Mobile Units/Clinics

Description

- A mobile vehicle (truck, van, RV/Camper style) that houses medical equipment and drives to various locations to provide healthcare services
- In-person care, delivered by provider
- Equipment available in mobile clinic spaces varies significantly. Some mobile operations are small vans that transport providers and a "medical bag," others simply carry portable equipment for set-up at a school or community site whereas others house all of the same equipment and medications you would find in a fixed site within the unit itself
- Mobile units tend to park just outside of a school entrance or community site (e.g. homeless shelter, early childhood center). Some only care for the targeted population at the temporary site and others also open their doors to anyone walking by
- Some mobile healthcare operations are equipped with the technological capability to tap into an electronic medical record (EMR) system affiliated with the provider organization while others maintain paper record keeping to document encounters that may be uploaded into an EMR at a later time
- In most cases, mobile care services are used for gap care (vaccine clinic, well visits for sports physicals) rather than trying to serve as a medical home. Though there are exceptions in which the mobile clinic routinely visits the same location once a week, for example, and can therefore provide more comprehensive care
- Care can be coordinated with school nurse or site designee
- Parents are generally not required to attend appointment in-person, though welcome

Ideal

- Host site has appropriate electric power supply to avoid the unit having to run on a generator
- Host site has designated parking location removed from school drop off and pick-up areas
- Unit has more than one exam room, a separate registration area and a restroom
- Consent forms include release of information clause to allow sharing of relevant info (e.g. school nurse and provider can discuss health needs of individual students)
- In advance of the mobile visit, school nurse identifies students with healthcare needs and obtains consent in advance. Provider calls parent/guardian to confirm need and gather history prior to day of visit
- Clinic staff attend school events and participate in outreach to develop relationships and build trust with potential patients and families
- Unit affiliated with a healthcare provider that can function as a link and extension back to a medical home willing and able to accept new patients from the mobile team

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Scope

- As described above, scope and level of care varies and is largely dependent on the sophistication of the unit
- Commonly leveraged for Primary, Dental, Vision and Prenatal Care. Mobile units are also often used for mammography and some radiologic services
- Linked to a broader system of care for evening and weekend access to care
- Accepts Medicaid and has financial assistance for those without insurance

Supporting Rationale (Why pick this model?)

- Number of students within district is low and therefore would not support an on-site SBHC
- Students with healthcare needs are in hard-to-reach locations
- Data demonstrates healthcare gaps:
  - Low compliance with vaccine, medication refill compliance appointments, routine dental/vision exams
  - High rate of STI infection and/or teen pregnancy
- Limited access to pediatric Primary Care within region (e.g. one office caring for a large region making it difficult for patients and families to get timely appointments)
- Existing Primary Care providers in the area do not participate in Vaccine For Children program
- School Nurse endorses unmet needs:
  - Students need to be reconnected to healthcare system / linked with a medical home
  - Lacking follow through on school nurse referrals for follow up care (e.g. injuries, work physical permits, sick care)
  - Significant vaccine exclusions
  - Students unable to attend medication management appointments (e.g. appointments to maintain medication for ADHD)
- High rate of absenteeism

Opportunities

- Can change strategic direction quicker than with a fixed site (i.e. easier to pivot plans from year to year and even week to week, if warranted)
- Can serve as an excellent link back into care and with a medical home for children, teachers and community members
- Mobile units can be multipurpose and host different specialty providers
- Since most mobile units travel around a region and only periodically return to the same location, these units work well for care that only requires periodic visits (dental, vision, immunizations)
- Mobile units can attend events to create community awareness and to provide gap care at events
- Model that is best poised to meet the needs of transient populations such as children experiencing homelessness, temporary foster care placements, group homes, etc.
- When units are branded, they also serve as a marketing opportunity

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Challenges

- If providing care at a school, school drop off and pick up procedures sometime prohibit the mobile from staying at a school for an extended period of time (which can limit the number of patients that can be seen)
- In the absence of an appropriate electric power supply, mobile units rely on generators for HVAC, medical equipment, computers, etc. High generator usage can cause frequent generator repair and replacement
- Some locations that could benefit from care do not have big enough areas for the mobile to pull in and park
- Given the periodic visit schedule (and possibly shortened day), mobile units need to be efficient with their time which can create a burden for school nurses relative to advance patient identification and consent
- Some mobile units offer very little physical space and patient throughout can therefore be slower
- Mobile repairs can be expensive and sometimes require specialty mechanics. Unexpected mechanical issues create last minute cancelations which frustrate patients and school nurses
- Mobile units require other logistical and vendor support (overnight parking, waste dumping, cleaning). This creates an additional expense
- If not equipped with vaccine and medical equipment, mobile units may have limited scope. This can frustrate patients and parents that believe the medical unit is capable of comprehensive care
- Recruiting and retaining drivers capable of driving the mobile unit can sometimes be challenging

Considerations

- Identifying the intended goal(s) in advance will help to ensure the mobile type and scope has the capability of closing the identified gap
- Some mobile healthcare units provide free care as a strategy to link patients to their broader network of care. While this can be effective, it challenges the sustainability of the mobile program. It is likely possible that a relatively similar impact can be achieved even if visits provided on the unit are billable.
- Co-branding
- Shared communication strategy
- Define school nurse interaction

Additional Behavioral Health Specific Considerations

- Physical space on a mobile unit is typically not conducive to, and does not provide a confidential space for, therapy
- Mobile units are more effective in providing high volume, brief interventions (i.e. generally does not align well with behavioral health programming)

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