



New Mexico
DENTAL ASSOCIATION

ADA[®]

ORAL HEALTH FOCUS 2020:

PURSUING NEW OPPORTUNITIES IN DENTAL EDUCATION, ECONOMICS AND WORKFORCE

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ORAL HEALTH FOCUS 2020



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ORAL HEALTH FOCUS 2020, WAS CONCEIVED IN 2013 AS A SEVEN-YEAR ROAD MAP TO IMPROVE ORAL HEALTH AND PROVIDE SPECIFIC POLICY, PRACTICE AND FUNDING OBJECTIVES TO REACH THOSE GOALS.



EDUCATION



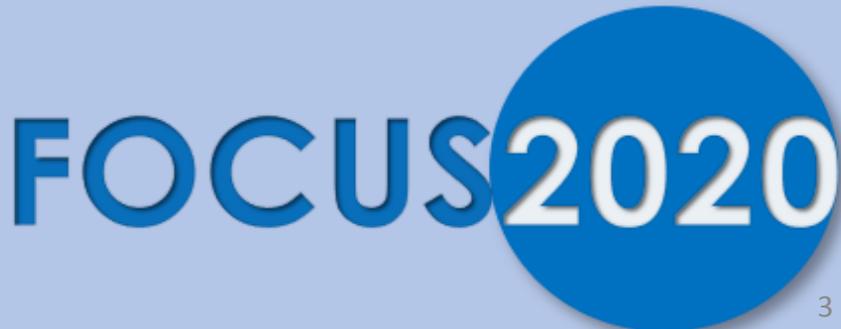
**PREVENTION AND
PUBLIC HEALTH**

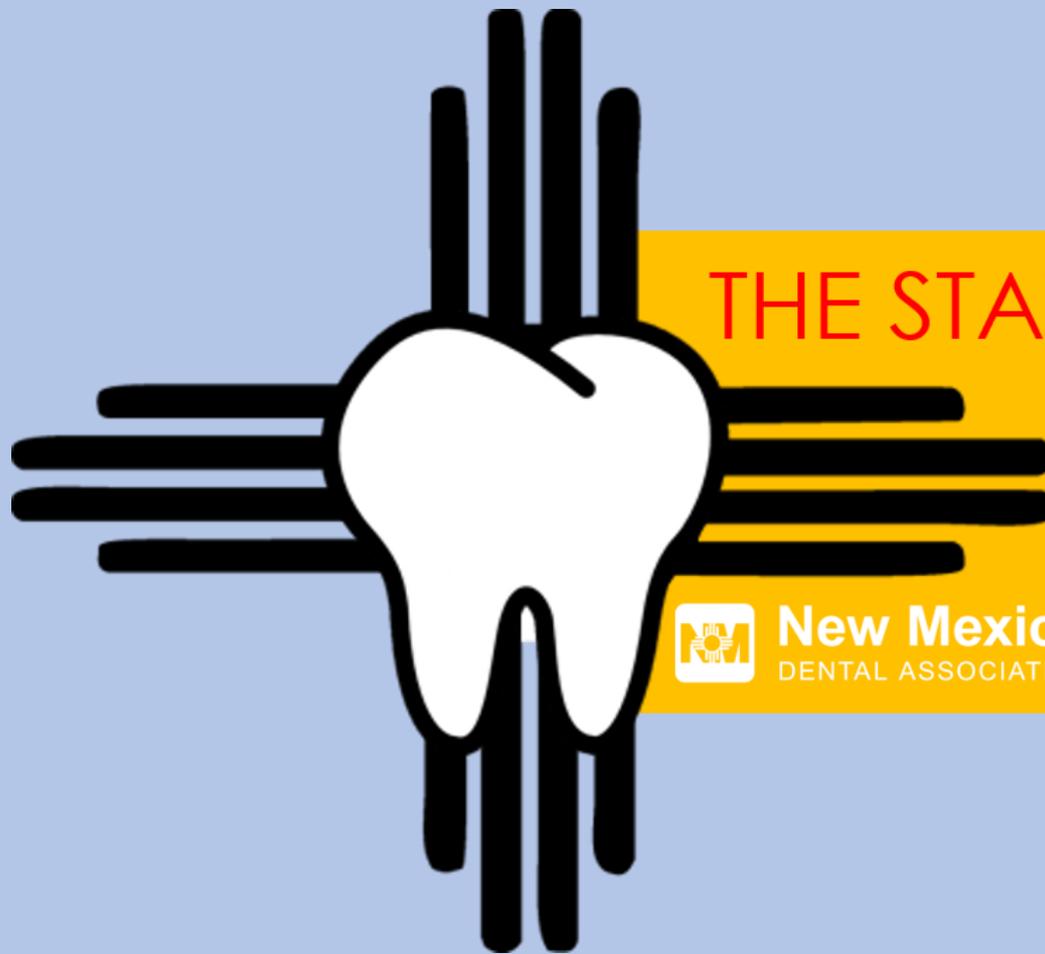


ECONOMICS



**PRACTICE AND
WORKFORCE**





THE STATE OF THE STATE

2018



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NO SHORTAGE: RISING DENTAL NUMBERS



2017 **+44** **1,215**

2016 **+40** **1,171**

2015 **+50** **1,131**

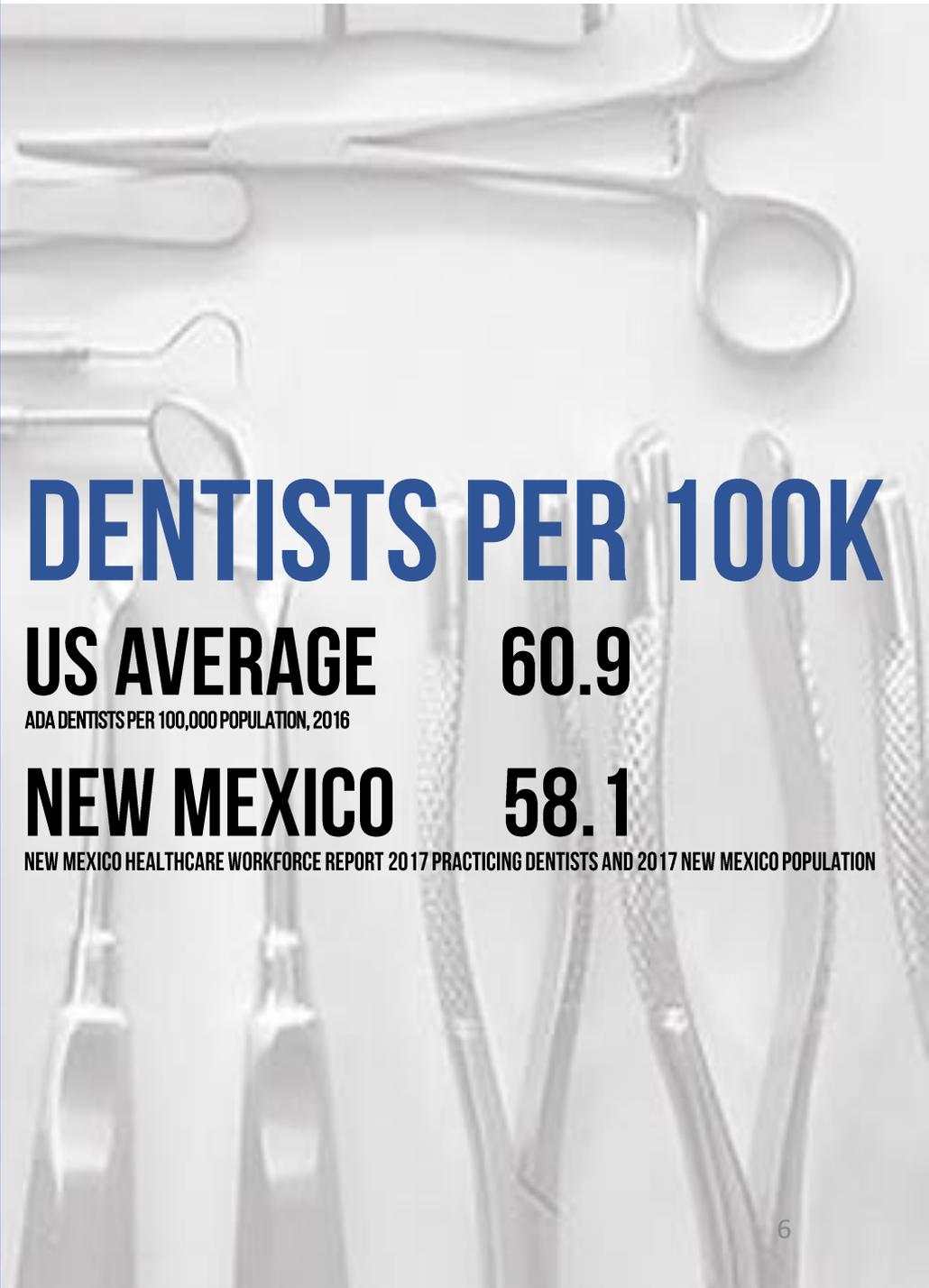
2014 **-** **1,081**

YEAR **DENTISTS** **TOTAL**



2017 NEW MEXICO PRACTICING DENTISTS

1,215



DENTISTS PER 100K

US AVERAGE 60.9

ADA DENTISTS PER 100,000 POPULATION, 2016

NEW MEXICO 58.1

NEW MEXICO HEALTHCARE WORKFORCE REPORT 2017 PRACTICING DENTISTS AND 2017 NEW MEXICO POPULATION

NEW MEXICO'S DENTAL WORKFORCE: **YOUNG AND DIVERSE**

AGE GROUP

3RD HIGHEST % IN THE COUNTRY OF DENTISTS AGE 21-34
ABOVE THE NATIONAL AVERAGE IN DENTISTS AGE 21-49
4TH LOWEST AVERAGE AGE IN THE COUNTRY (46.9)

AGE	US	NM
21-34	15.2	25.5
35-49	33.7	34.3
50-64	35.1	25.9
65+	15.9	14.2

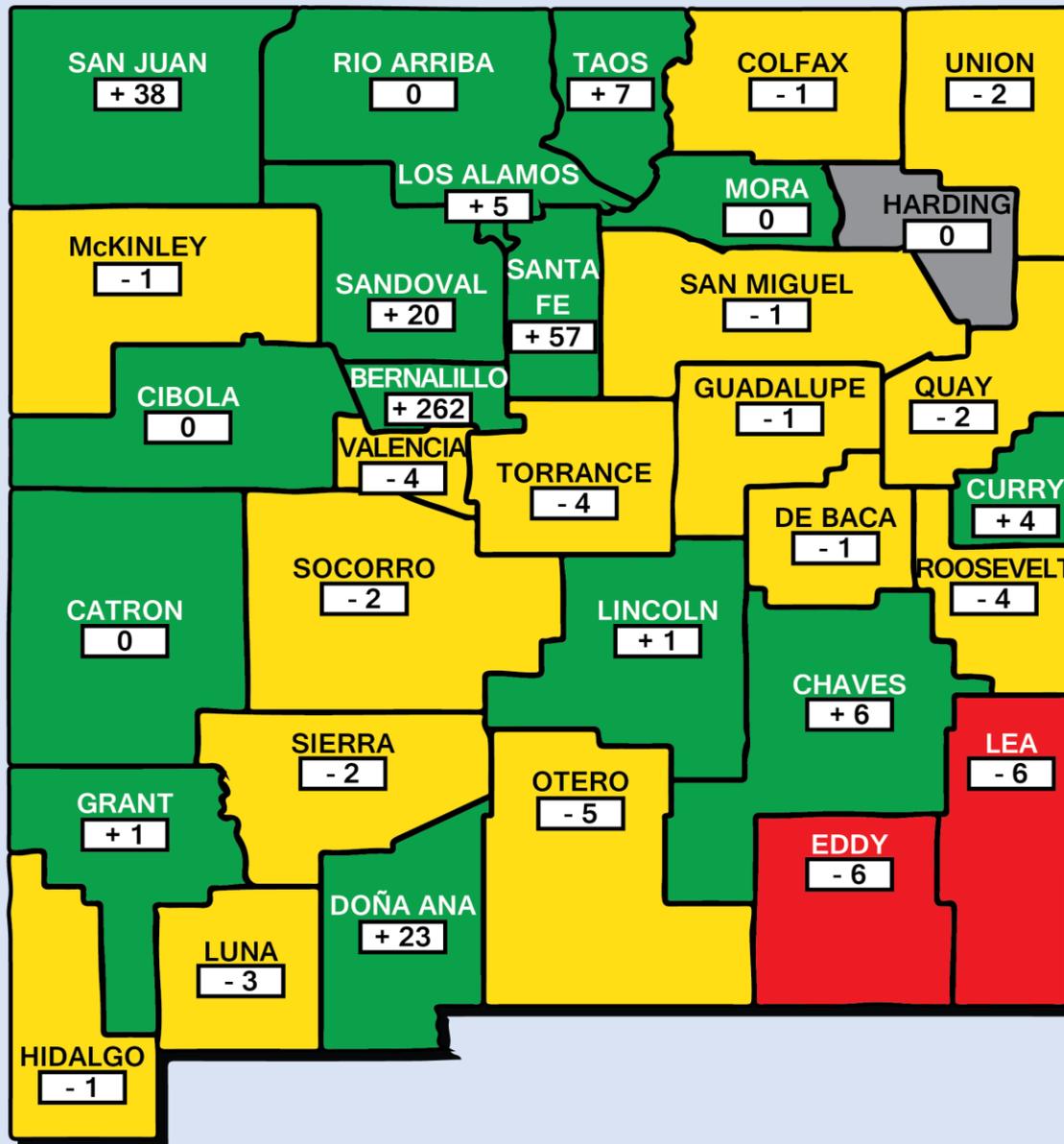
NEW MEXICO'S DENTAL WORKFORCE: **YOUNG AND DIVERSE**

RACE/ETHNICITY

10TH MOST DIVERSE DENTAL WORKFORCE IN THE US
2ND IN THE COUNTRY IN % OF HISPANIC DENTISTS

	US	NM
WHITE	73.6	70.9
BLACK/AFRICAN AMERICAN	4.3	3.9
HISPANIC	5.3	12.6
ASIAN	15.8	11.0
OTHER	1.0	1.5

Dentists Compared to Benchmark, 2017



Comparison to Benchmark (1 per 2,500 Population)

- At or Above Benchmark
- 1 - 5 Providers Below Benchmark
- > 5 Providers Below Benchmark
- At Benchmark With 0 Providers
- 0 Number Above (+) or Below (-) Benchmark

County	2014	2015	2016	2017	Net Change Since 2014
Bernalillo	480	504	508	533	53
Catron	1	1	1	1	0
Chaves	21	24	28	32	11
Cibola	8	8	9	11	3
Colfax	4	4	4	4	0
Curry	25	29	27	24	-1
De Baca	0	0	0	0	0
Doña Ana	95	104	106	109	14
Eddy	15	19	19	17	2
Grant	13	11	13	12	-1
Guadalupe	1	1	2	1	0
Harding	0	0	0	0	0
Hidalgo	0	0	0	1	1
Lea	19	17	23	22	3
Lincoln	8	10	8	9	1
Los Alamos	16	15	14	12	-4
Luna	7	7	8	7	0
McKinley	32	31	29	28	-4
Mora	1	1	2	2	1
Otero	19	18	17	21	2
Quay	1	1	1	1	0
Rio Arriba	10	11	14	16	6
Roosevelt	3	3	5	4	1
San Juan	71	78	88	89	18
San Miguel	12	10	9	10	-2
Sandoval	60	60	69	77	17
Santa Fe	112	114	121	117	5
Sierra	6	4	3	2	-4
Socorro	4	4	4	5	1
Taos	15	17	16	20	5
Torrance	2	2	2	2	0
Union	0	0	0	0	0
Valencia	20	23	21	26	6
STATE TOTAL	1,081	1,131	1,171	1,215	134

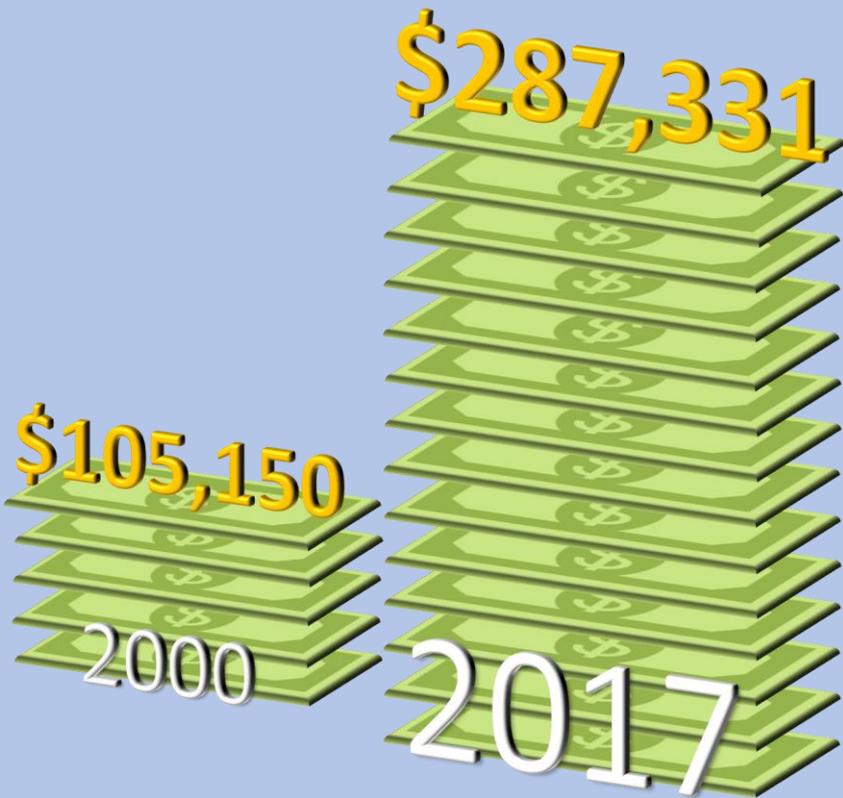
EDUCATION



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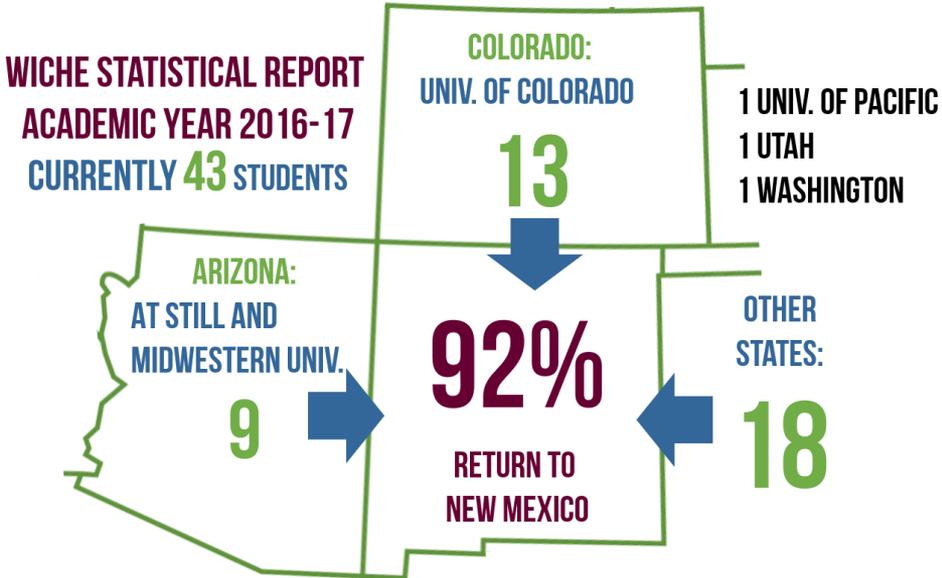
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DENTAL SCHOOL DEBT

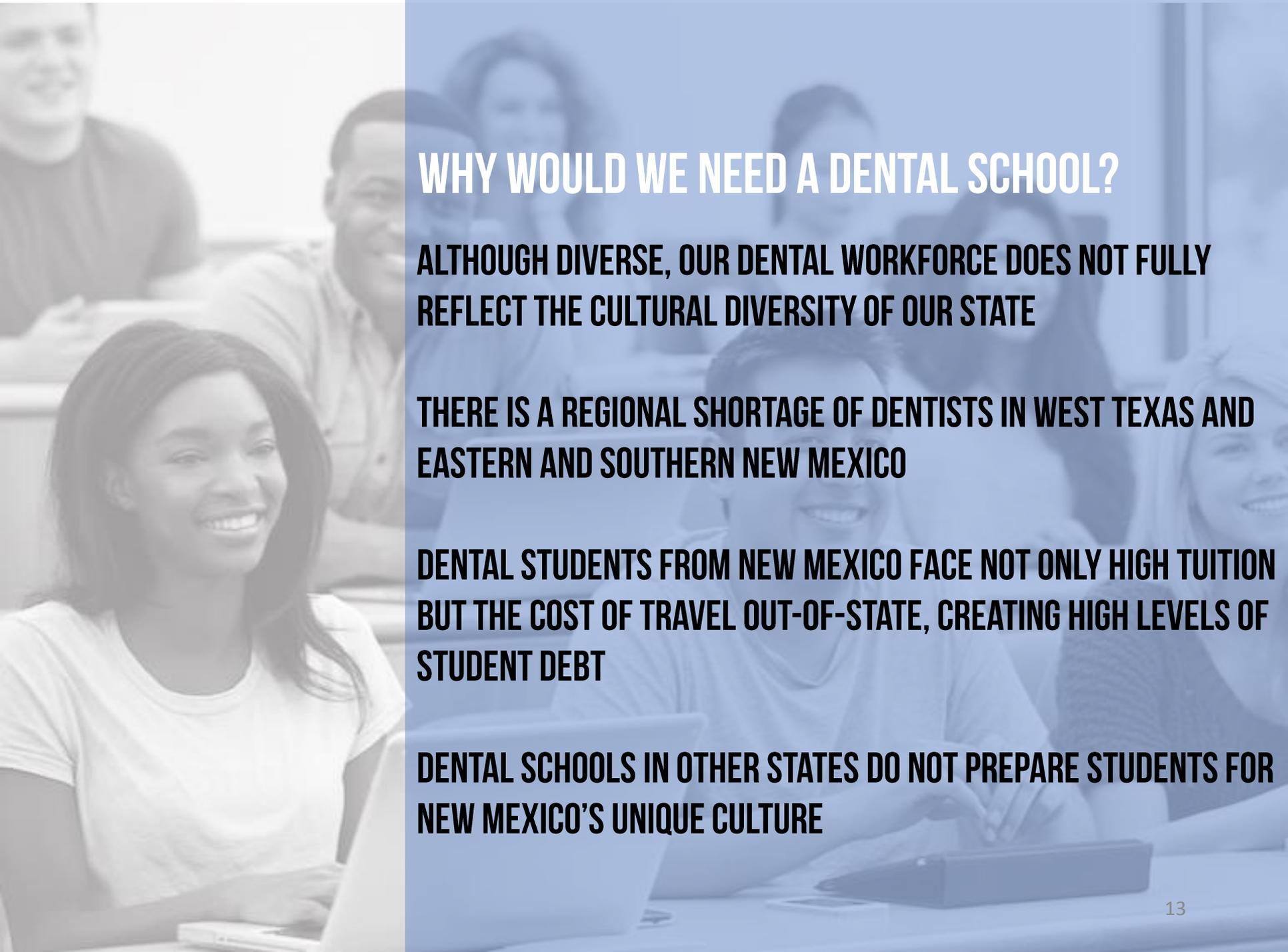


ASDA Survey of Dental School Seniors

WICHE



“ONE THING THAT ALL DENTISTS IN NEW MEXICO HAVE IN COMMON IS THAT THEY WENT SOMEWHERE ELSE FOR SCHOOL.”



WHY WOULD WE NEED A DENTAL SCHOOL?

ALTHOUGH DIVERSE, OUR DENTAL WORKFORCE DOES NOT FULLY REFLECT THE CULTURAL DIVERSITY OF OUR STATE

THERE IS A REGIONAL SHORTAGE OF DENTISTS IN WEST TEXAS AND EASTERN AND SOUTHERN NEW MEXICO

DENTAL STUDENTS FROM NEW MEXICO FACE NOT ONLY HIGH TUITION BUT THE COST OF TRAVEL OUT-OF-STATE, CREATING HIGH LEVELS OF STUDENT DEBT

DENTAL SCHOOLS IN OTHER STATES DO NOT PREPARE STUDENTS FOR NEW MEXICO'S UNIQUE CULTURE



WHY A REGIONAL DENTAL SCHOOL?

NEW MEXICO DOESN'T HAVE ENOUGH STUDENTS TO SUPPORT OUR OWN SCHOOL

ATTRACTING DENTISTS TO RURAL AREAS IS A REGIONAL PROBLEM

A SCHOOL SHOULD BE LOCATED IN AN AREA PROXIMAL TO WHERE IT IS NEEDED

INITIAL CAPITAL EXPENDITURES ARE AVOIDED OR REDUCED

WHY TEXAS TECH IN EL PASO?

- **LOCATION IS ON OUR DOORSTEP**
- **TEXAS DENTAL SCHOOLS GRADUATE STUDENTS WITH SOME OF THE LOWEST DEBT IN THE NATION**
- **SCHOOL IS OPENING WITH A SMALL CLASS SIZE WITH ROOM FOR GROWTH**
- **MANY NM STUDENTS FROM THIS REGION ATTEND TEXAS SCHOOLS**
- **SCHOOL IS A STATE-SUPPORTED PUBLIC INSTITUTION**



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™
EL PASO

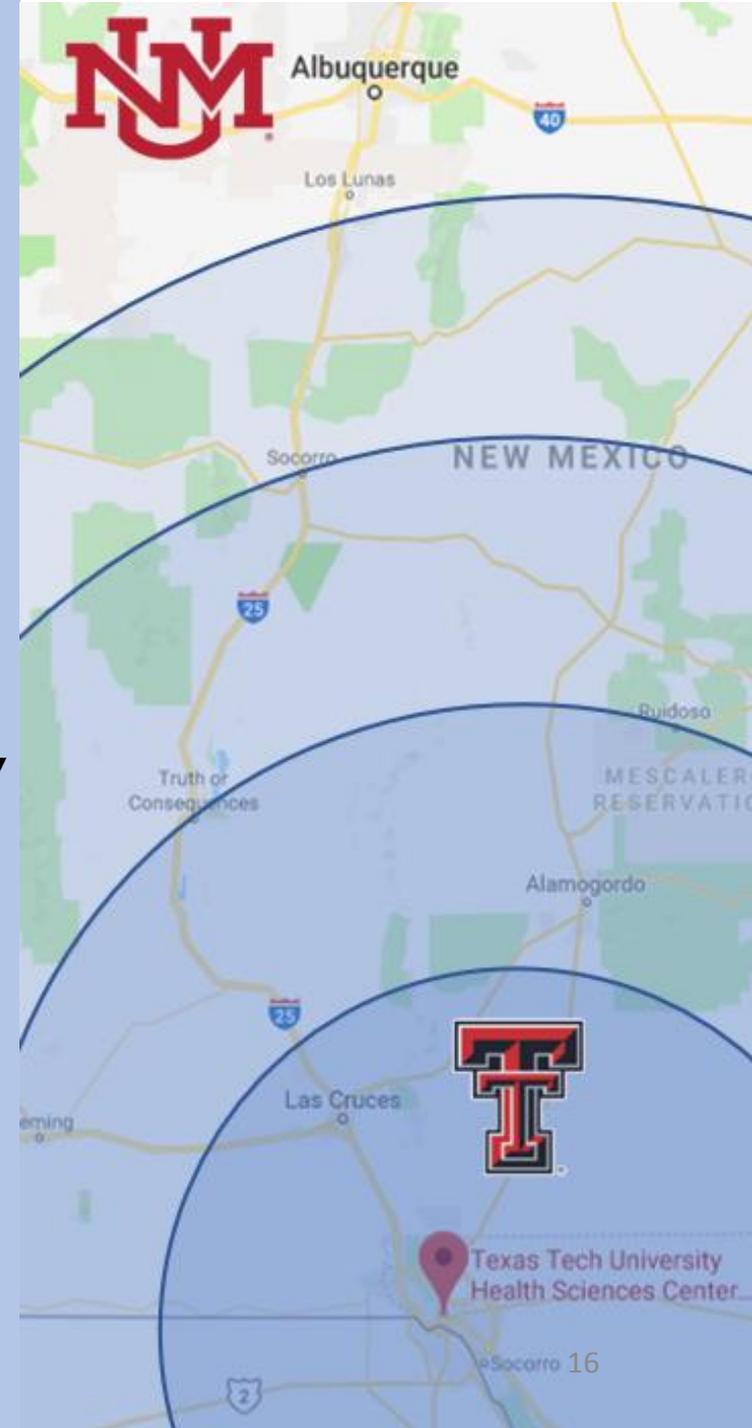
Woody L. Hunt School of Dental Medicine



- **CLASS SIZE OF 40 WITH PLANS TO INCREASE TO 65**
- **TRADITIONAL CLINICAL EXPERIENCE WITH INNOVATIVE CURRICULUM**
- **ACCELERATED PROGRAM WITH FINAL YEAR OF DEDICATED CLINICAL EDUCATION**
- **1ST CLASS TO BEGIN IN 2021**
- **PLANNING STILL UNDERWAY**

OPPORTUNITIES FOR NEW MEXICO

- **POSSIBILITY OF REGIONAL “MANAGEMENT”**
- **DEDICATED OPPORTUNITIES FOR NM STUDENTS**
- **COOPERATION WITH NEW MEXICO INSTITUTION**
 - ***BA/DDS PROGRAM TO ENCOURAGE DIVERSITY AND RURAL PRACTICE***
 - ***PIPELINE FOR NM RESIDENCIES***
- **CULTURAL COMPATIBILITY**



Texas Tech University
Health Sciences Center

ECONOMICS: *MEDICAID*



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WHAT'S WRONG WITH MEDICAID?

IT IS DESIGNED TO FAIL

- **IT IS MODELED AFTER COMMERCIAL DENTAL BENEFITS**
- **RULES ARE INTENDED TO LIMIT UTILIZATION AND MITIGATE RISK**
- **IN THE MEDICAID ENVIRONMENT, THERE IS NO INCENTIVE FOR PREVENTION AND THERE IS DISINCENTIVE FOR DEFINITIVE CARE**
- **THE PROGRAM DISCOURAGES PARTICIPATION THROUGH POOR REIMBURSEMENT, UNNECESSARY RED TAPE, AGGRESSIVE ENFORCEMENT ACTIVITIES AND UNCERTAINTY OF GETTING PAID. NM: 49.8% (37.5%) 16TH**
- **PROGRAM REQUIRES ROBUST COST-SHIFTING, SUBSIDY OR SELECTIVE PRACTICE MODEL**

A BETTER MEDICAID MODEL

- **IMPROVED PARTICIPATION CREATES CLOSER PROXIMITY TO SERVICES WHICH SAVES ON TRANSPORTATION AND INCREASES THE LIKELIHOOD OF ESTABLISHING A DENTAL HOME**
- **INCENTIVES TO PATIENTS TO SEEK PREVENTIVE AND INTERCEPTIVE CARE**
- **INCENTIVES TO PROVIDERS TO PROVIDE DEFINITIVE CARE AND EXPAND AVAILABILITY**
- **INCREASED FLEXIBILITY OF BENEFITS BASED ON PATIENT REQUIREMENTS**
- **MINIMAL DEVIATION FROM STANDARD OFFICE PROCEDURES**



**PARTNERSHIP WITH DELTA DENTAL
UTILIZES NETWORK WITH UBIQUITOUS
DISTRIBUTION**

IMPROVED REIMBURSEMENT LEVELS

18 YEAR TRACK RECORD

IMPROVED ORAL HEALTH

IMPROVE COMPLIANCE

CHILDREN ONLY

NOW STATEWIDE

“HEALTHY KIDS”



MICHIGAN





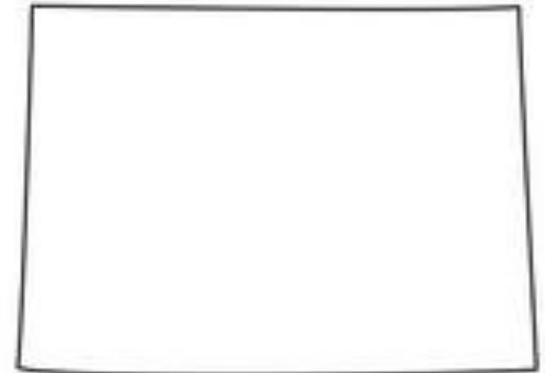
PRIMARILY ADULT BENEFIT, FLEXIBLE SCOPE

IMPROVED, BUT TARGETED, REIMBURSEMENT

ANNUAL CAP OF \$1000

**“TAKE 5” INCENTIVE PROGRAM TO INCREASE
PARTICIPATION**

“TAKE 5”



COLORADO



DENTAL MEDICAID PILOT PROGRAM

REIMBURSEMENT AT 80% OF MEDIAN

ONGOING EVALUATION OF THE PROGRAM BASED ON:

UTILIZATION OF CARE

DENTIST PARTICIPATION

FISCAL IMPACT

ORAL HEALTH OUTCOMES



WISCONSIN



GOALS:

INCREASED PARTICIPATION

COVER ALL AGES

ESTABLISHMENT OF DENTAL HOME

IMPROVED ORAL HEALTH

BORROW APPROPRIATE IDEAS FROM ALL MODELS

BUILD OBJECTIVE ANALYSIS INTO THE MODEL

**ADAPTING THE MODELS:
WHAT CAN WORK FOR NEW MEXICO**



PRACTICE AND WORKFORCE: *DENTAL THERAPIST*



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ALASKA



PROVIDER MODEL- DENTAL HEALTH AIDE THERAPIST (DHAT)

TRAINING PROGRAMS- A 2-YEAR DENTAL HEALTH AIDE THERAPIST EDUCATIONAL PROGRAM ADMINISTERED BY THE ALASKA NATIVE TRIBAL HEALTH CONSORTIUM (ANTHC)

NO PREREQUISITES OTHER THAN HIGH SCHOOL DIPLOMA

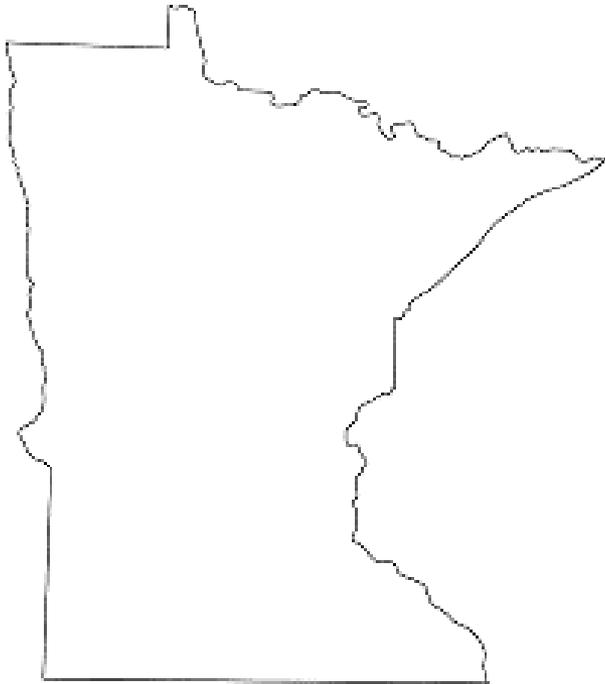
DHAT PROVIDE DENTAL HYGIENE FUNCTIONS WITH NO ADDITIONAL TRAINING

DHATS ARE NOT LICENSED OR REGULATED

PRACTICE ONLY IN NATIVE ALASKAN FACILITIES



MINNESOTA



ONLY STATE WITH LICENSED DENTAL THERAPISTS

ONLY STATE OUTSIDE OF ALASKA WITH TRAINING PROGRAMS

**TRAINING PROGRAMS CURRENTLY MASTERS LEVEL
NEITHER ARE CODA ACCREDITED**

TRAINING PROGRAMS-

U. OF MINNESOTA SCHOOL OF DENTISTRY

**BACHELOR OF DENTAL HYGIENE/MASTER OF DENTAL
THERAPY (DUAL-DEGREE PROGRAM)**

**METROPOLITAN STATE UNIVERSITY/NORMANDALE
COMMUNITY COLLEGE**

SEQUENTIAL PROGRAMS:

COMPLETION OF ASSOCIATES DEGREE IN HYGIENE

COMPLETION OF BACHELORS DEGREE FOR PREREQUISITES

COMPLETION OF MASTERS DEGREE IN DENTAL THERAPY



VERMONT



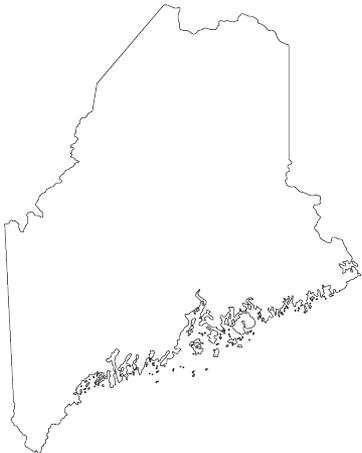
PROVIDER MODEL- DENTAL THERAPIST

TRAINING PROGRAM- DIRECTOR APPOINTED, BUT NO TRAINING PROGRAM HAS BEEN ESTABLISHED FOR DENTAL THERAPY.

MUST BE A LICENSED HYGIENIST



MAINE



PROVIDER MODEL- DENTAL HYGIENE THERAPIST

TRAINING PROGRAM- NO TRAINING PROGRAM HAS BEEN ESTABLISHED FOR DENTAL THERAPY.

MUST HOLD A BACHELOR OF SCIENCE DEGREE IN DENTAL HYGIENE



WASHINGTON



PROVIDER MODEL- DENTAL HEALTH AIDE THERAPIST (DHAT)

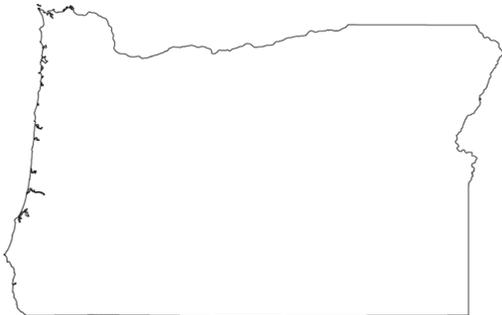
WASHINGTON DOES NOT LICENSE DENTAL THERAPISTS BUT HAS PASSED LEGISLATION AUTHORIZING THEIR USE IN TRIBAL FACILITIES.

CURRENTLY, 1 DHAT, TRAINED IN ALASKA, IS PRACTICING IN A SWINOMISH TRIBE CLINIC.

STATE OF OREGON



OREGON



PROVIDER MODEL- DENTAL HEALTH AIDE THERAPIST (DHAT)

RESEARCH PROJECT WITH UP TO 3 SITES

SELECT TRIBAL COMMUNITIES IN OREGON WILL SEND TRAINEES TO THE DHAT PROGRAM IN ALASKA TO TRAIN AS DENTAL HEALTH AIDE THERAPISTS (DHAT)

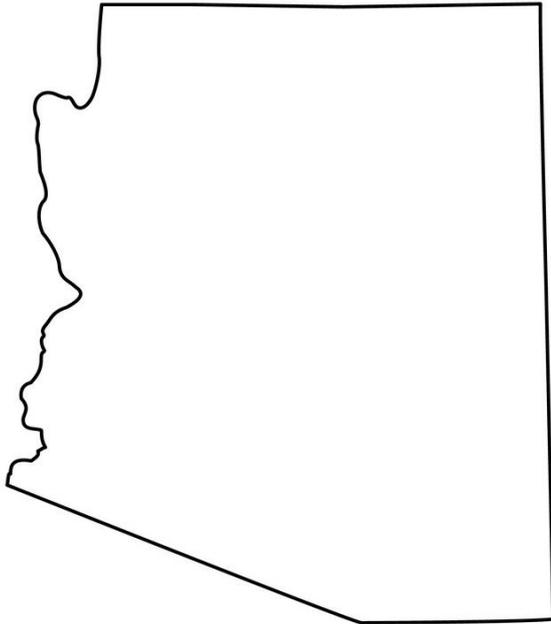
OREGON DOES NOT LICENSE DENTAL THERAPIST

DHATS ARE ALLOWED TO PRACTICE AT TRIBAL FACILITIES IN THE PILOT PROJECT

PERIODIC EVALUATIONS OF EFFECTIVENESS AND SAFETY ARE PART OF THE RESEARCH PROJECT



ARIZONA



PROVIDER MODEL- DENTAL THERAPIST

TRAINING PROGRAM- NO FORMAL TRAINING PROGRAM HAS BEEN ESTABLISHED FOR DENTAL THERAPY.

MUST BE A LICENSED HYGIENIST

**SETTINGS AND SUPERVISION - LIMITS A DENTAL THERAPIST TO ONLY PRACTICING AT SETTINGS OR LOCATIONS (INCLUDING MOBILE DENTAL UNITS) THAT ARE SERVED OR OPERATED BY ANY OF THE FOLLOWING:
AN FQHC OR LOOK-ALIKE, OR OTHER COMMUNITY HEALTH CENTERS (CHC).**

PROHIBITS A DENTAL THERAPIST FROM PERFORMING EXTRACTIONS OF PERMANENT TEETH, UNLESS UNDER THE DIRECT SUPERVISION OF A DENTIST.

PROHIBITS A DENTAL THERAPIST FROM INDEPENDENTLY BILLING FOR SERVICES.

PROHIBITS A DENTAL THERAPIST FROM DISPENSING OR ADMINISTERING A NARCOTIC DRUG.

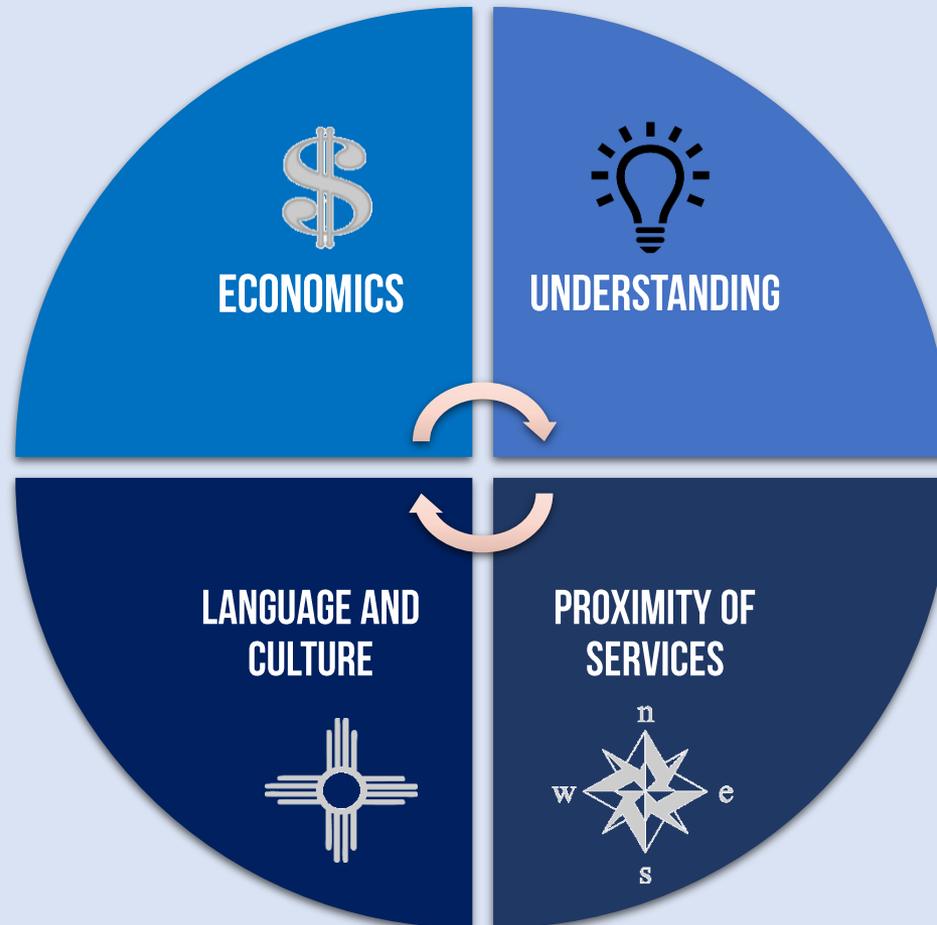
PRACTICE AND WORKFORCE: *CDHC*



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BARRIERS TO DENTAL ACCESS



COST CONTAINMENT

**MANAGED CARE
MEDICAID
COMPETITION
CHANGING MARKET**

PRESSURE



PRESSURE

**COST OF
PROVIDING CARE**

**LOAN REPAYMENT
SALARIES
REGULATIONS
SUPPLIES**

LOWERING THE COSTS OF PROVIDING CARE

CDHC

REDUCING OVERHEAD

REDUCING NO SHOWS

EFFICIENT APPOINTMENT PLANNING

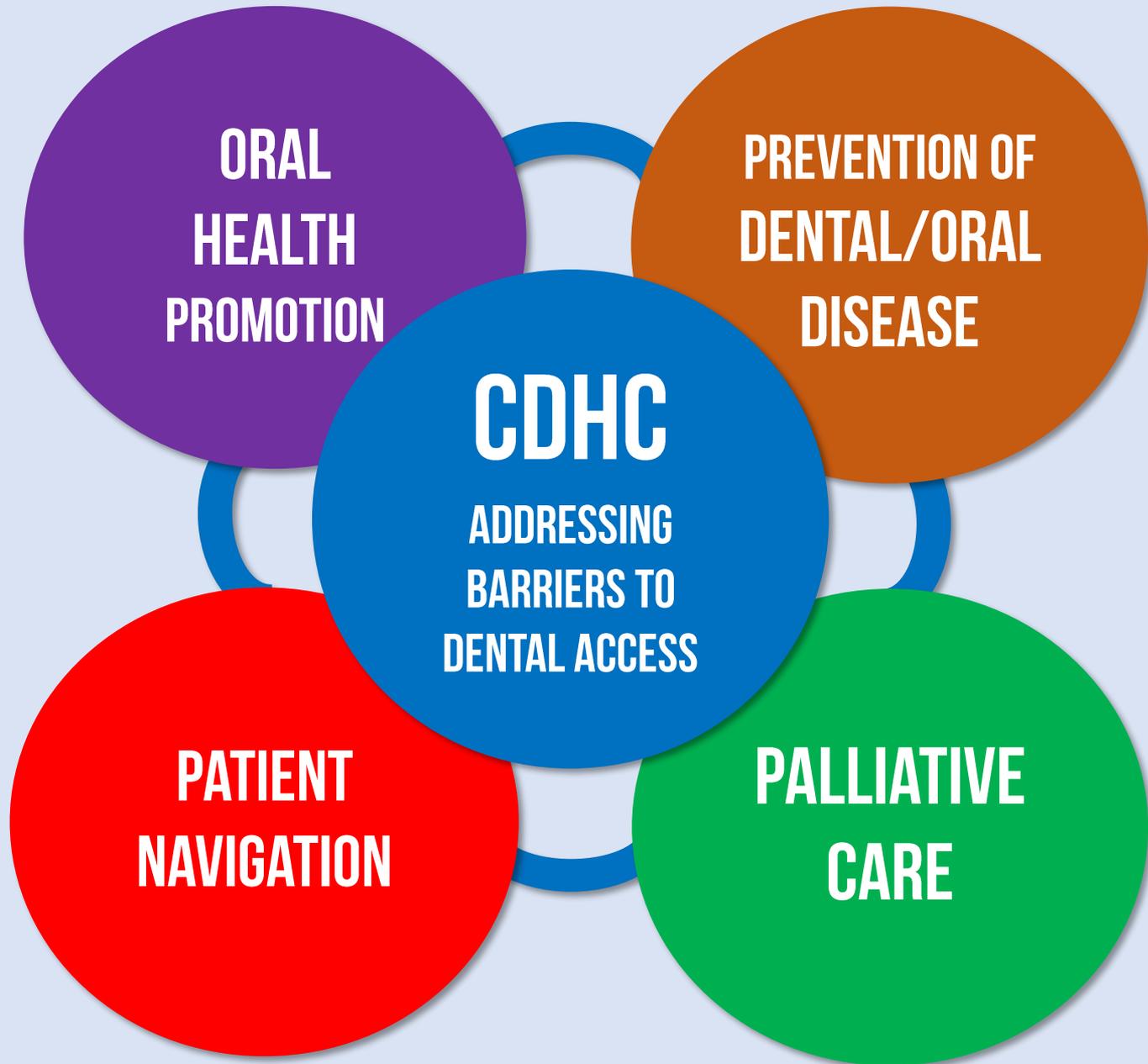
RECRUITING MORE PATIENTS

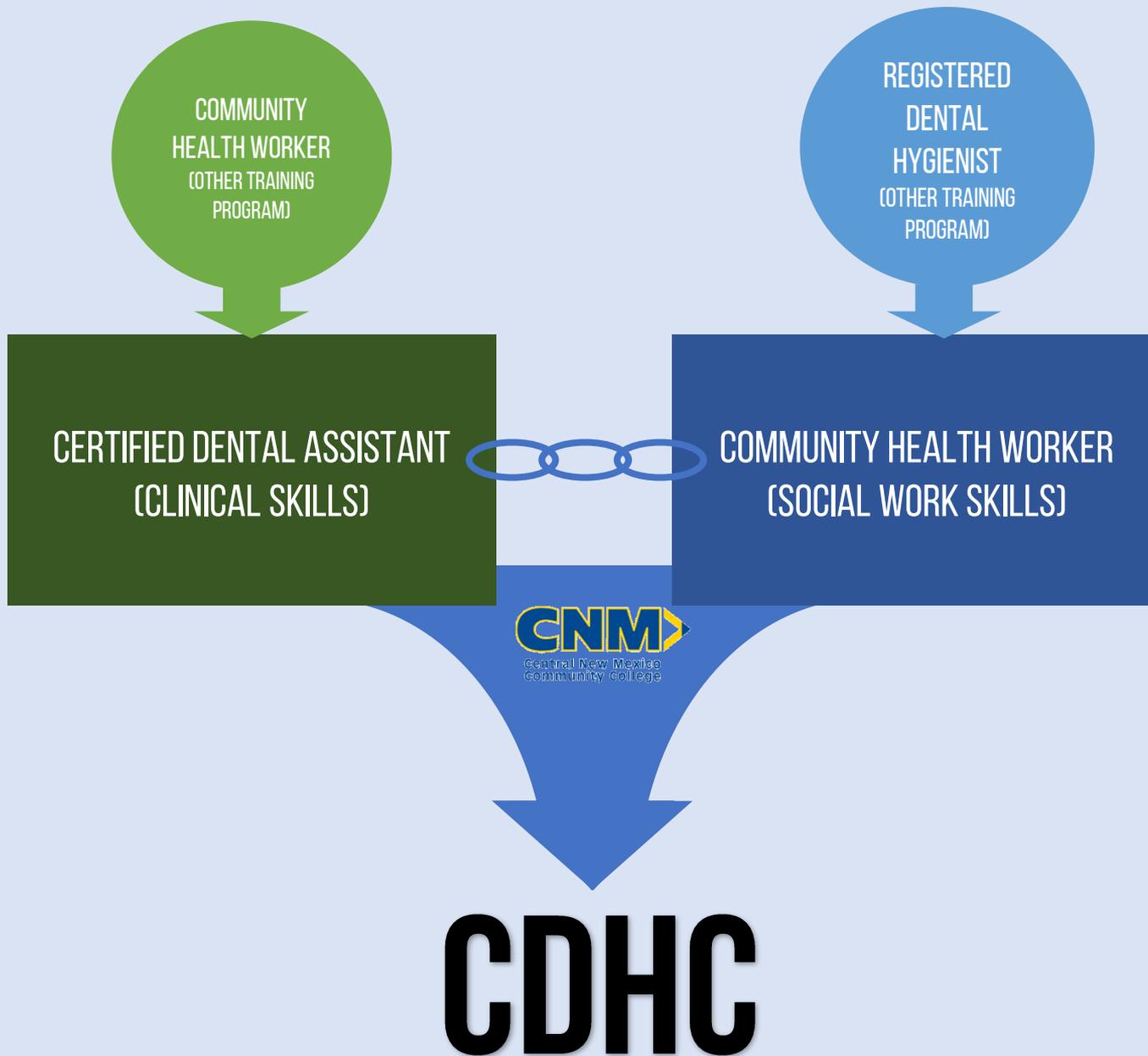
IMPROVED COMMUNITY OUTREACH

**SPENDING TIME DOING PROCEDURES
RATHER THAN DIAGNOSIS**

IMPROVED VOLUME AND EFFICIENCY

INCREASING CLINIC REVENUES \$





CDHC: CURRENT STATUS

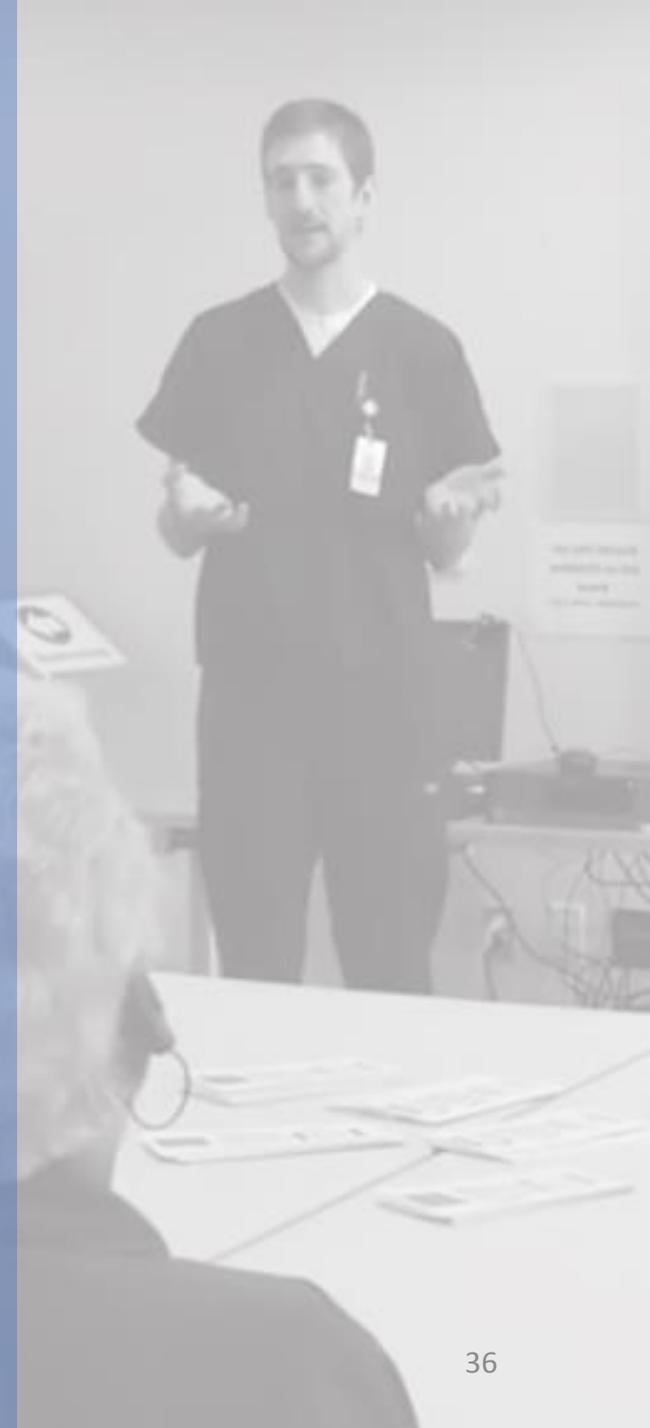
CURRENTLY 5 CDHC WORKING FOR NAVAJO NATION, OTHERS ARE WORKING IN PRIVATE PRACTICES OR CLINICS

“GROWING PAINS”

- **LIMITED EMPLOYMENT OPPORTUNITIES**
- **CONVOLUTED FUNDING MECHANISMS**
- **EDUCATIONAL UNCERTAINTY**

OPPORTUNITIES

- **HOSPITAL EMERGENCY DEPARTMENT DIVERSION**
- **CDHC & TELEDENTISTRY PROJECT**
- **IMPLEMENTATION TOOLKIT**



PREVENTION AND PUBLIC HEALTH



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RECOMMENDATIONS

IMPLEMENT A STATEWIDE INCENTIVE PROGRAM FOR COMMUNITY WATER FLUORIDATION.

ESTABLISH A DENTAL PUBLIC HEALTH SPECIALIST AS NEW MEXICO STATE DENTAL DIRECTOR AND EMPOWER HIM OR HER TO CREATE AN EFFECTIVE PREVENTIVE DENTAL PUBLIC HEALTH PROGRAM.

ESTABLISH A REQUIREMENT THAT CHILDREN HAVE A DOCUMENTED DENTIST'S EXAMINATION PRIOR TO ENROLLING IN SCHOOL IN NEW MEXICO.

SUPPORT ESTABLISHMENT OF INFRASTRUCTURE TO ALLOW SUCCESSFUL IMPLEMENTATION OF TELEDENTISTRY IN NEW MEXICO PRACTICES.



NEW MEXICO MISSION OF MERCY IS A LARGE SCALE, TWO DAY FREE DENTAL CLINIC ORGANIZED AND ADMINISTERED BY THE NEW MEXICO DENTAL ASSOCIATION AND ITS FOUNDATION.

THE NEXT NEW MEXICO MISSION OF MERCY IS SCHEDULED FOR MAY 3-4, 2019 AT THE LAS CRUCES CONVENTION CENTER.

**\$6 MILLION
8200 NEW SMILES**

Event	Donated Care	Patients	Dentists	Total Volunteers
Albuquerque	\$1.1 million	1304 patients	153 DDS	1360 volunteers
Santa Fe	\$1.1 million	1218 patients	151 DDS	971 volunteers
Sandoval County	\$1 million	1055 patients	157 DDS	1344 volunteers
San Juan County	\$585,000	952 patients	116 DDS	1300 volunteers
Las Cruces	\$928,000	1500 patients	145 DDS	1400 volunteers
Albuquerque	\$1.3 million	2201 patients	220 DDS	1700 volunteers