

“Two Faces of Nebraska’s Rural Dentistry Future”

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It could arguably be said the future of rural dental care access in Nebraska has two faces—one worrisome and the other bright.

The worrisome part: About 40 percent of Nebraska’s rural dentists are 60 or older, with a major share of those dentists expected to begin retiring as soon as next year, notes Dr. Kim McFarland, D.D.S., at the University of Nebraska Medical Center’s College of Dentistry. (See article titled, “What Dental Workforce Numbers Are Saying,” in August 2013 ACCESS Newsletter.) Those are among sobering numbers from a UNMC health workforce survey.

Then, there’s the other face: Programs to address the challenging outlook and their potential to make a positive difference in rural dental care.

A look through the prism of a couple of young rural Nebraska dentists’ experiences helps shed some light on those programs’ potential, as well as the challenges and opportunities to make rural dental care more accessible.

Meet Dr. Michael Sullivan. He’s a young, energetic former four-time-Iraq-deployed Army intelligence officer who sports a short-cropped military-style haircut. He enthusiastically discusses his practice in York, which is housed in a neat brick building just a couple of blocks off York’s town square. “You’re in a community where everyone knows you and appreciates you,” Dr. Sullivan said of his rural practice.

He purchased his York practice, which encompasses a second office in Geneva, from Drs. John Lott and Jim Cossaart, after a brief associateship under Dr. Cossaart. That was 2 ½ years ago, after graduating from the Dental College at UNMC. The Wyoming transplant and University of Wyoming graduate with an ROTC commission entered the UNMC Dental College after completing his military active duty commitment.

And then, meet Dr. Kristen Hermansen-Ryan. She practices in Central City. In a phone interview, she answers questions about her practice in a rural area with an upbeat tone. She and her husband grew up in the area. Not long after her graduation from UNMC’s College of Dentistry and beginning as an associate in Dr. John Ahlschwede’s practice 7 years ago, she worked out an agreement to purchase the practice. That included escrowing part of her salary over a 3-year period toward purchase of the practice from Dr. Ahlschwede, with the transaction completed in 2011. “I believe our transition was about the best you could get,” she says.

One or more of the programs and policies aimed at encouraging practice in the state's rural, underserved areas played a role in these two dentists choosing rural practices.

Eighty-seven percent of the dentists practicing in rural Nebraska are UNMC College of Dentistry graduates, according to Dr. McFarland. "Those are our graduates out there. We know that's our job (being mindful of rural dental care needs)," she says. Dr. McFarland's formal responsibilities at the Dental College include teaching, research, and service. In addition, she says, she has an informal goal of improving oral health in Nebraska "... by facilitating the location of dentists in rural, underserved communities."

She lists three specific areas of emphasis by the Dental College to address the aforementioned precarious rural dental workforce numbers: (1) Recruit from rural, (2) Train in rural, and (3) Incentivize practicing in rural.

Recruit from rural

Taking those one-by-one, starting with recruitment: It includes outreach to high school students with such events as visits and tours of the Dental College, UNMC health career days, and American Student Dental Association high school demos, along with a number of events for pre-dentistry students and their parents and spouses.

Through the Rural Health Opportunities Program, rural high school students who maintain academic standards at Chadron State College and Wayne State College are granted preadmission to UNMC's programs which include: clinical laboratory science, dental hygiene, dentistry, medicine, nursing, pharmacy, physical therapy, physician assistant, and radiography.

At the same time, Dr. McFarland says, rural dentists are encouraged to promote dentistry as a profession not only to high school students in their areas but also to encourage those coming out of dental college to consider rural practice.

That was a factor in Dr. Hermansen-Ryan's case. Dr. Ahlschwede, a friend of her husband's family, encouraged her to join his practice upon her graduation from Dental College.

UNMC's College of Dentistry admissions committee focuses on applicants from rural areas, Dr. McFarland explains. The College's definition of "rural" for that purpose is communities of 10,000 or fewer. That's different from the Federal Government's rural metric of 50,000 or fewer, she adds. Studies show that students recruited from rural areas tend to return to rural areas—albeit not always their home area—to practice, Dr. McFarland says.

The committee follows "no recipe" for choosing among candidates for admission. Rather, it's a "whole file" review that takes into consideration a variety of factors in evaluating candidates, she says.

Just recruiting from rural areas is, of course, no sure-fire guarantee that those students will head back to the wide-open spaces to set up their practices when they graduate. But, an example of the tendency to return to rural roots is Dr. Hermansen-Ryan, who says she could just as easily have set up her practice in Grand Island. She and her husband—high school sweethearts at Central City High School—chose instead to go back to the area where they grew up.

It can work the other way, too, where graduates from urban backgrounds are drawn to rural practices, as in the case of Dr. Sullivan at York. He grew up in Laramie Wyoming, a population of 25,000—not exactly a teeming urban area, but not a rural area by the Dental College guideline of 10,000 population or fewer.

He saw more economic opportunities in rural practice than in Lincoln or Omaha, where many of the Dental College graduates want to be. “Everybody wants to be there (in the city) and their spouses want to be there,” he says with some exaggeration to make his point.

Even though his wife is from Lincoln, the couple saw more opportunity and benefits for them and their two children in this rural practice rather than one in Lincoln. It takes a population base of about 2,000 per dentist to make the economics of a full-time practice work, he says, adding that Lincoln’s and Omaha’s ratios are closer to 1,000 to 1.

Dr. Lott, who is looking toward retirement this coming February, was ready to sell his practice. Dr. Sullivan, describing himself as being “entrepreneurial,” says he was interested in buying. He says they came to an agreement on the hand-off soon after he had begun inquiring of Dr. Lott about the purchase.

Dr. Sullivan credits the College of Dentistry for the confidence to do that. “You are ready the day you graduate, wherever you go,” a sentiment that Dr. Hermansen-Ryan also expresses: “I feel the University (Dental College) prepares all of the dentists well for wherever they go.”

Train in rural

That view may relate at least in part to “train in rural,” the number two point enumerated by Dr. McFarland earlier in this article. Senior dental students spend two 3-week rotations at rural practices. The Dental College has 55 sites available for those student rotations in rural settings, she says. Students get to live the whole-package of actually practicing in a rural setting, an experience that goes beyond what they can be exposed to within the walls of the Dental College, she says. They see a broad cross-section of patients (young, old, minority, developmentally disabled, etc.). They enter data into online patient records and carry out other responsibilities as if they were conducting a practice themselves.

It gives them a real sense of what a rural dentist's life is like, Dr. McFarland explains. They can experience the "rhythm of rural community life" through accompanying their supervising dentists to local dental society meetings, going hunting or fishing in the area, attending local sporting events, and visiting such sites as local health department dental clinics, Dr. McFarland says.

Being "ready wherever you go," as Drs. Sullivan and Hermansen-Ryan have noted, is one thing. But, there is the obstacle of finances in establishing a practice, which is likely to be compounded by hefty student loans that need to be paid back.

These two dentists have taken paths a little different from each other in the matter of loans and financing the purchase of their practices.

Incentivize in rural

Dr. Hermansen-Ryan was a recipient of the Nebraska Rural Health Student Loan Program available to Nebraska residents studying in a variety of health fields at UNMC and Creighton University Medical Center. Under this program, up to \$20,000 of a student loan is forgiven for every year of practice in a state-designated shortage area for up to 4 years, which can come to as much as \$80,000 forgiven. That program was another factor that made her decision to enter rural practice "a whole lot easier," she says.

It was a little different track for Dr. Sullivan. When he began dental school, he says, "I didn't even know about it (Nebraska Rural Health Student Loan Program). He would like to see the availability of this program more widely disseminated among those entering Dental College.

He has relied on his military educational benefits, pay as a National Guard officer, and bank financing to help pay for his dental college and to help finance his purchase of the dental practice at York and Geneva.

But he has tapped into another Nebraska financial incentive program designed to encourage rural practice in underserved areas of the state by healthcare professionals, the Nebraska Loan Repayment Program. Dr. Sullivan went to this program not for his own student debt but to attract a recent dental college graduate, Dr. James Trexel, as an associate.

Under this program, the State of Nebraska pays up to \$20,000 a year in a match with locally raised funds over a 3-year period to repay the health professional's student loan—\$20,000 a year in locally raised funds and \$20,000 in state matching funds for a total of \$40,000 a year over 3 years to total as much as \$120,000.

Dr. Trexel and his wife are both from Lincoln. Without that program as an incentive, Dr. Sullivan says, he might not have successfully convinced this young dentist to join his practice.

Dr. McFarland points out that between the two loan programs with similar-sounding names—Nebraska Rural Health Student Loan Program and the Nebraska Loan Repayment Program—a Dental College graduate choosing rural practice could qualify for up to a \$200,000 reduction in student debt—\$80,000 from the former and \$120,000 through the latter.

Could a student capitalize on both programs? Marlene Janssen, who administers these programs in the Nebraska Department of Health and Human Services, replies: “What I tell student loan recipients is, “When you are within 18 months of completing your practice obligation under the Nebraska Rural Health Student Loan Program, apply for the Nebraska Loan Repayment program (as long as the area is a shortage area and the local entity is willing to provide the matching funds). This allows communities in shortage areas to retain their health professionals for a longer period of time—up to 7 years. And, the health professional benefits with up to \$200,000 in forgivable loans and loan repayment of government or commercial student loans--tax free.”

One catch is coming up with the locally raised funds to earn the state match under the Loan Repayment Program. The new associate in Dr. Sullivan’s office is contributing half of the local matching funds from his paycheck and Dr. Sullivan funds the other half as a bonus.

Local matching funds could come from donors in the community. But, it’s difficult to raise local matching funds from donors in a community for a dentist, Dr. Sullivan says. Local donors in a community are more receptive to coming up with matching funds to bring in a medical doctor than they are for a dentist, he says. “I think it’s because communities don’t see the need for a dentist.”

He and Dr. McFarland both note that dental care is too often not seen as an important integral part of good overall health and well-being.

Dr. Sullivan believes that if the public were more aware of how large a role dental care plays in overall health and how much more expensive it is to rely on hospital emergency services in the absence of dental visits, the heavy use of hospital emergency room services for dental issues would be reduced.

For the U.S. as a whole, per-capita dental emergency room visits have been rising, according to a Health Policy Institute report. Nearly 42 percent of the dental-related visits to hospital emergency rooms reported in 2009 involved a “principal diagnosis” of dental caries, the report notes.

More needs to be done in educating the public about how important access to dental care is to overall health and reduced healthcare costs. Could that kind of information in rural communities help encourage more local support for such efforts as raising matching funds under the Loan Repayment Program? Dr. McFarland answers, “Yes, I think so,” noting that gaining such support in rural communities could be aided by educating those communities about the importance of dentists to economic development.

Dr. Sullivan sees the situation similarly. “I most stringently agree that more public education on how dental care is intertwined with overall health would help persuade more local financial support for local matching funds under the Student Loan Repayment Program.”

“Dentists need to be frontline in healthcare,” he says. “Dental decay is a disease process.” It’s the most prevalent disease process in the U.S. and globally, he adds.

Studies show that only 50 to 55 percent of the population sees a dentist in any given year, according to Dr. McFarland. The decline in the share of the population going to the dentist is viewed as “profound and lasting,” she says. It has the potential to impact rural Nebraska. When it comes to dental access, the assumption of “build it and they will come,” is a little shaky. “They may not,” she says.

It isn’t only a lack recognizing how much oral health plays into overall health. Many people cannot afford to go to the dentist. While rural areas need dentists, those dental services need to be utilized, she adds.

The biggest users of hospital emergency services in place of visits to the dentist are 18- to 35-year olds, according to Dr. McFarland. The lack of health insurance coverage is a major factor that influences whether many rural residents see a dentist on a regular basis. Although insurance coverage for dental services has expanded in recent years, many rural residents lack any type of dental insurance coverage.

There may be exceptions to how much of a barrier economics are to seeking dental care, if Dr. Hermansen-Ryan’s experience is any indication. She says she is “very encouraged” by the level of dental care in her community. Even those families with the most economic constraints are conscientious about their children’s dental health, she says.

Could dentists partnering with other healthcare providers in an interdisciplinary approach foster greater awareness of dental care’s importance to overall health throughout a community?

Dr. Sullivan is convinced it would. “I strongly concur that partnering in interdisciplinary healthcare would help promote more public awareness of dental care’s importance to overall health,” he says, acknowledging that he needs to “become much more involved in its advocacy.”

“I think...awareness of the impact of dental health on overall systemic health is on the rise,” says Dr. Hermansen-Ryan. As other healthcare providers become aware of that connection, she believes, they will pass that knowledge on to their patients. “I have had several patients come into my office because their doctor told them that they ‘need to get their teeth taken care of.’”

Such partnering with other kinds of providers and organizations is getting some attention at the Dental College, according to Dr. McFarland. One example she cites: “We (Dental College) are starting to train with nursing students so that dentists, hygienists, and nurses learn to work together to improve oral health. And, we need to do more (of that).”

She points to another effort along these lines in which students in pediatric dental residency join the pediatric staff at Children’s Hospital in Omaha, teaching oral health and infant oral health. “And when they (dentists) go out to rural areas, they could do the same thing in private (primary care) offices,” she says. The challenge for dentists in general, she says, is “trying to organize their practice around the overall healthcare system.”

Drs. Hermansen-Ryan and Sullivan say they are venturing into interdisciplinary healthcare practice on a limited, informal basis. It might involve coordinating with the local pharmacist on compatibility of a prescription drug. Citing another example, Dr. Hermansen-Ryan says that if she hears of a new product for dry mouth, she might ask the local pharmacist to discuss that new product with her dental patients who happen to have that particular issue.

Dr. Sullivan says he exchanges information with primary care providers in the community on oral health that might be helpful to the primary care doctors’ patients. That information might be something for those primary care physicians to share with patients who show up with dental-related issues at the local hospital emergency room where those doctors serve on a rotational basis. Making oral health information available in primary care offices, the hospital emergency room, and at schools are possibilities, he says. “I should be better about that.”

Dr. McFarland believes that dental care providers such as dental hygienists “working at the top of their scope of practice” could also further the concept of creating more awareness of how important dental care is to health in general. An example is dental hygienists obtaining a Public Health Authorization Permit enabling them to provide such services as applying sealants and fluoride at such sites as public schools and in nursing homes—all without the supervision of a dentist. But, she says, that service involves a lot of work and bringing equipment to the site. Financial incentive for that, however, is limited. So, it’s not commonly done.

Alluding to an earlier point in this article about the need for rural dentists nearing retirement to think about the legacy of their practices, Dr. McFarland says the UNMC College of Dentistry facilitates connections informally between those practices and graduates. The College maintains a list of those practices by county, size of county population, and whether the practice is in a state shortage area or Federal shortage area. “We try to help students make those connections,” she says. “We do a lot of things informally around here.”

Dentists may have some homework to do, such as identifying features of their communities that would be enticing to Dental College graduates. For example, are there good child care facilities in the community? Half the students in the Dental College now are women, she says.

“Finding daycare was my primary concern when returning (to practice in a rural area),” says Dr. Hermansen-Ryan, who has three children. “I was fortunate and have had three very qualified people to care for my children over the years.” Schools were another concern, she says. Again, she and her husband have been fortunate to have a variety of options for schooling in the Central City community. “We didn’t feel trapped when it came to making decisions about our children’s educational path.”

Finally, from the student end of the connection, dental students are sophisticated about choosing where they would practice, Dr. McFarland says. They look at such factors as population trends and kinds of commerce in the community. “It’s not just for now, but in the future.”

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