Critical Workforce Shortages: A Closer Look at Oral Health Care Providers
Issues and Principles in Training Recruiting, and Retaining A Quality Rural Health Workforce
The Message

- Elected, Policy, Education and Community leaders make a difference

- Strategic partnerships of local communities, state legislatures, state government can succeed in recruitment and retention strategies

- Outcomes should be directly linked to health status, program elements, and best practices.
Rural Health Professions Workforce Development

The big picture includes opportunities, and challenges...

train them pay them
and do just it!
Synergy and Success require

- Vision
- Leadership
- The social and political will to do the right thing
Issues Common to All Rural Health Workforce Development

- Rural populations are more elderly with more chronic disease and more children
- More uninsured and underinsured
- More unemployed or underemployed
- More sensitive to economic downturns
Common Rural Healthcare Delivery Challenges

- Longer distances to travel for care
- Low population density
- Lack of economies of scale
- Higher rates of fixed overhead per patient revenues
- Greater dependence on healthcare economics for employment and community development
Experience and Evidence supports

Educational Strategies that work:

- Pipeline programs with rural focus and content
- Recruiting rural people into programs
- Strategic admissions’ strategies (% of class, reserved slots, rural preferences)
Experience and Evidence

- Rural Training Tracks for professional students and graduate residents
- Significant portion of training in rural communities
- Financial incentives in training with or without service obligations
Experience and Evidence

Community lead initiatives

- Financial incentives from and to Communities
- Focus on health status of communities
- Strategies that improve community’s ability to recruit and retain healthcare providers
- Community economic development
Experience and Evidence

Legislative/Regulatory Strategies

- Medical Liability reform
- Initiatives to reduce numbers of the uninsured
- Appropriations to schools based on workforce production outcomes
- State financial incentives for loan repayment, scholarships, tax burden relief
Experience and Evidence

- State funding to provide cost share for federal grant programs
- State and federal partnerships around workforce development
- State supported data analysis on workforce needs
- State reimbursement supports, Medicaid, oral health and mental health coverage
Oral Health Specific Challenges

- More dentist retire (6,000) than are trained (4,000) each year
- Of all nation’s dentists only 14% are rural and 2.2% are isolated or frontier rural
- 74% of oral health HPSAs are rural
- Under utilization of dental hygienists (projected growth at 43% to 2020)
Oral Health Workforce
R&R Issues

- Dental Shortages
  - Title VII funding
  - HCOP and other health careers prgs

- Medicaid Reimbursement
  - Dental is 25% of health care $ for children
  - 2.3% of Medicaid spending is on children
  - Grossly under financed
Oral Health Workforce
R&R Issues

- Expanding the Dental Team
  - Mid-levels have proven their worth
  - Expand scope of practice
  - States with legislation as examples: OR, AK, NE
  - Models on horizon: Advanced DH Practitioner (Masters level); CHC and RHC models
Oral Health Workforce

R&R Issues

- **Primary Care-Oral Health Connection**
  - Best position to do on going oral health assessment and prevention with children and adults
  - Know use of mid levels and team approaches
NRHA Policy Papers on RH Workforce

http://www.ruralhealthweb.org/

Oral Health

Defining the Issues and Principles of R&R

WV State Required Rural Rotations of All HP Students

• Dental student evaluations (pre and post rural rotation training)
• “would accept all patients regardless of their income or ability to pay increased from 11% when they first entered school to 45% after completion of their rural rotations
2007 WVRHEP/AHEC Infrastructure

- 498 training sites in 55 counties
- 750 clinical field faculty
- 8 regional consortia with local boards and 4 AHEC Centers with local/campus boards
- 15 site coordinators, 5 AHEC center directors, program and support staff
- 17 Learning Resource Centers
WVRHEP/AHEC Infrastructure

- 100 student rotations per month
- State level Rural Health Advisory Panel specified in legislation serves both state and federal functions
- $2.5 million per year to communities, $4.5 million to schools for rural health training
- $200K per AHEC center in federal funding
WV RHEP/AHEC
Service to the State

- Over 50,000 weeks of student training since 1992

- $15 million in uncompensated dental care to 60,000 patients since 1995

- 967 RHEP/AHEC grads confirmed to be practicing in rural areas of the state in 2007
<table>
<thead>
<tr>
<th>Profession</th>
<th>Count</th>
</tr>
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<tbody>
<tr>
<td>Physicians (99-04 graduates)</td>
<td>264</td>
</tr>
<tr>
<td>NPs/Nurse Educators</td>
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<tr>
<td>Nurses</td>
<td>80</td>
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<td>Physician Assistants</td>
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<td>Dentists</td>
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<tr>
<td>Nurse Midwives</td>
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<tr>
<td><strong>Total</strong></td>
<td>967</td>
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</table>
Number of physicians completing RHEP/AHEC rotations practicing in rural areas of West Virginia


88   92   103   124   142   165   187   213   264
Retention Outcomes

- Retention of WV SoM graduates AND residency grads in FM is 79%.
- In past 11 years retention in primary care has increase by 67%.
- Dentistry is 58%.
- Pharmacy is 64%.
Oct 2006 HRSA Health Workforce study (2004 data)

- 31.11% of WV’s physician workforce are graduates of instate medical schools while national average is 28.94%.

- 38.07% of the WV physician workforce are international graduates, compared to a national average of 26.07%
Contact Information

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Rural Oral Health Improvement Initiatives

Coordinated State Responses in New Mexico
General State Program/Policy Approaches

- **Oral Health Provider Supply/Deployment Improvement** – Designed to increase the number and improve the distribution of oral health care providers.

- **Oral Health Systems Improvements** – Designed to improve the provision of oral health care services.

- **Public Health Interventions** – Designed to improve oral health through disease prevention and positive health promotion.
NM Oral Health Provider Supply/Deployment Programs

- **Expansion of Rural Focused Training Programs**
  - Funded pre-dental education programs at regional universities.
  - Dental residency program.
  - Regionalized dental hygienist training programs.
  - Outreach to Health Educational Leadership

- **Obligated Financing Programs: Increase Admissions**
  - Western Interstate Commission on Higher Education (WICHE) and “Contract” Dental Schools, with required return.
  - NM Health Service Corps Stipend and Community Contracts.
  - Professional education loan repayment.
  - “Bookend” Model: BA to DDS and required residency.

- **Recruitment and Retention Clearinghouse**
Scope of Practice Advocacy
- Dental hygienist collaborative practice.
- Potential Advanced Practice Hygienist practice act.
- Master’s degree program for hygiene faculty

NM Rural Health Provider Tax Credit Program
- Dentists
- Dental Hygienists
- Medical Professionals
Objectives:

- Increase financial viability of public and private sector oral health services.
- Increase capacity of health safety net to provide Oral Health Services.

Responses:

- Financial support for safety net operations – support for dental service provision at community based primary care centers under the NM Rural Primary Health Care Act (RPHCA) program.

- Financial support for safety net capital expenditures – support for dental facilities and equipment under:
  - Primary Care Capital Fund Program
  - PCCF Loan Program
  - Community Development Block Grant Program.
Primary Care Office/State Office of Rural Health promotion of oral health services development – increasing participation of community based primary care centers in HRSA’s Comprehensive Service Funding program.

Advocacy on Medicaid Dental Service Reimbursement Policy

- Fee-for-Service rate increases, Medicaid reimbursement.
- FQHC rates.
- Coverage and clinical coding advocacy.
  - Adults
  - Children
  - Service Mix
  - Maternal and Infant prevention target program
NM Health Policy

- NM voluntary Dental Advisory Group focus on access.
- Involvement of State Legislative Members.
- Creation of “Governor’s Oral Health Council.”
- Statewide Summits on Oral Health.
- Expansion of academic oral health education programs.
- Advances in dentist and hygienist licensure.
NM State Public Health Interventions

- **NM Sealant Programs** – operated by State staff and contractors.
  - Targeting Public School students in low income communities to assure that 3rd graders meet MCH requirements.

- **NM Fluoridation Programs** – operated by State staff and contractors.
  - Water supply fluoridation monitoring – participation in Federal reporting program.
  - Fluoride varnish/mouthwash application.
    - Targeting Head Start and WIC clients.
    - Includes screening with appropriate parental notification and referrals.
**Oral Health Education:** Head Start and elementary school curriculum and presentations.

- School health curriculum modifications.
- Presentations by NM State staff targeting parents and children in sealant and fluoridation programs.
- Topics:
  - Prevention/early intervention
  - Diet
  - Personal care

**Case Management:** assuring provision of restorative services to high risk children identified in screening. Piloted in one district.

**Targeted Maternal and Infant oral health care care** (proposed)
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