AGENDA
ECU Board of Trustees
Health Sciences Committee
East Carolina Heart Institute
Thursday, February 26, 2009
1:00 p.m.

I. Approval of Minutes (December 11, 2008) Action

II. Health Sciences Division - Dr. Horns Discussion
   A. Closed Session
   B. School of Dentistry Update – Dr. Hupp
   C. Brody School of Medicine Financial Update – Dr. Cunningham & Mr. Jowers

III. Health Sciences Informational Updates Information
   A. College of Nursing
   B. College of Allied Health Sciences
   C. School of Medicine
   D. School of Dentistry
Call to Order:

Mr. Hill called the meeting to order at 10:00 a.m.

Approval of Minutes:

Mr. Hill presented the motion to approve the November 2008 minutes. Motion was approved by Mr. Brody and was second by Mr. Austin. The minutes were unanimously approved.

Brody School of Medicine Update:

ECU Physicians: Dr. Cunningham & Mr. Jowers

Dr. Cunningham gave a status report on the ECU Physicians turnaround. The ECU Physicians Board is empowered by 17 voting members and chaired by an elected clinical chair. We have active participation by both Vice Chancellor Horns and Vice Chancellor Setiz. Meetings are held bi-monthly. The board is an
action oriented, strategic planning, and decision-making body. We have an active Finance Committee that monitors finances, budgets, growth, and expansion. The board obtains full financial and operational accountability and transparency and data is shared across the departments. Recommendations and ideas are brought forward which are well thought out and discussed before decisions are made.

Finance and Business Operations: Payor contracts are renegotiated at market rates and renewal dates and planned rate increases are scheduled. Overhead allocation costs have reduced and continue to be monitored. New contracts for ECU Physicians services are under development and active contracts are reviewed monthly for payments. Budget preparation and development is to begin and be completed prior to start of the new fiscal year. Performance reports (overall and departmental) are designed and discussed with the Department Chairs monthly. Incentive program (VSA) restructured and compensation based on achievement of ECU Physicians and departmental and individual goals. Alternative funding support is being sought for non-clinical programs.

Clinical Facilities: Moye Medical (24,000 square foot) is a new and modern multispecialty medical office building and will be completely full in January 2009.
- New 4 bed sleep lab to open January 2009
- New 4 suite Endoscopy center (LLC with PCMH) to open January 2009

A new medical office building is under discussion with multiple needs and multispecialty clinical space. We have a new clinical area for Psychiatric Medicine. The East Carolina Heart Institute at ECU opened for patient care in October 2008. The new Family Medicine Center funding was approved and construction is to begin in 2009. We are working on minor renovations for several of the clinics and new furniture for some of the clinics.

Patient Access and Customer Service:

The Patients First Committee was established to drive opportunities for patient satisfaction improvement. Patient First Clinical Quality Teams were established in each department/division. A dedicated customer service telephone line has been installed and is available 24 hours a day. A patient feedback and resolution system has been designed and implemented. Recognition of support staff efforts is being developed. ECU Physicians patient satisfaction survey was implemented and initial satisfaction goal was established at 92%. The first satisfaction survey was distributed to all patients (November 2007-January 2008) and the satisfaction level was 83%. The second satisfaction survey was distributed only to the first-time patients (February 2008-August 2008) and the satisfaction level was at 81%. The third satisfaction survey has been distributed to all patients (September 2008 – December 2008) and the results will be available in January 2009. The fourth satisfaction survey will be a focused service survey that will be given to all patients at check-in starting in January.
Department/Division scorecards are being developed and will be visibly displayed in the clinical areas. The Department/Division results will be shared with the ECU Physicians Board.

Partnership and Clinical Ventures:

- East Carolina Endoscopy Center (ECEC) – LLC with PCMH for 4 endoscopy suites in Moye Medical. One will provide patient services effective January 12, 2009.
- Imaging JV for outpatient radiology services
- Breast Center JV to develop full suite of services for women diagnosed with breast cancer
- Center for Stereotactic Radiosurgery JV with PCMH with Gamma Knife and Cyberknife

Branding and Marketing:

- ECU Physicians logo
- Smart Medicine tagline
- Clinical Marketing Committee implemented
- Marketing budget created
- Marketing Campaigns (billboards, local & state newspaper, television spots, and advertisements in local & national magazines)

Business Development Updates:

- Acquisition of Neurosurgery practice was effective November 1, 2008.
- Development of a Neuroscience Center is in the planning stages
- ECHI CT scanner certificate of need approved – CT scanner to be installed and operational in May 2009
- Leo Jenkins Cancer Center –
  - The reorganization is bringing together Medical Hematology/Oncology, Gynecologic Oncology, Surgical Oncology and Radiation Oncology
  - LJCC/UNC Lineberger MOU - effective December 2007; Clinical Trials Office/Alignment of Clinical Research Programs/Faculty Recruitment/Reciprocal Membership
- New Opportunities – Regional Radiation Oncology Services; Regional Pathology Services
- LJCC Cyberknife Linear Accelerator
  - CON approved
  - Construction of facility to be completed – January 2009
  - Installation of Cyberknife – January 2009
  - Begin treatment of patients – February 2009
Financial Report:

We continue to work on the financial picture. Well planned investments are required today for long-term viability of ECU Physicians. We will continue to require outside and continuous financial assistance to accelerate improvement of bottom line (recurring indigent care funds, appropriate GME funding support). $2.5 million of indigent care funds were provided in FY 07-08. Indigent care funds were not provided in FY 08-09. We are currently seeking $3 million of indigent care funding. We have had temporary and permanent budget cuts from 1999 to present which have created a cumulative long-term impact for the school. The loss of state appropriations to the Brody School of Medicine for the last ten fiscal years is over $34.2 million. Our budget cut scenarios for 2009-2010 (includes cuts from 16065 and 16066 budget codes) 2% - $907,000; 4% - $1,814,000; 6% - $2,721,000; and 8% - $3,628,000.

Financial Update – YTD October 2008:

Positive highlights are that professional fees are up 5.5%, chemotherapy revenue is up 22.9%, capital spending is down 24.6%, days in A/R: 40 (all time practice best); national benchmark is 48.7, and the revenue per wRVU is up 2.2% over FY 07-08. Areas of focus are contract revenue is down 22.0%, personnel expenses are up 1.1%, operating expenses are up 8.8% mainly for the purchase of drugs for resale, investment income is down 30.6%, Medicaid cost settlement has not been submitted, and dollar value of lag days - $793,372.

Budget Performance - MFPP Operations: Operating and non-operating results are lower than budget due to increased operating expenses. Operating results are better than the prior year due to increased professional fees and chemo revenue. Non-operational results are lower due to the timing of Medicaid cost settlements and auxiliary overhead expense.

Metabolic Institute: Dr. Cunningham & Dr. Horns

The Metabolic Institute is up and running. The institute reports jointly to the Vice Chancellor for Health Sciences and the VC for Research & Graduate Studies and intertwined with the BSOM. Dr. Jose Caro has been hired as the Director.

Planning for expansion of the medical student class size: Dr. Benson

Consultants have been hired from Lexington, KY. They will be here for their first on-site meeting with the BSOM next week. This will be the beginning of consultation to review the plans that have already been developed internally for the expansion of the medical school class size from 80 to 120 students. They will help us look at the budget that has already been developed, help us look at communities in eastern NC that we might place a subset of students through the 3rd and 4th years, help us with the plan for the ultimate approval by UNC Board of
Governors, and obtain funding by the UNC General Assembly. The timeline may be pushed back significantly due to the current situation of the economy. We have heard from UNC-GA that they have put into their funding priorities $2 million dollars of continued planning to be split between UNC-Chapel Hill and ECU. Their plans are to keep the request for FY 2010 and FY 2011 as way of keeping the expansion concept in front of the General Assembly. This would make them aware that both universities would ultimately come back together to request the major funding for medical school expansion. A GME State-wide Task Force was put in place by UNC-GA back in early 2008 to look at increasing the number of residency slots across NC and funding those from state dollars. The task force has almost completed its work and Dr. Benson and others here at the BSOM and PCMH have been reviewing drafts of the proposal. The major request of the proposal is to fund a state-wide GME Board to look at residency programs as a way to increase physician workforce across the state without getting into the already established GME programs at the various teaching hospitals. They have asked for state dollars to do pilot programs or demonstration projects in Family Medicine, Psychiatry, and General Surgery as a way of demonstrating that placing new residency programs in places where there are no residency programs now can be a way of increasing physicians in NC to stay and practice medicine in NC.

**Funding for Graduate Medical Education:** Dr. Cunningham & Mr. Jowers

Dr. Cunningham and Mr. Jowers are continuing to have ongoing discussion with PCMH and working to increase the additional funding that is needed for GME.

With no further business, the meeting adjourned at 11:30 a.m.
Following are highlights from the College of Allied Health Sciences (CAHS) since the November 20, 2008 Board of Trustees meeting.

The inaugural *Awareness Ventures: Health and Health Care Journeys Lecture Series* sponsored by CAHS was held at 2:00 p.m. Tuesday, February 3 in the Health Sciences Building with guest speaker Dr. Jean Goeppinger, professor of nursing and public health at the University of North Carolina at Chapel Hill.

Goeppinger presented “An Empowerment Approach to Eliminating Health Disparities” based on a community research project conducted with Dr. Don Ensley, of Allied Health at ECU, and Dr. Sidney Barnwell, Craven County health director.

On Thursday, February 5, Dr. James Johnson Jr. presented “Health and Economics: A Paradigm Shift” at 2:00 p.m. in the East Carolina Heart Institute at ECU, first floor auditorium. Johnson, a Falkland native, is the Kenan Distinguished Professor of Entrepreneurship and director of the Urban Investment Strategies Center at UNC-CH.

Topics for the inaugural lecture series were created to complement the CAHS 5th Jean Mills Health Symposium that was held February 6 at the Greenville Hilton and the Greenville Convention Center. The daylong symposium featured recognized experts across the state and at ECU on the theme “Empowering Individuals to Take Responsibility for Their Own Health.” Camara Jones, MD, MPH, PhD, with the CDC and an expert in health disparities provided the keynote address. The afternoon breakout sessions and posters addressed specific strategies, programs, and research that promoted community empowerment models in health especially related to minority populations and rural health care issues. This event is always scheduled in February to coincide with Black History Month.
The College of Nursing is an academic unit of the Health Sciences Division of East Carolina University. The College serves as a center of excellence for leadership in nursing, professional nursing education, research, service, and our faculty practice within a multicultural, underserved and rural region. We offer baccalaureate and master's degree programs which have special program options for registered nurse and post-masters students, as well as a PhD in nursing program.

**MISSION**

The College of Nursing is dedicated to educational excellence in the preparation of professional nursing leaders who provide expert clinical practice and management in dynamic, challenging and interdisciplinary health care environments. The College values diversity and community partnerships, supports academic freedom and shared governance, fosters creativity and technological innovation and provides an environment for advancement and dissemination of research.

**ENROLLMENT**

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<thead>
<tr>
<th>Program</th>
<th>Spring 2009 data</th>
<th>Enrollment</th>
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<tbody>
<tr>
<td>Bachelor of Science</td>
<td></td>
<td>515 clinical students/ 988 Pre-clinical students</td>
</tr>
<tr>
<td>Master of Science</td>
<td></td>
<td>402 students</td>
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<tr>
<td>RN-BSN Studies</td>
<td></td>
<td>109 students/ 21 pre-nursing</td>
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<tr>
<td>PhD</td>
<td></td>
<td>30 students</td>
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<tr>
<td><strong>TOTAL:</strong></td>
<td></td>
<td>1056 students / 1009 pre-nursing students</td>
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**PROGRAMS**

- **Bachelor of Science in Nursing (BSN)**
  - RN-BSN Studies
- **Master of Science in Nursing (MSN)**
  - Adult Nurse Practitioner*
  - Family Nurse Practitioner*
  - Neonatal Nurse Practitioner*
  - Nurse Midwifery*
  - Clinical Nurse Specialist*
  - Nurse Anesthesia*
  - Nursing Education*
  - Nursing Leadership
  - Alternate Entry MSN
  - RN-MSN Studies
* Post-master's certificates offered as well

**Doctorate of Philosophy in Nursing (PhD)**

**ADMINISTRATION**

- Dr. Sylvia Brown, Acting Dean
donate@ecu.edu 252-744-6372

- Dr. Josie Bowman, Interim Associate Dean for Undergraduate Program and Chair, Department of Undergraduate Nursing Science - Senior Division
  bowmanj@ecu.edu 252-744-6414

- Dr. Martha Engelke, Associate Dean for Research & Scholarship
  engelkem@ecu.edu 252-744-6436

- Dr. Marie Pokorny, Acting Associate Dean for Graduate Programs
  pokornym@ecu.edu 252-744-6473

- Dr. Janice Neil, Chair, Department of Undergraduate Nursing Science-Junior Division
  neilj@ecu.edu 252-744-6414

- Dr. Mary Ann Rose, Chair, Department of Graduate Nursing Science
  rosem@ecu.edu 252-744-6437

- Ms. Karen Krupa, Director, Office of Student Services
  krupak@ecu.edu 252-744-6418

- Ms. Becky Whitley, Director, RN-BSN Studies
  whitleyr@ecu.edu 252-744-6367

- Dr. Martha Alligood, Director, PhD Program
  alligoodmar@ecu.edu 252-744-6435

- Dr. Laura Gantt, Executive Director of Learning Technologies & Labs
  ganttl@ecu.edu 252-744-6503

- Mr. John Core, Associate Dean, Administration and Finance
  corej@ecu.edu 252-744-6411

- Mr. Mark Alexander, Director of Development
  alexanderma@ecu.edu 252-744-2238
FACTS

- Originally established as the School of Nursing at ECU in 1959. The first students were admitted in 1960. The CON is ECU’s oldest professional school.
- The School of Nursing was first approved by the North Carolina Board of Nurse Registration and Nursing Education in March 1961 and received initial accreditation from the National League of Nursing in the fall of 1964. Accreditation has been maintained since that time.
- East Carolina University was authorized to offer a Master of Science degree in Nursing in 1977. In 1982, the National League for Nursing accredited the master’s program.
- The School of Nursing received DHHS grant funds to establish a nurse-midwifery program in 1991. It is the only midwifery program in North Carolina.
- In May 2001, the school was granted permission by the University of North Carolina Board of Governors to establish a doctorate of philosophy in nursing degree.
- In January 2004, the school was granted permission by the North Carolina Board of Nursing to offer an Alternate Entry MSN option. This option is the only MSN-based alternate entry option in North Carolina.
- The CON holds active membership in the National League for Nursing Accrediting Commission, the American Association of Colleges of Nursing, and the Council on Collegiate Education in Nursing (CCEN).
- The CON has 114 faculty and 40 staff members.
- The CON has grown tremendously and boasts more than 5500 alumni worldwide.
- The School is known for innovative outreach efforts designed to increase access to nursing education for place-bound nurses in rural areas. For over 25 years, the School has offered both the RN-BSN and the MSN program in off-campus sites. The RN-BSN and seven MSN concentrations are offered online.
- August 2007, the East Carolina Center for Nursing Leadership became an ECU official center, as well as the first nursing leadership center in NC. The ECCNL’s mission is to mobilize nurses to be effective partners and leaders in creating healthier communities in eastern North Carolina. The Center has received funding from the ECU BB&T Leadership Center, the Robert Wood Johnson Foundation, and Duke Endowment.
- In October, 2007 the School of Nursing received college designation status.
- The College of Nursing has received the Richard R. Eakin Distinguished Professorship, a newly endowed chair funded by the C.D. Spangler Foundation, Inc.
- The Golden Lamp Society has been established to recognize individuals who give a minimum of $100 for two or more consecutive years to the College of Nursing and the inaugural members were recognized at Homecoming 2008.

DISTINCTIONS

- July 2006, the nurse-midwifery education program received 10-year accreditation. The Board of Review of the Division of Accreditation of the American College of Nurse-Midwives granted accreditation without recommendations for 10 years.
- Summer 2006, the School moved into the new Health Sciences Building on the ECU medical campus. This 86,000 square foot facility has eight concept integration labs, 5 high fidelity patient simulators and 3 medium patient fidelity simulators.
- July 2007, the School received a $282,330 grant (renewable for three years) from HRSA to study increasing the number and diversity of nurse practitioners in rural NC.
- July 2007, the School received a $50,000 grant from NC Area Health Education Centers (AHEC) to collaborate with a community college on the use of simulation in the classroom.
- The college is offering a 45-hour, 13 week NEED (Nursing Education Educator Development) program online for faculty in N.C. to fulfill the new NC Board of Nursing requirement for nurse instructors.
- The Bariatric Nursing Consortium, which includes faculty from East Carolina University’s College of Nursing and nurses from Pitt County Memorial Hospital, has won the 2007 Magnet Prize. The Magnet Prize is one of the most prestigious national awards given by the American Nurses Credentialing Center for cutting-edge nursing research and practice.
- East Carolina University College of Nursing faculty members Drs. Martha Raile Alligood and Frances R. Eason have been inducted as fellows into the Academy of Nursing Education by the National League for Nursing. They were among 41 fellows from 33 schools of nursing across the country inducted as outstanding nurse educators.
- Summer 2008, College of Nursing faculty offered Nursing 4220: Perspectives in International Community Health Nursing in Guatemala, South America, as a community health elective course.
- July 2008, Dr. Martha Engelke received a national award by The National Association of School Nurses for her research project, “Case Management for Children with Chronic Illnesses”. The research is funded by a grant from The Kate B. Reynolds Charitable Trust.
- September 2008, the college became a National League for Nursing Center of Excellence in recognition of creating environments that promote student learning and professional development.
- Dr. Linda Steele received the 2009 American Academy of Nurse Practitioners State Award for Excellence. This prestigious award is given annually to a dedicated nurse practitioner in each state who demonstrates excellence in their area of practice.
MISSION

East Carolina University School of Medicine was established in 1975 by the North Carolina General Assembly with a three-part charge:

• To educate primary care physicians
• To provide access to careers in medicine for minority and disadvantaged students
• To improve the health care services in eastern North Carolina

ABOUT THE SCHOOL

Named after the Brody Family of Kinston and Greenville, the Brody School of Medicine is a community-based school. In August 2008, 76 North Carolina residents matriculated into the four-year medical curriculum, the largest incoming class ever. It is home for nearly 350 physicians engaged in specialty training in nearly 30 different disciplines. Over 80 learners are taking classes in the recently accredited Master of Public Health (MPH) program. The Liaison Committee for Medical Education granted an 8-year accreditation in 2004. Preliminary plans to expand the medical student class size to 120 students are being developed.

Over 325 physician faculty and other healthcare providers see patients in 20 different clinics, ranging from the Family Medicine Center and the Tinglestad Outpatient Pediatric Center to the ECU Womens’ Clinic and the Infectious Diseases and Traveler’s Clinic, totaling over 340,000 outpatient visits per year.

Patients needing hospitalization are admitted to the 800-bed Pitt County Memorial Hospital, the flagship of University Health Systems.

In 2007-2008, the faculty were awarded over $28 million in new external grant funds from the National Institutes of Health and other sources. The School has graduated more doctoral students than all other programs at ECU combined. There are over 60 graduate students working toward doctoral (PhD) degrees.

FAST FACTS

The School was very pleased to welcome Dean Paul R.G. Cunningham, MD, FACS, on September 15, 2008. Dean Cunningham was a faculty member here from 1981 to 2002. He recently was Professor and Chair of Surgery at SUNY – Upstate Medical Center.

In April 2008, U.S. News and World Reports ranked the School in the Top 10 medical schools in the country in two categories: 6th in rural medicine; and 17th in primary care.

THE STUDENTS

Over the past 25 years:

• 27% of the School’s graduates practice medicine in eastern North Carolina,
• 59% practice within North Carolina,
• 39% practice primary care medicine within the state,
• 28% practice in rural North Carolina.

For those who graduate from medical school and complete residency specialty training here, 75% practice in North Carolina.

The graduating Class of 2008 continued the tradition of choosing primary care specialties for their careers, with 60% of the students matching into primary care residencies during Match Day. This includes: 16% in family medicine; 14% in internal medicine; 9% in combined internal medicine/pediatrics; 6% in obstetrics and gynecology; and 13% in pediatrics. Thirty-six percent of the class chose a residency program in North Carolina with 16% staying at University Health Systems of Eastern Carolina (PCMH).

The BSOM continues to fulfill its mission regarding making medical education accessible to minority and nontraditional students. The school graduated 24% underrepresented minorities in the Class of 2008. The BSOM ranks in the top ten among all medical schools in the country for graduating African American students in 2008 (including historically black medical schools). The school has ranked in the top ten nationwide among most attractive schools for Latinos for three years (Hispanic Business).

In 2008 the American Academy of Family Physicians and Society of Teachers of Family Medicine recognized the school for being second among accredited U.S. medical schools in the percentage of graduates it sends into family medicine residency programs.

Seven students at the school were selected as 2008-2009 North Carolina Albert Schweitzer Fellows. The BSOM had two students selected for the 2008-09 Schweitzer Laberene Fellowship. The Laberene is a three month elective at the Schweitzer Hospital in Gabon, Africa. The BSOM has had three of these Fellows; the most among the NC medical schools.
THE FACULTY

More than 30 physicians from the Brody School of Medicine at East Carolina University were chosen by their peers for inclusion in the 2008 “Best Doctors” listing. The ECU physicians on the list are: Dr. Joseph D. Babb, cardiovascular disease; Dr. Paul Bolin, nephrology; Dr. William A. Burke, dermatology; Dr. W. Randolph Chitwood, Jr., thoracic surgery; Drs. David N. Collier, David Goff, Karin M. Hillenbrand, Thomas G. Iorns, Dale Newton, Kathleen Previll, Charles Willson and Judy Wheat Wood, pediatrics; Dr. James J. Cummings, Irma Fiordalisi, David Hannon, Glenn Harris, Kaye McGinty, Daniel Moore, Ronald M. Perkin, Michael Reichel, Charlie Sang Jr., Debra Tristam and John M. Diamond, pediatric specialists; Dr. Paul R. G. Cunningham, surgery; Dr. Raymond Dombroski, Howard Homesley and Edward Newton, obstetrics and gynecology; Drs. Yash P. Katara and Mani S. Kavuru, pulmonary medicine; Dr. Robert J. Newman, Kenneth Steinweg and Ricky Watson, family medicine; Dr. Charles S. Powell, vascular surgery; and Dr. Keith M. Ramsey, infectious disease.

Carl Haisch, MD (Surgery) received the 2007-08 UNC Board of Governor’s Distinguished Professor for Teaching Award.

Gloria Frelix, MD (Radiation Oncology) was elected President of the Old North State Medical Society in June 2008. The Society is the nation’s oldest association of black physicians.

Dr. Steve Willis was elected to the Board of Directors of the Accreditation Council on Continuing Medical Education (ACCME), the national body responsible for accrediting all CME programs across the nation.

ECU PHYSICIANS

ECU Physicians, the school’s multispecialty group medical practice, ended the 2008 fiscal year with a 1.7 million deficit, significantly ahead of budget.

Construction plans for the new Family Medicine Center are nearing completion. This facility will house the Frances J. and Robert T. Monk, Sr., Geriatric Center, funded by a gift from the Monk Family. The North Carolina General Assembly approved funding for this vital project in 2008.

In November 2008, the School welcomed five neurosurgeons into ECU Physicians, when Eastern Neurosurgical and Spine Associates (ENSA) joined the clinical enterprise. ENSA has long been the premier neurosurgical practice in the eastern region. This addition to ECU Physicians is evidence of the intention to significantly broaden the scope of specialties at the School in the coming years.

In December 2008, the Sleep Disorders and Research Center opened at Moye Medical Building. This 4-bed unit provides initial diagnostic studies, as well as titration of therapies. The Center will conduct clinical trials and target sleep disorders complicated by regionally common co-morbidities such as heart disease, pulmonary vascular disease, chronic kidney disease.

The East Carolina Endoscopy Center will open in February 2009 as a joint venture with Pitt County Memorial Hospital. The Center has three state-of-the-art suites for upper and lower endoscopy. The School’s gastroenterologists and general surgeons will perform diagnostic and therapeutic endoscopy.

ADMINISTRATION

Paul R.G. Cunningham, MD, FACS, Dean & Senior Associate Vice Chancellor for Medical Affairs, 252.744.2201, cunningham@ecu.edu

Nicholas Benson, MD, MBA, Vice Dean, 252.744.7400, bensonni@ecu.edu

Virginia Hardy, PhD, Senior Associate Dean for Academic Affairs, 252.744.2500, hardyv@ecu.edu

Lorrie Basnight, MD, Associate Dean for Graduate Medical Education, 252.744.4268, basnightl@ecu.edu

Jose Caro, MD, Associate Dean for Clinical Investigation, 252.744.2570, caroj@ecu.edu

Lars Larsen, MD, Associate Dean for Academic and Faculty Development, 252.744.3420, larsenl@ecu.edu

John Lehman, PhD, Associate Dean for Research & Graduate Studies, 252.744.9346, lehmanj@ecu.edu

David Musick, PhD, Associate Dean for Medical Education, 252.744.2149, musickd@ecu.edu

James Peden, MD, Associate Dean for Admissions, 252.744.2202, pedenja@ecu.edu

Stephen Willis, MD, Associate Dean for Continuing Medical Education, 252.744.5221, williss@ecu.edu
State's dentist shortage worsens
Sarah Avery Staff Writer

Too many people in North Carolina either can't afford to go to the dentist or can't find one in their community, health leaders warn, and the problem is likely to grow worse.

A decade after a lack of access to dental care was spotlighted as a top public health concern, major efforts have been made to boost the number of dentists practicing in North Carolina, particularly in rural areas that historically have suffered shortages.

But population growth is outpacing those strides, and in 2007 the state posted its first decline in the ratio of dentists to residents -- a ratio that already was below the national average.

Part of the problem is a lack of federal funding. Medicare, the federal insurance for older Americans, doesn't cover dental care. Medicaid, which covers poor children, reimburses at a rate that falls well below the expense of operating a clinic.

"I feel pretty frustrated about the dental situation," said Adam Searing, a health advocate with the N.C. Justice Center. "It's so important in overall health care, but it seems like the last thing people think about when they think about health reform."

Four of North Carolina's 100 counties have no dentists, according to a report by the Cecil G. Sheps Center at UNC-Chapel Hill. Five more rural counties have dentists who have reached retirement age and could soon be without dentists. In addition, 39 mostly rural counties had a decrease in dentists between 1997 and 2007.

And as the economy continues to slump, many people who can find a dentist can no longer afford regular care. They put off minor fixes that erupt into major problems. As a result, hospital emergency departments are treating more patients with rotten teeth, abscesses and infections, while free dental clinics are clogged with people whose best hopes are to have their teeth pulled.

Joe Andrews, a retired preacher in Edgecombe County, had 12 teeth pulled last year at a free mobile clinic, Mission of Mercy, run by a Burlington dentist, Dr. Steve Slott. Extraction was his only option. He had no insurance, limited income, and a mouthful of teeth that were breaking off.

"Having my 12 teeth pulled, I saved $1,400," he said. "With that $1,400 I was able to buy false teeth."

Healthy teeth are more than a matter of looks. Dental problems are linked to heart disease, and infections in the mouth can spread through the bloodstream. Children with tooth pain miss school or have difficulty concentrating. Adults who have lost teeth often face discrimination for jobs, perpetuating a cycle of poverty.
"Poor dental care is affecting the medical health of our community," said Penella Washington, executive director of Wake Health Services. "It's a problem, and it's a growing problem." She runs the only full-time clinic in Wake County with a mission to provide dental care to indigent adults.

Losing ground

Every so often, dental health rises as an issue in North Carolina -- usually because care is lacking. In 2006, plans were approved to expand the dental school at UNC-Chapel Hill and build a new dental school at East Carolina University, which should begin graduating 50 additional dentists a year by 2015.

But North Carolina's swift population growth is outpacing efforts to increase the supply of dentists. Starting about three years ago, the pipeline of new dentists began slowing relative to the influx of new residents. By 2007, the last year of available data, the state posted a 0.7 percent drop in the ratio of dentists to people.

The lag in the number of dentists is compounded by their uneven distribution. Dentists, like other health practitioners, gravitate to urban areas such as the Triangle because of cultural and economic opportunities. Many dentists get out of school owing more than $100,000 in college loans, making it difficult to set up shop in struggling, rural communities. Loan forgiveness programs have been established for dentists who practice in hardship areas, and some towns even band together and offer packages to entice a new dentist to open a clinic.

Still, more than half of North Carolina's counties have fewer than three dentists for every 10,000 people. The U.S. average is six dentists per 10,000.

Indigent-care crisis

Washington, who heads the Raleigh clinic that provides indigent care, said she has never seen dental care for the poor under such strain.

"It is very distressing," she said. "Every day, our dentists come in and feel like they are making choices they shouldn't have to make. We can only afford to do so much, so they're not focusing on preventive dentistry, or restorative dentistry. We are looking at what can the person afford, and that's not the right way to do dental care."

To save costs, she said, teeth are simply pulled rather than salvaged with more expensive procedures. An extraction usually costs less than $200, while a root canal can run upwards of $1,500.

"If you have other bills and medications, you have to make a decision," said Dr. Shelly Rickert, one of two dentists at Wake Health Services. "It's easy to understand why someone would choose to remove a tooth."

Cost calculations that result in extraction have long-term consequences for patients. Losing teeth can change how people eat, causing them to gravitate toward unhealthy foods that are easier to chew than fruits and vegetables. Sugary, high-carbohydrate foods can cause more tooth decay and lead to high blood pressure, diabetes and other health problems.
Dr. Alec Parker, executive director of the N.C. Dental Society, which lobbies for the state's dentists, said one of the society's goals is to improve preventive care.

"We are in a position, all of us in North Carolina, where we probably don't have enough money to throw at the problem in order to completely fix it," Parker said. "This is going to take a partnership between the private sector and the public sector."

Toothaches after hours

With so few options, many patients put off care so long they get hit with excruciating tooth pain on weekends or nights when dental offices are closed. Desperate, they head to hospital emergency rooms. Last year, the state's hospitals issued a report noting a growing number of people showing up in emergency rooms with cavities, abscesses and other problems -- an average of 200 dental cases a day statewide.

At WakeMed, more than 4,400 people went to the emergency department last year with dental problems as their main issue; the number doesn't include traumas that involved broken teeth or jaws. Without a dentist on staff, hospital doctors usually prescribe painkillers or antibiotics and refer patients to a dentist who might see them the next business day.

Deborah Friberg, executive vice president and chief operating officer of WakeMed, said the community would benefit from a weekend dental clinic or one that had extended evening hours. One such free clinic, Wake Smiles, is staffed with local dentists who volunteer their time. It operates on Tuesday nights and some Fridays at the Wake Health Services offices, but Friberg said more is needed.

"Clearly, people with dental problems who use emergency department resources could use a 24-hour dental service," Friberg said, noting that most dental offices are also closed on Fridays. "We don't have the capability to deal with them."

And so the pain worsens for those who cannot find or afford care.

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FEWER THAN 3

Dentists per 10,000 people in more than half of North Carolina's counties. The U.S. average is six dentists per 10,000.

East Carolina University School of Dentistry
Status Report as of February, 2009

The core mission of our School at ECU is to produce primary care dentists to serve the dentally underserved citizens of North Carolina. A unique feature of our program will be the creation of ten clinical service-learning centers around our state. These will be located in underserved areas and will be used to educate residents and dental students. Our fourth year students will spend most of their time in these ten clinical sites. Each site will have advanced distance learning technology so clinical education as well as consultations with faculty specialists can be delivered to and from the School in Greenville. Other aspects of our curriculum will also be innovative and unique in order to prepare our students for practice in the less structured clinical service learning environments and in practice locations where there are few, if any, nearby specialists.

My main job at present as Dean is to recruit a senior leadership team. We are also finalizing schematic plans for our building, doing some site selections for clinical service learning centers, building a basic science curriculum and helping spread the word about our new school to legislators and dentists around the state. Once the leadership team is in place, we’ll begin preparing for initial accreditation and recruit faculty and staff.

People

Current faculty and staff –

Faculty FT Chadwick - Asso. Dean for Planning and Extramural Affairs
Hupp - Dean
PT Watkins – Curriculum consultant
Staff FT Corso – Administrative Coordinator
Arnold – Administrative Asst.
PT Finch - Administrative Asst.
Allen- Administrative Asst.
Morris – Budget analyst

Recruitments underway –
Asso. Deans for Academic Affairs, Clinical Affairs, Student Affairs
Asst. Dean for Dental Education Informatics

Places

Current space - Offices in Lauper Library and in Warren Life Sciences building.

Temporary building – Trailer(s) near pond north of medical school. Projected occupancy of first trailer – 5/09

Greenville Dental School site nearing end of schematic phase, will then enter design phase. Remaining items include exterior appearance, sufficiency of number of faculty offices, building shell space, considerations for future expansion.
Clinical Service Learning Centers (CSLC) – Site selection being led by Dr. Chadwick assisted by the consulting firm Cansler-Fuquay. Two initial sites close to being identified. Start-up planning will then begin. Plan for 10 sites total.

**Programs**

Pre-doctoral
Plan an innovative systems and evidence-based curriculum.
Dr. Watkins working closely with Brody basic science faculty to design the basic science curriculum for the dental students. Once the first group of Asso. Deans is in place, we will begin designing clinical curriculum.

Post-Doctoral (Residency)
Plan to maintain and possibly expand current General Practice Residency Program now based in Brody Family Medicine Dept.
Will develop large residency programs in Advanced General Dentistry (AEGD) and Pediatric Dentistry. Both of these programs will be sponsored by the dental school. AEGD will have their main presence in the CSLC. Pediatric Dentistry will serve at the ECU dental school, in Pitt County Memorial Hospital (PCMH) and at CSLC.

**Purse**

Current status of state funding
Capital funding for construction of facilities seems secure. Operating budget of about $2 million is adequate for current year but have had to submit contingencies (of 3, 5 and 7%) for possible cuts in Governor’s budget.

Funds to develop the school are gone, compromising recruitments.

09-10FY
Initial request for about $7 million in operating funds reduced to $6 million.

10-11FY
Requesting $8 million.

**Politics**

Only if and when legislature approves the 09-10 operating budget can recruitments of faculty and staff begin.

Meetings with leaders of organized dentistry and state dentists already occurring.
Meetings planned with legislators and the new Governor’s staff, and UNC officials.
Also meeting with college student groups.
ISSUE: START-UP OPERATING FUNDS – ECU SCHOOL OF DENTISTRY

REQUIRED OUTCOME: The new School of Dentistry at ECU must have $6 million of recurring operating funds in FY 2010 and an additional $8 million of recurring operating funds in FY 2011 in order to open the school and accept students in the Fall of 2011.

OUR CHALLENGE: The new dental school’s primary mission is to prepare the next generation of dentists to serve in the rural and other dentally underserved areas of North Carolina. To accomplish that mission, the new dental school will:

- Recruit students from rural and underserved communities;
- Provide them an innovative curriculum that gives them special knowledge and experience needed to deliver care in underserved communities;
- Create clinical service learning centers to both educate the dental students and deliver much needed dental services in rural communities across North Carolina;
- Employ about 67 faculty + 100 staff members in Greenville and in rural communities across North Carolina;
- Purchase services and supplies needed to operate our dental clinics from North Carolina companies.

FACING THE FACTS: Virtually all existing state programs have grown in size and complexity since they first started. Thus decreasing their budget is unlikely to shut them down. Since the ECU dental school is a start-up program rather than an existing program that has expanded over the years, cuts in initial operating funds cannot be absorbed.

Without these operating funds we will be unable to hire the faculty needed to create the curriculum and obtain initial accreditation. The employees needed to support the faculty and run the dental clinics cannot be hired.

THE BOTTOM LINE: In spite of being one of the most populated yet rural states, North Carolina ranks 47th in the US in dentists per capita. The diversity of NC dentists is also low. 32 out of 100 NC counties have 2 or fewer dentists per 10,000 people. Dental disease (pain) is the leading cause of kids missing school. Dental disease is the most common health problem in the U.S. North Carolina must have the new ECU dental school up and running as soon as possible to fix these problems and serve the unmet dental needs of our State. Without required operating funds, it will not happen.