

# 2008 Annual Forum

## April 6 – 8 ~ Seattle, WA

### Keynote Speakers

#### ***Mobile Health Programs ~ Outcomes Analysis: Understanding the Denominator***

**Anthony P. Vavasis, MD**

**Clinical Director, Health Outreach to Teens Program, Callen-Lorde Community Health Center, NYC**

Mobile healthcare has the potential to greatly diminish disparities in healthcare delivery in the United States, in both rural and urban areas. The same populations that suffer the worst disparities are the exact populations that the majority of mobile healthcare programs reach, and in fact, many programs have eliminated longstanding health disparities in their target communities. As such, mobile healthcare makes a unique and vital contribution to the effort to eliminate unequal delivery of healthcare services in the United States. However, mobile healthcare programs' ability to measure outcomes nationally in order to establish mobile healthcare as an essential part of the US Healthcare system remains both elusive and hypothetical. The Return on Investment Calculator Project (ROICP), a collaboration between Mobile Health Clinics Network and Harvard Medical School's Department of Social Medicine and the HMS School of Public Health, will serve to identify to what extent health care disparities can be eliminated by mobile healthcare and to describe how it can be integrated efficiently into the broader healthcare context.

This presentation will provide updates on the progress of the ROICP. It will further explore an important subtlety of outcomes measurements themselves that has become evident during the development of the project. In the context of mobile healthcare, our typical goal is to improve outcomes by getting services to the members of the target population who are hardest to reach. While this is sound reasoning, it can potentially miss a more fundamental effect of mobile health: that we often redefine the population in question.

For example, a pediatric dental program at a community health center will measure how many of its pediatric patients had an annual dental screen. It would describe the outcome of this intervention as a fraction, with the numerator being the number screened and the denominator being the total number of pediatric patients at the clinic. If this same health center added a mobile dental program, it might measure the outcome as being how many more of the center's pediatric patients had dental screens. That is, it is examining the mobile program's effect on the numerator. In fact, that mobile program will likely reach pediatric patients who never went to the health center. As such, it is actually accessing a larger population and thus redefining the denominator. Because the field of epidemiology is increasingly looking at population-based measurements, the approach of measuring mobile healthcare's impact on the denominator becomes much more important.

#### **Objectives:**

1. Have an understanding of the status of the ROICP
2. Have a better understanding of methods of calculating outcomes measurements
3. Have an understanding of mobile healthcare's impact on the denominator in these calculations and why this matters.

#### ***Integrating an EMR System & Methods of Data Collection***

**Matthew D. Levy, MD, MPH**

**Medical Director, Community Pediatrics, Georgetown University Hospital, Washington DC**

The World of Medicine is moving towards using Electronic Medical Records. These comprehensive computer data systems are particularly beneficial to the unique needs of mobile health because they have the potential to eliminate the challenges of paper record keeping, physically transferring documents and difficult coordination. Ultimately, these system can improve coordination of care, quality and efficiency. Mobile clinic usage of this type of system is unique in that most mobile units, while often part of a greater institution, also act as independent clinical entities. By using an EHR and connecting it using broadband wireless communication it can maintain a direct link to the vital hospital (laboratory) and government systems (immunization registries). While most providers look at EMR for its other characteristics, the power of an EMR is related to its ability to enable us to understand how we provide care and to assist us in providing it better. As a result, the way in which the underserved reach and utilize quality services can be enhanced, increasing patient satisfaction and quality of care and thus improving health outcomes.

This lecture reviewed the benefits of EMR as they relate to medicine and in particular, mobile care. It also examined the organizational and data collection power of the system and how this can be used to enhance patient care.

#### **Objectives:**

1. Have a better understanding of EMR types and functions
2. Have a better understanding of the capabilities of data collections and challenges of connectivity.
3. Have a better understanding of the power of EMR to be for compliance and improved coordination

#### **Outline:**

- I. What is EMR?
  - a. Types available; modalities served
  - b. How is it integrated with patient flow?
  - c. How can it be integrated into a mobile clinic?

- II. What is its value?
  - a. From patient's Perspective
  - b. From owner/operator's perspective
  - c. From third party payer's perspective
- III. The Georgetown KIDS Mobile Medical Clinic/Centricity
  - a. History
  - b. Early Adoption
  - c. System integration and linkages
  - d. Meeting accreditation and certification guidelines
  - e. The future of the system

### **Capital Budgeting and Mobile Dental Operations**

**Oscar Arevalo, DDS, ScD, MBA, MS**

**Chief, Division of Dental Public Health, University of Kentucky College of Dentistry, Lexington, KY**

The University of Kentucky College of Dentistry (UKCD) operates a mobile dental program composed of four fully self-contained units. Current economic conditions dictate that as mobile units age it will be harder to find donors willing or able to provide the resources required to finance asset replacement. However, in order to maintain current levels of access for the underserved, current activity and consideration of replacement is paramount. A Capital Budgeting Analysis (CBA) was conducted to determine if a new mobile unit would yield a positive Return on Investment (ROI) and generate a cash-reserve for the replacement cost at the end of its useful lifetime. An estimate for a new mobile unit was obtained. Data from FY 2006 – 2007 including clinical productivity, billing, collections and operational costs for one of the mobile units were collected.

A CBA was conducted using the Net Present Value (NPV) decision model in four different scenarios: worst, current, good and best. Depreciation funding was calculated by transferring funds from cash inflows (clinical income plus state support) and reinvested to offset depreciation at fixed compound interest. A positive ROI was obtained for two scenarios, current scenario (KY Medicaid fees plus state appropriations) and best scenario (KY Medicaid fees adjusted to UCR levels plus state appropriations). However, the depreciation fund did not generate a cash-reserve sufficient to replace the mobile unit at the end of its useful lifetime (12 years). Although capital budgeting is a useful tool when making managerial decisions, the numbers seldom tell the whole story. As a safety net provider, the UKCD's mobile operation has a positive social impact ensuring access to dental care for the underserved children in Kentucky and improving their quality of life.

#### **Objectives:**

1. Recognize the challenges faced by dental schools involved in mobile dental operations.
2. Appreciate the impact of different sources of revenues on financial sustainability.
3. Understand the importance of long-term financial planning and capital budgeting analysis.

#### **Outline:**

- IV. Overview of Kentucky's access issues
- V. The scope of the University of Kentucky College of Dentistry mobile outreach program.
- VI. Rationale for long-term financial planning in asset replacement.
- VII. Financial analysis: sustainability, capital budgeting and depreciation funding.
- VIII. Results and discussion: what we learned.

### **Mobile Healthcare: A Model for Preventive Care and Increased Access for Underserved Populations**

**Chris Endresen**

**State Director, Senator Maria Cantwell, State of Washington**

Increasing numbers of uninsured, rising costs, and a compelling presidential campaign have once again pushed comprehensive health reform to the top of the national agenda. There is tremendous potential for worthwhile change to be enacted into law in the near future, but the possibility of gridlock also remains as strong as ever. Breaking through this impasse will require exhaustive study, debate, and compromise over the myriad of issues confronting health care today.

If we are to get serious about reform, then we must examine the reasons behind soaring costs and the barriers facing the 47 million uninsured (and countless underinsured) Americans in this country. We must examine current law and the programs that make up our health care safety net. We must also identify the deficiencies inherent in these programs and explore the ways they can be addressed

Although there are strong disagreements over how to achieve it, most individuals acknowledge that access to quality health care for every American must be the end result of any change to our current system of care. Mobile health clinics may be an important means of reaching this standard.

#### **Objective:**

- Have a better understanding of the issues facing health care today
- Have a better understanding of the federal and state role in health care
- Have a better understanding of the role mobile health clinics can play in achieving reform and ultimately ensuring universal access to care

#### **Outline:**

- I. Problems in our current system of care
  - a. Rising costs

- b. Shortage of primary care physicians
- c. Inefficiencies
- d. Varying access to care
- II. The federal and state role in health care
  - a. Medicaid-what works, what doesn't
  - b. Medicare-what works, what doesn't
- III. Mobile Health
  - a. benefits of mobile delivery of care
  - b. barriers to increased utilization
  - c. potential solutions to remove barriers
- IV. Outlook for Health Reform

### ***The Value of Dental Public Health and Its Community Impact***

**Mark Koday, DDS**

**Dental Director, Yakima Valley Farm Workers Clinic, Yakima, WA**

For program survival and growth it is necessary to assign value to the programs we work in. Too often, value is defined strictly in terms of bottom line dollars and cents. While that is certainly critical and impossible to ignore, we do our programs and our communities a real disservice if we do not paint value with a broader stroke. This presentation is intended to show the audience why mobile programs should be an essential part of any community health program. In doing so, the presenter will describe the Yakima Valley Farm Worker Mobile Program from its mission to where it travels to and the services it provides. The presenter will then demonstrate from local data collected why typical dental services offered in community health centers do not have much affect on the oral health of the populations they serve and why public health services must be included in the service mix. Finally, the presenter will offer data showing how preventative programs using mobile services can lower disease rates and conclude with the value his program finds in their mobile program.

#### **Objectives:**

1. Be knowledgeable of the YVFWC mobile van program, including its history, organization and mission
2. Better understand the meaning of dental public health and why it is important to emphasize public health services
3. Understand the true value of mobile programs and their effect on the communities we serve

#### **Outline:**

- IX. The Who, What Where and Why of YVFWC Mobile program
  - d. What is the mission of the mobile program
  - e. Brief history of the program
  - f. Who we serve?
  - g. Where does the van travel to?
  - h. Services we offer
  - i. How do our patients feel about the mobile program?
- X. How do we define community health and why is this important?
  - d. Community health, public health and private practice definitions
  - e. Yakima County statistics past and present
  - f. Demonstrating the need for planning public health into our mix of services
- XI. The true value of our mobile program
  - f. Demonstrating the value of a school based sealant program
  - g. Demonstrating the value of a Headstart prevention program
  - h. The value YVFWC places value on our mobile program