

To: The North Dakota State Senate Committee on Health Services

From: Peggy Metzger, CEO, People's Center Health Services, Minneapolis, MN

Date: October 29, 2013

RE: The Experience, Impact, and Benefit to Hiring Dental Therapists in a Federally Qualified Health Center.

BACKGROUND:

Madame Chair and Members of the Committee, good morning, my name is Peggy Metzger. I am the CEO for the People's Center Health Services, a Federally Qualified Health Center, in Minneapolis, MN.

It is an honor to sit beside my esteemed colleagues and meet with you today. My mother was born in North Dakota and grew into her teen years, here, before her parents relocated to northern MN in search of work. Her parents had been farming people and, as her only daughter, I am at my best when my nails are full of dirt after having spent an afternoon planting and digging. I am proud to say there is a little part of what North Dakota meant to them in my blood, too.

The People's Center opened its doors as a free clinic in 1970 and was staffed by volunteer physicians, nurses and other health care professionals from the University Minnesota. It changed many times through the years. I was hired in 2000 to implement a financial turnaround. Part of our sustainability plan was to hone in on what we did best...health care...and to strengthen our program. As a result of that effort, in 2003 we became a Federally Qualified Health Center, often referred to as an FQHC, FQ, or Community Health Center. The primary purpose, or mission, if you will, of an FQHC is to ensure access to health care services to those with numerous barriers to such access.

HRSA (the Health Resources and Services Administration) is our parent agency and sets forth the rules and guidance FQHC's are expected to follow. One rule is that we must ensure our patients have access to oral health services through partnerships, affiliations or through direct service. We took advantage of any and all opportunities to partner with other dental clinics as one way to address the most critical cases. But, for many reasons, this strategy did not work. No other clinic had the capacity to take on the many patients we had who needed oral health care. (Many of our patients are African- born immigrants and refugees (62% in 2012). A large percentage of these patients and clients suffer from complex medical conditions further complicated by chronic and severe oral health disease.) So, we attempted to get funding through grants, but that seemed a half-baked response to a very big problem. Finally, after one or two wind-falls where we were able to collect on very old A/R, we were able to save money till the day we could purchase a dental practice as a "going concern". It happened we were able to locate one for sale that was already fully equipped and staffed, had a loyal following of patients and that also treated Medicaid patients. In January of 2010, we began negotiations and in October 2010 we were the proud owners of Family Dental of South Minneapolis. This month we retired the junior note...half the mortgage, so-to-speak.

To convince my board of directors that our purchasing a dental practice was not a half-baked idea, my team and I did a lot of planning, lots of due diligence; developed a solid cost-benefit analysis, and undertook other steps to put the "deal" together. Among other issues, our business model had to address workforce issues. And our business model had to demonstrate "stand alone" financial solvency within four-five years.

In 2010, word on the street and within the FQHC industry was that it was difficult to recruit and retain dentists in MN. They were in short supply. This situation has not changed. In fact, the National Network for Oral Health Access is soon to release a report that finds that among those Executive Directors of FQHC's with dental clinics who responded, 29% reported at least one dentist vacancy. Nine percent (9%) reported more than one dentist vacancy. Also, word on the street and within the FQHC industry is that it is very challenging to operate a financially solvent dental clinic.

HIRE A DENTAL THERAPIST:

The People's Center goal in October 2010, and today, is to ensure access to high quality oral health services. To achieve this goal and to also achieve "stand-alone" financial solvency in the dental clinic, in April of 2012 we hired our first dental therapist. Our plan was to phase her in, allow her to "prove herself" to our dentists and other oral health providers, some of whom were skeptical, and to also allow her to become accustomed to serving immigrant and refugee patients with complex oral health issues. In her first year, April 2012 to March 2013, our dental therapist saw/served a little over 1164 unique patients. Of these, roughly 64% were Medicaid patients, about 23% were insured patients, and the remainder was uninsured, self-pay patients. Our dental therapist generated net patient revenue sufficient to fully cover the cost of her hire, to include benefits, and her allocation of operations and overhead.

Thus, we exceeded our expectations because we didn't expect to break even till the third quarter of the second year. This fact was so encouraging we hired a second dental therapist in 2013. Also, our first dental therapist is sitting for the final component of the Advanced Practice Dental Therapist exam in January 2014. Once she has achieved this certification, she will become more productive and we will recognize greater efficiencies in our dental practice.

Most encouraging of all, we have found that our dental therapists are the "glue that binds" between and among all the oral health professionals in our dental clinic. With a focus on prevention, patient education and patient engagement, DT's are able to work across functions in a supportive way that enhances the efforts of everyone else in the clinic. This "added value" greatly enhances our ability to achieve the Triple Aim of efficiency/cost reduction, quality and patient satisfaction/engagement.

FINAL:

Our dental therapists allow the People's Center to reach its goal to reduce the total cost of care for its Medicaid patients. We are a MN State-Certified Health Care Home and a participant in FUHN, an ACO-Health Care Demonstration Project in partnership with the State. The goal is to bend the cost curve of the 25,000 Medicaid patients attributed to the 10 FQHC's that comprise FUHN. To achieve this goal, each FQHC, to include the People's Center, must integrate its care to address the behavioral health, oral health and primary care needs of its patients. To do this, we must ensure that all those on our care teams work at the top of their licensure. This means that our dentists must work hand and hand with our primary care doctors to address the complexities of the conditions our patients and clients have. Thus, our dentists are better utilized integrating care with our doctors and in performing root canals, restorative work, bridges and other high-level dentistry. They can only do this if we have dental therapists on staff to do patient education and other preventive care along with the many fillings, sealants and other work they do each day.