Oral Health Infrastructure
Webinar #2
Mobile Dentistry

October 7, 2019
Mobile Dentistry

• Taking dental care to where people are

• Individuals experiencing homelessness- shelters
• Elders- congregate meal programs, SNFs
• Individuals with special needs- group homes
• Primary care clinics
• Juvenile detention centers
Oral Health Infrastructure Toolkit

- https://www.nnoha.org/ohi-toolkit/ohi-toolkit-background/

- Resources on oral health infrastructure enhancements including mobile dental units, teledentistry, school-based dental programs, and brick and mortar expansion
Resource

- Mobile-Portable Dental Unit Manual [https://www.mobile-portabledentalmanual.com/](https://www.mobile-portabledentalmanual.com/)
Planning

- Provider type
- Scope of services
- Equipment purchase
- MOUs with partner agencies
- Program logistics
  - Outreach
  - Consent
  - Recordkeeping & Billing
  - Referrals & Care coordination
HRSA Requirements- PIN 2008-01
Defining Scope of Project & Policy for Requesting Changes

- https://bphc.hrsa.gov/programrequirements/policies/pin200801.htm

- Service sites Form 5 – Part B
  - seasonal, mobile van, intermittent sites
- Consult your project officer

- The mobile program is the *dental home*
A little about Parkland

- Opened 1894 as the Public Academic Health System for Dallas County
- 862 Adult Beds
- 107 Neonatal Beds
- Level I Trauma Center, III NICU
- 12 Community Health Centers
- 12 school based clinics
- Homeless Outreach Medical Services
- Second largest civilian burn center in U.S.
- Parkland is the primary teaching hospital for the University of Texas Southwestern Medical Center
- Something happened in 1963...
- Numerous other services...
HOMES Program

• Health Care for the Homeless designation
• Dallas County
• Services over 25 locations
  • 2 fixed sites (1 includes dental)
  • 4 mobile medical clinics
  • 1 mobile dental clinic
• Locations
  • Homeless shelters
  • Domestic violence shelters
  • Housing programs
  • Drug treatment programs
  • Day programs
  • Social service centers
HOMES Program

• All ages
• Services:
  • Comprehensive primary care
  • Substance use disorder
  • Behavioral Health
  • Comprehensive dental
  • Transgender clinic
  • Nutrition
  • Podiatry
  • Peer navigators
  • Class D pharmacy
Who is our Patient?

• 60% Male, 40% Female
• 49% White, 41% African American
• Majority are adults (25yo to 59yo)
• Uninsured, Below 100% FPL
• Live in shelters
• Top Diagnosis
  • Hypertension
  • Depression and Other Mood Disorders
  • Tobacco Use
  • Obesity
  • Diabetes
• Need for oral health services
HOMES Mobile Dental Program

- 40 ft. mobile clinic with 3 dental chairs
- Operates 5 days a week
- 9 sites
- 8am to 4:30pm
- Predominately adults
- Staffing
  - 1.0 FTE Dentist
  - 1.0 FTE Dental Assistant
  - 1.0 FTE Driver / Registration
Services

Emergency services
• Focused limited examination
• Toothache
• Infection
• Injury
• Pain relief

Diagnostic and Preventive services
• Examinations
• Radiographs (intraoral and Panoramic X-rays)
• Cleanings
• Fluoride applications
• Sealants
• Education

Restorative Services
• Full Mouth debridements
• Scaling and root planings
• Fillings
• Stainless steel crowns
• Pulpotomies
• Anterior root canals
• Extractions

Prosthodontic Services (only at fixed location)
• Complete dentures
• Partial dentures
• Relines
• Repairs

Surgical procedures referred to Parkland’s Oral and Maxillofacial Surgery (OMFS) department.
Starting a Program

• Unmet demand - Limited oral health services for homeless population
• Reduce barriers – Bring the care to the population
• Comprehensive care – Can help prevent a cascade of negative health consequences
• Decrease patients’ reliance on ED to treat conditions that should be treated in a dental clinic
• Partner with organizations that provide services to homeless population
• Services originally contracted; moved in-house to HOMES/PHHS in 2019
Infrastructure

- Funding
  - Supplemental funding award from HRSA when services were contracted
  - Children’s Health Fund award purchased Mobile Dental Clinic & equipment
  - Money raised from Parkland Foundation helped to purchase capital equipment
  - Parkland supplements HOMES budget
- Epic EMR configured
- Hired dental staff provided guidance
- PHHS departments provided support: Clinical Engineering, IT, Infection Control, Regulatory, Finance & Billing, Legal, Risk Management, Engineering, Facilities, Managed Care, Sterilization, etc.
Clinical Protocols

• Walk in vs. scheduled patients

• Consent remained the same

• Dentists developed smart sets/phrases. Continue to work with IT department to build dental needs

• Most patients are existing from HOMES program

• Surgical procedures referred to PHHS OMFS department

• After hours call is shared with Population Health physicians
Finances

• Issues with pulling dental codes from Epic
• 2 Texas Medicaid Dental Plans
• Moving FQHC billing to in-house
• Texas is a non-expansion state
  • Majority of patients below 100% FPL
  • 70% have no funding
• HOMES part of PHHS budget
Environment

• Strong support within Parkland, community, and organizations that serve homeless population

• Relationship with OMFS Department at Parkland

• Parkland Police Department rounds at HOMES sites
### Outcome

- No show rate
- Dental sealants
- Pt satisfaction surveys

### Did the clinic staff care for your personal needs and help you with them?

*Jan - June 2019, N = 624*

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<th>Time</th>
<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
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### Would you tell other people to come to this clinic?

*Jan - June 2019, N = 624*

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Challenges

• Moved Oversight under HOMES / PHHS
• Breakdowns and Repairs
  • Established routine preventive maintenance schedule
• Equipment and Supply Cost
  • Utilized the hospitals group purchasing agreement to contract for better pricing with vendors
• Staffing Recruitment and Retention
• EMR
• Addressing the Complexity of Care in One Visit
• Competing Barriers
Future

With a growing trend in homelessness, the unmet needs of the population, and lack of access, we hope to:

• Expand dental team
• Expand number of patients served
• Reduce the number of barriers
• Epic wisdom
• New mobile dental clinic
I have no relevant financial relationships with the manufactures of any commercial products shown.

I am not intending to endorse any product(s) by including them today.

I have no conflicts of interest to disclose.
“MOBILE” DENTAL PROGRAMS - LEARNING OBJECTIVES:

• A review of our dental program – basic structure and quality measures
• Mobile sites:
  • Rationale to start them
  • Infrastructure - funding and site setup
  • Referrals process
  • Finances
  • Environment – outcomes and challenges
OUR DENTAL PROGRAM

~55,000 visits/year
80% Medicaid/Safety Net
5 primary sites (29 ops)
4 “mobile”/satellite sites
27 dentists (19 FTE)
9 hygienists (5.4 FTE)
1 PHDH *
40+ DAs (35.5 FTE)
3 AEGD Residents
10 externs/year
10 endo residents/year
8+ DA students
A SAMPLE FROM OUR DASHBOARD/QUALITY PROGRAM

Measures (6-month averages)

- Phase I Completion Rate = ~58%
- Caries at Recall (under 21) = ~46%
- Caries Risk Assessments = ~93%
- Sealant Rates = ~30% *low denominator count
- Fluoride Varnish rate = ~72%
- Self-Management Goal Setting (under 21) = ~78%
- No show rate = ~10%
- Direct cost/visit = ~$145 *w/o all allocations

NNOHA Annual Conference:
Dental Dashboard – Coffee House
Monday, October 14
3:00 – 3:30 PM
### MOBILE/SATELLITE SITE 1:
**INTEGRATED CHAIR - UNIVERSITY HEALTH SERVICES**
**UNIVERSITY OF MASSACHUSETTS- BOSTON**

<table>
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<tr>
<th>Rationale/Need</th>
<th>Infrastructure/Scope</th>
<th>Referrals</th>
<th>Finances</th>
<th>Outcomes/Challenges</th>
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</table>
| • Target pop.= students, many without active dental insurance, no dental services available on campus  
• 2016 HRSA OH Expansion grant, established contracted relationship with the school | • Portable equipment, semi-fixed storage, laptops, digital sensor, mobile cart, transport instruments  
• Preventive & restorative, 4 hours per week currently  
• One dentist and one dental assistant, started with one patient access representative as well | • Students can sign-up for their own appointments online, dual registration process  
• Documentation done in our health center EDR and a copy also scanned into the University’s system  
• Patients are referred to the closest Harbor Health primary dental site (2 miles) for additional care | • Fee for service, contracted relationship with UMass  
• ~250 visits per year, breakeven on contribution margin FY19, slight loss on net income | • Planning to convert to Public Health Dental Hygienist to reduce staff costs  
• Leadership changes at the University  
• Staff and equipment transportation procedures, rotating staff to the site |
High Quality, Affordable, Dental Care ON CAMPUS

Exams
X-Rays
Cleanings
All Dental Insurance Accepted
Affordable Payment Plans

Schedule an appointment

University Health Service
General Medicine
Self Check-In
### MOBILE/SATELLITE SITE 2: INTEGRATED PEDIATRIC CHAIR (DD-NHC)

| Rationale/Need | • Target pop. = pediatric patients at our health center site without dental care
• 2016 HRSA OH Expansion grant |
|----------------|--------------------------------------------------------------------------------|
| Infrastructure/Scope | • Space is within an exam room in the pediatric medical department
• Portable equipment, one dentist, one dental assistant 4-8 hrs per week
• Preventive (started with restorative included) |
| Referrals | • Referred to closest Harbor Health primary dental site (8 miles) or community specialist
• Documentation done in our health center EDR |
| Finances | • Fee for service
• ~250 visits per year, slightly positive contribution margin and net income in FY19 |
| Outcomes/Challenges | • Limited restorative scope due to nearby referral site and “caries at recall” goals
• Planning to convert to Public Health Dental Hygienist to reduce staff costs
• +/- with pediatric medical team buy-in: room use, varnish application, warm hand-offs |
### MOBILE/SATELLITE SITE 3: INTEGRATED ELDER SERVICE/PACE CHAIR

| **Rationale/Need** | • Target pop. is PACE = Program of All-inclusive Care for the Elderly  
|                   | • Harbor Health serves as the “insurer” as well, dual-eligible patients |
| **Infrastructure/Scope** | • Space is within the medical clinical area at the day center  
|                        | • Portable equipment, one dentist, one dental assistant, 16 hrs./week  
|                        | • Expanded scope – Preventive, Restorative, Periodontal, Prosthodontics, some Oral Surgery/Endo |
| **Referrals** | • Referred to the closest Harbor Health primary dental site (6 miles) or community specialist  
|               | • Documentation done in our health center EDR |
| **Finances** | • Fee for service  
|            | • ~900 visits per year, slight loss for dental, shared savings to PACE |
| **Outcomes/Challenges** | • Participants require advanced care coordination, time and effort  
<p>|                       | • Often receive positive feedback from participants |</p>
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<tr>
<td>• A nearby CHC that treats many homeless patients and does not have dental services on site</td>
<td>• Currently in year 1 of grant – focused on building referrals process, trainingsessions</td>
<td>• Closed-loop, electronic referrals process in-development between the health centers</td>
<td>• Fee for service</td>
<td>• Being one of the first to navigate teledental care</td>
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<tr>
<td>• Partial funding under a HRSA state workforce grant</td>
<td>• Year 2 will add a mobile on-site presence and teledentistry services</td>
<td>• Documentation will be done in our health center EDR</td>
<td>• Breakeven expected for grant year 1, slight loss for year 2</td>
<td>• Mapping workflows and systems</td>
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</tbody>
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**MOBILE/SATELLITE SITE 4: INTEGRATED CHAIR WITHIN A CHC WITHOUT DENTAL SERVICES**
TO REACH ME:

mhoran@hhsi.us

MORE ABOUT OUR DENTAL PROGRAM:

THANK YOU
REGISTER NOW!

NNOHA Annual Conference

Caesars Palace
October 13-16
Contact Us!

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Denver, CO 80216
Phone: (303) 957-0635
Fax: (866) 316-4995
info@nnoha.org
• Join us for our third webinar of the Oral Health Infrastructure Webinar Series: Teledentistry
  • October 28, 2019 at 11am MT
  • Register on NNOHA’s website

• Access more resources using the OHI Toolkit!
  https://www.nnoha.org/ohi-toolkit/ohi-toolkit-background/
Questions??
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