

Mobile and Portable Dentistry

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Background

- The volume and variety of mobile and portable oral health programs has increased
- Progressively more capable portable imaging technologies and treatment modalities enable service delivery
- Although mobile and portable oral health programs initially focused mainly on children in schools and Head Start programs, many now serve
 - adults and the elderly, especially those in nursing homes or with unstable housing,
 - those with developmental disabilities or other special needs,
 - those with limited transportation options, and
 - those who otherwise lack access to private dental practices.

Objectives

- Describe the assorted **structural configurations** of portable and mobile oral health service delivery programs, including emerging models
- Define the **various populations** benefitting from these services
- Detail the **regulatory variation** by state governing mobile and portable dentistry programs
- Examine, where possible, **the outcomes** of early and ongoing preventive interventions through portable dentistry in underserved communities
- Understand the **impact of local need**, available resources, and regulatory limitations on program design

Methods

- **Hypothesis** - mobile and portable oral health services are useful in geographic areas and for population groups where the penetration of dental practices or dental participation in Medicaid is low.
- **Qualitative study**
 - examined peer-reviewed literature
 - inventoried state-specific regulations governing service delivery through these modalities – review of law, regulation, and secondary materials
 - conducted case studies of 7 mobile and portable dentistry programs across the US
 - to describe value to underserved populations
 - to identify the facilitators of and barriers to the provision of effective oral health services.

A Quick Review of the Regulatory Environment

- Increase in regulation of mobile and portable dentistry in recent years
- Majority of states still do not address to a noticeable extent
- At least 20 states have effected some rules
 - Somewhat more specific **regulation of mobile vans** than of portable programs
 - Many states address mobile and portable **conjointly** in common requirements
 - **Unique aspects** of each modality are **covered in separate, specific sections** of law or regulation
 - Often placed as **coda to dental or dental hygiene practice acts**
 - Some requirements found in **laws governing health care facilities or schools** (safety, sanitary requirements, accessibility)
 - **Medicaid regulation** will specifically address care in these delivery formats **making services reimbursable**

Selection of Case Study Participants

- The 7 organizations were chosen to demonstrate:
 - The **variety of settings** in which oral health services are delivered
 - The **mix of patient populations** served by these programs
 - The **differences in local need for oral health services** that affect the design and delivery of mobile and portable oral health services
 - The **variety of funding mechanisms** that support these service delivery methods
- The study used a protocol of questions but the interviews were mainly unstructured.
- The New York State Department of Health's Institutional Review Board reviewed and approved this study prior to its conduct.

Organizations that Participated in the Case Studies

- In the late winter and spring of 2017, project staff from the OHWRC conducted case studies of 7 organizations providing mobile and portable dentistry services across the US.

The organizations that participated in the study were:

- *Access Dental Care* headquartered in Asheboro, North Carolina (Not-for-profit organization)
- *Eastman Institute for Oral Health* headquartered in Rochester, New York (Academic health/dental center)
- *Future Smiles* headquartered in Las Vegas, Nevada (DH practice)
- *Health Promotion Specialists* headquartered in Lexington, South Carolina (DH practice)
- *Jordan Valley Community Health Center* headquartered in Springfield, Missouri (FQHC)
- *Northeast Mobile Dental Services* headquartered in Derry, New Hampshire (For profit organization)
- *St. David's Foundation* headquartered in Austin, Texas (Private non-profit foundation)

Common Themes Developed From Case Study Interviews

- Mobile dental vans and portable oral health programs are equipped to supply an array of dental services.
 - ❖ portable/mobile programs used dental chairs mounted on moveable with positioning capabilities similar to those in dental offices.
 - ❖ Wheelchair lifts and ramps
 - ❖ Panorex or other imaging equipment
 - ❖ Patient records maintained on laptops and iPads with wireless hotspots
- The scope of services provided in mobile and portable dentistry programs ranges from preventive services to a full complement of dental treatment services.
- Mobile and portable service delivery results in the building of strong oral health care teams.

"We provide another open door for patients, many of whom cannot get oral health services because they are rejected by providers for various reasons such as insurance status... Our services are no different from what a patient would receive in private practice. We set the bar on standard of care and provide a model of how it should be done" – a case study participant.

Programs Often Begin Small and Grow Gradually in Size and Scope

- ❖ Mobile and portable dentistry programs have grown organically to meet the needs of particular populations or geographic areas for oral health services.

St. David's Foundation, Austin, TX

- 1998-99 – 1 van 15,000 oral health screenings, 2,449 sealants
- 2006-07 – 3 vans 37,383 oral health screenings, 7,409 sealants
- 2016-17 – 9 vans, 68 schools, 28,631 children screened, 11,331 children received preventive and/or treatment services.
- Collaborates with 40 community partner pediatric and specialty dentists



- All services are free
- Five of the vans equipped with wheelchair lifts
- 72% of children served are Hispanic/Latino
- Most were from low income families

Unmet Local Need Drives Program Design

- ❖ Mobile and portable dentistry programs represent a response by local providers and organizations to unmet need for oral health services in communities of interest.
 - Some conducted **needs assessments** – survey of patients with HIV about unmet health needs
- Target **populations** were those who were especially vulnerable to oral health disparities
 - Children and families **living in poverty** or at economic margins
 - Those experiencing **housing insecurity**
 - **Culturally and linguistically diverse** populations
 - **Medically fragile** patients, those with **chronic infectious disease**
 - People with **developmental disabilities**
 - **Elders** especially those in residential care

Northeast Mobile Dental,
Derry, New Hampshire



- Dentist and dental hygienist rotate weeks in the nursing homes
- Serve residents of 75 skilled nursing facilities in 3 states
- Train certified nurse aides to help patients with daily oral hygiene
- Capitated payments

Programs often operate as a wholly constituted dental home or as an arm of an extended dental home

Mobile and portable dentistry programs may be an

- integral part of a larger dental home.
- constitute a comprehensive dental home
- work in concert with community dental providers to identify and establish a dental home for their patients.
- Some address an immediate or temporary need.
- Others act as enduring solution for intractable barriers to access

Eastman Institute for Oral Health,
SMILEmobile Program, Rochester, NY

- ❖ Full service dental provider/ dental home
- ❖ 150 associated dentists
- ❖ Fixed specialty dental clinic co-located adjacent to sponsoring university hospital
- ❖ School based dental clinics



- ❖ 5 mobile dental units – 1 has Panorex, wheelchair lift and an air glide chair
- ❖ Each year visits 17 schools in city district, treats 2,000 children in 7,000 visits.
- ❖ Low income population
- ❖ Some children regularly receive services from the mobile program on an annual basis

Mobile Oral Health Service Providers Work with Medical Providers to Integrate Health Services

❖ Mobile and portable dentistry programs are an effective means of integrating oral health services into primary care environments.

- In skilled nursing facilities – interface with medical director, nursing staff, and CNAs
- In schools – interface with school nurse and health record
- In medical clinics – interface with physicians, nurses, social workers

Access Dental Care, Asheboro, North Carolina

- ❖ Mobile program designed for special-needs populations
- ❖ 16 foot panel trucks equipped to transport portable equipment for 2 fully equipped operatories
- ❖ Serving patients in 23 counties and 86 facilities
- ❖ Offers a range of dental treatment services in convenient locations
 - group homes, day habilitation programs, and Programs of All-inclusive Care for the Elderly (PACE), infectious disease clinic

❖ Special needs dentists offer more extensive treatment services in local hospitals in patients' communities.



Being in a medical environment allows providers to develop a system of wraparound care inclusive of a variety of services, including dental. In this program, there is a lot of integration and interaction between multiple entities, all of whom strive to make care as seamless as possible for the patients – a case study participant.

Mobile Services Are Used to Address Unmet Health Care Needs Related to Uneven Distribution of Providers

- ❖ Mobile and portable dentistry programs reconcile service availability with the uneven distribution of dental providers in certain geographic areas or for particular populations.
 - frequent re-evaluation of need
 - evaluate whether populations are still those in greatest need

Advocates for a Healthy Community, Jordan Valley Health Center, Springfield, Missouri

- ❖ Mobile services since 2010
- ❖ 7 county catchment area including 26 school districts in southwestern MO
- ❖ 2 children's home
- ❖ Health services, immunizations, asthma clinic, optometry, dental
- ❖ Dental vans – four days a week 10 hours a day – after school hours to address urgent or emergent need in the community

- ❖ Schools provide a liaison to the program and provide the electricity. A local electric company donated electrical hookups.
- ❖ School nurses transport children from neighboring schools to the school where the van is located.
- ❖ Need is so great that the van can only visit the school once a year but remains in place until student dental needs are met.
- ❖ Students referred to brick and mortar clinics of the FQHC.



Many Programs Struggle to Find Sustainable Funding Sources

❖ Mobile and portable dentistry programs are supported by various funding sources.

- Foundation grants
- Proceeds from reimbursement for services
- Other philanthropy
- Capitation
- Post eligibility treatment of income

Future Smiles, Las Vegas, Nevada

- ❖ 9,000 children are patients of record, mainly in low income schools in 5th largest school district in US
- ❖ 4,800 seen annually
- ❖ 1,775 identified as needing intensive case management usually related to treatment needs in 2016-2017
- ❖ Dental hygienists provides services in 5 fixed school based dental clinics and in a portable format in other schools
- ❖ Funded mainly by grants from local foundations established by gaming operators (MGM, Wynn, Golden Nugget, Cirque du Soleil)

Health Promotion Specialists, Lexington, South Carolina

- ❖ 17 dental hygienists
- ❖ 46 school districts
- ❖ 23,000 children receive preventive services each year
- ❖ Participates with the state sealant program
- ❖ Practice is mainly supported by revenue from services provided to children
- ❖ Mainly Medicaid insured children



"Providing oral health services to compromised is the easiest part of what we do. Finding ways to be financially sustainable is the most problematic part of delivering services in a mobile format"
- a case study participant

Conclusions

- While the historical model of delivering dental services in private dental practices continues to work well for many, service availability or utility of that model is either variable or inadequate to meet the needs of some populations.
- Mobile and portable dentistry programs appear to mediate structural and financial barriers to access to oral health services experienced by some populations.
- While some stakeholders express concern that mobile programs have the potential to act in isolation from the established delivery system, it was apparent that these programs are integrated into systems of care within the communities they serve.
- One especially important finding was that mobile and portable service delivery programs can act as effective vehicles to health service integration and to building a comprehensive health home.