

Mobile Healthcare Program Start-Up Guide



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Introduction: How to Use This Startup Guide

Just For You

Mobile delivery of medical and health care modalities is increasingly viewed as an important and innovative expansion of physical capacity, clinical capability, and improved access to individuals and communities underserved by existing health systems. That said, the complex nature of mobile medical care delivery can trip up even the most well-intentioned programs.

With this in mind—and with the goal of helping new programs gain a secure foothold as quickly as possible—we have prepared this Start-Up Guide based on feedback from attendees at the Mobile Healthcare Association’s Intensive Training Course. In it, we provide practical insight into the broad spectrum of interconnected issues to be considered when establishing a mobile program, from initial planning and funding through the Community Health Needs Assessment, choice of care-delivery model, vehicle design and procurement, operationalization, and long-lasting sustainment.

Knowledge is power, but even more so knowledge is an accelerant to success. We believe you will find the contents of this guide enormously useful, and we are, of course, ever ready to answer any questions you may have or provide any assistance you might require.



Executive Director
Mobile Healthcare Association

Welcome to the Mobile Healthcare Association's Mobile Healthcare Program Startup Guide

If you're reading this, you're considering joining an international network of more than 2,000 programs serving millions of our nation's most vulnerable residents in North America — and helping to change the way we think about public health delivery. Whether you've participated in a mobile healthcare program before, or are just starting to consider this path, you probably have a few questions about what's required to build a solution that delivers patient or client care efficiently and effectively.

Unfortunately, we won't have all of the answers because there's no one way to create a mobile health program. As Cedars-Sinai Program Director and Mobile Healthcare Association board member Michele Rigsby Pauley says, "If you've seen one mobile clinic, you've seen one mobile clinic." Urban or rural; medical, dental or vision; pediatric or primary; vehicle-based or non-vehicle-based — each and every program fulfills a unique community need in a unique way.

This means the answers you're seeking are just as unique. What we can do, however, is make sure that you're asking the right questions and seeking resources in the right places here, at the beginning. To do that, we've leveraged the collective intelligence of Mobile Healthcare Association members and colleagues, people who've spent decades treating many of those millions of clients we mentioned earlier. (Check our acknowledgements. There are some well-known names in mobile healthcare there.)

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We encourage you to use this Guide as a starting point. Then, as your Program grows and evolves, we hope you return to it, to brush up on key elements and train your growing staff. We also encourage you to explore Mobile



Answering the What: Identifying Gaps in Care

Imagine that you've just spent \$400,000—the U.S. national average—on your first mobile health vehicle. After outfitting and staffing it, you're ready to hit the road, delivering, say, asthma screenings to your community. On Day 1 you park on a well-traveled street, open your doors, and wait for a rush of clients.

Except they don't come.

It could be for any number of reasons. Maybe asthma isn't especially prevalent in this community, or it's well-handled by a local asthma and allergy center. Or maybe there's a mobile healthcare program already addressing this problem.

Whatever the reason, a mobile healthcare program has little chance of being effective if it's underutilized. And it won't be utilized unless you've first identified and understood the unique needs of the community.

Your first step, therefore, should be a needs assessment, which will identify the gaps in local healthcare and the reasons they exist. The process of creating one will not only help you find your role within the healthcare system, but will provide a critical benchmark against which you can measure success (more on that later).

THE MANY TYPES OF MOBILE HEALTHCARE

Programs of all focus and scope provide an impressively wide range of mobile healthcare solutions. When choosing a service model, consider whether treatment, screening, or education/advocacy is the optimal way to have the greatest impact within your community. For a more holistic or comprehensive care model, consider combining services on the vehicle or referring to a like-minded local provider for no- or low-cost follow-up treatment. Here are some of the many ways Mobile Healthcare Association members are serving their communities:

- Blood tests
- Combination services, including facility construction support, vaccination clinics and health education, chronic disease assessments, and acute care
- Connection to family physician services
- Diagnosis of common health issues and infections
- Dietary advocacy, obesity prevention, and nutrition counseling
- Eye health exams and glasses
- Family planning and contraceptive advice



Creating a Needs Assessment

To create a needs assessment, start by answering the following:

What are the most important morbidities (diseases or symptoms of disease) and most common causes of mortality in your target community?

You may have a passion for diabetes prevention, but if that’s not a leading problem in local communities — or if it is but is being addressed universally by the local health system — it may not be the right choice for your service model. Uncover the biggest unaddressed problems, and tackle those first.

Is there opportunity for prevention awareness?

Many mobile healthcare programs focus on prevention rather than treatment. By offering screenings and education on your vehicle—and referring clients out to local doctors and healthcare centers—you can profoundly impact public health in your area. Example: According to a 2014 study in *The American Journal of Managed Care*, clients with high blood pressure who utilized screenings at the Family Van clinic in Boston lowered their relative risk of heart attack and stroke by 32% and 45%, respectively.

Are there disparities of service within the community?

If so, what are the causes? That is, are some people being left out of the health system for lack of access, insurance, education, or trust in that system? Frequent use of hospital emergency or urgent care services can be especially telling here; EDs and urgent care centers are often the first and last line of defense for the uninsured or otherwise vulnerable. They’re also a major financial burden on the entire healthcare system. A 2013 study of 10 large U. S. mobile clinics estimated these clinics saved nearly \$7 million in avoidable ED visits over just one year.

- General wellness counseling and advocacy
- Homeless healthcare
- Immunization
- Mammography
- Mental health screenings
- Mobile pharmacy
- Postnatal screening/child health and development examinations
- Prenatal screening/mother and child wellness counseling
- Referrals for diagnostic testing and imaging
- Referrals for specialized services and hospital outpatient procedures
- HIV/STI screening and pap smears.
- Chronic disease screening/treatment planning/monitoring
- Smoking cessation
- Specialty care (e .g ., vision, dental, renal, etc .)
- Substance use and addiction counseling
- Treatment of minor injuries, abscesses and wounds
- Urine tests
- Workplace health screening

CHECKLIST | Contingency Planning

Planning for problems before they happen means that you won't have to scramble when a machine goes down at a rural service site or your driver calls out with the flu. Contingency planning breaks down into four basic categories: daily operations, incidents, catastrophic incidents, and general planning. Each comes with a checklist of items to review and re-review regularly.

Daily operations

- Are all licenses up to date and posted?
- Have all ancillary staff members been trained and documented?
- Have all professional competencies been completed, including machines, scales, infection control, pediatric client policy, HIPAA and other privacy issues?
- Have drivers been trained in daily and monthly procedures, including daily perimeter checks, machine and battery checks, equipment tie-down, truck maintenance, route mapping, etc.?
- Do you have a back-up driver available?
- Have you established visit cancellation policies and procedures, including communication plans with site partners?
- Have you planned for information back-up and access should your primary system go down?
- Have you arranged for vehicle and program insurance?

Incidents

- Do you have procedures in place for a health-related reportable event or staff injury?
- Do you have procedures in place for a vehicle-related malfunction?
- Do you have safety and security procedures in place, including cases of violence or threats against staff, harassment of clients or staff, theft or fraud (especially of records), vandalism or ICE demands?

Catastrophic incidents

- In the event of a road accident, do you have procedures for collecting photo evidence, making safety decisions, filing police reports, drug and alcohol testing, etc.?
- Do you have back-up service plans in place in case the vehicle is totaled?
- Does your program have comprehensive insurance for your vehicle?
- Does your malpractice insurance cover incidents that take place on your vehicle?

General planning

- What is your board review policy?
- Are board members allowed on the vehicle during client care?
- Do you have back-up funds in case of loss of funding?
- Have you trained staff for inspections?
- Do you have a vehicle-replacement plan?
- Do you have procedures in place for staff succession?
- Do you have an established reporting procedure, including recipients, format, and frequency?