THE OFFICIAL PUBLICATION OF THE NEW MEXICO DENTAL ASSOCIATION • WINTER 2017

NEW MEXICO DENTAL Journal

Inside This Issue

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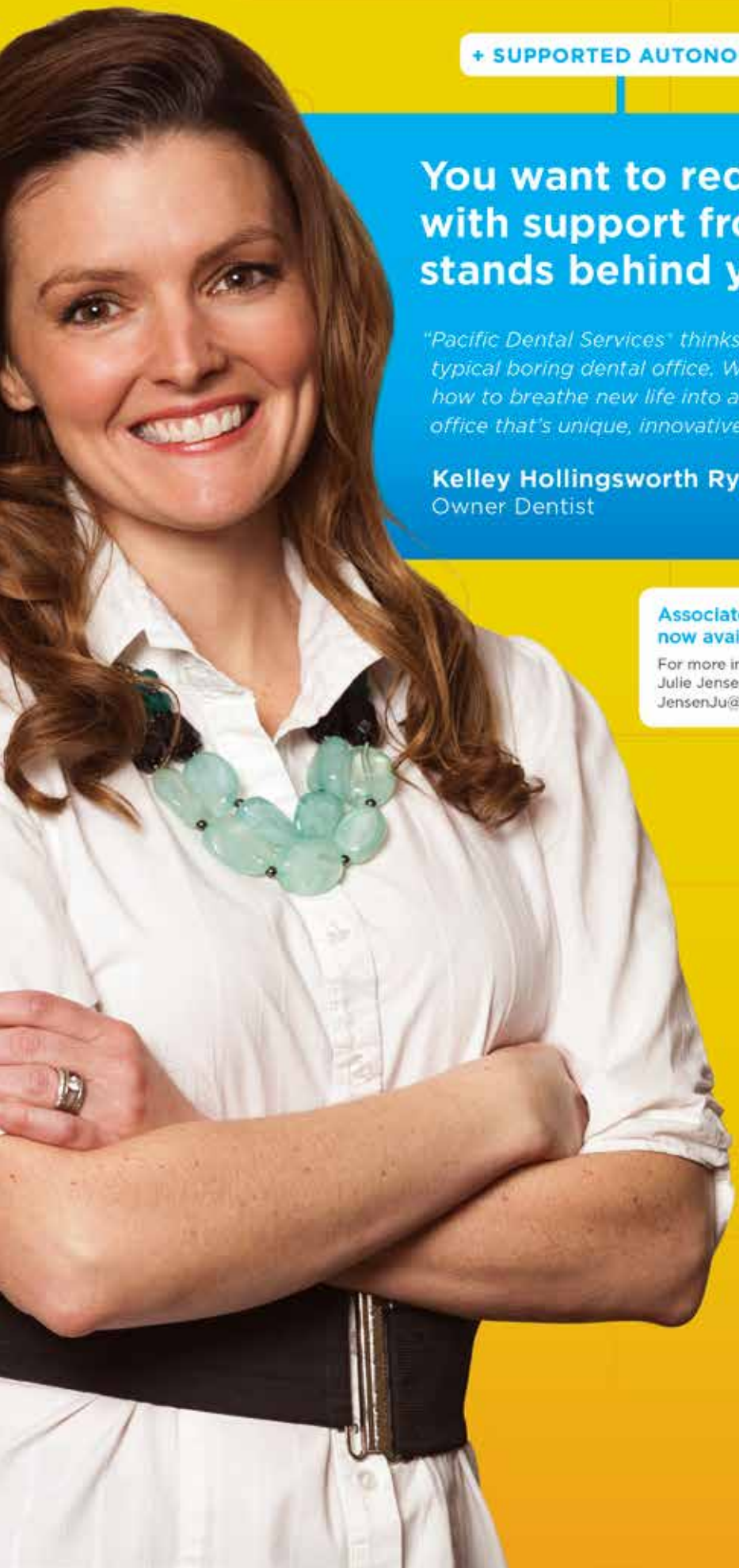

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NEW MEXICO DENTAL Journal

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What's Inside

The *New Mexico Dental Journal* is published quarterly in the months of January, April, July and October by the New Mexico Dental Association, 9201 Montgomery Blvd NE, Suite 601; Albuquerque, NM 87111.

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Do you remember when you were a kid and you would get candy or cookies from a grandparent and you didn't want your siblings or cousins to take what you had been given? You worked so hard for that prize and it was *yours*. Did you wish you had a cookie jar you could put those cookies in to where they would be safe? A special jar that no one else could get to *your* cookies.

We find that a lot of doctors are not aware of the fact that a similar jar exists, but for their hard-earned money. Just like other people presented a threat to your cookies, it's unfortunate that other people present a threat to your money. Risks exist, such as frivolous litigation, divorce, a teenage driver, malpractice and fallouts with business partners, among others. There are ways to protect your wealth, like a protected cookie jar. We call this asset protection and we consider it a very important part of one's financial health.

Regarding your actual business, if you are in private practice: a formal business entity, malpractice insurance, and a buy-sell agreement are your first lines of protection. Most practices have the first two items covered, but many have not documented the buy-sell agreement. That legal document creates the rules by which a partner and you would handle a separation due to personal differences, disability or death. In the latter two scenarios, it is also important to identify funding so that a surviving spouse and/or family receives what is due to them without it harming the surviving owner.

In regards to money you have saved, there are some common investment account types that provide some exemption from creditors or people who would want to take your money. These laws vary by state, but in the state of New Mexico, Traditional and Roth IRAs along with insurance contracts such as cash value life and annuities carry some protection. Lastly, ERISA plans like 401(k) and 403(b) are exempt from creditors at the federal level, so state specific laws do not apply to those accounts.

Of course, there are still aspects of a lawsuit that will create mental anguish. Our hope is that you may find a bit of comfort in the fact that some protection of wealth and therefore protection of your goals is achievable. We recommend an overall asset protection strategy for our clients or at the very least recommend that it be discussed. If you have questions or concerns, we are pleased to offer a complimentary meeting.

This is part of a series of articles on the business side of medicine from The Doctor's Financial Resource.

Travis Flandermeyer, MBA ..... direct line (505) 717-1111 ..... Travis@CeteraNetworks.com
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President's Message

Chris Morgan, DMD

Beware of the Wave

My kids think that I am "always upset and worried about everything." In retaliation to their voiced opinion, I wake them up at 6:30 AM every school day. We don't wake up late, because if we do, we will be tardy for school. You see, every morning, the main road to school experiences a wave of traffic, presumably folks from the big city (Albuquerque), making their morning commute to the state complex. The Wave arrives precisely at 7:32 am, five days a week. If we are late pulling out, we can count on a frustrating five minute wait to get onto Old Pecos Highway, the road to our elementary school. The point is- we wake up five days a week with a plan that works to get us to school on time.

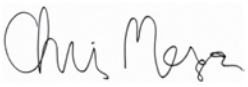
I remember when I was a little guy, for months ahead, I would dream of my family's annual summer vacation, which inevitably involved camping in the mid-west in a very dated travel trailer that smelled funny. I bet a lot of people had similar experiences as children. To me, this represented one or two weeks of life without a plan. Looking back, I think that we were busy from dawn to dusk, and maybe even beyond. My two brothers and I had no plan, and we probably accomplished nothing. We had great times and fond memories.

Nowadays, I proudly watch my kids on far more extravagant vacations. My family was fortunate enough to go to Waikiki Beach this summer. It was a great vacation. Yes, we had no real plan. But I am neurotic and secretly planned to do a special activity every day. One of our favorites was learning to surf. We hired a guide and rented some long boards. We spent an hour on the beach, practicing a new skill set. We paddled out into the ocean and caught some gnarly waves. The guidance and practice immediately paid off. The funny thing is on the way in, our guide asked who saw the shark? We thought he was kidding. Because we were so intent on staying in front of the wave that we were riding, none of us even cared to look to the dangers below the surface. We were focused on our goal of surfing, and we achieved our goal, despite the man-eaters lurking below the surf.

As dentists, we all start our day with a plan. We do things like morning huddles and monthly staff meetings. We have budgets and financial goals. This is how we will arrive at our targeted finish lines. The good news is that the New Mexico Dental Association also has established a set of goals. Our plan is called Improving Oral Health: Focus 2020. The NMDA has established a collection of goals to reach by the start of the next decade. It can be found at our website, and I encourage you to review it online. This Issue of the Journal takes a look at where we are with our plan.

There will always be waves of nasty drivers and apex dominating man-eating beasts that are looming out there. For our cherished profession, we rely on the NMDA as our advocate. There is a tremendous amount of planning, educating and communicating with our state dentists, legislators and other community leaders. Our dental society provides an opportunity to network and connect with our colleagues. It provides the science and research that we use every day in our practice. In short, it is our profession's voice. When waves of rich, out of state, misguided groups attack our state with $5 million, our NMDA can proudly respond that over the same time period, our foundation has donated the same amount of money in donated dental services during our five Missions of Mercy since 2010. In closing, we are the most knowledgeable people in our profession. We know the answers to dentistry's persistent questions. Be proud of our association, and spread the word.

Proudly Serving as Your NMDA President,



Chris Morgan, DMD
NMDA President 2016–2017
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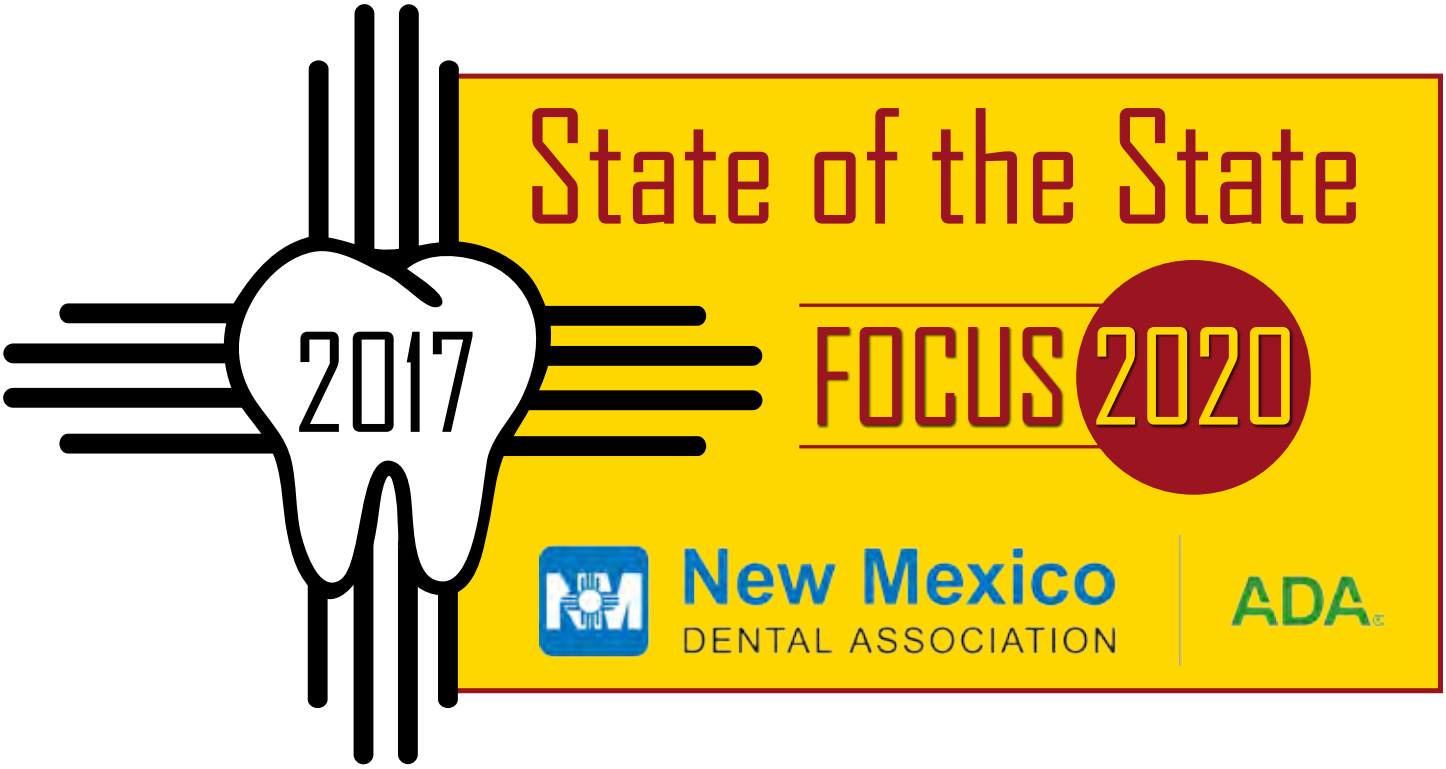

Oral Health Focus 2020

Tom Schripsema, DDS—*NMDA Executive Director*
and **Michael Moxey**—*NMDA Director of Communications and Advocacy*

In 2013 the New Mexico Dental Association developed a bold seven-year plan to begin to address the significant barriers to adequate dental care in New Mexico. The plan arose out of the more modest "Brighter Smiles" campaign, but was much more expansive in scope, looking at four primary areas and offering specific actions in each. These areas include Prevention, Economics, Education and Workforce. Implementation could take a variety of forms including legislative and regulatory action, increased funding, administrative changes and improving public awareness.

2017 marks the midway point in the seven years and so in this edition of the New Mexico Dental Journal we will look at the State of the State in both environmental terms and how progress is being made in Focus 2020. Much of this information is made possible by the work of the Health Policy Institute at the American Dental Association, supplemented by information from the New Mexico Workforce Taskforce, the New Mexico Department of Health and the New Mexico Board of Dental Healthcare. While statistics cannot tell the entire story, they do allow us to compare benchmarks and gauge progress.

The state continues to grow, economies fluctuate, social and technological changes occur, and the political landscape is in flux. This presents a moving target for any long-range plan. The goal of this issue is to present a snapshot of conditions which can inform our future progress and planning. It shows areas of progress and highlights some of the challenges ahead. In short, it allows us to refocus our time, attention and resources on the barriers that remain to achieving the optimal oral health of all New Mexicans while celebrating progress in many areas.

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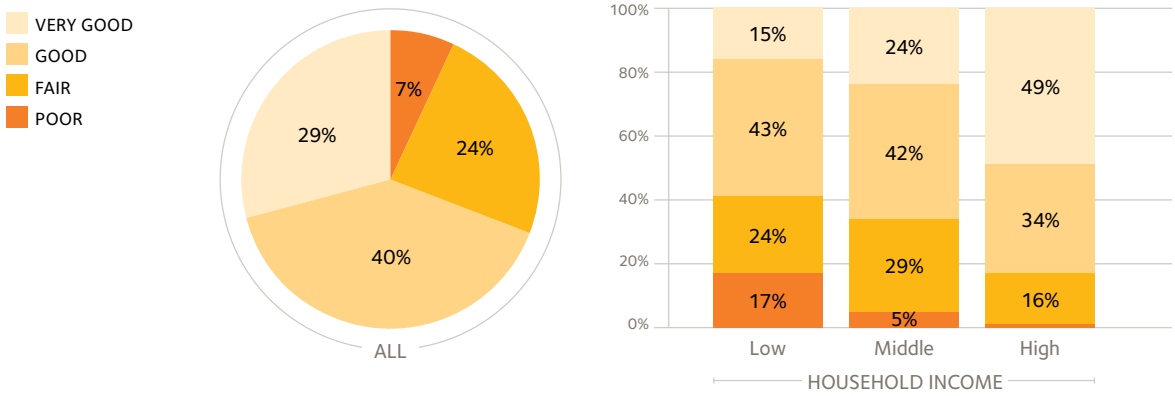
Oral Health and Well-Being in New Mexico

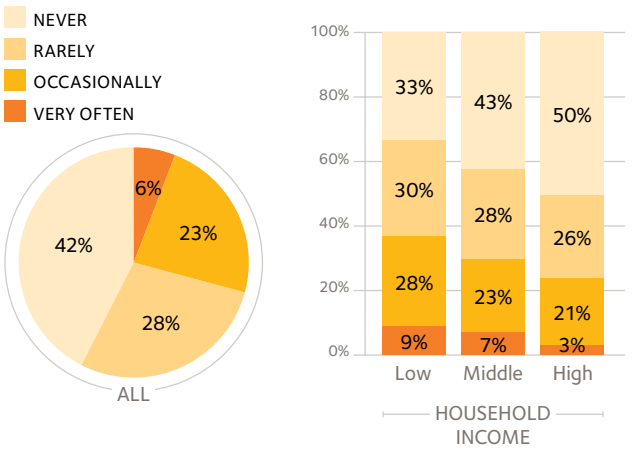
2017

How do adults in New Mexico view their oral health? This fact sheet summarizes select data on self-reported oral health status, attitudes and dental care utilization among New Mexico adults as of 2015, by income level, based on an innovative household survey. For methods and sources, visit ADA.org/statefacts. For more information on the ADA Health Policy Institute, visit ADA.org/HPI.

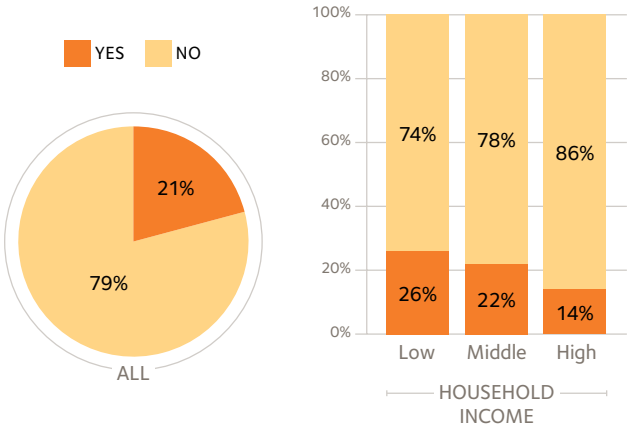
Overall Condition of Mouth and Teeth



Life in General is Less Satisfying Due to Condition of Mouth and Teeth



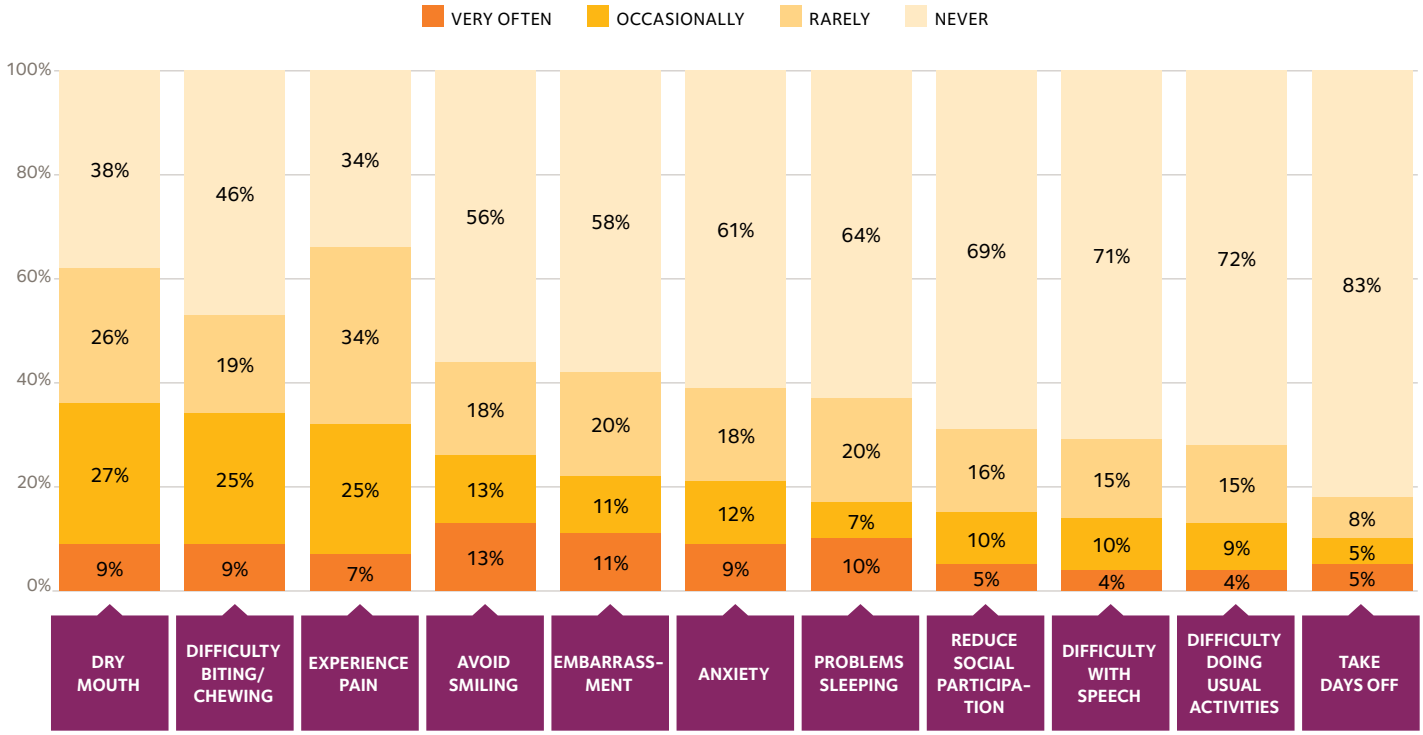
Appearance of Mouth and Teeth Affects Ability to Interview for a Job



Oral Health and Well-Being in New Mexico

2017

How Often Have You Experienced the Following Problems in the Last 12 Months Due to the Condition of Your Mouth and Teeth?



1 in 4

adults **avoid smiling** due to the condition of their mouth and teeth.

22%

of adults **feel embarrassment** due to the condition of their mouth and teeth.

1 in 5

adults **experience anxiety** due to the condition of their mouth and teeth.

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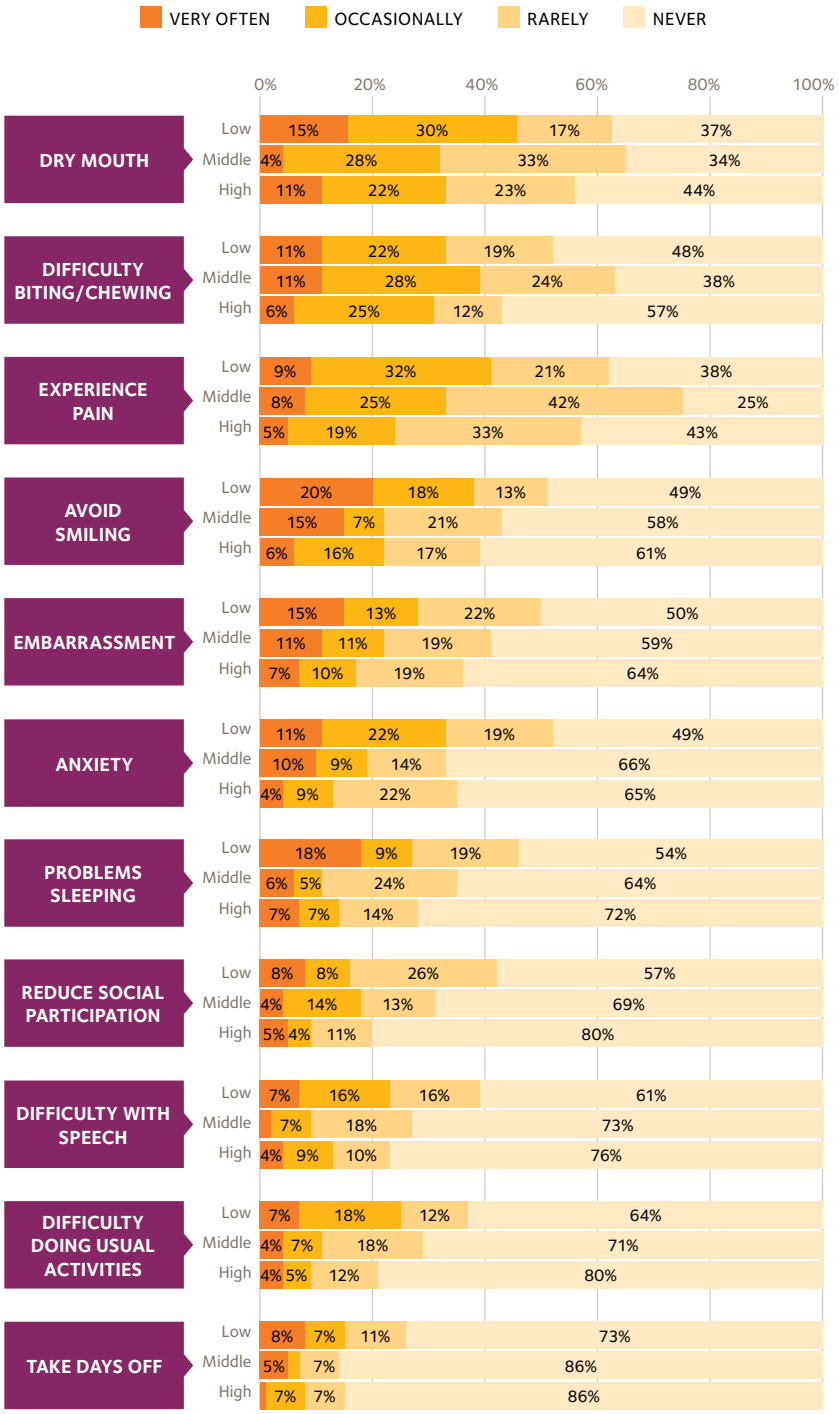
Oral Health and Well-Being in New Mexico

Problems Due to Condition of Mouth and Teeth, by Household Income



Low income adults are most likely to report having problems due to the condition of their mouth and teeth.

The top oral health problem for low income adults is **dry mouth.**

38% of low income adults avoid smiling due to the condition of their mouth and teeth.

24% of high income adults experience pain due to the condition of their mouth and teeth.

22% of middle income adults feel embarrassment due to the condition of their mouth and teeth.

16% of low income adults reduce participation in social activities due to the condition of their mouth and teeth.

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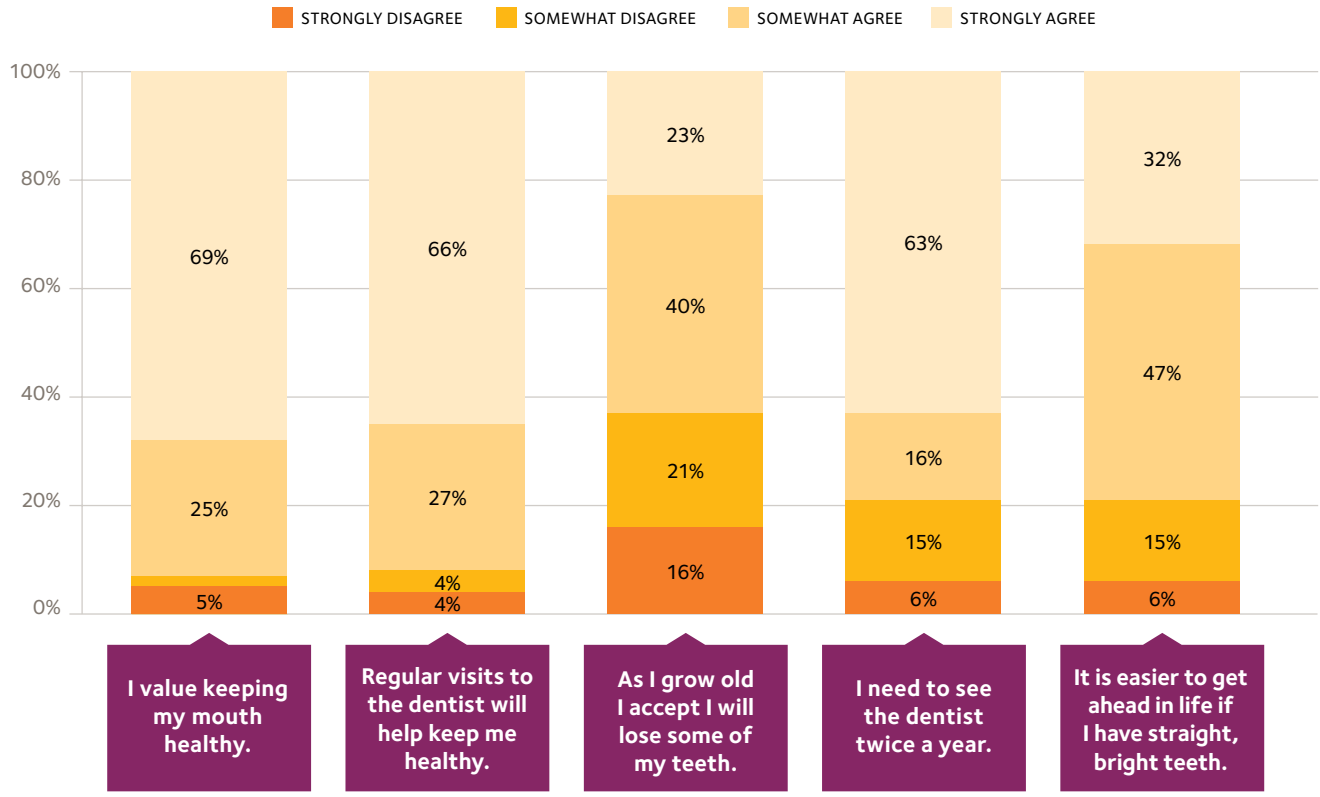
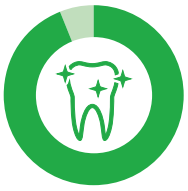
Oral Health and Well-Being in New Mexico

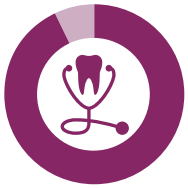
Attitudes Toward Oral Health and Dental Care





94% value oral health.

79% feel they need to visit the dentist twice per year.



93% agree regular dental visits keep them healthy.

79% believe straight, bright teeth help you get ahead in life.

"I accept I will lose some teeth with age."

71% low income adults

48% high income adults

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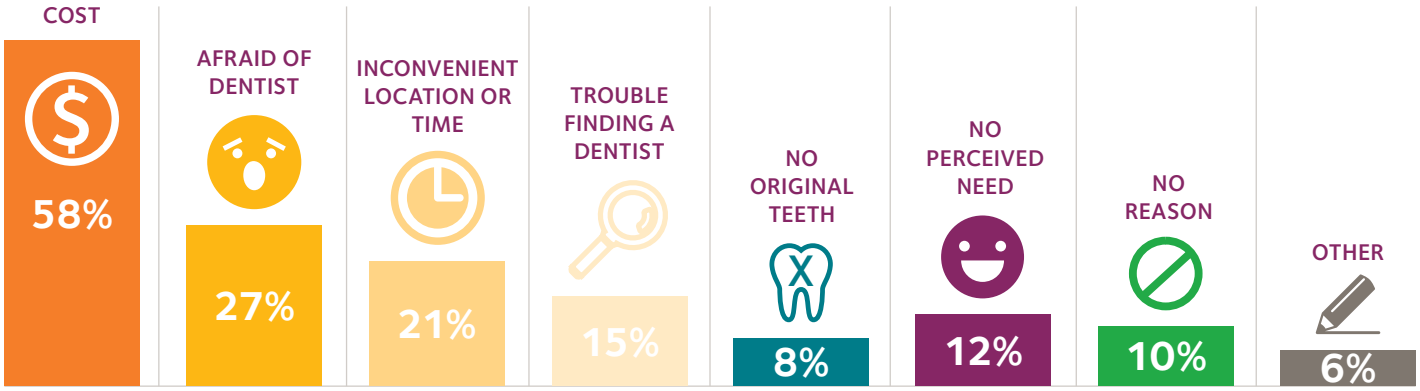
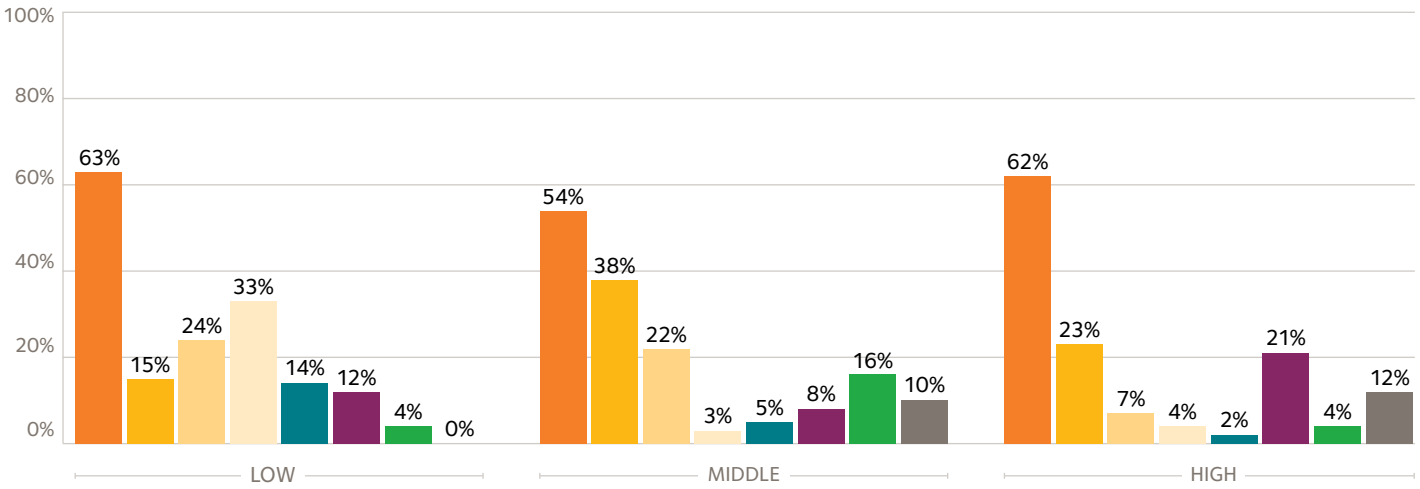
Oral Health and Well-Being in New Mexico

Reasons for Not Visiting the Dentist More Frequently, Among Those Without a Visit in the Last 12 Months



Household Income



33% of low income adults cite trouble finding a dentist as a reason not to visit the dentist.

38% of middle income adults cite fear as a reason not to visit the dentist.

23% of high income adults cite fear as a reason not to visit the dentist.

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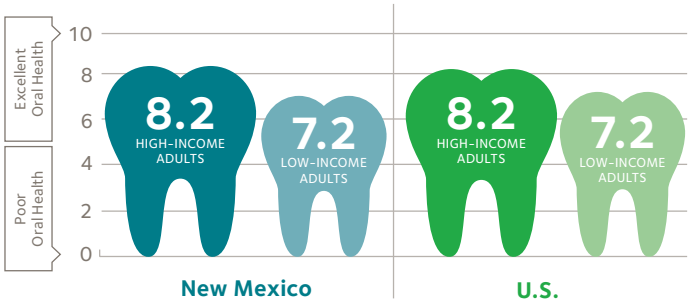
Oral Health **Prevention** in New Mexico

"An ounce of prevention is worth a pound of cure." That is particularly true of dental care and represents the first major section of the Oral Health Focus 2020 program. Although prevention can be practiced on the level of individual patients, Focus 2020 looks at public health measures that impact populations.

Oral Health Status Index Among Adults in 2015



Oral Health Knowledge Index Among Adults in 2015

ANSWERED ALL OF HPI'S ORAL HEALTH KNOWLEDGE SURVEY QUESTIONS CORRECTLY COMPARED TO **52%** OF HIGH-INCOME AND **44%** OF LOW-INCOME U.S. ADULTS

State Dental Director

There are no dentists currently employed in state government. The Department of Health devotes very few resources to Oral Health. NMDA believes that the only way to adequately address the public health issues and maximize the services that can be offered is by having a specialist in dental public health. A public health dentist has unique knowledge and experience which can be applied to treating populations with appropriate programming. They also are particularly skilled at assessing populations through surveys and epidemiological research. Although not all states have dentists in this position, those that do are able to be more successful in acquiring the resources to have effective programs. Legislation regarding this proposal is pending in the SM136 taskforce bill.

Fluoridation

Optimally fluoridated water has been accepted as a safe and effective public health measure to prevent decay. In 2012 the percentage of New Mexican's with access to optimally fluoridated water was 77%, but when the Albuquerque Bernalillo Water Utility authority stopped optimal fluoridation in 2013, New Mexico's percentage dropped to 49%. Although ABWUA has considered restoring the service, it was not included in the current budget. Many other communities in New Mexico either have optimally fluoridated systems, or are naturally fluoridated at or above the recommended guidelines. The NMDA has advocated for a state incentive program because communities with optimal fluoridation save Medicaid and other state-funded programs millions in dental treatment over the long-term by preventing dental disease from occurring, in the first place.

Oral Health Attitude Index Among Adults in 2015

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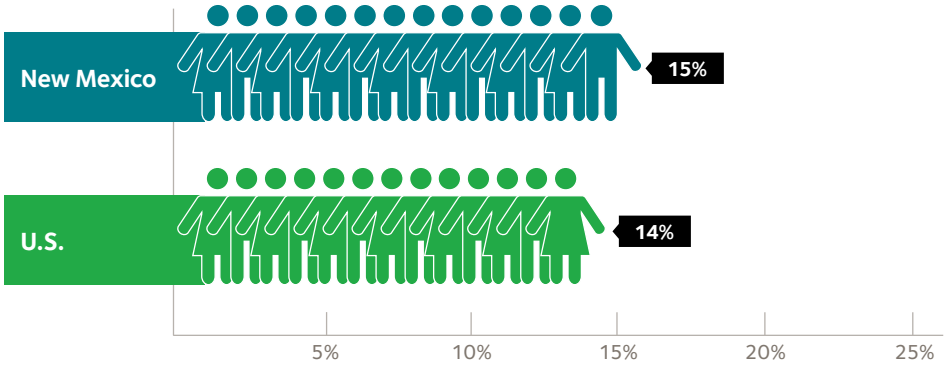
Oral Health **Prevention** in New Mexico

Dental HOME

One aspect of prevention is early intervention. Requiring students to have a dental examination prior to enrolling in a New Mexico school would encourage parents, whose kids don't already have a dental HOME established, to create a relationship with a local dentist resulting in regular preventive care. Since nearly every child is covered by private dental benefits, Medicaid or S-Chip, the cost to parents is minimal. The potential savings from early intervention would be large. Legislation regarding this proposal is pending in the SM136 taskforce bill.

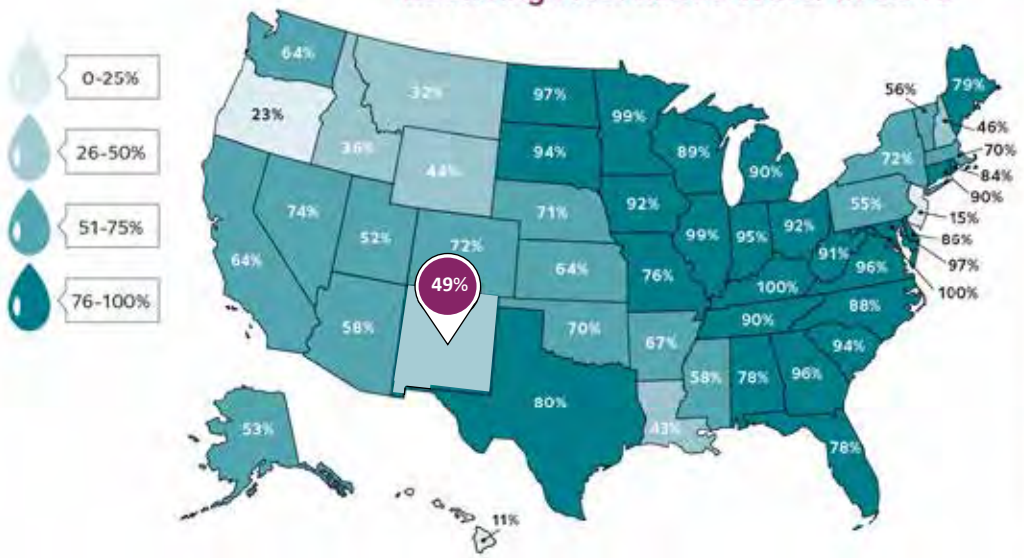
Percentage of Medicaid Children Who Received a Sealant on a Permanent Molar in 2013



15%

OF NEW MEXICO MEDICAID CHILDREN 6 THROUGH 14 YEARS OLD RECEIVED A SEALANT ON A PERMANENT MOLAR IN 2013, **COMPARED TO 14% NATIONALLY**

Percentage of Population on Community Water Systems Receiving Fluoridated Water in 2012



49%

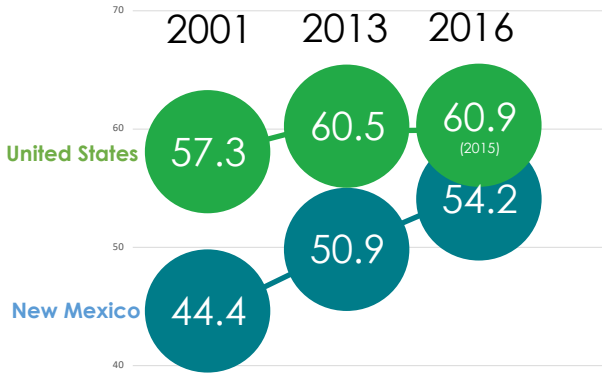
OF NEW MEXICO'S POPULATION ON COMMUNITY WATER SYSTEMS RECEIVE FLUORIDATED WATER

This HPI graphic based on 2012 numbers has been changed to reflect the discontinuation of water fluoridation by the Albuquerque Bernalillo County Water Utility Authority service area (a population of over 600,000). The previous number was 77%.

Oral Health **Economics** in New Mexico

The economics of dentistry is anything but a free market. While there are elements of supply and demand, they are complicated by dental benefits, managed care, Medicaid, taxes and government regulation. Demand certainly drives how many dentists come to New Mexico and where they practice, but understanding how dental needs and wants create demand is far more complex.

Number of Dentists per 100,000 Population



Percentage of Dentists Participating in Medicaid for Child Dental Services in 2014

53%
New Mexico

42%
U.S.

Medicaid

Medicaid is undeniably one of the major forces in New Mexico's dental economics. More than one of every three people in the state is covered by Medicaid. Those kinds of numbers impact every practice, regardless of whether they actually see Medicaid patients or not. Federal law prescribes that every state provides a full scope of services for children and young adults (through age 21). Adults are a different story. About half of the states provide adult services with an extended scope that includes some restorative and prosthetic care. New Mexico is one of them. Of the rest of the states, half offer emergency-related services like extractions, but the remaining half offer no adult services of any kind.

Dentists that do not participate in Medicaid overwhelmingly cite poor reimbursements rates as the reason. New Mexico's rated reimbursement rates for child dental services were 49% of private dental plan charges in 2013, which matched the national average. Effective reimbursement rates were probably much lower because complicated limitations mean that dentists provide many unreimbursed services. Most Medicaid dentists estimate that they make 25-30% of their normal fees, which is well below the 60-70% overhead cost of providing these services.

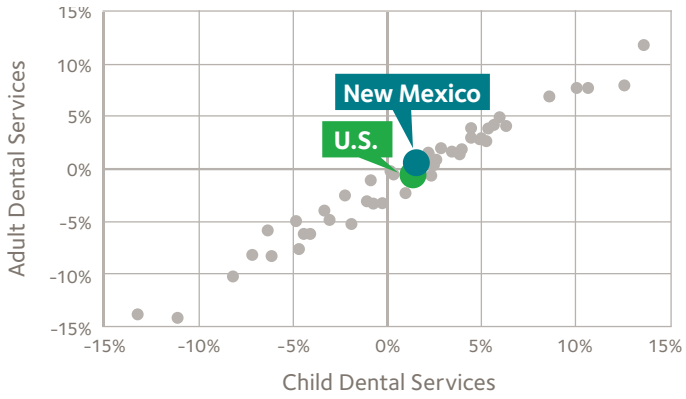
Despite the poor reimbursement rates, 53% of New Mexico dentists participated in Medicaid which is well above the national average of 42%. Fifty-five percent of NM children covered by Medicaid had a dental exam in the past 12 months, which ranked NM 12th in the nation. Since 2003 that number has risen from 24.3% to the current 55.2%, which puts NM in 7th among the states for improvement in Medicaid access. While Medicaid-covered children were 9% behind their peers with private dental benefits, NM was 13th in closing the gap between Medicaid and non-Medicaid children receiving an exam.

Medicaid continues to face funding challenges. New Mexico's reimbursement rates, adjusted for inflation, fell 24.9% between 2003 and 2013. The years since then have included not only no increases, but further rate reductions. It is estimated that the current rates are as much as 30-35% below 2003 levels. Budgeting for dental services has not kept up with rapidly increasing eligibility under the Affordable Care Act. Aging baby boomers will further tax the system as they realize that dental care is not covered by Medicare and come to rely on Medicaid for long-term care.

Oral Health **Economics** in New Mexico

CHANGE IN PRIVATE DENTAL BENEFIT PLAN CHARGES BETWEEN 2003 AND 2013

	CHILD	ADULT
NEW MEXICO	**1.7%**	**0.6%**
U.S.	**1.2%**	**-0.6%**

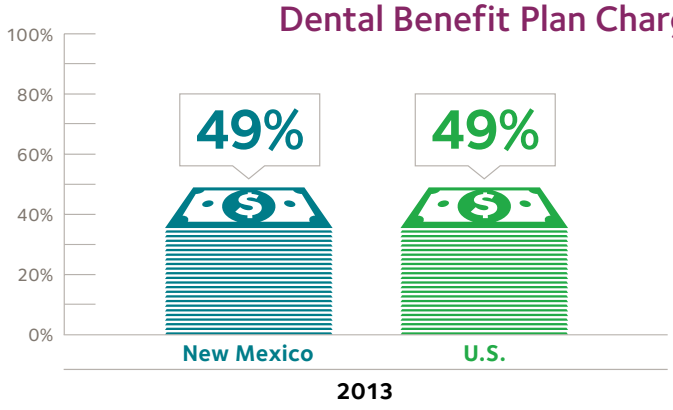


Private Dental Benefits

While employer-provided dental benefits are highly valued by employees, the level of benefit has not increased significantly in 40 years. In some cases they are actually diminishing as companies, forced to fund medical benefits mandated by the Affordable Care Act, seek savings on unmandated services, like dental benefits. Almost all dental benefits in New Mexico are now some form of managed care. PPO participation rates in NM are the third highest in the nation. Correlation between high participation and low reimbursement rates means NM is in the lower third of states in dropping levels of dental benefit payment rates. Nevertheless, NM is bucking the private dental benefits national trend of fewer adult visits in the last 10 years and has actually improved from 53% to 57%. Unfortunately that is still less than the national average of 59%. Clearly dental managed care has not solved all the problems related to improving patient's access.

> ***"More than one of every three people in the state is covered by Medicaid. Those kind of numbers impact every practice..."***

Medicaid Fee-for-Service Reimbursement as a Percentage of Private Dental Benefit Plan Charges for Child Dental Services

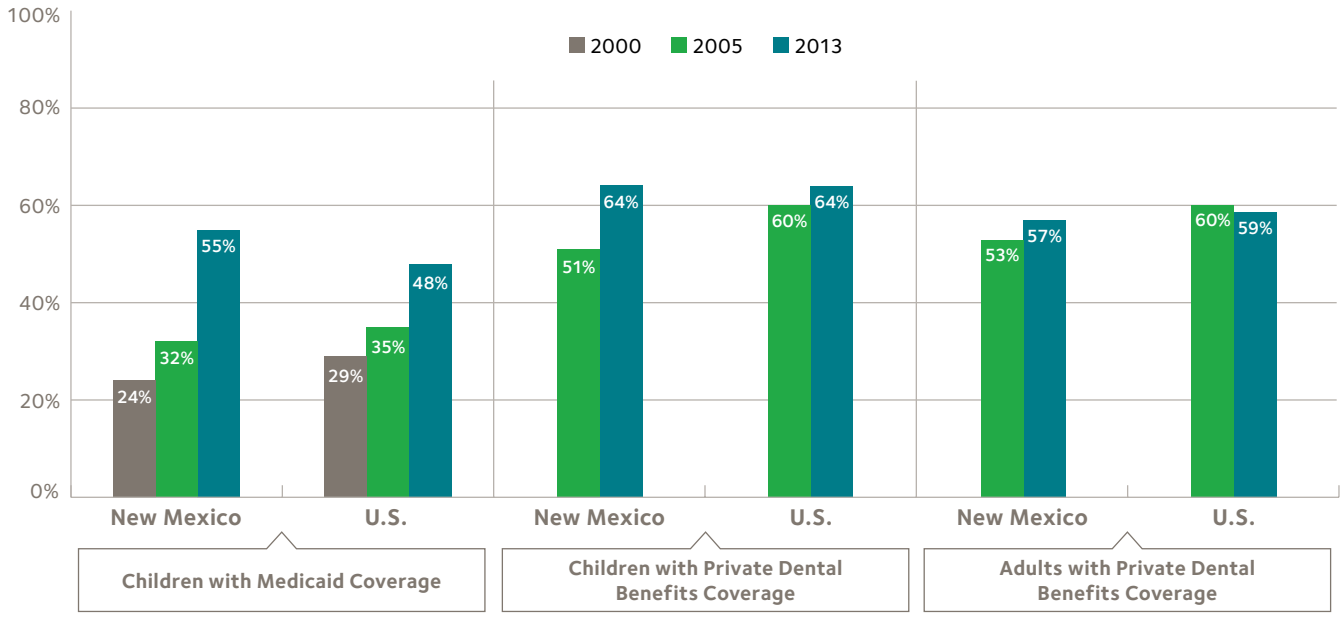


BETWEEN
2003 AND 2013
REIMBURSEMENT RATES FOR CHILD DENTAL SERVICES IN MEDICAID
decreased 24.9% in New Mexico

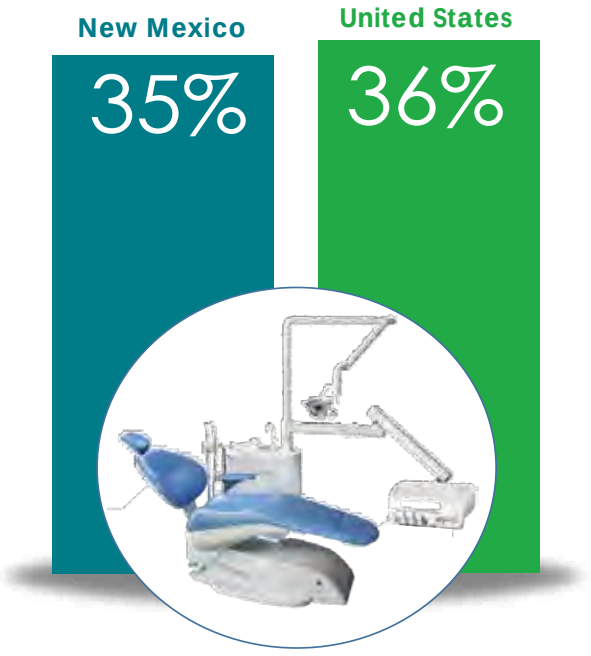
continued on next page ➲

Oral Health **Economics** in New Mexico

Percentage with a Dental Visit in the Past 12 Months



Percentage of general and specialist dentists who report that are not busy enough and could see more patients, 2013.



Gross Receipts Tax

Dentists continue to cite gross receipts tax in NM as a major barrier to care. The presence of a tax on dental dollars not paid under a managed care contract means that the purchasing power for necessary dental services is only 93% of the same dollar in surrounding states. Because the vast majority of expenditures on dental care comes from patients themselves via deductibles and copayments, it is the consumer that suffers. This cost is born most heavily by patients without dental benefits and by the dental practices that must pay it. Managed care generally dictates what will be paid for services, making it nearly impossible to pass these costs on to consumers.

Oral Health **Education** in New Mexico

Since 2003 the NMDA has worked with many of the state's universities to establish pre-dental societies. These organizations support students interested in dental school and provide them with assistance and experience that will allow them to successfully apply for dental school and excel after they are in. These programs have been very effective at producing high quality applicants and students. Unfortunately, New Mexico does not have a dental school, but NM students that want to go to dental school do have a few choices. They can apply to several state schools in the west that participate in WICHE (Western Interstate Commission on Higher Education. These include the University of Colorado, University of Missouri-KC, University of Oregon and the University of Washington. There are also a number of private schools in the region that give special consideration to NM students, including Creighton and AT Still-Phoenix.

Unfortunately, all options are costly. The state's contributions to WICHE do reduce the cost slightly for NM students, but currently there are only sixteen slots available. Often the number of students accepted into dental school exceeds the number of WICHE funded positions available. Nearly all students that have been assisted through WICHE return to New Mexico to fulfill their required service to the state and most remain in state afterward.

Educating dentists is more costly than any of the other professions. A large number of lab-based preclinical courses adds to the cost. Unlike medical schools, that provide most of their clinical experience in hospitals, dental schools need to maintain a large well-staffed clinic often funded by poorly reimbursed Medicaid services. Even with a state's underwriting much of these costs, tuition runs well above $50K per year. Out-of-state tuition is generally significantly higher. Typical indebtedness for dental school graduates exceeds $250,000 and may be as high as $400,000.

Having to attend dental school out-of-state has an impact on New Mexico's dental workforce. Dental school schedules do not allow much time for visits home, which can discourage minority students with strong cultural ties to their local communities. Returning students generally have higher debt, which discourages their locating in many areas or serving some populations. Maintaining debt-service of thousands of dollars each month requires performing high-production procedures which are not typically not covered or reimbursed poorly by Medicaid. Most opt for urban settings where they can work as employees with guaranteed salary minimums.

While the cost of starting a dental school in New Mexico was estimated to be around $40 million ten years ago, it is possible to begin making incremental progress in that direction at a much lower cost by taking advantage of existing programs. The Oral Health Focus 2020 plan suggests some possible avenues for progress.

Oral Health **Education** in New Mexico

WICHE

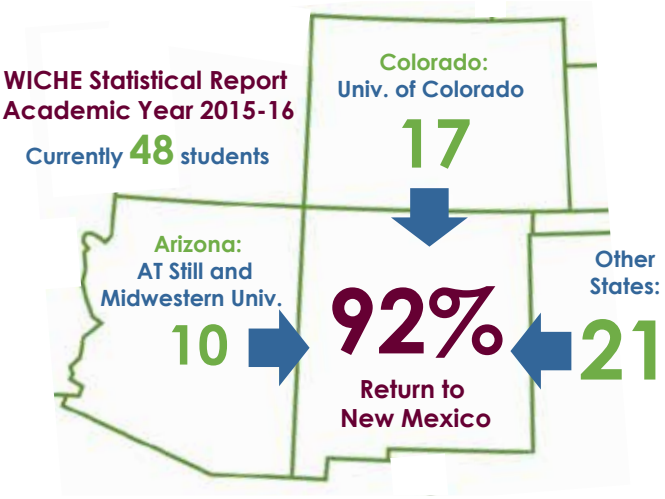
Increasing the number of students eligible and increasing the level of support will not only add quality students to the pipeline, it also allows the state to gradually assume the funding responsibility for maintaining a dental educational program, which other states and private institutions currently must carry on our behalf. Slowing the exponentially growing student debt load would give new dentists returning to New Mexico more choices.

BA/DDS

The University of New Mexico's BA/MD program has allowed improved diversification in our medical workforce. Since the pre-professional portion of this program would be identical to what is needed for dental school, expanding the program to include pre-dental students makes sense. Without a dental school in-state, the program would have to rely on a cooperating institution elsewhere, but such a collaborative relationship might allow some clinical experiences in New Mexico and institutionalize a more appropriate cultural experience. Not only would this encourage a more diverse student base, but it would significantly reduce the graduating debt that these students face. Texas Tech recently announced their planned opening of a new dental school in El Paso. As this project develops, there may be opportunities for New Mexico to seek a cooperative agreement to serve our students.

IMPROVING SAFETY-NET INFRASTRUCTURE

The preferred model recommended by the 2007 feasibility study for a New Mexico dental school included utilizing a network of Federally Qualified Health Centers to provide clinical experiences rather than a single university-based clinic. This might be accomplished by creating new facilities or adapting existing facilities. The state would immediately benefit by increasing the availability of safety-net services, but when the need for a local dental school is sufficient, facilities and prospective faculty will be in place. In the meantime, it could serve as an externship site for out-of-state programs cooperating in a BA/DDS program.



DOES NM NEED A DENTAL SCHOOL?

New Mexico probably does not need a school. . . yet. Workforce numbers do not suggest a shortage of dentists or difficulty attracting dentists to the state. Regionally the number of new schools is probably more than adequate to continue to deliver the number of dentists we need. However, one thing that is apparent from our history is that if we are dependent on out-of-state schools and become passive about fulfilling our state's need for dentists, we will eventually suffer a shortfall. Taking some incremental steps, as has been suggested above, allows us to control our own fate and provide valuable opportunities and resources to our citizens.

> ***Returning students generally have higher debt, which discourages their locating in many areas or serving some populations.***

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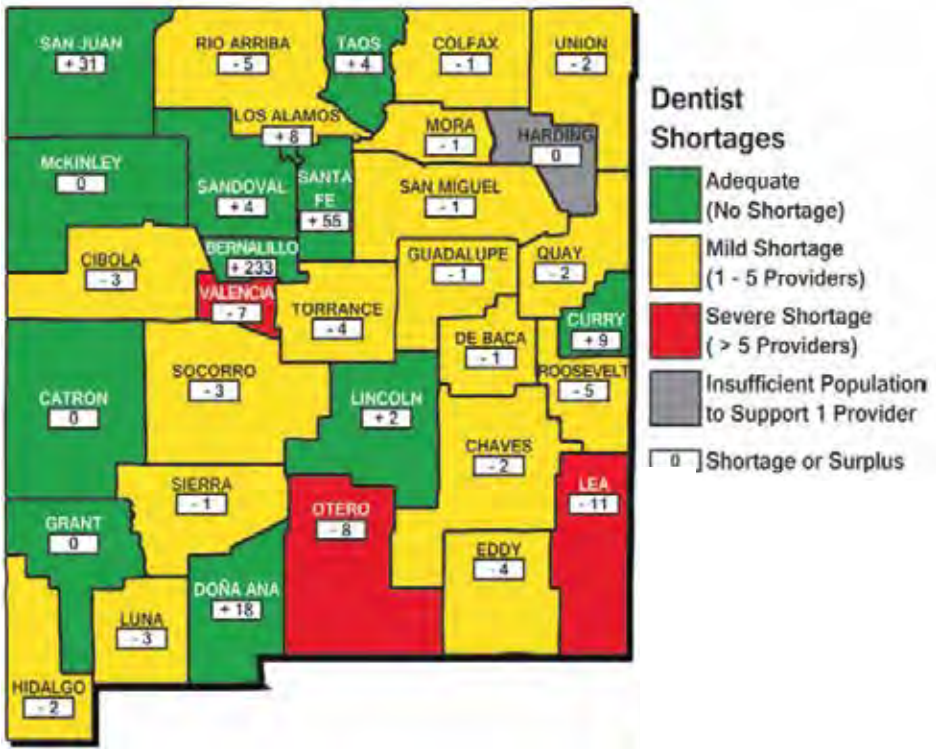
Oral Health **Workforce** in New Mexico

Does New Mexico have a shortage of dentists? It would be hard to conclude that the number of dentists in the state is inadequate from the various sources reporting on the issue. These numbers suggest that there are problems getting dentists to locate in some rural areas and even that we have a challenge keeping dentists in the state, but we are attracting far more than we lose and the ratio of dentists to population is consistent with other states in the region. We also have a relatively youthful workforce, even as we will see a peak in retirements in the coming decade.

In 2011, the University of New Mexico Health Sciences Center was tasked through the New Mexico Health Care Work Force Data Collection Analysis and Policy Act of 2011 to study health care workforce issues. The New Mexico Health Care Workforce Committee collects data from the state Board of Dental Health Care utilizing a survey filled out at by a dentist at the time of license renewal. Their 2016 report, issued in November, shows that based on a ratio of 1 dentist per 2500 population, there is not only a statewide surplus of practicing dentists, but a dramatic growth in the number of providers. It also indicates that during fiscal 2015 there was a net gain of 50 dentists in New Mexico, for a total of 1,131 practicing dentists.

Consistent with other health care professions, the distribution map for providers shows large surpluses in "urban" counties, with some less populous rural counties facing moderate or severe shortfalls. Reporting providers by county can be misleading because it fails to recognize that suburban and rural populations often routinely commute to adjacent counties for work, entertainment or services (for example, Valencia is designated as a "severe shortage" area despite being adjacent to Bernalillo County, and its current surplus of 233 dentists).

2016 New Mexico Health Care Workforce Committee Report



In 2015, New Mexico an estimated 1,131 licensed dentists with a practice address in the state. The benchmark for estimating dentist adequacy is 1 dentist per 2,500 population. By this metric, New Mexico has a **surplus of 297** dentists for our population.

The net change 2014-2015: **plus 50 dentists**.

Map and figures courtesy of the New Mexico Health Care Workforce Committee 2016 Annual Report.

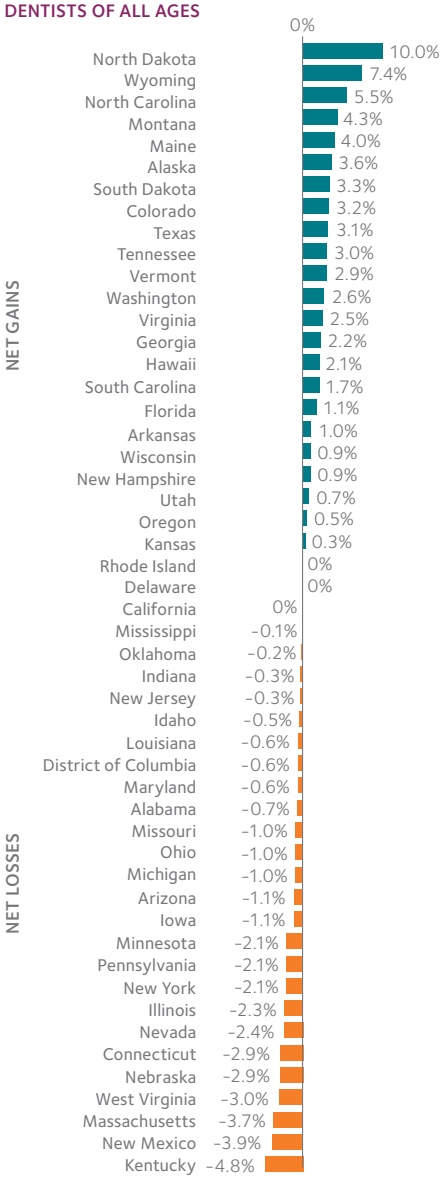
HPI Health Policy Institute

ADA American Dental Association®

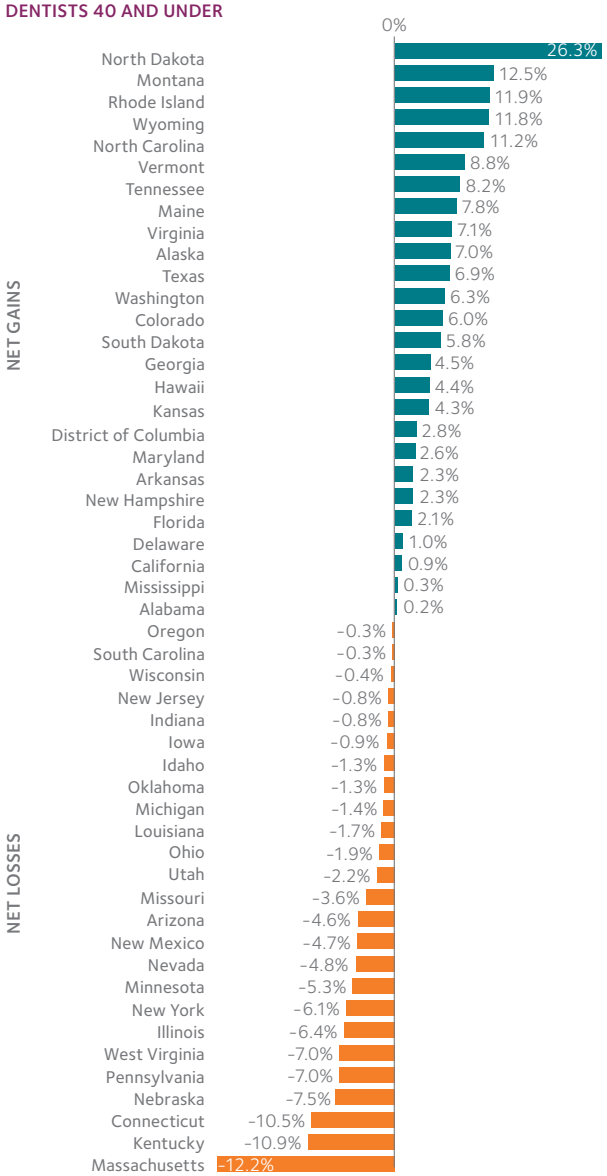
Dentist Migration Across State Lines

ABOUT 1 IN 18 DENTISTS (5.5%) moved to a different state between 2011 and 2016. Dentists 40 years or younger were much more likely to move, with about 1 in 8 (12.6%) migrating across state lines.

DENTISTS OF ALL AGES



DENTISTS 40 AND UNDER



Note: Percentages in the figures refer to net migration of practicing dentists between January 2011 and January 2016 (i.e., the number of dentists who entered the state minus number of dentists who left the state) divided by the number of practicing dentists in the state in January 2011. Age is calculated as of January 2011. Sample includes all dentists in the United States who were practicing in both January 2011 and January 2016. Based on HPI analysis of the ADA masterfile.

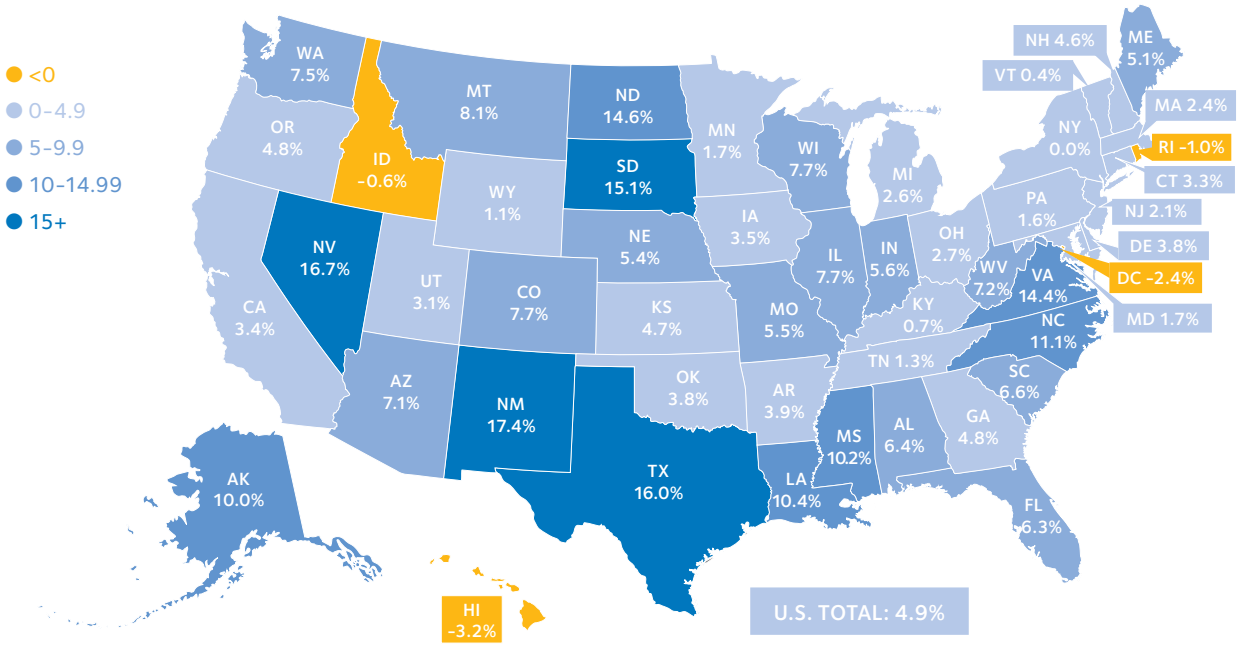
Download the **detailed data** on the number of dentists migrating from each state to all 49 other states.

continued on next page ➲

Oral Health **Workforce** in New Mexico

NEW MEXICO IS #1 IN THE NATION IN IMPROVING THE RATIO OF DENTISTS-TO-POPULATION FROM 2005-2015. NEW MEXICO INCREASED 17.4% WHILE THE NATIONAL AVERAGE IS 4.9%.

The states where the dentists per 100,000 population increased the most between 2005 and 2015 were New Mexico (17.4 percent), Nevada (16.7 percent) and Texas (16 percent). Only four states experienced decreases, ranging from -0.6 percent (Idaho) to -3.2 percent (Hawaii).



For more information, contact the Health Policy Institute at **hpi@ada.org.**

Nationally, our workforce statistics compare quite favorably. New Mexico stands number 1 in the nation in improving the ratio of dentists-to-population from 2005-2015. Our state increased 17.4% during that period, while the national average was 4.9%. And while the number of dentists nationally per 100,000 population between 2001-2015 grew 3.5%, New Mexico grew 9.8%. We also compare well when it comes to workforce age. New Mexico is third highest in the nation percentage of dentists under the age of 35 (22.5%), and 19th in the nation in percentage of dentists under age 49.

New Mexico (35%) also stands right at the national average (36%) for the percentage of general and specialist dentists who report they are not busy enough and could see more patients. Most dentists have the capacity to see more patients. We recognize that there are barriers to accessing this capacity which include a dysfunctional dental Medicaid program, a poor economy, eroding dental benefits and lack of awareness about the importance of oral health.

We do have some important challenges. Despite raising workforce numbers across the board, New Mexico was next to last in the country in net migration out of the state from 2011-2016 (-3.9%). Providing incentives to attract dentists from urban areas to rural communities will require investment from these communities. Studies show that dental practices generate significant revenue and improve a community's quality of life.

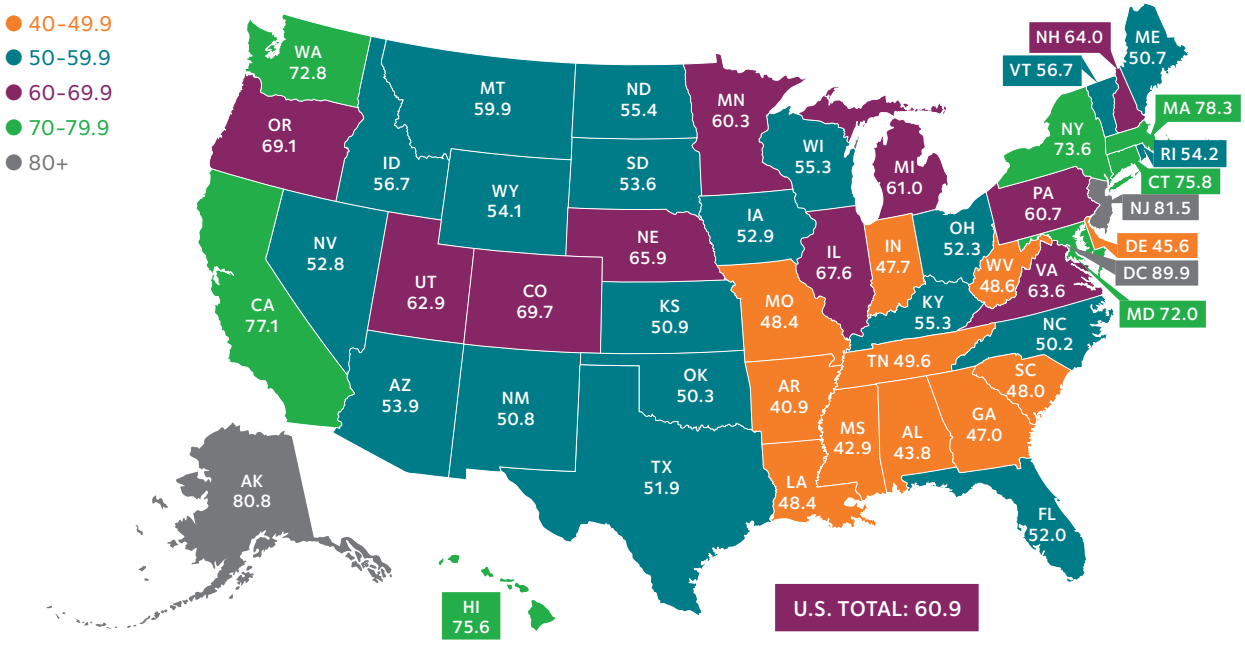
Overall, the dental workforce picture is positive. Although there are still some problems areas that can be addressed, the distribution of dentists seems considerably better than that of most physicians and mid-levels. We continue to attract far more dentists than the number of students we send to dental school. Our aging workforce of 10 years ago has given way to strong growth in new dentists. The question should not be, "Does NM have enough dentists," it should be, "How will we access the unutilized capacity we have?"

Oral Health **Workforce** in New Mexico

2017

DENTIST-TO-POPULATION RATIOS VARY ACROSS STATES

The number of dentists per 100,000 population in the United States was 60.9 in 2015 and varied across states. The District of Columbia (89.9), New Jersey (81.5) and Alaska (80.8) had the highest ratios in the nation.



U.S. Dentist Workforce by Age Group

	AGE<35	AGE 35-49	AGE 50-64	AGE 65+
Idaho	13.3%	50.7%	25.6%	10.4%
Nevada	19.9%	43.6%	25.9%	10.6%
Utah	11.0%	51.0%	27.7%	10.2%
Arizona	16.3%	42.8%	29.1%	11.7%
Montana	18.3%	39.7%	28.6%	13.4%
Texas	20.9%	36.9%	30.2%	12.1%
Washington	16.2%	41.3%	29.5%	13.0%
Oregon	16.1%	41.0%	29.6%	13.4%
Colorado	17.0%	39.2%	31.3%	12.5%
North Dakota	28.9%	27.2%	31.7%	12.2%
Wyoming	21.1%	34.7%	29.7%	14.5%
Alaska	20.9%	34.7%	28.6%	15.7%
South Carolina	20.9%	34.1%	30.5%	14.6%
North Carolina	16.8%	37.3%	31.4%	14.5%
Virginia	16.7%	36.4%	32.8%	14.1%
South Dakota	20.7%	32.4%	34.1%	12.8%
Massachusetts	19.9%	32.9%	33.2%	14.1%
Georgia	14.2%	38.1%	32.9%	14.8%
New Mexico	22.5%	29.3%	31.8%	16.3%
Nebraska	22.9%	28.7%	32.7%	15.7%
Oklahoma	20.1%	31.4%	34.4%	14.0%
Iowa	20.8%	30.4%	37.7%	11.1%
Mississippi	17.0%	33.9%	35.8%	13.3%
Minnesota	18.5%	32.2%	37.3%	11.9%
Louisiana	19.5%	31.2%	32.8%	16.5%
Kentucky	16.9%	33.2%	35.5%	14.4%

	AGE<35	AGE 35-49	AGE 50-64	AGE 65+
Florida	16.0%	33.9%	35.3%	14.8%
Delaware	14.8%	34.8%	30.9%	19.5%
U.S.	15.9%	33.4%	35.7%	15.0%
California	12.7%	36.6%	36.7%	14.0%
West Virginia	19.6%	29.2%	35.5%	15.7%
Indiana	17.0%	31.0%	37.6%	14.3%
Alabama	15.6%	32.2%	35.0%	17.2%
Kansas	16.8%	30.7%	37.7%	14.8%
Arkansas	15.9%	31.5%	38.3%	14.3%
Maryland	15.3%	31.4%	36.3%	17.0%
Tennessee	16.9%	29.5%	36.2%	17.5%
Missouri	18.9%	25.9%	36.2%	19.0%
New Hampshire	13.3%	31.4%	39.5%	15.9%
Wisconsin	17.1%	27.2%	41.5%	14.2%
Michigan	15.8%	28.5%	40.2%	15.6%
Connecticut	13.4%	30.1%	37.3%	19.2%
New Jersey	12.0%	31.2%	40.1%	16.6%
New York	13.2%	29.8%	39.0%	18.0%
Ohio	15.0%	27.8%	39.2%	17.9%
Washington, D.C.	19.2%	23.5%	35.1%	22.2%
Illinois	16.1%	26.3%	42.9%	14.7%
Maine	16.0%	26.0%	38.3%	19.7%
Pennsylvania	14.7%	26.5%	40.5%	18.3%
Rhode Island	11.7%	29.4%	40.6%	18.4%
Hawaii	12.3%	26.7%	45.9%	15.1%
Vermont	11.8%	26.8%	38.9%	22.5%

Source: ADA Health Policy Institute analysis of ADA masterfile, end-of-year 2015.
*Munson B., Vujicic M. Number of practicing dentists per capita in the United States will grow steadily. *Health Policy Institute Research Brief.* American Dental Association. June 2016 (Revised).

NMDA 108th **Annual Session**

New Mexico Dental Association is an ADA Cerp Recognized Provider

Wednesday, June 7, 2017

TIME	EVENT
1–5 PM	House of Delegates—General Session

Thursday, June 8, 2017

Time	Speaker	Event
6:30 AM–3:30 PM		Registration Open
7–8:30 AM		Eat & Learn Breakfast:
7–8 AM		Past President's Breakfast
8 AM–5 PM		Exhibit Hall Open
9 AM–12 PM	Jill Baskin	CNA Dental Professional Liability Risk Management Seminar *Sponsored by Brown and Brown of NM*
9–11 AM		House Of Delegates - Reference Committee Meetings
9 AM–12 PM	Steve Rasner	The Thriving Fee for Service Practice in 2017 (Pt. 1)
9 AM–12 PM	Howard Glazer	I Have It..You Need It! (Must Have Products & Materials) Aka "What's Hot & What's Getting Hotter!"
9 AM–12 PM	Kyle Stanley	The Biggest Problems in Implant Dentistry and How to Avoid Them (Pt. 1)
9 AM–12 PM	Jane Grover	TBD
9 AM–12 PM	John Cornali	Orthodontics
9:30–10:30 AM	Andrew Eberhardt	Maximizing Insurance Relationships
11–11:30 AM		Opening Session:
12–1 PM		FICD/FACD Luncheon - Members Only
1–2 PM	Michael Moxey	The Price is Right!
2–5 PM	Steve Rasner	The Thriving Fee for Service Practice in 2017 (Pt. 2)
2–5 PM	Lionel Candelaria	Current Concepts is Post-Operative Pain Management
2–5 PM	Linda Nichols	Ethics
2–5 PM	Howard Glazer	"I Have It..You Need It! (Must Have Products & Materials) Aka "What's Hot & What's Getting Hotter!"
2–5 PM	Kyle Stanley	The Biggest Problems in Implant Dentistry and How to Avoid Them (Pt. 2)
2–5 PM	Jane Grover	TBD
2–5 PM	John Cornali	Orthodontics

Albuquerque Convention Center

June 7–10, 2017

Exhibit Dates: June 8–10, 2017

Friday, June 9, 2017

TIME	SPEAKER	EVENT
6:30–11:45 AM		Registration Open
7–10 AM		House of Delegates - Final Session
8 AM–5 PM		Exhibit Hall Open
9 AM–12 PM	Bernadette Jojola	Dental Radiography Safety
9 AM–12 PM	Roy Shelburne	Clinical Records Prevent Criminal Records: "Do Dentistry, Not Time"
9 AM–12 PM	Jonathan Parker	Treating Snoring and Obstructive Sleep Apnea (OSA): Grow Your Practice and Change People's Lives (Pt. 1)
9 AM–12 PM	Antonio Mancuso	Predictable and Efficient Provisionalization of the Anterior Aesthetic Case *Sponsored by Caulk/DENTSPLY*
9 AM–12 PM	Byron Wall	Occlusion
12–1:45 PM	Roy Shelburne	Team Luncheon: Stop the Insanity, By Doing Things Differently
1–2 PM	Michael Moxey	The Price is Right!
2–3:30 PM		Registration Open
2–5 PM	Roy Shelburne	Maneuvering the Coding Minefield
2–5 PM	Byron Wall	Occlusion
2–5 PM	Joe Griego - CAREtactics	BLS for Healthcare Providers
2–5 PM	Antonio Mancuso	Managing The Worn Dentition Sponsored by Caulk/DENTSPLY
2–5 PM	Jonathan Parker	Treating Snoring and Obstructive Sleep Apnea (OSA): Grow Your Practice and Change People's Lives (Pt. 2)
4–5 PM		Women Leadership Network
2–5 PM	Bernadette Jojola	Dental Radiography Safety

Saturday, June 10, 2017

TIME	SPEAKER	EVENT
9 AM–12 PM	Bernadette Jojola	OSHA Infection Control Update
9 AM–12:30 PM	Joe Griego - CAREtactics	BLS for Healthcare Providers

Schedule changes will be listed in the official program.

Curtain Image Designed by Freepik

INFECTION CONTROL

The Top Three Autoclave "User Errors" Your Staff May Be Committing without Realizing It

Shawn Wright—*Owner, Southwest Sterilizers, LLC*

Over the years, we have serviced autoclaves from all different manufacturers and of all sizes. After you've been in this business for a while, you start to see patterns: the life cycle of "wear and tear" items such as door gaskets, the quirkiness specific to a make/model, and patterns of "User Errors" that are usually the result of a lack of knowledge/training about these seemingly simple machines.

These User Errors are the cause of many autoclaves being brought into our shop for "service." As part of our normal process, we evaluate each sterilizer from the bottom up, to make sure we address not just the symptoms but the root cause of any issues. More often than you'd think, our tests reveal that there might not be anything wrong with the machine itself: the issues have been caused by User Error, so we end up conducting a training session for staff instead of a machine repair.

We believe in empowering our community through a focus on education, so today, we want to talk about the top three preventable causes of user-related service calls we receive:

1. Staff not conducting regular maintenance on the autoclave.
2. Staff not changing the water in the autoclave's water reservoir at the prescribed intervals.
3. Staff not following proper loading guidelines for your particular autoclave.

Regular Maintenance

There is regular maintenance for any autoclave that can easily be done by your staff that can help keep your machine running efficiently between regular technician safety checks. A few of the most common "gaps" in maintenance are below:

Daily

- Always run a warm up cycle on the machine before you use it. Just like you preheat your oven to ensure your food will cook at the appropriate temperature for the length of time the recipe calls for, "preheating" your autoclave will ensure that your machine is functioning properly to kill any bacteria living on your equipment.
- Inspect and clean the outer and inner flap of the door gasket. Any residue or build up is likely to compromise the ability for the door gasket to seal properly. Also, any tears or fissures in the rubber of the gasket—even micro-tears—can compromise the integrity of the seal and cause issues with the autoclave not building enough pressure to sterilize.

Weekly

- Clean your autoclave chamber with a manufacturer-approved cleaning agent (Chamber Brite for Tuttnauer; Speed-Clean for Midmark; etc). Not all cleaning agents are appropriate for your autoclave chamber, so make sure you use the right product. Cleaning off the buildup is absolutely

critical to sterilization. You know what they say about Vegas, right?....well, "what happens in your autoclave, stays in your autoclave." The problem with this isn't just aesthetic: waste particles left in your chamber or on racks/trays can transfer to the instruments in your future loads, compromising the sterility of those instruments. Cleaning is the cornerstone of your sterile processing; your autoclave must look and act the part.

Changing the Water

We have had several clients who when asked, "When's the last time you changed the water in the reservoir?", answer, "Hmm... I don't know."

It's easy to forget about this part of the machine, but not changing the water is like not draining your bathwater and bathing in it over and over (and over!) again. Chances are if you did that, you wouldn't get very clean, and neither will the instruments you're trying to sterilize.

You should change the water—using Distilled Water—at the following frequencies:

- At least once every week; or
- Every 20 cycles (so, if you run more than 20 cycles in a week, you'll need to change the water more than once per week).

Once they know the machine's water requirements, clients have told us that they will often clean the machine and change the water on the last working day of each week, so they can start the next week off fresh and not have to worry about this on Monday mornings.

Clients have told us that using Log Sheets, as we recommend, to document everything related to the autoclave has been helpful to keep them on track and accountable. This can be used for daily/weekly maintenance, water changes, any error messages you receive, etc., so that everyone who uses the autoclave knows when the weekly maintenance has been performed, when the water has been changed, and if there have been any errors or alarms. Additionally, keeping log sheets can be extremely helpful to use as a reference when the machine needs to be taken in for service. We are always happy to provide Log Sheets free of charge, so please feel free to contact us if you would like one.

Proper Loading of the Autoclave

If you're starting to get the impression that these seemingly simple machines aren't really all that simple after all, you would be absolutely correct. And this extends to how you load the machine: what and how you place individual instruments, packs/pouches, and muslin-wrapped items into your autoclave chamber matter if you want to make sure the equipment has been effectively sterilized.

You should always follow the manufacturers' sterilizing requirements of the specific items you're including in a load, making sure you don't mix metals, that you're opening hinged items so all surface areas are exposed, that you use the appropriate cycle time, etc.

The User Error related to loading that is most common is overloading the machine. I completely understand why staff do this: They want to get as much equipment ready for use again as quickly as possible. However, there are specific guidelines set forth by the manufacturer regarding size and weight of loads that the machine can confidently process (i.e. sterilize), and you certainly can't have anything touching the sides of the chamber itself. The Operation Manual for your autoclave provides an abundance of information, including guidelines for loading. If you don't have a copy of the Operation Manual for your autoclave, we would be happy to provide you with one.

Knowing the challenges inherent in this, several clients have asked us to conduct a Load Study for them: to analyze what and how they're loading their autoclave, to assess if they're using the proper cycle parameters, and most importantly, to prove that the loads are being properly sterilized. Those whose processes are verified through the study have the peace of mind of knowing they are taking the proper measures to ensure staff and patient safety. In many studies we've done, however, clients have found that adjustments needed to be made to their process – some of them dramatically. Every time this has happened, clients have been shocked that their processes had issues, and they are horrified that they hadn't been loading their sterilizer properly this entire time. At the same time, though, they are thrilled that we've helped them create a new process that is supported through study data.

Addressing User Errors is a simple way to keep your autoclave functioning properly, to keep your staff and patients safe, and to save you money on services (which includes the service charges themselves and the lost revenue that can result from your sterilizer "breaking down" at the most inconvenient time). If you read our article in the Fall 2016 issue of this Journal, you may remember we talked about the role of an Infection Control Coordinator (ICC) in your office. The ICC can take the lead in ensuring that your staff understand these important requirements and are keeping your autoclave in tip-top shape.

Very few products these days seem to be built to last, but if properly maintained through steps taken by your staff and regular inspections by a trained technician, your autoclave can easily be a sound 15 to 20-year investment.

Limited Liability Corporations for Dentists and Why You Need an Accountant

Interview with J. Nick Leitch, CPA **By Michael W. Davis, DDS**

Question 1

Dr. Davis: Mr. Leitch, we see dental practices structured in a wide variety of different business entities from solo practitioners, professional corporations, to limited liability corporations, etc. Could you please elaborate on how a CPA can assist a dentist establish the optimal business structure with considerations to asset protection and tax consequences?

Mr. Leitch: Most licensed professional service providers (dentists, physicians, lawyers, engineers, architects, etc.) now select an LLC as their entity of choice. The LLC gives the practitioner the most options tax wise and has the legal protection of a corporation. When forming an LLC you have choices in filing tax returns, other forms of businesses (corporations, individuals) have little or no choice. Flexibility is key here.

- An LLC allows the doctor to choose to operate as a sole practitioner for tax purposes and gives you the limited liability of a corporation. The doctor will file an annual Schedule C as an additional schedule to the annual form 1040.
- An LLC allows the doctor to make an S-Corporation Election. Once this election is made, the doctor will file a form 1120S which is a completely separate tax return.
- If there are several doctors that own the LLC they can file as a partnership and file form 1065 or complete the S-Corporation Election and file form 1120S.

The strategies involved above, along with physician compensation can be worked out in detail with your CPA. A quality CPA firm will be able to guide you on which direction to go once your LLC is formed. The accounting firm can advise you on the tax consequences of your choice and assist in designing and implementing a strategy to optimize cash flow for the doctor and minimize expenses and tax impacts.

Question 2

Dr. Davis: I see numbers of generally younger doctors, often fresh from experience in military dentistry, public health dentistry, or a general practice residency, who seem overwhelmed by potentially assuming the business responsibilities involved in a private practice. Can a competent team assembled by good CPA assist with payroll services, budgeting, bookkeeping, embezzlement safeguards, etc. to alleviate these worries?

Mr. Leitch: This is a great topic. I have seen this as well and have worked with numerous young doctors in addition to established doctors. There are a lot of opportunities, especially for these young dentists. The demographics alone have produced many career path openings as the baby boomer doctors are approaching retirement. Many of the dentists approaching retirement have great practices with no one to hand them off to. They have no exit strategy. I have found that young doctors can jump into a great practice. I also enjoy working with them because they bring abundant energy and new ideas in addition to their talent.

A young doctor looking to purchase a practice should work with a CPA prior to making the move into private practice. This way they can gain knowledge and understanding of all aspects of operating a dental practice as the business owner, in addition to performing clinical services. Moving from working for a company or the government to running your own practice is over-whelming. You are now the boss, self-employed. You will have staffing decisions, insurance decisions, lease arrangements, and equipment to purchase to name just a few. It is extremely important to work with a quality CPA firm that can provide bookkeeping, payroll, consulting, and tax work.

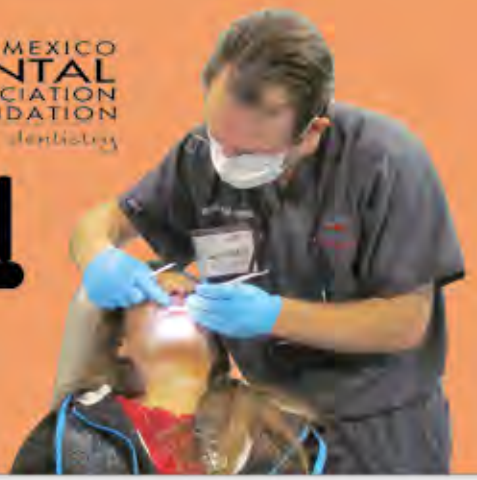
Choosing a CPA firm with industry specific experience is crucial. A business owners' closest business relationship is with their accountant. Having an accounting firm familiar with your industry practices, administrative and professional staff, software (Dentrix, Eaglesoft, iDentalSoft, and others), equipment and supply terminology, and vendors is a great advantage. That accounting firm will also be able to align the doctor with many professionals needed to operate a successful practice. As your closest advisor, the CPA firm will be able to refer bankers, tax attorneys, insurance agents, and profit sharing plan administrators.

NM MOM

New Mexico Mission of Mercy

DENTAL CLINIC

NEW MEXICO DENTAL ASSOCIATION FOUNDATION
...the heart of dentistry



HELP BRING

NM MISSION OF MERCY

TO ALBUQUERQUE

SEPTEMBER 22-23, 2017

The New Mexico Dental Association Foundation is the charitable arm of the New Mexico Dental Association

New Mexico DENTAL ASSOCIATION

THE PAST 5 EVENTS

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or donations and information online at www.nmdentalfoundation.org
Trish Rule trule@nmdaf.org or 505.298.7206 Ext. 201

The NM Dental Association Foundation is a 501 (c) 3. Contributions are tax deductible.

How SCORE (*Service Core of Retired Executives)* Can Help You.

By Joe Gherardi, DDS

SCORE provides no cost business mentoring to dental practice owners who have concerns or questions regarding small business ownership, operations, and/or regulations. This organization was created by the federal government's Small Business Administration (SBA) some 50 years ago to provide mentoring to develop and enhance small to medium sized businesses. This NMDA benefit is for you to increase your knowledge of best business practices and face business challenges you may have such as:

1. Financial mismanagement/embezzlement
2. Human Resources
3. Communication
4. Debt Service
5. Marketing
6. Selling or Buying a Practice
7. Insurance and risk management
8. Recruitment and retention of patients
9. Accounting systems
10. Access to capital

We are forming three types of round tables for new, established and transitional dental practices in specific geographic locations (as in your city). Each round table consists of 5-7 dentists that meet periodically to share information on topics pertinent to their business interests or needs. Call NMDA 294-1368, Tom Schripsema, NMDA Executive Director to join a round table.

From The New Mexico Board of Dental Health Care To The New Mexico Dental Association

By L. Paul Balderamos DDS,MS,FACP—*Vice Chair New Mexico Board of Dental Health Care*

PRESCRIPTION MONITORING PROGRAM

Effective October 31, 2016 the law of New Mexico mandates that any prescriber who writes an opiate or benzodiazepine prescription for greater than four (4) days must check the Prescription Monitoring Program (PMP) before writing the prescription. Use of the PMP will be verified and prescribers who are not in compliance are subject to disciplinary action.

Please protect yourself, your patients and your practice by using the PMP.

"JUST IN CASE PRESCRIPTIONS"

It is no longer possible to phone in prescriptions for opiates. If a patient needs Post-Op pain management at the opioid level, this requires a trip to the office to evaluate the patient and write a prescription. So.... patients are being given "just in case prescriptions" to cover possible pain flare-ups. These prescriptions may be filled but not used.....leading to prescription pain medicines being at large....in the medicine cabinet....kept for next time. These at large opiates can fall into the wrong hands, be used for the wrong reasons and have tragic, unintended consequences. This was brought to the NMBHC's attention by a NMDA member who knew of a patient who lost a loved one. Please be very careful as you prescribe for pain management.

SEDATION AND ANESTHESIA COMPLICATIONS

Any complication involving sedation (Nitrous Oxide,CS I, CS II and Deep Sedation/General Anesthesia)must be reported to the NMDHC. It is important that the board be aware and informed as we protect the public. The Statute is 16.5.15.14—REPORTING ADVERSE INCIDENTS. Please see below. Please read and follow with attention to detail.

16.5.15.14—REPORTING ADVERSE INCIDENTS: *Each licensed dentist must submit a written report to the board within a period of thirty days of any significant morbidity or mortality or other incident which results in temporary or permanent physical or mental injury of a patient during, or as a result of, nitrous oxide inhalation analgesia, conscious sedation administered via oral, rectal, or parenteral routes, deep sedation, or general anesthesia. The report is required regardless of the need for hospitalization after the incident and shall include the following:*

- **A.** *description of the dental procedure;*
- **B.** *description of the pre-operative physical condition of the patient;*
- **C.** *list of drugs and dosage administered and route of administration;*
- **D.** *description in detail of techniques utilized in administering the drugs utilized;*
- **E.** *the names of auxiliary personnel in attendance; and*
- **F.** *description of the adverse occurrence to include the following: detailed description of symptoms, of any incident; treatment initiated on the patient; response of the patient to the treatment; description of the patients condition on termination of treatment; and, copies of the patient record, medical history and operative report. (16.5.15.13 NMAC - Rp, 16.5.15.13 NMAC, 3-17-05; RN, 1 2-1 6-15]Ehebat*

On behalf of the NMBDHC, I would like to thank the responsible and conscientious members of the NMDA. Complaints are once again down from last year!!! Please follow the above guidelines and help your New Mexico Board of Dental Health Care to PROTECT THE PUBLIC.

Respectfully,

L. Paul Balderamos DDS,MS,FACP—*Vice Chair NMBDHC*

The New Mexico Office of Oral Health

By Rudy Blea—*OOH Program Director*

The Department of Health's FY 17–19 Strategic Plan is designed to promote health and wellness, improve health outcomes, and assure safety net services for all people in New Mexico. The Office of Oral Health's (OOH) mission is to reduce the incidence of oral disease among children and adults. Our strategies to meet the plan are: increase the number of preventive and treatment services to the uninsured and low income, increase oral health education (Public Service Announcements) throughout the state, increase the number of children receiving preventive services (fluoride varnish/dental sealants), and increase the number of residents consuming fluoridated water.

OOH provides funding for safety net organizations in New Mexico to provide free dental care (preventive/treatment) for the uninsured and low income children and adults throughout the state establishing a dental home. Our prevention program includes dental case management services; our dental case manager works with children/parents that have been identified in need of dental care. The case manager notifies the parents if their child needs care, assists in securing a dental home, and follows up with parents to ensure that treatment has been received. The case manager also works with adults who are in need of care as well.

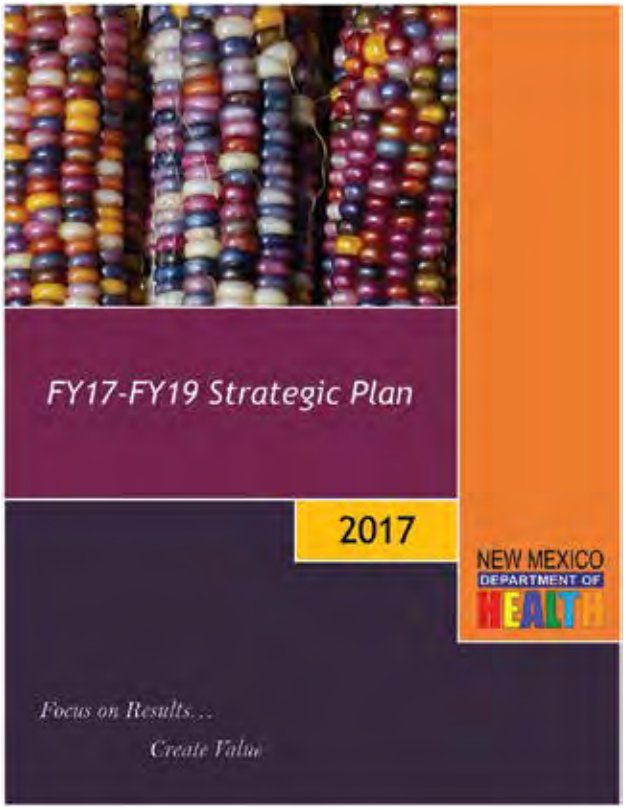
State staff and contractors provide preventive services for all children and adults. OOH dental sealant program provides care for all students enrolled in public and charter schools and three country Head Start Programs. Contract staff also provide preventive services to pre-school, elementary and high school students. The Department's Community Health Workers (CHW) certification program includes an oral health training module for CHW's to promote oral health and increase access to care within their local communities.

OOH has partnered with the University of New Mexico Lobo Property Management company in its healthy child campaign. The project is three fold: promote oral health, conduct a reading campaign to improve reading skills among elementary school children and improve their oral health and nutrition contributing to a healthy student free from tooth decay and other chronic diseases, and to promote overall physical activity. OOH is very active in promoting oral health via television and radio (English/Spanish). OOH also promotes oral health in New Mexico schools, to school nurses, and has presented at the New Mexico Head to Toe conference each year.

OOH has also partnered with the DentaQuest Foundation's "Oral Health for All 2020". Oral Health 2020 goals are: eradicate dental disease in children, inclusion of adult Medicaid services in states that do not have adult Medicaid services, incorporate oral health into primary care education, and integrate oral health into person-centered healthcare.

The New Mexico Dental Association (NMDA) has similar strategies to improve the oral health status of New Mexicans: provide care for those who are suffering from untreated disease, strengthen public/private safety nets, promote oral health education and provide a diverse quality workforce.

We all have the same goals: prevent oral diseases and improve access to oral health care for all New Mexicans especially the uninsured and low-income. Oral health is a right and we should ensure that all residents have access to oral health care and working together we can achieve this goal.



WELCOME NEW MEMBERS

ALAMOGORDO
Joseph Westover

ALBUQUERQUE
Matthew Hanchett
Gregory Sanchez

SANTA FE
James McDermott

New Mexico
DENTAL ASSOCIATION

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Obituaries

Dr. Rudolph D. Woolf

Rudolph D. Woolf

December 11, 1926 – November 4, 2016

Dr. Rudolph D. Woolf, D.D.S., 89, of W. Ural Drive, Carlsbad, New Mexico, passed away Friday, November 4, 2016 at Carlsbad Medical Center.

Visitation were Tuesday, November 8, 2016 at Denton-Wood Funeral Home.

Funeral service was held Wednesday, November 9, 2016, 10:30 AM, at Sunset Church of Christ with Brian McGonagill and Mike Veilleux officiating.

Interment followed in Carlsbad Cemetery, Carlsbad, New Mexico.

Carlsbad Veterans Honor Guard provided military honors.

Denton-Wood Funeral Home were in charge of the arrangements.

Rudy was born in Clovis, New Mexico to Ruel and Velna (Harbert) Woolf on December 11, 1926. He moved to Carlsbad when he was seven years old. He graduated from Carlsbad High School in 1945. During his high school years, he played football for Ralph Boyer. He joined the U.S. Navy after graduation and was stationed in San Diego and North Island for one year. He returned to Carlsbad and went to work for PCA for the next year.On January 23, 1947, he married Patricia A. Townsend. They left Carlsbad in August, and Rudy attended UNM. He joined the Air Force ROTC during his senior year. At graduation in June of 1951, he received his B.S. degree diploma in one hand and his Air Force active duty orders in the other hand. During his Korean conquest service years, he attended school in Cheyenne, Wyoming and then was sent to Johnson Air Force Base in Japan for the next two years. Pat and his two sons joined him the last year.

Returning to the states at the end of 1953, he went back to school at Colorado College of Education in Greeley, Colorado. He received his M.A. in Education in August of 1955. He then taught school in Albuquerque one year and returned to Carlsbad teaching at Alta Vista for the next seven years.

In 1962, Rudy and his family moved to Irving, Texas, and Rudy began Baylor Dental School in Dallas, graduating in June of 1966. The family returned to Carlsbad and Rudy opened his dental office – practicing for the next 40 years. Rudy belonged to Elks 1558 Lodge and was PER in the 70's. He was also a City Councilman, president of the Cavemen Booster Club, and a member of the Gideon's in those years. Rudy and his wife, Pat, spent several years traveling in their RV with friends. Also, they did other traveling in Europe several times.

He was preceded in death by his parents; his brother, Leon; daughter, Susan Woolf Cahill; and grandchildren: Rusty Woolf, Karen Senta, and Scott Gerrard.

Survivors include his wife of 69 years, Patricia Woolf of Carlsbad, NM; sons: Curtis Woolf and wife, Margarita of Trinidad, Colorado, Brant Woolf and wife, Sherry of Carlsbad, NM, Mark Woolf and wife, Norma of Las Cruces, NM; daughters: Janey Woolf of Mckinney, Texas and Joan Woolf of Austin, Texas; 13 grandchildren, 13 great-grandchildren, and 1 great-great-grandson.

Pallbearers will be James Cahill, Evan Smith, Chad Woolf, Michael Sedillo, Michael Palmer and Brad Jenkins. Honorary pallbearers are A.W. Dubb Williams, Richard Cahill, Jay Redman, Diego Rios and Joe Lucero.

Condolences may be expressed at dentonwood.com.

Save The Date—Event Calendar

New Mexico DENTAL ASSOCIATION & NEW MEXICO DENTAL ASSOCIATION Foundation Meetings

2017

January 6 9:00am
NMDAF Board of Directors Meeting—
NMDA Offices

January 7 8:00am
NMDA Board of Trustee Meeting—
NMDA Offices

January 20 9:00am
NMDA Winter Symposium—
Albuquerque Marriott

April 7 9:00am
NMDAF Board of Directors Meeting—
NMDA Offices

April 8 8:00am
NMDA Board of Trustee Meeting—
NMDA Offices

June 7–9
2017 NMDA House of Delegates—
Northest Building
Albuquerque Convention Center

June 8–10
2017 NMDA 108th Annual Session,
The Dental Showcase—
Albuquerque Convention Center

September 22–23
2017 NM Mission of Mercy—
Albuquerque Convention Center
Register to Volunteer
Registration will begin March 22
www.nmdentalfoundation.org

Component Society Meetings

Albuquerque DISTRICT DENTAL SOCIETY | ADA

For information on ADDS events,
call Dr. Mary Rose Twohig at 505-881-9767.

January 19 5:00–8:00pm
Winter Social—
Nexus Brewery

February 24 6:00/6:30pm
Social/Dinner—
Chama River Brewing Company
Dinner Seminar

Eastern DISTRICT DENTAL SOCIETY | ADA

For information on EDDS events,
call Dr. Tim Price at 575-622-3300.

February 3–4
Ruidoso Meeting

Northwest DISTRICT DENTAL SOCIETY | ADA

For information on NWDDS events,
call Dr. Jennifer Thompson at 505-327-6233.

Santa Fe DISTRICT DENTAL SOCIETY | ADA

For information on SFDDS events,
call Dr. Sean Healy at 505-984-0694.

Southwest DISTRICT DENTAL SOCIETY | ADA

For information on SWDDS events,
call Dr. Jared Bauerle at 575-522-2477.

April 7 8:00am–12:00pm
Annual Meeting
Members' lunch to follow
from 12:00–1:00pm—
Ramada Las Cruces Hotel
and Conference Center
201 E University Ave
Las Cruces, NM 88005

CEDR Solutions will be speaking on Advanced HR techniques and Hiring and Managing the Dental Office Dream Team. Topic for Staff, Martha McCalsin Radiology Refresher.

Pricing: SWDDS Dentist $125;
Non Member Dentist $200;
SWDDS staff $60;
Non Member Dentist staff $100.

West Central DISTRICT DENTAL SOCIETY | ADA

For information on WCDDS events,
call Dr. Jared Montano at 505-863-4457.

We invite all dental groups to submit their events to this calendar.

Email them to
narenas@nmdental.org
or fax to NMDA
Attn: Nancy 505-294-9958.

Also visit our NMDA Facebook page to see upcoming events.

MARK YOUR CALENDAR!

New Mexico DENTAL ASSOCIATION | ADA

Winter Symposium

Albuquerque Marriott — January 20, 2017

Put Your Mind in the Game: Using Science and Critical Thinking to Guide Clinical Decision-Making

9:00-4:30 — 7 CEU

Dr. Jane Gillette is a nationally recognized leader in primary oral disease prevention, health disparities, and evidence-based dentistry. She is the immediate past Chair of the ADA Council on Access, Prevention, and Interprofessional Relations, Media Spokesperson for the ADA on Evidence-based Dentistry, and recipient of the 2015 ADA/American Association of Dental Research Evidence-based Practice Award.

Staff Track

Claiming and Coding: Commonsense Dental Benefits

Jesus Galvan, DDS — Delta Dental of NM

9:00-12:00 — 3 CEU

Infection Prevention: Best Practices in Dentistry

Diana Aboytes, RDH, MS — UNM Dental Programs

1:00-4:00 — 3 CEU

Register Here
www.nmdental.org

	before 01/10	after 01/10
Member Dentists	$90	$120
Non-members	$180	$200
Staff	$50	$50
Mystery Dinner	$60	

The Dinner Detective

Join friends and colleagues for a fun and entertaining evening of food and dinner theater. Bring your spouse, staff or guests

Classified Ads/Employment Opportunities

Classified Advertising: $50 minimum for 30 words; 25 cents for each additional word. NMDA members receive a 10% discount on classified ads. Email text with billing information to David Gambill at davidg@llm.com or call 800-647-1511 x2231.

DENTAL OPPORTUNITIES

ASSOCIATE DENTIST NEEDED HOBBS, NM - $30,000 SIGN ON BONUS Our family practice in Hobbs, NM is seeking a motivated full time associate dentist. This office accepts fee for service and some insurance payers and has over 2,300 active patients to keep you busy. The right candidate will have the opportunity to perform all phases of general dentistry in a solo setting. The doctor has full clinical autonomy to be able to work in a very independent, friendly, and ethical environment. Great work life balance with a M-Th schedule, high income potential, and a guaranteed daily rate. This is a 40 year established, 8 chair practice producing over $1.4M in total annual revenue. The compensation will exceed $200k annually while providing routine and specialized dental services. Health benefits and 401(k) are available. This practice offers a loyal patient base with new patients being established every month, and an excellent staff of dental assistants, hygienists, and front office support already in place. Contact Zac Rhinesmith at 770-710-3042 or zrhinesmith@benevis.com

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DENTAL DREAMS is actively seeking motivated, quality-oriented associate dentists for our offices in Albuquerque, NM. We provide the ultimate in quality general dentistry to the entire family in a modern, technologically advanced setting with experienced support staff. Our highly valued Associates enjoy top tier compensation. Compensation: Sign on Bonus up to $30,000, Average compensation of full-time dentists in excess of $220,000/ per annum, Guaranteed base pay. Clinical Practice: Complete autonomy over treatment planning, Mentoring by top rated, experienced clinicians. Benefits: Health insurance, Malpractice insurance, Three weeks' vacation, Continuing Education, Relocation expenses, Visa and permanent residency sponsorship, Dental coverage for associates and immediate family members. Make Dental Dreams a reality for you. Please contact us to learn more about rewarding associate dentist opportunities with Dental Dreams. We offer full-time, part-time, and Saturday only schedules. Phone: 312-274-4598 Email: Recruiting@DentalDreams.com Website: www.dentaldreams.com

DENTAL OPPORTUNITIES

HIGHLY SUCCESSFUL established pediatric practices with two locations seeking associate or partner. Opportunities for Pediatric or General Dentists. Option to buy with owner financing and no money down. Enjoy four seasons in the beautiful mountains of SE New Mexico. Visit tooth-worx.com. Interested call 888-767-7213.

GENERAL DENTISTS: Established group practice seeking dentists to join our team. Our affiliated dentists get to do what they do best, dentistry! With an unwavering commitment to Gold Standard patient care, an experienced support team and your hard work and commitment both appreciated and rewarded, this is the perfect opportunity. To learn more visit jobs.perfectteeth.com or contact us at 855-WORK4PT or careers@perfectteeth.com. Trust me, we're NOT your typical DSO!

DENTAL OPPORTUNITIES

EXCELLENT ASSOCIATE TO PARTNER Opportunity in Northern New Mexico. Do well, live well and have the time and near-by recreational opportunities to enjoy it all! Beautiful state of the art facility with a well-established and no-drama team, legendary patient service, thriving practice and superior systems. Practice is known in the area for patient care, technology and leadership in the dental community. Owner doctors will mentor and train the right candidate. IV Sedation, 3rds, Molar Endo preferred but not required. Benefits include 401(k), vacation, CE, malpractice, Association Memberships, Medical Insurance, Dental Benefit. Compensation for the first 3 months includes 30% adjusted production or $750 per day minimum. 30% adjusted production thereafter. Restrictive covenant and ownership potential both part of package. Contact: Larry@ctc-associates.com

DENTAL OPPORTUNITIES

PEDIATRIC DENTIST: Established group of practices seeking a pediatric dentist to join our team. With multiple locations, the support of a team of GP's and specialists including an orthodontist and a robust payor mix, this is the perfect opportunity! To learn more visit jobs.perfectteeth.com or contact us at 855-WORK4PT or careers@perfectteeth.com. Don't miss the opportunity to join our team!

FLEXIBLE LOCUM TENENS OPPORTUNITY
Midwest Dental is seeking experienced dentists to fill daily/weekly/monthly locum tenens needs to cover leaves and extended vacations. Perfect for dentists wanting to pick up extra hours. We offer competitive pay and give you complete freedom to work as many locum sessions as you'd like! May involve travel with overnight stays. Typically includes 32-36 hours/week when needed. Opportunities are available at practices across the country. Contact Carly Rufledt at 715-225-9126 or crufledt@midwest-dental.com.

GREAT DENTIST WANTED Espanola and Albuquerque, NM – Midwest Dental is seeking a great dentist to lead our Mountain Dental practices in Espanola and Albuquerque, NM. These positions offer excellent compensation and benefits, a great work-life balance, and unlimited opportunity for professional development. Our support team handles the administrative details, allowing you to lead your team while focusing on dentistry. If you possess a passion for providing quality care and are looking for a rewarding career opportunity, please contact Derek Lindholm at 715-577-4551 or dlindholm@midwest-dental.com.

LICENSED NEW MEXICO DENTIST for a Northeast Heights practice in Albuquerque,NM. This is a family practice dedicated to excellence and integrity. 3 days a week. Please call 505 440-5951 and leave a message.

EQUIPMENT FOR SALE

ALBUQUERQUE, NM PRACTICE FOR SALE. Located in the SW part of Albuquerque, 12 years at location, moving closer to family in Chicago, on target to collect over $400K in annual collections in 2016, extremely low overhead at 40%, 1000 active patients with 20-30 new patients a month, 25% fee for service, 3 chairs, priced to sell at $210K. Email: aeberhardt@dentalcooperative.com

PRACTICE FOR SALE

STATE-OF-THE-ART, GENERAL PRACTICE FOR SALE Collections 1.6M—Serving a very strong general patient base in one of the most beautiful and charming cities in the country. We have created a paperless working environment, with CAD/CAM technology, digital radiography, lasers, spa services and intraoral cameras. With more than 2500 active patients, a thriving and growing basis to make this the practice of your dreams! To view this practice in more detail and apply directly please visit www.pattersonconnect.com or call 800-588-0098.

EQUIPMENT FOR SALE

ALBUQUERQUE, NM GENERAL PRACTICE FOR SALE. Located in the NE Heights area. Collections for the last 12 months totaled over $350K on 830 FFS/PPO patients. 3 ops, digital xrays, open 4 days/wk. Excellent rate of return as a satellite office or merger to gain more patients. For more information please email lance@paragon.us.com. Ref#NMRELAFI

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MOVE-IN READY, upscale dental office for lease. Desirable NE location at Montgomery and Jefferson. 1400 square feet with 3 exam rooms. $1400/month Call Marie at 505-888-3520 for details.

ALBUQUERQUE. 1,600 SQ. FT. DENTAL OFFICE condo for sale in NE heights. 4 operatories, private doctors office, networked for digital, med gas, low overhead, turn-key, recently renovated, available immediately, $350,000. 505-291-9600.

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School of Dental Medicine

UNIVERSITY OF COLORADO **ANSCHUTZ MEDICAL CAMPUS**

CE BY THE NUMBERS
2015 - 2016

29
COURSES HOSTED

7
HANDS-ON COURSES

7
WEBINAR/SELF-STUDY COURSES

1152
TOTAL CERTIFICATES ISSUED

17,612
CE CREDIT HOURS ISSUED

About Us

The Office of Lifelong Learning and Continuing Dental Education provides evidence and clinical based continuing education courses involving didactic and hands-on techniques to satisfy the educational needs of the dental community in the state of Colorado and surrounding region. By providing diverse programs for general dentists, specialists, and the dental team we enable all professionals to continually provide an excellent level of care to their patients and community.

The University of Colorado School of Dental Medicine is an ADA CERP recognized provider.

ADA C·E·R·P® | Continuing Education Recognition Program

2017 CE Course Schedule

Local Anesthesia for Dental Hygienists
January 13 - 15, 2017 | $895 | 24 CE Credits

Lawrence H. Meskin Clinical Update Series 2017
January - April, 2017 | $95 - $125 | 3 CE Credits Each Session

Digital Dental Photography (Hands-On Course)
January 27, 2017 | $195 - $395 | 7.5 CE Credits

Saturday Morning News Series - Attend in Person or Via Live Webinar
February - April 2017 | $95 | 3 CE Credits Each Session

- Cariology Update for the Dental Hygienist: How to Effectively Communicate with Your Patients and Dentist
  February 4, 2017 | Presented by Sophia Khan, DDS
- Dental Hygiene 101: Back to the Basics with a Little More Entertainment and a Lot Less Pressure
  March 4, 2017 | Presented by Laurice De la Rosa, RDH & Manti Lehn, RDH
- HPV Associated Oral Cancer and Other Oral Disorders: Courageous Patient Conversations Regarding Risk-Related Sexual Practices
  April 1, 2017 | Presented by Terri Tilliss, RDH, PhD & Pallavi Parashar, DDS, MS
- Core Competencies for Healthcare Professionals Working with Military-Connected Patients
  April 29, 2017 | Presented by Heidi Tyrrell, RDH & Jill Wilschke, LMFT

Two Days with Charles Goodacre, DDS, MDS
Distinguished Professor, Loma Linda University School of Dentistry
February 9 - 10, 2017

- Implant Dentistry: From Single Tooth Replacement to Complete Reconstruction
  February 9, 2017 | $250 | 6 CE Credits
- Tooth Retention Through Root Canal Treatment or Tooth Replacement Using Implants or Fixed Partial Dentures: Which Treatment is Best?
  February 10, 2017 (Morning Session) | $125 | 3 CE Credits
- The Most Critical Factors Related to the Restoration of Endodontically Treated Teeth
  February 10, 2017 | (Afternoon Session) | $125 | 3 CE Credits

Pain Management for Dentists in the Age of Opioid Abuse - Attend in Person or Via Live Webinar!
February 25, 2017 | $50 | 3 CE Credits

Ultrasonic Instrumentation for Dental Hygienists (Hands-On Course)
April 8, 2017 | $195 - $395 | 7.5 CE Credits (3.5 Hands-On)

The Christensen Bottom Line - 2017 | Presented by Dr. Gordon Christensen
May 13, 2017 | FREE | 5 CE Credits

All of our courses take place in state-of-the-art facilities on the Anschutz Medical Campus in Aurora, Colorado (unless otherwise noted).

New Mexico Dental Journal
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Albuquerque, NM 87111