



An Assessment of the Contributions of Mobile and Portable Dentistry Programs to Improve Population Oral Health

Description and Policy Relevance: While mobile and portable dental programs are often considered a relatively recent strategy to improve access to oral health services, their beginnings actually date back to the turn of the 20th century. Dental hygienists were trained as early as 1914 to provide preventive and educational oral health services to children in schools to reduce rates of dental caries.¹ The volume and variety of mobile and portable oral health programs has increased in recent decades with school-based and school-affiliated oral health programs now commonplace in high-need communities, including rural areas and inner city urban neighborhoods¹. Increasingly capable portable imaging technologies and treatment modalities have evolved to enable oral health professionals to provide a range of oral health services in community based settings with portable equipment or in mobile vans equipped with fixed dental suites.

While mobile and portable oral health programs initially focused on children in schools and Head Start programs, many now serve adults and elders, especially those in nursing homes, with limited transportation options or those who lack the opportunity to access private dental practices. Providing preventive oral health programs in the community enables oral health professionals to triage, conduct risk assessments and refer patients for needed treatment and therapeutic services. Mobile and portable oral health programs also provide the opportunity to better manage preventive care and limit the progression of oral disease, especially for vulnerable populations. This in turn increases available capacity in fixed clinics to attend to patients with more complex dental needs.

The configurations of mobile and portable oral health programs vary, with some providing assessment, education, and fluoride varnish services, while others are sealant-focused or provide a range of preventive and basic restorative services. As the number of programs grow, reflecting a wide array of sponsors, states have increased efforts to regulate these programs. Concerns have arisen among some policymakers and consumer advocates about the absence of appropriate linkages between portable/mobile oral health programs and established dental providers, including safety net providers, in local communities. For many states, an important focus of their regulations on portable programs is assuring appropriate connections between these programs and any needed oral health follow-up services.

Sponsors of mobile and portable oral health services include not-for-profit community organizations and consortia, local and state health departments, Federally Qualified Health Centers (FQHCs), oral health professions education programs, and for-profit dental service organizations. Many of these programs are also supported by a broad range of community resources and partnerships. In 2013,

¹ Association of State and Territorial Dental Directors. Mobile and Portable Dental Services in Preschool and School Settings: Complex Issues. <http://www.astdd.org/docs/mobile-portable-astdd-issue-brief-final-02-29-2011.pdf>

80% of state Medicaid programs reimbursed for dental services provided by mobile dental programs and 61% reimbursed for dental services in school-based settings.² Some states also fund programs operating in schools to provide sealants and fluoride varnishes at no cost to participating families.

Hypotheses, Design, and Analysis: This research project includes a series of 5 case studies to learn more about the utility of mobile and portable oral health services, particularly in geographic areas where the penetration of dental practices or dental participation in Medicaid is low. This mixed-methods study will examine peer-reviewed literature about mobile and portable dentistry and inventory state-specific regulations governing these programs. Researchers will use information from case studies and other data to describe the value of mobile and portable oral health programs for underserved populations and to identify the facilitators and barriers to the provision of effective portable oral health services. Researchers will also seek to better understand how sponsorship and reimbursement for services will impact their reach and effectiveness.

This study will:

- Describe the various structural configurations of portable and mobile oral health service delivery programs, including emerging models and applications.
- Compare and contrast for-profit and not-for-profit/public mobile and portable oral health programs in relation to the types of services provided and the populations served.
- Describe regulatory variation by state for mobile and portable dentistry programs.
- Discuss the impact of state-specific scope of practice regulation, especially for dental hygienists, on service availability in portable and mobile programs.
- Examine, where possible, the outcomes from early and ongoing preventive interventions through portable dentistry, particularly in underserved communities.
- Review the availability of funding for portable and mobile programs, including program grants and state Medicaid reimbursement.

Data Sources: In addition to a review of peer-reviewed literature on the topic, this study will access data collected in a 2015 survey of FQHCs in the US to describe the involvement of health centers in portable and mobile dentistry services. Researchers will conduct key informant interviews at each of the 5 case study sites selected. Researchers will also use the annual survey of Medicaid providers from the Medicaid/Medicare/CHIP Services Dental Association. State-specific statutes and regulations governing mobile dentistry will also be reviewed.

Human Subjects Research: The project will be submitted to the New York State Department of Health Institutional Review Board for review of the interview protocol for the case studies.

Deliverables: Researchers will produce a technical report and a research brief describing study findings. OHWRC staff will work with the Project Officer to determine whether the findings from this project merit the preparation of a peer reviewed journal article.

² Field R, Medicaid-Chip State Dental Association. State Medicaid and CHIP Program Support of Sustainable Oral Health Care Delivery Models In School and Community-Based Settings. PowerPoint presentation. May 14, 2014. <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/benefits/downloads/learninglabslides7.pdf>