



Oral Healthcare on the Go

A Look at Mobile Dentistry

While some mobile programs are more altruistic in nature, there is also a case to be made for mobile dentistry as a profitable private practice business model.

By Michal Christine Escobar

Access to dental care is a major problem in the United States, with a wide variety of factors preventing Americans from regularly visiting the dentist. One of the major barriers that many consumers face is the uneven distribution of dentists across the country. According to “Dental Crisis in America: The Need to Expand Access,” a 2012 report from the U.S. Senate Subcommittee on Primary Health and Aging, dentists are disproportionately found in suburbs, even though those who are most in need of care are concentrated in inner cities and rural communities. The report goes on to state that more than 47 million people live in more than 4,400 dental health professional shortage areas around the United States.¹

While this is certainly not the only issue preventing Americans from accessing dental care, it is an area where mobile dental programs can truly help. Mobile dentistry is the practice of acquiring a van or trailer with permanently installed dental equipment and then driving it to specific locations to deliver care. These locations can be schools, community centers, manufacturing plants or other high-traffic areas that are easily accessible. While some mobile programs are more altruistic in nature, there is also a case to be made for mobile dentistry as a profitable private practice business model. Regardless of the type of practice, however, dentists who participate in these mobile programs seem to share an exceptional love for people and receive innate satisfaction from the care they’re able to provide.



An Introduction to Mobile Dentistry

While not all dentists are introduced to the concept of a mobile dental program during their schooling or residency, this was not the case for Amy Martin, DDS. In 2003, she decided to complete her residency program at Illinois Masonic Hospital (before it became an Advocate hospital). As part of the residency program, she performed multiple weeklong stints on the hospital's mobile van. Then, as she was finishing up her residency, the program announced it was looking for a new director.

"I jumped at the opportunity because I really liked my time on the dental van," she said. "It's a part-time position, so I split my time during the week between a private practice and running this program for

Advocate Illinois Masonic Hospital."

Angel Weathers, RDH, however, was introduced to the Northwest Community Healthcare (NCH) Mobile Dental Clinic while reviewing community rotation sites for dental schools.

"I always loved going on rotation and providing care to underserved populations when I was in hygiene school," Weathers explained. "I worked in a private practice for 10 years after graduating in 2009. Then, in 2019, I started as the Mobile Dental Clinic program manager. I saw a job posting and couldn't pass up the opportunity. I always wanted to break into public health and do more than just clinical dental hygiene."

Meanwhile, John E. Reese III, DMD, was running an all-cash fee-for-service

practice when he learned that economically disadvantaged children were being treated like second-class citizens simply because they were on Medicaid.

"When I started taking Medicaid patients, I found out that many of these children were not getting any dental services because their parents could not find a dentist who would take Medicaid, or they were getting terrible treatment, or they were being used as cash cows by unscrupulous dental practices that were overtreating them," Reese said.

In treating these children, he realized that not only was he able to help the community, but the business model was also profitable. Ever since, he's been "fighting to create more awareness" of the myriad benefits of owning a mobile dental practice.



John Reese III, DMD, takes his dental care to disadvantaged children in one of his mobile dentistry clinics.



Angel Weathers, RDH, left, is pictured with other staff members who work in the Northwest Community Healthcare Mobile Dental Clinic.

Everyone Benefits from Mobile Care

Many mobile dental van programs tend to be connected to hospitals and are used to treat vulnerable populations that have access-to-care issues. This includes the homeless, adults who live at or below the poverty line and do not have dental insurance, children whose parents don't have dental insurance, immigrants and patients with disabilities.

"Our program specifically targets those who have access-to-care issues due to financial and physical barriers," Martin said. "We have relationships with about 16 different organizations in Chicago, and we visit each one between one and two times a month. These organizations include homeless shelters, senior centers, high schools, federally qualified health centers, a site for adults with special needs, as well as organizations that provide immigration and social services."

Weathers' dental program works with four different townships to provide care to individuals who meet a specific set of criteria, which include being at least 200% or below the federal poverty level. The townships screen these individuals ahead of time, typically while screening them for access to their local food pantry.

"Many of our patients are immigrants. Almost all of our staff members are bilingual, which is very helpful," she said. "We see a lot of elderly patients as well as patients with special needs. And, right now, we're also seeing a lot of refugees from Ukraine and Venezuela."

Reese's mobile clinic visits more than 200 schools across 14 school districts as well as nursing homes, behavioral health clinics, and some manufacturing facilities and office complexes. And while he operates only a mobile health clinic, he notes that some brick-and-mortar dentists may want to add a dental van to help them increase their geographic reach and patient base without building a new office.

"I've read about casinos in Las Vegas or large tech companies that run 24-hour operations that partner with mobile dental practices to provide dental services to their employees who work the night shift so they don't have to miss work," Martin said.

Additionally, Reese says that some dentists may consider a mobile practice for use as a temporary facility while construction of a new location is in place or as a temporary office if the practice experiences a temporary closure.

Everything You Can Do, I Can Do Better

Mobile clinics have gained a reputation as being a "step down" from brick-and-mortar practices, but it's not true, Reese says. Both dentists and patients will find that a mobile dental van is essentially a brick-and-mortar practice on wheels, with the same state-of-the-art equipment one would find anywhere else.

However, purchasing one of these dental clinics wasn't always so easy. When Reese started down the mobile dentistry path in 2001, he looked for a recreational vehicle (RV) manufacturer that would build him a mobile clinic, but he couldn't find one.

"I called every RV manufacturer in America and every company that had mobile clinic operations, but ended up having to build and design my own — which led me to create a second company (Dental Access Mobile Clinics) that designs and manufactures these mobile dental clinics," he said. "Our clinics are not retrofitted. They are built from the ground up specifically for our needs."

In his experience, mobile clinics can either be built on a trailer platform that needs to be towed or on an RV-type



A clinician works on a patient in the Advocate Illinois Masonic Hospital mobile clinic.



An exterior view of the Advocate Illinois Masonic Hospital mobile clinic.

vehicle platform that can be driven. He recommends the RV type, as they tend to be easier to operate and move. However, he notes that a clinic built within a trailer can look and feel more like a traditional office because it typically offers more space.

A mobile dental office that wants to offer complex procedures will generally have two treatment rooms, a sterilization room/lab area, a staff restroom and a radiography alcove, Reese said. Some dentists may choose to add a small waiting area and even an office, depending on the size of the unit. Additionally, dentists have the ability to switch from two treatment rooms to a more open concept that would allow for more chairs but less privacy.

“You can do anything in a mobile practice that you can in a brick-and-mortar practice,” Martin said. “The only limitation is based on the amount of supplies you can carry and the dentist’s own skills.”

Martin’s dental van can do everything from radiography to surgical extractions to root canals. Staff members follow the exact same sterilization procedures as in a typical office setting and take the same universal precautions to ensure the safety of both patients and employees.

The Unique Challenges of a Mobile Program

Dentists who operate out of a mobile van face a variety of challenges. For example, staff sizes are relatively small, which means that most employees need to be highly skilled and willing to do multiple jobs.

As the program manager and a registered dental hygienist, Weathers completes the billing, schedules patients, practices clinical dental hygiene on patients, and assists with students from the UIC dental program who have rotations on the van.

Dentists who operate out of a mobile van may also have special considerations when it comes to transporting their equipment if driving the vehicle requires a commercial driver’s license, such as if it is over certain weight or length limits.

“We work with an ambulance company to drive our clinic. That means that good communication and excellent teamwork is necessary to ensure it arrives on time and at the right location. But, occasionally, there has been an issue where the company drove the clinic to the wrong location, and that can be stressful and challenging to resolve,” Weathers said.

And, even though most of the equipment is permanently installed in the van, there is

always the possibility it can be damaged during transport. Equipment that isn’t permanently installed can potentially be left behind. For example, Reese says that his practice once arrived on site to perform composite restorations — without its curing light.

Dentists who work from mobile vans also face the challenge of where they’ll get electricity.

“Our van operates like an RV,” Weathers said. “We can plug in at certain locations and have full power. But, when we visit other locations, especially grammar schools, we need to run a generator because they don’t have electrical access for us. That’s an expensive piece of equipment to maintain and also costs us fuel.”

And if the mobile practice is running off the generator, it has to ensure it has enough gas to power the unit for the entire day. Reese notes that one time his team had to not only stop treating patients for the day because the generator ran out of gas, but actually had to stop treatment in the middle of a procedure.

Finally, the weather can be a real challenge for dentists who operate out of a mobile van in colder climates. The pipes on the van can freeze, and there is always the possibility that the van will get stuck in the

snow (towing is very costly) or be involved in an accident, Weathers says.

Motivated by Love for Neighbor

Martin — who has been working with the Advocate Illinois Masonic Mobile Dentistry program for 19 years — says she has stayed because of how much she enjoys it.

“It’s not just me — my entire staff has been largely the same for the last 19 years as well,” she said. “It’s good for my soul to be able to provide these services to patients, some of whom we have long-standing relationships with. Our patients are so thankful and happy after they receive our services. I don’t see myself ending this part of my career anytime soon.”

For Weathers, working for the NCH Mobile Dental Clinic is not just rewarding, but also feels more ethical.

“We’re not trying to sell veneers to a patient who chipped a tooth,” she said. “We provide what is necessary, we make it affordable, and we don’t try to add on unnecessary extra services to meet a quota. Our patients trust us and are also generally more compliant with treatment because of this.”

Reese has observed a more altruistic spirit in new dentists, noting that, even though they graduate from dental school saddled with massive student loan debt, they’re unhappy with the profit-driven practices of their predecessors and are looking for ways to be able to help those in need while still earning a living.

Fun with Funding and Finances

Dentists who choose to work with a mobile dental program that focuses on treating the underserved will “never make as much as a private practice,” Martin says. “So, individuals really need to assess their financial situation beforehand. But the joy I get from it is worth more to me than the increase in pay I would get if I just worked for a private practice.”

“We operate at a loss to NCH, so we are always having to be very careful with our budget,” Weathers said. “The attitude of the mobile dental clinic staff and of NCH in general, though, is to help people. It feels good to go above and beyond in our profession.”

Unlike traditional brick-and-mortar private practices that might rely heavily on private health insurance payouts or operate as fee-for-service, Martin’s mobile dental program is 100% philanthropically supported via grants.

“We apply for both private and public/state grants annually,” she said. “We also benefit from donations. As a result, funding is always a challenge. Without the generosity of donations and the opportunity for grants, we wouldn’t be able to operate.”

These grants cover the vast majority of the program’s costs and allow it to charge patients who don’t qualify for Medicaid (or who need services that Medicaid will not pay for) significantly less. Fees for dental services on Martin’s van can be up to 75% less than in traditional brick-and-mortar practices.

Weathers’ mobile dental program also works with Medicaid patients. If patients don’t qualify for Medicaid, Weathers’ program will charge a \$30 copay. Children under the age of 18 are seen for free. Additionally, if a patient requires a service where materials need to be lab-fabricated and are not covered by Medicaid, such as partial dentures, the patient will only pay the lab fee.

On the other hand, Reese’s for-profit mobile practice is very profitable even though he primarily sees Medicaid patients, with a smaller number of private insurance and cash-only patients. His practice does not receive grant money and does not rely on third-party sources to cover expenses. In fact, his net production per chair typically exceeds that of traditional offices.

According to Reese, there are multiple reasons for this. First, the cost to start a mobile practice is significantly less than the investment required to start a traditional brick-and-mortar practice. For instance, he says that purchasing a fully outfitted mobile clinic on an RV-type chassis is about \$650,000, and purchasing a clinic that runs off a trailer is about \$400,000. This difference can have a significant impact on a dentist’s career, especially now that most new dentists are graduating with hundreds of thousands of dollars of student debt. Second, the cost to run the mobile clinic is also significantly less than for a traditional building. Third, the tax benefits are better. For example, dentists can write off the

Recommended Reading

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Reese III, John E. “Mobile Dentistry: Driven to Excellence.” *Dental Economics*, 9 Aug. 2022, dentaleconomics.com/practice/article/14279500/mobile-dentistry-driven-to-excellence.

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mobile clinic in five years instead of 30 years for a building, which can significantly lower the dentist’s taxable burden. Finally, by taking the clinic to where patients already are, Reese eliminates the business loss that results from no-shows.

Regardless of how the practice is funded, mobile dentists are undeniably making their patients’ lives better. Martin says that cleaning up a patient’s mouth can literally be life-changing.

“We see some individuals who have just gotten out of prison and are trying to get a job so they can move out of a homeless shelter,” she said. “Many times, that job is in the service industry. Having an odor coming from your mouth can prevent you from getting that job. When we help them, we not only boost their confidence, but we also help them better their lives.” ♦

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Reference

1. Sanders, Bernard. “Dental Crisis in America: The Need to Expand Access.” A Report from Chairman Bernard Sanders, Subcommittee on Primary Health and Aging, U.S. Senate Committee on Health, Education, Labor & Pensions, 29 Feb. 2012, sanders.senate.gov/wp-content/uploads/DENTALCRISIS.REPORT.pdf. Accessed 1 Nov. 2022.