

# **Mobile Health Unit Playbook**

## **UVA Health Population Health**

Victoria Le

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## Introduction

### **Purpose of the Playbook**

The purpose of this playbook is to provide a comprehensive guide for individuals or organizations looking to start a mobile health unit initiative. It serves as a roadmap to help navigate the process of planning, developing, and implementing a mobile health unit that caters to the specific needs of a community. The playbook covers essential areas such as design, logistics, point of care testing, supplying, legal and compliance, and more. By following this playbook, stakeholders can understand the necessary steps, key considerations, and best practices involved in establishing a successful initiative that effectively addresses the healthcare needs of the community it serves.

Special thanks to the leadership and members of the Population Health Department and contributors to the mobile unit for laying the foundation for this guide.

## **Goals of the Mobile Unit**

“Serving our Communities With Healthcare & Education” through regular healthcare to help prevent illness and boost well-being. The mobile unit is committed to caring not only for patients who come into the clinic, but also for the broader community, including those with the greatest gaps in healthcare. As a mobile primary care clinic, the UVA Health Mobile Health Care Unit provides primary care for communities with identified need.

## **The Mobile Unit and UVA Health’s Strategic Plan**

### **Cultivating Healthy Communities & Belonging for All**

The new mobile health unit advances UVA Health's mission to cultivate healthy communities and ensure belonging for all. By bringing healthcare services directly to underserved and vulnerable communities, the mobile unit exemplifies UVA Health’s commitment to community engagement and health equity. Every member of the UVA Health team plays an essential role in this mission to ensure that the mobile unit operates efficiently and effectively to transform health and inspire hope across Virginia and beyond.

### **Strengthening Our Foundation**

The mobile health unit represents a significant investment in modernizing UVA Health’s operations and infrastructure, making healthcare more accessible to patients while simplifying care delivery for providers. The mobile unit strengthens UVA Health’s foundation by embodying the principles of superior quality, patient safety, and optimal outcomes.

### **Expanding Our Excellence & Enabling Discoveries for Better Health**

The mobile health unit initiative expands UVA Health’s excellence by leading the way in delivering advanced and innovative care to communities across Virginia. The mobile unit not only provides high quality care but also serves as a platform for implementing and testing new health interventions in diverse settings. This initiative supports statewide expansion efforts, positioning UVA Health as a destination for excellence in clinical programs and reinforcing its distinction in education by offering unique training opportunities in community-based care.

## Research and the Design of a Mobile Unit

Tonya Fredericks and Jake Headley

### Identifying the Need for a Mobile Health Unit or Vehicle

To assess the need and benefits of deploying a mobile health unit, begin with a Community Needs Assessment to identify gaps in healthcare access and specific challenges like transportation issues or geographical isolation. Analyze demographic factors to determine if underserved populations would benefit from a mobile unit, and assess the community's accessibility and affordability of healthcare services to see if a mobile unit can address unmet needs. Identifying key health services the unit could provide and engage the community for input to is important to ensure services align with community need. Further, a cost-benefit analysis should be conducted to evaluate financial feasibility.

After identifying the need for a mobile health unit, establish a Steering Committee to work with leadership and stakeholders to define the mobile unit's vision and goals. The committee should engage with leadership and stakeholders to define the mobile unit's vision and goals and address key issues, set priorities, and create a clear action plan. Define roles and responsibilities, and schedule regular meetings for updates and decisions. Consider forming Operational and Clinical Readiness Steering Committees as the initiative advances.

### Design of the Mobile Unit

Following a identifying a need for the mobile unit and bringing together key players, the design of the physical mobile unit may begin. To determine the optimal layout for a mobile unit the following should be completed:

1. **Audit Established Mobile Units:** Audit established mobile units to determine the optimal layout for mobile unit. Consider the function and services provided by the final mobile unit during the auditing stage. Conduct site visits to local mobile units.
2. **Define Goals for the Design:** Focus on creating an interior that is clean, hygienic, aesthetically pleasing, and welcoming, while maintaining functionality. Create a visually intuitive space that enhances patient comfort and reflects respect for the communities served.
3. **Design the Interior:** Design mobile unit to prioritizes the patient experience. Aim to create an environment that promotes engagement, supports community interaction, and reflects UVA's reputation in Charlottesville and beyond. Design a space that fosters trust within the community and aligns with UVA Health's strategic commitment to cultivating healthy communities and a sense of belonging.
4. **Bring in Key Players:** Incorporate input from all contributors to achieve a cohesive and effective result. Collect input from departments that will supply the mobile unit such as

clinical engineering, point-of-care testing, HIT, and more. Elicit ideas from clinical personnel to optimize clinical space. Take care to consider the contributions and requirements of various departments concerning space, design, and functionality to ensure the mobile unit's success and ease of use. For instance, transportation recommended that the mobile unit use gasoline instead of diesel as diesel engines are more suited for long-distance travel and the mobile unit will primarily be stationary.

5. **Identify a Vendor:** Select a vendor based on criteria including the ability to meet specified needs, adherence to timeliness, cost-effectiveness, and a pre-existing relationship with UVA Health.
6. **Check In:** As the mobile unit is being built, play an active role in ensuring the build aligns with the vision, goals, and quality the Steering Committee envisioned. A consideration during the process of the build out of the mobile unit was the challenges of virtual mockups. It is important to work with a manufacturer capable of providing physical samples or facilitating site visits.

## Legal and Compliance

Annette Norton and Matt Connors

Ensure the mobile unit is complaint with federal and state laws. If considering a mobile unit that provides free services, consider federal laws, including anti-kickback laws and the Civil Monetary Penalties Law, that restrict offering free services to Medicare and Medicaid patients to prevent inducements for seeking billable services. If considering billable services, seek guidance from Legal and Compliance regarding billing requirements. Due to the unique nature of a mobile unit, establish a contractual agreement in which patients are billed for professional services and technical charges are reimbursed. In the current UVA mobile unit, UVA Physicians Group compensates the medical center with 27% for supplies, drivers, and other operational expenses. Further, strict adherence to HIPAA and legal requirements is crucial. Engage legal and compliance teams early in the process to navigate the complex healthcare regulatory landscape. Ensure the mobile unit's construction and operation comply with legal standards, using a detailed checklist to meet all compliance measures.

## Transportation, Parking, and Logistics

Rudy Beverly

### Logistics and Servicing

During the ordering process of the vehicle, determine if a new, used, or leased vehicle aligns best with the goals and vision of the mobile health unit. In UVA Health's current mobile unit, a new truck was acquired to address the unreliability of previously used vehicles and the custom-built vehicle was utilized to meet specific patient care needs through the carefully thought-out design. During the

build out, avoid allowing prior plans to dictate the completion timeline and account for potential delays beyond the committee's control. Following the completion of the mobile unit, store the mobile unit at Northridge Medical Park, where JW Sieg has facilities to accommodate the vehicle's power needs.

Servicing will be completed by Colonial Auto, UVA Health's designated autobody service provider. Ensure that the truck is serviced at a vendor capable of servicing large vehicles and equipped to handle medical vehicle requirements to guarantee the longevity and optimal performance of the mobile unit. Regularly review of the service contract to confirm that it meets the mobile unit's needs. Should there be a transition to another vendor, submit a Request for Proposals (RFP) to UVA Health.

Consider adjusting the schedule if the mobile unit is sent for repairs on a Friday and is scheduled to be in the community on the following Tuesday, as potential delays in parts or labor may occur. Establish protocols to address the impact of repair delays on patient care to contribute to the overall success of the mobile unit within communities.

### **Fuel Card**

Given that UVA's local fleet operates within a limited geographical area, local vendors are utilized for fuel. However, as the mobile unit may eventually require longer-distance travel, thus a fuel card should be established to accommodate longer-distance travel needs. Acquire the fuel card through a vendor with an existing contract with UVA Health, such as Mansfield Oil. Record monthly fuel charge statements.

### **Licensing/Titling and Insurance**

Register the mobile unit vehicle as an asset of the Board of Visitors. Ensure compliance with all applicable state regulations, including no smoking on the vehicle, no use of handheld devices while operating the vehicle, and reporting mileage to the university. Provide insurance coverage for the vehicle through the Board of Visitors, as the vehicle is an asset registered to them.

## **Staffing a Mobile Unit**

Laquita Pinchback

### **Determining Staffing Needs**

Conduct a comprehensive assessment of the tasks required to determine the appropriate staffing for the mobile unit. Align providers with the necessary licensure and qualifications for each role. For UVA's current mobile unit, an Advanced Practice Practitioner (APP) or Physician Assistant, a Registered Nurse (RN), a Basic EMT, and an Access Associate were identified to meet the needs of the mobile unit. The APP must either function autonomously or be supervised by a physician, with the

Department of Population Health establishing a Memorandum of Understanding with both the APP and the physician. The RN should have experience in triage, patient rooming, and community-based healthcare. The EMT will operate the mobile unit and must be selected with attention to the unique nature of this role, which differs from traditional EMT functions. Additionally, hire an EMT who can foster community engagement and trust when not performing required tasks, as this supports the mission of building healthier communities.

### **Job Descriptions and Qualifications**

Design job descriptions with growth expectations for both the unit and the initiative. Craft descriptions to align with the strategic goals of the mobile unit and accurately reflect the role's requirements and expectations using deliberate and precise language. For example, in the EMT posting it states

We are seeking a highly motivated and dedicated Emergency Medical Technician (EMT) to join our team in a groundbreaking initiative aimed to bring essential healthcare services directly to underserved communities. As part of our UVA Health Mobile Care program, you will play a pivotal role in providing vital primary care services and fostering community health and wellness.

to elicit applicants who can foster community engagement and trust within the communities the mobile unit serves.

## **Point of Care Testing and Laboratory**

Carl Lake

As the mobile unit is intended to serve communities that have an identified need for healthcare and may have barriers to receiving follow up care in a traditional setting, point-of-care testing is vital to ensuring patients receive care as results can be delivered promptly. To determine the optimal point-of-care devices and layout for a mobile unit the following should be completed:

1. **Thoughtful Design Process:** Involve the Point-of-Care Testing (POCT) team during the design process to explore alternatives to larger analyzers and determine optimal placement within the mobile unit. Allocate sufficient time to address space constraints for supplies and technology, as this is critical for maintaining efficient workflows and ensuring a positive patient experience.
2. **Types of Analyzers Considered:** Determine the needs of the community, the constraints of the vehicle, and access to devices. In the UVA Health's current mobile unit, the following analyzers were installed in the mobile unit, as they are representative of those found in traditional UVA Health clinics: the Siemens Clinitek Status+ Analyzer for urinalysis, the Siemens DCA Vantage Analyzer for Hemoglobin A1c, the Quidel Sofia 2 Analyzer for Influenza

A+B and SARS-CoV-2, the Nova StatStrip Glucometer Analyzer for blood glucose, the Cardinal Health hCG Cassette Rapid Test for pregnancy, and the Clearview Strep A Exact II for Group A Streptococcus.

3. **Ensure Technical Requirements of Analyzers are Met:** Ensure seamless integration with middleware and UVA's Epic system by selecting analyzers already in use within existing clinics. This approach minimizes the timeline for integration into the mobile unit and mitigates complexities associated with developing new test codes. Choose analyzers that are CLIA-waived to allow all providers to operate the tests in full compliance with regulatory requirements. Select devices that meet necessary technical requirements while aligning with the mobile unit's space constraints and operational needs. Although requests for Mononucleosis and Sexually Transmitted Infection (STI) testing were made, UVA Health currently lacks CLIA-certified analyzers for these tests, so they may be revisited at a later stage.
4. **Consider Space Limitations:** Due to the limited space within the mobile unit, increase reliance on manual rapid testing to reduce the volume of larger devices. Generally, the equipment in the mobile unit should mirror that of a traditional clinic, with exceptions made only for exceptionally large analyzers.
5. **Maintain Energy Source:** Ensure the mobile unit maintains access to electricity at all times to maintain the quality and accuracy of temperature-controlled tests and the delicate nature of the devices.
6. **Adhere to Regulatory Considerations:** Adhere strictly to regulatory requirements, such as separating collected blood from substances used on patients. Conduct stringent monitoring of temperature and humidity levels for certain samples and analyzers. Ensure personnel performing tests undergo adequate training and complete annual proficiency demonstrations. Given space constraints, allow some flexibility in standards; for instance, while laboratory devices are typically stored separately from patient rooms, this requirement may be adjusted to accommodate the mobile unit's limited space.
7. **Maintain Infection Prevention Best Practices:** Carefully consider layout and safe infection practices in the design and setup of the mobile unit. Consult a hospital epidemiologist and adhere to standard precautions to prevent infection spread. Key measures include rigorous hand hygiene, proper equipment for staff and patients, and minimizing exposure risks. Use N95 masks and follow respiratory precautions for respiratory infections. Enforce environmental cleaning, disinfection of shared supplies, and safe injection practices, with a preference for disposable instruments due to cleaning challenges. Separate clean and dirty areas as much as possible despite space constraints. Install a splash guard and distance testing areas from patients to maintain separation. Ensure PPE, including fit-tested N95 masks, gloves, and gowns, is available to prevent contamination. Simplify protocols to ensure practicality within the mobile unit's constraints.

## HIT Needs

Alan Oktay, Mark Bell, Brian Twitty

## **Equipment Requirements**

Identify the electronic equipment needs of the mobile unit and staff. UVA's mobile unit is equipped with three laptops, two document stations, a multifunction printer for printing regular documents, prescriptions, and registrations, a label printer, a scanner, and a docking station for insurance cards, signed disclosures, and credit card payments. Two desktops, work cell phones for each provider, an office phone number, and a shared printer were brought into an office for the RN and EMT. All equipment has been tested and is currently used in UVA Health primary care clinics, ensuring familiarity and operational success. For example, the printer in the mobile unit is certified to print patient health information directly from Epic.

## **Connectivity Solutions**

Install a robust and redundant connectivity system to ensure seamless integration with hospital electronic medical records (EMRs) to ensure a connectivity level comparable to that of a stationary clinic. Ensure fast and reliable connectivity is a priority. The current mobile unit's system includes a cellular modem, Starlink satellite internet, and a hardwired connection to provide reliable connectivity in all locations. If one connectivity source is weak, the others maintain uninterrupted EMR access.

For cellular connectivity, utilize AT&T FirstNet for cellular connectivity, designed for first responders and previously used by UVA Health. The 5G modem from AT&T FirstNet maps locations with strong cellular signals, aiding in optimal parking for the mobile unit in various communities.

## **Clinical Engineering**

Jimmy Young

### **Types of Devices Needed**

To maintain a traditional workflow similar to that of a standard clinic within the health system, equip the mobile unit with devices consistent with those used in a traditional clinics. Opt for more compact alternatives where space savings are possible; for example, use a phone-sized EKG machine instead of larger freestanding models. Given the mobile unit's operation within a moving vehicle, ensure equipment stability by securely mounting devices to walls, cabinets, or floors. Choose devices that can operate on battery power to accommodate limited electrical outlets.

As a primary care mobile unit, the vehicle is equipped with the following devices: Diagnostic equipment, exam table, automated external defibrillator (AED), fetal doppler, sphygmomanometer, scale, stadiometer, blood pressure monitor, and sharps container. For UVA's mobile unit, equipment requirements were straightforward, mirroring a standard primary care clinic, with no need for new devices or risk assessments.

## The Epic Build

Lucas Londeree and Jared McComb

### **Epic Build Configuration**

For a mobile unit providing primary care, model the Epic build to closely resemble a primary care clinic with specific alterations to track where services are provided while maintaining consistent billing under the same department. Establish scheduling resources for each site to track service locations while maintaining consistent billing under the same department. This setup allows for the addition of new locations in the future and includes templates for walk-in patients. Further, base clinical workflows on standard family medicine practices with necessary modifications. Develop workflows to ensure flexibility and adaptability for the diverse services required by the communities served by the mobile unit.

## Medical Supplies and Stocking a Mobile Unit

Cynthia Woodring, Laquita Pinchback, Dr. Ory Streeter

Ensure your mobile health unit is fully stocked with essential medical supplies by first conducting thorough research on the specific needs of the community. Base your supplies on an established list, for example, periodic automatic replacement levels from community paramedicine. Tailor inventory to address prevalent health issues and demographic factors and adapt as the seasons change demand. Regularly update your supplies based on community feedback and evolving healthcare demands. Prioritize versatility and portability in your selection of medical equipment to accommodate the unit's mobility. Regularly audit your inventory to maintain readiness and efficiency.

### **Stocking the Mobile Unit**

The following is a non-exhaustive list of the supplies UVA's mobile unit currently stocks.

1. **Wound Care:** Irrigation solution, adhesive bandages, 2x2 gauze pads, 4x4 gauze pads, tourniquet strap, fluff bandage roll, elastic bandages, petrolatum dressing.
2. **Equipment:** Oral airway set, bag valve masks, nasal airways, glucometer, non-rebreather masks, nasal cannula, Sprague stethoscope.
3. **PPE:** Protective glasses, triple layer masks, procedure gown, exam gloves, N-95/P-100 masks.
4. **Decontamination:** Sani wipes and bleach wipes, surface disinfectant cleaner, hand sanitizer, bio bags and red bin.
5. **Linen:** OR blue towels, procedure underpads, exam table paper, gowns.
6. **Miscellaneous:** Emesis bags, oral thermometer probe covers, collapsible safety cones.
7. **Administrative:** Vehicle mileage/gas ledger, gel pens, super sticky notes, writing pads, label maker.

## Clinical Workflows and Protocols

Amy Boitnott

### Evaluation and Refinement of Clinical Workflows

Patient visit workflows are similar between a mobile unit and a traditional clinic. Beginning with rooming, addressing chief complaint, addressing other identified health issues that could cause harm, and finally receiving the after-visit summary and follow up appointment, align the patient experience in the mobile unit similar to a traditional unit. Further, provide interpreters when needed. UVA Health utilizes Globo, a language interpretation application that facilitates communication between providers and patients who do not share the same language, offering both auditory and visual interpretation services.

In developing and refining clinical workflows for the mobile unit, place particular focus on the integration of patients and additional initiatives into the mobile unit's clinical workflows, some considerations include:

1. **Public Awareness and Advertising:** Communicating effectively with the community is crucial. Raise awareness about the mobile unit's services to drive patient engagement prior to the opening of the mobile unit.
2. **Resource Availability:** Ensure essential medical resources, such as vaccines, blood pressure measurement tools, and stadiometers, are available. Despite space limitations, these resources are necessary for providing comprehensive care.
3. **Community Trust:** Build and maintain trust within the community to serve as a cornerstone of the mobile unit's success. Challenges such as space constraints for primary care and the inability to measure infants accurately have required creative problem-solving and flexibility, but adapting reveals to the community the commitment the mobile unit and health system have for individuals and patients.
4. **Security and Confidentiality:** Prioritize patient safety and confidentiality. Security briefings have highlighted the importance of ensuring two staff members are present if a door needs to be closed.
5. **Seasonal Protocol Adjustments:** Review protocols and adapt as the year progresses, taking into account seasonal changes and their impact on patient care. For example, in late summer consider stocking the mobile unit with more vaccines and other back-to-school resources.
6. **Follow-Up:** Emphasize consistent follow-ups to maintain continuity of care. Ensure that there is a streamlined means of communicating with providers and adjust follow-up timelines according to the mobile unit schedule and symptoms.

## Pharmacy

Robert D'Eramo and Tyler Goins

### **Medication Availability and Management**

Develop a 'Go Kit' to ensure the availability of essential medications, as the mobile unit functions as a primary care clinic and is not licensed to store controlled substances. Transport this kit to and from the mobile unit at the beginning and end of each shift. For UVA's mobile unit, the following medications in the kit: Acetaminophen, Aspirin, Epinephrine (Adult & Pediatric), Glucose, Glucagon, Ibuprofen, Lidocaine, Naloxone, Nitroglycerin, and Ondansetron. Establish par levels for these medications based on standard levels from primary care clinics at the associated health center.

Deliver non-emergency medications prescribed to patients directly to their address via UVA's pharmacy services or forward them to their local pharmacy. Inform patients during the appointment scheduling process if the mobile unit can provide the requested medication.

### **Vaccine Storage and Administration**

Store only refrigerated vaccines in the mobile unit, as it is not equipped with the cold storage required for frozen vaccines. Currently, Gardasil (HPV) is the only available vaccine, with additional vaccines to be added to the refrigerated kit as they become available and as the unit transitions between COVID-19 and influenza vaccine seasons. Adapt to changing needs over time and throughout the year. For example, during back-to-school season, stock vaccines in accordance with the school districts' vaccine requirements. During scheduling, any vaccines patients request and that can be administered should be available during their visit.

## Care and Upkeep of a Mobile Unit

Derek Wilson

### **Equipment Securing Protocols**

Secure all items within the mobile unit to ensure stability during transit. Fasten laptops to counters using Velcro and strap the printer securely to the counter.

### **Water and Air Quality Assurance**

Equip the mobile unit with a plastic water tank for storing water. Install a 0.2-micron filter on all faucets to maintain water quality and safety, using the same filtration system employed in hospital units for highly immunocompromised patients. Introduce a standing air filter or built-in HEPA filter to enhance air quality.

## **Routine Maintenance Procedures**

Conduct monthly inspections of the fire extinguisher within the mobile unit to ensure compliance with safety standards and operational readiness.

## **Waste Procedures**

If the mobile unit is equipped with a small bathroom, coordinate with a vendor for the safe disposal of waste. If the selected vendor does not previously have an established contract, a new contract was executed to ensure proper waste management services. Daily maintenance will be executed by the Department of Environmental Safety.

# Marketing

Dawn Niles and Sarah Cabbage

## **Focus of the Mobile Unit's Marketing**

Leverage the health system's reputation in research and care to build trust and relationships within the community. Focus on creativity in content and concept development, including the design of the mobile unit, and conduct a thorough needs assessment. Use a briefing document to align stakeholders with the rollout and marketing timeline and objectives.

Education is central to this initiative, aligning with UVA's research-driven mission. The mobile health clinic aims to empower communities with knowledge and resources to make informed healthcare decisions and promote healthier lifestyles. Ensure this message is received through marketing materials and promotion.

## **Key Considerations**

- Relationships: Define the types of relationships the mobile unit aims to foster.
- Demographics: Understand the community demographics.
- Language: Use direct, clear language targeted at a 6th-grade reading level.

## **Communication Strategy**

Coordinate internal and external communications with UVA Health's communication team. Proceed with a soft internal announcement followed by a hard external launch. Internal communication will emphasize the mobile unit's role in expanding services and aligning with UVA Health's strategic goals. External communication will focus on consumer-friendly, community-oriented messages. For the hard launch, focus on consumer engagement through press releases, community partnerships, local broadcasting, and digital or print media. Maintain continuous presence and visibility long term. Develop marketing materials including flyers and educational one-pagers, with attention to logistics,

clear messaging, and language barriers. Utilize social media and a dedicated website to encourage community engagement.

## Revenue Cycle, Billing, Scheduling

Katie Fellows and Anna Blackburn

### **Financial Assistance Program**

As the mobile unit serves historically medically underserved communities and bills for services, provide patients who are self-pay or part of a Family Limited Partnership (FLP) with an income under 400% of the federal poverty level with a financial assistance application. The financial assistance team will work closely with these patients to gather the necessary documents for qualification for care or Medicaid. In compliance with the No Surprises Act, patients who are self-pay must receive a breakdown of costs and an estimate, even if they later qualify for financial assistance. Have efforts to include a financial counselor versed in communicating with the individuals within the community be available on-site whenever possible to assist patients.

### **Billing Patients**

As a primary care clinic, the mobile unit engages in billing; however, its status as a mobile facility introduces unique considerations. In a traditional clinic, services are typically categorized as either technical or professional. For the mobile unit, it was determined that all charges would be billed as professional services and the technical charges would be reimbursed. This billing structure was facilitated through a legal agreement between professional and technical services. Further, when billed to insurance, it will be noted that care was received through a mobile unit. The amount billed to patients for services is comparable to those of a traditional clinic. There should be no changes in the revenue cycle as billing is through the same processes as other UVA Health clinics.

### **Scheduling**

UVA's mobile unit has a team of access associates that schedule patients. Access associates are able to communicate in real time what services and medications patients will have access to on the mobile unit. Further, an access associate will be at the mobile unit to check in and schedule walk-in appointments.

## Evaluation, Reporting, and Continuous Improvement

Evaluate the mobile health unit regularly by collecting and analyzing data on patient outcomes and operational effectiveness. Track key performance indicators and report findings to stakeholders. Gather insights from both patients and staff, and use this feedback to make iterative improvements

to protocols and service delivery. Continuously review and adjust operations to adapt to evolving needs, optimize performance, and enhance overall healthcare delivery.