

UF College of Dentistry 2015 Academic Program Review

UF College of Dentistry (UFCD) At a Glance									
Students	467								
<i>D.M.D.</i>	345								
<i>Advanced Education</i>	122								
Advanced Education Programs	16								
<i>Accredited degree/certificate</i>	11								
<i>Combined degrees offered with other colleges</i>	5								
Applicants vs. enrolled in 2015	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">DMD Program</td> <td style="text-align: right;">1,494/93</td> </tr> <tr> <td> <i>579 in-state applicants</i></td> <td></td> </tr> <tr> <td> <i>915 out-of-state applicants</i></td> <td></td> </tr> <tr> <td>Advanced Education Programs</td> <td style="text-align: right;">1,012/56</td> </tr> </table>	DMD Program	1,494/93	<i>579 in-state applicants</i>		<i>915 out-of-state applicants</i>		Advanced Education Programs	1,012/56
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<i>579 in-state applicants</i>									
<i>915 out-of-state applicants</i>									
Advanced Education Programs	1,012/56								
Faculty full-time/part-time	111/43								
Staff full-time/part-time	233/8								
Program locations	Gainesville, Hialeah, Naples, Seminole								
Patient visits per year	132,361								
Operating budget (FY'14)	\$66,337,605								
Operatories	331 total at four sites <i>(272 Gainesville; 22 Hialeah; 17 Naples; 20 Seminole)</i> <i>Plus 98 simulation stations</i>								
Research funding (FY'14 grants and contracts)	\$13,288,498								
<i>NIH funding</i>	\$8,328,510								

During the past year, Isabel Garcia, D.D.S., M.P.H., became UFCD's seventh permanent dean in February 2015 following her retirement from the U.S. Public Health Service and the National Institute of Dental and Craniofacial Research, National Institutes of Health.

1. What is the achievement during the last year about which you are most proud?

Advanced Education Program Strength

Advanced education programs are flourishing, with increasing number of applicants and opportunities for interdisciplinary education through the School of Advanced Dental Sciences (SADS). SADS includes the departments of endodontics, orthodontics, pediatric dentistry and periodontology, as well as the graduate prosthodontics program.

- There has been an 13 percent increase in the number of advanced education applicants for the 11 programs, growing from 881 in 2011 (SADS inaugural year) to 1,012 in 2015. In 2014, we received more than 270 applications for five openings in the Pediatric Dental Residency program. All UFCD residents meet weekly for interdisciplinary learning on a broad range of topics including medical, legal and practice management seminars as well as discussions to sharpen critical thinking skills.
- To maintain excellence in the education of our graduates, all UFCD's advanced education programs developed metrics that are regularly reviewed and compared against peer programs. Seven of the programs have relevant specialty board examinations. In 2012 and 2014, residents in these programs achieved a 100 percent passing rate for their respective specialty board exams and an average 92 percent passing rate in 2013. Other measures show a remarkable number of research awards and presentations at local and national meetings, a high participation level of faculty on national committees/leadership roles, and recruitment of extraordinary students with more underrepresented minorities.
- Specialty clinics in endodontics, orthodontics and pediatric dentistry maintained profitability and are on target for a slight increase over the 23,196 patients seen in FY'14. The Oral & Maxillofacial Surgery Clinic is on track toward an 18 percent increase over the 7,145 patient visits last year. These successes occurred despite the need for enhanced marketing and branding of UFCD clinics in Gainesville, and result from our strong advanced education curriculum, greater interdisciplinary learning experiences, improved revenues, better communication and referrals among specialties, changes in patient mix, and some initial marketing efforts.

2. Identify 2-3 other important advances/achievements made by your college this year.

Fiscal Strength

- The college maintained a strong fiscal position. UFCD recently increased its cash reserve requirement for clinical and self-funded programs from 45 days (\$3.22 million) to 90 days (\$6.44 million). The college is currently less than \$500,000 away from this new reserve goal. More detailed information about UFCD's fiscal position is included in questions 14 and 15.

Preeminence Faculty

- UFCD completed its first preeminence hire, Jose Lemos, Ph.D., associate professor at the University of Rochester School of Medicine and Dentistry. Dr. Lemos' research is on the characterization of the stress responses by streptococci and enterococci and fits into the UF's preeminence Metabolomics focus area. He is one of two UF preeminence hires working in this field. Dr. Lemos will start his position in August and brings with him two additional faculty researchers, one post-doc researcher and a graduate student as part of his team.
- We continue the search for an individual with research interests in Mucosal Immunology/Microbiome-Host Interactions as part of the preeminence initiative.

Diversity

- UFCD is among three U.S. dental schools awarded a Health Resources and Services Administration (HRSA) grant to support disadvantaged students during 2012-2016. Our college is the top recipient of grant awards from HRSA among all U.S. dental schools at \$645,000 per year with total awards of \$2.58 million. To date, this grant has allowed us to award 125 scholarships of \$15,000 each to UFCD disadvantaged students in all four DMD classes.
- Since 2013, approximately one-fifth of our matriculated students reported parental income at or below U.S. government poverty levels. Level of need is calculated from information obtained from students who applied for UFCD financial aid, so this percentage may be higher.
- Since 2012, URM students comprise, on average, more than one-third of all our students. The fall 2015 entering class, while not yet finalized, currently is comprised of 42 percent URM students. We continue efforts to increase enrollment of African American students, a group that remains disproportionately low at our college and among other U.S. dental schools.

3. What is the one thing that you would have done differently in retrospect?

Earlier axiUm Best Practices Consult

- The accreditation self-study process identified data needs for several reports required to fully meet accreditation standards. An expert in axiUm software was hired under contract to assist with accreditation reporting and with data/workflow analysis of our clinical and business processes.
- Phase I of our action plan focusing on accreditation reports is complete. A Clinical/Business Operations Action Team is now in place as part of Phase II to ensure implementation of all remaining recommendations including use of the axiUm scheduling module, addressing software training needs, standardizing the check-in/check-out process, and preparing for a December axiUm upgrade. We learned a great deal, however, it would have been beneficial to have scheduled the visit sooner.

4. If your college is involved in patient care, what are the quality metrics that you will use to assess patient care quality under the UF Health Strategic Plan? Where does the college stand on this metric and where do you plan to be in one year and five years?

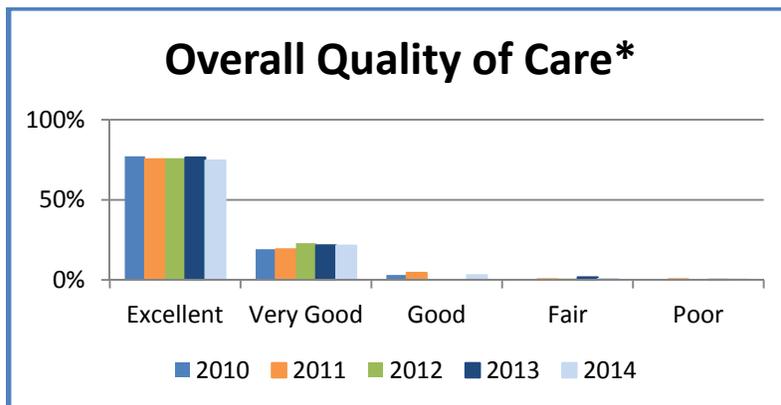
Outcome Measures

While ongoing efforts through the Dental Quality Alliance may provide useful benchmarks for adoption in the future, dentistry has not adopted a set of quality measures comparable to the UHC Quality and Accountability Scorecard or other well-accepted metrics. Thus, we rely on internal assessments to analyze trends in quality. The Clinical Affairs and Quality Assurance Committee sets targets, reviews the data and recommends changes and improvements. Our outcome measures include: clinical productivity (patient visits and procedures by clinic and program), patient complaints (formal and informal), clinical occurrences (unexpected or poor patient outcomes), and patient satisfaction.

Annual Patient Satisfaction Survey

UFCD administers a patient satisfaction survey during a one-week period each year. During the 2014 survey period, 901 out of 2,600 patients seen completed a survey (35 percent return rate).

- Three-quarters (75 percent) of respondents rated the overall quality of dental care they received “excellent” and over one-fifth (21 percent) rated it “very good.”
- Only 3 percent of respondents rated the overall quality of care “good” and less than one percent rated it “fair” (0.7 percent) or “poor” (0.3 percent).
- Average level of response was 4.7 on a scale from 1 = “poor” to 5=“excellent.”
- The college met its goal of having 95 percent or more respondents rate the quality of the dental care they received as either “very good” or “excellent.”



** In 2012 and 2013, the responses to this question were presented on a 4-point scale: Excellent, Very Good, Fair and Poor. Goal recommended by UFCD patient satisfaction committee and approved by CAQA committee.*

Our goals for next year include continued increases in overall clinical productivity, a 10 percent increase in the patient satisfaction survey return rate, zero ratings in “poor” quality of care, and maintaining less than 0.5 percent of patient complaints (formal and informal). Five-year goals are continuing to track the above-mentioned outcomes as well as to:

- Validate and implement formal assessments to evaluate patient’s oral-health-related quality of life.

- Enhance UFCD's ability to analyze clinical procedures and outcomes systematically through axiUm.
- Participate in the Consortium for Oral Health Research and Informatics, which would strengthen our ability to create, standardize and integrate data using electronic health records.
- Reduce variation by greater adoption of evidence-based practices and principles in delivering care.

5. Are there plans to make significant changes in your educational curricula for undergraduate professional training? If so, list the three most important changes.

DMD Curriculum

- An extensive review of the DMD curriculum during 2012-2014 produced a plan for making comprehensive changes to adopt contemporary pedagogy and better meet the needs of the millennial learner. Recommended changes include:
 - Providing earlier clinical experiences.
 - Increasing small-group learning, decreasing lecture time.
 - More fully integrating foundational biomedical and behavioral sciences with clinical patient care.
- Several recommendations have been pilot-tested and others are on hold until after the completion of the Commission on Dental Accreditation (CODA) site visit in fall 2015. The curriculum revision goals were reviewed and ranked at a retreat in April 2014 and will be reviewed and reassessed prior to final implementation.

Incorporating Digital Technology

- During the past year, the college began to incorporate the latest digital dentistry technology in the pre-clinical curriculum, and pre-doctoral, graduate and faculty practice clinics. Through a combination of corporate gifting and college funding, we added two methods of Computer-Aided Design and Computer-Aided Manufacturing (CAD/CAM), allowing dentists to design, produce and place ceramic restorations directly at chairside in a single appointment.
- CEREC (Chairside Economical Restoration of Esthetic Ceramics) and E4D imaging and milling units are now available. We seek to be a leader in the application of digital dentistry which is expected to improve patient's experience, and result in cost-savings by eliminating the need for multiple appointments and decreasing laboratory costs.

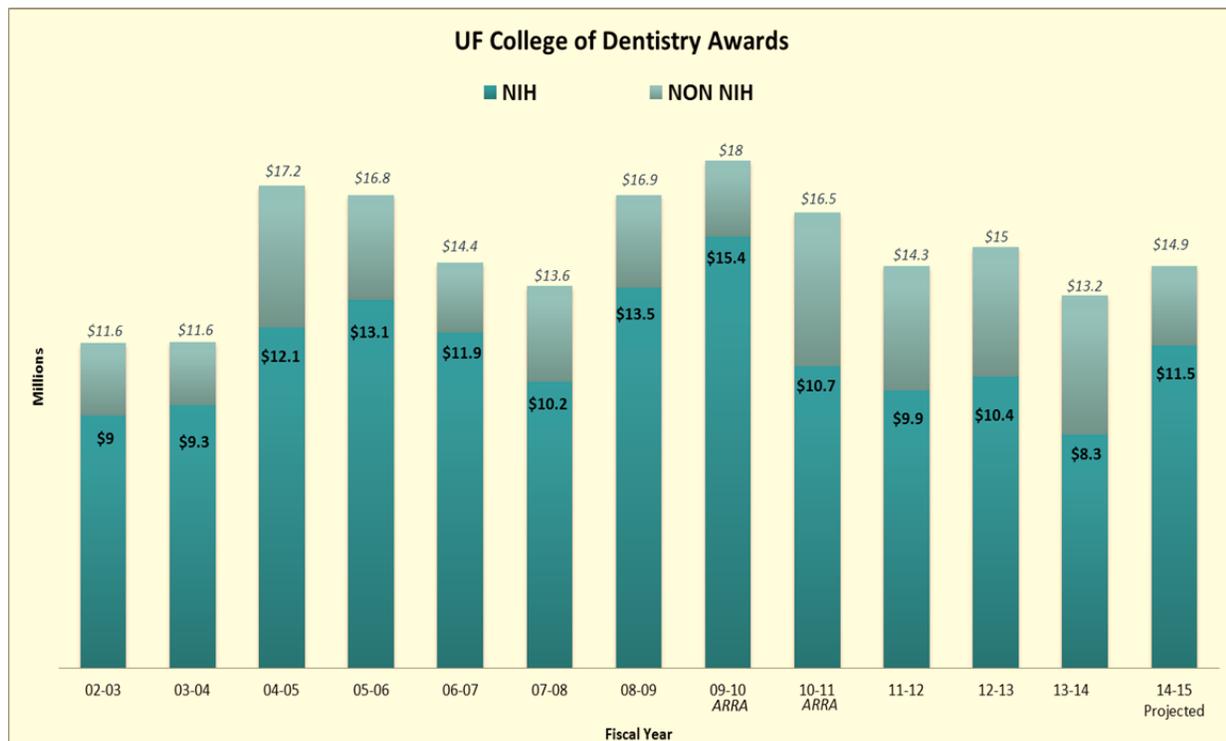
First-year DMD Clinical Experiences

The college's Alachua County School-Based Sealant Program, provides an ideal venue for second-year DMD students to have early clinical interactions with school children across 12 elementary and two middle schools. The DMD students place dental sealants, provide oral hygiene education, and apply fluoride varnishes to prevent tooth decay. During the 2013-14 school year DMD students screened 628 children and placed 1,624 sealants. The oral health assessment that is carried out as part of the program found 40 percent of school children had untreated tooth decay. During the 2015-16 school year, first-year DMD students will participate in this program and also in a Head Start program in which fluoride varnish is applied to children's primary teeth twice yearly to prevent tooth decay.

6. What is the total amount of research funding (grants and contracts) at your college projected for FY13--14? What is the amount of NIH research funding? What are your goals for total and NIH research funding in 1 year and 5 years.

Research Overview

- Total amount of research funding (grants and contracts) for FY'14 was \$13,288,498. Of the total, \$8,328,510 (62.7%) was NIH funding.
- We are rebounding in funding this fiscal year with an uptick in national awards received by our DMD students, graduate students and post-doctoral fellows. Over the last three years, our trainees received five "F" awards; there are currently nine active F31s at the University of Florida. Of the four active K99's at UF, two are held by UFCD.
- The T90/R90 Comprehensive Training Program in Oral Biology award for FY'15 was \$599,870 and supported seven pre-docs and five post-docs; this program is in its 24th consecutive year and is up for competitive renewal September 15, 2015. It is the largest T award at UF; the second largest T award at UF for FY'15 was \$314,945 in comparison.
- The college goal is to increase total funding from all sources, with the five-year goal of achieving top five status for NIDCR funding for dental institutions and/or Blue Ridge NIH funding.



7. List new hires who will begin employment in FY 2014-15, restricting the list to those who will use start-up funds for research. Please append for review the CVs of all hires made under the “Jump Start” hiring program.

As noted in question two, we hired Jose Lemos, Ph.D., under the Metabolomics Initiative. Dr. Lemos is R01-funded and actively submitting applications to NIH and other funding sources. This metabolomics preeminence hire will result in two additional faculty hires one of which, Jacqueline Abranches, Ph.D., will have start-up funds, and one research assistant professor hire, Jessica Kafasz, Ph.D., and other lab personnel.

An additional tenure track assistant professor, Jia Chang, D.D.S., Ph.D., currently a visiting faculty member, begins as a permanent faculty member in June 2015 in the Department of Periodontology and was awarded start-up funds for research. In addition, Kathleen Neiva, D.D.S., Ph.D., an existing faculty member in the Department of Endodontics, was awarded start-up funds provided by the college’s IDC.

8. Identify the major ranking system for your college (e.g., US News & World Report) and indicate your current rank. What is the ranking that you plan to achieve in 1 year and 5 years? What are the main strategies for getting there?

Dental schools currently do not participate in the U.S. News & World Report ranking system. However, in FY’14, the college ranked 6th among 66 U.S. dental schools (excluding Forsyth Institute) with DDS/DMD programs in total NIH/NIDCR funding. Our goal is to move into the top five. This will require a sustained effort to recruit and support research faculty as well as completion of a major renovation of the Dental Sciences Building to update, modernize and expand research space. Please see response to questions 6 and 9 for more details.

9. Identify those programs within your college that are “top ten.” What investments are you making to maintain or enhance the ranking?

Research Enterprise

As noted in question eight, the college’s overall research enterprise as measured by federal funding is ranked 6th in the nation, with the majority of NIH funding in the Department of Oral Biology a top-ten ranked program. Oral Biology also has strong collaborations within the college, the university and nationally. The number of faculty in the department has declined (mainly via retirements) from 13 to slightly over 8 FTEs. To remain top ten, we are recruiting under preeminence, still have a position open under Mucosal Immunology, and anticipate that some positions for the UFCD Cancer and UFCD Oral/Craniofacial Biology searches may reside in Oral Biology. There are two ongoing searches to fill three positions for oral cancer and five for oral/craniofacial biology.

PRICE

The UF Pain Research & Intervention Center of Excellence (PRICE), directed by Dr. Roger Fillingim, is one of the largest and most productive pain research centers in any U.S. dental school. The center, housed in the Department of Community Dentistry and Behavioral Science, includes more than 40 researchers, trainees and clinicians from seven UF colleges.

Last year, PRICE had more than \$7 million in NIH research funding, and the center has produced more than 300 publications in the past five years. One of our current research faculty searches, under the umbrella of oral and craniofacial biology includes the pain research area, and may yield additional research strength.

Department of Oral and Maxillofacial Diagnostic Sciences

The Department of Oral and Maxillofacial Diagnostic Sciences (OMDS) includes the Oral and Maxillofacial Radiology (OMFR) Division which offers state-of-the-art equipment, ER coverage and access to resources at Shands including a voice recognition system fully accessible to our residents. It has among the largest teleradiology consult services in OMFR within the U.S. Our goal is to enhance collaboration with the College of Medicine's radiology, promote the teleradiology consult service for the benefit of practitioners in Florida and other states, continue to solicit corporate support for clinical research, and recruit new faculty to fill vacancies. Oral and Maxillofacial Pathology, another division within OMDS, currently ranks in the top five nationwide in patient volume. We plan to explore ways to expand the residency program and biopsy service clientele.

10. Identify two or three of your college's programs that are important to the college, but are not yet top ten, and describe your plans to foster their success.

Oral Medicine Clinic

Faculty in UFCD's Oral Medicine/Oncology Clinic provide care for patients with difficult to diagnose oral lesions or conditions, oral problems associated with systemic diseases and sequelae from head and neck cancer treatment. Providers with specialty training and expertise in oral medicine, oral pathology and oral oncology work closely with College of Medicine physicians and community-based physicians and dentists to ensure high quality and continuity of care. The clinic receives referrals from a large geographic area, primarily from the southeastern U.S., and other regions of the country. In FY'14, the clinic completed 1,731 patient visits. To ensure the sustainability of this clinic, plans are underway to:

- Seek more support from the hospital to enable all low-income, uninsured or underinsured patients referred by UF Health Shands to obtain continued quality oral care post treatment over an extended period.
- Explore opportunities to compensate for loss of clinical faculty in the service.
- Increase the capacity to handle less complex dental procedures effectively in the clinic.

Community Dentistry and Behavioral Science

Community Dentistry and Behavioral Science (CDBS) has received more HRSA funding than any other dental school in the nation, including grants in Predoctoral Dental Education, Postdoctoral Dental Education, Faculty Development, and the Oral Health Workforce Grant. The department fulfills a vital service mission through clinics in St. Petersburg and Hialeah, supporting clinical student rotations, community-based service and education programs in Alachua and Collier counties, and Head Start screening and prevention. However, health services, outcomes research and epidemiology research capacity is currently lacking. One of our current research faculty searches includes behavioral, clinical and translational research that if successful would complement other current CDBS strengths.

11. Evaluate the data produced by Academic Analytics. Clarify any findings that you feel are not reflective of your college and indicate areas, based on these data, in which improvement is most needed and achievable.

The college’s research office reviewed the Academic Analytics data. We maintain similar data internally, but often do not parse it by department. We are examining the data closely to determine the extent to which they capture our research productivity accurately or whether a different peer comparison group of institutions may be more useful. Notwithstanding, many of our departments achieve top quintile status based on the criteria used.

12. Indicate advances in achieving diversity among faculty, staff, and students within your college.

Our performance in recruiting a diverse student body is detailed in question two. Since July 1, 2014, 54 percent of new faculty hires and 60 percent of staff hires were underrepresented minorities (URM). Since July 1, 2014, 38 percent of faculty hires and 80 percent of staff hires were women. These data are summarized in the table below. We actively seek to recruit African-American faculty and students -- a dire need across all U.S. dental institutions. We also continue to identify potential candidates and/or invite URM prospects to guest lecture/visit the college and advertise in journals such as Hispanic Dental Association, Insight into Diversity, and through the Student National Dental Association.

Faculty 2014-2015											
White		American Indian		Asian		Black		Hispanic		Not specified	
M	F	M	F	M	F	M	F	M	F	M	F
75	33	0	0	12	11	1	2	14	19	3	0
63.5%		0%		13.5%		1.8%		19.4%		1.8%	
Faculty (hires since July 1, 2014)											
White		American Indian		Asian		Black		Hispanic		Not specified	
M	F	M	F	M	F	M	F	M	F	M	F
4	2	0	0	2	1	1	0	1	2	0	0
46%		0%		23%		8%		23%		0%	

Staff 2014-2015											
White		American Indian		Asian		Black		Hispanic		Not specified	
M	F	M	F	M	F	M	F	M	F	M	F
19	139	0	0	1	7	5	30	9	33	0	0
65%		0%		3.3%		14.4%		17.3%		0%	
Staff (hires since July 1, 2014)											
White		American Indian		Asian		Black		Hispanic		Not specified	
M	F	M	F	M	F	M	F	M	F	M	F
1	7	0	0	0	0	0	1	3	8	0	0
40%		0%		0%		5%		55%		0%	

13. Indicate notable successes in interdisciplinary collaboration in the past year.

- Interdisciplinary activities in research continue to expand, with new projects with Biomedical Engineering and the College of Liberal Arts and Sciences. Cancer initiatives provide many opportunities for our college and PRICE has enhanced collaborative interdisciplinary pain research across campus – particularly in the areas of the relationship of pain to cancer and aging.
- Oral & Maxillofacial Diagnostic Sciences began combined rotations for oral and maxillofacial radiology residents with neuroradiology at UF Health Shands. New affiliate professorships offered by the department to medical radiology faculty facilitated enhanced interaction of faculty with Oral and Maxillofacial Radiology residents, reduced turnaround times and increased efficiency with 24/7 ER coverage of maxillofacial cases.
- The Oral and Maxillofacial Surgery Advanced Graduate Program increased rotations of medical students thereby extending interprofessional education into the clinics.
- UFCD is one of six regional nodes for the National Dental Practice-Based Research Network (DPBRN) – a network of dental practices and organizations conducting research with a focus on clinical dental practice. The college serves as a link between dentists who are participating in research by providing the infrastructure necessary for development and implementation of research projects and dissemination of findings. The network currently has close to 6,000 members nationally and nearly 1,300 are in the South Atlantic region which includes Florida, Georgia, North Carolina, South Carolina and Virginia. Since 2012, 20 study concepts have been developed by UFCD faculty from nine different department/units; one approved concept is in collaboration with the University of Florida's CTSI. Current studies focus on decision-making in the management of carious lesions, and management of dentin hypersensitivity; studies being considered include patient satisfaction, stakeholder engagement on health risk assessment, feasibility and acceptance of oral HPV detection, and use of opioids analgesics. Twenty-three studies have completed data collection.

14. What are your college's top 3 goals in the next one to three years? Aside from budget, are there major impediments to reaching those goals?

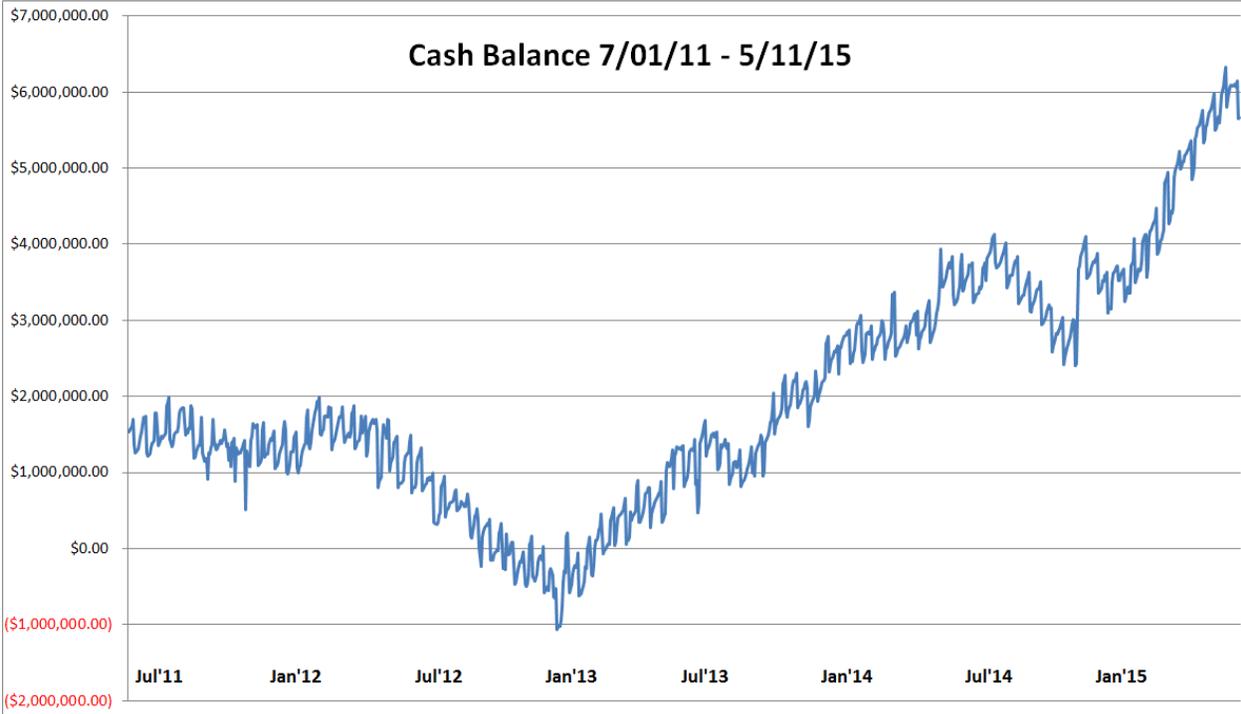
Move forward with expansion and renovation of the dental sciences building.

This is critical to the future success of our college and necessary to our goals of achieving preeminence and top 5 status, as well as to maintain the excellence built over the past 40 years. A visioning exercise several years ago created a viable plan for a new building and the renovation of the existing dental tower. Recently, with support from the Senior Vice President's Office, the college submitted an updated description of the project for inclusion on the university's PECO list where it is currently among the top five projects.

Maintain our current position of fiscal strength.

Reduced state funding and a downturn in clinical productivity resulted in a significant decline in our cash reserves in FY'13. Salaries and operating expenses normally funded through state appropriations had to be moved to clinical funds; by January 2013, this shift

eroded clinical reserves resulting in a negative cash balance of -\$1.06 million. Through various strategies, we reversed this financial trend and UFCD is now financially stable. We diversified and grew non-state revenues, instituted a rigorous budgeting process, reduced select operating expenses, increased clinical productivity, and improved collection practices. A rigorous review of new hire requests for faculty, staff and OPS employees was instituted in FY'13 and continues to allow careful management of personnel expenses, by far our largest expense. The college currently has \$6.46 million in clinical cash; the upward trend is shown below. In May 2015, we raised our cash reserve goal for clinical and self-funded accounts to 90-days or approximately \$6.44 million to further strengthen financial position. We will continue to use these strategies to maintain our current fiscal strength.



Revise and Implement DMD Curriculum Change

As noted in the response to question 5, a DMD curriculum revision was carried out during 2012-2014 and plans developed for making comprehensive changes. During the next five years, a top priority is to re-examine this plan, revise if needed, put in place an evaluation strategy and implement the new curriculum into the predoctoral program.

15. List current and planned projects to develop alternative revenue streams. Discuss any plans to initiate distance or off--book education programs.

Cost-recovery, self-funded programs

The college has three cost-recovery, self-funded programs that may be suitable for conversion to market rate programs described below. As market rate programs, they could collect residuals, retain funds from year to year, etc. During FY'16, the college will examine pros and cons of converting them to market rate programs.

1. The **DMD class size expansion** is entering its third year. By fall 2015, 31 total first, second and third year students will be enrolled in this self-funded program. Tuition has increased as budgeted each year since inception and will increase to \$60,637.50 per year in FY'16. These funds are used for full-time and OPS faculty and staff, student assistants and operating expenses associated with the expansion. Total tuition revenues from this program will approach \$1.9 million in FY'16; the first cohort of students will enter the DMD clinics this year, generating clinical revenue. By FY'18, almost \$3 million in additional tuition and instrument leasing revenues will be generated annually. We continue to closely evaluate outcomes of this program.
2. In FY'15, five oral radiology residents and two oral pathology residents are enrolled in the **self-funded dental specialty residency program**. This has generated \$350,000 this year in self-funded tuition revenues used exclusively to offset salaries of faculty who teach in those programs, resident stipends, and for programmatic expenses including IT, equipment and instruments. The self-funded program gives the department flexibility to enroll qualified applicants who are not eligible for GME funding.
3. The Hialeah Internationally-educated Dental Program, also self-funded, plans to implement a three percent tuition increase in FY'16 and annually thereafter as long as it does not adversely affect the applicant pool.

Investigating Self-Funded, Internationally-educated DMD degree program

We are exploring the viability of a self-funded internationally-educated DMD degree-granting program. Unlike the Hialeah program, which provides a certificate to its graduates, this program would allow well-qualified applicants to obtain a U.S. dental degree. Revenues would be generated through the application process, tuition, and a required four-week skills and evaluation program. We project admitting 25 students per year, generating over \$5.2 million in annual revenues by the second full year. Because of the limited dental patient pool in Gainesville and the size of the college's existing DMD and graduate programs, a location such as Lake Nona/Orlando or Jacksonville would be more suitable. As with other self-funded programs currently in existence, the viability of eventually converting this program to a market-rate program would be a high priority.

HealthCare Network of Southwest Florida

The college is finalizing a renegotiated contract with HealthCare Network of Southwest Florida, a federally-qualified health center, for its Naples Children Education Foundation (NCEF) Pediatric Dental Center in Naples, Florida. Under the new contract, the college will receive \$1.023 million per year to lease its faculty and facility to the FQHC, yielding about \$450,000 more per year in contract revenues compared to the average of prior years, starting in calendar year 2015. Funds will be used to hire a third faculty member at the clinic, cover resident travel costs, and provide departmental residual funds and a college-level assessment.

The **Department of Continuing Dental Education** (CDE) has improved its fiscal performance over the last five years becoming consistently profitable. In FY'11, total

revenues reached \$1.2 million. During that same fiscal year, revenues less expenses were \$178,058 and the life-to-date cash balance in CDE was \$328,492. By FY'14, revenues reached almost \$2 million and the department had a life-to-date ending cash balance of \$854,738.

Clinical Growth & Change

The college has significant opportunity to grow its clinical enterprise through expansion to locations such as 39th Avenue and elsewhere, co-locating with UF Health. There are opportunities to improve existing clinical operations through better scheduling, continued emphasis on collections, more efficient use of axiUm and improvements in Faculty Practice. Hospitality training, better check-in and check-out processes, and improvements to the intake process are critical to continue to grow college clinical revenues (as are improvements to the physical plant).

16. List future commitments. Commitments include buildings, renovations, infrastructure, major equipment and upgrades, start---up packages, and any other significant items.

Building and Renovations

Preparation for the CODA accreditation site visit includes an overall assessment of the facilities and basic improvements necessary to set a positive image for the visit. We plan to carry out minor repairs, deep cleaning and touching up certain parts of the building; at least \$60,000 will be needed for painting in the clinical spaces. The direct costs of accreditation for fees paid to CODA, consultant costs, mock site visits for the DMD and specialty programs, and the site visit itself, have been significant and will continue to add up through fall 2015 with the overall cost projected to be close to \$1 million.

There are additional needs for renovations, infrastructure improvements and other upgrades beyond the preparation for the site visit. A top priority for renovation funds identified is renovation of the multi-disciplinary learning facility used by DMD students as well as the creation of a student lounge, again for DMD students.

Infrastructure

The vast majority of research laboratories in the dental tower are in urgent need of modernization. Modern research laboratories and other space will be needed for current programs and future hires. Multiple clinics need renovation including the endodontic resident clinic, oral medicine and oral and maxillofacial surgery, several DMD clinics and other clinical space. The building has frequent elevator, plumbing, A/C and vents, and other infrastructure problems. In March 2015, the college was without A/C because of chilled water problems for 1-1/2 days and this past year, ductwork and mold abatement was required on multiple floors. Renovations are often prohibitively costly due to asbestos abatement requirements.

Start-Up Packages

An \$880,000 commitment to start-up packages has been made and includes the preeminence hire of Dr. Jose Lemos who begins his employment in August 2015. Two additional tenure track faculty mentioned in the answer to question seven have been awarded start-up funds.

17. List key financial opportunities and challenges for the coming year.

Opportunities

- Utilize funds committed in the dean's start-up package to enhance research faculty recruitments, support DMD curriculum revisions, enhance clinical operations through access to UF Health expertise, resources and training, and complete IT infrastructure and other improvements.
- Increase fund raising, including corporate gifts, to support building renovations or construction and other programmatic needs. We have started a comprehensive review of existing/vacant space to systematically plan for renovations and appropriate space use.
- Launch a search for a new position focusing on the clinical enterprise needs, including patient care improvements, bring efficiencies to teaching clinics, expand practice sites and opportunities, and improve clinic operations and ultimately, the clinical net position.
- Develop a comprehensive incentive plan to more equally risk-share between the college and faculty and to further incentivize performance, including clinical productivity.
- Upgrade the electronic dental record software to enhance the clinical/business operation. Host two consultant visits this year to prepare for the upgrade, conduct training, and suggest improvements in faculty practice and the business office.
- Improve the payor mix in our clinics, particularly self-pay patients in pediatric dentistry.
- Explore options to encourage retirement of faculty and to re-invigorate its research, clinical and service missions with new hires.
- Investigate opportunities for HRSA Health-Center Look Alike designation in cooperation with one or more of UFCD's long-term partners to enhance reimbursement rates.

Challenges

- Uncertainty in federal and state funding, e.g., NIH, state funding for cancer initiatives, and GME. The renewal of T90/R90 training grant is critical.
- Deployment of faculty is problematic with inconsistencies in faculty development time allotted between departments. Unfunded researchers are also a challenge. A thorough review of faculty deployment is being conducted as part of the budget cycle this year.
- Florida Medicaid managed care plans continue to require additional staff resources for pre-authorizations and collection. Contracting with these plans is labor intensive and expensive (although we have successfully contracted with the six major plans available in regions where our clinics are located).
- Medical supply costs have risen substantially in FY'15. We continue to look for bulk buying, consignment and other purchasing strategies and inventory control to reduce costs.
- Maximizing the efficiency of the clinical enterprise and the ease with which patients access our system of care remains a challenge; a range of options are being considered.
- The Dental Science Building has significant infrastructure problems as noted previously.

18. Please explain the process you are using for goal-setting in the college.

The UFCD Strategic Planning Committee consists of faculty, a liaison from the Academic Health Center's Strategic Planning Committee, a local dentist from the community and some administrative staff. This committee develops UFCD's strategic plan that is ultimately

reviewed and approved by the faculty; they also monitor specific outcomes to evaluate progress towards college goals.

Our strategic plan serves as a critical road map for the college. The college's standing faculty committees are given an annual charge that is consistent with the college's strategic goals. Annual faculty committee charges outline short and long term goals and institutional effectiveness measures to be monitored and acted upon as needed, relative to the specific committee's work.

The college plan is aligned with UF's goals and the Academic Health Center strategic plan, including the goal of achieving preeminence. In the fall, the dean will lead a formal, broad-based strategic planning process culminating in a new five-year plan consistent with her vision for the college, the overall goals of the Academic Health Center's strategic plan ***The Power of Together*** and the university's goals.