

The U.S. Oral Health Workforce in the Coming Decade

New Mexico's Health Commons



Daniel Derksen, MD, Professor

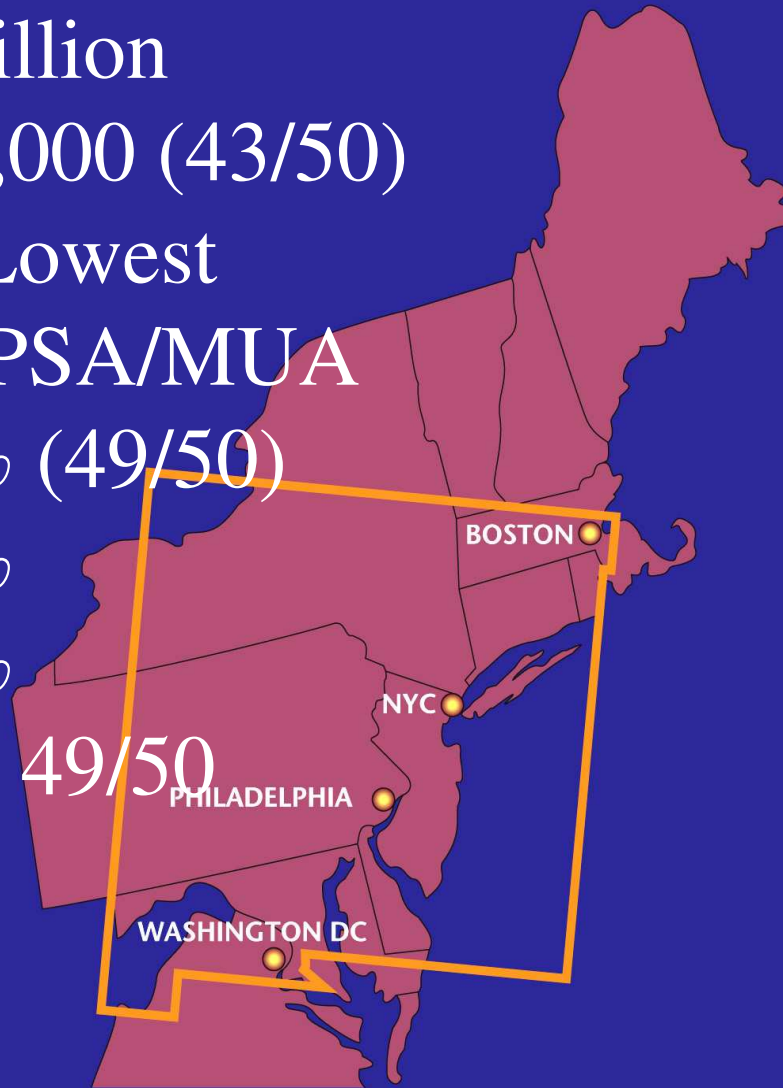
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New Mexico Demographics

Population: 2 million
Income: \$38,000 (43/50)
Pop Density 6th Lowest
30/33 Counties HPSA/MUA
Uninsured 23% (49/50)
Hispanic 44%
Native Am 10%
Per capita dentists 49/50



HPSA = Health Professions Shortage Area

MUA = Medically Underserved Area

Daniel Derksen, MD 2/10/09

New Mexico Vs. United States Payers

	N.M. #	U.S.#
Medicaid ^{1,2}	528,100	58,929,900
Medicare	287,395	42,395,000
Uninsured	420,000	46,994,627
Other Public	31,684	2,986,514
Individual	77,510	14,515,865
Employer	835,514	158,515,473
Ttl Public	1,267,179	151,306,041
Total Pop.	2,100,000	296,000,000

<<http://www.statehealthfacts.org>> ¹

<http://www.hsd.state.nm.us/mad/pdf_files/Reports/AllClientDistributionbyCo.pdf> ²



Community-Based Health Professions Education



Mario Pacheco, MD – “1+2” Community-Based
Family Med Residency: 75% Remain in New Mexico

Overall: UNM Resident Graduates: 75% Leave NM

Health Commons –Medical Home

Medical, Behavioral, Oral Health + Services
to Address Social Determinants



U.S. 130 million without dental insurance

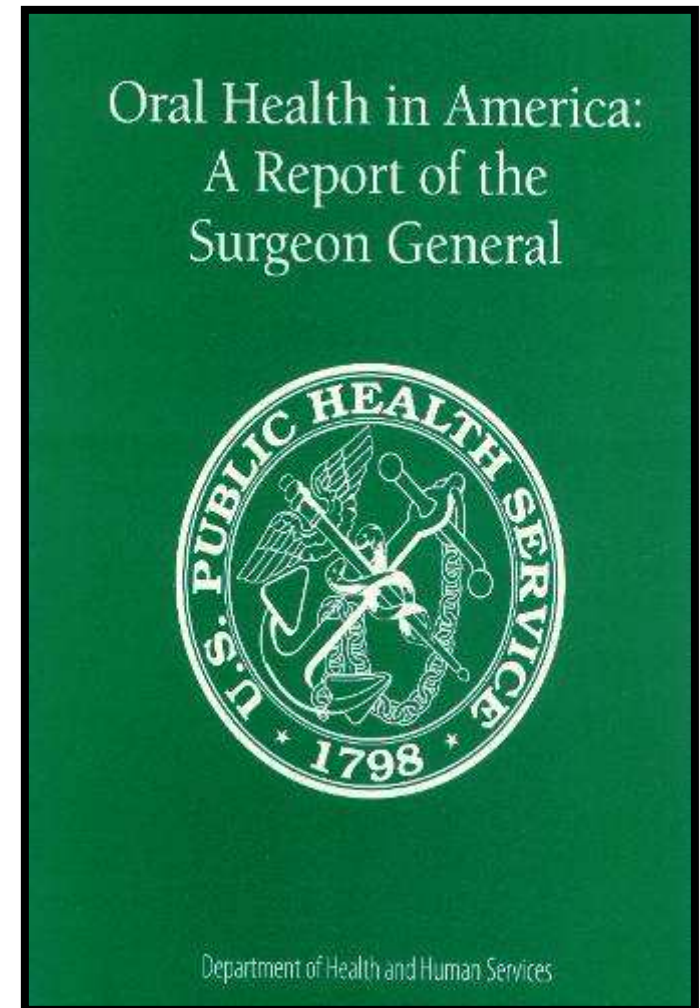


Oral Health

David Satcher, MD

#1 Unmet Health Need in Children, Top 5
Unmet Need for All Age Groups

New Mexico: 49/50 States Per Capita Dentists



Interdisciplinary Training/Service for the Oral Health Workforce

UNM Dental Residency: 9/16 (56%) of Grads Remain in NM, 9/16 from URM



South Valley Health Commons



5 Dentists

1 Dental Resident

3 Hygienists

14 Assistants

16 Operatories

1,500 Visits in January

Medicaid: 85% “Usual
& Customary”

South Valley Health Commons



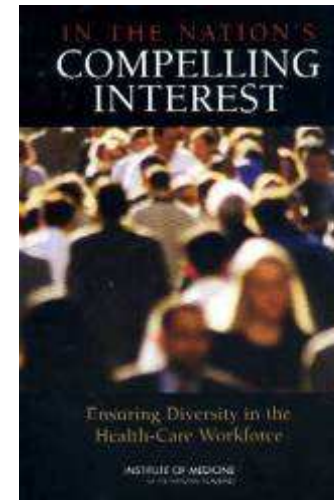
“Warm Handoff”
Ex: Patient with Diabetes
Diabetic Exam \$20
Collaboration with
Medical, Behavioral &
Other Services Improves
Quality and Outcomes

AJPH Beetstra, Derksen et al. 2002

Is There a Problem with the Diversity of the U.S. Health Professions Workforce?



“YES”



Institute of Medicine: In the Nation's Compelling Interest: Institutional & Policy Level Strategies for Increasing Racial & Ethnic Diversity of the US Healthcare Workforce

Underrepresented Minorities Participation in Health Professions (IOM)

	Minority %
U.S. Population	25.3%
Nursing	7.4%
Psychology	6.9%
Dentistry	6.8%
Medicine	6.1%

Transforming the U.S. Health Professions Workforce

Federally Qualified Health Centers: Health Commons



Sandoval County
Health Commons



Hidalgo Medical Services
Lordsburg, NM

Albuquerque, First Choice
South Valley Health Commons



Health Commons - Patient Centered Medical Home

Medical, Oral & Behavioral Health in a Community-Based Setting

CASE STUDY

The Health Commons and Care of New Mexico's Uninsured

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Conflict of interest: none reported

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ABSTRACT

PURPOSE A seamless system of social, behavioral, and medical services for the uninsured was created to address the social determinants of disease, reduce health disparities, and foster local economic development in 2 inner-city neighborhoods and 2 rural counties in New Mexico.

METHODS Our family medicine department helped urban and rural communities that had large uninsured, minority populations create Health Commons models. These models of care are characterized by health planning shared by community stakeholders, triage shopping for medical, behavioral, and social services; employment of community health workers bridging the clinic and the community; and job creation.

RESULTS Outcomes of the Health Commons included creation of a Web-based assignment of uninsured emergency department patients to primary care homes, reducing return visits by 37%, creation of a Web-based interface allowing partner organizations with incompatible information systems to share medical information, and creation of a statewide telephone Health Advice Line offering rural and urban uninsured individuals access to health and social service information and referrals 24 hours a day, 7 days a week. The Health Commons created jobs and has been sustained by attracting local investment and external public and private funding for its products. Our department's role in developing the Health Commons helped the academic health center (AHC) form mutually beneficial community partnerships with surrounding and distant urban and rural communities.

CONCLUSIONS Broad stakeholder participation built trust and investment in the Health Commons, expanding services for the uninsured. This participation also fostered marketable innovations applicable to all Health Commons sites. Family medicine can promote the Health Commons as a venue for linking complementary strengths of the AHC and the community, while addressing the unique needs of each. Overall, our experience suggests that family medicine can play a leadership role in building collaborative approaches to seemingly intractable health problems among the uninsured, benefiting not only the community, but also the AHC.

Ann Fam Med 2006;8(suppl 3):S27-S31, DOI: 10.1555/afm.2006

INTRODUCTION

Intractable health problems in our society, such as health disparities between economic and ethnic groups, poor access to care, and alarming increases in uninsured populations, have as their root cause social determinants. The Health Commons is a conceptual model developed by the University of New Mexico (UNM) Department of Family and Community Medicine (the Department) in collaboration with its safety net stakeholders. This model attempts to address social determinants through integration and collaboration among many community stakeholders, pooling resources to address community-prioritized health needs. Funded by the W.K. Kellogg Foundation and the Health

ANNALS OF FAMILY MEDICINE • WWW.ANNALSFFM.ORG • VOL. 8, SUPPLEMENT 3 • FORTHCOMING 2006



Kaufman, Derksen et al: Annals Family Medicine 2006

U.S. Health Spending



\$2.3 Trillion on Health (16% GDP)

\$700 Billion Waste (5% GDP)

\$200 Billion to Cover All

Do you want to know who you are? Don't ask. Act!
Action will delineate and define you. Thomas Jefferson

