

Oral Health Focus 2020: A 7 year plan for improving health

Presented by the **New Mexico Dental Association**

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The Challenges

Tooth decay is the most common chronic disease among children.

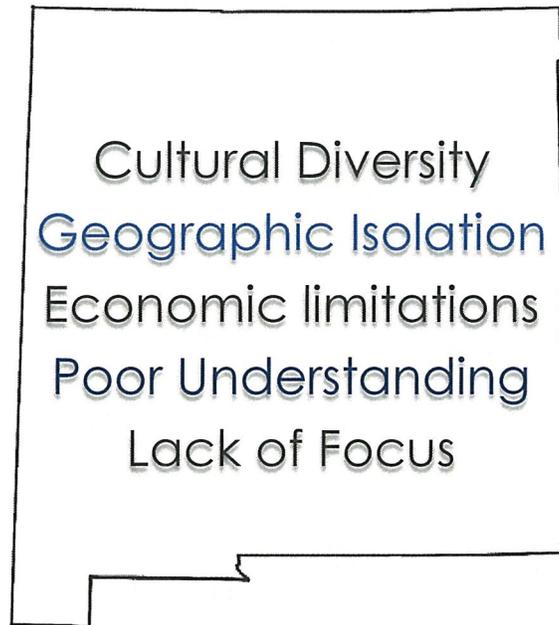
Only 18% of New Mexico residents receive optimally fluoridated water through the local water purveyor.

Native American children have more than double the incidence of untreated decay as their non-native counterparts.

25% of New Mexicans receive their only care through Medicaid, but dental coverage for adults and seniors is mostly inadequate for the problems they have.



The Challenges



Oral Health Focus 2020

Comprehensive approach to resolving the barriers that challenge good oral health.

Identifies issues to create concrete policy, practice and funding objectives.

Considerable long-term savings to the state and individuals.



Four Areas of Vision

- 1 Prevention and Public Health
- 2 Effective Funding
- 3 Education
- 4 Practice and Workforce



Prevention and Public Health

So much of health care reform is focused on allowing people to access care, but **the best, most cost-effective way to improve people's health is to reduce the need for care.**

Habits, attitudes, culture and socio-economic status are far more predictive of a person's health than the availability of services or programs.

Increasing expenditures on dental care are not evidence of failure. We are experiencing a largely unanticipated bubble created by dramatically longer life expectancy and the need to care for teeth that prior to 1970 would have been expected to be missing.

The bubble will gradually deflate as generations subsequent to the boomers reach their senior years **and the long-term savings will be realized.**



FOCUS on: Prevention and Public Health

- 1 Implement a statewide incentive program for **community water fluoridation**.
- 2 Establish **a qualified dentist as the New Mexico Dental Director** and empower him or her to create an effective preventive dental public health program.
- 3 Establish a requirement that **children have a documented dentist's examination** prior to enrolling in school in New Mexico.



Effective Funding

Cost-shifting has become the institutional norm in health care. It is symptomatic of a culture that wishes society to service the needs of all, but is unwilling to share the costs of those services proportionally.

Dentistry is quite different from medicine. The vast majority of dollars spent on dental care still come from individuals, families and their employers through benefits plans.

Any serious plan to address unmet health needs should include a **phase out of gross receipt taxes on health care services.**



FOCUS on: Effective Funding

- 1 Reform and expand Medicaid** to streamline claim submission, provide improved benefits for adults and seniors and reimburse at reasonable market-justified rates.
- 2 Establish a dental benefits “bill of rights”** to assure that patients may see the dentist they choose without inappropriate coercion or penalties.
- 3 Remove gross receipts tax** from all non-elective health care services.



Education

Dental education is not a workforce issue. It is a matter of providing an educational opportunity to qualified New Mexico students to ensure that the diversity of New Mexico's cultures and geography are regularly represented.

One thing all dentists in New Mexico have in common is that they received their **dental education somewhere else.**

Incremental **progress from year-to-year toward opening a dental school can achieve the goal** and the state will realize many of the benefits with each step taken



Education-Dental School

Increment I – Invest in current student opportunities.

Increment II – Expand the pipeline of students to insure an adequate class size.

Increment III – Construct the required public infrastructure to support clinical externships for dental students.

Each increment moves us closer to having a dental school in New Mexico.



FOCUS on: Education

- 1 Fund grants for all students accepted into dental schools** through WICHE or contract equivalents.
- 2 Establish a BA/DDS program** to recruit, nurture and support New Mexico students through dental school and encourage diversity.
- 3 Construct a public health infrastructure** to recruit faculty and support clinical externships during transition for out-of-state to in-state dental school.



Practice and Workforce

Practice in rural locations is becoming less viable because of increasingly sparse populations combined with dramatically rising student debt.

The only way to buck the migration from rural to urban is to **provide incentives that make practice in those locations more desirable**.

Alternative workforce models remain a big question mark because they are few in number, highly variable in design and demonstrate little to no savings in most settings.

A demonstration project would allow New Mexico to participate in **answering these questions with minimal infrastructure investment**.

Community Dental Health Coordinator: Bridging the gap between the existing care resources and unmet need with a new team member.



FOCUS on: Practice and Workforce

- 1 Initiate or expand existing **loan repayment scholarship programs** for up to the entire cost of dental school **in exchange for practice in highly underserved areas**.
- 2 Utilize a **demonstration project** in cooperation with underserved New Mexico communities **to investigate the use of expanded function dental "mid-levels" of various models** to facilitate care.
- 3 **Establish Community Dental Health Coordinator training programs** in conjunction with at least one accredited dental assisting and one dental hygiene program.



The Community Dental Health Coordinator (CDHC)

This workforce model was **approved by the New Mexico Legislature in 2011**.

CDHC's are a solution to improve access to dental care, employing community-based initiatives to **remove barriers, educate the public and promote good oral health habits**.

CDHC's are **community health workers with dental skills** focusing on education and prevention.

As a member of the dental team led by a dentist, the **CDHC works in underserved communities where residents have no or limited access to dental care**.

CDHC's will provide **limited clinical services and help connect patients to dentists** who will provide treatment.

CDHC candidates are usually **drawn from the communities in which they will serve**. They understand the social barriers that prevent access to available oral health services and, therefore, can more effectively help their neighbors overcome these barriers.



2013 CDHC Pilot Project in Grant County



Hidalgo Medical Services (HMS) in Grant County hosted a 4 month CDHC "demonstration project" in the Summer of 2013.

- Lori Wood, who under New Mexico statute was granted the **FIRST CDHC license in the nation**, facilitated care and provided oral health education to over **1400 patients** and community members in places like **schools, day cares, head start programs, senior centers and community events** in Lordsburg and Silver City.
- Direct effect: **10% rise in dental encounters** at the Hidalgo Medical Services clinic.
- That is between **250-300 patients per month** who normally wouldn't visit a dentist.
- Additionally, HMS held a Community Dental Health Coordination and Care Coordination Expo July 30-31st for **educators, FQHC/clinic directors, DOH representatives and health care professionals** interested in incorporating the CDHC in their programs or institutions.



The Native American Oral Health Care Project



Mission

The purpose of the Native American Oral Health Care Project is **to collaborate** with American Indian tribes, Native communities and health care stakeholders **to improve the oral health of Native Americans**.

Commitment

- **Acknowledge and support sovereignty** of all First Nations.
- **Honor and respect interests and priorities** of tribal leaders and Native communities.
- **Improve access** to quality oral health care.



Project Objectives

- 1 **Facilitate discourse** among tribal leaders and Native American stakeholders.
- 2 **Build knowledge and capacity** among tribal leaders and Native communities.
- 3 **Pool and leverage knowledge**, expertise and resources.
- 4 Identifying opportunities to **jointly advocate for policy issues** of common interest.
- 5 Address **research and data** needs.



Native American Oral Health Care Project: Next Steps

- 1 New Mexico and Arizona dental associations are developing a “**10 year Oral Health Plan**” in cooperation with the Navajo Nation:
 - Focus on **outreach, prevention, education and patient navigation.**
 - Next steps: **January meeting** with Navajo leadership on the CDHC.
- 2 **All Indian Pueblo Council Resolution** and letter of support for the CDHC
- 3 Continued **meetings** with Tribal and Pueblo leadership
- 4 Working towards **effective goals in Washington, D.C.** Examples:
 - **NMDA letter of support to congressional leadership in favor of tax-exempt IHS Health Professions service loans.**
 - Advocating for more funding for programs, like working to get an additional \$300,000 for coordinator at IHS for the Caries Project
 - **Supporting the Special Diabetes Program for Native Americans**

