Mobile Medical Services Extend Providers’ Reach

By Karen O’Hara

The landscape is dotted with mobile medical companies vying for the attention of employers.

Consequently, when fixed-site clinics encounter their more mobile brethren out in the field, it often is a competitive situation.

However, there are opportunities for joint ventures between established mobile medical companies, occupational health programs that do not have dedicated mobile medical units and experienced clinicians, say professionals in the industry.

“Although in many cases we are seen as the competition, we do partner with hospitals and clinics,” said Bob Millier, president of Med Compass, a Minneapolis-based mobile medical firm operating in five states. “This industry has been around for a long time, and we do fill a need, so it makes sense for local providers to have a relationship with us.

“Just because a Fortune 500 company works with us doesn’t mean they have made hospitals and clinics obsolete. They want the testing done quickly and efficiently, because reduction in downtime is paramount, and they want to be allowed to get back with their local provider for follow-up.”

There is a growing demand for clinical facilities and qualified physicians interested in working with mobile companies, agrees Kent Peterson, M.D., an occupational medicine physician and corporate medical director at Examinetics, the nation’s leading mobile medical vendor.

Examinetics strives to align with board-certified doctors who understand the workplace, follow protocols, keep accurate records and who want to be part of a team, Dr. Peterson said.

Understanding the Market

Experts say the future of mobile medical care depends to a considerable extent on the regulatory environment, employers’ growing interest in wellness-related services, and advances in communications technology and e-medicine capabilities such as remote diagnosis and treatment and electronic medical records.

Dr. Peterson, who also is president and CEO of his own firm, Occupational Health Strategies, Charlottesville, VA, said he was first exposed to the concept of an expansive, electronically connected mobile medical delivery network in 1984 when he was working at IBM as an associate medical director.

“What intrigued me at the time was the ability to offer a nationwide service committed to state-of-the-art technology,” he said. “I am still intrigued by the possibility of creating a virtual health service on wheels and using communications technology to tie it all together. I am inspired by the idea of what we might do to make things better.”

While the mobile industry is driven by regulations, Dr. Peterson and others in the field believe there is a place at the table for integrated, discretionary wellness services such as health risk assessments and biometric screening as companies seek ways to control costs and better manage workforce health.

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With 70 vehicles and more than 200 staff members including nurses, medical assistants, certified X-ray technologists and audiologists, Examinetics conducts more than 1 million regulatory tests a year for some 1,700 corporate customers.

While objectives vary, in general employers prefer to outsource compliance-related clinical activity to qualified suppliers, according to Jeff Kerns, Examinetics' president.

“There is a clear customer profile of who can and should buy from us,” he said. “The largest companies are looking for the whole solution.”

That customer profile includes a need for:
- consistent service delivery across multiple business locations;
- consolidated data collection, analysis and benchmarking capabilities;
- the ability to hone in on specific departments or job descriptions for targeted interventions;
- flexible resource allocation;
- cost-effectiveness;
- dependability.

“While a local vendor may offer lower prices, when employers have multiple locations, they want insights into consolidated data,” Mr. Kerns said.

The company finds that 10 to 20 encounters a day are the minimum needed to make it financially viable for a company to bring a mobile unit onsite, factoring in savings gained from reduced downtime.

Meanwhile, its per-diem-based fee structure and delivery options are designed to flex in response to specific client needs. Issues taken into consideration include regulatory requirements; mandatory exams, education and training; company-specific policies and protocols; availability of onsite medical staff; workforce demographics; and number of locations.

“A long-term vision is to develop a vertically integrated data management tool to satisfy all of an employer’s occupational health requirements,” Mr. Kerns said. “We see the consolidated package as having a lot of value in the marketplace.”

**Outreach on the Road**

Concentra, a Humana company that operates more than 300 occupational medicine and urgent care centers in the U.S., has a fleet of mobile units— including four 18-wheelers—covering 10 states. As Concentra has grown, most of the units were acquired along with bricks and mortar. Unlike mobile vendors without fixed sites, Concentra can use its centers as backup where geographically feasible.

The company’s flagship clinic on wheels “is as nice as any fixed-site clinic in the U.S.,” said Sam Tishler, assistant vice president of Concentra On-Site Mobile Medical Services, based in Houston, Texas.

Concentra operates units equipped with four to eight audiometric booths that can accommodate 150 to 300 employees per day. By comparison, approximately 30 physical exams are considered a full day’s work for the mobile medical team, which includes a medical assistant and emergency medical technicians with commercial driver’s licenses.

Fees typically are based on number of encounters. A minimum flat fee may apply if the client has difficulty projecting anticipated volumes.

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**A Manufacturer’s View**

Farber Specialty Vehicles, Columbus, Ohio, is engaged in the design and manufacture of custom specialty vehicles. According to a company spokesman, the following are among issues to consider when evaluating the purchase of a self-contained mobile medical vehicle or trailer:

- Style and size depends on the client’s planned services, anticipated volumes, budget and applicable regulatory requirements.
- The least expensive option is a motor-home-style vehicle with one exam room, a waiting room and a bathroom. Farber’s most popular medical model is a 38-foot gas or diesel-powered vehicle with two exam rooms; a bathroom, lab, waiting area and refrigerator.
- Most types of equipment can be installed at the customer’s request. Extras include audiometric testing stations and X-ray equipment.
- Most customers opt to purchase new vehicles rather than buy them used and refit them.
“Our goal is to provide accessible, quality health care onsite at an employer’s location because it makes it convenient for them,” Mr. Tishler said. “We can get people back on the production line.”

Although regulated testing is the primary product, he and others in the industry note that mobile screening also fulfills a public health role: A mobile check-up may be the only encounter an employee has with a clinician all year. Concentra estimates up to 15 percent of individuals who undergo regulated testing require a follow-up occupational or personal health referral.

Leslie Johnson, director of operations for Concentra’s mobile service, noted that each client site features a unique set of circumstances, which keeps it interesting. “Our staff is specially trained, not only to perform regulated exams but to adjust to a variety of situations,” she said.

Mobile vendors face the added challenge of scheduling in response to client expectations, time, distance, regulatory and staffing constraints. “Because we cover a large territory, we have to be efficient and make sure we are not bouncing back and forth,” Ms. Johnson said. “We use a software application for scheduling, but you can’t get away from the human touch if you want to be sure you haven’t missed something.”

Despite a decline in demand in the past few years, Mr. Tishler remains optimistic about Concentra’s ability to capture market share moving forward. “We are not seeing growth in regulated industries such as chemical plants and oil refineries, but new federal regulations related to exposures to popcorn flavoring (diacetyl) could be a potential new market. And hopefully hearing conservation regulations will be extended into construction environments,” he said.

A Regional Player

Med Compass positions itself as a Midwest regional player competing with larger vendors, hospitals and health systems with their own mobile programs, and independent mom-and-pop organizations. With seven trucks/trailers and three cars in service, he feels Med Compass has more flexibility than both larger and smaller competitors in terms of scheduling and fees.

“We can control our territory better,” Mr. Millier said. “We know our market and how quickly we can test their people. It’s much more personal; they know us.”

For provider-based organizations thinking about getting into the mobile medical business, he has this advice: “Understand the regulations. Sometimes clinic staff members do not know them as well as they should.”

Med Compass employs a variety of professionals including phlebotomists, nurses and certified medical technicians, and it has an affiliation with Anthony Smith, M.D., who has served as medical director since 1987. It also partners with Wellvation, a Minneapolis-based corporate wellness company, to offer clients a comprehensive wellness screening and health education product. In addition, the company leverages its membership in the National Hearing Conservation Association to help clients find qualified vendors in areas outside of its territory.

With respect to the core product, the mainstay is hearing. “That is what brought us to the dance – plus pulmonary function testing,” Mr. Millier said.

The company focuses on two types of clients: industrial and fire departments. For example, it works with more than 500 fire departments, mainly volunteers, and recently won a major contract with the Minneapolis Fire Department to provide HazMat physicals. Because fire departments require quantitative respirator fit testing, it can be cost-prohibitive for an occupational health program to provide the service unless it has the volume to support an investment of $8,000 to $10,000 in instrumentation, plus adapters, he said.
Hitching Up

Occunet, a division of OHRC, Inc., operates a dedicated occupational medicine clinic in Paducah, KY, two mobile units towed by one-ton trucks and a 24/7 mobile on-call drug-and-alcohol testing service. Leslie McKinney, chief executive officer, stresses the company’s local base as a differentiator.

Situated in an industrial region on the Ohio River, Occunet primarily views its mobile capabilities as an added value for its clients and an effective way to extend its geographic outreach.

“Our customers tell us they feel they get a more hands-on customer service approach from us,” Ms. McKinney said. “It builds customer loyalty and improves patient satisfaction.”

Occunet’s mobile clinical services are housed in two customized trailers that were acquired new nine and 11 years ago, respectively. Both units are subject to annual inspection by the Kentucky Board of Medical Licensure. One houses three audio booths and is used exclusively for hearing exams and conservation services supported by specialized software. The other trailer (which is slated for replacement) is equipped as a full-service clinic.

When onsite, staff use a paper-based recording system and subsequently scan documents into the fixed clinic’s electronic medical record system.

“We can do anything in the mobile unit that we can do in our clinic,” Ms. McKinney said. “The fee structure is the same, with an added onsite service charge.”

Regulated testing is provided by cross-trained staff; a physician performs the physical exams. Occasionally tests and/or exams are performed in a private room at the host site to streamline efficiency and improve privacy. “You have to do whatever it takes to ensure confidentiality” with so many employees being processed in a small space in a narrow timeframe, Ms. McKinney said.

Occunet has an onsite service manager to oversee operations and scheduling; cross-trained staff go into the field on a rotating basis to help minimize impacts in the clinic.

Mining for Business

Steve Davidson, R.N., fulfills onsite contracts and performs mobile testing for JobCare Occupational Health Services, an affiliate of the Fairview Range Health System in Hibbing, MN, under the supervision of Jane Brownlee, R.N., C.O.H.N., program manager. With a population of about 17,000 hearty souls, Hibbing is located along the Mesabi Iron Range not far south of the Canadian border.

JobCare has one versatile mobile medical unit – an 8-by-28-foot trailer towed by a three-quarter-ton Suburban. The trailer was purchased new and modified to include a heavy-duty lift for equipment loading and wheelchair access.

The trailer, which bears the JobCare/Fairview logo, is frequently in use at iron and precious metal mines in the region. It also operates at regulated workplaces such as fire departments, and at health fairs and public safety and health conventions.

“We wanted to be able to modify the interior as needed depending on the contract,” Mr. Davidson said. “Rather than get a trailer with everything built in, we measured all of our equipment and carts to determine the desired dimensions. The bathroom, sink, countertop and storage areas are fixed, but the floor plan is open.”

Two or three nurses typically staff the mobile unit. Respiratory therapists from Fairview University Medical Center-Mesabi join the team on an as-needed basis to perform certain tests.

“We can take the trailer to a mine, set it up and potentially test 500 or more employees over the course of a couple weeks,” Mr. Davidson said.

The program charges by the test, plus a one-time set-up fee per visit and mileage. For extended visits, the client may pay mileage for more than one round trip to and from Hibbing while the trailer remains onsite. If the client location is several hours away, the medical team stays overnight. Mr. Davidson believes the program is repaid in terms of good will, contract renewals and referrals.

“I love to visit with people and spread the word about our services,” he said. “The challenge is determining just how far we can go without overextending.”