



# Health and Economic Impact of Rural Mobile Clinics

2023 NATIONAL RURAL HEALTH CONFERENCE

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Mollie Williams, DrPH, MPH Mobile Health Map at Harvard Medical School May 18, 2023

## What is Mobile Health Map?

- Program of Harvard Medical School since 2009.
- Network of mobile clinics working together to measure and community the impact of mobile health care.
- Users create free, confidential, personalized dashboards of impact and quality
- Demonstrate our collective results with the Mobile Clinic Impact Tracker.
- Training and technical assistance for organizations that operate mobile clincs.





#### CARE TRANSFORMATION

By Zirui Song, Caterina Hill, Jennifer Bennet, Anthony Vavasis, and Nancy E. Oriol

#### Mobile Clinic In Massachusetts Associated With Cost Savings From Lowering Blood Pressure And Emergency Department Use

#### **Knowledgeable** Neighbors: A Mobile Clinic Model for Disease Prevention and Screening in Underserved Communities

Equity in Health 135-7

International Journal for Equity in Health

Communication Quarterly Vol. 65, No. 4, 2017, pp. 419-435

#### RESEARCH

### Mobile health clinics in the United States

Check for updates

Nelson C. Malone<sup>1</sup>, Mollie M. Williams<sup>2,3\*</sup>, Mary C. Smith Fawzi<sup>2</sup>, Jennifer Bennet<sup>3</sup>, Caterina Hill<sup>2</sup>, Jeffrey N. Katz<sup>1</sup> and Nancy E. Oriol<sup>1,2,4</sup>

(2020) 19:40

#### Mobilizing a Narrative of Generosity: Patient Experiences on an Urban Mobile Health Clinic

Heather J. Carmack, Zoey Bouchelle, Yasmin Rawlins, Jennifer Bennet, Caterina Hill, & Nancy E. Oriol

#### **BMC Medicine**

#### Research article

Calculating the return on investment of mobile health Nancy E Oriol<sup>\*1</sup>, Paul J Cote<sup>†2</sup>, Anthony P Vavasis<sup>†3</sup>, Jennifer Darien DeLorenzo<sup>†5</sup>, Philip Blanc<sup>†6</sup> and Isaac Kohane<sup>†7</sup>



**Open Access** 





## Background

- There are an estimated 3,000 mobile clinics in U.S. with more than 10 million patient encounters annually
- Approximately 1/3 serve rural communities
- The sector has grown rapidly over the 5 years
- Funding sources and affiliations vary
- Most patients are uninsured or have Medicaid and/or Medicare

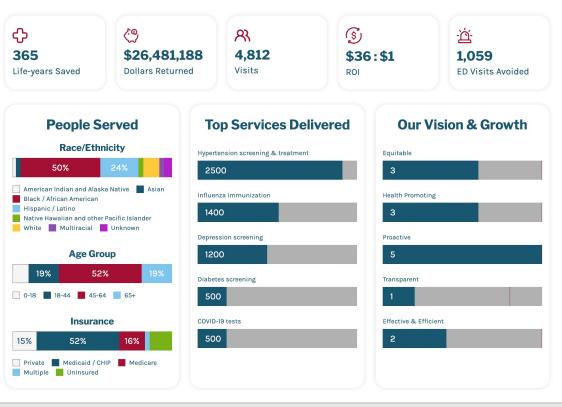




## Methods

- Mobile Health Map recruits users through many channels, including conferences, digital marketing, and referrals from partner organizations.
- Users voluntarily share aggregate data about their mobile clinics, including locations, populations served, community type, preventive services offered, and operating costs.
- Descriptive analysis of characteristics of mobile clinics.
- QALYs saved, ED visits avoided, and value estimates are calculated using methodology described by Oriol, et al., 2009.
- The incentive to share data is the ability to create a free, confidential, customized dashboard.

### Sample Clinic Dashboard

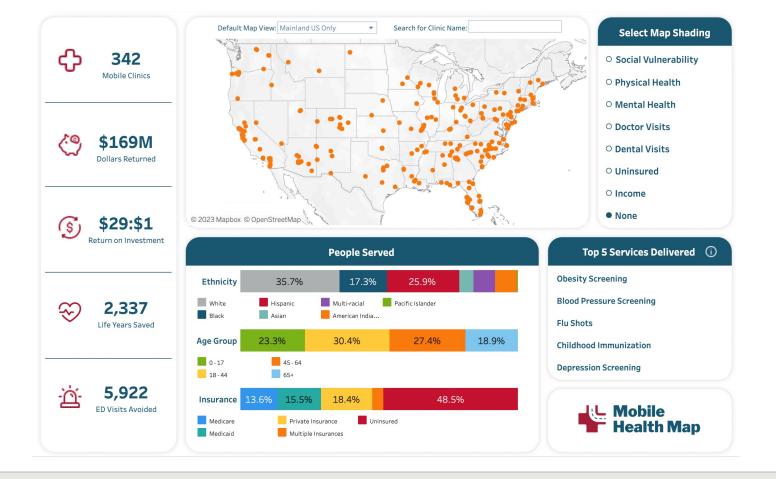




# Key Findings

- 312 clinics listed rural or frontier as a community type
- Among the clinics that listed rural or frontier (n=312)
  - 49% of patients were uninsured and 29% had public insurance
  - 36% of patients were White, 17% were Black, and 26% were Hispanic
  - Most common preventive services were immunizations and screening for obesity, hypertension, and depression.
  - The mean return-on-investment was \$29:\$1
  - Mean annual operating cost was \$213,095



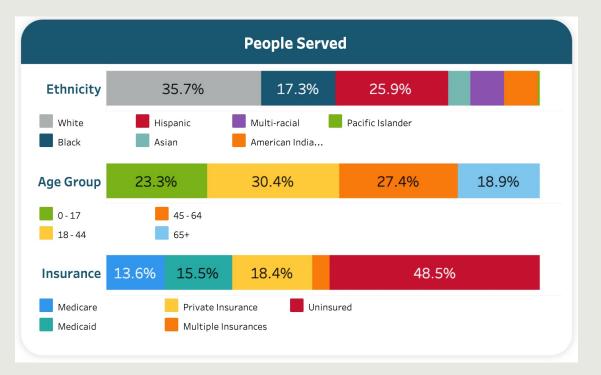








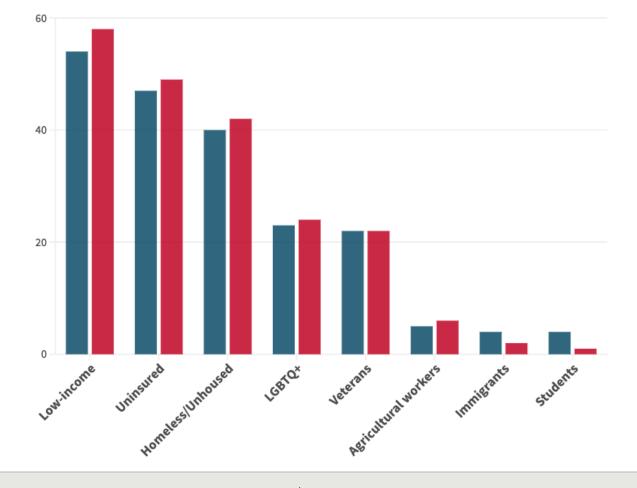
### Patient Demographics of Rural Clinics



### **Populations Served**

Rural or Frontier +

Rural or Frontier Only



Mobile

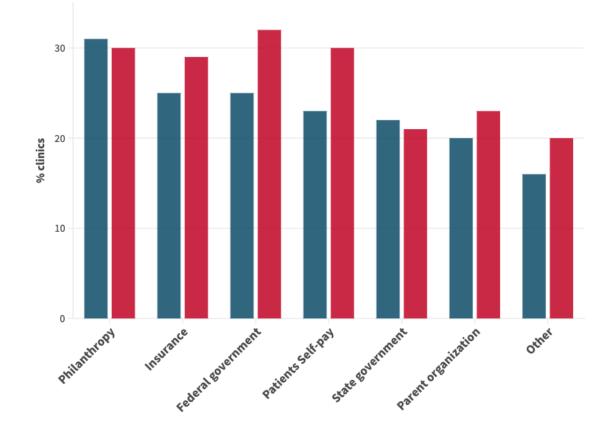
Map



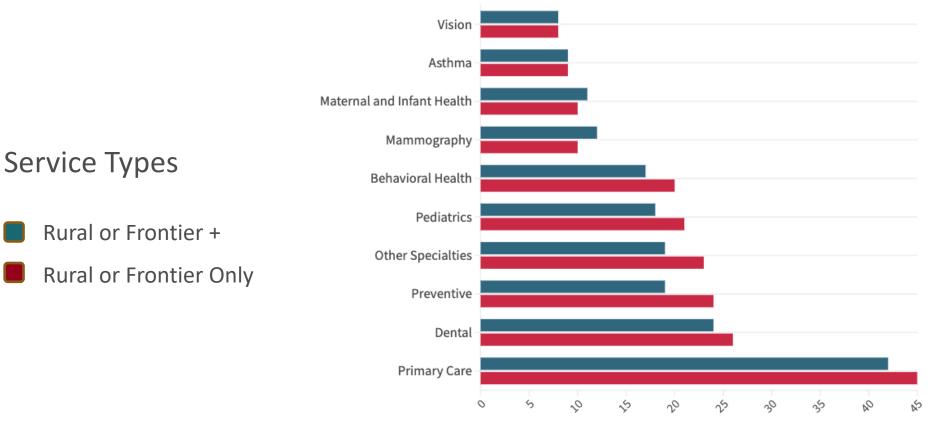
### **Funding Sources**

Rural or Frontier +

Rural or Frontier Only







% clinics



**Economic Analysis** 











| Metric                   | How calculated   | Data sources  |
|--------------------------|--|---|
| QALY/service             | Value assigned based on ranking of clinical preventable burden for services rated as A/B by USPSTF | Tolley G et al. Valuing Health for Policy: An Economic Approach. 1994.  |
| Life-years saved (QALYs) | # services provided x QALY/service   | Maciosek MV et al. Priorities among effective clinical preventive services. Am J Prev Med. 2006.  |
| ED Visits avoided        | 22% of visits  | Cunningham PJ. What Accounts For Differences In<br>The Use Of Hospital Emergency Departments<br>Across U.S. Communities? Health Affairs. 2006 |
| \$ returned              | QALY x Value per statistical life year (VPSLY) + ED visit savings                                  | Tolley G et al. Valuing Health for Policy: An Economic Approach. 1994.  |
| Return on investment     | # returned/annual operating costs  | Calculated  |
| ED visit savings         | # ED Visits avoided x average cost   | Massachusetts Division of Health Care Finance and<br>Policy Analysis in Brief Analysis of 2005<br>Preventable ED Visits Boston 2007           |



### Discussion

- Mobile clinics deliver high-value care to underserved populations in rural communities.
- Additional research is needed to understand the unique facilitators and challenges faced by mobile clinics that serve rural and frontier communities
- The field is at a pivotal point as many mobile clinics transition from pandemic-related services to other types of care.
- There are opportunities to expand the reach of mobile clinics to serve other populations including students (school-based health centers), immigrants, and agricultural workers.



#### Health Map WHAT WE DO Y OUR IMPACT RESOURCES ¥ NEWSROOM FIND CUNICS Contact us: www.mobilehealthmap.org **Driving Change** in Healthcare L Mobile Health Map More than 1,000 mobile clinics have come together to increase access to health care and achieve equity. SEE OUR IMPACT We are using coakies to give you the best experience on our website. You can find out more about which cookies we are using or switch them off in settings.

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