NAMD Fall Conference
Approaches to Health Workforce Issues in New Mexico
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A Little Bit About New Mexico

- 5th largest state (121,298 square miles)
- 36th in population (2 million)
- 1 million live in Albuquerque metro area (190 square miles)
Introduction to New Mexico

- It’s a BIG, EMPTY place
New Mexico is an Expansion State!

- Current Medicaid program enrollment is 560,000
- We expect 140,000 new adult eligibles in 2014, and 170,000 over the next few years
- Another 200,000 New Mexicans are eligible for coverage on the exchange
What Are the Issues?

- Increased insured population will create greater demand for health care services, especially primary care.
  - Primary care providers well-distributed throughout the state, but demand already exceeds supply.
  - Are PCPs being utilized “efficiently”?
  - We can’t afford to have people accessing “primary care” in hospital emergency rooms.

- So what do we do....??
New Mexico’s Strategy

- Multi-faceted and multi-agency approach
  - Department of Health
    - Licensing and certification
  - Department of Higher Education
    - Scholarships
    - Expand programs
    - Invest in community colleges
  - Human Services Department (Medicaid)
    - Promote new delivery models
    - Expand access to mid-level providers

- Long term and shorter term strategies
New Mexico’s Strategy

- Long term – Expand supply by “growing our own”
  - Make medical education in New Mexico attractive to residents and non-residents
  - Use scholarships and loan repayment programs to increase supply of PCPs and nurses and, at the same time, encourage them to stay in the state after obligation is up.
  - Expand, fund and support new nursing programs at NM’s colleges and universities.
New Mexico’s Strategy

- Shorter Term Approach – The Community Health Worker
- Traditional role in New Mexico’s communities
  - “promotoras” in rural communities and barrios
  - “community health representatives” in Native American communities through the Indian Health Service and tribal governments
- Trusted community members who speak the language and understand cultural mores.
New Mexico’s Strategy

- Many Federally Qualified Health Centers (FQHCs) in NM have been utilizing CHWs as part of their health care programs.
- IHS and tribal health facilities have been using CHWs as part of their health care programs.
- How about Medicaid promoting the use of CHWs to help its members access care in remote as well as urban communities?
New Mexico’s Strategy

- NM Medicaid about to implement next generation managed care program.
- Centennial Care is focused on an integrated care model and care coordination.
- Centennial Care managed care organizations (MCOs) will use CHWs as part of care coordination activities.
- Centennial Care MCOs will promote new delivery models where CHWs are part of a practice’s care team.
New Mexico’s Strategy

- We believe that CHWs are essential to managing shortage of more skilled medical professionals by changing patterns of utilization of physician services within a practice and/or community.
- CHWs can reduce the demand for more highly trained medical professionals and leave them to handle the most complex and acute patients when needed.
The activities of a CHW in Centennial Care are expected to help Medicaid members:
- maintain and improve their health through health education,
- improve health literacy,
- identify and access community and social supports
- comply with treatment plans, and
- take a more active role in their health.

This, in turn, is expected to reduce the need for, and the number of visits to, more skilled providers.
New Mexico’s Strategy

In addition, the activities of a CHW in Centennial Care are expected to help MCOs to keep members healthier by:

- Having “eyes and ears” on the ground,
- Helping members comply with treatment plans,
- Creating linkages to other social supports,
- Identifying members who may be at risk, and
- Avoiding inpatient admissions and trips to the ER
New Mexico’s Strategy

- CHWs are easier to train and training time is short.
- CHWs can be trained in community college settings and distance learning programs (Project ECHO)
- Using CHWs expands employment and introduces people to the medical professions
- A CHW may decide to pursue additional medical professional training (nurse, CNP, PA, doc)
New Mexico’s Strategy

- So, what’s stopping us?
- In NM, no standard for training programs.
- In NM, CHW certification is non-existent.
- Medicaid needs certified CHWs in order to directly reimburse them for services.
- Executive branch will be introducing authorizing legislation and additional appropriation so DOH can create a CHW certification.
Jane Koppelman
Research Director, Pew Children’s Dental Campaign

Expanding the Dental Workforce to Meet Access Challenges
National Association of Medicaid Directors
November 12, 2013
Pew Children’s Dental Campaign: Top Priorities

Strengthen prevention: working with states to expand water fluoridation and sealants

Funding to improve access: through federal demonstration programs, insurance expansions

Expand the dental workforce: encouraging new types of providers, and better use of existing providers
Dental Access Crisis

- One-third of Americans lack access to care (ADA)
- 45 million Americans live in dentist shortage areas
- 14 million Medicaid kids didn’t see a dentist in 2011
- Caries most common chronic disease of childhood
Driving up Medicaid costs

In 2012, Medicaid programs across the country again paid out millions of dollars for ER visits made for preventable dental conditions:

- **Florida**: $3.6 million (0-20 yr. olds)
- **California**: $2.9 million
- **Illinois**: $1.3 million
- **North Carolina**: $850,000
“If you live in the suburbs, if you have a car, plenty of money, dental insurance, and no dental disease, we have the perfect delivery system for you.”

— Charles Bertolami, Dean
New York University College of Dentistry
A Perfect Storm

- 100 million+ Americans lack dental coverage
- States are not investing enough in prevention
- Medicaid funding leaves big gaps in coverage
- The dental workforce isn’t large enough to meet the nation’s needs

Source: Centers for Disease Control and Prevention. Available at: http://www.cdc.gov/nchs/data/databriefs/db40.pdf
Low Medicaid reimbursement rates

Most states pay less than it costs to provide dental care

National Average for Overhead: 60.5%

Few dentists participate in Medicaid

How many states reported that more than half of their dentists treated 100 or more Medicaid patients?

Only one- Alaska

Workforce Strategies

- Medicaid coverage for dental care provided by doctors, pediatricians
- Expanding access to sealants: removing unnecessary restrictions
- Authorizing new providers
Workforce Change is on the Horizon

States exploring new ways to expand the dental workforce

Source: Pew Charitable Trusts (2013)
Expand the dental workforce

Institute of Medicine (2011):

“State legislatures should amend existing state laws, including practice acts, to maximize access to oral health care.”

Dr. David Nash, Univ. of Kentucky Dental Professor (2012):

“There is no question that dental therapists provide care for children that is high quality and safe. None of the 1,100 documents reviewed found any evidence of compromises to children's safety or quality of care.”
Growth in Practice of Nurse Practitioners

Source: Unpublished data from the National Organization of Nurse Practitioner Faculties; Analysis by the Center for Health Professions, UCSF, 2004.
Emerging Research on the Economics of New Providers

It Takes a Team
How New Dental Providers Can Benefit Patients and Practices
Solo General Dentist: The Projected Impact (20% Medicaid)

Profit Impact on a Solo General Dental Practice Serving 20% Medicaid Patients

Results: Financial Impact in Minnesota

Children’s Dental Services Clinic, Minneapolis

Cost-Benefit Analysis based on 1 DT providing services covered under the DT statute for 40 hours/week in a public health dental clinic.

- DDS Cost: $75/hr
- DT Cost: $45/hr
- DT provides restorative care to 1,500 low-income children and pregnant women per year
- Total Cost Savings using DT Public Health Model: $1200/week
Cost Impact of Dental Therapists

Salaries of dental therapists in AK and MN account for less than 30% of the revenue they generate.

Source: Kim, Francis, Economic Viability of Dental Therapists, May 2013 (funded by W.K. Kellogg Foundation)
Goal: Expand upon previous theoretical research to better understand impact of new providers in actual practice settings

- Impact on improving access to care
- Economic impact on dental practices
Case Study Report (2013): Sites

- Nome, AK
- Saskatoon, SK
- Montevideo, MN
- Minneapolis, MN
- Sacramento, CA
On the horizon...teledentistry

- Promising way to extend the reach of the dental team
- Research shows dentists make same decisions using telehealth technologies as they would in an in-person visit
- Reimbursement is a looming issue
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