

# NORTH CAROLINA: MOBILE HEALTH CARE PCA& HCCN CONFERENCE GALLERY WALK (2023)



## PROJECT AIM

The initial aim of this project was to provide the North Carolina Community Health Center Association (NCCCHCA) with the opportunity to understand current state best practices of mobile health care in the state and ongoing policy concerns of the providers as it relates to mobile units. The sharing of best practices in an effective way to increase health center capacity to implement new mobile services and expand current services in a sustainable manner. NCCCHCA believes that a better understanding of current policy and future policy changes will empower health center leadership to expand care to critically underserved patients in the state of North Carolina and is a necessary step as the state likely expands Medicaid in the upcoming year.

According to the NC Rural Center, 80/100 counties in the state are rural and therefore, many of our community health centers serve large areas with minimal public transportation. It is critical that out centers have the ability to expand their reach beyond the brick-and-mortar and reach patients where they are. North Carolina CHC's are also preparing for Medicaid Expansion which will allow more patients to have access to our providers and our organizations know they must be innovative in how they prepare to accommodate this influx. Mobile health units will be an important way that health centers to expand their reach at this critical time. Understanding how others have utilized this most successfully as well as what policy limitations that they will need to navigate will help our health center leaders fill the need in rural NC.

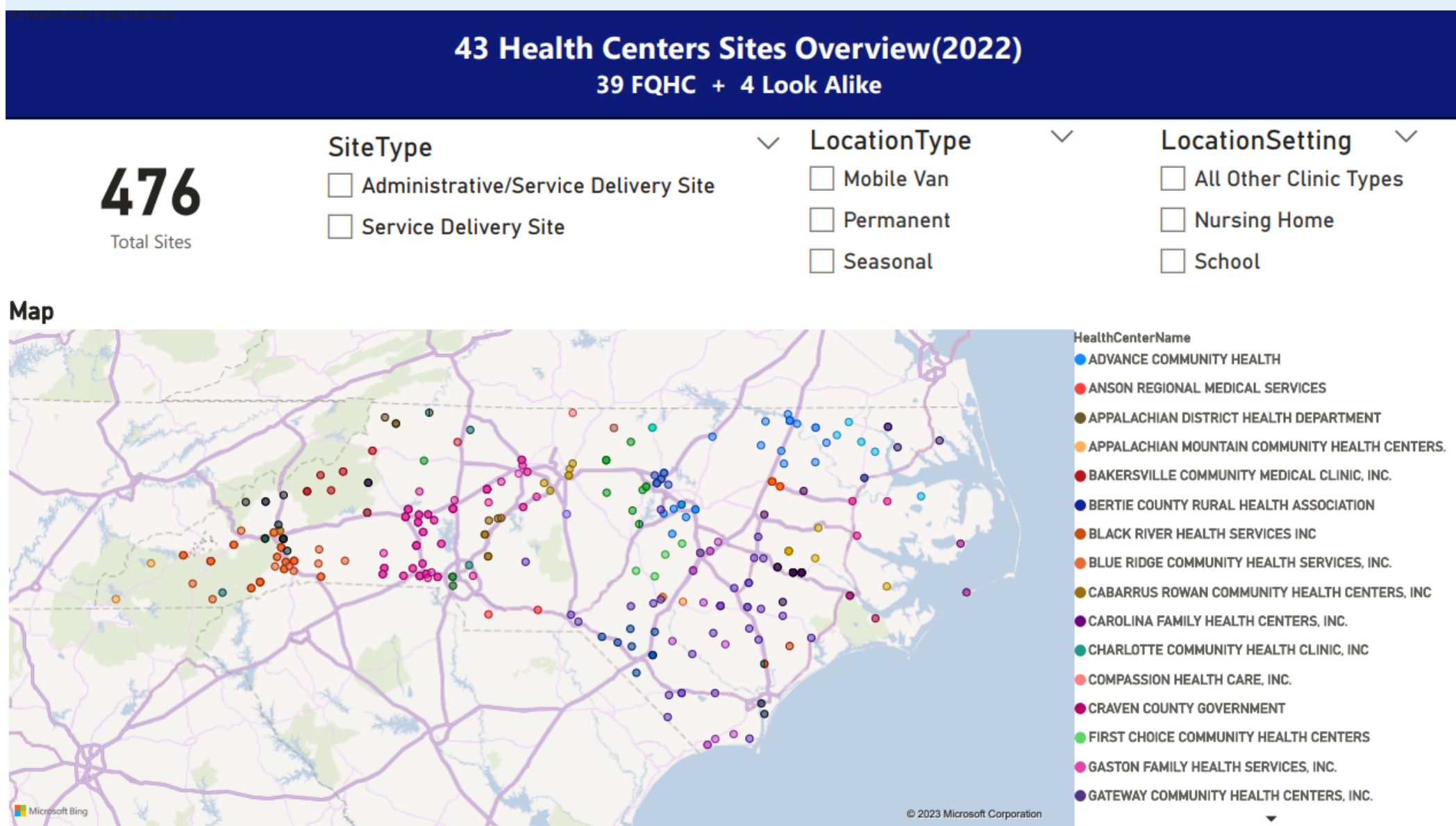
NCCCHCA currently host a number of committees and workgroups who often discuss mobile unit policy (medical directors, dental, pharmacy, behavioral health, workforce, etc.) and will share these findings with these groups. In addition, NCCCHCA purchased Higher Logic to provide our 43 health center members with a platform for communication and resource sharing. We are developing a community on this platform for health center leaders of CHC mobile units to share the data from this grant as well as other policies, procedures, etc. to support statewide work.

## CURRENT STATE OF MOBILE

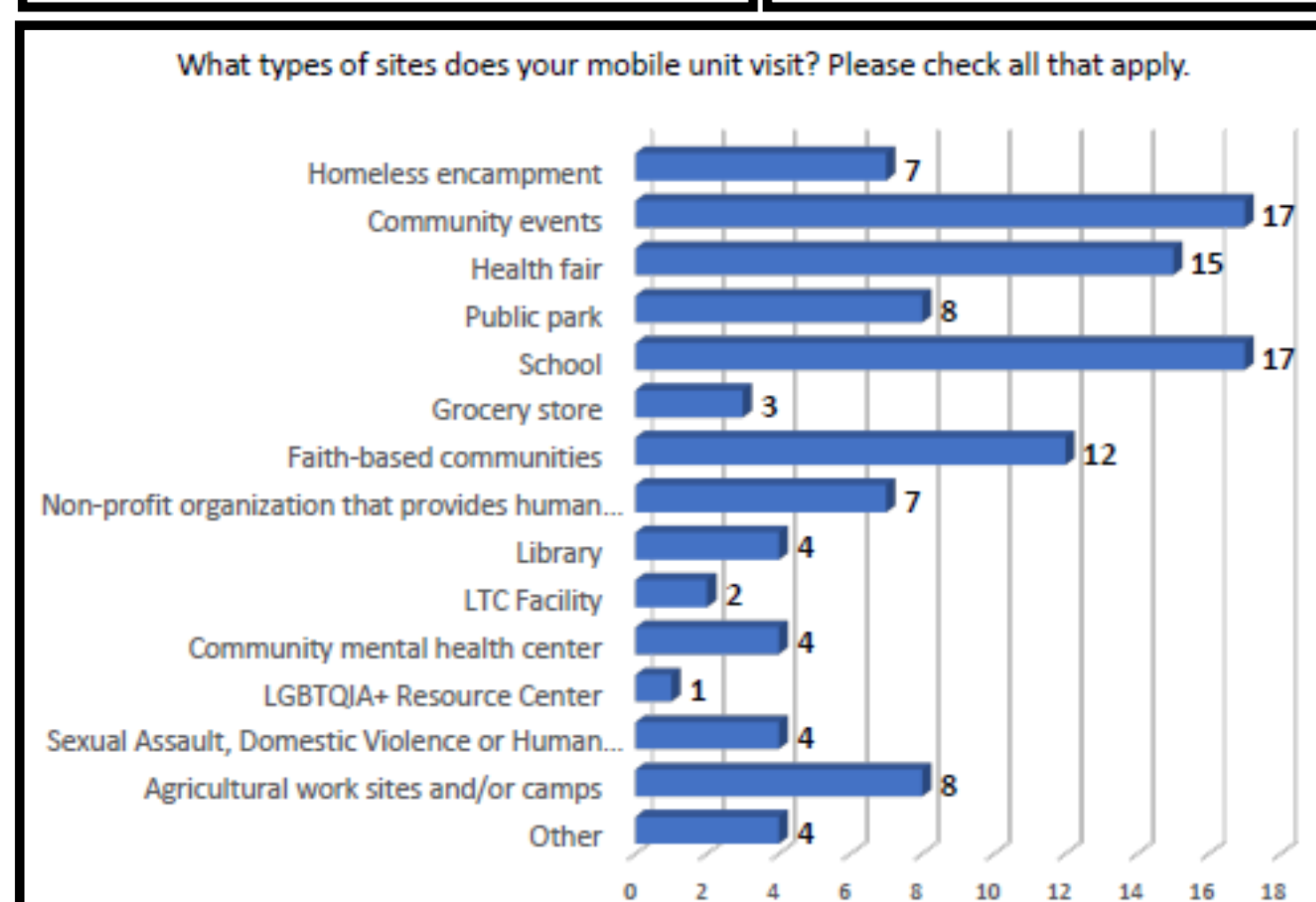
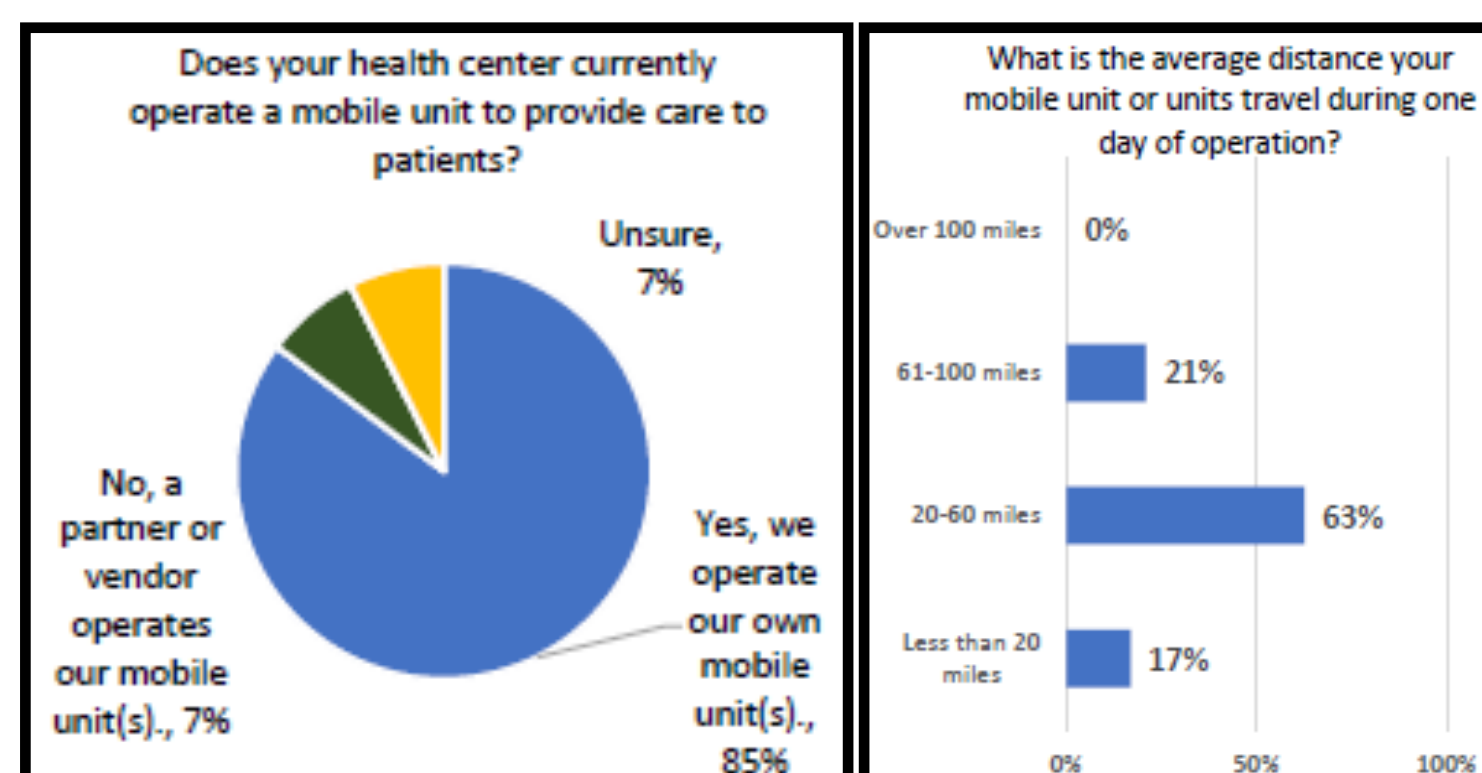
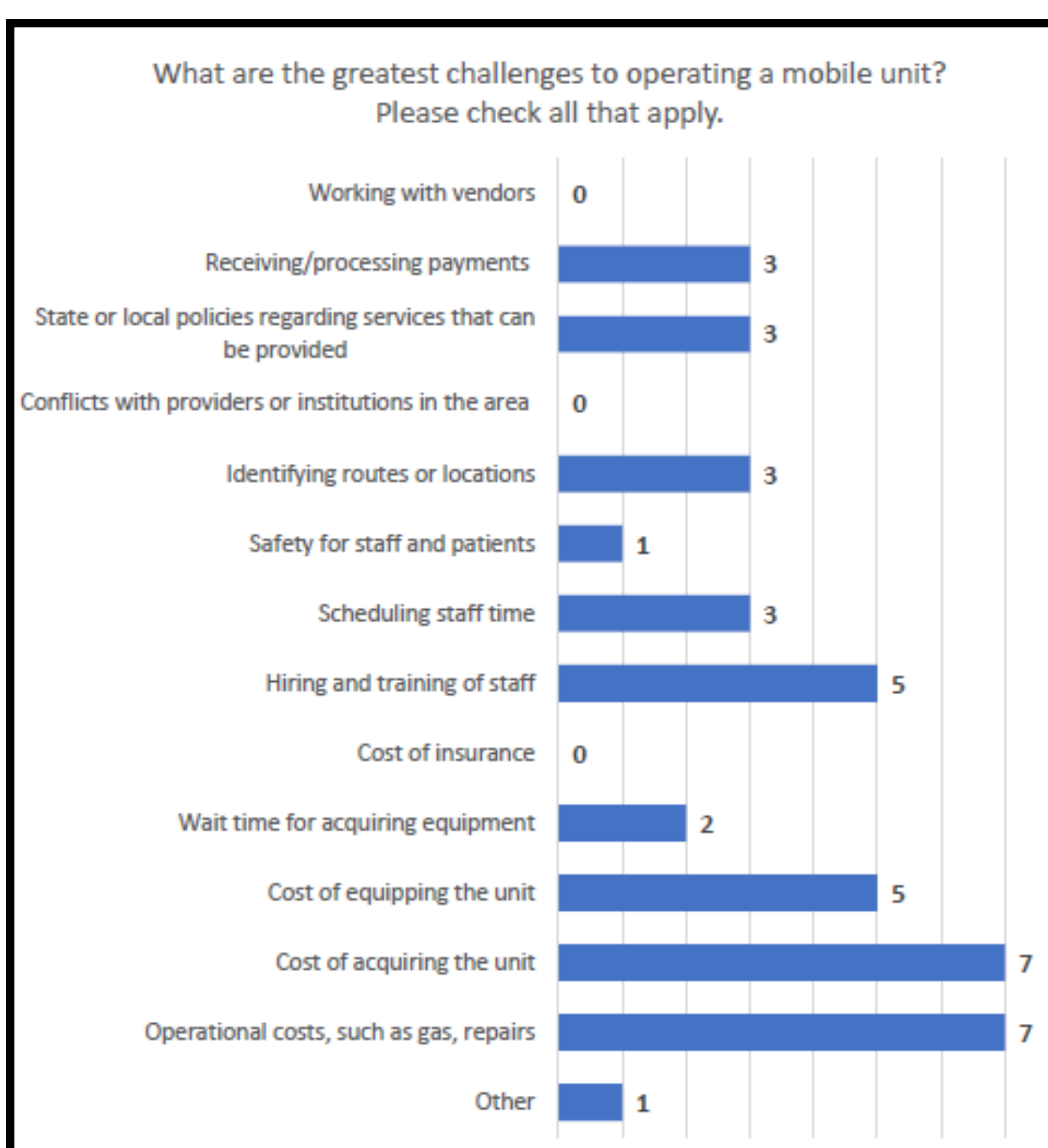
North Carolina Community Health Centers have a total of 41 mobile units as of February 2023. The following health centers have one or more mobile units in use:

- Gaston family Health Services
- Piedmont
- Health Services
- Gateway Community Health Centers
- Carolina Family Health Centers, Appalachian
- Mountain Community Health Centers
- Goshen Medical Center
- Robeson Health Care Corp
- Blue Ridge
- Community Health Services
- Tri County Community Health Council
- Kinston Community Health Center
- Opportunities Industrialization Center
- High Country Community Health
- CW Williams Community Health Centers
- Western North Carolina Community Health Services
- Advance Community Health
- Cabarrus
- Community Health Centers
- West Caldwell Health Council

Much of the growth and expansion of mobile services started after the COVID-19 public health emergency. Of the 41 current mobile units, 25 were created after March 2020. NCCCHCA believes the majority of these mobile units are used to provide general medical care to patients, including homeless populations. In addition, a few of these units serve school-based health programs and at least seven of the units provide dental care.



## SURVEY RESULTS



## IMPACT SO FAR

This project's impact was measured by the number of health centers engaged in focus group discussions. In addition, we developed successful whitepaper or brief summarizing the findings to be shared across the state and PCAs.

1. Survey/Needs Assessment - We have sent the NACHC survey to many different stakeholder groups (CEOs, CMOs, Practice Managers, pharmacy etc.) and in our weekly newsletter. We are following up individually with the health centers that have mobile units as well to increase engagement.
2. Focus Groups - We used the feedback from the survey to generate 4-5 questions for focus groups. We will likely seek IRB approval in case we end up publishing any finding. Focus groups will be recorded and analyzed for themes. Focus groups will consist of different provider groups (CMOs, pharmacist, BH) and operational staff.
3. Best practices and policy recommendations were consolidated into a whitepaper and shared as well as possibly presented at different statewide meetings. Additionally, these findings will be disseminated through Higher Logic, our new member platform.