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Mobile Health Clinics: A Novel Approach To Augment Community Medicine Training In A Family Medicine Residency Program

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INTRODUCTION

Healthcare costs and chronic disease burdens continue to rise and disproportionally affect marginalized groups in the United States. Mobile health clinics (MHC) are an innovative healthcare delivery model that can address health disparities in a cost-effective manner by providing direct, point-of-care service for vulnerable populations who are less likely to present for care in a traditional healthcare system [1,2]. There is limited published research on the use of MHC's to train Family Medicine residents to address health disparities in the community.

OBJECTIVES

A Mobile Health Clinic will be used to augment the community medicine experience and health disparities education for family medicine residents at Kaiser Permanente Napa-Solano Family Medicine Residency.



MATERIALS & METHODS

Residents will be offered the option to see patients for 1 to 2 clinics day(s) per week on the mobile clinic providing full-scope primary care during their community medicine rotation, elective time, or optional continuity clinic. Furthermore, opportunity to responding during disaster relief (fires, power outage), employer health fairs or community events. Resident knowledge and attitudes of the training as well as patient health outcomes and quality of workflow processes will be assessed before and after the community medicine rotation.

About Mobile Health Clinic



40 ' truck, 2 exam rooms, fully equipped clinic Provide lab services, EKG, ultrasound, microscope, vaccinations

-2 LVN's, 1 physician

-No regular pharmacy services, no X-ray

-Keep your PCP and serves to expand medical clinic

-Focus on underserved and at risk populations

-Potential teaching site for fellow & rural health training

Project Achievements

- Resident will have 1:1 preceptor (faculty or fellow) to resident two days a week during rotation in 1st and 3rd years option.
- 2. Curriculum Director will present case based, 2 hour, small group discussion during didactic session. Focus on underserved communities (unhoused, prison transition, undocumented, low income, disability, uninsured, limited mobility, etc.)
- 3. 1st and 3^d year residents will complete walking survey of community focus on—food deserts, resources, parks, infrastructure, demographics, job opportunities, crime rate, safety, schools, food programs, housing, public transportation, etc.
- 4. A literature review on topic of MHC publications and their use was completed in 2020-2021 academic year [1-12]





The use of MHCs provides unique opportunities to reach vulnerable populations to address health disparities, improve health outcomes, and decrease total healthcare expenditures and prepare residents to work in low resource, rural work environment [4]. The complexities of patient population, curriculum design, and program evaluation make the establishment of best practices difficult. Despite these difficulties, existing research indicates that these programs are cost effective and can provide an excellent opportunity for resident training [5]. We would encourage further investment and investigation.

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Conclusion

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