

New Mexico Dental Therapy Task Force

Second Meeting (19 September 2015) Meeting Notes

The group had three principal discussions:

- Data
- Current programs in New Mexico
- How to move forward

Data

Prior to the discussion on data, NMDHA and NMDA were asked to submit information that they felt was relevant to the discussion. The goal was to establish a library of documents that both groups agree are valid. The distribution of documents occurred one day prior to the meeting, so members had not had sufficient time to review them in detail. However some were familiar with a few of the documents. The following points were expressed—alternatively supporting or rejecting the data presented:

- The data seemed to support the viability of dental therapy.
- The data showed the reduction in costs to consumers was low, in the region of 10-15%.
- The sample size in the studies was insufficient so none of the data should be used, even that supplied by their group.
- The only data that could be reliably determined was whether there was a true dental shortage in different areas.
- All the data was good, and should be included as “valid” data.

Current Dental Professionals in New Mexico

The different types of professionals associated with dentistry in New Mexico were discussed. The goal was to understand what extended programs existed, including scope of work and level of supervision. The discussion included:

Level of Supervision:

- Direct: Dentist is present at all times during procedure
- Indirect: Dentist is present in facility
- General: Dentist authorizes procedures but is not necessarily in facility where performed.

Dental Professionals:

- DDS/DMD – Doctor of Dental Surgery, Doctor of Dental Medicine: Accredited degrees used by dentists. Both are equal. No addition supervision is needed to perform all dental tasks.
- DA – Dental Assistant: Helps with some specified tasks. Requires board certification.
- CDHC – Community Dental Health Coordinator: limited palliative care under general supervision of dentist. Mostly used to steer people towards dental services, so there is a social work component. It was not clear how this component differed from that social work component of the UNM Dental Hygiene program. Concerns were also raised that the position was not really being utilized by dentists. It was suggested that it could be used in larger public health clinics.

- EFDA – Expanded Function Dental Auxiliary: under direct supervision. EFDAs receive certifications in specific areas that allow them to do work. There is not a national standard, nor an accredited program. There are only a few EFDAs working in NM.
- DH, RDH – Registered Dental Hygienist: Able to do limited irreversible procedures, as they remove decayed tissue. Work under indirect supervision.
- Collaborative RDH: Can work under general supervision of a dentist. Currently there is no reimbursement mechanism for Medicaid. Can do local anesthesia. Dentist is still ultimately responsible for with RDH for claims.
- Other discussion points:
 - We don't need to use a national model. We can use something specific to the state.
 - There are national standards for a Dental Therapist. This is in contrast to certifications for EFDA.

How to Move Forward

The group broke into smaller sessions. Points that were raised from the discussion:

- An expansion of the EFDA, could be combined with the collaborative model, to create a mid-level dental position. New model could be called EFDAPRDH.
- Low Medicaid reimbursements and bureaucracy are still barriers to rural delivery of dental service.
- Concern that EFDAs are targeted toward urban areas. Dental therapists could work in rural areas.
- Mobile vans could assist in rural access
- Modern internet could be used to enable remote supervision
- The head of the NM Board of Dental Health Care should be a dentist. This will open the doors to funding that are currently blocked.
- Loan-forgiveness programs for DDS would enhance rural dentistry and create need for more hygienists.

Transcripts from notes

The following comes from the available notes.

One set

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| <ul style="list-style-type: none"> • Cost \$ • Dental School • Middlednet • Mobil Vans • Medicaid bureaucracy • EFDA program • Dental exam before school • Value oral dental health care - CDMC | <ul style="list-style-type: none"> • New dentist dental director • Loan forgiveness / WICHE • BA/DDS • Collaborative practice / EFDA – with supervision change- under collaborative practice general • Teledentistry • EFDC Protocol? |
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Second set

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| <ul style="list-style-type: none"> • More DDS Hygienists through incentives in loan forgiveness • Advance standing programs for DT • Enhance EDHC, EFDH if more \$\$ | <ul style="list-style-type: none"> • DT in limited settings |
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Meeting Attendees

Task Force Members—(* unable to attend)

From NM Dental Hygienist Association:

Barbara Posler
Cathy Sovereign
Christine Nathe
Lionel Candelaria
Pamela Blackwell
Pete Jensen

From NM Dental Association:

Dale Goad
Joe Valles
Julius Manz
Kimberly Martin (via telephone)
Michael Law
Tom Schripsema

Legislators:

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

Observers--

Michael Moxey-- NMDA
Edward Ramoth
Colin Baillio-- HANM
Valerie Montoya-- Southwestern Indian Polytechnic Institute
Lucia Delgado-- NMDHA