



STATE
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Dental Education and Dental Care: Eight Contextual Observations for Future Planning

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The eight observations that are contained in this briefing paper place dental education within the larger socio-economic context of dental health care in order to determine whether or not expanding current dental schools and/or creating new dental schools appear to be effective, immediate in impact, or a fiscally sound means for improving dental health care in the areas of Florida where it is most needed. The Board of Governors has requested information in order to help in determining the advisability of implementing new or increasing the capacity of existing dental schools in the much larger context of dental care nationally and, especially, in Florida.

The core contextual assumptions associated with dental health care are more complex than the traditional sets of questions associated with any new academic program authorization or expansion: curricular excellence, academic and facility infrastructure, program nonduplication, arguments for engines of economic development, and institution-centric characterizations of need and demand. In fact, the contextual assumptions are more complex than those that surrounded discussions in the past decade pertaining to new or enhanced public university medical schools. For example,

those discussions were carried out in the context of a general consensus – both nationally and in Florida – that not only was there likely to be a shortage of medical doctors in the U.S., but that shortages in particular practice areas – primary care, pediatrics, obstetrics and gynecology, etc. – would manifest across the socio-economic spectrum. Assertions of shortages of dental care need to be understood as more granular and as interconnected with other social and fiscal dynamics that currently characterize the provision of dental services in the United States and in Florida.

1.) The National Challenge

Providing dental care – and affordable care – to all citizens is a national challenge. The challenge’s transparency and magnitude are voiced by virtually all major associations and entities affected by the issue, from the U.S. Department of Health and Human Services and the American Dental Association, through Florida’s Agency for Healthcare Administration and the Department of Health, to the individual community health clinics throughout America’s cities, towns, and townships. Florida, therefore, is not alone in the challenge.

While not alone, Florida is at the forefront. Similar to the provision of other social services, the challenge of providing dental care to all of its citizens is exacerbated in Florida due to its geography and demographic characteristics. Florida’s challenges are compounded by the starkness of its urban/rural differentiation, the dynamics of its population by age and race, and the resultant geographic distribution of its citizens by socio-economic status. A hesitancy to implement certain proven, cost-effective policies – and a difficulty securing Florida’s proportionate share of Medicaid dollars – increases the challenge.

The Pew Center on the States’ February 2010 report, “The Cost of Delay: State Dental Policies Fail One in Five Children,” focuses on the 17 million low-income children in the United States who are without dental care each year. The report is not a call for

increasing the number of dentists; it argues that only one-third of the states are implementing cost-effective policies that can improve dental healthcare for the underserved. These policies include school-based sealant programs, community water fluoridation, innovative workforce models, and, importantly, Medicaid reform. Florida, along with Hawaii, Delaware, New Jersey, Wyoming, Arkansas, Arizona, West Virginia, and Louisiana, received failing grades with regard to the Pew recommended policies. Nationally, 38.1% of Medicaid-enrolled children received dental care in 2007. The report noted that Florida, at 23.8%, was 49th out of the 50 states with regard to low-income children receiving dental care.

2.) The Basic Numbers

Florida has approximately 11,000 licensed dentists. (Latest figures are being updated via the Florida Department of Health's dental workforce survey.) Florida is fourth in the nation – behind California, New York, and Texas – in its number of licensed dentists. Florida appears to approach the national average in terms of dentists per capita. One analytical tool, Statemaster.com, ranks Florida 29th of the 50 states in terms of dentists per capita. Another, the KaiserFamilyStateHealthfacts.org web site, ranks Florida 26th of the 50 states in terms of dentists per capita.

An American Dental Association's (ADA) February 2011 study, "Breaking Down Barriers to Oral Health for All Americans: The Role of Workforce," disputes the need for more dentists in the nation – indicating that the number of dental schools is expected to increase by 20 in the year 2020 and that graduates are expected to increase correspondingly through the year 2030.

The total number of dentists in Florida is likely to rise if the interest expressed by at least one non-state supported institution to implement a new dental school in Florida – the Lake Erie College of Medicine (LECOM) located in Bradenton – comes to fruition. It is expected to open for classes in 2012 with an initial class of 100, growing to a total

enrollment of 400 students within four years. Of note, the University of Florida dental school is the recent recipient of a multi-pronged, multi-million dollar federal grant, parts of which will focus on serving the underserved. One portion of the grant is for planning, implementing, evaluating, and enhancing the ability of graduates to meet the oral health care needs of Florida's underserved, and will provide for an estimated 102,000 Medicaid patient encounters per year. Other grant funds will facilitate the transition of its Miami-Dade County-based residency program from a traditional one-year to a two-year program, the completers of which are expected to mirror the ethnic, racial, and socioeconomic demographics of Florida to address the oral health disparities of the Florida population.

Regardless of whether Florida has enough dentists as a whole, some of the conversations of recent note with regard to dental care focus not on the issue of shortages of dentists per se, but on the ability of other forms of dental health care providers to expand their scope of services and operation. These conversations are occurring in Florida and throughout the Country.

3.) Access to Dental Health Care

According to the 2011 ADA study, "Dentist workforce *size* is not a problem, nor is it likely to be in the predictable future. The real problem is where the dentists are in relation to underserved populations."

Fully half of the equation in dental health care services appears to be firmly rooted in the lack of access for the underserved rather than in an across-the-board lack of dentists. In other words, dentists tend not to live and practice in areas, especially rural areas, populated by the poor and underserved. Again, this is a national problem exacerbated in Florida due to geographic uniqueness and to the physical distribution of underserved populations. The United States Department of Health and Human Services has identified 1,171 areas of the U.S. that are seriously medically (including dental)

underserved. The Pew Center on the States indicates that, nationwide, 49 million Americans live in areas federally designated as having a shortage of dental providers. Florida was identified as having approximately 200 such Dental Health Professional Shortage Areas.

An estimated 80% of dental disease occurs in approximately 20% of Florida's population, many of whom are disadvantaged and dependent on Medicaid. Whether Florida has an acceptable, an average, or an altogether different characterization of its numbers of dentists on the whole, evidence is conclusive that Florida's dentists are either not living and practicing in geographical areas of greatest underserved need and/or they are not providing services to the underserved irrespective of where they reside.

4.) Medicaid Challenges

The 2011 ADA study also argues that lack of funding is primary among a number of barriers to the provision of dental care. Dentists in the United States and, especially, in Florida are not providing access to the underserved in large part because Medicaid reimbursements are so low that providers are either unwilling or financially unable to participate. This position is consistent from the American Dental Association to the Florida Department of Health and at all points in between. The ADA states:

“The dental components in Medicaid, which are supposed to provide health care to disadvantaged Americans, are chronically underfunded. Federal law mandates that Medicaid cover basic preventive and restorative services. But many state programs fail to deliver care to even half of their eligible children. Adult dental coverage through public health programs is even worse; many states simply don't provide it.”

The phenomenon is magnified in Florida due to its having one of the lowest set of Medicaid dental reimbursement rates in the nation. Reimbursement rates vary among the 146 procedures covered in Florida. In many or even most instances, those rates represent pennies on the dollar for the services rendered. One of the 2008 benchmarks graded in the Pew study was based on whether states pay dentists who serve Medicaid-enrolled children at least the national average (60.5%) of Medicaid rates as a percentage of the dentists’ median retail rates. Florida, at 30.5%, is at the bottom nationally. An analysis of selected dental procedures indicates that Medicaid fees in Florida range from 18.5% to 36.8% of the mean fees charged for those services by dentists in the southeastern United States. In another analysis, the Florida Dental Association estimates the overall range to be 20% to 25% of customary fees.

Medicaid in Florida provides for a relatively wide range of services for children and young adults (citizens 20 years of age or younger). However, Medicaid services for adults exclude any form of preventative care and are extremely limited, for example, to full and partial dentures, treatment of toothache, and tooth extraction. According to the National Academy for State Health Policy, Florida is one of 16 states that offers “Emergency Only” Medicaid services to adults. According to the Florida Agency for Health Care Administration, Florida Medicaid reimbursement rates for dental care have not increased overall in a number of years.

State	Federal Dental Medicaid	State Dental Medicaid	Total Dental Medicaid
Florida	\$37M	\$25M	\$62M
California	\$345M	\$345M	\$690M
New York	\$140M	\$140M	\$280M
Texas	\$224M	\$145M	\$369M

According to the Florida Department of Health, 90% of Florida dentists are in private practice, and far fewer are accepting Medicaid patients each year. Some dentists do not live in underserved rural areas because they cannot afford to practice there. Other dentists do live in underserved urban areas, but they choose not to be Medicaid providers because they cannot afford to.

Certain of Florida’s dental workforce demographics are contained in the 2007 Department of Health’s “Health Practitioner Oral Healthcare Workforce Ad Hoc Committee Report.” Depending on the reporting year, some of these numbers (for example, “Florida Active Licensed Dentists”) may vary from report to report. But staying with the 2007 reported numbers demonstrates the significant stair-step downward trend of Florida’s key dental workforce challenge as articulated above:

FL Active Licensed Dentists 9,464	Enrolled Medicaid Providers 1,479	Active Medicaid Providers 912
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Another Florida Department of Health document shows the number of dentists for Fiscal Year 2009-10 at 11,647. **The importance of that particular document is to note in which counties those dentists reside.** These numbers have been paired with the 2007 rankings of Florida’s 67 counties relative to each county’s Retail Price and Wage Index provided by the Florida Bureau of Economic Research. As examples:

County	Number of Dentists	Rank of Florida County for Retail Price and Wage Indices
Dixie	1	#60
Gilchrist	1	#55
Lafayette	1	#66
Union	0	#57
Miami-Dade	1,441	#02
Broward	1,217	#03

#5) Cost Assumptions

Dental education is one of the most costly of higher education endeavors. The University of Florida's dental school, as an example, has an estimated \$60 million budget of which approximately one-third comes from State funds, with the remainder stemming from competitive research grants, faculty practice plans, and endowments. Dental education requires inordinately high equipment intensiveness, a low faculty-to-student ratio, and a virtually "hands-on" curriculum. According to its web site, LECOM, which will open its doors to an initial class of 100 students, will invest \$52 million dollars to establish a dental school in Manatee County.

It should be noted, too, that neither the University of Florida's ability to compete for external grants nor its robust faculty practice is the result of happenstance or short-term strategy and investment. Established in 1972, UF's College of Dentistry has the #1 Department of Oral Biology in the United States, and the College ranks 4th nationally in securing research dollars. Securing competitive grants and the development of a substantial faculty practice plan are instrumental in sustaining the operation of the College. Due to the magnitude of the investment required to create and then maintain new dental schools, they must be demonstrable "first choice" solutions to the challenge of providing dental health care where it is most needed before they can be considered the most viable options for addressing the core of Florida's multi-layered problem.

6.) Program Models

Although traditional dental and medical schools are typically institution-based and often strongly affiliated with a teaching hospital, other options exist. For example, "distributed" medically related programs place portions of or even most clinical training in various geographic areas, including those of underserved need. Advocates for such programs see them as the wave of the future, because they bring caregivers-in-training to geographical areas of need. Three central points should be considered regarding distributed programs:

First, in many (but not all) cases, they are implemented as an auxiliary, value-adding experience after the initial creation of a traditional medical or dental school so that the traditional school can assist in offsetting costs and in providing the necessary infrastructure needed to move off-site. Metaphorically speaking, the “fort” is well entrenched before proceeding to establish the “outposts.”

Secondly, stand-alone distributed models may be more costly than traditional programs due to duplication of services, facilities, infrastructure, and curricular elements that must be satisfactorily comparable for purposes of program accreditation. Finally, distributed programs (or portions of programs) tend to be modeled at the outset as a student-centered means for providing the widest range of experiences possible. The strategic underpinnings are grounded more in curricular breadth and range of experience than in sustainable strategies for *permanent* placement of caregivers. In addition to the cost, the challenges to distributed models are Medicaid reimbursement rates, the difficulties unique to working with underserved populations, the sophistication necessary to coordinate off-site operations, and realistic model expectations.

7.) Dental School Impact and Feasibility

Pursuant to Florida law, the Florida Department of Health’s State Surgeon General established the Florida Health Practitioner Oral Healthcare Workforce Ad Hoc Committee. The Committee’s mission was to evaluate and strategically address the complex range of oral health workforce concerns that impact Florida’s ability to recruit or retain practicing dental providers, especially for Florida’s disadvantaged and underserved populations. The Committee’s issues included practice issues, supply and demand influences, educational and training matters, and regulatory questions.

After much analysis of data and discussion, the Committee reached a series of recommended strategies, published as an interim report in February 2007. The highest priority recommendations fell into five areas: prevention, third party issues (primarily Medicaid), attracting providers, legal/policy approaches, and training of providers.

Recommendations included:

- Expand community- and school-based oral health prevention and education services.
- Reduce Medicaid administrative burdens for providers and patients.
- Increase Medicaid reimbursement rates.
- Examine the compensation and improve the work environment for state-employed dental providers in public health delivery systems such as county health departments, community health centers, and Federally Qualified Health Centers.
- Fund the loan forgiveness program, the Florida State Health Service Corps, and the National Health Service Corps.
- Strengthen the local, regional, or statewide coordinated volunteer workforce.
- Provide technical assistance to communities wishing to recruit dental providers through the construction and equipping of dental office space in exchange for provision of dental services in their community.
- Expand duties and reduce supervision levels for allied dental providers who practice in health access settings.
- Provide dental school extern or residency opportunities in safety net programs.
- Establish short-term training programs in pediatric dentistry.

How were these strategies identified as priorities? In the process of conducting its work, the Oral Health Task Force considered some 50 strategies for addressing Florida's dental provision challenges. The Task Force went further and "graded" these strategies according to the potential impact and the potential feasibility of each. Implementing

new dental schools – one of the originally identified strategies – ranked 25th out of 50 on the criterion of “potential impact.” On the criterion of “potential feasibility,” implementing new dental schools ranked 50th out of 50. The chief reasons cited for rating feasibility as the lowest of all strategies were these:

- The cost of providing a dental education has increased more than 90% since 1995. According to the University of Florida, each of its graduates leaves with \$130,000 worth of debt on average.
- There is a growing shortage of dental faculty and dental researchers.
- Florida does not offer state subsidies or loan forgiveness for dentists who agree to practice for stipulated periods of time in underserved areas.

8.) Additional Options

Options for providing dental health care that may be less expensive and with greater and more immediate potential impact than establishing new dental schools have been discussed both nationally and in Florida. They include, but are not limited to, the following:

- Increasing the availability and scope of services of other kinds of oral health care providers to the rural, underserved areas. The Pew Center on the States indicates that policymakers in a number of states are considering the creation of new types of licensed professionals and/or the expanded role of individuals in existing positions who would work with dentists to deliver primary dental care to children and underserved patients.
- Providing incentives to dentists and to dental students to practice in rural, underserved areas.
- Expanding or creating off-campus clinical sites in rural and underserved communities.
- Increasing enrollments at existing dental schools.
- Exploring ways to increase participation in dental education by under-represented populations.

Summary

While the absolute numbers of dentists needed in Florida is debatable, the evidence is incontrovertible that Florida's underserved are suffering the most. The disincentive created by Medicaid reimbursement rates for dentists to become providers to the poor in Florida is a hurdle that no dental school model – whether traditional or distributed – can be expected to clear. Until such time as adjustments are made to Medicaid reimbursements and other incentives are created for enticing dentists to practice in underserved areas, the Board of Governors – as constitutionally responsible to evaluate new academic programs funded by taxpayers – must weigh the costs of new or expanded dental schools against their respective likelihoods for being the best of fiscal options to provide dental care to the underserved in Florida.