Mobile Providers

Description

- Medical providers traveling to provide care in schools or other various locations
- Providers typically use portable equipment. Portable equipment can be extensive (e.g. dental chairs) or relatively simple (e.g. vaccine coolers or STI testing supplies)
- Mobile provider care tends to either be gap care (e.g. vaccine clinics or STI testing program) or specialty care programs (e.g. school-based asthma, diabetes or obesity program)
- Some mobile providers transport medications to the school nurse for patient use while at school
- Some mobile providers travel with laptops and document care in their electronic medical record (EMR) while others maintain paper record keeping to document encounters that may be uploaded into an EMR at a later time
- Care is typically coordinated with school nurse or site designee
- Parents are generally not required to be in attendance for the service or program participation, though welcome

Ideal

- If intended to provide gap care, service should ideally completely meet the need. For example, if an STI testing service, provider should return and provide treatment for positive cases
- For specialty care programs, program is designed to allow provider to facilitate a billable visit to support program sustainability
- Either in gap or specialty care, provider assesses patients for additional needs and links patients to a site that can meet needs (e.g. provider finds out if students receiving vaccine have had a recent well child exam)
- School nurse helps in the identification, referral and consent processes
- Host site provides appropriate location for service/program (e.g. gymnasium reserved for large vaccine clinics, a private location for an STI testing program, or chair/cot in a school nurse's office for an asthma visit)

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Scope

- As described above, scope and level of care tends to be very specific (type of care, age of patient, etc.)
- Commonly leveraged for immunization clinics, STI testing programs, chronic disease management programs
- Linked to a broader system of care for comprehensive service and evening and weekend access to care
- Accepts Medicaid and has financial assistance for those without insurance

Supporting Rationale (Why pick this model?)

- Data demonstrates specific healthcare gaps:
  - Low compliance with vaccine
  - High rate of STI infection and/or teen pregnancy
  - Poor management of chronic conditions
  - High ED, inpatient, PICU stays for populations with specific chronic conditions
  - Poor medication fill rate
  - High incidence of obesity
- Limited access to pediatric Primary Care and/or Specialty Care within region
- Existing Primary Care providers in the area do not participate in Vaccine For Children program
- School Nurse endorses unmet needs:
  - Lacking follow through on school nurse referrals for follow up care (e.g. asthma, diabetes, obesity)
  - Absence of up-to-date healthcare plans for students with chronic conditions
  - Frequent visits to the school nurse with chronic issues that could be resolved with appropriate care
  - Significant vaccine exclusions
- High rate of absenteeism

Opportunities

- Chronic disease programs can aide in teaching self-management and can also assist "noncompliant patients" in following through with required specialty care appointments
- School-based chronic disease programs can result in a reduction in ED, inpatient and PICU stays which translates into cost savings on the healthcare side and can contribute to improved attendance on the school side
- Mobile providers can be leveraged in many ways to address specific, unmet healthcare needs
- Mobile providers can develop meaningful relationships with patients and families and can frequently reconnect families to comprehensive care

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Challenges

- Reach with these programs tends to be limited, as they are a service/program occasionally offered in a location and typically only for one or a few days. However, in some circumstances, the reach is anticipated to be small (e.g. school-based diabetes program for Type 1 Diabetics)
- Communication is critical to ensure all stakeholders and potential patients are aware of what the services/programs can and cannot offer. If patients assume more care is available than actually is, they can become disenfranchised and may not find value in what is offered
- Well-intended care services/programs, such as STI testing, that do not provide a complete service can present new challenges. For example, if you test a group of students for STI and do not have the ability to provide care for those who are positive, you need to identify an additional layer or strategy to ensure patients receive treatment
- In some situations, mobile providers offering a specific service can unintentionally jeopardize another program's viability. For example, a mobile sports medicine provider offering free sports screenings may result in fewer students seeking well care at your school-based health center. In this circumstance, the student did not receive comprehensive care and the school-based health center may struggle with low volume, thereby compromising sustainability
- Services and programs that require lots of equipment are difficult to implement via a mobile provider service or program
- Securing reliable space to facilitate this type of care/program can sometimes be a burden

Considerations

- Identifying the gap and target population in advance will help to ensure the success of the mobile providers service/program
- Due to the nature of mobile providers traveling from school to school to offer a service/program, schools that only identify one or a few students who can benefit may not be prioritized. In contrast, schools that can identify a larger number of students who can benefit will not only help more students, but the providers will also likely identify that school as a priority location for the service/program
- In these nontraditional services/programs, communication back to the parents is sometimes overlooked. Consider what parents need to know, how you will reach them and who is responsible
- Need to identify temporary logistics
- Consider co-branding
- Develop shared communication strategy
- Define school nurse interaction

Additional Behavioral Health Specific Considerations

- BH clinicians only go into the school to see specific clients who have been identified and referred for services. In this arrangement, it is challenging for the care to be coordinated and integrated with school personnel and other school-based providers
- BH clinician/therapist is generally not integrated into the culture of the school

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