Testimony of Dana Schaar Jahner, Community HealthCare Association of the Dakotas
To Interim Health Services Committee
Thursday, January 7, 2016

Chairman Lee and members of the committee: I am Dana Schaar Jahner, representing the Community HealthCare Association of the Dakotas (CHAD). CHAD works with its federally qualified health center (FQHC) members and other community leaders to find solutions for improving health care options in areas of the Dakotas that are underserved. FQHCs offer a unique model with proven results for high-quality, cost-effective care customized to benefit the patient and communities being served. On behalf of CHAD, I would like to thank the committee for the opportunity to share information about dental services provided by FQHCs.

There are four FQHCs with 15 clinic sites providing primary medical care services in North Dakota: Coal Country Community Health Centers based in Beulah, Family HealthCare Center based in Fargo, Northland Community Health Center based in Turtle Lake, and Valley Community Health Centers based in Northwood. In addition, Community Health Service Inc. provides primary health care services for migrant workers and their families at multiple sites, including Grafton and Moorhead, Minnesota.

Dental Clinics

Three FQHCs provide dental services in the communities of Fargo, Grand Forks, Minot, Rolette, and Turtle Lake. In addition, Northland Community Health Center received a New Access Point grant in 2015 to open a medical clinic in Ray and has made preparations to open a dental clinic as well. These clinics serve patients with or without insurance and regardless of their ability to pay. Dental services are affordable, and discounts are offered based on a sliding fee program to people who qualify.

The fourth FQHC in North Dakota, Coal Country Community Health Centers, does not offer dental services as there is not sufficient community need currently identified with dentists in private practice in Beulah, Hazen, and Center. They do offer dental vouchers for preventive services for those who are unable to afford services and who qualify for their sliding fee program. Coal Country opened a medical clinic in Killdeer at the end of August. As Killdeer does not have a dentist, Coal Country may look at expanding its services to include dental if it proves necessary through its community health needs assessment.

Finally, Community Health Service Inc. offers some occasional mobile dental clinics and evening dental services on a seasonal basis for its patients. They also provide dental vouchers for eligible farmworkers.

Dental Services

The number of dental patients and visits has increased significantly at the FQHCs over the past five years. From 2010 to 2014, the last year complete data is available, the number of annual dental patients has increased 36 percent (11,869 in 2014) and dental visits has increased 37 percent (27,259 in 2014) at the three FQHCs.

FQHC Dental Data	2010	2011	2012	2013	2014
Family HealthCare – Patients	4,717	3,951	3,787	4,737	5,960
Family HealthCare – Visits	10,396	8,865	9,223	10,495	13,007
Northland – Patients	1,387	2,378	2,359	1,588	1,961
Northland – Visits	3,428	4,543	5,079	3,754	4,887
Valley – Patients	2,600	2,985	3,198	3,553	3,948
Valley – Visits	6,125	6,365	6,847	9,431	9,365

Family HealthCare Center providers are primarily performing basic procedures such as exams, cleanings, extractions, fillings, and steel bridges. However, the needs are much greater. Additional services are needed for Family HealthCare patients, including crowns, partials, and dentures. Currently, Family HealthCare has limited places to refer patients to for these services, and they most often go without necessary care. Family HealthCare providers struggle with such a limited scope because they are not practicing to their full training and potential skill given the financial constraints, which results in high turnover rates and a struggle to provide continuity of care for patients.

Valley Community Health Centers is looking to expand its dental services in 2016 and does provide some advanced services such as partials. However, it is a challenge to provide the services while still covering costs, which are often not reimbursable. Like Family HealthCare, Valley does refer patients to other dentists for services but it's often cost prohibitive.

Northland Community Health Center, the most rural of the three FQHCs providing dental services, does provide advanced services but, like all FQHCs, has to manage its costs to remain in operation. While FQHCs offer reduced fee services, they must also be sustainable over time.

Workforce Challenges

According to Northland Community Health Center, securing and retaining dental providers and qualified support staff is the single most critical factor in maintaining and expanding dental services. In the last year, Northland lost two full-time dentists in one clinic location, a 50 percent reduction of its dentist workforce with a significant impact on dental services provided and the number of patients seen. It takes a significant amount of time to recruit and hire a dental provider. For example, Northland had a dentist opening for over one and a half years before it was able to hire a dentist to fill the position. In addition, the opening of the Rolette dental clinic was delayed for approximately two years until a dentist and hygienist were finally hired. In 2015, Northland hired its first dentist who utilized dental loan repayment. Northland has lost many candidates due to current salary baselines and loan repayments. Potential new dentists/recruits are entering the market with an enormous amount of student debt and require a significant salary, sign-on bonus, and/or dental loan repayment. Dental hygienists and assistants are also difficult to recruit in rural areas.

Valley Community Health Centers echoes this difficulty in recruiting dentists, noting the National Health Service Corps and the state loan repayment programs are helpful. The state program is particularly useful because there are no match requirements. However, the deadline for applying for both programs does provide a challenge as applications must typically be submitted before graduation and licensing.

Family HealthCare Dental recently struggled with the loss of three dental providers in early 2015. After several months of trying to recruit dental providers, it essentially had to increase base pay to attract dentists, despite the financial constraints surrounding such a pay increase. Following the increase in the base pay, Family HealthCare was successful in filling the three provider positions and is fully staffed. The dental loan repayment program has been utilized by Family HealthCare dentists in the past and is a benefit for some dentists.

Dental Services Beyond FQHC Sites

Northland Community Health Center is developing systems and collaborations to provide limited dental service in long-term care facilities. The challenge continues to be federal limitations on scope of service and thus limited reimbursements.

School-based services are being considered by several FQHCs, but no formal programs have yet been established.

Other Issues/Opportunities to Improve Access

Family HealthCare works with the hygiene and assisting programs at Minnesota State Community and Technical College and North Dakota State School of Science. The collaboration helps to provide education for the students and enhance Family HealthCare's patients' access to care.

Family HealthCare, Northland, and Valley, along with CHAD, support Medicaid expansion coverage to include dental and vision coverage for adults age 21 and older. Lack of dental coverage in Medicaid expansion has proven difficult for implementing patient treatment plans for those who are 20 and then turn 21, thereby losing coverage but still needing dental care.

CHAD Engagement

CHAD is currently at the end of a one-year collaborative with 11 Primary Care Associations (PCA) throughout the country on improving training and technical assistance opportunities for health centers with a DentaQuest grant. The focus of this collaborative is to assist PCAs in learning how to work with FQHC oral health programs by building PCA staff capacity and skills of advocacy, stakeholder collaboration, and communication.

CHAD is also an active member of the North Dakota Oral Health Coalition.