



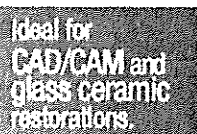
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Wis. groups clash over proposed dental school

By Rabia Mughal, Contributing Editor

December 28, 2010 – Dental groups in Wisconsin are clashing over the recently approved \$10 million in state money intended to support the construction of a new dental school – a proposition that the Wisconsin Dental Association (WDA) calls “ill-advised” and a “lame-duck decision.”

Marquette University, home to the state's only dental school, is also vigorously opposed to the proposition, and its position recently led to a tense exchange between university representatives and state Sen. Bob Jauch (D-Poplar).

The disagreement stems from a bill passed in April by Jauch that offered a \$10 million grant for the construction of a rural dental education outreach facility at the Marshfield Clinic if the clinic secured matching funding of at least \$10 million in nonstate funds.

The Marshfield Clinic, established in 1916, provides dental access for the rural and economically impoverished communities of Wisconsin through a combination of state and federal grants. Marshfield currently operates five federally qualified dental health clinics in northwest Wisconsin.

Marshfield was awarded the grant in December after Security Health Plan of Wisconsin, a nonprofit health insurance company affiliate of the clinic, matched the amount.

The dispute arose when Marshfield's intention to start a new dental school was discovered by Marquette, which had been in favor of the bill earlier this year.

“We were told that the proposal was for postbaccalaureate and residency programs that would be complementary to Marquette's program,” William Lobb, DDS, dean of Marquette University School of Dentistry, told *DrBicuspid.com*.

Marquette officials initially supported the idea, but had they known that the final proposal would include a new dental school, they would have opposed it, Dr. Lobb said.

“If the state is investing money, it should be in the existing dental school,” he added.

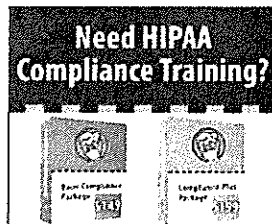
Different student-patient populations

In a list of questions sent to the State Building Commission after it approved the project earlier this month, the WDA asked why Marshfield is now building a dental school when it was “vaguely sold as a ‘dental educational outreach facility’ when the bill originally passed the Legislature in the waning days of session.”

Greg Nycz, director of health policy at the Marshfield Clinic and executive director of the Family Health Center of Marshfield, said he was open about his desire to set up a dental program from the start and that there was an article about it in the local paper as far back as April.

The new school is intended to serve a different purpose than the existing school at Marquette, he emphasized. It will have a rural focus and will try to attract students who can go to underserved areas, with clinical training provided in the rural dental clinics.

“Most of the students in the existing school tend to come from higher income families, and we will try to select students from the underserved populations and areas so they can serve in those areas,” explained Nycz.



“This \$10 million was spent without much debate.”

— Gene Shoemaker, DDS, president, Wisconsin Dental Association

The program will be ideal for students seeking to benefit from expanded National Health Services Corps under the healthcare reform, which will make students servicing underserved areas or in a community health center eligible for federal loan repayment, he added.

Wisconsin has one of the poorest percentages of getting dental care to BadgerCare (the state's Medicaid program) and Medicare patients, and hundreds of thousands are not getting care, according to Nycz.

"The dentists that we do have are not evenly distributed," he said. "We want to help the state find solutions. If we continue to train dentists like we always have in the past, we will get the same results. The aim is to address the problem of undersupply in the rural communities."

Underserved needs being met?

Marquette feels that rural needs are already being met by its current graduates, and any additional state money would be best spent bolstering the existing dental school, according to Dr. Lobb.

"There are 80 graduates in our program, and most of them stay within Wisconsin and are well distributed," he said. "We service 64 of the 72 counties in Wisconsin, and we feel we are meeting the needs of people."

Marquette's dental school also draws students from underserved communities, and there is no guarantee that the students in this new program will stay in the underserved communities, he contended.

Dr. Lobb had asked the building commission to postpone the allocation of these funds because he felt they were handed out without much public debate, an objection echoed by Gene Shoemaker, DDS, president of the WDA.

Also, the school and the WDA have pointed out that the state's own study on the need for rural dental education that was completed in March 2010 does not support a new dental school.

According to the WDA, the study found that "while lack of dentists is an issue in selected counties, the core problem is Medicaid fees are low and do not provide Medicaid members adequate financial access to care, and that the establishment of a new dental school at the Marshfield Clinic, as currently proposed, does not appear feasible."

There are other ways to increase access to care besides spending \$10 million on this project, said Dr. Shoemaker.

"Wisconsin, like many other states, has very low Medicaid reimbursement, and one solution is raising these rates, not creating more dentists," he said.

Dentists want to serve this population, he added, "but if from a small business standpoint it does not make sense and you cannot even meet your overhead, they will eventually move to more affluent areas."

Dr. Shoemaker also feels that the state money would be better used on the existing dental school. Marquette currently has a proposal to add 20 more dental students to its school and could use the funds to do more research and add more faculty, he said.

"The state already says there is no money, but this \$10 million was spent without much debate," concluded Dr. Shoemaker.

"State funding is tight," wrote Dr. Lobb in a December 17, 2010, letter submitted to the *Milwaukee Journal Sentinel*. "Funding should be directed to entities with a proven record of meeting the needs of the state and its citizens."

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Last updated on 12/29/2010 at 11:43:05 AM

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12/29/2010 11:43:05 AM
taddds

I think having another dental school in WI would be great. I am from WI and did not get into Marquette two years in a row and ended up going to dental school at a private school out of state. I now have no intention of moving back there because of the opportunity created for me by the other school. Marquette has a win-win situation with there being no competing schools in

state. I went to Marquette for my undergraduate degree and know that there are plenty of out of state students that graduate from their program, and they don't always stay in WI to work. It would be great to have a state school that would focus on residents and not just where the money comes from (affluent families, as the article states). Illinois has UIC and Southern, Minnesota has UM, etc., and these schools accept residents of their states for the vast majority as dental students (I know, I applied there). I don't know why Marquette would need \$10 million... the school there is almost brand new. Why didn't they think of adding 20 additional spots when they built that brand new facility back in 2002? I think another school will bring more opportunity to more pre-dental residents, which would lead to dentists practicing in the areas they grew up in. I fully intend on working to serve those without access to care. Unfortunately, that's in another state, not WI.

12/29/2010 1:32:51 PM
glenp Need I say any more about the need for more dental schools. We all can see the lower level students that are now going to the private institutions.
Do we need more of that graduating to our profession?

12/29/2010 2:25:03 PM
mldds I can't believe this debate continues. Didn't anybody learn anything from the 80's? They tried opening lots of dental schools, expanding the class sizes, etc., and guess what? Very few graduates want to move to a remote area and set up shop. There is probably tremendous potential for start-up practices, but you still have to live there. Most people live in larger metro areas and medium sized cities for a reason. The only way opening more schools is going to solve access to care is if they REQUIRE new graduates to practice a minimum of 10 years in one of the pre-designated underserved areas. [Is that even legal?] Get the licensing boards involved: No service as promised? Then your license is revoked.

They can continue to HOPE that new graduates of these new schools will go to underserved areas, but in reality, all that will happen is the overserved areas will become even more saturated with dentists and make surviving more difficult for the rest of us. If there weren't too many dentists back in the early 90's, all the HMOs and PPOs would not exist, because no one would have signed up with them out of desperation.

"Those who do not learn from history are doomed to repeat their mistakes."

12/29/2010 3:07:45 PM
WhiteLake69 Creating more dental schools, with associated costs and graduates who are unlikely to benefit the poor/near poor over the long run, is not a better idea than trying two year therapists, who practice under the supervision of dentists. They can be taught in community colleges and their supply can readily be expanded or contracted, depending upon market demand. In addition, they can target poor and near poor, rather than creating expensive to educate dentists, who have never evidenced a high level of interest in or commitment to practice among the poor and near poor. The five or six basic services therapists have successfully performed, since the 1920s, meet much of their needs, the rest provided by dentists if needed. There is no evidence that therapists have adversely impacted private practice dentistry nor have they provided substandard or inappropriate care. Once a dental school is built, what is the likelihood that it will turn out graduates who will seek primarily to serve poor populations, rather than migrate to where they can make the most? As the saying goes, "How you gonna keep them down on the farm now that they've seen Paris?"

It seems that dentistry will eventually do what makes sense (therapists), after it attempts to do everything else that has never worked not first.

12/29/2010 4:27:18 PM
Nucrona Another school won't change the lives of students like yourself. Your problem was that you were noncompetitive academically.

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