Mobile Dentistry:
Medicaid Friend or Foe?

Medicaid/SCHIP
Dental Program Representatives Caucus
Pittsburgh, PA
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Who are the Medicaid target population?

- Head Start kids
- School-age kids in low-income neighborhoods
- Elderly
- Folks with disabilities

Who are the Mobile dentistry target population?

- Head Start kids
- School-age kids in low-income neighborhoods
- Elderly
- Folks with disabilities
Reputation of Mobile Dentistry

- Scoundrels
- Fraud
- Exploitation

Reputation of Medicaid

- Process is slow
- Pay is low
- High rates of no-shows
A Match Made in Heaven!

Crooks

Bureaucrats

A Match Made in Heaven!
Bright Smiles

Healthy Smiles

Smiles Are Forever
School-Based

Pros:
• Kids are there
• Takes away the no-show problem
• Eliminates transportation barriers
• Minimizes problem of working parent(s)

Cons:
• Does it create a desired behavior or dependency?
• Hours of operation
• Limitations for adults
Health Center / Fixed Site

**Pros**
- Eliminates hauling, setting up, breakdown
- Fewer maintenance issues
- Predictability
- Recruitment and retention
- Space / environment
- Associated with other services

**Cons**
- Access
  - Transportation
  - hours conflict with workday
Who Else Wants a Safety Net?

You?

Target Population?

Other community support?
Portable Equipment

Pros

• Less costly
• Maximizes mobility
• Take it wherever you want
• Light weight

Cons

• Set-up and break-down (hassle and time)
• Less controlled environment
• Uncomfortable
• Staff retention
Vans (Pros)

- Mobility
- Fixed Environment
- Eliminates No-Shows
- Minimizes Transportation Barriers
- Comfort almost of fixed site
- **Expensive start-up (not really!)**
- **Maintenance ($)**
- **Storage ($)**
- **Limited space inside**
- **Parking vehicle**
- **Liability (moving kids)**
- **Driving it**
- **Potential expansion**
Clinic Facilities
Who Do We Ask For Help?

Multiple Choice Question

- Dental Supplier?
- Local Dentist?
- Staff Dentist?
- State/Local Health Department?
- Someone experienced in setting up similar clinics?
Problems using this Website should be directed to the [Webmaster](#).
Section II. Planning

i. Is a fixed dental clinic facility what we need?

There are different modes for the direct delivery of dental care, each with its own advantages and disadvantages:

- fixed clinic facility
- mobile
  - self-contained motorized van
  - trailer (non-motorized)
- portable equipment

Answers to previous questions about target population and level of service will influence the decision about facility choice. For example, if you want to provide basic dental services to children located in schools that are geographically dispersed, then you might consider a mobile van or trailer. If you wish to provide a wide range of dental services to the general population of a community, you would most likely choose a fixed facility.

The table on the next page, developed as part of another project of the Association of State and Territorial Dental Directors, compares the dental delivery modes. The types are not mutually exclusive, however. As an example, some fixed clinics use portable equipment to provide services in schools and a mobile van to travel to isolated communities.
Medicaid’s Role?

- Credentialing
  - standards

- Monitoring
  - standards
  - profiles
What Rooms Do I Need?

Reception area  Utility room
Business area   Supply storage
Chart storage   Doctor’s office
Panoramic x-ray Bathrooms (staff vs. patient)
X-ray processing Break room
Lab             Treatment rooms
Sterilization
New Construction Costs

$150 per square foot

3-Chair Clinic

1,200 square feet

@ $150/sq. ft. = $180,000
Renovation Construction Costs

$75 per square foot

3-Chair Clinic
1,200 square feet

@ $75/sq. ft. = $90,000
Roles in Office Design

• **Dental Consultant:** Provides dental expertise regarding space utilization for a non-profit facility

• **Dental Supplier:** Provides preliminary drawings; knows patient and staff flow; can provide technical equipment specifications and requirements

• **Architect/Engineer:** Provides working drawings; knows building codes; HVAC requirements; construction oversight; makes things pretty

• **Contractor:** Provides construction expertise and management
How Many Dental Chairs?

- 1 chair – almost never!
- 2 chairs – nearly never
- 3 chairs – minimum for one dentist and one hygienist
- 4 chairs – very good for one dentist and one hygienist
- 5 chairs – minimum for two dentists and one hygienist
- 6 chairs – ?? for two dentists and one hygienist
- 7-8 chairs – ideal for two dentists and one hygienist
4-Chair Operatory (1,830 sq ft)
Principles for Dental Office Design

- Adequate spaces
- Flow pattern for patients and staff
- Every treatment room is the same
- Everything needed is within arm’s length of dentist and assistant to minimize unnecessary steps and awkward movements
Equipment
## Treatment Rooms – Per Room

<table>
<thead>
<tr>
<th>Item</th>
<th>List</th>
<th>Ext.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair (1)</td>
<td>$7,600 ea.</td>
<td>7600</td>
</tr>
<tr>
<td>Dental Unit (1)</td>
<td>$4,000 ea.</td>
<td>4000</td>
</tr>
<tr>
<td>DA Instrumentation (1)</td>
<td>$1,560 ea.</td>
<td>1560</td>
</tr>
<tr>
<td>Stools (2)</td>
<td>$750 ea.</td>
<td>1500</td>
</tr>
<tr>
<td>Lights (1)</td>
<td>$3,300 ea.</td>
<td>3300</td>
</tr>
<tr>
<td>X-Ray (.5)</td>
<td>$4,750 ea</td>
<td>2375</td>
</tr>
<tr>
<td>HS Handpieces (2)</td>
<td>$1,000 ea.</td>
<td>2000</td>
</tr>
<tr>
<td>LS Handpieces (1 + attach)</td>
<td>$2,000 ea.</td>
<td>2000</td>
</tr>
<tr>
<td>Curing Lights</td>
<td>$1,500 ea.</td>
<td>1500</td>
</tr>
<tr>
<td>Cabinets – as much as</td>
<td></td>
<td>18000</td>
</tr>
<tr>
<td><strong>TOTAL LIST</strong></td>
<td><strong>$32,876 (with disc)</strong></td>
<td></td>
</tr>
</tbody>
</table>
Support

Pan (1) $12-15,000
X-Ray Processor (1) $6,000
Vacuum & Compressor (1 ea) $5-10,000
Sterilization
  - Autoclave (1 or 2) $5-6,000
  - Ultrasonic 600
HP Lubricator $1,500-2,000
Lab
  - Model trimmer 500
  - Lathe 200
TOTAL: $40,300

divided by # of tx rooms
Why Do Dentists Work in Health Centers?

Social Conscience

Experience

Fear of Practice

Poor Practitioner

A rose may be a rose,
but a dentist is not a dentist
Benchmarks for Productivity

- Gross should exceed costs
- Encounters 2,300 - 3,000/DDS
- RVU rate: 85%
- __% of treatment plans should be completed

Benchmarks for Viability / Sustainability

- Revenue from all sources must meet or exceed costs
Setting Fees

- ADA Fee Survey (JADA)
- Dental Economics
- National Dental Fee Survey

Wasserman Medical Publishers
PH: (800) 669-3337
www.ndas.com
Hit the road, Jack!
Anything worth doing is worth doing right!!
Word on the Street About Mobile

Nay Sayers:

- Waterlines freeze
- Expensive start-up
- Expensive to maintain
- High operating cost
- Cramped and claustrophobic
- Insufficient storage
- Inefficient operation
- Not a dental home
- Creates dependency
Word on the Street About Mobile

Pollyanna’s:
Oh, it’s just the answer to all my dental dreams!!!
Who’s using them?

- Entrepreneurial dentists
- Non-profits
- Governments
- Hospitals
Where are they used?

- Nursing homes/assisted living facilities
- Head Start Programs
- Schools
- Day Care Programs
- Group homes
- Migrant farm workers
- Homeless shelters
What are they used for?

- Education
- Screenings
- Sealants
- Treatment
- All of the above
Advantages

• Can serve multiple populations in broad geographic areas
• Few limitations on locations
• On-site lab and x-ray possible
• Fixed environment
• High visibility
  – Potential funders
  – Potential users
Challenges

• Initial costs/operating costs may be higher
• May not be perceived as community-based
• Misperceptions regarding proper usage
  – Health Fairs, screenings, etc.
• Recruiting and retaining providers
• Continuity of care issues
• Adversely affected by weather conditions
More Challenges

- Security/storage
- Maintenance
- Maneuverability
- ADA compliance
Why did I begin to think mobile?

- More than 40% of 8-year-olds in our sealant program were in need of treatment
- One year after diagnosis, 78% received no care
- Case management model was only moderately successful
- Head Start programs, school nurses, and others were becoming frustrated
a. What are the options for buying vehicles?

1. Self-contained motorized vans
   a. Retrofit RV or a used dental van
   b. New vehicle on an RV chassis
   c. Step-up van (like an airport shuttle) - can buy as a shell and then make into dental van
   d. Commercial duty coach that is designed, engineered and built for dental services

2. Trailer that is designed as a dental clinic but is not self-propelled and needs to be hauled or towed by a truck to sites.
Qualities of a Good Mobile Vehicle: What are the Basics

• **Chassis**
  – Suspension (spring vs. air-ride)
  – Engine / transmission
  – GVWR / axle

• **Construction**
  – Tubular steel 16” on center
  – Welded joints
Chassis
Air-ride Suspension

Minimizes excessive road shock, lowers maintenance costs, and prolongs life of dental equipment and vehicle.
Sturdy Construction

[Images of construction projects]
Beware of...

- Retrofitted RV’s
- Light usage vehicles (mini buses, step vans, etc.)
- Underpowered vehicles
- Accepting somebody’s used vehicle because it’s cheap or donated
“You will need as little as 1/3 of the average $250,000 investment required to build or buy a standing practice. Not only will your initial investment be comparably smaller, but our clients usually find that their monthly overhead costs are lower........”
Considerations for Floor Plan

- Remember the principles of office design
- Rear engine vs. front engine
- 1-chair vs. 2-chair vs. 3-chair
- Panoramic X-ray?
- Patient/staff flow
- Do you want a bathroom?
- Wheelchair lift?
Back to Principles
What are the principles?
Principles for Dental Office Design

- Adequate spaces
- Flow pattern for patients and staff
- Every treatment room is the same
- Everything needed is within arm’s length of dentist and assistant to minimize unnecessary steps and awkward movements
Adequate Size

Don’t pick the size you want and then try to make the program fit your vehicle – remember the principles of office design!
Treatment Rooms

Fixed site

Mobile vehicle
Panoramic X-Ray

Fixed site

Mobile vehicle
Chart Storage

Fixed site

Mobile vehicle
Poor Floor Plan

- Mirror image treatment rooms
- No work surface for the assistant
- Insufficient space for one person in each tx area
- Wasted space up front
Poor Floor Plan

- Nothing is in the same relative place in the two rooms
- Neither instruments nor materials convenient to assistant
- No work surface for dental assistant
- No reception
- Poor visibility between rooms
Wheelchair Lift
Shore Power vs. Generator
To computerize or not to computerize...

- Dental software and electronic charts almost eliminate the issue of record storage
- Software and electronic billing eliminate the need for additional billing procedures
- Digital x-rays improve diagnostic capability, save the time for developing, mounting and labeling
- Digital x-rays eliminate the use of toxic chemicals
Cost to Automate

- Software for billing, scheduling, charting $9,000
- Sensors (1 set of 3) $22,000
- Digitize Panoramic X-ray $20,000
- Design, integration, wiring, and hardware including two LCD monitors at each chair, one for the pan, one in the waiting area, and a server $25,000

TOTAL $76,000
## Capital Cost Comparison

<table>
<thead>
<tr>
<th>Item</th>
<th>School Clinic</th>
<th>Mobile Van</th>
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</thead>
<tbody>
<tr>
<td>Renovation</td>
<td>$66,000</td>
<td>0</td>
</tr>
<tr>
<td>Construction</td>
<td>0</td>
<td>$300,000</td>
</tr>
<tr>
<td>Equipment</td>
<td>$91,000</td>
<td>$95,000</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$157,000</td>
<td>$395,000</td>
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</table>

Difference = $238,000
Difference = $238,000

**BUT...**

the van can continue to expand school-based services without any additional capital cost

Adding a second school site reduces the difference to $81,000
Program Operations
School Selection

- 50% or more of students on subsidized meal program
- Cooperative principal and school nurse
- Good access for van
- Evaluate for placement of shore power
- Prior visit by Sealant Program
- Avoid competition in neighborhoods where a health center dental clinic exists
Distribute Consent Forms

- Consent forms distributed to all children (no means testing)
- Forms collected by school nurse or parent helper
- School nurse identifies all children in the school who have reported with dental problems
- School nurse specifically seeks consent from those parents
Operating Cost Comparison

2-Chair School-based Clinic vs. Mobile Van
handout
# Billing and Collections

**Feb. 2004 – Aug. 2004**

<table>
<thead>
<tr>
<th>UCR</th>
<th>ACTUAL</th>
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</thead>
<tbody>
<tr>
<td>• Care Source</td>
<td>• Care Source</td>
</tr>
<tr>
<td>$131,434</td>
<td>$76,257</td>
</tr>
<tr>
<td>• Medicaid</td>
<td>• Medicaid</td>
</tr>
<tr>
<td>$87,225</td>
<td>$51,699</td>
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</table>

Total: $218,659  
Total: $127,956  
(58.5%)
Billing and Collections – Uh oh!!!

Collections: $127,956 \times 2 = $255,912
Cost: $309,000

Deficit: <$53,000>
Cincinnati Funding

- Ohio Department of Health – Tobacco Settlement Funds
- Anthem Foundation of Ohio
- Mayerson Foundation
- United Way
Exploiter/Entrepreneurs

• Problem

  Example I
  Exams, prophys, xrays, sealants
  No treatment

  Example II
  Nursing Homes
  Exams, prophys, no treatment
Exploiter/Entrepreneurs

• Solution
  – Restrictive policies that discourage ethical dentist participation (For every problem there is a solution that is quick, easy, cheap and WRONG)
  – Develop practice profiles and work with dental schools for expert consultants
  – Sanction the bad boys (gender non-specific)
Thanks to:
Association of State and Territorial Dental Directors
American Association for Community Dental Programs
YOU!!!!!!!!!!!