Mobile Dental Clinics

What Works, What to Watch and What to Avoid.

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Sullivan-Schein Dental™
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Begin at the Beginning

- Who is the population to be served?
- How many need to be served?
- What do they need (Scope of Services)?
- What is the desired oral health outcome?
- What are current resources that could meet the need?
- Why would a mobile clinic better serve the need than a fixed clinic?
- And how will you fund it?

Examples of Potentially Effective Mobile Clinic Sites:

- Nursing Homes
- Inner City School Oral Health Projects
- Headstart and Migrant Headstart Programs
- Rural and Remote Communities too Small to Support Dental Practices.
- Indian Reservations: Especially Where Seasonal Delivery of Care Best Assures Utilization.

Some Basic Principles of Business

- Whether the funding goal is the most efficient delivery of services to meet grant requirements or to generate sustaining revenue, these business principles apply:

1. Know your overhead ($2.70 per minute or more) .
2. There must be a means to fund the initial outlay: clinic procurement.
3. Most of the operating overhead related to dental care is fixed: The dentist's salary!
4. Therefore workflow processes, length of time at a clinic site must be designed to keep the dentist with the patient & providing care every minute possible. When a dentist is traveling, waiting for assistant preparations, x-rays to develop, it still costs $2.70+ per minute.
5. Work processes must be defined such that the qualified person who is paid the least & can do the task, does the task. Auxiliaries should do everything they are legally allowed, trained & able to do.
6. Just as with a fixed clinic, equipment choices must still support optimum ergonomics, patient comfort, efficiency of movement, <u>reliability</u> (to avoid repairs) to assure quality of care & cost-effectiveness of delivery.

And just to make it harder….

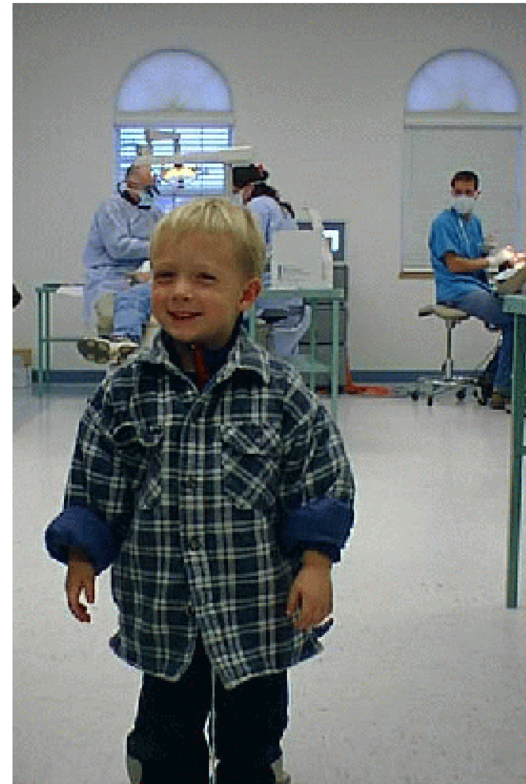
- Across the country, dentists have reported for years now that Medicaid reimbursement frequently does not cover cost of service delivery in a fixed facility.
- Typically 30% of clients with Medicaid benefits fail appointments. Dentists often overbook their schedules to compensate.
- So, how will the choice of clinic type, equipment, funding & operation of the mobile/portable clinic compensate for the additional impacts of size restraints, travel time, appointment no shows?

Your Budget may Include:

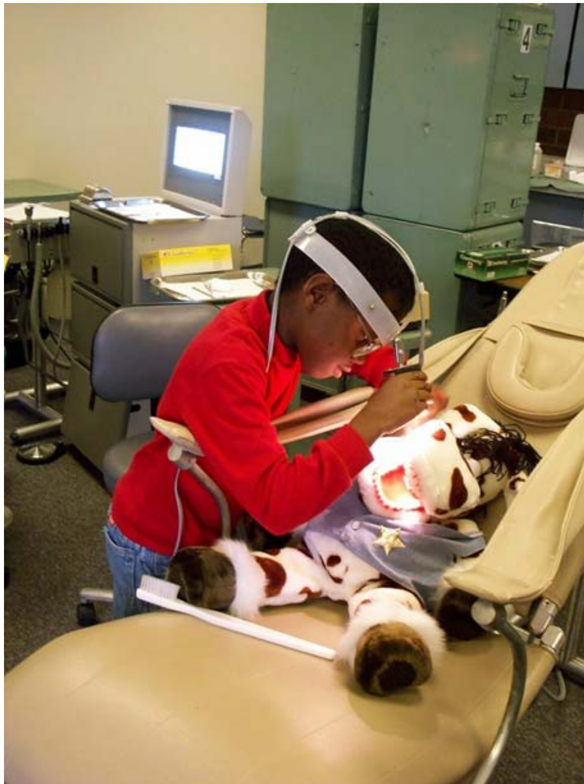
- $10,000 to $300,000: One time cost of clinic purchase (even with procurement of military surplus).
- $6,000: One time cost portable computer and software management system
- $135,000: per year Dentist (salary & benefits)
- $35,000: Per dental auxiliary: assistants, insurance billing with 2.5-3 needed (salary/benefits)
- $40,000: per year 1/2time Hygienist
- $12,000: Instruments & disposable supplies to start
- $1,600-$2,200: per month for disposables thereafter.
- $18 per square foot site rental for portable clinic if site not donated.
- $300: Per month office supplies & printing .
- $200-$800: Per month gasoline
- $2,200: Malpractice Insurance
- $200: Per month phone service
- $45,000 Per year part-time accounting, business management and administration.
- $3,000 per year: Dental equipment repairs and replacement.
- $6,000 per year insurance & maintenance for mobile van.
- $120: Per day per person (hotel & per diem)
- $45: Per day van rental for portable clinic.
- Annual depreciation of assets.

The Desired Outcome of the Project

- The need is always greater than the ability to meet it.
- Will your desired outcome be to relieve some disease burden through one-time visits to many sites? Or
- To give on-going, scheduled care to specific limited sites with the goal of regular returns, follow-up & measurable improvement of oral health status? (understanding that other sites will have no care at all)



A Mobile Dental Home?



- How realistic is the concept of a mobile dental home?
- Or, is it more realistic, even when planned with some continuity, and even if the only source of dental treatment for certain groups or locations, to view mobile clinics as safety-net clinics?

Your Plan to Meet the Desired Outcome Should Establish:

- Required revenue or encounters to support funding requirements.
- Optimum ratio of dentist travel time to patient tx time.
- Optimum number of site days versus travel time.
- A realistic scope of services that can be delivered within those parameters.
- A delivery strategy.
- The type of mobile/portable clinic, size, type & support staffing needed.
- How to comply with rules & regulations that govern delivery of care and...
- Manage quality of care & risk.

Determining Patient Eligibility for Services Through Your Project

- If this is a non-profit, the purpose should be to meet the needs of people who cannot afford/find a dentist & not to compete with local private practices.
- Use defined income limits such as families to 200% of poverty guidelines or whose children qualify for free/reduced school lunch.
- People who qualify for government assistance programs.
- But don't spend unnecessary time determining assets etc. Use an affirmation of income agreement with a penalty for fibbing.

Mobile Van Clinics

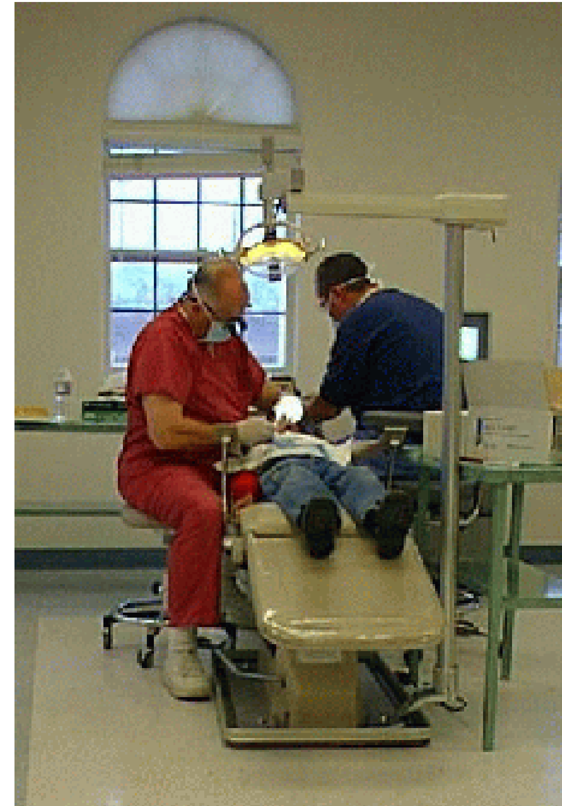
- Efficient design, completely set up and ready to use on arrival with typically 2 ops.
- Can cost $300,000 to purchase.
- Require maintenance $, insurance $, a home, a competent driver.
- Be designed to allow access for disabled.
- A strategy to efficiently move & manage patients in a confined space that keeps the dentist giving Tx.

Portable Clinics:

- These pack into a van & must be unloaded, set up at a host site, packed up on completion. Therefore 3-4 hours time spent per site on non-patient tx activity.
- Require some technical skill & workflow plan to set up, a willing host, storage when not in use.
- But they can be larger, with more dental chairs, room to move & places for patients to wait, & other building advantages such as restrooms.
- So, once up & running, more patients can be seen.
- They are cheaper to buy.

A Realistic Scope of Services

- What can you do to meet the desired oral health outcome within the mobile clinic limits & timeframes?



Scope Considerations

- Constructing removable prosthetics requires multiple appointments, lab liaison, some bulky equipment. Hard to do in mobile clinic.
- Soft relines and minor in-house repairs may or may not be reasonable.
- What radiographs will you be equipped to take and develop?
- Root canal therapy: Can you justify 2 hours or so on one tooth to complete endodontic therapy, post buildup and some kind of permanent restoration (PFM crowns not realistic)?

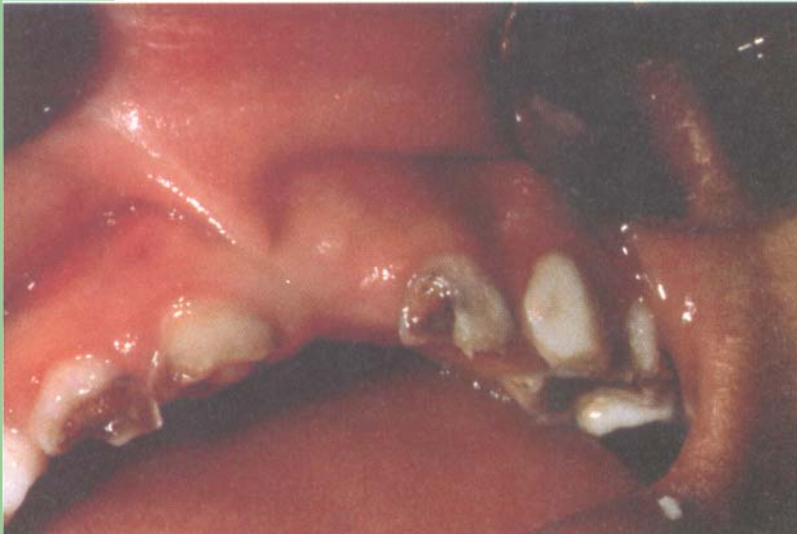
Scope Considerations

- Or, would it be better to carry a few files and materials to manage an infected permanent tooth with a pulpectomy that buys the patient some time to afford to pay for the root canal elsewhere?
- Will you do prefabricated space maintainers?
- Will you do extraction of third molars?
- How will you deal with extensive treatment plans?
- Should you consider Nitrous Oxide or Oral sedations for patient management?

In Considering Scope, Consider Risk

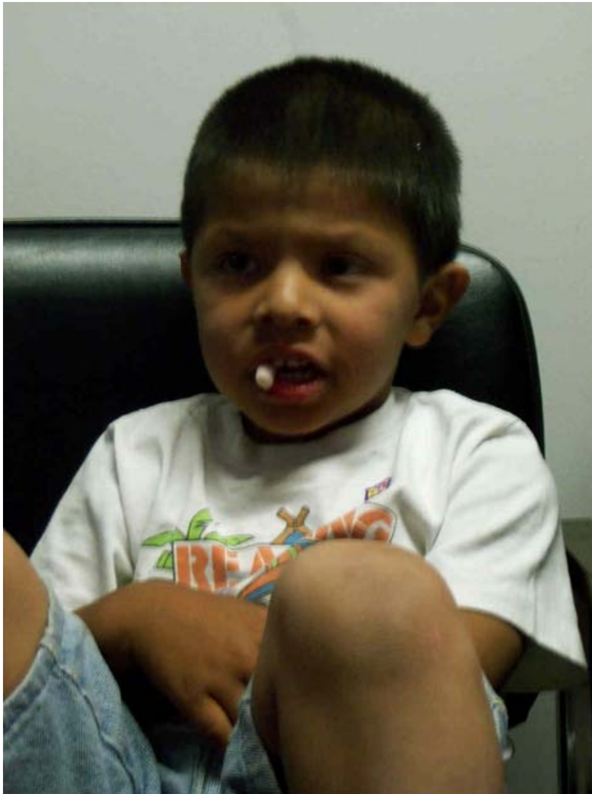
- What emergencies will you be equipped to manage?
- How far away is the nearest emergency response unit, hospital?
- How will you provide follow up for post-operative complications, especially if you have left the area?
- How will patients contact you after hours while in the area?
- How will you manage continuity of care?

Strategies to Manage TX Risk



- Identify emergencies early on & extract teeth first. This allows for f/u if there is a problem, ie dry socket.
- Have patient rinse with mouthwash before any surgical procedure.
- Consider strategies to reduce dry socket such as placement in the socket of tetracycline or TerraCortril on gelfoam after irrigation of the site with sterile saline.

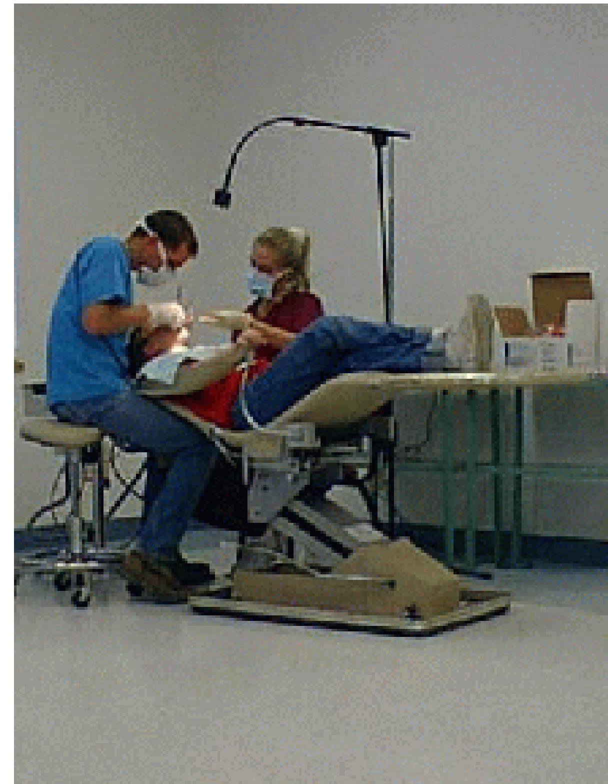
Strategies to Reduce Risk



- Have patients sit a little longer to assure that bleeding is well-controlled before dismissing.
- Give clear, written post-operative instructions. Have patient sign & keep a copy in chart.

Strategies to Reduce Risk

- Always complete any procedure started.
- If the treatment plan cannot be completed, or if a tooth that has had a pulpectomy needs a root canal elsewhere, give the treatment plan in writing with written follow-up instructions and have patient sign receipt with copy kept in chart.



Strategies to Manage Risk

- It can be tempting to do more work on a patient than you might do normally because you are time limited, or the patient makes a request with which you would not normally agree.
- Mobile clinics are not the place for maximum dosages nor maximum treatment limits.
- Do not over treat or over anesthetize a patient. Do not give in to pressure to do anything you do not think is wise.

Strategies to Reduce Risk

- You may need to include a statement on your informed consent that clearly explains to patients that if the whole treatment plan cannot be completed while the clinic is there, the patient assumes responsibility to seek and obtain completion of care elsewhere. State laws vary. Have an attorney review so that you do not legally abandon the patient.

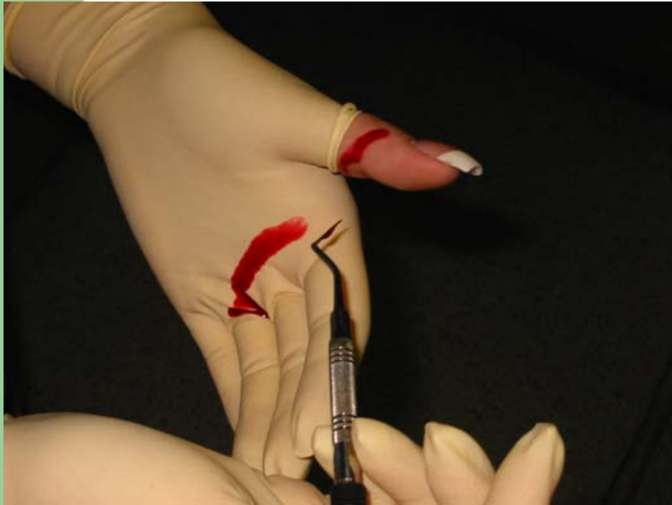
The Good, The Bad & The Ugly!

- Plan how to comply with standards of care, rules and governing regulations in advance.
- People sometimes think that behaviors and compliance are not as important on a mobile clinic.

The Good, The Bad &The Ugly!

- HIPAA: Are you a covered entity? And if so how will you comply with notice of privacy practice?
- HIPAA: How will you assure confidentiality, especially if as a non-profit you enlist local volunteers to help with certain auxiliary functions? Do they understand that what they learn about their neighbors is really confidential and not fodder for the next PTA meeting?
- HIPAA record requests: How will patients or their representatives contact you to obtain a copy of their record after you leave?
- HIPAA Security: How will you manage records and information to store it securely and limit access only to those authorized?
- Where will you store patient records? Given space limits, as paperless as possible may be better.

The Good, The Bad & The Ugly!



- How will you manage infection control/bloodborne pathogen standards? (It includes training of all affected personnel: staff & volunteers, where you will keep employee training & medical records, a defined infection control area where appropriate behaviors & wearing of PPE are required, & removal of PPE when working elsewhere, having lunch etc-work practice controls)
- Engineering controls.
- If you have an occupational exposure, what will be your procedure? How will you obtain a bloodtest of the source patient? where will you go for follow-up?

The Good, The Bad & The Ugly!

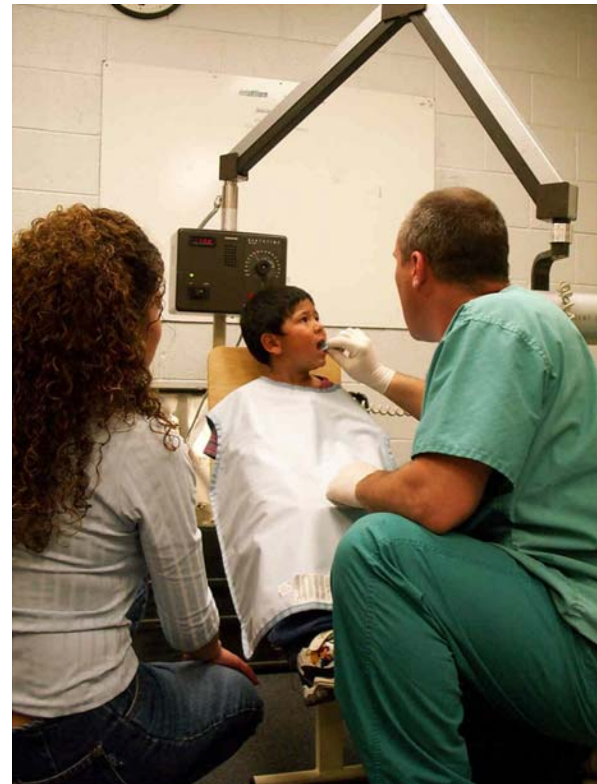
- Will you use volunteers? …They can be the greatest thing to optimize work done! Dental & Hygiene students, private practice dentists, Guard & Reserve units, AHEC, HOSA, & local agencies can contribute clinical & administrative skills, provide patient education & community liaison.
- They can be tricky!
- Give them well-defined expectations.
- Require them to comply.

The Good, The Bad, & The Ugly!

- Host partners are priceless!
- Develop a relationship of open communication & trust with programs & communities that will host your clinic.
- Train them to what you need.
- Provide them necessary tools.
- They can disseminate information to the target group, have intake forms completed & ready in advance, schedule your first day or two of patient exams, identify individuals with urgent need & assure they are cared for, sign up local volunteers, get donated meals.

The Good, The Bad & The Ugly!

- Mobile clinics do not afford you the luxury of forgetting, poor planning, or disorganization.
- You cannot be 3 hours from anywhere to discover you only have 6 carpules of Lidocaine or no lead apron.
- Standardize! Standardize! Standardize!



The Good, The Bad & The Ugly!

- Have a packing list, divided into categories, of every item you use.
- Define the exact quantity of each item & where it is always stored. You can no more afford to pack too much than too little. You need to know that item will always be in the same place.
- Label contents of cabinets/drawers.
- Store 'same-purpose' items/instruments together.
- Have only one location for each item.
- Procedure tubs can group materials & instruments in 'ready-to-use' units. Label them with the required contents for restocking.

Resources

- The military surplus website (DRMO) often has portable clinic equipment available for free. Govt. agencies and non-profits qualify.
- ASTDD is developing a mobile clinic handbook that will be posted on their site.
- www.dentalclinicmanual.com (instrument & equipment lists & other guidance).
- Become acquainted today with people at the conference who operate successful mobile clinics.
- Talk with me or a Schein Rep afterwards. I have files of packing lists, equipment details, written post-operative instructions, bloodborne pathogen compliance forms and exposure response forms. Let me know what you need and I will also e-mail them to you.