

## HEALTH SERVICES COMMITTEE

Senator Judy Lee, Chair

April 24, 2014

Chairman Lee and Members of the Health Services Committee, my name is Patricia Patrón, Chief Executive 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 healthcare. Family HealthCare is also the only provider of Homeless Health Services in the State. Patients are served regardless of their ability to pay through a sliding fee scale.

In 2013, Family HealthCare provided 44,694 medical and dental visits to over 13,000 unduplicated patients. Of Family HealthCare patients, about 87% have incomes at or below 200% of Federal Poverty Guidelines and 49% 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, American Indians, 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 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.

	2012	2013	Percent Change
Dental Visits	9,223	10,955	+ 19
Dental Patients Served	3,787	4,736	+ 25
Oral Exams	4,426	5,694	+ 29
Prophylaxis	1,997	2,550	+ 28
Sealants	378	744	+ 97
Restorative Services	2,548	3,608	+ 42
Oral Surgery	673	1,158	+ 72
Rehabilitative Services	306	422	+ 38

This increase in capacity in just one year shows great success. However, there is tremendous work still to be done to continue to improve access in the region. Recently, FHC adopted a walk-in model for providing access to dental urgent and emergency care. This allowed FHC to reduce a waiting list of over 400 individuals in the last two months. The implementation of this model reflects our commitment to improve access to everyone in need of dental services. Today, patients can make an appointment for routine care at FHC and get to be seen on an average of 5 business days. The increase of our capacity has been possible thanks to the commitment of our dental staff and the flexibility we allow our patients.

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 637 teeth. Many of these extractions could have been prevented with timely access to comprehensive education and preventive 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, and fillings. 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 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. 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 despite improved fee-for-service reimbursement over the last few years. Non-profit, safety net clinics like Family HealthCare are often the only providers that accept patients covered by Medicaid. This is one example where access to insurance does not guarantee access to care.

- Our clinic also serves 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. Lack of dental insurance coverage will continue to be of significant importance even in light of the Affordable Care Act as dental services are not considered an essential benefit for newly insured adults through the Marketplace and

## Medicaid Expansion.

- In addition, Medicare does not include dental services coverage. 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 serve patients that travel more than 100 miles to access dental care at our clinic. The average Family HealthCare North Dakota patient that lives outside of the Fargo/West Fargo area travels over 42 miles for an appointment.
- Dental workforce issues continue to be a challenge in North Dakota especially in rural areas and for safety net providers. 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. The current loan repayment program Family HealthCare dentists qualify for is capped at one award per biennium of \$60,000. Two other safety net clinics in the state qualify for this particular program also. Request for funding to this program is introduced every two years for legislative approval.

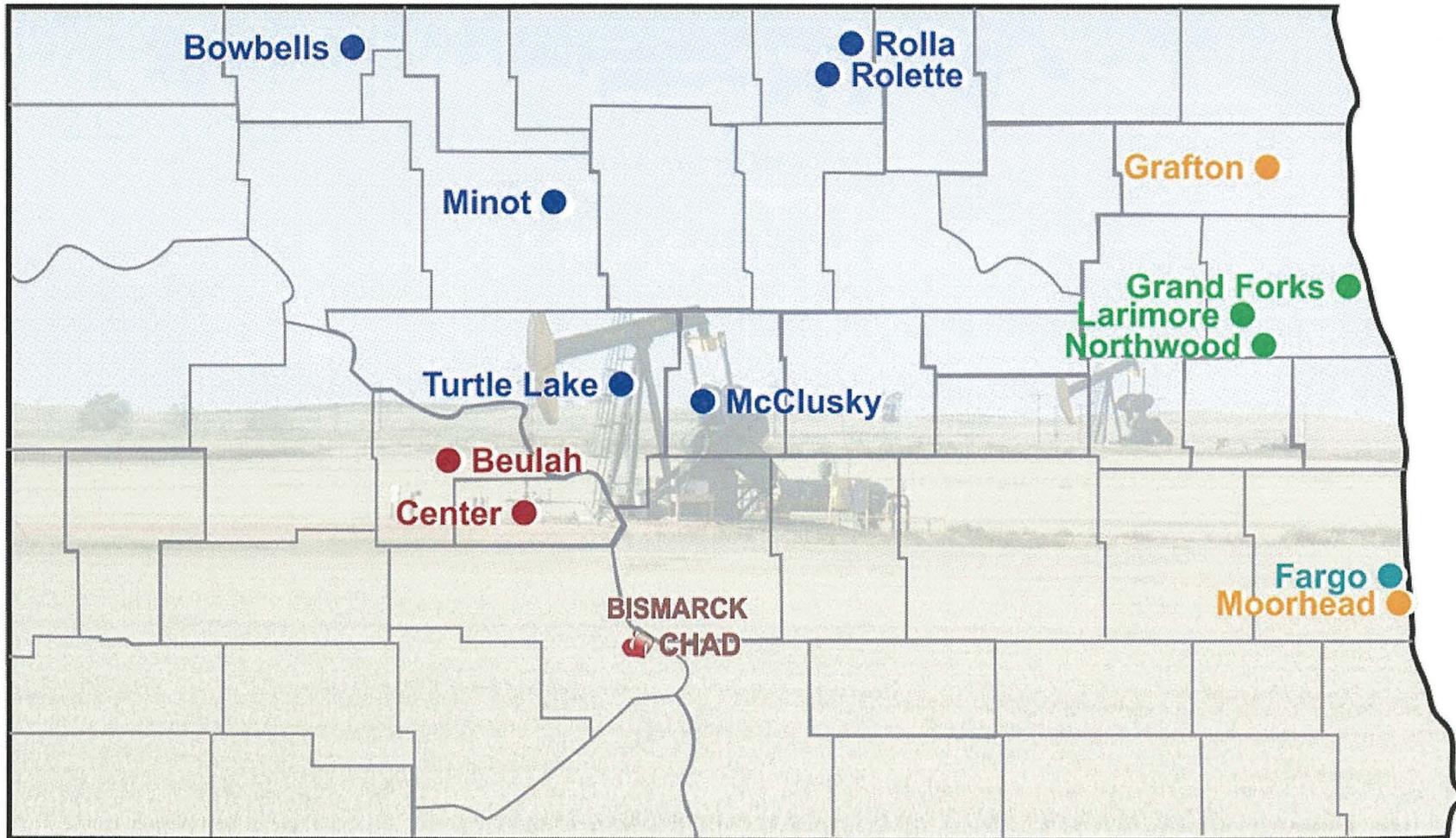
It is our mission to provide accessible, affordable, high quality dental care to those in greatest need. We wish to partner with stakeholders and the state to find a solution to our critical dental access issues. We hope to keep our current dentists and attract new dentists to our practice and the State by being able to participate in the North Dakota dental loan repayment program.

At Family HealthCare we strongly believe that access to dental services helps ensure the immediate and future overall health of our citizens. 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 saving thousands of dollars to individuals and the community in general. 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. The ultimate benefit comes back to our patients and all of us by being able to offer the access to dental care we all deserve to live healthy and productive lives.

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

Patricia Patrón  
Chief Executive Officer  
Family HealthCare

# Communities in North Dakota served by Community Health Centers



## NORTH DAKOTA

Coal Country Community Health Centers

Family HealthCare Center

Migrant Health Service, Inc.

Northland Community Health Center

Valley Community Health Centers

# CONTACT LIST



## North Dakota Community Health Centers

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### Coal Country Community Health Centers

<http://www.coalcountryhealth.com>

Darrold Bertsch, CEO

Phone: (701) 873-7788

**Beulah Clinic**  
Beulah, ND  
Services: Medical

**Center Clinic**  
Center, ND  
Services: Medical

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### Family HealthCare

<http://www.famhealthcare.org>

Patricia Patron, Executive Director

Phone: (701) 271-3344

**Main Clinic**  
Fargo, ND  
Services: Medical, Dental,  
Pharmacy, and Homeless

**Moorhead Dental Clinic**  
Moorhead, MN  
Services: Dental

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### Migrant Health Service, Inc.

<http://www.migranthealthservice.org>

Kristi Halvarson, Executive Director

Phone: (218) 236-6502

**Grafton Clinic**  
Grafton, ND  
Services: Medical

**Moorhead Clinic**  
Moorhead, MN  
Services: Medical

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### Northland Community Health Center

<http://www.northlandchc.org>

Patrick Butler, CEO

Phone: (701) 448-2054

**Turtle Lake Clinic**  
Turtle Lake, ND  
Services: Medical, Dental

**Bowbells Clinic**  
Bowbells, ND  
Services: Medical

**McClusky Clinic**  
McClusky, ND  
Services: Medical

**Minot Clinic**  
Minot, ND  
Services: Medical

**Rolette Clinic**  
Rolette, ND  
Services: Medical

**Rolla Clinic**  
Rolla, ND  
Services: Medical

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### Valley Community Health Centers

<http://www.valleychc.org>

Doug Jaeger, CEO

Phone: (701) 587-6000

**Grand Forks Dental Clinic**  
Grand Forks, ND  
Services: Dental

**Larimore Clinic**  
Larimore, ND  
Services: Medical

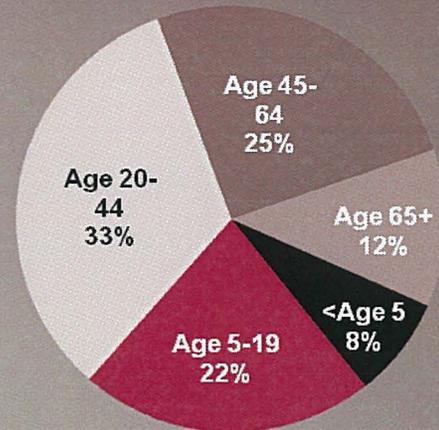
**Northwood Clinic**  
Northwood, ND  
Services: Medical

# 2012 Snapshot

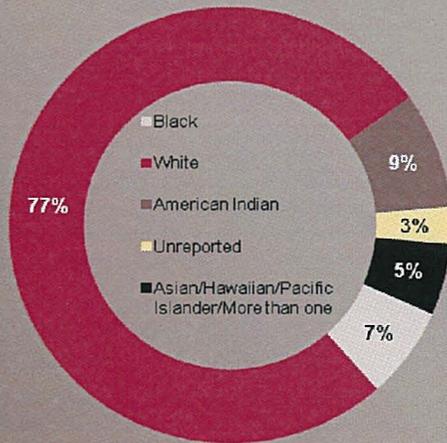
## ND Community Health Centers

**31,435 Patients**  
**103,992 Visits**

Patients by Age Group Seen at CHCs in North Dakota



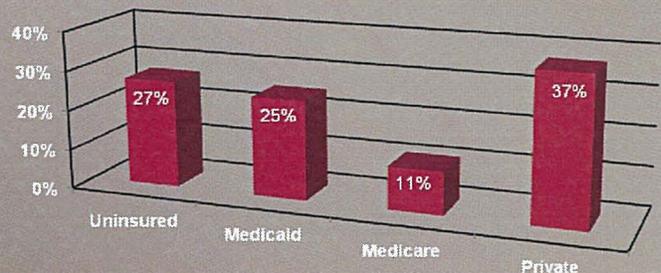
Race of Patients Seen at CHCs in North Dakota



**9,344 Dental Patients**  
**21,149 Dental Visits**

**8,497**  
**Uninsured Patients**  
**Received Care**

Payor Source of Patients Seen at CHCs in North Dakota



Coal Country Community Health Centers  
 Family HealthCare Center

Northland Community Health Center  
 Valley Community Health Centers

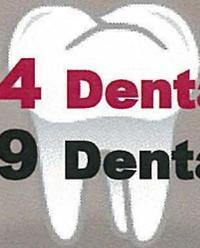
Source: 2012 North Dakota UDS Reports



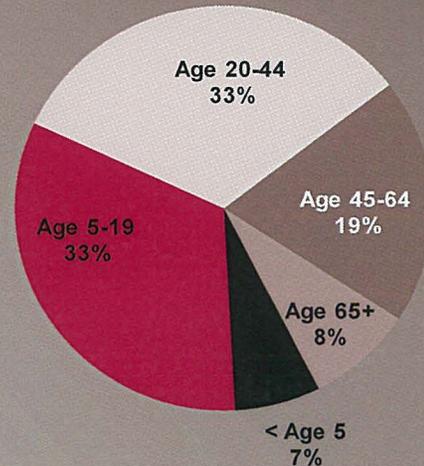
# 2012 Dental Snapshot

## ND Community Health Centers

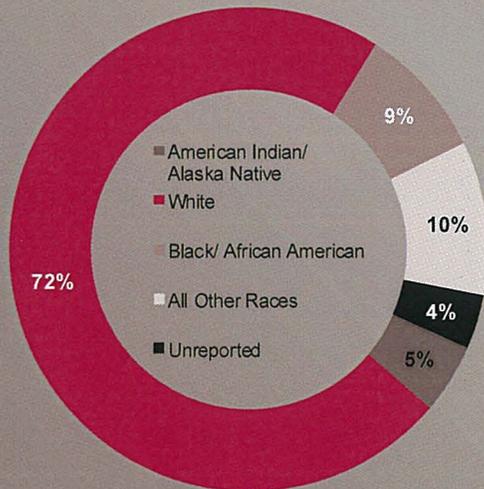
**9,344 Dental Patients**  
**21,149 Dental Visits**



Dental Patients by Age Group Seen at CHCs in North Dakota



Race of Dental Patients Seen at CHCs in North Dakota

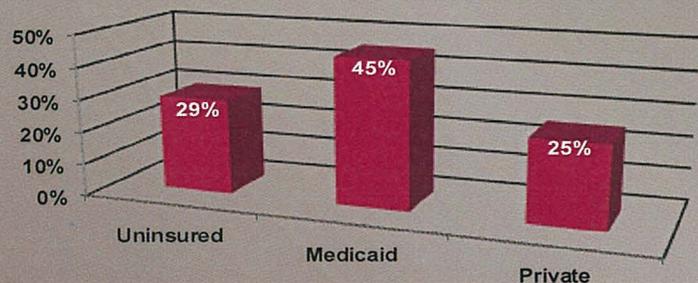


### Staffing



**7.30 FTE Dentists\***  
**6.05 FTE Dental Hygienists**  
**9.26 FTE Other Dental Staff**

Payor Source of Dental Patients Seen at CHCs in North Dakota



**8,242**  
**Patients Received**  
**Oral Exams#**

Family HealthCare Center  
 Northland Community Health Center  
 Valley Community Health Centers

Source: 2012 North Dakota UDS Reports  
 \*Full Time Equivalent  
 #Oral Exams include Sealants & Cleanings

## Providing Health Care

Community health centers (CHCs) are the primary medical and health care home for more than 22 million people in the United States.

The first CHC in the Dakotas began providing patient care in 1973. Since then, CHCs have expanded to:

- 11 community health center organizations
- 46 communities in ND, SD and MN\*
- 87,000 patients served in 2012

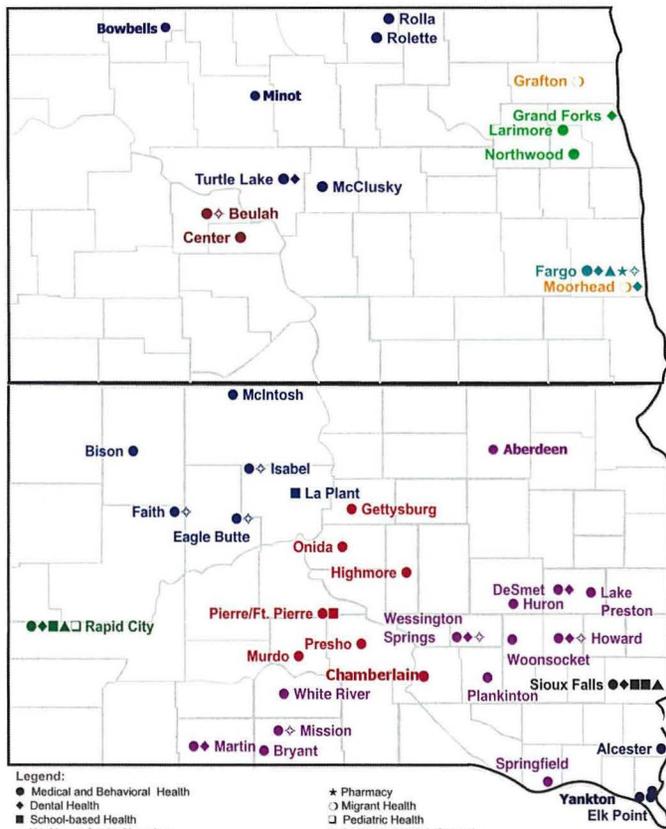
## Starting a CHC

There are 5 main steps for developing a CHC:

- Community involvement
- Secure designations
- Conduct needs assessment
- Facilitate readiness assessment
- Develop a grant application

# Community Health Centers of the Dakotas

high quality primary care  
 accessible, affordable, high quality  
 medically underserved areas  
 community driven  
 breaking barriers to care  
 economic impact  
 provider of choice  
 non-profit cost-effective  
 community engagement  
 cultural diversity  
 medical providers  
 outreach sliding fee scale



[www.communityhealthcare.net](http://www.communityhealthcare.net)

North Dakota | South Dakota  
 (701) 221-9824 | (605) 357-1515

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\* Includes Migrant Health Service, Inc. and Family HealthCare Center in Moorhead, MN

## CHC Definition

Community Health Centers (CHCs) are non-profit, community-driven clinics, that provide high quality primary and preventive care to all individuals, with or without insurance regardless of their ability to pay.

CHCs provide critical primary care in medically underserved areas of the Dakotas.

## CHC Facts

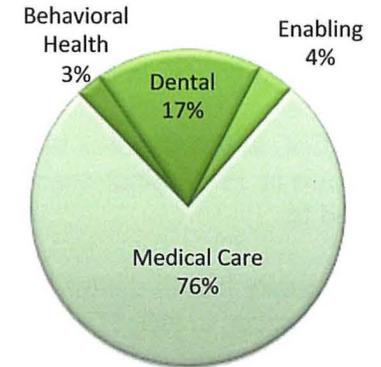
- Governed by a consumer majority board
- Enhanced access to care in high need areas
- Open to all residents regardless of ability to pay
- Comprehensive primary health care services
- Customized services for the community served

## Patient Services

CHCs focus on primary care because staying healthy costs less than getting healthy. Patients receive local access to a health care home that provides a broad range of primary and preventive services including:

- Medical and behavioral/mental health services by every CHC
- Dental services in 14 clinic locations
- Transportation, translation, case management, and health education services
- Services customized to the communities' needs

## Services Provided by Community Health Centers in the Dakotas



Source: 2012 UDS Report

*" I like how the whole family can go to one doctor for all our health care. My provider isn't judgmental and listens when I tell her what is hurting. She helps me understand what the problem is and how it can be treated. She will adjust medication or change the treatment so it works for me."*

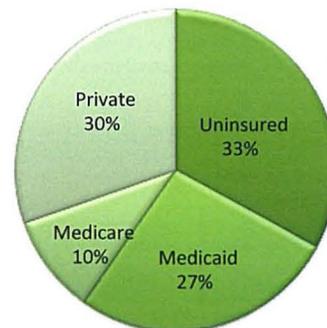
*- Community Health Center Patient*

## Patients Served

CHCs are community-based and patient-directed organizations that serve all populations in areas with limited access to health care including:

- Rural and frontier area patients
- Limited English proficiency patients
- Uninsured patients
- Medicare and Medicaid patients
- Low-income patients

## Patients by Payment Source Community Health Centers of the Dakotas



Source: 2012 UDS Report

## Patient Benefits

CHCs provide many benefits to the patients they serve including:

- Reduced barriers to care
- Cost effective care by reducing the need for emergency room and specialty clinic services
- Affordable care through patient discounts such as sliding fee schedules
- Reduced transportation and other travel-related costs through services provided
- Tailored services based on patient's needs