Minutes of Educational Policies and Planning Committee
Electronic deliberations concerning BSOM’s Notification of Intent to Plan DDS
30 Mar.-3 Apr. 2006

PRELIMINARY NOTE: In response to our queries, Gary Vanderpool and the Dental Steering Committee provided an Excel spreadsheet showing both the phase-in dollars (capital and operating) as well as the years in which new faculty contracts and student enrollment would begin. Terri Workman provided the following answers, as well as ECU’s state-priority request for indigent care dollars for Brody for reference, pertinent to the concern expressed that clinical expenditures would not be covered by clinical and external revenues.

Committee members expressed the following questions or concerns about the proposal:
- Funding and resources: Would clinical revenues (taking into consideration the number of uninsured and Medicair patients) offset operational expenditures, or would ECU need to cover part of these costs, as has happened at BSOM? Will the program affect resources at BSOM, the School of Nursing, Allied Heath Sciences, etc.? Will existing faculty, outside of BSOM, be called upon to teach the basic science courses to both medical and dental school students? What new faculty positions will be required, and how will they be funded?

Response:
“The faculty numbers requested in the budget require (new state appropriated) funding for the basic sciences (including laboratory space in the facility to support their research). It is not the intention to require the current faculty members to support the additional dental students [first class admitted 2010-2011].”

“Clinic revenues do offset operations. After ensuring that the educational mission would be equal to or better than the traditional [more centralized] dental school model, that was the number one criteria used to develop the distributed sites model. [ . . . ] unlike education dollars (from either central administration or specific appropriations to the dental school) will not be used to offset indigent clinical care delivery. [ . . . ] the funds for indigent dental care will be requested as a separate item from the state health budget.

“. . . the outlying sites (they are not clinics, but education and service sites) will work closely with the community care and federally-qualified centers to do their part to serve the truly indigent. This coverage does mirror Brody, and is a part of outreach at each of the academic medical centers in the state. That, too, is not supported by the education dollars.”

“The capital construction budget presented in the planning document does not require ECU or foundation "match" dollars. The number of outlying sites (8-10, depending on the size and location) represents the minimum number of teaching sites required to generate $15M in clinical revenue based on the payer mix in the Brody service area: predominantly indigent, with high concentrations of Medicaid populations. [ . . . ] The economic model is based on real reimbursement rates from these populations; a better rate, or a better payer mix, will enhance the revenues returned to ECU to support the academic mission. And not vice versa.”

“[Re:] foundation dollars: the Health and Wellness Trust Fund, Golden Leaf, and tobacco settlement monies in communities would be a source of funding to construct additional sites built on the same model. Those could serve even more people. There are more site locations than state-dollars available for construction. Licensed dentists could be incentivized to practice at those sites, as the "start up" costs of opening a dental practice on their own preclude many from considering practice in underserved areas. Loan forgiveness packages, debt retirement, etc. are community partnership opportunities for our (and other) graduates, and are a vital part of economic development in those areas.”

- Will only students from rural and underserved counties be recruited? Will enrollment be limited to in-state students?

Response:
“[the] first draft did not make clear that the school would restrict admissions to North Carolina residents, and would recruit from across the state (no students would be excluded). I will revise the paragraphs based on this feedback.”

- Have locations for Senior Year Patient Care for rural and underserved communities been identified?

Response:
“Concerning site selection, I have a hand-plotted state map showing the distribution of dentists, populations, and projected numbers out to 2030 based on the US Census, Sheps Center data, and ADA numbers. [ . . . ] significant analysis will be required to ensure that the first sites are constructed in our neediest areas, with immediate benefit to the communities.”
The RAP gives an October 2006 date for submitting the Request to Establish proposal. Will faculty for the program be in place far enough in advance of this date to participate in the planning of the academic aspects of the request; i.e. in the planning of program requirements and curriculum? Our concern here is that the academic program will not be planned by qualified faculty. While in the short term, "getting it done" is important, lack of proper planning of its academic program could have disastrous results, both for the quality of instruction/learning and the reputation of the new program once it begins.

Response:
"Dr. Greg Chadwick is leading the program requirements and curriculum development process at ECU throughout the remainder of the calendar year. It is his current plan to form a Task Force at ECU this spring comprised of (1) current ECU faculty members with backgrounds similar to those who will be recruited to educate pre-doctoral dental students including those from: basic sciences, gross anatomy, [dental] pathology, and pharmacology and toxicology, (2) Dr. Omar Paredes, ECU Dental Resident Director (faculty member in Family Medicine), (3) a faculty member from the College of Education or other school who is trained as a professional educator, (4) participation of current associate deans for academic affairs from at least four of accredited dental schools in the U.S., and (5) external review by the American Dental Education Association. That group will review current dental curriculum best practices, anticipate changes in national dental education standards, and design the curriculum to comply with national accreditation standards."

Once the curriculum process has been completed by the Task Force and approved by the BSOM Curriculum Committee, the course proposals will be submitted to and reviewed by the GCC, the Graduate School Administrative Board, and EPPC. Similarly, once the Request for Authorization to Establish document has been completed, it will be reviewed first by the APC Collaborative Team and subsequent to that review follow the approval process steps outlined on the Check Sheet for Doctoral and First Professional Degree campus approval.