



### Scaling Up: Strategies for Growing Your Mobile Health Program

Part 2: Partnerships, Operations, and Continuous Improvement

Masterclass Series

06/09/2026

mobile healthcare association

Where are you joining from?

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The Mobile Healthcare Masterclass Series is provided by:



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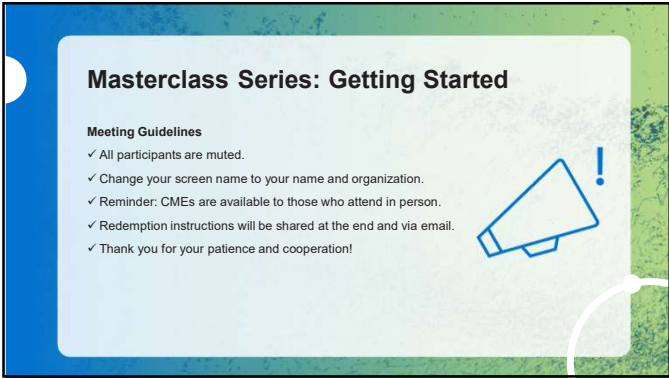
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### Masterclass Series: Getting Started

**Meeting Guidelines**

- ✓ All participants are muted.
- ✓ Change your screen name to your name and organization.
- ✓ Reminder: CMEs are available to those who attend in person.
- ✓ Redemption instructions will be shared at the end and via email.
- ✓ Thank you for your patience and cooperation!



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**Meet Your Facilitators**



**Chelcie Oseni, MBA, BSN, RN**

- Clinical Manager of School Health at Methodist Le Bonheur Community Outreach.
- Manages grant- and philanthropically-funded school-based community outreach programs.
- Serves Memphis, TN, and multiple rural West Tennessee counties.
- Nearly 10 years of leadership experience with Le Bonheur.

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**Meet Your Facilitators**



**Shawn Oprisiu**

- Shawn, Dental Outreach Director at Swope Health
- Led the development of two mobile dental units serving 95 schools across the Kansas City MO/KS metro area.
- 2025 Dental Hygienist of the Year (Benco Dental)
- 2025 Denabi Award
- 2024 Telle Award for Teledentistry Innovation

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**Partnerships and Stakeholder Engagement**

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## Strategic Partnerships

Before engaging a partner, you must have already defined your own program's specific problems, goals, and capacity limits. To secure a formal commitment (MOU – Memorandum of Understanding), you must solve a specific problem for them.

**Hospitals:** Reducing non-emergent ER readmissions or providing post-discharge follow-up for high-risk patients.

**School Districts:** Improving attendance and reducing "seat time" lost to outside appointments.

**Corporate Partners (Fee-for-Service):** On-site employee wellness/drug screens that reduce downtime and streamline compliance.

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## Formalizing the Relationship

**Anatomy of a Scaling MOU:**

**Defined Scope:**  
Explicitly what services are provided (and what are NOT).

**Operational Responsibilities:**  
Who provides the parking?  
Who pays for shore power?  
Who is responsible for site security?

**Patient Recruitment:**  
Clear expectations on how the partner will help fill the schedule.

**Data & Reporting:**  
How and when will success metrics be shared?

**Financial Terms:**  
Fee-for-service rates, grant pass-throughs, or "zero-rent" agreements.

**Exit Strategy:**  
Clear terms for termination if the "Win-Win" is no longer being met.

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## Managing Stakeholder Expectations

As your program grows and gains visibility partners may begin viewing the unit as a solution for every community social issue.

**Quarterly Impact Reviews**

Establish formal, recurring data sessions with stakeholders to share specific outcomes and reaffirm the program's primary clinical mission.

**Data-Driven Boundaries**

Use your clinical quality and wait-list data to demonstrate why staying focused on the core mission is necessary to prevent lowering the standard of care.

**Scope Reinforcement**

Utilize your "Service Menu" or MOU during every site visit to clearly define what the program does and does not provide, ensuring partners understand the physical and clinical limits of the mobile environment.

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## Slide 8

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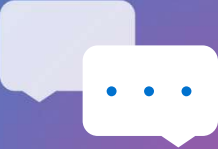
**LB1** In schools, the schools communicate with parents re: when bus will be there, completing registration forms, etc. We also ask them to agree to use our services exclusively to ensure we get reimbursement for all the services we provide. In dental, whoever does the initial exam, gets reimbursement for cleanings and restorative work. If someone only does preventive, you will end up doing exams and restorative care for free.

Laura Bolla, 2026-04-26T20:45:21.021

**Poll**

What is your biggest anticipated hurdle during expansion?

- A. Operational Logistics
- B. Staff buy-in
- C. Monitoring, Evaluation, and Continuous Improvement
- D. Technology and Data Management




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**Operational Logistics**

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**Strategies for the "Messy Middle"**

**Friction Log**  
A simple, shared tool for staff to record "small" daily annoyances before they become permanent inefficiencies.

**Pilot Phase**  
Implementing a "Soft Launch" period (2-4 weeks) where new procedures are tested with a limited patient load to identify administrative friction.

**Admin time**  
Build a mandatory admin time block into the end of every shift with no patients scheduled to help your staff adapt to new processes.

**Team Debriefs**  
Establish daily discussions to answer immediate employee questions, weekly syncs to review workflow processes, and monthly reviews to evaluate adjustments.

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### Workforce Development

- Behavioral Interviewing**  
Use scenario-based questions to identify natural problem-solvers (e.g., "Tell me about a time you had to pivot your clinical plan because of an equipment failure or environmental change").
- Optimized Scope of Practice**  
Ensure every team member is working at the "top of their license." Use MAs and LPNs for high-volume tasks (like intake and vitals) to allow specialized providers to focus on complex clinical care.
- Cross-Training Mandate**  
As you scale, staff must understand roles outside their own.

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### Staff Retention

- Transparent Communication of the "Why":**  
You should clearly connect scaling goals back to the mission to maintain morale.
- The "Check-in Meeting":**  
Conduct proactive 1-on-1s with veteran staff to identify pain points before they lead to turnover.
- Empowering Early Adopters:**  
You should involve frontline staff in the design of new workflows to reduce resistance to change.
- The 30-60-90 Day Check-in:**  
Formal feedback loops used to evaluate how staff are managing the transition of scaling and to address workload or process concerns before burnout occurs.

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**Monitoring, Evaluation, and Continuous Improvement**

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**Practical Tools for Continuous Improvement**

**PDSA Cycle (Plan-Do-Study-Act)**

A structured method for testing small-scale changes.

**Application:** Test a new intake process on one unit for three days before a full fleet rollout.

**The 5 Whys**

A root-cause analysis technique to move past symptoms and find the true source of a problem.

**Application:** Investigate why a specific site consistently has low patient turnout.

**Spaghetti Diagrams**

A visual tool to map physical movement and identifies "wasted motion."

**Application:** Map the steps a provider takes inside the unit to optimize the clinical layout.

**Gemba Walks**

Leadership visits to the "actual place" where work happens to observe workflows firsthand.

**Application:** Spend a shift on the unit specifically to identify bottlenecks in the patient experience.

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**360-Degree Feedback Loop**

**Patient Experience**

- Use QR codes or tablets at the exit to capture high-volume data immediately.
- Ask ROI-driven questions: "Where would you have gone for care if we weren't available today?"
- For pediatric programs: Use a "Clicker" system (Green/Smile, Yellow/Neutral, Red/Frown) to assign a daily numerical value to patient sentiment.

**Site Partner Surveys**

- Implement quarterly, 3-question pulse checks with facility leads (e.g., school principals or church leads.)
- Identify whether your presence is creating operational friction or clear value for their organization.

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**Benchmarking for Program Evolution**

**Pre-Scaling vs. Post-Scaling Analysis**

You should compare your current program data against your pre-scaling baseline. This ensures that the expansion of services, sites, or units has not diluted the quality of care or clinical impact.

**Program Audit**

- Conduct an annual audit that compares the original program's performance metrics to the current expanded state.
- Look for changes in patient wait times, clinical outcomes, and staff turnover across the entire organization.

**Sustaining the Wins**

Monitor your "Post-Scaling" data continuously to verify that improvements made during the transition phase remain permanent.

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## Slide 16

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**LB1** If you need practical examples of these, I can provide them or speak up if folks have questions.

Laura Bolla, 2026-04-26T21:35:44.859

## Slide 17

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**LB1** Again, if you need real life examples, I can speak to these.

Laura Bolla, 2026-04-26T21:37:14.967

### Activity: Building Your 360-Degree Feedback

- What should your questions measure?**
  - Clinical impact and ROI
  - Relationship health and logistics
  - Staff wellbeing and adjustment to new processes.
- Task**
  - Grab a sticky note, post the feedback questions you would like to ask for continuous improvement.
  - Your questions for each group:
    - Patients
    - Partners
    - Staff
- Return and Share**

Be prepared to share 1-2 key questions from your group when we return.

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### Technology and Data Management

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### Establishing the "Single Source of Truth"

As you scale, information cannot live in separate spreadsheets or individual memories. You need a centralized **Digital Hub**.

- Clinical Protocols**
  - Version Control
  - Standing Orders & Scope of Practice
  - Site-Specific Adaptations
  - Competency Checklists
- Operational Workflows**
  - Daily "Check-In/Check-Out" Lists
  - Supply Chain & PAR Levels
  - The "Technical Fix" Flowchart
  - Safety & Security Protocols
- Scheduling & Logistics**
  - Master Fleet Calendar
  - Staffing Matrices
  - Patient Recruitment Management

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## Connectivity Solutions

**In rural or urban "dead zones," standard cellular hotspots often fail, leading to:**

- Reverting to paper charting.
- Significant data entry backlogs.
- Disconnection from the Single Source of Truth.

**Strategies**

-  **Satellite Integration:** Provides high-speed, low-latency internet where cellular towers don't reach.
-  **Hybrid Routing:** System automatically prioritizes the fastest/cheapest signal (Cellular) and switches to Satellite in dead zones.
-  **If you lack internal IT support,** MHA Partners are available to assist with specialized mobile technology needs (fee-based).

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## Key Takeaways & Reflections

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### Miro

- What is one key takeaway about scaling that you've learned today?

 Please use the link in the chat to add your thoughts to our Miro.

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## Key Takeaways



- 1 Use your MOUs to clearly define mutual expectations and ensure every partnership is a "win-win" that supports long-term growth.
- 2 Establish a Single Source of Truth for all protocols and schedules.
- 3 Use Friction Logs and 30-60-90 Day Check-ins to catch operational hurdles and staff burnout early.
- 4 Always benchmark your Post-Scaling data against your Pre-Scaling baseline to verify that growth hasn't compromised quality.

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## Microlearning

**Securing a New Site Partnership**

You are expanding your program to a new site: a local high school. The principal is very supportive and tells you, "We are thrilled to have you! Just pull into the main lot on Monday morning, and we'll make it work."

How do you proceed with securing this partnership?

**A**

Rely on the verbal agreement and the school's enthusiasm, arriving on Monday morning to coordinate logistics on-site.

**B**

Email a standard, one-size-fits-all Memorandum of Understanding (MOU) to the principal, which is to be signed before the first scheduled visit.

**C**

Schedule a pre-visit meeting to define a "win-win" strategy and draft a customized MOU that specifies parking, shows power access, and a dedicated site contact.

You will receive instructions about the accompanying microlearning in a follow-up email.

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## Q&A

Time to ask questions!




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## Claim Your Credits

- 1 As a member of MHA, you will receive 1.25 CE hours for today's session.
- 2 You will receive instructions in a follow-up email.
- 3 Scan this QR code:




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## Take Our Post-Session Survey

Your feedback is valuable for planning future training sessions.

**Option 1:**


- Point your camera at the QR code.
- Tap the banner that appears on your screen.

**Option 2:**

- The survey will open in your browser when you close your Zoom window.

**Complete the survey**

Scan this QR code:




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**Thank you!**

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