

Staunch independence — does it help or hurt our long-term survival?

In this month's letter, Dr. Rick Valachovic, Executive Director of the American Dental Education Association, explores the merits of regionalization and other forms of collaboration among dental schools— plus the obstacles that stand in their way.



Communication→Trust→Collaboration→Regionalization?

Academic institutions rely on their reputations to give them a competitive edge in garnering everything that matters: students, faculty, research grants, alumni support, legislative dollars, you name it. No wonder they cherish their autonomy and focus on the unique attributes that contribute to their prestige. Yet hard economic times force us to ask whether remaining staunchly independent helps or hurts our long-term survival.

In an age when the ability to communicate quickly and inexpensively over long distances has the potential to create unparalleled access to all kinds of expertise, perhaps it is time to explore the benefits of increased cooperation among our various schools and programs. In two regions where dental schools are clustered, well-established state-level consortia give both public and private institutions a way to share resources and pursue common causes. One of these can be found in California, whose dental schools have had a working relationship since the 1990s.

Dr. Eugene Sekiguchi [former Professor and Associate Dean at the University of Southern California Herman Ostrow School of Dentistry, as well as Past President of the American Dental Association (ADA) and California Dental Association (CDA)] was serving on the executive committee of the [California Dental Association](#) when he came up with the idea for a deans' think tank in 1996.

"CDA had always hosted a deans' meeting, but it took place once a year and it felt unilateral," Gene told me. "I wanted to make these gatherings more meaningful and open communication in both directions."

When he became CDA's President-elect, Gene began to hold truly substantive, confidential meetings where the deans and CDA representatives could discuss past mistakes and talk openly about controversial matters. "The meetings were quite revealing," he remarks. "We developed a mutual appreciation for each other's perspectives. The conversations really modified everyone's thinking."

In essence, regular communication engendered trust among the participants, and they soon realized they could take collective action in the public arena to achieve their common goals. Among the group's accomplishments: changes to the state's licensure policies, the establishment of an international studies program, and a stronger commitment to implement the latest academic findings around evidence-based dentistry in the practice community.

In 2003, the then five existing California dental schools (there are now six) received a grant through the [Dental Pipeline Program](#), a [Robert Wood Johnson Foundation](#) initiative designed to help increase access to dental care for underserved populations. Additional support was provided by the [California Endowment](#), which extended the grant in 2007. The coalition of dental schools, community clinics, the California Dental Association, and the California Primary Care Association has become a powerful tool for increasing communication and collaboration among stakeholders interested in oral health care for underserved populations in California.

A second dental school alliance can be found in the east. [The New York State Academic Dental Centers](#) (NYSADC) has brought together the deans of the state's five academic dental centers for regular meetings since 1996, with tangible benefits for all concerned. For example, New York was one of the few states that did not provide for the licensing of foreign dentists who were recruited specifically to work as faculty. Working through NYSADC, the state's academic dental centers were able to

inform the practice community about how few individuals would be licensed if the law were changed, and with the strong support of the New York State Dental Association, they were able to secure that change.

"When we go to Albany, we have five deans sitting there, and the legislators take notice," commented Jo Wiederhorn, NYSADC's President. "With budgets being cut, I think this is a great model, especially on the advocacy side."

The consortium has also proven beneficial in procuring foundation support for other goals. Most notably, NYSADC received an ADEA/W.K. Kellogg Foundation Minority Dental Faculty Development grant. The consortium used the award to provide stipends to postdoctoral fellows and junior faculty interested in academic and research careers.

The experience of one fellow confirms Jo's statement that delivering the grant to the consortium rather than to a single New York school expanded opportunities for participants and improved networking among the schools. This fellow attended dental school at New York University, moved into a specialty program at the University at Buffalo, and will start a fellowship this month at the University of Rochester. Even if he never spends time at Columbia or Stony Brook, his professional identity will truly be a product of New York state.

Some of our colleagues have endeavored to form collaboratives across state lines as well. Although these have yet to materialize, their experience is instructive. Dr. Eric Hovland, Director of Advanced Education and Professor of Endodontics at [Louisiana State University \(LSU\) School of Dentistry](#), held twice-yearly meetings with his counterparts in Tennessee, Alabama, and Mississippi when he was Dean of the LSU School of Dentistry.

"When you talk about regionalization, people nod their heads and say, 'this makes sense,' but getting it to happen is the difficult part," Eric confides. Eric and his fellow deans were especially interested in how regionalization might help them adjust to the coming onslaught of faculty retirements. They considered the benefits of sharing faculty across campuses, using distance-learning technology or old-fashioned travel. In addition to providing access to a scarce resource, such an agreement might decrease costs and, if skillfully arranged, expose students to the most talented faculty on each campus.

Ultimately, two of the deans moved on to other schools, and Eric stepped down from his position, bringing their discussions to an inconclusive end.

"There is a tendency for each of us to want our own," Eric reflects. "It requires collaboration and trust and a group of leaders with a similar philosophy, but external forces such as state budget cuts and the faculty shortage may eventually push this type of regional collaboration forward."

Five hundred miles to the west at the University of Texas Health Sciences Center at San Antonio, Dr. Kenneth Kalkwarf, Dean of the [Dental School](#), has also contemplated regionalization and come to some similar conclusions about its potential benefits and the obstacles that stand in its way.

"The economic challenges we are facing and the fact that students now enter dental school prepared to utilize distance technologies may open a window of opportunity for regionalization that was unimaginable 15 years ago," Ken told me, but he remains skeptical about the viability of these projects if they involve public schools and cross state lines. "It's one thing to persuade campus leadership and the Board of Trustees that an idea has merit, but state-supported institutions also need to gain the approval of their Boards of Regents and their state legislatures. The political dimensions become immense, and every layer of bureaucracy can bring on a case of heartburn."

Ken believes that private schools are better positioned to experiment in this regard because they have fewer layers of bureaucracy to satisfy. He points to Midwestern University, the only university in the United States or Canada to have two dental schools in different locations. I spoke with Dr. Russell Gilpatrick, Dean of the [College of Dental Medicine in Glendale, Arizona](#), and with Dr. Lex McNeil, his counterpart on the newer campus in [Downer's Grove, Illinois](#).

Glendale's inaugural class began its studies in 2008, and the Downer's Grove school plans to admit its first class in 2011. Although no formalized plan exists for sharing resources, Russ told me that senior administrators opened a second dental school with the intention of achieving efficiencies. Russ has given his Illinois-based colleagues access to all of his school's materials, but said decisions about what to emulate were strictly in his counterpart's court. Both men said that the two schools are fundamentally autonomous but, as part of the same university, collaboration is emerging quite naturally.

To date this has taken several forms. Architectural design decisions made in Glendale have informed the design of the physical plant in Downer's Grove. Despite some distinct differences, the patient care clinics on both campuses will reflect a shared philosophy regarding the use of a group practice model, and both schools will use essentially the same type of equipment for their simulation labs. As for curricula, the

two schools envision that sharing faculty and course design in some areas will eventually make sense, but both institutions are still evolving along their own independent lines. For instance, both schools take an integrated, systems approach to teaching the basic sciences, but Glendale students prepare to take Part I of their national boards at the end of year one, while Downer's Grove students will do so at the end of year two.

Cost savings are implicit in Midwestern's unique arrangement, but Lex sees other benefits as well. "Any time you have an opportunity for communication and collaboration, good things can happen, and Russ and I probably have more interaction on a business level than any other two dental deans in North America."

Midwestern demonstrates that collaboration need not be limited by geographic proximity. As ADEA Past President Dr. Charles Bertolami, Dean of the [New York University \(NYU\) College of Dentistry](#), pointed out in a recent conversation, the goals associated with regionalization can be achieved in a number of ways. He sees NYU, with its enrollment four times that of a typical dental school, as a microcosm of what regionalization can provide.

"I have learned that size brings many advantages—most importantly, the ability to effectuate a meaningful division of labor," he told me. "Bigger schools can employ individuals who are dedicated to individual tasks. That doesn't mean that every school has to become bigger. If schools share their professors with specialized expertise, they can achieve the same thing."

Last year New York state received a grant that will allow it to test this idea. NYSADC is developing an online curriculum to teach dental materials at all five of its member institutions, thanks to funding from the New York State Dental Foundation. The participating institutions hope that collaboration in the area of curriculum will prove as fruitful as their collaboration in the advocacy sphere, but Charles believes the implications of these cooperative ventures go much further.

"When you insist on complete independence, it's difficult to move the field forward," Charles posits. "We need to start collaborating with the other health professions, too. It is just a matter of finding good partners and building trust."

Gene Sekiguchi left me with an equally provocative proposal to consider. He would like to see deans take the lead in unifying organized dentistry so that it remains a relevant part of the health care system. Why? Because he views the interconnectedness of academic and organized dentistry in the California alliance he helped forge as key to its success.

In a future *Charting Progress*, I will look at these types of collaborations among our allied and advanced dental education programs as well. I am looking forward to talking through these ideas at the [52nd Annual ADEA Deans' Meeting](#) in October. These perspectives should shine some new light on our featured topic: the implications of interprofessional education, new workforce models, and the changing corporate environment for dental schools.



Richard W. Valachovic, D.M.D., M.P.H.
Executive Director
valachovicr@adea.org

American Dental Education Association

1400 K Street, NW, Suite 1100, Washington, DC 20005
For member service questions, call toll free 888-ADEA OPEN (888-233-2673)
Phone: 202-289-7201 Fax: 202-289-7204