New Mexico Dental Therapy Task Force   2 Oct 2015 Meeting Notes

Summary

The Task Force met at the Alamosa Community Center in Albuquerque. Four of the six New Mexico Dental Hygienist Association (NMDHA) representatives, five of the New Mexico Dental Association (NMDA) representatives, and two of the six legislators attended. The meeting commenced at 12:15 pm and concluded about 5:45 pm.

The NMDHA presented a starting point for proposal document. The group decided to identify the scope of practice for a mid-level dental practitioner practicing in a rural area.

After considerable discussion and reference to the document participants agreed on most of the functions of the mid-level practitioner, and identified one point of difference.

Members then identified a several topics to include in a comprehensive Access to Dental Care Bill.

Minutes

Changes were agreed upon for the draft minutes. These included:

- Drop the bullets in the first section and change the last sentence to generalize the discussion.
- A CDA requires certification (under the DA section)
- An EFDA is certified by the Regional Board of National Standards
- An RDH removes diseased cementum tissue.
- Collaborative RHD have a reimbursement mechanism (but not a good one)

Crafting A DTTF Proposal

The DTTF agreed upon most of the points for an Access to Care Bill using the following process.

The NMDHA Proposal

The NMDHA presented a proposal (see attachment A). The NMDHA members stated that this was a starting point for discussion, rather than a final proposal. The proposal included a very specific list of changes from the existing functions of an RDH.

Working From the Bottom Up

After some discussion, members decided to approach the question of what the scope of work should be for a rural mid-level provider. Members decided to start "from the bottom up", and use an approach of choosing a disease, and noting what scope could be used to deal with it. The agreements described below, were non-binding agreements. Although the items on the list can currently be performed by an RHD, it was noted that these proposals assume general supervision as opposed to direct or indirect:

- Emergent
  - Palliative treatment
  - Sedative restorations
- Urgent: Chronic carius lesions – breakdown due to tooth decay
  - ARTS – atraumatic restorative treatment
  - Sedative fillings
  - Permanent fillings would be done elsewhere
- Chipped Tooth / Minor Breaks
  - Restore without mechanical preparation

- Routine Situations
  - Erosion/abrasion
  - Adjustments to dentures
  - Temporary cementing
  - Temporary crowns
- Loose Primary Teeth
  - Anesthetic
  - No radiological evidence of root structure. If held on by soft tissue only, it is OK.
  - Class II mobility
  - Note: there was discussion about supervision and the possible use of tele-dentistry

- Other discussion points
  - Supervision Ratio: Discussion of 1:3 ratio, which is the current supervision ratio for Collaborative RDH
  - Possible region restrictions: Native American property, FQHC, FQHC lookalike, otherwise none in Class A counties

The discussion then turned to comparing the bullet items on the back of the NMDHA proposal which outlined the changes in their proposal. Numbering the bullets 1-9 the following was discussed:

- Bullet 1: Diagnosis and treatment planning with a dental therapist scope of practice.
  - The word "diagnosis" raised concern for some of the dentists. The following language from the Minnesota law was proposed and accepted. In place of "diagnosis": *"An oral evaluation and assessment of dental disease and the formulation of individualized treatment plan authorized by the supervising dentist."*
- Bullet 3: Simple extractions of erupted primary teeth.
  - It was agreed this would apply for Class II mobility
- Bullet 5: Fabrication and placement of single –tooth temporary crowns
  - This was acceptable as described under "Routine Situations" above.
- Bullet 7: Indirect and direct pulp capping on permanent teeth
- Bullet 8: Indirect pulp capping on primary teeth.
  - Apparently indirect pulp capping is no longer widely used as a temporary measure, but ARTS (atraumatic restorative treatment) is. Therefore the intent of this was acceptable.
- Bullet 9: Minor adjustments and repairs on removable prosthetics
  - This was covered under adjustments to dentures in Routine Situations above.

The following bullets required further discussion:

- Bullet 2: Extractions of permanent teeth that are not impacted, or need sectioning for removal.
  - The NMDA representatives were concerned about extractions of permanent teeth.
- Bullet 4: Preparation and placement of direct restoration in primary and permanent teeth
- Bullet 6: Preparation and placement of preformed crowns on primary teeth
  - The NMDA representatives were concerned about mechanical "Preparation"

Dealing With the Points of Difference

The NMDA and NMDHA representatives agreed that the fundamental differences could be narrowed down to three key points: Diagnosis, Preparation and Extraction. Member of each association were asked to describe the viewpoint of the other association. Then they were asked to verify if the other association had heard their viewpoint. With a few minor clarifications the associations agreed their concerns were heard. The discussion brought about other agreements.

Diagnosis

- NMDHA about NMDA
  - Liability can fall on the dentist and the collaborating mid-level practitioner
  - Fragmenting the team. Having a remote person means the team is apart. Usually a team is in one location.
  - Someone loses out on the diagnosis fee. There are only 2 diagnoses typically allowed per year. One diagnostic for Medicaid
- NMDA about NMDHA
  - Without diagnosis it would be difficult to receive 3rd party payment

After discussion attendees agreed that the language association with Bullet 1 would be acceptable to all, so “Diagnosis” was no longer an issue.

Preparation

- NMDA about NMDHA
  - Concern about the ability to provide rural access
  - Preparations on ??? ??? (permanent bringing … filling?)
  - Financial well-being of the practice
- NMDHA about NMDA
  - Irreversible aspects – getting in over your head
  - Hard to do
  - Too many things go wrong. Why not have a dentist do it?

After discussion attendees did not come to an agreement about Preparation. It was agreed that hand preparation was acceptable to all. Difference were concerning mechanical preparations.

Extraction

- NMDHA about NMDA
  - No simple extractions.
  - Don’t know what you’ll run into.
  - Too risky. You should have a dentist do it.

There was discussion of extractions of permanent teeth, with prior dental approval, but concerns were raised. After discussion NMDHA representatives said they were will to let extractions of permanent teeth go, aside from the extractions mentioned in the previous section (Class II mobility).

In summary: the result of these discussions was agreement on all points except mechanical preparation.

Additional Topics to Create an Access to Care Bill

After some discussion attendees agreed that it would be valuable to create a larger Access to Care bill. The goal would be to try to add policy to improve access to care. It was also recognized that adding appropriations would likely kill any bill. In addition to a mid-level professional, the following topics were discussed that would become part of a bill.

Mobile Dental Clinic

Apparently recent rules have increased the reporting requirements for mobile dental clinics. Reports are now required every 30 days. This discourages mobile clinics.

Loan Forgiveness/BADDS

A dentist can go to a rural area, but it is unclear whether their loan will be forgiven. One instance was cited where a dentist moving to a rural county changed the census so there was no longer a shortage in that county. A system was suggested where clinics would be given an amount of money for loan forgiveness that if not used would return to a common pot.

The BADDS program was also mentioned as a good program that was not funded sufficiently.

A suggestion was made to create a task force or board that would oversee loan forgiveness and BADDS. This would allow dental professionals to have more input into policy and create transparency.

Medicaid

A number of issues were raised with Medicaid. The major ones are:

- Insufficient reimbursement
- Difficulty dealing with the bureaucracy

Other issue include:

Tom's stuff

A suggestion was made to create a task force or board that would oversee dental Medicaid. Like the Loan Forgiveness above, this would allow dental professionals to have more input into policy and create transparency.

Requiring Exam for Entry to Kindergarten

Members pointed out that tooth decay was contagious, so it made sense for children to receive exams prior to entering kindergarten. This would also promote education of dental issues. This could be part of a bill.

Dentist as Head of Dental Board

The current head of the ??? is not a dentist. Changing to a dentist could open avenues to increased federal grants. Concern about this requiring an appropriation were raised, but it was suggested that the requirement be deferred until the next governor.

Task Force Members – (* unable to attend)

From NM Dental Hygienist Association:

Cathy Soverign	*Christine Nathe	Pamela Blackwell
Barbara Posler	Pete Jensen	*Lionel Candelaria

From NM Dental Association:

Michael Law	Joe Valles	Dale Goad
Kimberly Martin	*Julius Manz	Tom Schripsema

Legislators:

*Sen Benny Shendo, Jr	Rep Dennis Roch	*Rep Sharon Clahchischilliage
Sen Daniel Ivey-Soto	*Rep Debbie Armstrong	*Senator John Ryan

Observers--
Michael Moxey-- NMDA
Aamna Nayyar—Santa Fe Community College
Colin Baillio—HANM
Debbie Maestas-Traynor—NMDHA
DezBaa Damon-Nallette—Community Dental Services
Diana Cudeu
Rev Holly Beaumont—Interfaith Worker Justice