## Three Safety Net Delivery System Models for Oral Health Access

Model #1: The Fixed Site Model	
Operational	Facility must be plumbed for dentistry
Requirements	• 4 or more operatories (at least 2 but preferably 3 operatories per dentist)
	• Patient chairs, dental units, handpieces, x-ray units, stools, operating lights, supplies
	Personnel to do patient eligibility/appointments, schedule volunteers, manage
	equipment/supplies, maintain patient records, etc.
	• At least one employed (p/t or f/t) chairside dental assistant and one dental coordinator are
	preferable (may be one person)
Benefits and	Some dentists prefer to do volunteer work away from their private office
Advantages	• Allows dental professionals to be covered by state or federal "Good Samaritan" malpractice
	protection, if patients are not charged for services
	• When co-located with medical clinic, permits better integration with medical care delivery
CI II	Enables better continuity of care, as the fixed site becomes the patients' dental home
Challenges	• Facility, equipment, maintenance and supplies are expensive
	Requires ongoing funding/financing
	Patient transportation may be a barrier to service
	Hours of operation may limit accessibility
Model #2: The Referral Network Model	
Operational Description	• Critical mass of participating area dentists is necessary, as a limited number of dentists are
Requirements	at risk of becoming over-burdened
	Preferably dentists commit to a regular block of time to serve qualifying patients  Outside the serve qualifying patients.
	• Staff to conduct patient eligibility, schedule appointments, coordinate with dentist
Benefits and	offices/staff, record statistics, etc.
Advantages	Some dentists prefer to do volunteer work in own office, with own equipment and  personnel femilian with their enpressed (agreed triang).
Auvantages	personnel familiar with their approach/expectations
Challenges	<ul><li> Program costs are minimal</li><li> Dentist office assumes supply costs and professional liability</li></ul>
Chancinges	<ul> <li>Patient situations can be problematic to a private office – some no-shows, patient non-</li> </ul>
	compliance, complicated dental conditions, occasional ungrateful or demanding patient, etc.
	Program statistics can be harder to secure
	Good communication with the dentist and their key staff is critical to maintaining a
	mutually beneficial relationship
Model #3: The Mobile Model	
Operational	Mobile dental vehicle with at least two operatories
Requirements	Certified driver with required commercial driver's license
	• Patient chairs, dental units, handpieces, x-ray units, stools, operating lights, supplies
	Paid dentist and/or dedicated group of volunteer dentists to take turns
	Site agreements with locations where vehicle will be parked
	Facilities and staff at those sites to provide logistical and program support
	Personnel to conduct patient eligibility/appointments, schedule volunteers, manage
	equipment/supplies, maintain patient records, do chairside assisting if needed, etc.
	At least one employed (p/t or f/t) dental coordinator is preferable
Benefits and	Able to serve multiple populations and go to communities where the needs are greatest
Advantages	Makes for a very visible program presence in the community (great for marketing!)
Challenges	Vehicle must be maintained, licensed, insured, cleaned, secured, etc.
	Equipment and supplies are expensive
	Requires ongoing funding/financing
	Output will be more limited due to small facility and fewer staff
	• Continuity of care is difficult to achieve, as a mobile unit is not a suitable dental home
	Adverse weather conditions may affect vehicle access to sites