. 8, 2006); Air Force Instruction 38-201, *Management of Manpower Requirements and Authorizations* (Jan. 30, 2014).

²³AR 71-32; AR 570-4.

recommending that the dental corps approve and implement the Dental Services Model as the staffing standard for dental clinics. According to a Navy official, this report was provided to dental corps leadership for review in July 2018 and they are expected to complete their review in October 2018. According to BUMED officials, if the dental corps leadership approves the model for use as an official staffing standard, the model would be subject to official Navy validation processes which, in accordance with DOD policy, would entail verification and validation throughout the model's lifecycle. Conversely, if the dental corps decides to use the model as an informal staffing tool to supplement its current processes, a BUMED official stated that it will be subject to an ad-hoc internal review every 3 years that mirrors the Navy's review of its validation process.

The Services Have Not Developed Cross-Service Staffing Standards for Dental Care

Currently, the Army, the Navy and the Air Force each use different service-specific standards and other factors to determine the number of dentists needed at their respective dental clinics. As previously discussed, the services have developed and are in the process of implementing cross-service staffing standards—that is, a standardized approach to staffing the common day-to-day health needs of the patient population—for certain medical specialties. In response to DOD policy²⁴ and our 2010 recommendation, the services established a working group to identify and develop common cross-service staffing standards, and in 2017, the tri-service working group established such standards for 42 different medical specialties. These standards are based on actual workload data for common capabilities within selected medical specialties and were incorporated into each service's staffing tools to provide consistent values for the minimum number of staff required to meet patient needs. However, according to an official involved in the development of the standards, the services have not collaborated to develop a plan to establish a similar set of standards for dental care.

DOD guidance directs modeling and simulation management to develop plans and procedures and to pursue common and cross-cutting modeling tools and data across the services.²⁵ Also, the ASD(HA) has supported

²⁴Department of Defense Directive 5000.59, *DOD Modeling and Simulation (M&S) Management* (Aug. 8, 2007).

²⁵DOD Instruction 5000.61.

the effort to establish consistent workload drivers across services for determining personnel requirements for MTFs.

According to a tri-service working group co-chair, they did not develop cross-service staffing standards for dental care because at the time, the quality of available data on dental procedure frequency and duration varied across the services. The same official stated that these data have been improved, but they still do not have plans to develop cross-service staffing standards for dental care. Additionally, service officials maintained that they must operate their respective dental clinics autonomously and in a manner that best supports their service-specific needs and unique command structures. Specifically, officials from each service's dental corps stated that their primary mission is focused on the medical readiness of servicemembers and generally does not involve beneficiary care. As such, they have not collaborated on staffing efforts with the other services.

While we recognize that each service operates under a different command structure, readiness requirements for oral health are standardized across DOD, and all servicemembers are required to meet the same level of oral health in order to be deployable. Additionally, since DOD is currently assessing whether it will consolidate the services' dental corps staff under the Defense Health Agency's administration,²⁶ it remains unclear to us why dental care has been excluded from cross-service efforts to develop a common set of standards for staffing military dental clinics—especially because the services have developed common staffing standards for 42 other medical specialties.

²⁶For more details on this transfer see: GAO, *Defense Health Care: DOD Should Demonstrate How Its Plan to Transfer the Administration of Military Treatment Facilities Will Improve Efficiency*. [GAO-19-53](#), Washington, D.C.: Oct. 30, 2018.

The Services Generally Have Met Goals for Recruiting Dental Students, but Not for Fully Qualified Dentists and Do Not Know the Extent to Which Certain Programs Are Effective at Helping Recruit and Retain Dentists

The Army, the Navy, and the Air Force have generally met their recruitment goals for dental students, but generally have not met their recruitment goals for fully qualified dentists to address oral health needs of the services. Overall, we found that the services maintained their staffing levels for military dentists during fiscal years 2012 through 2016, but experienced gaps within certain specialties.²⁷ Further, the services rely on various programs and special pays and incentives, to recruit and retain military dentists, but they do not know the extent to which some of these programs are effective at helping them to do so.

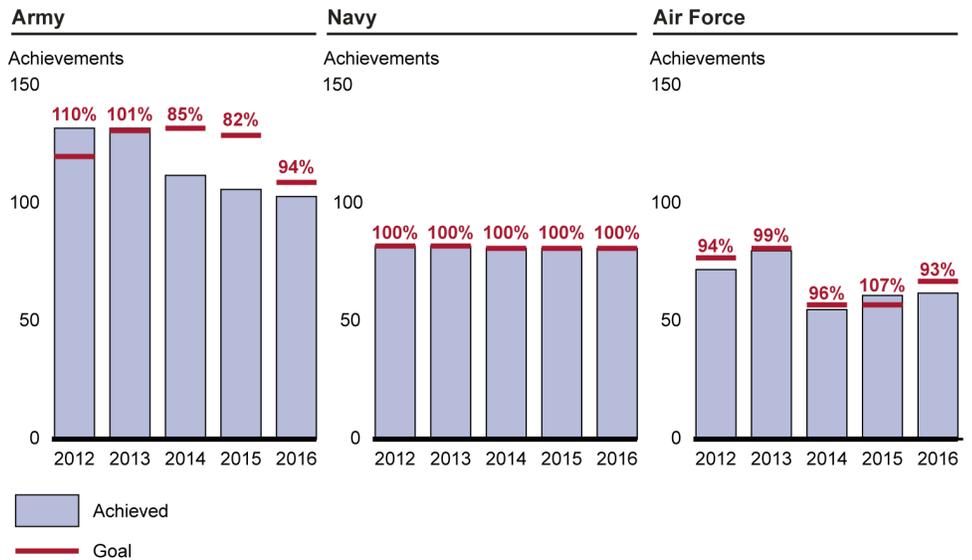
The Services Generally Met Recruitment Goals for Dental Students, but Faced Challenges Recruiting Fully Qualified Dentists

Our analysis of Army, Navy, and Air Force data found that in fiscal years 2012 through 2016, the services generally met their goals for dental students recruited through the Armed Forces Health Professions Scholarship Program (AFHPSP). From fiscal year 2012 through fiscal year 2016, the Army met 94 percent of its goals, the Navy met 100 percent of its goals, and the Air Force met 97 percent of its goals. Figure 3 shows the AFHPSP recruitment goals and achievements, by service for fiscal years 2012 through 2016.²⁸

²⁷Military dentists can practice in one of the following critically short wartime specialties: general dentistry, comprehensive dentistry, endodontics, prosthodontics, and oral and maxillofacial surgery. Military dentists can also practice in other dental specialties such as orthodontics, pediatric dentistry, periodontics, or research dentistry, among others.

²⁸AFHPSP is the main program used to recruit dental students to become military dentists. In addition to AFHPSP, the Navy also recruits dental students through the Health Services Collegiate Program. From fiscal years 2012 through 2016, the Navy met or exceeded its Health Services Collegiate Program recruitment goals for each year. This program accounts for approximately 25 to 30 military dentists entering the Navy per year. The Health Services Collegiate Program is a Navy-specific program and is not offered by the Army and Air Force. For more information on the AFHPSP, the Health Services Collegiate Program, and other recruiting programs, see appendix I.

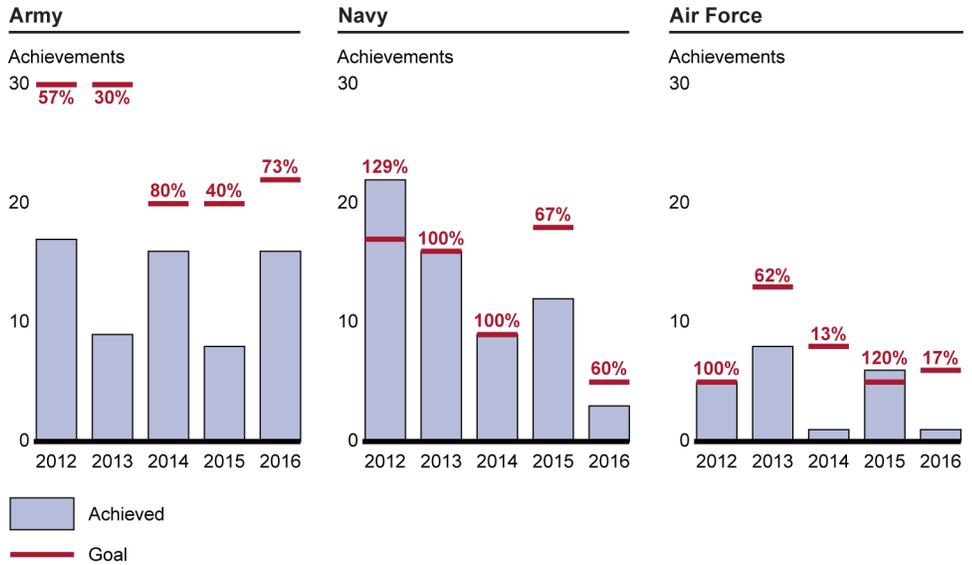
Figure 3: Armed Forces Health Professions Scholarship Program: Military Dental Student Recruitment Goals and Achievements, Fiscal Years 2012-2016



Source: GAO analysis of Department of Defense data. | GAO-19-50

To address their immediate need for dental providers, the services also recruit fully qualified general dentists or specialists. However, the services have experienced challenges meeting their recruitment goals for fully qualified dentists. Figure 4 below shows the recruitment goals and achievements for fully qualified dentists from fiscal years 2012 through 2016. As shown in the figure, the Army did not meet its recruitment goals for 5 consecutive years, the Navy did not meet its goals for 2 of these 5 years, and the Air Force did not meet its goals for 3 of these 5 years.

Figure 4: Service Recruitment Goals and Achievements for Fully Qualified Dentists, Fiscal Years 2012-2016



Source: GAO analysis of Department of Defense data. | GAO-19-50

While the services have experienced challenges in recruiting fully qualified dentists, the challenges are most pronounced in certain specialties. For example, based on our analysis of service data from fiscal years 2012 through 2016, the Army and the Navy were unable to recruit any oral surgeons and the Air Force recruited 50 percent of the oral surgeons it needed. Service officials cited various reasons for not being able to meet their recruitment goals for certain specialties, including the availability of more lucrative careers in the private sector and quality of life concerns associated with military service, such as frequent moves. Additionally, Air Force officials stated that they are not always able to offer accession bonuses consistently, which has caused challenges in recruiting.²⁹ Table 2 shows the recruitment goals and percentage achieved for fully qualified dentists, by specialty, from fiscal years 2012 through 2016.

²⁹The services are authorized to offer the Critical Wartime Skills Accession Bonus for graduates of an accredited dental school in a designated critically short wartime specialty who execute an agreement to accept a commission as an officer in the Armed Forces and to serve in a designated specialty.

Table 2: Service Recruitment Goals and Achievements for Fully Qualified Dentists, by Specialty, Fiscal Years 2012-2016

Dental Specialty	Army			Navy			Air Force		
	Goal	Achieved	Percent Achieved	Goal	Achieved	Percent Achieved	Goal	Achieved	Percent Achieved
General Dentist	95	65	68%	46	53	115%	0	5	0%
Comprehensive Dentist	6	1	17%	N/A	N/A	N/A	8	3	38%
Endodontist	N/A	N/A	N/A	1	0	0%	N/A	N/A	N/A
Oral Maxillofacial Surgeon	19	0	0%	5	0	0%	6	3	50%
Orthodontist	N/A	N/A	N/A	N/A	N/A	N/A	2	0	0%
Pediatric Dentist	N/A	N/A	N/A	2	1	50%	2	2	100%
Periodontist	N/A	N/A	N/A	3	1	33%	7	2	29%
Prosthodontist	2	0	0%	7	6	86%	9	4	44%
Research Dentist	N/A	N/A	N/A	1	1	100%	N/A	N/A	N/A
Advanced Education in General Dentistry Resident	N/A	N/A	N/A	N/A	N/A	N/A	3	2	67%

Source: GAO analysis DOD data. | GAO-19-50

The Services Have Maintained Overall Staffing Levels for Military Dentists, but Have Experienced Challenges Retaining Certain Specialties

While the services maintained overall staffing levels for military dentists, they have experienced some challenges retaining certain specialties. Overall, military dentist end strengths—the actual number of dentists on board at the end of the fiscal year—have generally met or exceeded dental authorizations.³⁰ Specifically, between fiscal years 2012 and 2016, the Army’s dental authorizations were filled, on average, at about 109 percent, the Navy’s at about 101 percent, and the Air Force’s at about 97 percent. Further, DOD data show that average overall gain rates are equal to average overall loss rates for the services’ dental corps in fiscal years 2012 through 2015 at approximately 10 percent for the Army, 9 percent for the Navy, and 11 percent for the Air Force.³¹ Additionally, according to our analysis of Army and Navy data, on average, approximately 73 percent of Army dentists continue on active duty after 5 years of service, and approximately 63 percent of Navy dentists continue on active duty after 5 years of service. According to Air Force officials, the

³⁰Dental authorizations refer to the number of funded positions.

³¹According to DOD officials, loss rates were not published in fiscal year 2016. Therefore we are only able to provide loss rates from fiscal years 2012 through 2015.

Air Force does not routinely track data on the number of dentists that continue on active duty after 5 years of service.³²

Although the services have been able to maintain their overall numbers for the total number of dentists in their respective dental corps, we found, based on the data the services provided us, that each service experienced gaps in certain dental specialties, including critically short wartime specialties.³³ For example, all of the services experienced gaps in comprehensive dentistry from fiscal years 2012 through fiscal year 2016.³⁴ In addition, for the same time period, all of the services experienced gaps in prosthodontists and oral surgeons. Officials from all three services cited family concerns, frequent moves, and competition from the private sector as reasons why these and other dentists choose to leave the military. Additionally, Army and Navy officials cited limited training and education opportunities and limited scope of practice as reasons why specialists such as oral surgeons leave the military.

The Services Monitor Their Recruitment and Retention Programs, but Do Not Know Whether The Programs Are Effective

The services rely on programs, such as AFHPSP, the Critical Wartime Skills Accession Bonus (CWSAB), and special pay and incentives, to attract and retain military dentists, but they do not know the extent to which some of these programs are effective at helping them meet their recruiting and retention goals.³⁵ Our prior work on effective strategic workforce planning principles concluded that agencies should periodically measure their progress toward meeting human capital goals. These principles state that measuring the extent that human capital activities contribute to achieving programmatic goals provides information for effective oversight by identifying performance shortfalls and appropriate corrective actions.³⁶ Further, according to these principles, agencies

³² While the Air Force could not provide data for the overall number of dentists that continue on active duty after 5 years of service, they were able to provide this information for HPSP dental students.

³³ DOD has designated the following dental specialties as eligible for the Critical Wartime Skills Accession Bonus: general dentistry, oral and maxillofacial surgery, comprehensive dentistry, endodontics, and prosthodontics.

³⁴ A comprehensive dentist is a highly trained general dentist with increased understanding of various advanced treatment options and the ability to perform more advanced clinical procedures that bridge the gap between general dentistry and specialty services.

³⁵ For additional details on recruiting programs, see appendix I.

³⁶ GAO, *Human Capital: Key Principles for Effective Strategic Workforce Planning*, [GAO-04-39](#) (Washington, D.C.: Dec. 11, 2003).

should develop use of flexibilities and other human capital strategies that can be implemented with the resources that can be reasonably expected to be available, and should consider how these strategies can be aligned to eliminate gaps. Additionally, *Standards for Internal Control in the Federal Government* states that management should monitor internal control systems, through ongoing monitoring and evaluations.³⁷ According to these standards, evaluations should be used to provide feedback on the effectiveness of ongoing monitoring and should be used to help design systems and determine effectiveness. The standards also provide that management should determine the appropriate corrective actions to address any identified deficiencies upon completing its evaluation.

According to Army, Navy, and Air Force officials, the services have taken various actions to monitor their recruitment and retention programs. For example, officials told us that they review recruitment goals, achievements, and retention rates; conduct workforce planning and modeling; and participate in recruitment and retention working groups. Specifically, Army officials stated that they use forecasts from a 5-year management plan to determine the Army's recruiting mission and review its continuation rates to assess retention of dentists.³⁸ Navy officials told us that they review annual recruitment goals and track whether they are meeting those goals on a weekly basis. Air Force officials stated that they participate in the Medical Accessions Working Group three times per year to assess ongoing recruitment activities. While the services monitor their progress toward recruitment and retention goals, they do not know the extent to which the programs designed to help them meet their goals affect their ability to recruit and retain dentists because they have not evaluated their effectiveness.

For example, DOD Directive 1304.21 allows the services to use accession bonuses to meet their personnel requirements and specifies that bonuses are intended to influence personnel inventories in specific situations in which less costly methods have proven inadequate or impractical.³⁹ The services have the discretion to issue up to \$20,000 as

³⁷GAO-14-704G.

³⁸According to Army officials, continuation is a count of dentists moving on from year to year. Army officials define retention as a subset of continuation that represents the number of dentists who stay in the military without an obligated service agreement.

³⁹Department of Defense Directive 1304.21, *Policy on Enlistment Bonuses, Accession Bonuses for New Officers in Critical Skills, Selective Reenlistment Bonuses, and Critical Skills Retention Bonuses for Active Members* (Jan. 31, 2005).

an accession bonus under the AFHPSP—in addition to paying full tuition, education expenses, and a monthly stipend.⁴⁰ In fiscal years 2012 through 2016, the Army and the Navy offered the accession bonus and generally met their recruitment goals—an achievement that Army officials credit, in part, to their use of the incentive. Specifically, Army officials told us that prior to using the bonus in 2009, they were not meeting their recruitments goals. They also expressed concern that, if they were to discontinue use of the bonus, they would not be able to meet their current goals. Conversely, Air Force officials told us that they stopped offering the bonus in 2012 because the number of AFHPSP applicants had exceeded the number of AFHPSP positions; the Air Force has continued to meet its recruiting goals without the use of the bonus. An Air Force official acknowledged that not offering the bonus could result in their losing potential applicants to the services that do offer the bonus, but Air Force officials also recognized that money is not always a deciding factor for those who choose to serve as a dentist in the military. The uncertainty described by the Army and Air Force officials demonstrates their lack of information about what factors motivate individuals to join the military. Moreover, the differing use of the accession bonus by the two services with similar outcomes indicates that the services do not know when it is necessary to use the recruiting tool because they have not evaluated the effectiveness of this program.

Another bonus the services can offer is the CWSAB, which ranges from \$150,000 for general dentists to \$300,000 for comprehensive dentists, endodontists, prosthodontists, and oral maxillofacial surgeons, to individuals entering the military as a dentist in a critically short wartime specialty. While a bonus can be offered to any dental specialty designated as a critically short wartime specialty, data that we analyzed indicate that the bonus may be disproportionately effective in recruiting for these specialties. For example, from fiscal years 2012 through 2016, the Navy used this type of bonus and was able to meet or exceeded its recruitment goals for critically short wartime specialty general dentists and staffed this specialty at between 108 and 122 percent. However, our analysis of the Navy's data also found that, even after offering this bonus, the Navy was unable to recruit any oral surgeons during the same time period. However, like with the accession bonus, service officials do not know the extent to which the CWSAB bonus is an effective recruitment

⁴⁰In 2017, the average education debt for dental students was \$287,331. American Dental Education Association, *Snapshot of Dental Education 2017-2018*, (Washington, D.C.: 2017).

incentive for some or all of the critically short wartime specialties because they have not evaluated the effectiveness of this program.

In addition, the services offer special pay and incentives, which vary by specialty, to qualified dentists.⁴¹ Special pay and incentives include incentive pay, retention bonuses, and board certification pay. Each bonus and incentive, except board certification pay, requires an additional service obligation, thus creating a retention tool for the services. The services and officials from the Office of the ASD(HA) participate in the Health Professions Incentives Working Group to review recruitment and retention special pay and incentives and recommends adjustment to amounts offered as necessary. Service and officials from the Office of the ASD(HA) told us that there are no ways to evaluate the effectiveness of these incentives because they cannot account for the emotional or non-monetary decisions that contribute to whether servicemembers stay in the military, and money is not always an effective incentive for getting people to train in certain specialties or to continue their service. However, in our recent review of DOD's special pay and incentive programs in 2017,⁴² we recommended that DOD take steps to improve the effectiveness of its special pay and incentive programs. Additionally, in February 2018, through our review of gaps in DOD's physician specialties, we recommended that the services develop targeted and coordinated strategies to alleviate military physician gaps.⁴³ An official from the Office of the ASD(HA) stated that they have started discussing measures with the services to evaluate the effectiveness of DOD's medical and dental recruitment and retention programs, including special pay and incentives. Additionally, Office of ASD(HA) and service officials stated that they will begin reviewing the dental special pays and incentives in fiscal year 2019. Because these reviews are in the early stages, it is too soon to know how effective they will be in evaluating pay and incentive programs.

Although service officials also told us that they believe their recruitment and retention programs are effective because they have generally met

⁴¹According to the *Tenth Quadrennial Review of Military Compensation Report*, special pay is used to ensure pay comparability with civilian sector salaries. Department of Defense, *Report of the Tenth Quadrennial Review of Military Compensation*, Vol. 1 Cash Compensation, (Washington, D.C: February 2008).

⁴²GAO, *Military Compensation: Additional Actions Are Needed to Better Manage Special and Incentive Pay Programs*, [GAO-17-39](#) (Washington, D.C.: Feb. 3, 2017).

⁴³GAO, *Military Personnel: Additional Actions Needed to Address Gaps in Military Physician Specialties*, [GAO-18-77](#) (Washington, D.C.: Feb. 28, 2018).

their overall recruiting and retention goals, until the services evaluate the effectiveness of their recruitment and retention efforts, they will not have the information to know which programs are the most efficient and cost-effective.

Conclusions

DOD continues to implement several major initiatives to support the mission of its health system maintaining the medical readiness of servicemembers while operating as efficiently as possible. The dental corps plays a critical role in these efforts by ensuring the oral health and dental readiness of all servicemembers. Ensuring dental readiness requires, in part, that the services are able to staff dentists adequately and consistently across DOD's dental clinics. However, the Army, the Navy, and the Air Force have not collaborated in their approaches to staffing dental clinics, and have not developed cross-service staffing standards for dental clinic staffing. As DOD progresses in its efforts to implement efficiencies across its Medical Health System and assesses the scope of medical care to be transferred to the Defense Health Agency, it could be of benefit to the dental corps to develop cross-service standards that could result in improvements to the consistency and efficiency of dental clinic staffing.

In addition to ensuring the appropriate number of dentists at each clinic to support the dental corps' mission, recruiting and retaining fully qualified dentists has been an ongoing challenge for the services. However, the services have not evaluated whether their existing programs have been effective at helping them recruit and retain dentists, and therefore do not know whether they are effectively targeting their resources to address the most significant recruitment and retention challenges.

Recommendations for Executive Action

We are making a total of six recommendations, including two to the Army, two to the Navy, and two to the Air Force. Specifically:

The Secretary of the Army should ensure that the Surgeon General of the Army Medical Command (1) collaborate with the Navy Bureau of Medicine and Surgery and the Air Force Medical Service to develop a common set of planning standards to be used to help determine dental clinic staffing needs, and (2) incorporate these standards into the Army's dental corps staffing model. (Recommendation 1)

The Secretary of the Navy should ensure that the Surgeon General of the Navy Bureau of Medicine and Surgery (1) collaborate with the Army

Medical Command and the Air Force Medical Service to develop and implement a common set of planning standards to be used to help determine dental clinic staffing needs, and (2) incorporate these standards into the Navy's dental corps staffing model. (Recommendation 2)

The Secretary of the Air Force should ensure that the Surgeon General of the Air Force Medical Service (1) collaborate with the Army Medical Command and the Navy Bureau of Medicine and Surgery to develop and implement a common set of planning standards to be used to help determine dental clinic staffing needs, and (2) incorporate these standards into the Air Force's dental corps staffing model. (Recommendation 3)

The Secretary of the Army should ensure that the Surgeon General of the Army Medical Command evaluates the effectiveness of its recruitment and retention programs for military dentists, including the need for and effectiveness of the recruitment and retention incentives currently offered. (Recommendation 4)

The Secretary of the Navy should ensure that the Surgeon General of the Navy Bureau of Medicine and Surgery evaluates the effectiveness of its recruitment and retention programs for military dentists, including the need for and effectiveness of the recruitment and retention incentives currently offered. (Recommendation 5)

The Secretary of the Air Force should ensure that the Surgeon General of the Air Force Medical Service evaluates the effectiveness of its recruitment and retention programs for military dentists, including the need for and effectiveness of the recruitment and retention incentives currently offered. (Recommendation 6)

Agency Comments

We provided a draft of this report to DOD for review and comment. DOD did not provide comments. DOD did provide us with technical comments, which we have incorporated, as appropriate.

We are sending copies of this report to the appropriate congressional committees, the Secretary of Defense, the Under Secretary of Defense for Personnel and Readiness, the Office of the Assistant Secretary of Health Affairs, the Secretaries of the Army, the Navy, the Air Force, and the President of the Uniformed Services University of the Health

Sciences. In addition, the report is available at no charge on the GAO website at <http://www.gao.gov>.

If you or your staff have any questions about this report, please contact me at (202) 512-3604 or FarrellB@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff who made key contributions to this report are listed in appendix III.

A handwritten signature in black ink that reads "Brenda S. Farrell". The signature is written in a cursive style with a large, prominent 'B' and 'F'.

Brenda S. Farrell
Director
Defense Capabilities and Management

Appendix I: Military Dentist Accession Programs and Incentives

In addition to the Department of Defense’s (DOD) Armed Forces Health Professions Scholarship Program, DOD uses several other programs and incentives to recruit military dentists. Table 3 includes a selection of DOD’s military dentist accession programs and incentives.

Table 3: Military Dentist Accession Programs and Incentives

Accession Program and Incentive	Description
Armed Forces Health Professions Scholarship Program (AFHPSP) (10 U.S.C. §§ 2120-2128)	Provides scholarships for all tuition and educational expenses and a monthly stipend of more than \$2,000 for health professional students enrolled in an accredited education institution or specialized training program. ^a Participants incur a minimum 2-year active duty obligation or 6-month active duty obligation for every 6 months or portion thereof of AFHPSP sponsorship, whichever is greater. ^b For each year the scholarship is awarded, participants receive O-1 pay and allowances for 45-days of active duty for annual training performed. Military services may also provide a \$20,000 signing bonus.
Critical Wartime Skills Accession Bonus (37 U.S.C. § 335)	Provides an accession bonus for graduates of accredited dental schools in a designated critically-short wartime specialty in exchange for agreement to accept a commission as an officer and serve in a specific specialty. Bonus amounts range from \$150,000-\$300,000 based on the specialty.
Financial Assistance Program (FAP) (10 U.S.C. §§ 2120-2128)	Provides annual grants of up to \$45,000 and monthly stipends of more than \$2,000 for dentists accepted or enrolled in a residency program. Participants incur a minimum 2-year active duty obligation or 6-month active duty obligation for every 6 months or portion thereof of FAP sponsorship, whichever is greater. FAP participants will serve on active duty in a grade commensurate with their educational experience. For each year of participation, participants receive full pay and allowances for their respective grades for a period of 14 days active duty for annual training performed for each year of participation.
Health Professions Loan Repayment Program (10 U.S.C. § 2173)	Provides repayment of educational loans for fully qualified health professionals. Participants incur a 2-year active duty obligation or 1-year active duty obligation for each year of repayment, whichever is greater.
Health Services Collegiate Program	Provides financial incentives for students in designated health care professions to complete degree/certification requirements and obtain a commission in the Dental Corps. Students receive full active duty pay and benefits of an E-6 or E-7 and allowances (except for clothing). Participants must pay for their tuition and educational fees. Participants incur an 8-year service obligation with a minimum of 3 years on active duty. This program is offered by the Navy.

Source: GAO, based on Department of Defense information. | GAO-19-50

^aEach year, the stipend is determined and published by an Office of the Assistant Secretary of Defense for Health Affairs memorandum. For the year July 1, 2018, through June 30, 2019, the stipend amount is \$2,330.78 per month.

^bDOD Instruction 6000.13 states that an AFHPSP and a FAP participant may serve his or her service obligation in a component of the Selective Reserve for a period twice as long as the participant’s remaining active duty obligation.

Appendix II: The Services' Mechanisms to Monitor Qualifications and Performance of Military Dentists

DOD policy requires that all military dentists must be credentialed and privileged to practice dentistry.¹ Credentialing is the process of inspecting and authenticating the documentation to ensure appropriate education, training, licensure, and experience. Privileging is the corresponding process that defines the scope and limits of practice for health care professionals based on their relevant training and experience, current competence, peer recommendations, and the capabilities of the facility where they are practicing.²

According to officials, the services have developed and implemented processes to continuously monitor dentist performance in accordance with DOD policy.³ According to officials, the services monitor military dentist performance through On-Going Professional Practice Evaluations (OPPE) and Focused Professional Practice Evaluations (FPPE). The OPPE is a continuous evaluation of dentist performance that reviews six dimensions of performance: (1) patient care, (2) medical knowledge, (3) professionalism, (4) practice-based learning and improvement, (5) interpersonal and communication skills, and (6) systems-based practice. The FPPE is a process of periodic evaluation by the dental clinic of the specific competence of a dentist performing procedures and administering care. FPPEs are conducted during a dentist's initial appointment, when granting new privileges, or if a question arises about a dentist's ability to provide, safe, high quality patient care.

In addition to the performance monitoring required by DOD, according to officials, the Army and the Air Force have instituted their own mechanisms for monitoring the quality and performance of their dentists.

- **Army:** According to officials, the Army monitors dental quality through its quarterly Continuous Quality Management Program. This program includes the review of data related to records audits, infection control, radiation protection, utilization management, implant reports, drug

¹Department of Defense Manual 6025.13, *Medical Quality Assurance (MQA) and Clinical Quality Management in the Military Health System (MHS)* (Oct. 29, 2013).

²In 2013, we reported that DOD and the services had policies for the credentialing and privileging of health care professionals and had taken steps to ensure consistency for these processes. See GAO, *Defense Health Care: Department of Defense Needs a Strategic Approach to Contracting for Health Care Professionals*, [GAO-13-322](#) (Washington, D.C.: May 28, 2013).

³DOD Manual 6025.13.

utilization reports, patient safety events, and risk management. According to officials, these reviews are intended to identify and address any errors or trends in dental care.

- **Air Force:** According to officials, annually, Air Force dentists must document that they have reviewed and will follow the Air Force Medical Service Dental Clinical Practice Guidelines.⁴ According to officials, this ensures that all dentists are following the same standard of care for dental treatment. Additionally, according to officials, Air Force dentists participate in a peer review process known as Clinical Performance Assessment and Improvement. According to officials, in this process, a licensed peer dentist preferably of the same specialty reviews the dentist's practice and procedures. Further, according to officials, depending on the nature of issues found during the review, corrective actions—ranging from refresher courses to a loss of license and credentials—may be taken.

⁴The Air Force Medical Service Dental Clinical Practice Guidelines are intended to provide a framework for the delivery of high quality oral healthcare services and to sustain continuous improvement of dental practice in the United States Air Force. Air Force Medical Service, *Dental Clinical Practice Guidelines* (January 2018).

Appendix III: GAO Contact and Staff Acknowledgments

GAO Contact

Brenda S. Farrell, (202) 512-3604 or FarrellB@gao.gov

Acknowledgments

In addition to the contact named above, Kimberly Mayo, Assistant Director; Nicole Collier; Alexandra Gonzalez; Amie Lesser; Tida Barakat Reveley; Rachel Stoiko; John Van Schaik; Lillian Yob; and Elisa Yoshiara made key contributions to this report.

Related GAO Products

Defense Health Care: Additional Assessments Needed to Better Ensure an Efficient Total Workforce. [GAO-18-102](#), Washington, D.C.: Nov. 27, 2018.

Defense Health Care: DOD Should Demonstrate How Its Plan to Transfer the Administration of Military Treatment Facilities Will Improve Efficiency. [GAO-19-53](#), Washington, D.C.: Oct. 30, 2018.

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