

## HEALTH SERVICES COMMITTEE

Senator Judy Lee, Chair

January 8, 2014

Chairman Lee and Members of the Health Services Committee, my name is Samantha Kundinger, Chief Business Development Officer of Family HealthCare in Fargo.

Family HealthCare has operated as a private, non-profit Federally Qualified Health Center for over twenty years, providing access to primary health care services, including dental care for the uninsured, underinsured, those on medical assistance, and those who have health insurance coverage but are unable to afford the high price of health care. Family HealthCare is also the only provider of Homeless Health Services in the State. Patients are served regardless of their ability to pay, often times to individuals and families that would otherwise go without care. Family HealthCare is the only health care facility in our community that works to remove the financial barriers to patient care through a sliding fee scale program.

In 2013, Family HealthCare provided 44,694 medical and dental visits to over 13,000 unduplicated patients. This is almost 2,000 more visits provided than in 2012. Of Family HealthCare patients, about 87% have incomes at or below 200% of Federal Poverty Guidelines and 37.7% are uninsured. In addition, 38% of patients receive Medicaid or other public assistance. Family HealthCare is committed to serving the most vulnerable populations in the State, including young children, individuals living in homelessness and poverty, New Americans, and the elderly.

The Family HealthCare Fargo dental clinic is one of four safety net dental clinics in the state. Three of these clinics are Federally Qualified Health Centers (FQHC). In late 2012, Family HealthCare moved into a new facility, tripling our physical capacity in the dental program. In 2013, Family HealthCare provided care to 4,736 dental patients, about 1,000 more patients than in 2012. The following chart shows the growth in the program from 2012 to 2013.

### Family HealthCare Dental Clinics

	<b>2012</b>	<b>2013</b>	<b>Percent Change</b>
<b>Dental Visits</b>	9,223	10,955	+ 18.87
<b>Dental Patients Served</b>	3,787	4,736	+ 25.06
<b>Oral Exams</b>	4,426	5,694	+ 28.62
<b>Prophylaxis</b>	1,997	2,550	+ 27.69
<b>Restorative Services</b>	2,548	3,608	+ 41.60
<b>Oral Surgery</b>	673	1,158	+ 72.07
<b>Rehabilitative Services</b>	306	422	+ 37.91

*\* 2013 numbers based on preliminary data collection.*

This increase in productivity in just one year shows great success. However, there is tremendous work still to be done. Today, about 400 patients sit on Family HealthCare's waiting list, hoping to see one of our providers as soon as possible. Often times, patients call us when there is a problem, when waiting is not in the patient's best interest. In 2012, the clinic's dentists extracted 1,327 teeth. Many of these extractions could have been prevented with timely access to comprehensive education and preventative care. Another challenge Family HealthCare patients and providers face is the scope of services available in the clinic. Our providers are only performing basic procedures such as exams, cleanings, extractions, fillings, and steel bridges. However, the needs are much greater. Additional services are needed for our patients, including crowns, partials, and dentures. At this time, we have incredibly limited places to refer patients to for these services, and they most often go without necessary care. Our providers struggle with such a limited scope because they are not practicing to their full training and potential skill. This results in high turnover rates and a struggle to provide continuity of care for patients.

Barriers to dental access in North Dakota are significant:

- Too few providers accept patients covered by Medicaid: Non-profit and public health clinics like Family HealthCare are often the only providers that accept patients covered

by Medicaid. Although these patients have the coverage that would allow for them to receive basic preventative and restorative care, the resources are just not available.

- Our clinics also serve patients who do not have any dental insurance: The expense of dental insurance is financially out of reach for many individuals and families. This often results in the uninsured seeking expensive emergency department care because they are unable to afford primary dental services. According to the Pew Research Center, in 2012, accessing dental services in the emergency room costs ten times as much as a visit for preventative care.

- Medicare does not include dental services: A significant number of uninsured dental patients in North Dakota include the elderly, covered by Medicare, but who lack dental insurance because Medicare does not provide any dental coverage.

- It is not unusual for Family HealthCare to have patients that travel more than 100 miles to access dental services at our clinics. The average Family HealthCare North Dakota patient that lives outside of the Fargo/West Fargo area travels over 42 miles for an appointment.

Another significant issue is the fact that most of the uninsured in North Dakota are young adults, working more than one part-time job without benefits and living under poverty. This segment of the population is not eligible for any public dental program like Medicaid in North Dakota. Keeping our working force healthy is critical for the economic wellbeing of the state. Access to dental services helps ensure the immediate and future overall health of our work force. Timely dental access can detect early signs of oral health problems and can lead to treatments that will prevent further damage and in some cases reverse the problem. Oral health access also improves patient health outcomes related to issues such as heart disease, stroke, cancer, and it can decrease the risk for complicated pregnancies.

Most of the individuals and families that we serve have delayed seeing a dentist for years. Many report that the lack of dental insurance impedes their access to prompt dental services. Our services are open to all, regardless of ability to pay. Family HealthCare has struggled tremendously in the past to recruit dentists to serve our vulnerable patient population. In 2013, we added new dentists to our practice, including Dr. Courtney Rud. Born in North Dakota, she left the state to attend dental school and started her career with a passion for public health service five years ago. She wished to return to North Dakota and took a salary below the dentist market salary in our community. Dr. Rud has benefited from State loan repayment and made the lower salary manageable.

Dr. Samuel Sticka is another success story, coming to Family HealthCare out of private practice. He, too, is from North Dakota and left to attend school. Upon returning, he entered private practice. Drawn to the mission of Family HealthCare, Dr. Sticka joined the practice, facing a significant pay cut. However, it was because of the state loan repayment program that he is able to leave private practice and provide for underserved patients at Family HealthCare. Today, he sees almost twice as many patients per day as he did in private practice. Dr. Sticka graduated with over \$335,000 in student loan debt. Although he applied for the Western Interstate Commission for Higher Education (WICHE) Professional Student Exchange Program and attended one of the schools in only six states offering the program, Dr. Sticka did not receive funding. He is very grateful to now receive loan repayment to be able to stay in North Dakota with his young family, fulfilling an important personal and professional mission.

These are two success stories of North Dakota State loan repayment. It has relieved substantial debt from their student loans and allowed Family HealthCare to recruit more effectively. Unfortunately, we have lost other dentists to private practice when loan repayment was not granted or it ended and debt still existed. Today, our team of five dentists serves uninsured, homeless, low income, and Medicaid insured patients at Family HealthCare.

As a provider on a state border, serving both North Dakota and Minnesota, Family HealthCare qualifies for various Minnesota funding opportunities for services provided in Minnesota. For the past three years, the clinic has received a Minnesota Department of Health FQHC Subsidy Grant of \$45,000 each year to support, expand, and improve services to low-income populations. At this time, Family HealthCare plans to apply for a Minnesota Department of Health Community Clinic Grant. These grants support the capacity of eligible community clinics to serve low-income populations by helping to reduce current or future uncompensated care burdens or helping to provide improved care delivery infrastructure. Family HealthCare is submitting this application to enhance oral health care access to Minnesota residents by implementing the delivery of fixed dental prosthetics such as bridges and crowns.

It is our mission to provide affordable, high quality dental care to those in greatest need. We wish to partner with stakeholders and the state to find a solution to our critical dental care issues. We hope to keep our current dentists and attract new dentists to our practice and the State by being able to participate in the North Dakota dental loan repayment program. North Dakota is one of 36 states that has a loan repayment program, bringing young people back to the state and attracting new residents. The ultimate benefit comes back to our patients by being able to offer the access to dental care they deserve to live healthy lives.

Thank you for allowing me to bring this testimony before you.

Samantha Kunding

Chief Business Development Officer, Family HealthCare