





# Mobile Health Outreach

## *A community & corporate collaboration*

As the healthcare community focuses more on wellness, prevention, and population health, the idea of taking services outside institutional walls has been embraced by providers. Mobile health units address two significant barriers to access for preventive and primary prevention services: transportation and time.

Texas Health Harris Methodist Hospital Fort Worth is part of Texas Health Resources, a private, not-for-profit health system in north Texas. Its mission: "To improve the health of the people in the communities we serve." The facility has 726 licensed inpatient beds. The cancer program at Texas Health Harris Methodist Hospital Fort Worth, including outpatient services based at its Klabzuba Cancer Center, had 1,852 analytic cases in 2012 and is a CoC-Accredited Community Hospital Comprehensive Cancer Program. It was awarded the CoC's Outstanding Achievement Award in 2006, 2009, and 2012.

Texas Health Harris Methodist Hospital Fort Worth's cancer program has operated a mobile health screening program since 1993. Over two decades, it has grown from providing only mammography to a service that provides a number of preventive and screening activities and education. Throughout this growth, partnerships and collaborations with a variety of organizations were critical. What follows is a brief history of the program's inception, expansion, operations, and community impact.

### **Growing the Program**

Because Texas Health Harris Methodist Hospital Fort Worth is a not-for-profit entity built on faith-based traditions, community partnerships have always been a foundation of the care that is provided. The hospital frequently participates in health fairs,

screenings, and other community health-related events. We collaborate with local and national organizations to provide services and fundraise and are proud of our ongoing partnership with the American Cancer Society. A robust volunteer force regularly contributes to the hospital's outreach efforts.



The Doris Kupferle Women's Health Advisory Board supported the 1993 purchase of Harris Methodist Hospital's first mobile mammography unit.

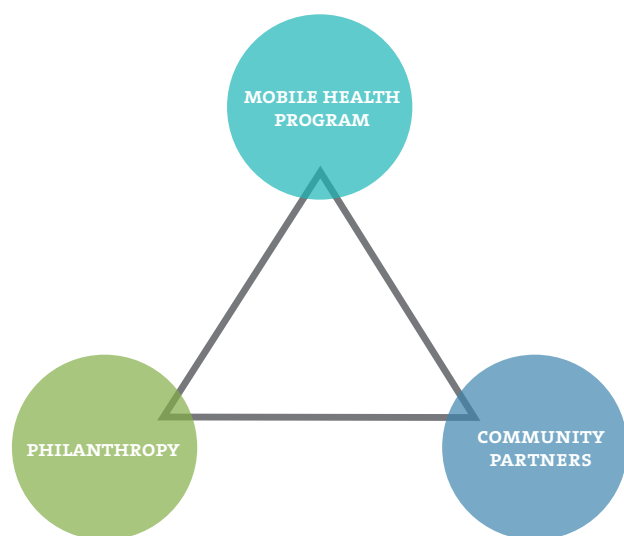
The Doris Kupferle Women's Health Advisory Board was established in 1990 as part of the Harris Methodist Health Foundation to promote women's health, and was the driving force behind funding the hospital's first full service breast center. In 1993 the advisory board assisted in the purchase of Harris Methodist Hospital's first mobile mammography unit.

From the beginning, the mobile mammography program served uninsured or underinsured women who were eligible for mammography screening. The Fort Worth Housing Authority, United Community Centers, and several churches in underserved neighborhoods were among the hospital's first partner organizations. Texas Health Harris Methodist Hospital Fort Worth also established relationships with three of the city's largest employers: General Dynamics, Alcon, and Bell Helicopter. One of the hospital's largest collaborative partnerships began in 1999 with the Tarrant County Hospital District and its public hospital, John Peter Smith (JPS). The mobile mammography vans—which looked similar to U-Haul moving trucks in those days—performed screening mammograms at the network of primary care clinics in the JPS Health System.

**Beyond Pink!** In 1999 the decision was made to expand the mobile screening program beyond mammography. The hospital obtained funding from the Kupferle Women's Health Advisory Board (part of the Harris Methodist Health Foundation) to provide cervical cancer screening at events that included the mobile unit. Family nurse practitioners who were employed in other departments of the hospital performed these screenings. Because the mobile units did not have space for examinations, nurse practitioners set up portable exam tables in buildings adjacent to or near where the mobile units were parked.

**A Full Service Vehicle.** With tremendous philanthropic support from the community, the hospital built and put into operation a

Figure 1. Our Three-Part Collaborative



The 2006 “Cruisin’ for a Cure” event provided screening and education to qualified men in the Fort Worth community.

full-service vehicle in 2000. The 40-foot mobile coach contained a mammography suite on the front end, a registration area in the middle, and an examination room in the rear. With consistent exam space and generous funding from the Kupferle Women's Health Advisory Board, a part-time family nurse practitioner was hired specifically to staff the mobile unit.

**Wellness for Life<sup>SM</sup>.** In 2001 the hospital chose the program name *Wellness for Life* to reflect the scope of services beyond mammography. Screenings at area businesses began to grow in popularity. Multiple screenings at work sites, such as the City of Fort Worth, became more popular as time and transportation barriers were eliminated for employees.

**Men Get Screened, Too!** In 2002 a survivor-led coalition partnered with *Wellness for Life* to host the first “Cruisin’ for a Cure” classic car show and prostate awareness event in downtown Fort Worth. Urologists volunteered their time working with Harris Medical Lab staff to perform education, PSA blood tests, and digital rectal examinations at the hospital's mobile units. Proceeds from the event supported the costs of screening and also the Prostate Cancer Resource Center located in the Klabzuba Cancer Center, which opened in 2003. Over the years, the event has steadily grown in popularity. In 2013 “Cruisin’ for a Cure” celebrated its 12th anniversary; 176 men met screening criteria, received appropriate education, and were screened on September 21, 2013.

The coalition has grown, too. The initial core group of survivors has become the North Texas Prostate Cancer Coalition ([www.ntxpcacoalition.org](http://www.ntxpcacoalition.org)), with five area medical facilities collaborating in the care of men with prostate cancer and their families.

**Second Full-Service Mobile Unit.** Again, with outstanding philanthropic support, the hospital was able to purchase a second mobile health coach, which was put into service in 2004. In addition to the mammography suite and the examination room, additional space was allocated for processing laboratory specimens. With the capacity gained through adding the second full-service unit, the program was able to hire its first full-time (FTE) family nurse practitioner to provide additional screenings and education. The first screenings for colon cancer (FOBT), skin

cancer, and bone density were performed on the mobile units at the 2004 Fort Worth Stock Show and Rodeo.

**Additional Services.** In 2007, through a grant from Minyard Food Stores, cardiovascular risk assessment (physical examination, biometrics, cholesterol, glucose) was added to the menu of services.

In 2010 the *Wellness for Life* program and UT Southwestern Moncrief Cancer Institute partnered to create the Breast Screening and Patient Navigation project. Funded through a grant from CPRIT (Cancer Prevention and Research Institute of Texas), this mobile outreach project brings breast screening to rural counties surrounding Fort Worth. The project initially began with a 5-county focus that was expanded to 12 counties in 2012.

The hospital purchased its third full-service mobile coach as part of an 1115 Waiver project. (1115 Waivers give states flexibility to design and improve their Medicaid and CHIP programs; they let states test new or existing ways to deliver and pay for healthcare services.) At 45 feet long, this coach is the largest in the fleet. The project will bring breast, cervical, and colon cancer screening to 9 rural counties in Texas District 10.

### Two Essential Collaboration Models

Because the operational needs at community sites and workplace sites vary widely, the program required two different partnership models. Both models require processes for scheduling patients, parking the mobile health units at the sites, performing services, and following patients who require further referral. However,

issues such as the need for language interpreters, applications for funding assistance, global payment arrangements, and contracting issues with corporations mean that separate processes are needed for each site.

**Community Collaborations.** To effectively operate a mobile health program in the community, a solid three-part collaborative must be in place (Figure 1, left):

1. Mobile Health Program: provides services and tracks outcomes of services provided.
2. Philanthropic support: provides funding for capital requirements and services to underserved populations.
3. Community organizations: provide scheduling opportunities at sites and help coordinate activities at screenings.

Key community partners for the program currently include:

- Catholic Charities, Diocese of Fort Worth
- Susan G. Komen, Greater Fort Worth
- Moncrief Cancer Institute
- Cornerstone Clinic
- Muslim Community Center for Human Services
- Elrod's Cost Plus Supermarkets

**Work Site Collaborations.** These partnerships rely on excellent relationships with the individual(s) responsible for employee wellness programs at the organizations where services are provided. Often responsibility rests with the Human Resources Department, but occasionally falls under another functional group. An under-



The second full-service mobile health unit was put into service in 2004.

**Table 1. 2012 Patient Volumes for Two Mobile Health Units**

SCREENING ACTIVITY	NUMBER OF PATIENTS SCREENED
Screening mammograms	4,784
Prostate cancer screening and education	182
Skin cancer screening, risk assessment, and education	225
Colon cancer screening, risk assessment, and education (FOBT kits distributed)	178
Cervical cancer screening, clinical breast examination, and health education	951
Bone density screening (heel ultrasound) and education	166

**Table 2. Referrals for Follow-up Appointments from Screenings**

SERVICE	NUMBER OF REFERRALS
Diagnostic mammograms, ultrasounds, and biopsies	397
Prostate cancer referral for further evaluation	73
Skin cancer referral for further evaluation	22
Colon cancer FOBT kits returned	130 (73%)
Referrals for further evaluation	20
Cervical cancer referral for further evaluation	122

standing of the benefits covered under the employees' insurance plans is critical. Services are billed in several ways:

- Directly to the employees' insurance carriers
- A global bill generated to the company for some or all services
- Self-payment by employees for services not covered by either insurance or the company.

Because of the variety of payment methods, individual contracts are frequently required for work site customers. Key work site partners currently include:

- Alcon Laboratories
- Bell Helicopter
- Burlington Northern Santa Fe Railway
- JP Morgan Chase
- Galderma Laboratories
- Mouser Electronics
- XTO Energy
- Pier 1 Imports
- Lockheed Martin
- The City of Fort Worth
- The City of Grapevine

- Southwest Airlines
- Northwest Independent School District.

### Infrastructure for a Mobile Health Program

With the addition of the 1115 Waiver Project, the equipment and personnel needs of the operation grew substantially. Now with three full-service mobile health units that travel to 9 surrounding counties, the department grew from 9 to 15 FTEs in 2013.

**Mobile Health Unit.** Over the 20 years of the program's operation, purchasing top-quality equipment became a critical necessity. Any time the hospital purchased a "second best" option, the program suffered. Attention to service providers is also important because no single service center can maintain and repair every component of these complex vehicles. For example, the company that services the generators is unlikely to be an expert in cabinet repair or satellite communications systems.

**Mammography Equipment.** Because all of the mammography equipment is digital, adequate facilities for downloading the images into the PACS system at the end of the day are important. Close collaboration with the breast center is critical to ensure that all quality and licensing requirements are met.

## Staffing Model

The 15-person mobile health program staff includes the following:

- **Manager.** This 1.0 FTE oversees the entire operation. The manager is involved with strategic planning, selection and development of personnel, and budgeting.
- **Team Lead/Operations Coordinator.** This 1.0 FTE supervises daily operations of the program, including site planning, supervision of drivers/admissions clerks, and supplies.
- **Drivers/Admissions Clerks.** Three FTEs drive the vehicles to the sites and admit patients to the hospital on site. These staff members must be proficient in the hospital's EMR, scheduling, and admissions systems and have a current commercial driver's license.
- **Interpreters.** These are contract personnel who provide language interpretation for non-English speaking patients; languages vary by site visited.
- **Mammography Technologists.** These 2.8 FTEs perform screening mammograms on site.
- **Family Nurse Practitioners.** These 2.8 FTEs provide well woman exams, prostate screening education and examination, cardiovascular risk assessment, skin cancer screening and education, and colon cancer screening and education.
- **RN Patient Navigator.** This 1.0 FTE guides patients who are referred for further services to appropriate providers and offers patient education. The goal of the navigator is to direct patients to providers near their homes, if possible, and to connect them to primary care services if they do not already have them. The navigator also evaluates patients who are un- or underinsured for eligibility for local or government resources.
- **Administrative Assistant.** This full-time staff member supports the departments' administrative needs, processes group billing, and oversees contracts.
- **Community Outreach Coordinator.** This 1.0 FTE serves as liaison between the mobile health program and community organizations. This staff member evaluates sites for suitability, books the sites, and assists site coordinators in organizing mobile health visits.
- **Data Analyst.** This full-time staff member analyzes outcomes of all screening activities and constructs reports for administration and funding organizations. This staff member also assists with grant writing.

## In-House Departmental Collaborations

The following inter-departmental collaborations have been critical to the success of the mobile health program.

**Breast Center.** The breast center supplies the mammography technologists who perform mammograms on the mobile health units. These staff members download the images into PACS at



the end of the day. The breast center then assumes the responsibility for processing, reading, and reporting mammograms according to MQSA (Mammography Quality Standards Act) standards. The mammography equipment on the mobile health units is part of the breast center's license and all accreditations are managed through the breast center.

**Engineering.** Designated engineering personnel are responsible for maintenance and repair of the mobile health vehicles, as well as the electrical and information technology connections they require.

**Radiology Engineering Services.** This department maintains and repairs the mammography equipment on the vehicles.

**Centralized Scheduling.** Mobile health unit patients are directed to the hospital's centralized scheduling department to make appointments for services. Walk-in patients can occasionally be accommodated, but the preferred process is for individuals to schedule an appointment before the screening day.

**Admissions.** These specialists complete the admissions processes that cannot be completed in the field after the mobile health unit's return to the hospital.

**Laboratory.** The hospital laboratory processes blood and tissue specimens for screenings.

## Program Capacity & Volume

On average the mobile health units can handle 22 mammograms and 11 well woman or other complex visits per day. The daily patient volume varies depending on the distance the units must travel to the sites. The goal is to limit the staff to a maximum 10-hour work day.

Scheduling must allow for such variables as downtime for preventive maintenance and repairs, as well as adverse weather and road conditions, all of which may affect capacity.

Table 1, left, shows 2012 patient volumes for our mobile health program. Referrals for follow-up appointments are reflected in Table 2, left.

## Follow-up after Screening

One of the biggest challenges for any screening program is the issue of follow-up when screening results indicate that it is needed. The RN navigator assesses each patient's situation to put each individual on the optimal path for further care. For those in need

of financial support, she assesses eligibility and assists in the application process for those funds. For example, in many cases we assess eligibility for BCCCP (Breast and Cervical Cancer Control Program) at the time of screening mammograms.

A unique source of follow-up funding is the Kupferle Health Board. Each year the board produces a fashion show and luncheon; part of the proceeds is used to fund diagnostic procedures for women who need follow-up from their screening mammograms. These funds will support care through biopsy, if necessary. The members of the community who attend this event enthusiastically support this mission. In 2013 more than \$70,000 was raised during the event's three-minute challenge alone.

### A Brighter Future


Thanks to the vision and support provided by a unique group of high-energy women in 1992, the *Wellness for Life* mobile health program at Texas Health Harris Methodist Hospital Fort Worth was initiated and over two decades has grown from providing screening mammograms in the community a few days per month to a full-time, full-service education and primary prevention operation serving a multi-county area. Development of robust partnerships to reach targeted populations and to support delivery of appropriate services has been the critical factor in the program's success. In addition, the ongoing support of the hospital's administration allowed the mobile health program to become a fundamental component of the hospital's cancer program.

The mobile health unit benefit has benefited the cancer program by creating ongoing awareness in the community of the importance of appropriate prevention and screening for a variety of cancers. The program has also increased the visibility of the hospital's commitment to quality cancer care in Fort Worth and surrounding



Generous funding from the Kupferle Advisory Board paid to build a full-service 40-foot mobile coach that was put into service in 2000.

communities. In part because of aggressive promotion of screening, 67 percent of the analytic breast cancer cases seen at the hospital in 2011 were stage 0 or 1. These are cancers where the outcomes are expected to be favorable.

Operating a mobile health program is complex and expensive, with many day-to-day challenges and uncertainties not found in a static hospital or clinic; however, the rewards are great. The benefits to the community, the cancer program, and the hospital more than justify its nourishment and growth. 

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## OUR COMMUNITY AT-A-GLANCE

**F**ort Worth is the 16th-largest city in the U.S. and the fifth-largest city in Texas. Located in north central Texas, the city is a cultural gateway into the American West and covers nearly 350 square miles in Tarrant, Denton, Johnson, Parker, and Wise counties—serving as the seat for Tarrant County. According to the 2010 census, Fort Worth had a population of 741,206.

According to the 2006–2008 American Community Survey, the racial composition of Fort Worth was as follows:

- White: 63.0 percent (Non-Hispanic Whites: 43.4 percent)
- Hispanic or Latino (of any race): 33.8 percent
- Black or African American: 18.0 percent
- Native American: 0.5 percent

- Asian: 3.5 percent
- Native Hawaiian and Other Pacific Islander: <0.1 percent
- Persian: 1 percent
- Other race: 13.2 percent
- Two or more races: 1.8 percent



The diverse nature of the population creates many opportunities to explore innovative ways to deliver care. Over the last 20 years, the mobile health program has addressed community disparities and barriers to care that are unique to segments of its population.