

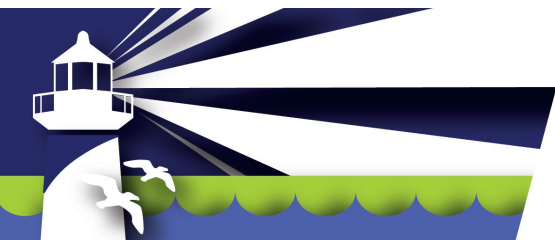


# Let's Roll

Improving health outcomes and reducing healthcare spending with mobile clinics



# CHCs in VA are going the extra mile for a healthy smile

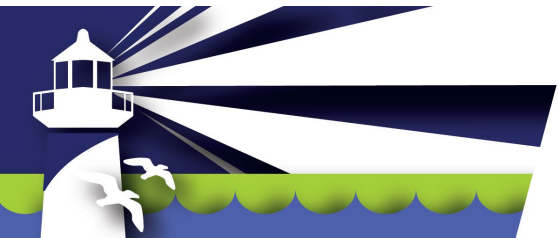


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# OBJECTIVES

- 1 Impact of Inequality
- 2 Basic steps to start & sustain a mobile clinic
- 3 How to win the funding fight





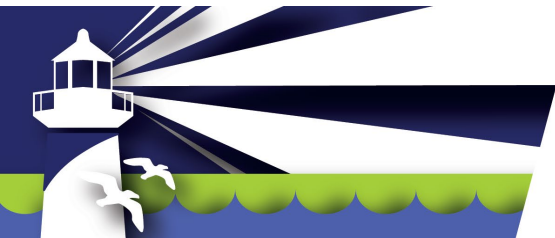
“Of all the forms of inequality, injustice in health care is the most shocking and inhuman.”

- Dr. Martin Luther King, Jr

# IMPACT: MONEY & LIVES

The screenshot shows the PubMed Central interface for the article "Understanding and Addressing Racial Disparities in Health Care" by David R. Williams, Ph.D., M.P.H. and Toni D. Rucker, Ph.D. The article is from the journal "Health Care Financ. Rev." (v.21(4); Summer 2000), with a PMC ID of 4194634 and a PMID of 11481746. The abstract states: "Racial disparities in medical care should be understood within the context of racial inequities in societal institutions. Systematic discrimination is not the aberrant behavior of a few but is often supported by institutional policies and unconscious bias based on negative stereotypes. Effectively addressing disparities in the quality of care requires improved data systems, increased regulatory vigilance, and new initiatives to appropriately train medical professionals and recruit more providers from disadvantaged minority backgrounds. Identifying and implementing effective strategies to eliminate racial inequities in health status and medical care should be made a national priority." The introduction begins with: "National data reveal that over the past 50 years, the health of both black and white persons has improved in the United States as evidenced by increases in life expectancy and declines in infant and adult mortality (National Center for Health Statistics, 1998). However, black persons continue to have higher rates of..."

*addressing inequity...  
should be made...  
a national priority.*



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# IMPACT: MONEY & LIVES


Article 19 minute read • 22 June 2022


## US health care can't afford health inequities


Inequities in the US health system cost approximately \$320 billion today and could eclipse \$1 trillion in annual spending by 2040 if left unaddressed.


 **Asif Dhar**  
United States




 **Neal Batra**  
United States

 **Wendy Gerhardt**  
United States

 **Dr. Jay Bhatt**  
United States

 **Brian Rush, ASA, MAAA**  
United States

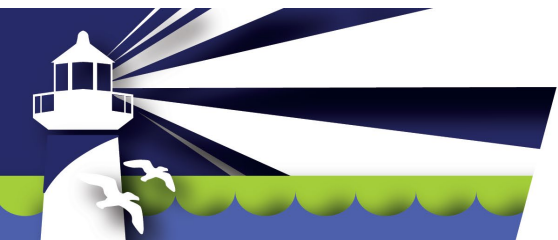
 **Andy Davis**  
United States

[See less](#)

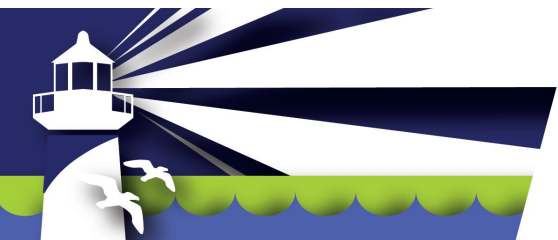
*Inequities in the US health system cost ~ \$320B today... and if left unaddressed, by 2040 will cost \$1 Trillion...*

*One Trillion Dollars.*



THINGS YOU COULD DO, and still  
not spend \$1,000,000,000,000

Full time min wage job for every  
man, woman, child in Virginia ---  
for 11 years

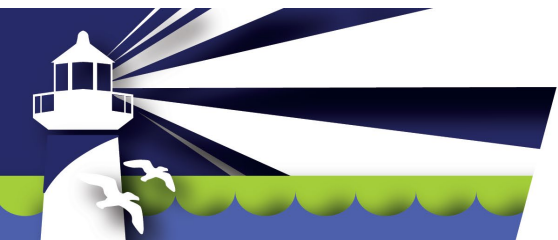
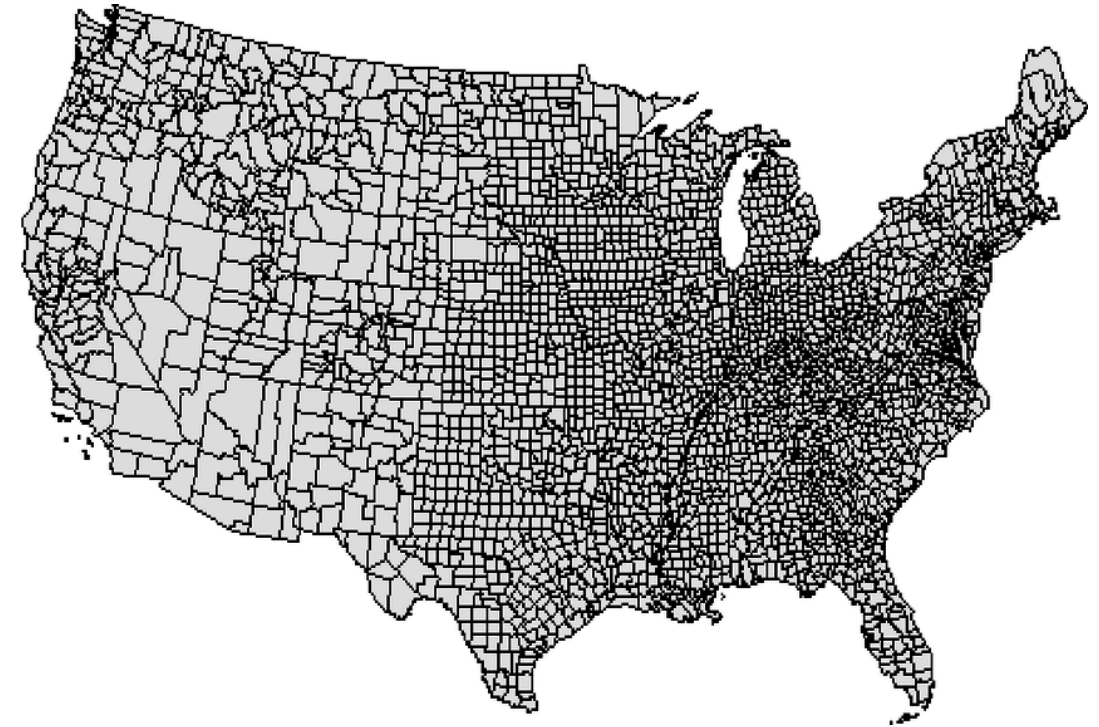


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THINGS YOU COULD DO, and still  
not spend \$1,000,000,000,000

Give \$325,000,000 to every  
county in the US  
every year



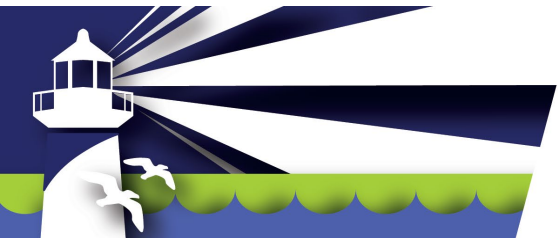
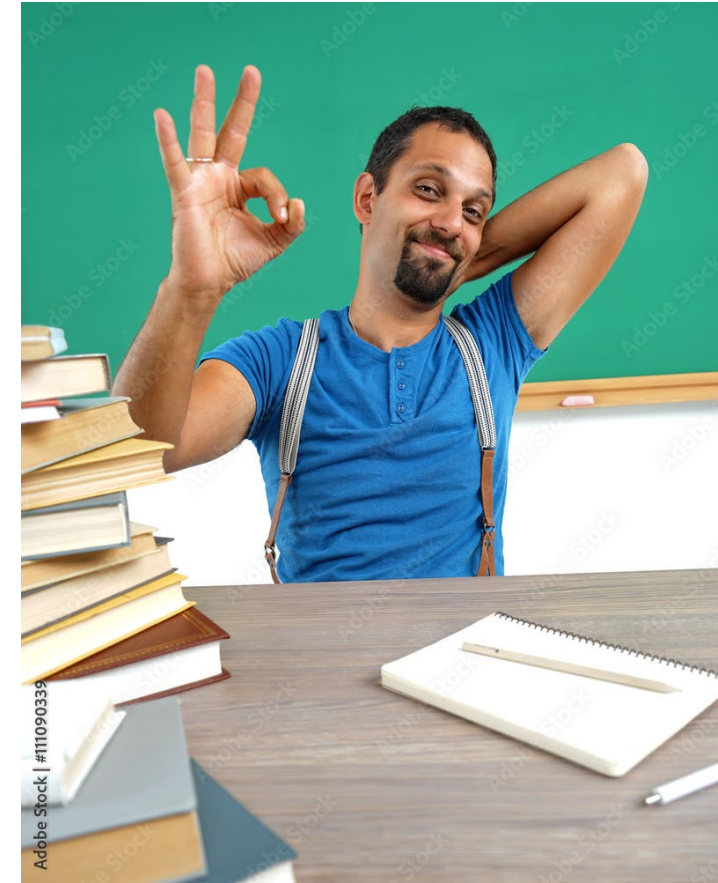
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THINGS YOU COULD DO, and still  
not spend \$1,000,000,000,000

Double every teacher's wages in  
the US ---  
for 10 years

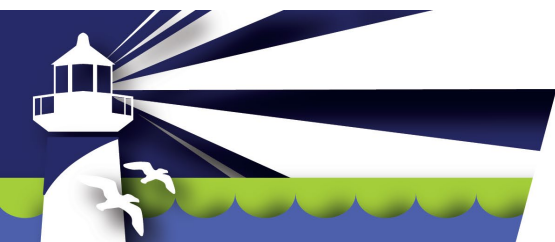


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THINGS YOU COULD DO, and still  
not spend \$1,000,000,000,000

Pay LeBron James' NBA  
contract ---  
for 22,000 years

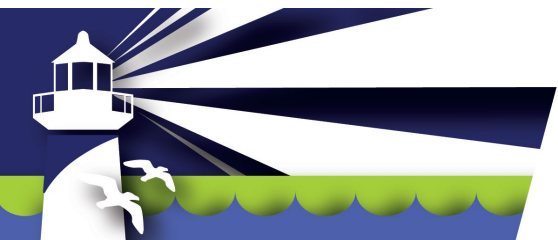


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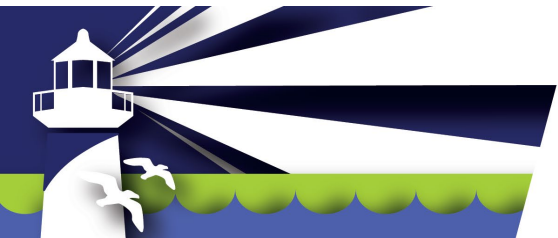
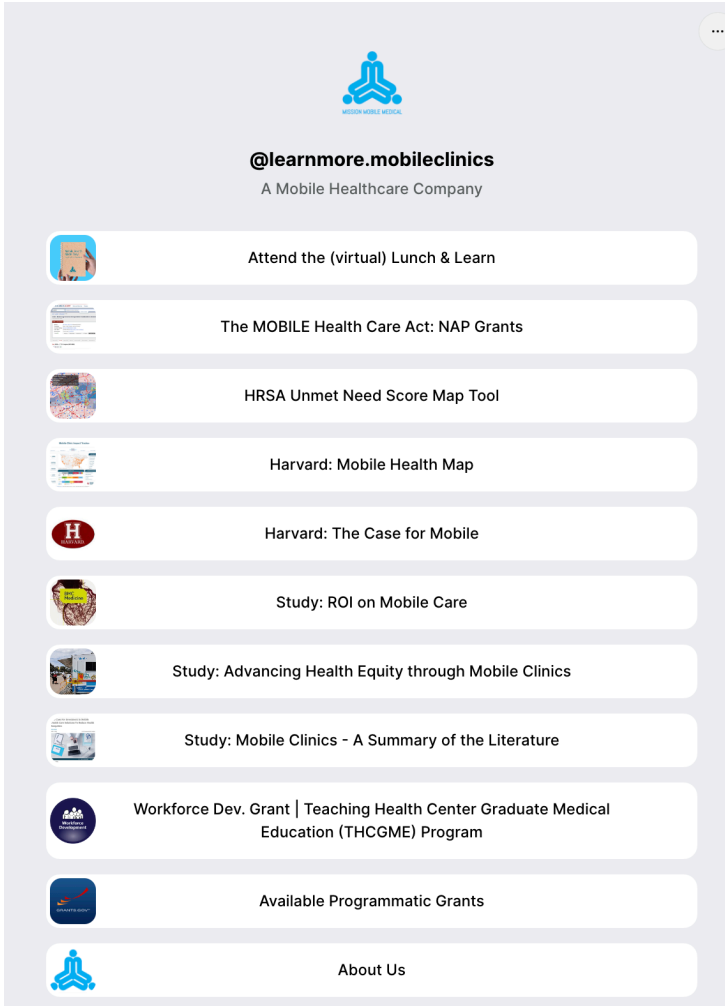
## IMPROVING HEALTH EQUITY ---

- Reduces unnecessary health care spending
- Increases life expectancies
- Increases quality of life
- For the individual **AND** the entire population



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## The Case For Investment In Mobile Health Care Solutions To Reduce Health Inequities

[Keren Hendel](#)

APRIL 12, 2022

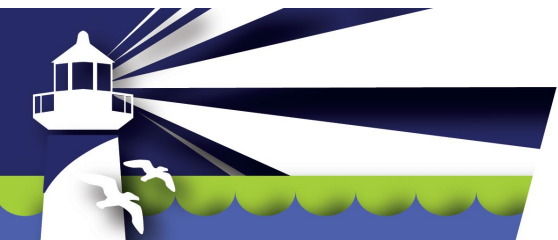
10.1377/forefront.20220411.842564



★ ADD TO FAVORITES < SHARE

### Editor's Note

*This article won the AcademyHealth Disparities Interest Group's student essay contest. Students were asked to write an editorial on any health disparities topic of their choice, with a focus on the specific causes or consequences of disparities and/or solutions with the most potential to reduce disparities. The article was edited by Health Affairs Forefront in conjunction with the author.*

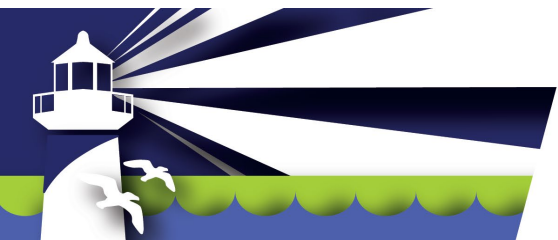


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## MOBILE HEALTH UNITS ARE ADEPT AT ---

- Addressing both medical AND social determinants of health
- Acting as a link between community and clinical settings and
- Cost-effectively improving outcomes for historically marginalized communities.



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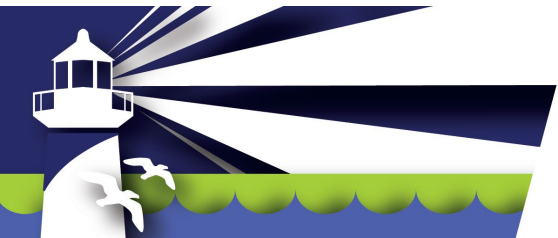
[mobilehealthmap.org](https://mobilehealthmap.org)

## Mission

To measure, maximize, and communicate how mobile clinics improve health, save money, and advance equity.

## What we do?

-  Provide mobile clinic leaders with the tools and resources to measure and communicate their impact.
-  Collaborate with researchers and frontline mobile clinic staff to evaluate, learn, and improve the work of mobile clinics.
-  Share information with healthcare leaders, funders, and policymakers about the unique ways mobile clinics build trust, increase access, and improve health outcomes.





# Mobile clinics deliver high-value care across the country.



**\$277M**

Dollars Returned



**\$22:\$1**

Return on Investment



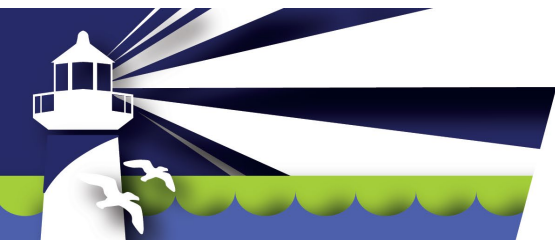
**3,804**

Life Years Saved



**11,150**

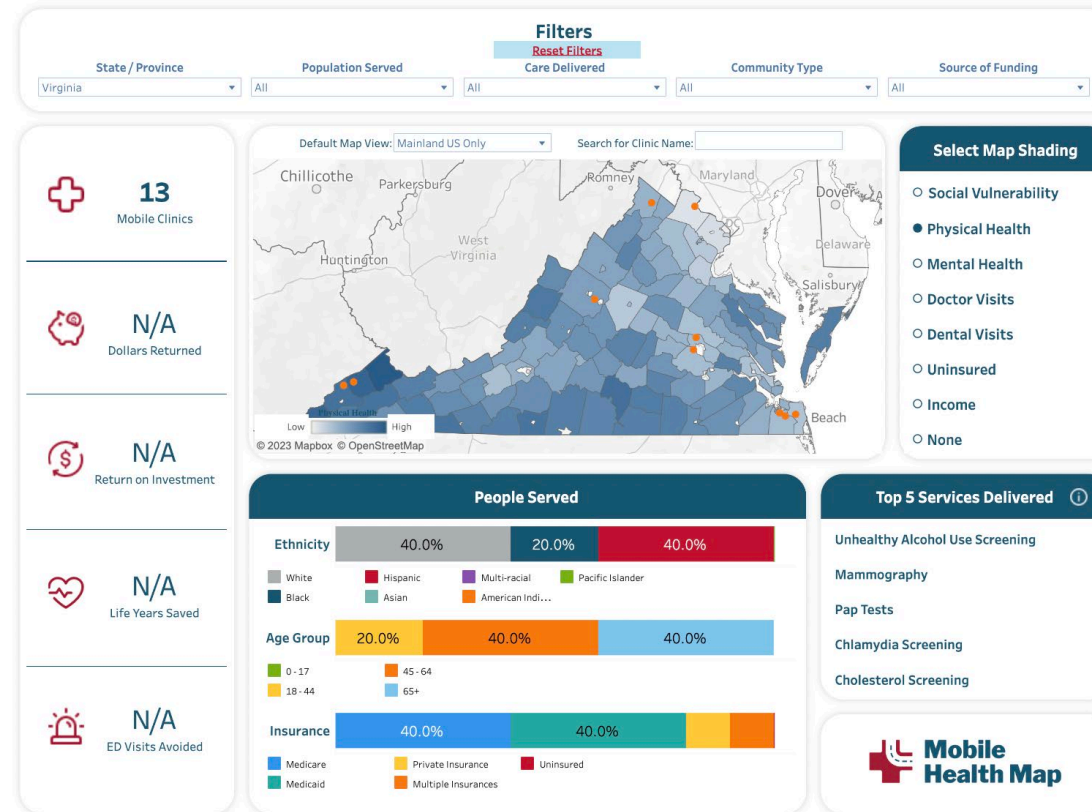
ED Visits Avoided



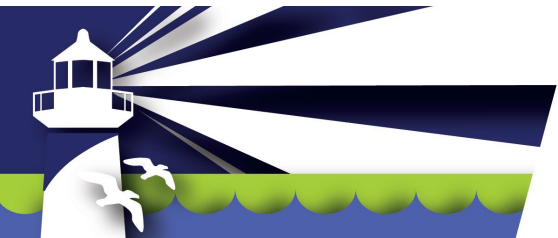
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# OPPORTUNITY IN VIRGINIA



[mobilehealthmap.org](http://mobilehealthmap.org) | [mobilehealthmap@hms.harvard.edu](mailto:mobilehealthmap@hms.harvard.edu) | Copyright © 2022 - Mobile Health Map at Harvard Medical School

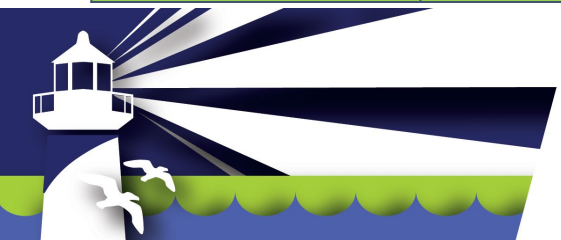


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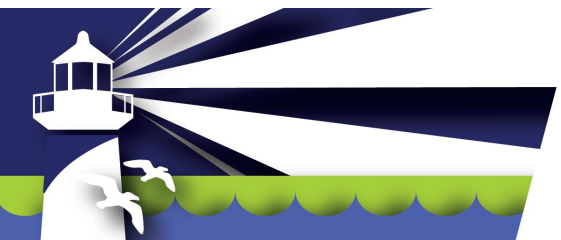
# SEVEN STEPS TO A SUSTAINABLE MOBILE HEALTH PROGRAM

Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7
<b>Identify at-risk populations</b>	<b>Mission Planning</b>	<b>Mission Magnification</b>	<b>Mission Prep</b>	<b>Mission Launch</b>	<b>Mission Evaluation</b>	<b>Mission Expansion</b>
HRSA UDS data mapping (Universal Data System)	Form Board of Advisors for community partnerships (churches, social services, community influencers, schools)	Assign MMM outreach staff to contact state / local elected officials, and media, and conduct community public relations, emergency depts	Licensing of the clinic as a satellite location, liaison with agencies such as Dept. of Health, DEA, Dept of Pharmacy	Load clinic (supplies, etc.)	Audit records for results, analyze cost and community impact data	HRSA UDS / GIS / Claims data mapping
GIS Data, Claims Data	Resource planning (who, where, and how much)	Driving awareness with Digital Marketing campaigns	Develop, validate Clinic Policies and Procedures	Run events, engage, educate & care for patients	Deploy outreach staff to encourage treatment for positive screenings	Update Community Health Needs Assessment
Breakout focus on Medicare beneficiaries, Medicaid beneficiaries, assigned but unseen	Roles, Responsibilities, & Authorities	Outreach staff canvas communities, publicize services are available to all, regardless of ability to pay	Preparing & publish the clinic schedule with partners	Monthly evaluation & adjustment meetings	Survey Care Coalition. Analyze responses	Select Cycle 2 Area of impact & define success
Community Health Needs Assessment	Culturally-appropriate staffing plan	Geo-fenced pay-per-click campaigns	Kickoff meeting w/ provider team, develop checklists	Schedule revisions	Coordinate meeting with stakeholders, Board	Select Cycle 2 Care Coalition
Standardized process finds at-risk patients faster and more accurately	Data collection plan and Mobile Health Map integration	Window clings, sidewalk signs, civic club visits	Training – operations and technical workflow	Services revisions	Discuss results, learning & next cycle improvements	Begin Cycle 2 Magnification
Select area of impact & define success	Communication plan	Deploy appointment kiosks to local hotspots	Dry run w/ provider team, leadership, community partners	Staff revisions	Report to Mobile Health Map	Prep for Cycle 2
Begin Cycle 1	Define Family Support Tiers	Planning for launch & ribbon cutting	Coordinating and permit for shore power / storage	Holiday maintenance period	Schedule next kickoff	Roll Cycle 2
Clear Mission	Care Coalition	Mission Magnified	Ready to Roll	Community Engaged	Advancing Healthcare Equity	Continuing the Mission



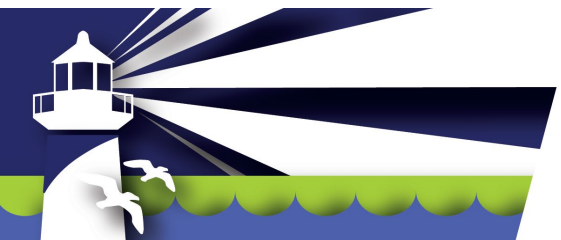
# SEVEN STEPS TO A SUSTAINABLE MOBILE HEALTH PROGRAM

- |                          |    |                           |
|--------------------------|----|---------------------------|
| 1. Mission Assessment    | -> | Clear Mission & Vision    |
| 2. Mission Planning      | -> | a Care Coalition          |
| 3. Mission Magnification | -> | Community knowledge       |
| 4. Mission Prep          | -> | Ready to Roll (Round 1)   |
| 5. Mission Launch        | -> | Community Care            |
| 6. Mission Evaluation    | -> | Advancing Access & Equity |
| 7. Mission Expansion     | -> | Ready to Roll, Round 2    |



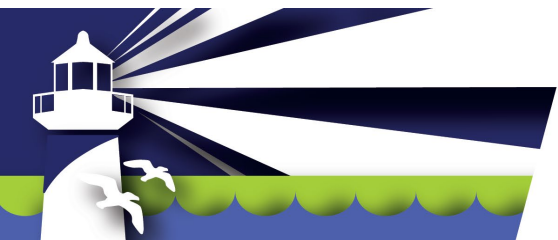
## Funding / Financial Models

- Operations - Clinical pays for clinical, 340B
- Opportunistic grants (HRSA, SAMHSA, etc.)
- Local philanthropy
- The Patronage Model (ten asks at \$30,000 vs. one ask at \$300,000)



## Funding / Financial Models

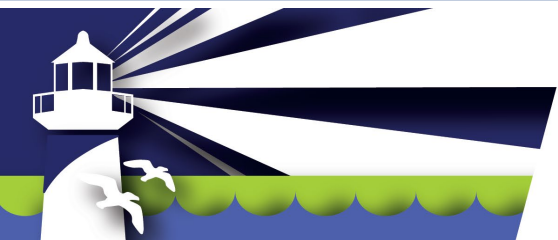
- \$150M for 230 new access points for underserved communities
- \$650,000 per year Base Grant funding
- High Unmet Needs service area and partnering are high-score criteria
- Opens in December, Closes in February, Awards in June
- Mobile clinics qualify - The MOBILE Health Care Act (S. 958)



# CONVERSATION



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