From the mid 90's, Miles of Smiles, Ltd, has brought the highest quality preventive dentistry to the children of Illinois, concentrating on children who have had very little access to care. Working with the original pilot program, originally called Bru-Pro, the founders of Miles of Smiles, Ltd. carried our very successful program to nearly all the counties of Illinois. We started with just a few Western Illinois counties, expanding to 2 counties, then after a request from the Illinois Department of Public Health, the Illinois Medicaid Department, and the dental insurance carrier for the Illinois Department of Medicaid, we expanded to 95 of the 102 counties in Illinois. In 1999, when Illinois switched dental insurance carriers, and when the contract Bru-Pro enjoyed was no longer in effect, Miles of Smiles, Ltd. was born.

Miles of Smiles, Ltd. was welcomed throughout the state. We retained over 60 counties, as several of our colleagues from Bru-Pro served most of the rest of our counties. Most of the children we saw in our school-based program had never seen a dentist, before we offered our services.

While concentrating on <u>preventive</u> services, the goal was always to create an awareness of good oral health habits, by educating children in daily hygiene and healthy food choices. We also gathered statistical information to increase awareness of the dental needs of these children, especially of restorative needs, (including fillings, crowns, extractions of teeth, and space maintenance for teeth lost too early).

We found that some local dentists were sometimes alarmed and fearful of our program. The fear was that we would possibly take some of their patients from them, and also that we might provide inferior services. We tried to assure them that our target was children who were <u>not</u> seeing a dentist already, and that our services were of top quality. Also, there was a real problem in that, initially, as we refereed a patient to a local clinic for restorative treatment, that clinic or dentist may not have been compensated for their exam, cleaning, and/or fluoride application. As this was not our intent, we pleaded for, and were eventually successful, in convincing the various powers-that-be in the state programs to separate our preventive treatments form the general practitioner's, so that they

too, would be paid for their services. Thus, our school-based program could not interfere with the good works of the private practitioner.

The concept of a "dental Home" is not new. It has been the hope of all truly concerned practitioners that children would have access to high-quality healthcare, in or near their hometowns. Children with emergent problems, especially need a "home" office, which is available on a daily basis. Miles of Smiles, Ltd. has supported this idea over the years, and the situation, while not yet ideal, has greatly improved.

The rise of <u>mobile</u> restorative dentistry is an attempt to relieve, at least in a small way, the problem of children not being able to get to a dental office that will treat them, in a timely way. Without a doubt, the motives of mobile restorative providers are noble. Miles of Smiles, Ltd. does, indeed, supply some of these services, but we do so somewhat reluctantly. <u>Why?</u>

The answer is that we, in Illinois, have seen a steady growth in the number of facilities that can provide these high-quality restorative services. For instance, Federally Qualified Health Centers do a wonderful job of seeing children of lower-income families, accepting Medicaid, and using sliding fee schedules to allow great access to these services. Also, may other clinicians now offer these services to a broad range of families, lower-income included.

The problem with our mobile programs is that, in the restorative arena, we can often harm or interfere with the efforts of these exciting and improving "dental home" structures. For instance, we can truly treat emergent situations only if we can provide services in a timely and ongoing manner. Post-operative problems need to be supported, and pre-operative medications sometimes are needed when there is active infection. These situations call for a true "dental home", which implies a predictable and regular schedule, so that a patient may be sure that follow-up treatment is always available.

A better answer to these problems may be a transportation system, such as has been established by Miles of Smiles, Ltd. in other locations. For instance, if our preventive program reveals that there are 20 students, who need restorative treatment in a school, and if a high-quality dental clinic can treat these children in a timely manner, then transportation of 4-6 students to that clinic can be a very efficient an caring way to alleviate their problems. Emergencies are treated first,

but all problems are addressed in order, preventing future emergencies. Local clinics are not harmed or interfered with, and they experience predictable scheduling which greatly enhances their patient flow, enabling them to thrive and even to add personnel.

Children who have "dental homes" already do not need these services. We are very interested in seeing only those children who do not already have dental homes.

Schools welcome the concept, in that fewer emergencies over time means fewer lost attendance figures, which is financially great for schools, but also for the students' health and education.

Mobile restorative dentistry may still be needed in more remote areas, but, as noted, the problem is getting smaller year by year. By channeling these children to existing "dental homes", we strengthen the support system that gives children their best possible oral health. By depending on mobile restorative dentistry, we delay and complicate real, long-lasting solutions.

To that end, Miles of Smiles, Ltd. offers superior preventive services and is achieving long-term solutions for establishing real "dental homes" that children need. Please allow us to more completely help your children, by contracting with us.

Dr. David R. Trost

President