

State of New Mexico
New Mexico Department of Health
Health Systems Bureau
Office of Primary Care
and
Rural Health

Gabriel D. Chavez, Jr.
Program Coordinator

Two Unique Programs

- **The New Mexico Dental Support Center**
- **The New Mexico Rural Health Care Practitioner Tax Credit Program**

The New Mexico Dental Support Center



Carol Hanson, RPH, MPH
Program Coordinator



Introduction

- Started: September 2009 (Funded by HRSA Grant)
- Oral Health Challenges in New Mexico
 1. High rate of oral disease
 2. Limited resources
 3. Unique qualities and needs of each Area of NM
 4. Provider shortages (Recruitment and Retention)

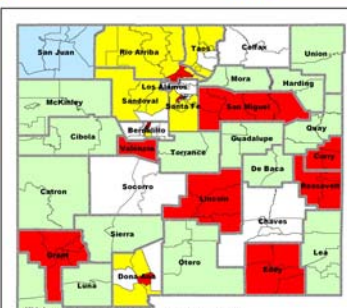


Oral Health Disparity in New Mexico (Why NM Dental Support Center Created)

- 1 Dentist for approximately 3,200 persons
(National: Approximately 1:1,200)
- 48th in Poverty
- 49th in Low Income Children: 52%
- 49% without any dental coverage
 - 22% with neither medical or dental coverage
 - 27% with medical but not dental coverage
- 3rd graders (2000 NMDOH Survey):
 - 64% decay experience
 - 34% untreated decay

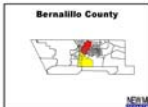


State of New Mexico 2011 Health Professional Shortage Areas (HPSA's) Dental



2011 HPSA Dental


- No Designation
- US and State Year Designated Shortage Area
- Other County Designated Shortage Area
- Low Income Population or Service Area



These information come from Certified Rural Health Clinics (CRHCs) Source: US Department of Health and Human Services, HRSA, Bureau of Health Professional/ National Center Health Workforce Analysis Updated 4/2011




- Based on IHS Model
- NM only State with Dental Support Center
- Health Systems Bureau/Public Health Division
 - Office of Oral Health
 - Office of Primary Care and Rural Health
- HRSA Funding Opportunity
 - Grants to States to Support Oral Health Workforce Activities (3 Years)



Two Goals

1. Provide training and technical consultation for **dental providers** in rural areas and community health clinics.
2. Provide a center of professional support and network of communication for **dental educators** throughout the state.




Goal I (Providers):

- Developed database of Dental Providers (Rural Areas and Community Health Center Dental Clinics)
- Established partnership with NM Primary Care Association
 - Shared website (<http://dentalnetwork.ning.com>)
 - Quarterly: Providers meetings
- Established partnership with IHS Dental Support Center
 - CDE opportunities
- Created electronic monthly newsletter
- Scholarships to attend CDE events




Goal II (Educators):

- Four meetings
- "NM Dental Educator Consortium"
- Dental Educator Directory
- ADEA scholarships
- Information Dissemination Network
- Collegial support
- Recent discussions:
 - Better alignment for pipeline (DA to RDH to DDS)
 - Dental School Feasibility Study
 - Change in NM Dental Practice Act (Expanded function)
 - Mid-level provider (Alaska model)




Dental Support Center Challenges

- State Hiring Freeze
- Slow contract process
- Sustainability after the last year of funding (2012)




New Mexico
Rural Health Care Practitioner
Tax Credit Program

Ken Reid, MBA, HCM
Program Coordinator




Program Overview

- Purpose:
 - Provides a personal income tax credit to eligible health care practitioners providing a year of approved service in a rural health care underserved area.
 - Up to \$5,000 per year for doctoral level practitioners.
 - Up to \$3,000 per year for other eligible practitioners.
 - Partial credit available for eligible practitioners working at least half-time.
 - Non-refundable credit which may be applied in up to 3 future tax years.




Eligible Health Care Practitioners

- **Physicians**
 - Allopathic (MD)
 - Osteopathic (DO)
- **Non-Physician Medical Service Providers**
 - Physician Assistants (PA)
 - Nurse Practitioners (NP)
 - Nurse Midwives (NM)
 - Advanced Practice Nurses (APN)
 - Nurse Anesthetists (NA)
- **Oral Health Providers**
 - Dentists (DDS and DMD)
 - Dental Hygienists (DH)
- **Behavioral Health Providers**
 - PHD Clinical Psychologists (PSYCH)
- **Other Health Professions**
 - Optometrists (OD)
 - Podiatrists (DPM)



Eligible Locations

- Practice must be in a rural health care underserved area.
- Federal definitions of **rural** are the basis of the rural definition used by the Program. Six different Federal definitions were combined.
- Multiple Federal Definitions are the basis of the Program definition for **health care underserved area**.
 - Health Professional Shortage Areas (HRSA).
 - Medically Underserved Areas (HRSA).
 - Medicare Primary Care Scarcity Areas (CMS).
 - Medicare Specialty Care Scarcity Areas (CMS).
 - Frontier areas (HRSA).



Application Process

- Eligible professional submits application to DOH with supporting documentation.
- DOH reviews applications, verifies licensure, approves reported service.
- DOH issues certificate of eligibility.
- Eligible professional completes TRD claim form and includes it and certificate of eligibility with tax return.



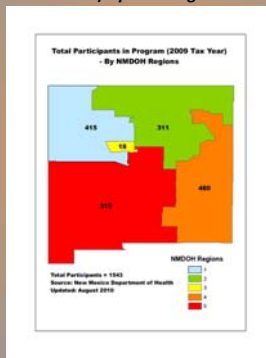
Rural Health Care Practitioner Tax Credit Program Summary of Certificate of Eligibility Processed Tax Years 2007-2010

As of May 17th 2011

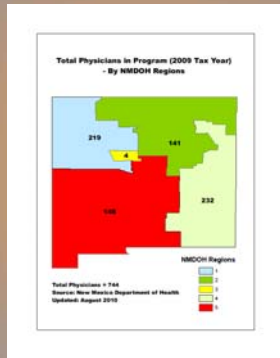
Tax Year	MD	DO	PA	NP	NM	NA	APN	DDS	DH	PSYCH	OD	DPM	Total	RHCPTC Award
Tax Year 2010	713	62	103	184	31	31	6	200	143	58	52	10	1593	\$6,203,500
Tax Year 2009	814	73	101	204	39	40	5	224	142	73	61	14	1793	\$6,962,500
% change fr 08	10	26	3	17	18	-2	-44	8	14	20	13	-7	11	11
Tax Year 2008	737	58	98	174	33	41	9	207	125	61	54	15	1612	\$6,297,000
% change fr 07	7	9	15	14	22	32	29	7	3	2	10	15	9	7
Tax Year 2007	689	53	85	152	27	31	7	194	121	60	49	13	1481	\$5,878,000

NOTE: Providers submit applications year round. Processing Certificates of Eligibility is continuous work in progress!

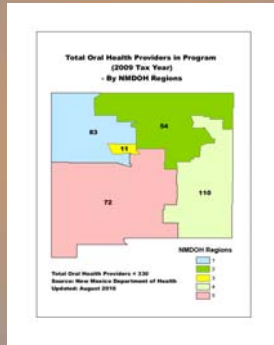
Total Participants in Program (2009 Tax Year) by DOH Region



Total Physicians in Program (Tax Year 2009) by DOH Region



Total Oral Health Providers in Program (2009 Tax Year) by DOH Region



Key Impact: Support of Rural Workforce By Urban Healthcare Providers

- In Tax Year 2009 approximately 16% of participating professionals (242) live in urban areas and travel to rural practice sites. This is an increase in comparison with Tax Year 2007 with a total of 207 healthcare professionals who lived in urban areas.
- In Tax Year 2009 more than 69% of these professionals (168) work full-time in rural areas.
- In Tax Year 2009 approximately 47% of these professionals (113) are physicians, and 28% (55) are oral health providers.
- The greatest number of participants travel from the urban areas of Albuquerque, Santa Fe, Las Cruces, and Farmington to their rural practice sites.
- [All data as of September 1, 2010]



Key Impact: Support of Indian Health Service Professionals

- In Tax Year 2009, approximately **200 IHS/Tribal Healthcare Providers** or **13%** of all applicants participated in the Tax Credit Program. This is an increase in comparison to Tax Year 2007 where approximately **10%** (147) of all participants are identified as **IHS/Tribal Healthcare staff**.
- Participants in the Tax Credit program are well diverse from varying types of practice sites ranging from Rural not-for-profit clinics, Rural Hospitals, Indian Health Service Hospitals and ambulatory facilities, Veterans ambulatory facilities, Tribal P.L. 638 ambulatory facilities, for-profit healthcare organizations, and State Healthcare facilities.
- In Tax Year 2009, more than 50% of the applicants are physicians and dentists.
- The greatest number of participants are located in practice sites in Gallup, Shiprock, Crownpoint and Acoma-Canoncito-Laguna service units.
- [All data as of September 1, 2010]



Key Impact: Support of Critical Specialties

- In Tax Year 2009 **32 Nurse Anesthetists** participated in the Tax Credit program as compared to 28 in Tax Year 2007.
 - **100%** of these professionals working **full-time**.
- In Tax Year 2009, **61 PhD Clinical Psychologist** participated in the Tax Credit program as compared with Tax Year 2007 where 53 PhD Clinical Psychologists applied.
- [All data as of September 1, 2010]



Summary of Program Performance

- **Excellent overall participation** in the program.
- **Excellent participation** levels from **all eligible health professional categories**.
- **Great geographic distribution** of participating health professionals.
- Significant impact on health workforce in key areas including **rural hospitals** and Indian Health Service/Tribal health systems.



Contact Information

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