

Unit Name: School of Dentistry

- 1. Academic Units:** Please provide a 1-2 page description of how your unit will fund growth plans identified in the Annual Academic Plan workbook through current or anticipated incremental revenue to your unit. Please provide specific fund source names and projections (in dollars). If these plans assume additional Provost Reinvestment Funds (supplement), please make that clear in this section.
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As the new Dean of the School of Dentistry begins his term, we are in the process of reviewing and restructuring our clinical, curricular and administrative support operations to educate the dentist of the future. One critical goal is to establish a distinct culture at the School that includes the following key elements:

- Our most important function is to produce outstanding dentists. Everything follows from that.
- We all work together – across departments and programs and clinics – in an organized and efficient way.
- We embrace necessary change and a spirit of discovery – not just in research, or the clinic, or the classroom, but in everything we do, including administration.

Moving forward, we have to meet new accreditation standards and solve our clinical deficits. The School clinics represent one of our best opportunities for significant revenue growth in the short- to mid-term and we are confident we can make the changes necessary to generate revenue to work down our deficit and build a surplus for the School. Our multi-year plan is in development. The School has had a decentralized clinical operations model since its founding because of the perceived educational benefit in having academic units directly oversee clinical education. We currently have 22 clinics managed by eight departments, including the new Center for Pediatric Dentistry. In the short term, the School must address financial challenges head on because the small fixes we have tried are not working. In particular, we recognize the need to systemically apply business principles of clinic operations throughout the School in order to maximize efficiency and increase net revenue. This will serve to educate the future dentist within a training environment that supports a comprehensive management approach to patient care and decision making that is most efficient and productive.

The tasks of curriculum restructuring (including interprofessional education at the School level and within the Health Sciences) and clinic restructuring are interrelated. To begin this process we have received a significant gift from a major donor. After showing progress, we anticipate the support will continue.

In addition to restructuring, we need to continue to grow in order to offer excellent dental education to our students. Growth plans include:

- Increased class size. Source of funds – anticipated incremental tuition revenue. Increase of three students within the next three years. After the simulation lab is expanded, the class size can increase by up to 10 additional students. Expansion can be in either the pre-doctoral program, RIDE or IDDS. The School receives well over 1,000 applications annually, so the demand far exceeds the capacity.
- Faculty Recruitment, Chair of Oral and Maxillofacial Surgery. Source of funds – Provost reinvestment funds (possible supplementation by School funds, as needed) (to be included as part of the Dean's recruitment package). \$1,350,000 (salary, benefits and ADS) for three years (\$450,000/year).
- Faculty Recruitment, clinical teaching. Source of funds – Provost reinvestment funds and philanthropic support. \$400,000 (salary and benefits for part-time positions).

- Faculty Recruitment, Oral and Maxillofacial Surgery. Source of funds – clinical income. \$300,000 (salary and benefits).
- Professional Staff, Director, Revenue Cycle Operations – to lead change that will allow School leadership to organize clinical operations to support and educate the dentists of the 21st Century. Source of funds - philanthropic support. \$150,000 (salary and benefits).
- Professional Staff, Manager, Central Purchasing. Source of funds - philanthropic support. \$80,000 (salary and benefits).
- Professional Staff, IT. Source of funds – anticipated incremental tuition revenue and philanthropic support. \$300,000 (salary and benefits for three to four positions).
- Professional Staff, Educational Technology Specialist – to work with faculty, staff and students to redesign and continually update instructional approaches. Source of funds – Provost reinvestment funds. \$140,000 (salary and benefits).
- Professional Staff, Educational Evaluation Specialist – to design, evaluate, track and continuously improve metrics. .05 FTE. Source of funds – Provost reinvestment funds. \$70,000 (salary and benefits)
- Faculty Recruitment, Medical/Dental faculty member to develop, integrate and deliver oral health content in all other health sciences schools and enhance the relevance of medical science in curricula and patient care IPE. Source of funds – Provost reinvestment funds. \$200,000 (salary and benefits)
- Classified Staff Program Coordinator to support IPE endeavor. Source of funds – Provost reinvestment funds. \$60,000.
- Clinical purchases for students – One planned curricular/clinic improvement is the scheduling of multiple patients per session for our students who now see only one patient per session. Students currently own one handpiece (the instrument used to hold and revolve burs in dental operations) and it must be sterilized after each use. We propose buying handpieces and renting them to the students, thus, eliminating the turnaround time in the sterilization process and allowing students to care for multiple patients per session. The educational benefits would be tremendous. Secondly, we propose buying one laptop per student to meet HIPAA encryption requirements. Source of funds – Provost reinvestment funds for initial payment; student fees will offset future purchases. \$775,000.
- Clinical purchase - Inventory tracking module for axiUm. Source of funds – Provost reinvestment funds. \$38,000.
- Renovations to accommodate increased class size. Expansion of our D165 simulation clinic. Source of funds – Provost reinvestment funds. \$2,000,000.
- Renovations to accommodate centralization based on task force recommendations. Source of funds – Provost reinvestment funds. \$200,000.
- Research Support. We anticipate that our research funding will increase by 10% per year – based on new faculty hires (Sorenson, Chang, etc.) and current plans for new grant submissions. Source of funds – current GOF and research funds.

2. Academic Units: If you are recommending the creation of a new tuition category, please identify the original tuition category, the proposed category, a suggested tuition rate for FY14 and a percentage increase for FY15. If you plan to move only a subset of your programs into a new category, please identify those programs.

Professional DDS Tuition (DDS):

We continue to propose different levels of tuition, with first year tuition higher than the following years. Increases for years 2, 3 and 4 would be calculated on the prior year. (Example: 2nd year tuition would be 1st year tuition times proposed per cent increase.)

For FY14:

Add an additional category, so that we have:

Dentistry 1st Yr
Dentistry 2nd Yr
Dentistry 3rd and 4th Yr

In FY 15:

Add one more category, so we have:

Dentistry 1st Yr
Dentistry 2nd Yr
Dentistry 3rd Yr
Dentistry 4th Yr

For FY14 and FY15 we are proposing a 10% increase for incoming resident and 7% non-resident professional DDS students. We propose the same increase ratio for continuing students.

Graduate DDS tuition:

With the exception of Oral Biology (Tier I), our graduate programs currently fall under the Tier II graduate tuition category. We would like to move off-tier and set the annual tuition based on discipline.

Annual graduate tuition proposal for FY14: (5% increase for FY15)

Graduate Program	Annual Resident Tuition (including Summer)	Annual Non-Resident Tuition (including Summer)
Endodontics	\$22,000	\$36,500
Oral Biology	\$18,000	\$34,776
Oral Medicine	\$20,000	\$36,500
Orthodontics	\$28,000	\$36,500
Pediatric Dentistry	\$20,000	\$36,500
Periodontics	\$20,000	\$36,500
Prosthodontics	\$20,000	\$36,500

- 3. Administrative Units:** Please provide a 1-2 page overview of your current strategic plan and include a summary of any operational risks that the UW must work to mitigate over time. Note that there are very few Provost Reinvestment Funds, so your summary should provide a clear sense of how your unit intends to minimize risk, maximize service, and if necessary, repurpose existing funds to do so.
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NA

- 4. Academic and Administrative Units:** Considering your strategic plans (particularly if they assume growth) please provide a short summary (1-2 pages at most) that relates these plans to your current space assignment. In particular, you might consider the following questions when drafting your response:
- Does your current space inventory meet current programmatic requirements? Contrarily, does the type or quality of the space place any constraints on your ability to meet program requirements? If not, please provide specific quality or space type concerns (location, specific quality concern, etc.).
 - Will your unit be able to accommodate your growth plans within existing inventory of space? If additional space will be necessary, please describe the amount, type, or quality of *additional* space you may need to meet programmatic objectives and growth plans.
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As we restructure our clinical, curricular and administrative support operations to educate the dentist of the future we will need to modify/increase our current space.

- We will need to reconfigure some of our current administrative space to accommodate centralization of services (currently underway: purchasing, grant preparation and finances, and academic and staff human resources). The space we have may be adequate, but it has been set up to accommodate administrative support in multiple locations. To centralize services we intend these space changes to be modest and propose seeking philanthropic support.
- Our simulation clinic in D165 Health Sciences Building limits our ability to expand our class size. We can currently expand by only three students. To do more, we need to expand the simulation clinic. The simulation clinic curriculum contains nearly 840 annual clock hours of instruction for 1st, 2nd, and 3rd year students. In addition, we utilize this space for Continuing Dental Education courses, special graduate-level dental courses, International Doctor of Dental Surgery (IDDS) interview testing, special programs for pre-dental students such as Dental Camp, and prep courses for entering 1st-year students. The clinic is open from 5:00 am to 12:00 midnight most nights of the week including weekends in order to meet students' practice needs. We propose remodeling to add up to 10 simulation stations to accommodate an additional 10 students. The approximate square footage required is 1,700 to 2,000. Health Sciences Administration has indicated that they feel they can work with us to find additional space for expansion. The expanded simulation clinic will also lend itself to new IPE activities. The planning for and remodel of the simulation clinic would be immediate, if funded, and the class size would increase over the next three to five years.

- 5. Academic and Administrative Units:** Should the 2013 Legislature lift the ongoing salary freeze and allow increases, we certainly hope that state funding will be provided for GOF increases. In the event that state funding for compensation is not available, all units should have plans to cover GOF/DOF salary increases out of tuition or other

fund sources. Should no tuition revenue be available to your unit, Provost Reinvestment Funds may be dispatched to provide support for increases. Please provide your units' plans to cover expenses associated with salary increases. A salary and tuition revenue model is available on the OPB website; this model is designed to give you a sense of the magnitude of the support that will be required at various percentage increases.

We anticipate a 3% salary increase in FY14 and FY15 that will need to be funded by tuition increases. We estimate that we will need to increase tuition 10% for resident and 7% for non-resident students for each fiscal year. (This year we are not proposing a difference in increase for new and current students.) Graduate tuition increase request is as shown in #2. If the 2% increase for classified staff is not funded by the Legislature we will be able to cover that increase.

- 6. Academic and Administrative Units:** Your unit may have identified growth plans in the Annual Academic Plan workbook; if so, as part of question 1 your unit should have included a description of the funds necessary, including Provost Reinvestment Funds, to support such growth. For this section, however, please provide specific requests of Provost Reinvestment Funds for new initiatives. Please provide a one-page summary of these requests, articulating how much funding is requested by an initiative, whether temporary or permanent funds are requested, and how the funds would be spent (new positions, systems, etc.).
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The current size of our simulation clinic is the limiting factor in our class size. Funding is requested to accommodate 10 additional modules to accommodate an increase in class size up to **76** students). \$2M from Provost reinvestment funds would be temporary (one-time expenditure).

Renovation costs to provide appropriate space for centralization of support services, based on recommendations of task forces. \$200,000 from Provost reinvestment funds would be temporary (one-time expenditure).

Faculty Recruitment, Chair, Oral and Maxillofacial Surgery. Discussed during Dean's recruitment. To be a leader in dental education, we need a strong department of Oral Surgery. The potential for considerable clinic revenue will ensure the ability to recruit and hire junior faculty to join the Department. \$1,350,000 (\$450,000/year) salary and benefits from Provost reinvestment funds would be temporary for three years.

Faculty recruitment, clinical teaching. With an increase in the student body as well as in clinic sessions, additional clinical instructors will be needed to offset volume. \$200,000 from Provost reinvestment funds would be permanent.

Curriculum restructuring and life-long learning. To keep up with scientific technological advances, the dentist of the future will need critical thinking skills and the capacity for life-long learning. To accomplish this, the School will develop a new integrated curriculum (biomedical, behavioral and clinical science) with instructional methodologies redesigned to emphasize active learning. New academic learning technologies will advance learning while achieving efficiencies in the use of faculty, staff and student resources, allowing more student participation via web technologies. To assess the success of these strategies, outcome measures and competency assessments will be developed to match the new curriculum goals and for continuous quality improvement. \$210,000 from Provost reinvestment funds will support one educational technology specialist and a half-time educational evaluation specialist would be permanent.

Interprofessional education. The dentist of the future will participate in team-based care, coordinating oral health components, and communicating with other professionals as needed to improve overall health outcomes. At the same time, patients with multiple chronic health conditions are becoming increasingly complex, with a significant impact on oral health and the delivery of dental care. As dentistry has been historically isolated from medicine and the other health professions, ongoing education and coordination will be needed to ensure oral health is appropriately integrated and taught within the other health professional schools' curricula and primary care networks. Dental trainees will also need to understand the interaction with systemic health conditions and their impact on oral health and dental care. \$260,000 from Provost reinvestment funds will support one medical/dental faculty member and a half time support staff would be permanent.

Clinical purchases for students – One planned curricular/clinic improvement is the scheduling of multiple patients per session for our students who now see only one patient per session. Students currently own one handpiece (the instrument used to hold and revolve burs in dental operations) and it must be sterilized after each use. We propose buying handpieces and renting them to the students, thus, eliminating the turnaround time in the sterilization process and allowing students to care for multiple patients per session. The educational benefits would be tremendous. Secondly, we propose buying one laptop per student to meet HIPAA encryption requirements. Source of funds – Provost reinvestment funds for initial payment; student fees will offset future purchases. \$775,000 would be temporary.

To assist with our clinical restructuring we need to purchase an inventory tracking module for axiUm. The inventory tracking system will contribute to our goal of improving efficiencies and saving costs in our student clinics. \$38,000 from Provost reinvestment funds would be temporary.

TOTAL Permanent Request: \$1,120,000

TOTAL One Time Request: \$2,363,000

TOTAL One Time Request (for 3 years): \$1,350,000