

### Dental Workforce: Employment Growth 2015-2020

New Mexico Added

+98
Dentists
2015-2020

2020 1179 Licensed/practicing 205 more than "benchmark"

Benchmark= 4.6 providers per 10,000 people

2015 1081 Licensed/practicing 247 more than "benchmark" Benchmark= 4 providers per 10,000 people

New Mexico is 5<sup>th</sup> in the nation in increasing dentist to population ratio from 2010-2020

### Dental Workforce: Youthful Future of New Mexico

NEW MEXICO IS HIGHER THAN THE
NATIONAL AVERAGE IN YOUNG DENTISTS
(21-49) AND LOWER IN OLDER DENTISTS
(50-65+)

AGE NEV	V MEXICO %	US %
21-34	25.5	15.2
35-49	34.3	33.7
50-64	25.9	35.1
65 over	14.2	15.9



New Mexico has the 3<sup>rd</sup> HIGHEST % of dentists aged 21-34 in the US



New Mexico has the 4<sup>th</sup> LOWEST average dentist age in the US: 46.9



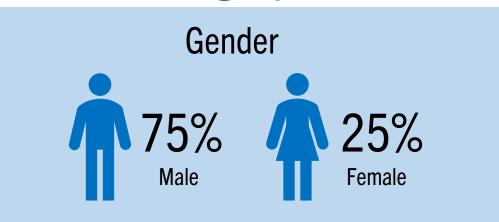
New Mexico is above the national average in dentists aged 21-49



New Mexico is 16<sup>th</sup> LOWEST in number of dentists aged 65+

### Dental Workforce: Demographics and Distribution

### Demographics



#### Race

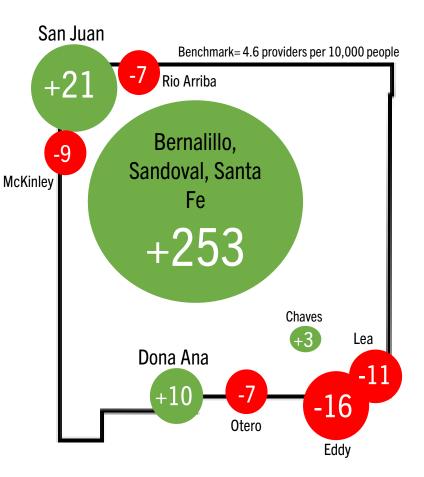
20% Hispanic, 12% Asian,1% Native American

2nd in the nation in Hispanic dentists, behind only Florida\*

One of only 2 states with double digit Hispanic dentists\*

\*Source: American Dental Association, Health Policy Institute 2018 analysis of HPI Office Database

### **Distribution**



### Dental Workforce: Filling the Pipeline

Education: BA/DDS program

- Recruit for diversity
- Nurture for success





- Increase NM slots
- Fund tuition

**Education: UNM Residency** 

- Research orientation
- Faculty development
- Expand to
  - Pediatrics
  - Oral Maxillofacial Surgery

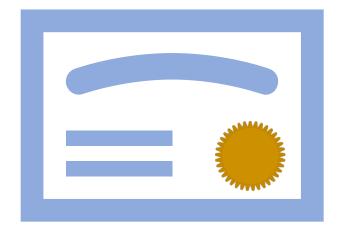
**Economic Incentives** 

- Improve distribution
- Business development
- Community cooperation





### Trends in Dental Licensing and Examination





#### NM currently accepts all regional clinical exams

- Western Regional (WREB)
- ADEX
- Central Regional (CRDTS)
- Commission on Dental Competency Assessments (CDCA-NE)
- Council on Interstate Testing (CITA)
- Southern Regional (SRTA)

NM currently requires a single-encounter live patient examination

#### **Testing Alternatives:**

#### **Simulations**

- Manikin-based tests (Regional exams)\*
- Dental Licensure Objective Structured Clinical Examination (DLOSCE)

#### Experience

- Portfolio Examination
- PGY-1 (Post-graduate year 1-residency)

\*NM BODHC authorized use during pandemic



# New Mexico Dental Association



## PREVENTION

Focuses on programs to reduce dental disease in children by establishing dental homes and good habits



## **OPPORTUNITY**

Tapping innovation and technology to improve practice and reach rural areas



## **WORKFORCE**

Creating a more skilled and adaptive dental team



**EDUCATION** 

Developing pipelines for dental educators, improved diversity and skills-oriented training



RESOURCES

Reforming dental insurance practices, overhauling Medicaid and caring for seniors

## Dental "Insurance" Dysfunction

- Insurance is about reducing liability by pooling risk.
- Dental coverage is not insurance. It does not cover unaffordable loss. It provides minimal coverage for very predictable maintenance. It is mostly a "pre-payment" method that utilizes deductibles and co-payments to limit utilization.
- It can be a useful benefit when an employer contributes to the cost. It is almost never valuable if all the cost is borne by the individual.
- Lack of transparency keeps patients from understanding how plans work and keep patients from receiving benefits they expect.

### Dental "Insurance" Dysfunction

Reasonable reforms would make commercial dental coverage more friendly, including:

- Disclosure of medical loss ratio
- Requiring assignment of benefits
- Eliminating "dishonored" pre-estimates
- Limiting delayed "Clawback"
- Requiring information-rich ID cards
- Eliminating "disallowed" services
- Allowing opt-out of virtual credit cards
- Limiting network leasing

These reforms would allow patients to understand and utilize their coverage better. They would also allow dental offices to more effectively provide services and reduce costs to patients.

## **Medicaid Dysfunction**

- Model patterned after commercial insurance is doomed to fail.
- Commercial insurance "rules" are designed to limit utilization, not avoid fraud and abuse.
- "Rules" meant to discourage over-utilization by patients penalize dental offices for necessary care.
- Limited services discourage definitive and preventive care causing repeated treatment of the same problem and ultimately expensive tooth loss.
- A dysfunctional dental Medicaid program increases overall costs to Medicaid by increasing costly (and valueless) emergency room visits and additional complications for chronic health problems.
- Medicaid is so dependent on cost-shifting it is impossible for most practices to provide
  care to more than a few people which results in most Medicaid recipients finding it
  difficult to find someone able to treat them.

## Medicaid Dysfunction

### **Overhauling Medicaid:**

- Define definitive care standards
- Design a benefit that allows and encourages definitive care
- Require establishment of primary care provider
- Reward patients and dentists for providing preventive care
- Establish reimbursement schedule that exceeds cost of providing services including provider compensation
- Design claim reporting interface that is compatible or adaptable to existing office protocols





#### **POWER 2030 EXECUTIVE SUMMARY**

The 2020's are bound to bring unforeseen trends in healthcare, including dentistry. While the last decade has seen innovations in technology and delivery models, it has seen many aspects mired in the conventions of an outdated educational system and outmoded models of paying for care. While we now recognize the importance of oral health in overall health, the health care system has not really embraced the reality. Innovations in materials and genomics are poised to make the scope of dental care very different, but dental education remains largely as it has been. Will today's students be able to adapt?

Power 2030 provides bold ideas to direct oral health activities for the coming decade. It builds a foundation for a very different profession for which adaptation will be a rapid and regular feature. It builds upon some current trends and anticipates changes that are only currently being hinted at. No one really knows what things will look like in 2030, but charting the future is not a spectator sport, it is an exercise in engineering. We must deal with the unforeseen, while building for a society that will evolve from our current condition.

Power 2030 presents fifteen proposals to create and prepare for the world at the end of this decade. These are extensions on current activities to improve the oral and overall health of New Mexicans recognizing that preparing for the future is not done in a single election cycle. Like everything else, this plan will have to adapt, but without a vision for the future we can only be reactive. In many ways it is bold and perhaps controversial. This is intentional. Timidity will leave the profession reactive and the public's plight unchanged. We hope that these ideas will stimulate real progress and drive transformation toward a healthier New Mexico.

#### **Prevention**

Objective 1: Development of programs to assist families to comply with school pre-entry requirements, improve dental practice pediatric and case management capacity.

Objective 2: Implementation of a statewide incentive program for optimal community water fluoridation.

Objective 3: Development and sanctioning for a collaboration of educators and health professionals to acquire, adapt or create an oral health curriculum for New Mexico students in grades K-5.

#### **Opportunity**

Objective 1: Expansion of teledentistry as a rural resource

Objective 2: Pioneer innovative practice models and oral health innovations to serve a more diverse population

Objective 3: Improve the business environment for dental practices in New Mexico to attract quality practitioners and improve distribution

#### Workforce

Objective 1: Focus on a skills-oriented rather than a certification-oriented career ladder for dental auxiliaries

Objective 2: Encourage creation of specialized staff for management of unique patient populations (pedo, geriatric, special needs) by general dentists

Objective 3: Recruit and develop a higher quality dental auxiliary workforce

#### **Education**

Objective 1: Recruit and nurture a more diverse group of pre-dental and dental students with an emphasis to serve underserved communities

Objective 2: Expand the UNM residency program with a new emphasis on dental research

Objective 3: Evolve the emphasis of current staff training programs toward skills rather than degrees

#### Resources

Objective 1: Reform dental benefits plans toward health maintenance rather than resource management

Objective 2: Develop a viable and appropriately funded senior care program

Objective 3: Overhaul dental Medicaid with a completely new model oriented to restoring and maintaining overall health



#### Mission

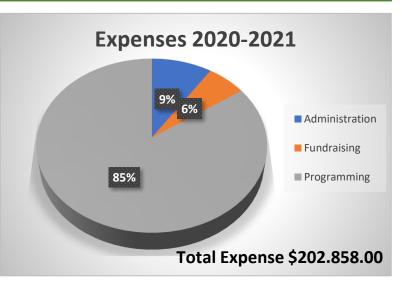
To improve oral health literacy and care for all New Mexicans.

#### Vision

To be the leader in promoting optimal oral health literacy and access to oral health care.

#### **Financials**





\$13.8 Million in Free Treatment, 9,500 Professional and Community Volunteers
Over 9,600 New Smiles Created since 2005

#### Core Values:

Gratitude Compassion

on Integrity

Service

Quality

Safety

Best Practices

#### **Programming Results**



Outreach: 5500 Households in Bernalillo, Chaves Luna, & San Miguel Counties.



**Kid's Dentistry**: **\$5,216.00** in free treatment to low-income kids.



New Smiles: \$352,253.28 in restorative treatment.



Clients Served: Free treatment provided to **170** New Mexicans.



#### Marianne's Story - It feels like it was a miracle...



"It feels like it was a miracle" Marianne said, expressing that the timing could not have been more perfect for her. Marianne, 62, had her last three teeth pulled about four months ago. She said she was down in the dumps, had no teeth left, and had to rearrange her eating schedule for soft food. No insurance and the steep cost of dental care left her feeling hopeless. That is when a web search led her to New Mexico Dental Association Foundation's first Denture Clinic. Marianne said she filled out the paperwork, submitted it in the morning before work and received a call that afternoon.

After her new dentures, Marianne said she can talk better. Two days after receiving her dentures, she said she was able to eat a potato chip and it made her so happy. It had been a very long time since she could eat foods like that. "A thousand times thank you" Marianne said, "You have made the rest of my life much happier." She called it an answered prayer.

#### Dr. Adams shares her Give Kids a Smile Day experience.



Dr. Billie Adams was able to see 6 children in her office for Give Kids a Smile day. She had participated in GKAS a few times in dental school, but this was her first time participating since then. "This past year has been a real challenge for everyone...and I thought it would be a great opportunity to share in something positive, especially for the benefit of children" she said.

Dr. Adams and her team provided care for children ages 6-12 and, for most of them, this was their very first dental visit. Each child received a cleaning, fluoride, and sealants but also received as much needed treatment as the children could tolerate, including a few extractions and heavy calculus removal. "On the day of the event, our team brought amazing energy that allowed us to tackle the day with lots of fun. It was a rewarding and an exciting day for us all... I would definitely participate again next year."



#### 2021 Denture Clinic was a huge success!



The New Mexico Dental Association Foundation in collaboration with the Global Denture Alliance and the New Mexico Dental Association held a free two-day denture clinic on April 30 and May 1. "The second New Mexico Mission of Mercy Denture Clinic was a huge success," stated Dr. Keon Ahghar, chair of the event. "What a fun event that brought together dentists and dental technicians from all over New Mexico and the Southwest." The event provided 104 new dentures to 67 low-income New Mexico residents, and over \$200,000 in treatment was donated.



"After the year we faced in 2020, dental professionals are eager to provide this community a positive and uplifting event," said Dr. Ahghar. "This COVID safe, socially distanced event is an amazing opportunity to give hope and smiles to low-income New Mexicans."

This event not only impacted the people receiving services and the community, but those volunteering and providing services as well. The event had 57 volunteers. "The energy in the building was electric! It was so much fun to be a part of!" exclaimed Dr. Ahghar. "Events like this remind me why I became a dentist. There were real tears of joy and smiles from ear to ear by both our patients and amazing volunteers."

#### Providing leadership programming to the NM dental community.



On March 11th, the NMDAF and the NMDA held our second virtual event, "What Practice Model is Best for Me?"



This event was filled with great insight from practicing dentists and a financial professional as to how to choose and run a dental business. Attendees were able to learn more about DSO's from Dr. Kelley Hollingsworth-Ryals, working as a public health dentist from Dr. Elizabeth Rivers, running a private practice from Dr. Omar Pereyra, and the financial needs of dentists and practice ownership from Melanie Velasquez of Bank of the West.

"One take away I want the students to receive from my presentation is choices for practice ownership. I think the trend of dentistry is changing and allowing for more unique opportunities" says Dr. Hollingsworth-Ryals. "Even though I have been in dentistry many years, I learned a lot from hearing the other dentist presentations and I think the presentations were spectacular."



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## NEW MEXICO MISSION OF MERCY









OVER THE LAST 15 YEARS...
\$13.8 MILLION IN DONATED CARE
9,600 PATIENTS 9,500 VOLUNTEERS



**UPCOMING EVENTS:** 

Denture Clinic – Spring of 2022 Mini-MOM – April 2022 in Deming and Las Vegas Full MOM – September 2022 in Farmington