

THE CASE FOR MOBILE:

*Mobile healthcare is good for communities
AND good for business.*



The Family Van



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EXECUTIVE SUMMARY

The COVID-19 pandemic has sparked innovation in health care delivery, including new and expanded use of mobile clinics. The pandemic has also raised awareness about long-standing health disparities and the need for community-based solutions to advance health equity.

Mobile clinics improve health outcomes and reduce costs both to the health care system and to society-at-large. Questions remain, however, about the extent to which mobile clinics align with health care organizations' overall priorities and financial incentives.

In this report, we explore how mobile clinics support the business objectives of health care organizations. By understanding how health care leaders view mobile health programs and their impact on the organization's bottom line, mobile clinics can sustain or expand their efforts to deliver health care to underserved communities.

We conducted semi-structured key informant interviews with 25 health care leaders to explore their views and experiences related to mobile health care. We used thematic analysis to identify patterns and create a conceptual framework. An advisory group with expertise in mobile health, health management, and health care finance informed data collection and analysis.

Health care leaders described multiple ways mobile clinics bolster business objectives of health care organizations including those related to organizational culture, business strategy, budget, and health equity. We present a conceptual framework that demonstrates how these factors, supported by community engagement and data, come together to form a business case for mobile health care.

We hope this report deepens your understanding of how mobile clinics can advance population and patient health goals while reconciling the business pressures that health care organizations face.

BACKGROUND

Mobile clinics are well-recognized for their ability to improve access to health care, especially in marginalized communities. Numerous studies show that they improve health outcomes and reduce health care costs. There is also evidence that mobile health programs that deliver preventive health care reduce societal costs associated with premature disability and death.

The pandemic has sparked innovation in health care, including greater interest in mobile programs. Health care providers have adopted or scaled up other innovations, including telemedicine, drive-through testing and vaccination sites, and “pop-up” clinics. It is very likely that innovations sparked by the pandemic will continue in various forms long after the crisis has ended. For example, many mobile clinics that began as a way to expand access to COVID testing or vaccinations are planning to continue operating and adjusting their service offerings to meet other community needs.

Health care providers increasingly recognize the importance of addressing the social determinants of health (SDOH). Mobile health programs that bring care directly to communities that are

The World Health Organization defines Social Determinants of Health as “the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.” In addition to addressing issues related to health care access, geography, and transportation, many mobile clinics also address other social determinants, including food, housing, literacy, economic stability, and social support.

underserved by the traditional health care system address SDOH in multiple ways.

This report expands on what we know about mobile health care as a strategy for improving health outcomes and reducing costs, especially among underserved populations. Understanding how these programs contribute to business-related incentives and disincentives of health care organizations will help providers develop or expand mobile programs to improve population health.

Dr. Nancy Oriol’s seminal paper, “Calculating the return on investment of mobile healthcare,” showed how one mobile clinic, The Family Van, a clinic based in Boston, Massachusetts, reduced costs associated with early disability and death as well as avoidable emergency room visits. Today, that same calculation is available to all mobile clinics on the website, Mobile Health Map (www.mobilehealthmap.org). Hundreds of mobile clinics have used Mobile Health Map’s Impact Tool to demonstrate how the preventive services they offer are saving lives and money. This data, however, only tells part of the story about costs. This report identifies other financial-related benefits of mobile clinics such as employee engagement and brand positioning.

METHODOLOGY

We conducted 25 semi-structured key informant interviews with health care leaders to explore their views and experiences related to mobile health care, specifically business-related incentives and disincentives for mobile health. We used thematic analysis to identify patterns. An advisory group with expertise in mobile health, health management, and health care finance informed all aspects of the project.

Key informants, health care leaders who understand mobile clinics as well as the business pressures facing health care organizations, were identified by the advisory group. We used convenience and purposive sampling to recruit 25 informants by email. Each informant was interviewed by telephone or video conferencing.

The research team identified and coded themes from each transcript and came to a consensus on the relationships between themes. The resulting conceptual framework was refined through feedback from the advisory group.



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FRAMEWORK



OVERVIEW

We identified four ways mobile clinics contribute to larger organizational objectives: (1) organizational culture, (2) business strategy, (3) budget impact, and (4) health equity. We created a conceptual framework that demonstrates how these factors, supported by community engagement and data, come together to form a business case for mobile health care.

ORGANIZATIONAL CULTURE

Strong organizational culture and employee engagement, two topics that have received increased attention in recent years, work synergistically. We heard from experts in the field about the positive influence mobile programs can have on both areas.

REINFORCING MISSION

Mobile health programs not only contribute to an organization's mission, they also reinforce their values within their paid and volunteer workforce.

"In our view, if we took our organizational mission, our faith-based nature, out of the picture, we would be unsuccessful both financially and healthcare-wise since what motivates our volunteers is this opportunity to serve."

EMPLOYEE ENGAGEMENT

Staff burnout, high turnover rates, and absenteeism are costly and disruptive. That is why so many health care organizations care about employee engagement. Many people we spoke to

talked about the positive effect of mobile clinics on morale for all staff, not just those working on the mobile unit.

“When we ... got approval to do this mobile unit... there was so much excitement around the support that leadership was providing to this new form of care. People were contacting me and knocking on my door to ask how they could be a part of this, which was really exciting. They were so encouraged to see the institution take a new, innovative approach to providing health care.”

A mobile program can bolster efforts to recruit, train, and retain staff. Mobile clinics offer trainees, physicians, and other staff opportunities to put their ideals into action. While many health care professionals chose their career because they wanted to help people, their day-to-day work may not fulfill that desire. Working on a mobile clinic in close contact with the community often brings inspiration and job satisfaction.

“Experiences that students or other folks have on a mobile unit in a community [are] so valuable in understanding who they’re eventually going to take care of in hospitals.... Without that platform, we wouldn’t have recruited those two providers and maybe they would have never kind of realized what their niche is, that community medicine is the thing that they’re passionate about.”

BUSINESS STRATEGY

Health care organizations use mobile programs to advance their business priorities in a variety of ways including positioning their brand, establishing credibility, and promoting new business development.



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BRAND POSITIONING

Mobile clinics help organizations strategically position themselves in communities. They can be especially valuable for organizations seeking to build trust.

"[Mobile clinics establish] this trusted relationship where then you can help patients get to the next step, and sometimes that's 'we're going to start your primary care and then we're going to get you connected someplace so that for the long term we'll get you taken care of.'"

Mobile clinic leaders sometimes find allies in their organization's marketing and communications department.

"Our marketing team... was all over this, they thought this was a great idea...of the feel-good sense that, we're not going to wait for someone to get so sick that they have to take an Uber to come to us. We're going to go out to them and park on their street and provide them the care that they need. And we thought that was a really good story to tell."

DIFFERENTIATION

Mobile clinics also help with marketing and differentiation in a competitive health care marketplace. Patients' experiences with a mobile clinic can influence decisions on where to receive future care.

"It cements 'Whoa, wait, I need to go to the hospital. I can go into hospital A, or I could go to hospital B, but I'm choosing hospital B because I went to their mobile program, and they were really nice and took care of me.'"

NEW BUSINESS DEVELOPMENT

For organizations hoping to expand, mobile clinics offer longer-term business development. We heard from several interviewees about how mobile clinics helped health care organizations serve new communities and expand their reach.

"How do you get to the people that are in greatest need? You don't do that by building a great big building because oftentimes [we] don't know where the greatest need is. And you also find that the areas of need change."



The Family Van

“They’ve used their mobile dental clinic to go to a town which doesn’t have a dental clinic, provide services there, build up a patient base, and then apply for a new access point grant through the federal government. They then built a fixed site clinic to create a more permanent resource in that community, then moved their mobile on to another location where they can build up a patient base there as well.”

BUDGET IMPACT

Mobile clinics can help health care organizations meet their financial goals. We heard from interviewees that budget impact is closely related to start-up costs, the adaptability and efficiency of mobile clinics, opportunities for revenue, and contributions to value-based care goals.

LOWER START-UP COSTS

Interviewees explained that some health care decision-makers perceive mobile clinics to be more costly due to upfront investment, maintenance, and operational costs; however, actual costs for a mobile clinic can be lower compared to those for fixed sites.

“From a business standpoint, my starting cost is actually brought down to half, if not more [compared to a physical clinic]. The ability for us to move from concept to action is much easier.”

FLEXIBILITY AND EFFICIENCY

Mobile clinics can also adapt to changing needs of populations and are appealing investments for organizations seeking flexibility.

“You have much more flexibility. You can get up and move. You can be in many locations during a week and bring in patients and close care gaps and address social determinants of health by moving around.”



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PERFORMANCE INCENTIVES

As the health care system shifts towards more value-based care, financial incentives may stimulate new types of programs that focus on quality of care—decreasing costs, lowering hospitalization rates, and reaching more patients. With their flexibility, mobile clinics are well-suited to our ever-changing health care system. Mobile programs were described as significant contributors to health quality and value-based care.

"[Mobile clinics] improve compliance with certain medications and allow for greater follow up and engagement over time.... A mobile clinic can also help decrease adverse events like heart failure exacerbation, COPD exacerbations, improve A1C scores — things that health systems will be interested in..."



The Family Van

COMMUNITY BENEFIT REQUIREMENTS

For mobile programs affiliated with non profit hospitals, it is useful to understand policies that affect the organization's nonprofit status. This includes guidelines by the Internal Revenue Service, state policies such as determination of need, and local regulations, such as city and county property tax waivers. Mobile clinics can help hospitals that operate as nonprofit organizations to satisfy their community benefit requirements and maintain tax exemptions. By linking their work to community benefit contributions, mobile programs are better positioned to sustain and grow their programs.

To learn more about your local nonprofit hospitals' community benefit activities, check out Schedule H of their 990 tax form. You can find the 990 on the hospital's website or on websites like Guidestar.

HEALTH EQUITY

TRUST AND PATIENT EXPERIENCE

In many communities, mobile clinics are the only accessible and acceptable option for underserved patients. Barriers to care, according to one participant, range from “fear or mistrust of the health care system to immigration status and sometimes just the practicality of getting to a clinic if you have demanding work or family responsibilities.”

Mobile clinics establish patient trust that is difficult to cultivate and worth maintaining once earned. Many interviewees, like the one quoted here, described how mobile clinics build trust with underserved populations:

“For communities that have been disinvested or marginalized by our health care system through generations, being able to go to them, make the effort to get right where they are--say here I am. I’m here to respond to you. It’s a good way to be able to bring them into a healthcare system that maybe they are distrustful of.”

PATIENT CENTERED CARE

Mobile health programs also lend themselves to a patient-centered approach, as described by one participant in this way:

“Mobile has flipped health care on its head and we provide care at the convenience of the patient, whereas our health care system has evolved such that we make it very hard to access health care for a variety of reasons, whether it’s insurance or other things. I think that the other advantage of mobile is the providers allow themselves to become more personally connected and knowledgeable about people’s lives and know their stories.”

PATIENT CENTERED CARE

Ronald M. Epstein and Richard L. Street wrote that when health care is patient-centered, “patients are known as persons in the context of their own social worlds, listened to, informed, respected, and involved in their care...” They remind us that the originators of patient-centered care as a moral imperative, “based on deep respect for patients as unique living beings, and the obligation to care for them on their own terms.” Mobile health clinics lend themselves to this type of care. The close physical proximity to both the neighborhood and the people (due to the confined space of the unit) fosters emotional closeness between and among patients and providers. This closeness fosters the respect and awareness of community context that is difficult to replicate in a hospital or brick-and-mortar clinic.



RACIAL EQUITY

Mobile clinics can reach a broad range of patients, which can reduce gaps in care, including those exacerbated by the COVID-19 pandemic. Many interviewees identify themselves as part of the movement for racial justice. Mobile health programs can help turn the intent to address inequities into visible action:

“Communities of color are not getting vaccinated at the same rates and the opportunity to engage and build trust with untrusting communities is huge. It’s about not just a connection to a person, but a connection to a community. Certainly, this is also true for homeless communities, for migrant communities, for rural communities...if you can actually come in as an invited guest and a collaborator and work with people, you have just enormous opportunity that you otherwise literally don’t have.”

During a precarious time for health care organizations, mobile clinics have demonstrated value not previously recognized. One interviewee noted the following: “Executive leadership in my system this year alone has seen the tremendous unquantifiable value that mobile brings to our community, just by the fact that we have had the capacity and the infrastructure to go out to communities.”

DEMANDING EQUITY

Businesses, including those involved in providing health care, increasingly recognize that equity, including health equity, is not just a moral imperative, it is also good for business. In many communities, hospitals are the largest employers, and they require a healthy workforce to carry out their mission. Constituents, including donors, employees, and patients, are demanding evidence of practices that can advance health equity, including diversity, inclusion, and belonging. The movement for racial justice has motivated many businesses, including health care businesses, to look within and dismantle systemic racism within their own organization while also looking externally to advance equity in their communities. Mobile clinics that seek to advance health equity can align themselves with these efforts, creating a win-win for health care leaders and communities.



BJC Health



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DATA

The interviews also revealed the importance of data in the planning, implementation, and evaluation of mobile clinics' efforts. Mobile program leaders often have hunches about financial benefits but need additional data to verify their conclusions. A participant seeking to expand her mobile program put it this way: "We need more data to look at how many dental related emergencies landed in the emergency room - what was their cost and the cost benefit analysis so we have a data perspective." More examples and practical tools are needed for mobile clinics to more effectively use data.

COMMUNITY ENGAGEMENT

Community engagement is essential when planning for new or expanded mobile programs. Experts described the importance of building trust and establishing community partnerships: "People think you get the vehicle and park it and everybody's going to come. That's not always true because they don't know who you are. There was a lot of hesitancy and skepticism as to why we were in their neighborhood." Interviewees described collaboration with places of worship, libraries, shelters, schools, employers, and other health care organizations as a way to build trust and engage community members.

CONCLUSIONS

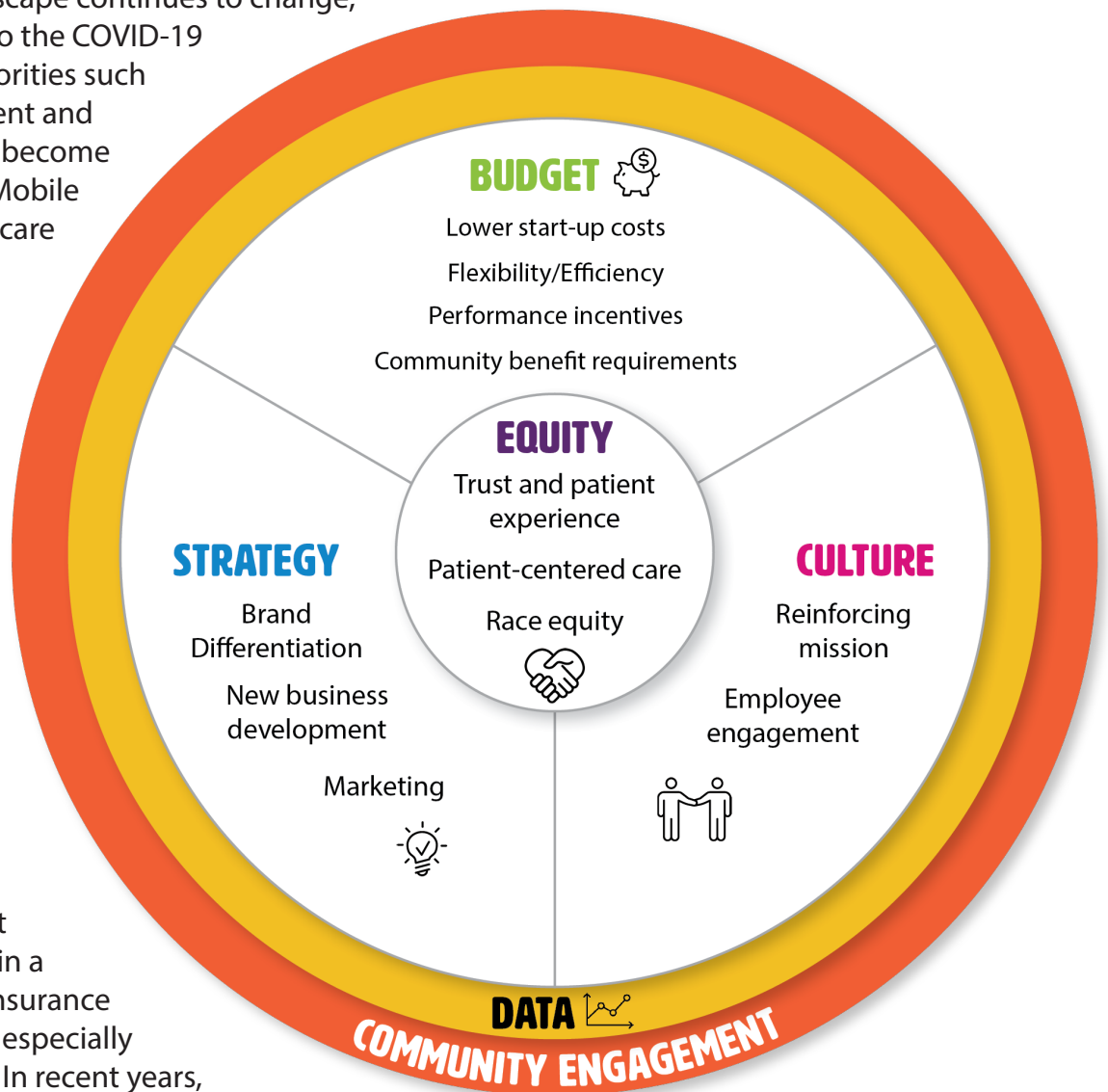
Business principles increasingly drive health care decisions. As a result, any effort to establish, sustain, or expand a mobile health program must consider the larger business strategy of the parent organization, collaborators, and funders. Our research elucidates four types of business objectives that mobile health care can support — budget impact, business strategy, organizational culture, and health equity. These aims must be supported by data and community engagement.

As the health care landscape continues to change, especially in response to the COVID-19 pandemic, business priorities such as employee engagement and health equity will likely become even more important. Mobile clinics may help health care organizations advance these goals, but only if their value is understood by health care leaders.

Mobile clinics are funded through a combination of philanthropy, federal and state funding, public and private insurance, and patient payments. Grant funding, whether from private or public sources, can be unpredictable, and it can be difficult to sustain a primary care clinic on insurance reimbursements alone, especially if clients are uninsured. In recent years,

many local and state governments have declared racism a public health crisis and renewed their commitments to health equity. These declarations must be accompanied by long-term funding commitments and policy changes.

The conceptual model below provides a guide for aligning mobile clinics' work with business priorities of organizations and funders.



SERVICE MIX

Diverse revenue streams, including insurance, are crucial for mobile clinics. One mobile clinic operator described how specialty care generated revenue for services with lower reimbursement rates, such as primary care:

"We knew that the business case was there, but we were also using cardiology as a way to be able to balance our mission against our margin. ...the point of the mobile is to reach those underserved populations. Although some are not going to make money, we do find ways to be self-sustainable."

Although many reported insurance reimbursement as an important revenue source, others described difficulties with billing due to state policies or regulations. Some clinics, especially those relying on philanthropy, lacked necessary billing infrastructure.

"Billing is a beast. There's tons of rules. [For a] program that does small volume [it] is really hard."

Others argued that these challenges can be overcome:

"We should be charging insurance companies for care that their customers are getting because they're getting premiums to take care of them."

There is no universal business case for mobile clinics. They must be customized, as described by one interviewee:

"Maybe it's behavioral health. Maybe there's high utilization by people with very unstable mental health conditions — if you could get to [patients] out in the field, they would stop coming to your ER.... There are opportunities even in the current health care system, but it's not a one-size-fits-all thing — it's what's expensive for you, where do you either see the literal cost or the opportunity cost and how does mobile help with that."



QUALITY CARE ON WHEELS

Interviewees noted a myth that mobile clinics provide a lower quality of care than bricks-and-mortar clinics - an idea which has hindered integration of mobile clinics into larger health care efforts. As one person explained, “there is a perception out there that mobile health is not part of the toolkit of sophisticated, high functioning healthcare systems, and it is more of a separate piece that’s addressing gaps in care for vulnerable communities but maybe is not part of the arsenal of tools that health systems have available.”

Experts described the need to clarify the role and value of mobile clinics, emphasizing that although mobile clinics, due to their mission, often provide services to those who cannot receive care elsewhere, these clinics provide incredibly high quality and culturally competent care. One public health leader argued “the providers that I work with [at mobile clinics] are some of the best that I’ve ever met and I would happily send any one of my family members to one of them to get care.”



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RECOMMENDATIONS

DEVELOP RELATIONSHIPS WITH PARTNERS

For those interested in starting or expanding a mobile health program, partnership is essential. In addition to their enthusiasm for reaching patients in new ways, other groups will likely see benefits for their own organizations. For example:

- State and local health officials may see the potential for mobile health care to lower expenses associated with avoidable medical emergencies.
- Accountable care organizations may be interested in mobile programs that help them connect with their members, especially those who are not accessing health care services.
- Leaders of major health systems may be motivated by opportunities to build community trust or to advance other business goals such as community engagement or brand awareness and loyalty.

Considering other organizations' business cases in addition to one's own may help cultivate relationships with partners. Collaborators can strengthen the business case, enhance sustainability, or reach new audiences.

UNDERSTAND BUSINESS STRATEGY AND INCENTIVES

Like other businesses, health care organizations have strategic plans, budgets, and regulations. Some organizations share their strategic plans, or an executive summary, on their public website or internal pages for employees. A strategic plan

may include information about strengths and weaknesses, business priorities and risks, recent or anticipated changes to health care landscapes, and plans, including resource allocation.

Organizations may also issue an annual report highlighting successes from the past year as well as summarizing their financial position. This report will not only present the organization's financial standing, but also offer a sense of the image or brand important to the hospital. The successes highlighted can offer insight into their marketing strategy. Check out the "About Us" or similar sections of their website to read the mission statement and other public statements about who they are and what they aim to accomplish.

It is also helpful to understand incentives, or alternatively, pressures that motivate the organization. For example, a health center accused of putting profit above the needs of low-income patients may choose to counter the criticism with tangible, community programs, like those offered by mobile clinics. Many health organizations have issued statements, and sometimes written plans, in response to the movements for health equity and racial justice. Mobile health programs are one way they can fulfill those commitments.

Federal, state, and local regulations require certain organizations to spend funds in specific ways. If they operate within a nonprofit hospital system, review Schedule H in their 990 tax form (see page 11) and read their Community Health Needs Assessment and Community Health Improvement Plan. Both should be available on their website. Some states place additional requirements on

nonprofit hospitals. For example, Massachusetts requires health care organizations to contribute a portion of all major capital expenditures to a statewide fund for community health and, in some cases, to local nonprofit organizations addressing issues identified in their Community Health Needs Assessment.

START WITH SUSTAINABILITY

Many mobile clinics receive grants or other large donations to purchase their mobile unit. Funding sometimes includes expenses for the first year but rarely extends beyond the start-up. In addition to planning for staffing, services to be delivered, materials, equipment, reimbursement, and regulations, it is important to develop a three to five-year financial forecast. This may lead clinics to adjust their plans for staffing, services, or other operational decisions. The forecast will also help set expectations for what additional funds must be raised or allocated to sustain operations.

Planning for sustainability also sparks helpful conversations about the amount of time required to reach capacity. It takes time and consistent community presence to build trust and patient volume. The sentiment “if you park it, they will come,” is not true in most cases. Patience is required when serving marginalized communities that distrust outsiders and the health care system. Taking a long-term view and setting modest goals for the first several years offers time to learn from the community, adjust strategies, and build trust.

IDENTIFY ALLIES AND CHAMPIONS

For those who are part of a medium to large-sized organization, it is important to consider which departments might support a mobile program. Marketing, for example, might see an opportunity to build the organization’s brand and reputation. Human resources may be excited about potential to reinforce the mission to current and potential

employees. Furthermore, the employees may live in the communities to be served by the mobile clinic and feel a sense of pride in, and greater engagement with, their employer. Departmental leaders, such as those in the emergency department, dialysis clinic, or cancer center understand from first-hand experience the importance of prevention.

PRIORITIZE EVALUATION AND LEARNING

The phrase, “what is measured, matters”, applies here. When mobile clinic leaders show through data that the mobile clinic benefits the organization, decision-makers will be more likely to support continued efforts. Take time to define success. Be as specific as possible, connecting that success to business goals.

For those not sure how to evaluate progress towards these goals, consult with internal or external experts, such as coworkers with training in quality improvement or faculty and students at schools of public health.

Additional research is needed to demonstrate the direct and indirect financial benefits of mobile clinics. Mobile Health Map conducts this type of research collaborating with mobile clinics on research projects.

To inquire, please email mobilehealthmap@hms.harvard.edu

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Plan A

RESOURCES



[Mobile Health Map](#) is a program of Harvard Medical School that helps mobile clinics measure, improve, and communicate their impact. Their innovative digital resources allow mobile clinics across the country to model their cost-effectiveness and impact. Equipped with evidence that they improve health outcomes and reduce costs, more mobile clinics can deliver quality, affordable care to vulnerable populations.



[Mobile Healthcare Association](#) is the leading membership-based organization for mobile healthcare professionals. Dedicated to the promotion of the mobile healthcare sector, the Association serves its growing community by providing ongoing education, networking, promoting best practices, as well as research and funding opportunities.

ABOUT

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Anthony Vavasis completed his undergraduate and medical school training at the University of Michigan in Ann Arbor in 1991. He completed his residency in family medicine at the Montefiore Medical Center in the Bronx, NY and is a board-certified Family Physician and HIV specialist. He was the co-Founder of the Mobile Healthcare Association and co-Principal Investigator of the Mobile Health Map in its early days. He is the Managing Director of Medicine at Callen-Lorde Community Health Center, an FQHC in New York City serving the LGBTQ+ community and sees patients in the Health Outreach to Teens Program.

Madge Vasquez

Since 2018, Madge Vásquez has served as the Chief Executive Officer of Mission Capital, a nonprofit capacity building and consulting firm serving Central Texas. Madge has over 25 years of private and public sector experience in community development, healthcare, philanthropy, and business consulting. Most recently, Madge served as the Director of Dental Operations at St. David's Foundation (SDF). In this role, she was responsible for scaling and managing the business, financial, and data operations for the St. David's Dental Program, recognized as a national model for school-based mobile dental programs in the country. Madge also served as the Board Chair of the Mobile Healthcare Association, a national trade association of mobile health providers, health systems and community health workers, serving high-need patients within their regions, through innovative healthcare models. Madge currently serves on the board of the Central Texas Race Equity Collective, Jolt Texas and the Harvard Medical School's Mobile Health Map – Mobilize Health Advisory Taskforce.

Catherine Oliveros, DrPH

Catherine Oliveros is vice president of Community Health Improvement at Texas Health Resources. In her role, she provides strategic direction to and oversight of Texas Health's Community Health Improvement initiatives, which aim to decrease health disparities and address social determinants with a special focus on underserved populations. Catherine oversees community health research and evaluation and is responsible for programs created as part of Texas Health Community Impact, the Delivery System Reform Incentive Payment Program (DSRIP), Community Health Ministry, and the Texas Health Mobile Initiative: Wellness for Life. Her 24-year career includes time with Blue Cross Blue Shield of Texas where she developed strategies and collaborative partnerships to advance health and wellness, community engagement and business growth and Susan G. Komen, where she was regional director for Latin America, including oversight of Komen's Latin America research and community-based grants portfolio addressing the entire breast cancer continuum of care.

Michele Rigsby Pauley, MSN

Having directed a mobile medical clinic, as well as multiple community health programs for over 25 years, Michele Rigsby Pauley is dedicated to improving the health and lives of those in need, particularly children and families, older adults, the homeless, and other vulnerable populations. As a Certified Nurse Practitioner, she earned her BSN at the University of San Francisco School of Nursing, and her MSN at UC San Francisco, School of Nursing, and completed certifications at the USC Leonard Davis School of Gerontology. Ms. Rigsby Pauley currently serves on the board of the Mobile Healthcare Association, Immunize LA Families, the Los Angeles City Council on Aging, and the First Ladies Health Initiative. She also serves as a Community Adviser for Cherished Futures, a Hospital Association of Southern California (HASC) initiative addressing disparities in Black Infant and Maternal mortality, and is an Alumni Mentor for students in the USF Black Scholars Program.

Khin Kyemon-Aung, MD, MBA

Khin Kyemon-Aung is a resident in internal medicine and primary care at Brigham and Women's Hospital. She obtained her MD and MBA at Harvard Medical School and Harvard Business School. She attended Harvard College, graduating in 2014 with degrees in Human Evolutionary Biology and Global Health and Health Policy. Khin has extensive experience in developing healthcare payment and delivery models in the private and public sector, and her academic interests lie at the intersection of medicine, health care delivery innovation, and health equity. Her aim is to work with underserved communities to improve care for all.

Nancy Turnbull

Nancy Turnbull is the Senior Associate Dean for Educational Programs and a senior lecturer in health policy at the Harvard T.H. Chan School of Public Health. She is also the director of educational policy in the Health Policy and Management Department and the field of study director for the three semester MPH65 program in health policy. Nancy's professional interests include health insurance, insurance regulation, and expanding health care coverage. Earlier in her career, Nancy was the First Deputy Commissioner and Deputy Commissioner of Health Policy at the Massachusetts Division of Insurance. She has also worked in senior leadership positions at a Medicaid managed care plan and a health care foundation. She serves as the consumer representative on the board of the Massachusetts Health Connector, the nation's first health insurance marketplace.

Nancy E. Oriol, MD

Dr. Nancy Oriol is Faculty Associate Dean for Community Engagement in Medical Education at Harvard Medical School. In this role, her objective is to make the theories of the social determinants of health, structural racism and health equity, actionable. By working with the Program in Medical Education, community programs and student groups she supports both curricular and extracurricular service-learning activities. Thirty years ago in partnership with Boston communities she created the Family Van, a mobile health clinic designed to address health disparities. She also co-founded HMS MEDscience, an innovative high school biology curriculum based on mannequin simulation and designed to address the education achievement gap of local high schools. She graduated from Harvard Medical School in 1979 and completed her residency training at Beth Israel Deaconess Medical Center, in the Department of Anaesthesia, Critical Care and Pain Management.

Elizabeth Wallace

Elizabeth Wallace serves as the Executive Director of the Mobile Healthcare Association, the leading membership-based organization for mobile healthcare professionals in the U.S. and Canada. Since 2014, she has focused on scaling the promise of mobile healthcare, highlighting the accessible and equitable nature of mobile programs. Under her leadership, the Association has become a trusted voice and strategic partner in advancing the sector. Prior to joining the Association, Elizabeth was an award-winning television producer for HBO and other leading networks.

Mollie Williams, DrPH, MPH

Mollie is Executive Director of The Family Van and Mobile Health Map and Lecturer of Global Health and Social Medicine at Harvard Medical School. Mollie uses her extensive experience in public health leadership, community engagement, organizational development, and fundraising to increase access to care in Boston through her work with The Family Van and to strengthen the mobile health care sector across the United States through Mobile Health Map. Mollie holds an MPH from the University of Michigan at Ann Arbor and a DrPH in Health Policy and Management from the University of North Carolina at Chapel Hill.

Mary Kathryn Fallon, CPA

Mary Kathryn is the Assistant Director of Finance and Operations at the The Family Van and Mobile Health Map, where she has worked since 2013. In this role, Mary Kathryn has worked with mobile clinics around the country supporting them in their COVID response and administering mini-grants to allow mobile clinics to continue service during the pandemic. She also served as the Financial Manager of HMS MEDscience for 6 years, and prior to that was employed by KPMG, LLC as a senior auditor where she focused on both for profit and non-profit organizations in Healthcare and Lifesciences.

