

# Mobile dentistry



**How to *really* improve access to care in dentistry by taking care to the people who need it, where they need it!**

**M**obile dentistry has sparked much discussion over the last several years, mainly due to the increase in mobile and portable dental operations that focus on preventive care in school settings, and those that provide treatment without follow-up. Regrettably, many units operate without regulation. Fraud is the number one concern for those who

oppose these treatment delivery methods, and a close second is lack of ability to provide definitive care by preventive-only groups.

Unfortunately, dentistry, along with our medical and legal counterparts, is not immune from members of the profession who exhibit less than honest or ethical behavior. We've all heard stories of mobile dental programs that provide sub-standard care, render excessive treatment, or bill for services never performed. This was the case in Florida, where a group billed for more than \$2 million of treatment in one month for





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services never performed. Those people have created a huge black eye for mobile dental operations everywhere, and we should all be concerned about these unscrupulous practices, just as we should be wary of free-standing clinics who commit the same infractions and focus on treating the Medicaid population.

One such free-standing facility was recently found guilty of inappropriate practices and was fined \$10 million, yet the facility is still in operation, albeit under a new name. There are obviously serious flaws in the system when fly-by-night mobile operations and blatantly profit-driven fixed facilities continue to exist, but we cannot throw the baby out with the bath water. Mobile dentistry is one of the best ways to solve the access-to-care dilemma that faces so many Americans today. One must recognize that a business, dental or otherwise, can be “for profit” as opposed to “nonprofit” and not be purely “profit driven.” This article illuminates the positive aspects of mobile dentistry, and elucidates the fact that mobile dentistry can be done right so that everyone wins — the community, doctor, staff, and, most importantly, patients.

### **Mobile and portable dentistry — one state’s story**

In 1988, the South Carolina General Assembly passed a law that allowed dental hygienists to provide preventive care in the form of prophylaxis, fluoride therapy, and sealants, under general supervision, in schools and nursing homes, provided a dentist examined the patient prior to the procedures. This privilege was seldom used, until dentists in South Carolina convinced the General Assembly to raise Medicaid fees to the 75th percentile level in 2000. At that point, at least one preventive-only group began to perform procedures under the 1988 law. The banner waved by these nondentist providers was that some care was better than no care at all, especially if the dentists were not willing to provide it — a statement that rang all too true for a large segment of the dental community.

In 2000, the South Carolina Department of Health and Human Services reported that more than 350,000 children were eligible for Medicaid, yet more than 58% of those eligible were NOT receiving dental care. However, they were counted as having received care if only one procedure was filed for Medicaid reimbursement during that calendar year, regardless of the procedure type. I participated in a meeting in January 2001, where the discussion centered on the negative aspects of a preventive-only approach to mobile dentistry. I made phone calls to the S.C. Dental Association, the S.C. State Board of Dentistry, the Department of Social Services, and other agencies to ask about the best way to provide the dental services so desperately needed by so many children. Following the phone calls, I acquired a used RV and retrofitted it as a mobile dental clinic. I then obtained approval from the State Board of Dentistry, and entered into a contract with one school district to provide complete dental care to Med-

icaid-eligible children in one school as a pilot program. I did this in less than 60 days, while operating a totally insurance-free, complex comprehensive restorative and cosmetic brick-and-mortar practice.

The pilot program was an immediate success, and the school district officials asked us to expand to more schools. News of our success quickly spread to neighboring districts, and we received more requests. In September 2001, I sold my traditional practice and began practicing mobile dentistry full time. Our service area has since expanded to cover eight school districts in six counties in South Carolina, with four full-time dentists. Because of our reputation for providing compassionate, comprehensive care to children, we continually receive requests from school districts and a wide array of other agencies. We’ve earned the respect of leaders in the South Carolina dental community and state legislature.

When unscrupulous and fraudulent mobile and portable dental operations were discovered in other states, South Carolina passed regulations requiring registration of such facilities, and those regulations have since become law, thereby adding a level of protection for patients and providing a means to prevent and prosecute the bad actors.

### **Why would anyone want to practice in a mobile office?**

“Access to care” is a major problem facing dentistry, and has been a major catch phrase in the dental press for some time. Many recall when the U.S. Surgeon General gave a failing grade to the level of dental disease in this country, and reported that the number one reason children visit the school nurse is dental-related pain. Access-to-care issues became more noticeable in the mainstream media following the death of a young Medicaid-eligible patient due to a dental-related condition, but access to care is not a problem just for the poor or children. The factors that inhibit access to care are far too complex to discuss here, but we can all be certain that they don’t rest on dentistry’s shoulders alone and that the problems cannot be solved by simply throwing money at them.

However, two of the major barriers to dental care for many people are transportation and logistics, both of which can be influenced by the dentist. In the traditional delivery model, a patient makes an appointment, travels to the dentist’s office, receives the treatment, and returns home. For this process to be effective, a patient must not only be able to travel to the dental office, but the treatment must be scheduled at a time and place that meets the patients’ scheduling needs. The other alternative is that the patient goes to a “walk-in” clinic without an appointment and waits his or her turn for treatment. In the second scenario, the patient is far more likely to receive symptomatic care only, leaving more needs to be addressed when symptoms return.

Enter the mobile dental clinic — the dentist and staff go to a school, community center, elder care facility, group home,





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office complex, or manufacturing facility. The patients can be treated on site with minimal interruption of their day and without the complex logistical issues that surround transporting the elderly or disabled. The dentist has the advantage of lower overhead and increased productivity, because when transportation issues for the patient are eliminated, downtime from late arrivals or broken appointments disappears, and patients who might otherwise go without or receive only symptomatic care receive comprehensive care.

### **A free enterprise approach to a public health problem**

One of the major tenets for being successful in business, especially an entrepreneurial business, is to find an unmet need and fill it. One can be extremely successful in the access-to-care arena by taking a free enterprise approach to a public health problem. By operating the mobile dental practice like a traditional fee-for-service practice, income is generated and bills are paid when the patients' needs are met, thereby creating a win-win relationship. The dentist who operates in the mobile dental environment can increase his or her clinical productivity by being more efficient and productive with his or her time, and receiving the benefit of much lower overhead, especially in the area of facility costs. A fully equipped and self-supported mobile dental clinic can be purchased at a fraction of the cost of equipping an existing structure, and the savings are even greater when compared to building and equipping a facility from the ground up. Not only are the direct costs significantly lower than those of a traditional office, but the IRS allows for a five-year depreciation schedule vs. 30 years for a building, thereby further reducing the taxable income of the practice. When the IRS Section 179 deduction and the accelerated depreciation it affords are factored in, the tax benefits of purchasing a mobile dental clinic are astonishing!

As with any practice, overhead must be closely monitored to achieve optimum results, and effective systems must be employed to achieve maximum efficiency. With a mobile dental clinic, the chances for success are far greater than with a traditional office because the direct costs are much lower from the start. With a mobile office the doctor does not pay for nonproductive square footage or items such as waiting rooms, hallways, patient restrooms, fish tanks, or artwork. In the majority of situations, patients have access to waiting and restroom facilities wherever they are assembled when the mobile dental office arrives.

In our business model we treat Medicaid-eligible children at their schools. We provide the school staff a list of eligible students for whom we have consent to treat, and a two-way radio when we arrive. We call for patients when we're ready to see them, which is just prior to completing the paperwork on the ones we're currently treating. This allows the next patient to be ready for us at the exact moment we're ready for

him or her. Patients benefit because they can keep doing what they normally do until we're ready to treat them, and they don't need to wait on us if we run behind. When we're finished with treatment, they can go back to their normal activities with minimal interruption in their schedule. We benefit by having zero downtime caused by late arrivals or broken appointments.

### **Mobile clinic design features**

Mobile dental clinics come in a variety of sizes and configurations, from the very small and basic to the very large and elaborate. Costs vary as much as the design options. The clinic designed for maximum effectiveness in terms of function and costs should have two treatment rooms, a central sterilization area, a staff restroom, intraoral X-ray units in each treatment room, a panorex, and central suction and compressed air systems. The vehicle must be fully self-contained and self-supported with enough generator capacity to provide power to the entire dental clinic, as well as fresh and wastewater storage.

Additionally, it should be equipped with adequate heaters and air conditioners, generous 110- and 12-volt lighting, an under-floor wheelchair lift, and automatic leveling jacks. If desired, a small patient intake and waiting area can be included, but this isn't necessary in the majority of cases and can add unnecessary costs to the unit. Shore power capability should be included so that lights and heat can be operated without using the generators. To achieve full operational capacity with shore power requires special connections not normally found at most facilities unless special modifications are made to the building, so it is not generally recommended except in special circumstances.

To provide maximum access to care in the maximum number of locations, the vehicle should not be so large that its maneuverability is significantly inhibited or it requires a commercial driver's license to operate. Gasoline-powered vehicles are more cost effective and user friendly than diesel units because the vehicle is parked with the engine off when the clinic is in use, and gasoline systems are much quieter during operation. Also, it's easier to find regular gas than diesel gas. If these design features are employed, the dentist can provide dental care in a unit that is maximally efficient at a minimal cost with maximum utilization ease.

### **The real deal for increasing access to care**

In our treatment mode we provide much-needed dental care and truly increase access to care for our patients. We can afford to provide high-quality comprehensive care for our patients because we operate our practice using sound business principles and we follow very strict systems in our daily operations. Everything we do is geared toward maximizing our efficiency so we can be more effective in provid-



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ing continuing comprehensive preventive and restorative care for our patients. By operating this way we create a win for all parties involved — schools, parents, staff, and most importantly, patients! Done properly, mobile dentistry can provide the right things for the right people in the right way! **DE**

*Dr. John E. Reese III graduated from the Medical University of SC (MUSC) in 1988. He has received many honors and awards, including Fellowships in the Pierre Fauchard Academy and the International College of Dentists. He is also a guest lecturer at MUSC and has been asked to use his mobile clinics as an adjunct teaching facility there. In January 2001 he founded Dental Access Carolina, LLC, a mobile dental practice, to provide comprehensive care to the underserved population of Medicaid eligible children of South Carolina. He started his mobile practice in a retrofitted used RV as a cost-saving measure. When he had proven the success potential of his mobile practice, he began searching for a mobile dental clinic that afforded the same level of comfort and efficiency of his brick-and-mortar office. He could not locate a manufacturer who had all the design and cost features he felt were necessary and acceptable, so he designed his own mobile clinic and now markets them internationally through his company, Dental Access Mobile Clinics, LLC. As a result of his efforts with Dental Access Carolina, Dr. Reese was asked to help draft the legislation and state board regulations concerning mobile and portable dentistry in South Carolina. To learn more about his practice, consulting services, or mobile clinics, please visit [www.dentalaccess.com](http://www.dentalaccess.com).*

