



**Legislative Briefing on Pennsylvania's
Rural Health Needs**

**Health Care in Rural Pennsylvania:
Health Equity Hearing: Enhancing Mobile & Community Clinics in PA**

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Introduction

Good morning, Senator Muth, Senator Haywood and members of the PA Senate Democratic Policy Committee. I want to thank you and the committee for the opportunity to share Cornerstone Care's experience with mobile services. We appreciate very much your efforts to explore how we might increase and improve access to healthcare. I firmly believe that community based primary health care, with its emphasis on prevention, which is what we do at Cornerstone Care and in all the community health centers across the state, has to be at the core of any health care reform. I am deeply grateful to be able to work in such an impactful endeavor as community health centers. Every time we are able to help a patient become healthier or avoid more serious and costly interventions means not only that we have helped that patient have a better, more fulfilling, and functional life, we have saved the health system and the public and private insurance plans significant costs.

We have discovered, quite unexpectedly, that mobile services is a powerful addition to our array of strategies in carrying out our mission. Mobile services has expanded our ability to meet patients where they are, thereby expanding access to care. We have found that people, especially children and parents, are more comfortable, and therefore more willing to engage, in the more familiar settings of schools, community organizations, workplaces and other locales. Through our mobile services we have forged many collaborative partnerships with other organizations and institutions that have enabled us to provide mobile services while sparking synergy and leveraging other resources that amplify our efforts.

Cornerstone Care operates on a very slim margin, so it has not been easy to invest in mobile services. Mobile Services certainly has its challenges including costs of operations, logistics, staffing and more. But we have managed to maintain our mobile services over the last 15 years or so by cobbling together an eclectic string of funding sources from local United Ways, philanthropic foundations, private companies, public grants, health insurance plans, and others. One of the more unusual sources of support that has become critical to Cornerstone Care's ability to maintain and expand mobile services is the savings we realize through participation in the federal 340B Pharmacy Program.

Cornerstone Care's mobile services includes a self-contained RV-type 38-foot mobile unit with wheelchair lift that includes a medical exam room and a dental operatory, an all-wheel drive SUV, a towed trailer, and portable equipment such as portable dental chairs, testing equipment, etc. We recently ordered a second self-contained RV type mobile unit that is in production. The self-contained mobile units are registered with and therefore deemed as federally qualified health centers by our federal accrediting agency, the Health Resources and Services Agency of the US Department of Health and Human Services. This means that wherever they go to provide services they are recognized as an FQHC, with important implications for cost savings and quality of care. We have engaged a flexible approach to providing services that relies on community partnerships. A brief overview of our mobile services is provided below.

Background

Cornerstone Care is a non-profit Federally Qualified Health Center (FQHC) comprising a network of thirteen community health center locations across four counties in southwestern Pennsylvania. Through these centers and with our mobile services division, our 200 employees serve approximately 22,000 unduplicated patients each year. Our mission is to improve the health of our patients and of the residents of our communities, with a special concern for the underserved. We provide primary health

care to insured and uninsured patients regardless of ability to pay, economic, social, ethnic, or other personal characteristics. We help patients overcome barriers to getting health care such as lack of insurance, health awareness, transportation, limited resources, discrimination, and others. We help our communities address health needs by focusing resources and facilitating collaboration. Patients comprise the majority of our volunteer Board of Directors.

Cornerstone Care was founded 44 years ago by a small group of local citizens in Greensboro, PA. Our first office was staffed by a nurse practitioner. Today we provide a full range of primary and preventative health care. Our thirteen locations include multi-service health centers in Greensboro, Mount Morris, and Burgettstown; a dental & counseling center in Waynesburg; a pediatric and family practice office in Washington, a pediatric and family practice office in Waynesburg, dental centers in Uniontown and West Mifflin, vision centers in Waynesburg, Connellsville, and Hopwood, and family practice offices in Rogersville and Clairton. We also operate a mobile medical and dental unit. Our Teaching Health Center in Mt. Morris, PA is a graduate medical education residency program for new doctors in a community-based setting that leads to board certification in family practice medicine. It is a unique partnership with the Monongalia General Hospital of Morgantown, West Virginia, the Mountain State Osteopathic Postdoctoral Training Institution, and the Washington Health System.

Cornerstone Care's first venture into mobile services was in the early 2000s when we initiated a Mobile Mammography Program in partnership with the Komen Foundation. This effort was in response to a persistently high rate of late-stage breast cancer diagnosis. We partnered with the American Cancer Society to reach women and men who for any of a number of reasons were simply not getting regular breast cancer screenings. There was no doubt that we saved many lives in the process. Unfortunately, we had to close the program for the lack of a certified mammography technician. We had everything we needed to succeed except the necessary workforce. Regrettably that problem was a harbinger of one of our main challenges today, which is recruiting and retaining an qualified workforce.

January 2009 marked the beginning of Cornerstone Care's current manifestation of mobile unit healthcare services with the purchase of a new mobile unit funded through a grant from the PA Department of Health. In July 2010 mobile dental services with introduced providing preventative dental care for youth in Head Start programs and school districts in Greene County as part of a HRSA Rural health Outreach program services grant. The mobile dental program proved so successful it was soon expanded into Fayette County, followed by Washington County, and is now expanding into Allegheny County schools with plans to further expand service to include Monongalia County Head Start in West Virginia in the fall of 2022. The mobile dental services are available to area school districts, Head Start programs, childcare centers, and other program partners. Dental services have also been offered at partner pediatric offices and in partnership with area managed care organizations.

Mobile medical services were offered briefly in 2009, suspended and then resumed in 2013, with the introduction of the Dancing with a Pink Ribbon Breast Health Outreach program funded by the American Cancer Society through the NFL Crucial Catch campaign. The program originated in Fayette County, PA and thanks to funding from Susan G. Komen Foundation the program soon expanded to include Greene County, PA. Before long in addition to the breast health program routine family medicine services were offered throughout southwestern PA. In 2018, the mobile medical program expanded further in partnership with Adagio Health to offer family planning services in seven counties in West Virginia. The program is slated to expand further in the fall of 2022, to provide care for Head Start families in Monongalia County, West Virginia.

Around 2019, the demand for both mobile dental and mobile medical services created an access barrier due to expansion in both programs with one mobile unit to share. So, fundraising began to secure a new mobile dental unit to address the increased demand for care allowing for a full-time mobile dental unit and for the current mobile unit to then become fully mobile medical, increasing service capacity.

In November 2021, the order was placed for a new mobile unit, but due to workforce and supply chain issues the current estimated delivery date for the new unit has been pushed back to summer of 2023.

A summary of our services and utilization is as follows:

Mobile Dental Services

- Dental Exam
- Dental X-ray
- Prophylaxis
- Dental Sealants
- Fluoride Application
- Referral for follow-up treatment
- Referral to Pediatric Dentist as needed

Mobile Dental Utilization

Unduplicated patients 1/1/2017 through 9/6/2022 total 3,263 unique patients – qualified encounters, does not include screenings

- 2017 – 541 unique patients, 765 billed encounters, 2,815 services
- 2018 – 845 unique patients, 1,166 billed encounters, 4,650 services
- 2019 – 1,164 unique patients, 1,398 billed encounters, 6,921 services
- 2020 – 432 unique patients, 669 billed encounters, 3,057 services (no hygienist since fall 2020)
- 2021 – 510 unique patients, 559 billed encounters, 1,156 services (no hygienist in 2021)
- 2022 – 291 through 9/6, 293 billed encounters, 870 services (new hygienist hired in 8/2022)

Mobile Medical Services

- Treatment for a brief illness
- Laboratory services such as lipid profiles, lead screens or anemia panels
- School physicals
- Employment physicals
- CDL physicals
- Sports physicals
- Pregnancy testing
- Screening & treatment for sexually transmitted diseases
- Women's health services including clinical breast exam, mammogram referral and pap smear
- Birth control
- Some prescription assistance

Mobile Medical Utilization

Unduplicated patients 1/1/2017-9/6/2022 total 979 unique patients – qualified encounters, does not include screenings, sports physicals, vaccines, etc.

- 2017 – 360 unique patients, 384 billed encounters, 867 services

- 2018 – 77 unique patients, (provider moved in new Washington FP office, 77 encounters, 154 services
- 2019 – 363 unique patients, 385 encounters, 809 services
- 2020 – 103 unique patients, 114 encounters, 320 services
- 2021 – 87 unique patients, 114 encounters, 653 services
- 2022 - 91 unique patients, 114 encounters, 561 services

Barriers/Solutions

- Workforce Needs: Dentists, Dental Hygienists, Medical Assistants, and drivers
- Supply chain and workforce for the new unit construction
- Delays in approvals for ordering Covid-19 vaccines through the Department of Health – we can't seem to get our mobile unit registered as a site
- Insufficient Funding
- Fees don't cover costs

Best Practices:

Partnerships and Collaborations include:

- Head Start Programs – throughout Washington, Greene, and Fayette counties
- School Districts – all 5 in Greene County, 8 in Washington County, 6 in Fayette County, 1 in Allegheny County.
- Childcare Centers
- Colleges and Universities – Waynesburg University, Penn State McKeesport, Penn State Fayette, Penn State New Kensington, Penn Commercial
- Insurance and Managed Care Organizations – United Healthcare, UPMC, Highmark
- Funding and other partners _ National Football League, American Cancer Society, Komen Foundation, Delta Dental Foundation, Highmark Foundation, Pennsylvania Coalition for Oral Health,
- Healthcare partners – Adagio Health, Washington Health System, Mon Health System, private dentists, other FQHCs

Promising Approaches:

- Knee to Knee Exams
- Portable equipment for use in schools and elsewhere
- All-wheel drive SUV with trailer
- Workplace events

A Few Successes/Wins This Year

January : Was able to educate a young adult, sexually active college student, thus empowering her to start oral contraception which she was originally very hesitant to do since her mother does not want her on contraception. The patient was originally seen for a pregnancy test. The patient was able to use the Adagio confidential services to allow her to obtain appointments and contraception confidentially. This was a success story to me because it allowed Mobile Medical to use Adagio services to the fullest extent for patient care.

February: While talking with my colleague at Cornerstone Care (Jenn Teagarden, PA-C), she was telling me of the young patients she was recently seeing that sounded like they could benefit

from the HONEY program. I discussed the HONEY program with her as she was not quite aware of what the HONEY program was about. I was able to get in her in contact with Emma Larson for further implementation of the HONEY program into our Rogersville office.

At one of our university stops with the Mobile unit, one of our patient's was diagnosed with an STI that required a vaccine for cure. We were able to coordinate with the patient and student health services to meet that day after another event. Both the student and the student health nurse were ecstatic that we drove almost an hour and a half in the late afternoon to administer the treatment. The patient is from out of country and probably would not have found the resources to get screened and treated if not for our being present on campus (this was per the patient).

March: We were able to deliver COVID 19 vaccines to home bound patients who otherwise would not be able to get the vaccine. Patients and families were beyond appreciative.

April: Saw 8 patients a day twice this month- our highest medical visit # post covid start. Visits were smooth and successful. Team worked extremely well together.

May: I was able to see and treat a mobile med patient who had outside labs done that showed he was positive for an STI but was unable to afford treatment. We were able to treat him and retest and give him info on the Washington office which he goes to school nearby.

June: Able to get a new pt (at a brand-new site) an OB referral for a pregnancy and also refer her to one of our clinics for primary care as she was new to the area. Also gave out booster vaccines at pop up events.

July: Still seeing patients with fill in staff that I am extremely grateful for (and teamwork of the Outreach office). One pt even bought a bicycle the day prior to her apt so she could make sure she could see us during her lunch break! We were able to help her out with screening services.

Recommendations

- Increase funding for mobile programs
- Assistance with workforce