

**Senate Committee on Health Policy, 2016**  
**Brenda Coughlin, MD, MPH, FAAFP, President & Chief Executive Officer**  
**Paul Crowley, DMD, Chief Dental Officer**  
**Great Lakes Bay Health Centers**  
**Testimony on Barriers in Access to Dental Care**

Good afternoon, Chairman Shirkey and members of the committee. My name is Dr. Brenda Coughlin, and I am here today as President & Chief Executive Officer of Great Lakes Bay Health Center, a community-based non-profit Health Center headquartered in Saginaw, MI. I am also a practicing family physician. Great Lakes Bay Health Centers is one of 40 Federally Qualified Health Center organizations in Michigan, which with the more than 260 delivery sites combined makes up the largest network of healthcare safety net organizations in the state providing care to over 650,000 individuals. I am accompanied today by Dr. Paul Crowley, Chief Dental Officer at Great Lakes Bay Health Centers, to share our perspectives about the significant barriers in access to oral health care many of this state's most vulnerable individuals and families face on a daily basis.

Great Lakes Bay Health Centers provides comprehensive primary and preventive care, behavioral health, and dental services to over 46,000 individuals from 15 counties at 26 sites throughout mid-Michigan in both urban and rural settings. In 2015, Great Lakes Bay Health Centers provided more than 31,000 dental encounters to nearly 15,000 patients, the overwhelming majority of those patients being on Medicaid. If not for our presence in these communities, our patients would have nowhere else to turn for their healthcare needs other than emergency departments. You've just heard Ms. Bush and others highlight the shortage of dental providers on a statewide level; in terms of the communities in which we provide care, every county that comprises Great Lakes Bay Health Center's service area has some form of a dental Health Professional Shortage Area (HPSA). In fact, in many of these counties, Great Lakes Bay Health Centers is the only dental provider that will accept Medicaid.

As many of you have probably seen or heard even today, Michigan's looming healthcare workforce crisis is serious. Statewide we would need 134 additional dentists today just to meet the current needs of our residents. At Great Lakes Bay Health Centers, we are currently recruiting for 4 dentist openings to increase our ability to provide more dental care to our state's most underserved residents. The lack of access to oral health care does not just affect dental health, but also presents as other problems or complications in my practice as a family physician. Dental cavities are the number one chronic disease in both children and adults. Adults with gum disease are two times as likely to die from a heart attack as those with healthy gums, and three times as likely to have a stroke. Periodontal disease is proven to increase the rate of preterm births. Dental disease worsens diabetic control.

It is clear that healthy teeth and mouths are important for overall health. Now let me tell you about the dental need in our communities. In Bad Axe in Huron County, we opened a new dental center a little over a year ago. When we first opened, we were receiving up to one thousand phone calls a day from people seeking dental care! A dentist can only see 16 to 20 patients a day. We have one dentist there three days a week. It would take us more than half a year to see the people who called us in one day! In Shiawassee County, we had a medical

facility for seven years before we had funding to open a dental facility. That entire time, the community kept asking for dental services. We referred people to Saginaw County because there was no dental provider accepting Medicaid in Shiawassee County. We opened a new facility last summer with six dental chairs in the City of Owosso in Shiawassee County. We still cannot meet the need of people trying to access dental care. Lest you see this as merely a rural issue, in the City of Saginaw, we have ten operatories with four dentists. When we installed our new phone system that allowed more than ten lines to be available at our Wadsworth Dental Center, our phone system crashed every day from dental calls; the only thing we could do was to limit the lines available for the dental center. Additionally, Great Lakes Bay Health Centers has been approached by two county health departments asking us to provide dental services in their counties. The reason we are unable to help these counties is that we are unable to find adequate dental staffing for our sites in Lapeer County and Huron County. We are reticent to open more offices that we cannot adequately staff.

I would now like to introduce Dr. Paul Crowley, Chief Dental Officer at Great Lakes Bay Health Centers, to discuss the important role we play as the key safety net provider of dental services in our communities.

Thank you, Dr. Coughlin. Good afternoon, Mr. Chairman and members of the committee. As Dr. Coughlin indicated, my name is Dr. Paul Crowley, Chief Dental Officer at Great Lakes Bay Health Centers. I graduated from Tufts University, School of Dental Medicine in 2003, after which I spent one year in a General Practice Residency at a level 1 Trauma Center, nine months in a Pediatric Program at Detroit Children's Hospital, and 8 ½ years in the Indian Health Service. I have also gone on medical missions to Romania and multiple times to Peru to help people in need, not for profit but because there is a need. Thus I have spent my whole career working directly within the Public Health realm.

Why am I here? I am here to tell you that we need help, especially as a Federally Qualified Health Center, to provide the care and treatment for our patients; patients that only we will see because private practice dentists won't take their insurance or for myriad other reasons; patients only we see and help to become disease free from the most common disease in the world, the disease that affects the most people.

I don't have to mention why we are here today. If we look at the evidence, no one can argue that there is a lack of access to dental care. I am here to share my experiences and what I see every single day; the struggles that I have being a Dental Director, and the troubles that I have hiring providers to work with the most vulnerable populations.

I moved to Michigan and started at what is now Great Lakes Bay Health Centers in 2012 to work in a location that I knew would allow me to do a lot of good within the mid-Michigan community and I started as the Chief Dental Officer in January of 2015. We have multiple clinics in a variety of locations. We have urban dental clinics in Saginaw, Bridgeport, and Bay City. We have also opened up clinics in rural areas, such as Owosso, Imlay City, and Bad Axe. We, as a Federally Qualified Health Center, fulfill a need, a niche that nobody else does. We see patients with private insurance, Medicaid, and those who, for whatever reason, still remain uninsured. We go to schools with our mobile units and mobile equipment, we have brick and

mortar sites, and we visit migrant camps. We do full treatment on patients, often more complete than private offices. For example, we do fillings, cleanings, crown and bridge, and dentures; all of which most dentists also complete. We also do more complex treatments many dentists might refer out for: Root canals, extractions, and other surgeries. We do these procedures because many patients will not be able to have them completed anywhere else. Even with all these services, we have more patients in need of care than we have the ability to see. In Bay City alone, we have 5 dentists and we still have patients pleading to us for treatment.

There are many reasons that there is lack of access to care. First, for various reasons it is very difficult to hire dentists in many areas, whether it be urban areas or rural areas. For example, from personal experience, when working for the Indian Health Service, I used to live 90 miles away from my work site because I preferred not to live on the Indian reservation. This is because after having lived at the hospital compound on the reservation for 2 ½ years with my family and seeing many problems with how reservation life impacted us, I realized it was simply not the right fit for my family. Even with my passion for public health dentistry, I still need to do what is right for my family.

In my current position as Chief Dental Officer, I have struggled finding providers to see the large number of patients that call every single day to be seen. When we opened our dental clinic in Bad Axe, I had a provider that volunteered to work at that site 3 days per week. He had no family there, stayed in a hotel, and after a while, got tired of the commute and left. Thank goodness I had another dentist, just out of school, who was from the area and wanted to go back. Without her, I would have had to rotate providers, all of whom did not want to travel to that location. If I had forced them to go out, I would have lost more providers. At this time, I have a 6 chair clinic and a provider working 3 days per week in Bad Axe. As Dr. Coughlin said, having had over 1,000 calls per day, it is clear the need is great and the access is low. I go out to help, and although I am experienced and quite fast at what I do, my current team of dentists can't keep up with the demand from 1,000 patient calls a day. Other dentists in the area usually have two practices; many work two days in the Thumb and two days in another area, such as Bay City. The need is there, but they will not take Medicaid to fill their clinics. I had one dentist who did offer to see our patients, but only with an enhanced reimbursement rate closer to private insurance rates, not regular Medicaid rates. And they would not see self-pay patients at all unless they paid their full billing amounts (in other words, there was not a sliding scale). I would love to be able to have more providers in the Bad Axe area, and so would the people, the patients in that area. Unfortunately due to the aforementioned challenges with recruitment, these are needs that our organization just cannot fulfill at this time.

Access to care is a problem in other counties and communities as well. We have had multiple Health Departments ask us for help; ask us to build clinics in their counties and communities because they see the high need for dental services that are not being met. Most recently, Sanilac and Tuscola counties asked us to build clinics. Unfortunately, we do not have the financial resources to build clinics there. Even if the counties get grants and can build the clinics, it would be too difficult to staff properly. I have a hard enough time staffing my Bad Axe clinic and other rural clinics. These patients either have to travel long distances or are unable to get to the clinic due to lack of transportation.

Another reason that I have trouble seeing all the patients that call us is because our patients have had poor oral hygiene throughout their life and they have more fillings, which over time usually need to be replaced. They still have poorer oral hygiene, no matter what education they get. Many times, it doesn't matter what you tell them, they still struggle to change. Thus, it is up to us, using the resources that we have to treat the patients. I know some have touted the idea of Community Health Coordinators to instruct and educate patients, thus improving their oral hygiene. That is a great idea, but it does not help the present day need. The patients already have the disease and now, the only way to fix it is with fillings, root canals, crowns, and even extractions. To do that, I need providers and I need providers that can provide restorative care.

We see patients that are more complex or "difficult". We have many patients that have not had dental care and come to us with many fractured teeth due to decay or trauma. Some are mentally challenged, many come from care homes. Complex or difficult patients take more time. Their treatment plans are more difficult, they need higher skill from their provider for a better result and treatment. At the same time, many of our patients do not need a higher level of care. They just need regular dental care: Cleanings, fillings, dental education and reminders. A team of providers all working at the top of their scope is the only way I can envision getting general dental care to the majority our patients, allowing my dentists more time to care for the most complex patients.

This gets to another aspect of dentistry, in that some patients take more time, thus decreasing access due to our dental chairs being full for longer periods of time. Many patients we see have had a "bad experience" or they are "scared of the needle" or some other aspect of dentistry. These patients need TLC. They need more time in the dental chair.

I recently had a patient in Bad Axe. To not break any HIPPA laws, we will call her Rose. Rose came to us because she had been passed around by many dentists throughout the area, being referred from one dentist to another. Rose was in her 70's, she had limited opening and access to her mouth, and she was in tears the moment she was seated in the chair. Upon telling me her story about being referred from dentist to dentist, I felt for her. I know why she was passed around. I worked in Pediatric dentistry for almost a year. Trust me, just like anyone would, dentists get anxiety over patients crying in their chair, especially when they haven't done anything yet. It took me two hours to do treatment on her. It is not uncommon for dentists to refer the more difficult patients somewhere else because they take too much chair time away from seeing other patients.

These are our struggles daily. The problem here is not to talk about one fix vs. another, but to look for all real solutions that will help patients get greater access to care. As is the case with everything, some options may work better for certain organizations or safety net providers and others may prefer a different option, but as evidenced by the multitude of testimonials today demonstrating the significant barriers in access to dental care in Michigan, we must seek solutions to improve access to oral health care in our state. Thank you for your time.