



a population-based approach
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Proposal 6:

Partner with Smiley Pediatric Dentistry to expand services using a mobile dental clinic

Related Strategy

Promoting and facilitating the use of off-site dentistry

Background

Smiley Pediatric Dentistry, a group practice in Duane County, noticed something about its patients population: Parents from neighboring Springdale County were willing and able to bring their children to Smiley but they did not seem to continue their travel to get their own care in CCCtown, the nearest urban center, which had a thriving general and specialty dental community. Smiley wanted to expand its offerings to serve whole families but its practice was too busy – and its space too limited – to add operatories and staff to serve adults. Smiley knew that other pediatric dentistry practices in QQQ County were similarly busy with children, especially the high rate of Head Start and early Head Start kids who were required by the state to have a dental home, but that they would also be interested in serving the extended family. Smiley polled its peers around the county and found two other practices that were interested in finding a way to offer limited care to adults. They decided that a mobile unit was the best approach.

Each practice came up with \$150,000 through revenue and loans, for a total of \$450,000, to found the Three Smiles adult mobile unit. They budgeted as follows:

- \$200,000 for a mobile dentistry van with two treatment areas
- \$200,000 in salaries for three 2/3 FTE clinical staff: a general dentist, a dental hygienist, and a dental assistant for the first year, until the mobile unit could sustain its own salary expenses
- \$50,000 in operating expenses for the first year

Further, the practices committed to absorb the responsibilities of practice management, including scheduling, billing, and records for the first three years of practice. They set up the dental van to spend one week per month serving the parents of their pediatric dental patients at each of their dental clinics often while their children were being served within the clinics. Staff members familiar with the families tried to identify those parents, older siblings, and even grandparents who needed to be seen most urgently, and schedule them first. In addition, Three Smiles offered itself to be leased out for its fourth week per month by safety net providers or local major employers that were public or non-profit (e.g. the school system) at a competitive rate.

Local adults, eager for the opportunity flocked to the mobile unit for preventive, basic, and occasionally emergency care. The mobile unit is in the process of expanding its staff's hours to be all full-time, plus another dental hygienist and dental assistant, and upgrading its telecommunications system so that it can offer advanced procedures on a limited basis, in consultation with a periodontist, oral surgeon, and prosthodontist in the nearby major city.

Budget

Description	Year 1 Cost	Year 2 Cost	Ongoing Cost
Support for Mobile Dental Van with two treatment areas	\$200,000	\$ -	\$ -
Salaries for three 2/3 rd FTE clinical staff	\$200,000	\$ -	\$ -



Operating expenses	\$50,000	\$ -	\$ -
Total	\$450,000	\$ -	\$ -

What is ongoing off-site dentistry?

Off-site dentistry is the provision of dental care outside of a regular “bricks and mortar” dental clinic. Off-site dentistry may occur in a mobile unit or a clinical setting that is temporary, semi-permanent, or only used part-time. The “ongoing” component of off-site dentistry is meant to refer to its routine and scale. The “ongoing” nature of off-site dentistry refers to its use traditional dental business models, in which solo practitioners or small groups provide a variety of standard services – usually, routine/preventive care, basic restorative services, and emergency services – to a patient population in an ongoing manner, the main difference being that these services are provided outside of a permanent dental clinic. Ongoing off-site dentistry may also incorporate elements of tele-dentistry, either for the purposes of providing the aforementioned services or for connecting patients with opportunities for more advanced care via technology. Ongoing off-site dentistry is often thought to occur only in Dental Health Professional Shortage Areas (DHPSAs). This characterization may be more a reflection of the dental marketplace than the issue of underserved-ness, in that dentists who provide ongoing off-site care may be less competitive in a saturated dental marketplace. This limitation notwithstanding, off-site dentistry may be able to position itself as a niche practice instead, for example offering dentistry during non-regular hours or in unique locations such as schools, workplaces, commercial centers, and other spots that may be unusual for dental practice but convenient and desirable for the patient population.

How does off-site dentistry work?

There are a number of models of ongoing off-site dentistry, most of which fall into two major categories: Mobile dentistry and tele-dentistry. With mobile dentistry, a dental practice brings a mobile unit to a location on a routine schedule, for example one day per week every week, or for two continuous weeks every quarter. The mobile unit (typically a van, recreational vehicle, or trailer) is outfitted with a couple of treatment areas, a radiograph area, a small waiting area, a records area (typically, electronic, with a secure data transfer), and other features of a regular dental office, plus self-contained electricity and water supplies. A mobile dental office is responsible not only for regular duties, such as scheduling and seeing patients, doing follow ups and referrals, and maintaining equipment, but also for creating a scheduled rotation that can sustain its business while also serving its patients, securing parking space (whether borrowed or rented) and maintaining relationships with the site owners, and figuring out a schedule that allows them to schedule make-up appointments, given the challenge that the mobile unit might be gone for a period of time.

With tele-dentistry, a dental practice sets up a space where examinations, treatments, and/or other procedures are carried out on-site by a dental provider working in concert, under advisement, or under supervision of another dental provider who works elsewhere. Services may range from delegable duties performed by a dental hygienist or advanced dental hygiene practitioner working under remote supervision or in collaborative practice with an off-site general dentist, to advanced surgical or restorative techniques performed by a generalist, young specialist, or other dentist drawing on the expertise of a specialist. A tele-dentistry setup requires a substantial investment in its telecommunications infrastructure so that information can be transmitted between the practices reliably, securely, and with high quality in real time. Tele-dentistry suites can be set up in an individual solo or group dental practice for its exclusive use, or can be set up in such a way as to be utilized by a number of different practices. Either way, a dental practice that utilizes tele-dentistry must coordinate schedule between the local- and tele- staff and space, billing so that both parties are compensated, and other tasks and responsibilities unique to this setup. Some practices have merged tele-dentistry and mobile dentistry in order to take select advanced dental practices into remote communities as needed.

What are some things to consider about off-site dentistry?



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Off-site dentistry can require significant resources for both set up and maintenance, from capitol costs to purchase equipment to ongoing costs such as rent for a tele-dentistry site or fuel for a mobile dentistry unit. How will these costs be built into the business plan, whether for a traditional private practice or for a grant- or donor-funded safety net clinic?

- Relationships are key to cultivating ongoing interactions with patients. One critique of off-site dentistry is that dentists and/or dental staff don't engage with the community beyond providing services in exchange for fees. How do you respond to this critique?
- Another critique of off-site dentistry is that it can increase awareness and shorter-term treatment of disease through examinations and basic services, but that its lack of comprehensive services limits the longevity (and therefore value) of a patient's treatment. How would you address this critique? Would you set up a treatment "pipeline" that would involve referring the patient to a provider who does more advanced treatment, even if that means you risk losing the patient as your own?
- The success of off-site dentistry depends in part on infrastructure. Tele-dentistry can only be successful if data are clarity, detailed, reliability, and speedily and securely transferred. Mobile dentistry units must be able to travel with as little disruption from traffic or weather as possible, and require available space to set up. Many rural areas suffer from infrastructure challenges, whether lagging internet service upgrades or low prioritization for public services like road repairs or snow plowing. How might these factors change your perspective on off-site dentistry or your approach to developing it?

What are some examples of where off-site dentistry has worked before?

- Mobile clinics may be operated by private practice dentists (<http://www.kidsfirstdental.org/>) or safety net providers (<http://www.yvfwc.com/mobile-medical-and-dental-services-wapato/> or <http://www.sjfmcc.org/content/mobile-vans>).
- Research has demonstrated that advanced treatment provided by adequately trained general dentists and tele-supervised by specialists can be a safe and positive alternative to specialist care when it is inaccessible. Link: <http://www.ajodo.org/article/S0889-5406%2808%2900615-X/fulltext>
- One initiative has co-located a teledentistry practice in community medical settings, in partnership with a university collaboration: http://dental.pacific.edu/Community_Involvement/Pacific_Center_for_Special_Care_%28PCSC%29/Projects/Virtual_Dental_Home_Demonstration_Project.html
- For a lengthy discussion comparing a number of mobile dentistry models see: http://www.kbr.org/pilotfiles/fckpages/file/dental_study_full_report.pdf
- For lengthy discussions of teledentistry see: http://www.doh.state.fl.us/family/dental/sohip/workgroup/Teledentistry_Whitepaper.pdf and <http://www.azdhs.gov/phs/owch/ooh/pdf/Teledentistry-in-Arizona.pdf>



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