

MOBILE CARE

CHICAGO



CHILDREN'S MEDICAL CARE

Asthma

Dental

Allergy



Founded in 1999 by Dr. Philip Sheridan, Sr.

Inspired by the Breathmobile program in Los Angeles and the knowledge that cost and transportation were the 2 most cited barriers to asthma care.



Now we have two vans with 2,700 patient visits per year and 51 partner school sites



2016 we started working with a UIC DNP student to improve our no show rates which have historically been 50% for new patients and 30% for follow up patients.

Telehealth Services


- Virtual Visits
- Case-management calls



Unaccompanied Minor Consent

- Consent developed for patients to be seen without parent present
- Consent reviewed and signed during face-to-face visit-prior to virtual visit taking place

Mobile Care Chicago



MOBILE CARE CHICAGO
CHILDREN'S MEDICAL CARE
321 N. Loomis, Ste. 202
Chicago IL 60607

CONSENT TO MEDICAL SERVICES FOR THE UNACCOMPANIED MINOR

I, _____ parent/guardian of _____ / Date of Birth _____,

voluntarily give consent to the rendering of medical care by Mobile Care Chicago's (MCC) physicians/nurse practitioners and authorized designees, without my presence, as may in their professional judgement be necessary to provide for the care of my child, as specified in the MCC "Consent to Medical Services" I signed on _____. (attached)

- I agree that on the day my child will be seen, unaccompanied by me, I will be available by phone to discuss the current status of my child's care.
- I also agree to the use of videoconferencing to participate in the full visit remotely if I am not able to physically accompany my child. MCC has my permission to remove my child from school without my presence for the purpose of the visit if videoconferencing is prearranged.

By signing below I give my consent and authorization to MCC to provide him/her with MCC's services consistent with my consents. I understand that this consent will remain in effect until I provide MCC written notice indicating the termination or withdrawal of my consent.

_____/_____/_____
Parent/Guardian Name (signature) Date Signed

The undersigned has explained the various sections of this and attached Consent to this Parent/Guardian, including the nature and purpose of the described tests and treatments and the risks that are involved. I have answered all questions to the best of my ability.

_____/_____/_____
Witness (Signature) Date Signed

AB 8/18

HIPAA & Telehealth

Patient Consent to the Use and Disclosure of Health Information For Treatment, Payment, or Healthcare Operations

I, _____, understand that as part of my child's health care, Mobile C.A.R.E. originates and maintains paper and/or electronic records describing my child's health history, symptoms, examination and test results, diagnosis, treatment, and my child's plans for future care or treatment. I understand that this information serves as:

- A basis for planning my child's care and treatment,
- A means of communication among the many health professionals who may contribute to my child's care,
- A source of information for applying my child's diagnosis and other information to my bill
- A means by which a third-party payer can verify that services billed were actually provided, and
- A tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals

I understand and have been provided with a *Notice of Information Practices* that provides a more complete description of information uses and disclosures. I understand that I have the following rights and privileges:

- The right to review the notice prior to signing this consent,
- The right to object to the use of my child's health information for directory purposes, and
- The right to request restrictions as to how my child's health information may be used or disclosed to carry out treatment, payment, or health care operations

I understand that with this signed consent I authorize Mobile C.A.R.E. to discuss my child's healthcare with me via phone, text message or video call, at my discretion.

I understand that Mobile C.A.R.E. is not required to agree to the restrictions requested. I understand that I may revoke this consent in writing, except to the extent that the organization has already taken action in reliance thereon. I also understand that by refusing to sign this consent or revoking this consent, this organization may refuse to treat me as permitted by Section 164.506 of the Code of Federal Regulations.

I further understand that Mobile C.A.R.E. reserves the right to change their notice and practices and prior to implementation, in accordance with Section 164.520 of the Code of Federal Regulations. Should Mobile C.A.R.E. change their notice, they will send a copy of any revised notice to the address I've provided (whether U.S. mail or, if I agree, email).

I wish to have the following restrictions to the use or disclosure of my child's health information:

I understand that as part of this organization's treatment, payment, or health care operations, it may become necessary to disclose my protected health information to another entity, and I consent to such disclosure for these permitted uses, including disclosures via fax.

I fully understand and accept/decline the terms of this consent.

Parent's Signature

Date

FOR OFFICE USE ONLY

{ } Consent received by _____ on _____
{ } Consent refused by patient, and treatment refused as permitted.
{ } Consent added to the patient's medical record on _____

Defining MCC Telehealth

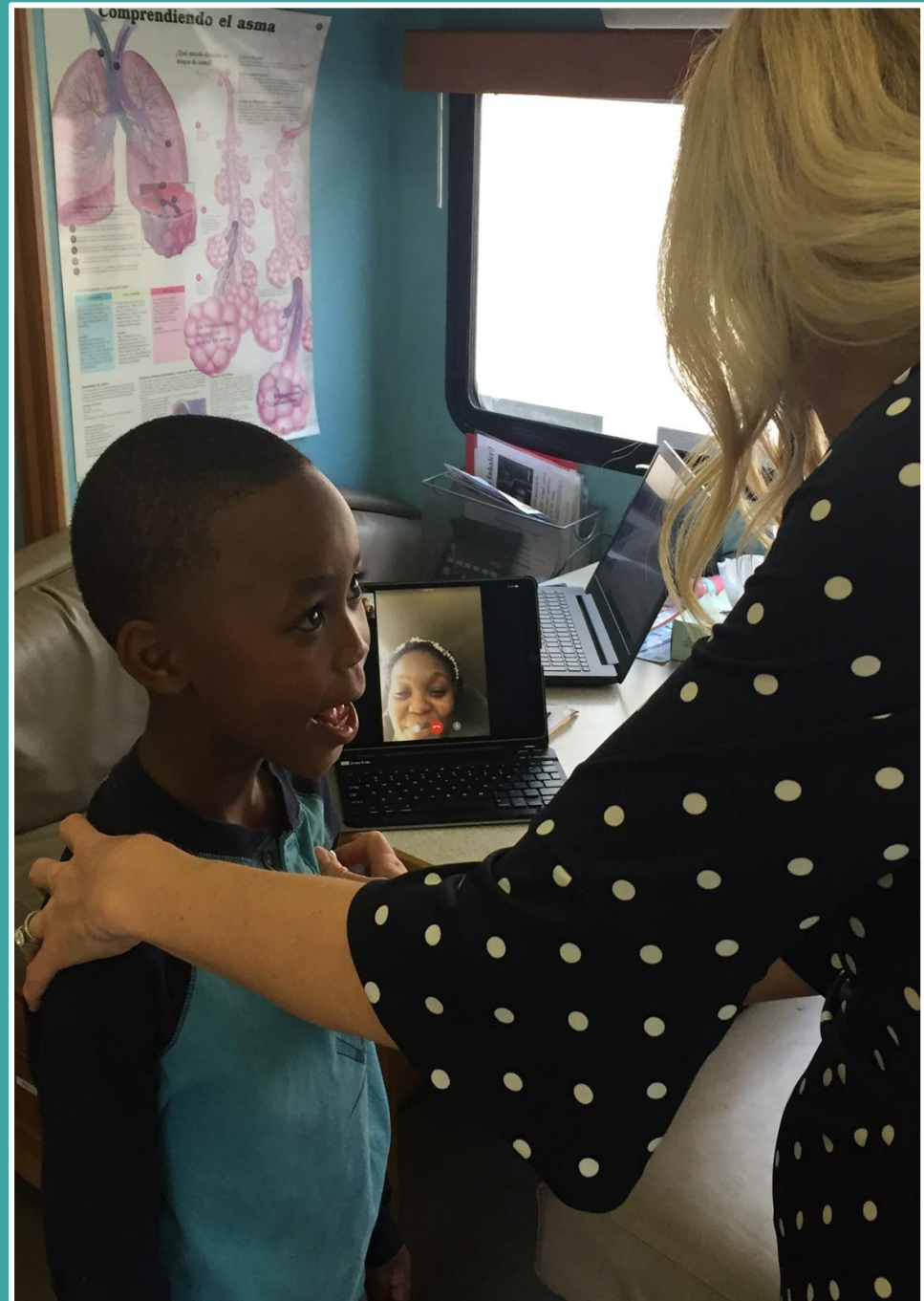
- Virtual visit
 - Scheduled appointment with patient present in clinic and parent available virtually
 - Parent may be present via video chat or telephone conversation
- Case-management calls
 - after missed appointments, cancellations, no-shows
 - 1-2 weeks after initial visit
 - 2-3 days after sick visit or prn
 - frequent albuterol refills

Scheduling Visits

- Parent/guardian is required to be present for new patient appointments
- Option of face-to-face visit or virtual visit for follow up visit.
 - Parent is not able to attend appointment due to other obligations such as work or transportation issues.
 - Parent/guardian required to be available for slotted 15-20 minute time frame during appointment.

Rolling Out Telehealth

- September 2018 virtual visits were started in 3 pilot schools
- After a few months we started ramping up to schedule for all of our sites for the 2018/2019 school year.



Improved Patient Volume

- Prior to starting virtual visits an average of 6.6 patients were seen daily
- Following initiation of telehealth services an average of 8.4 patients were seen per day



Utilizing Telehealth during Covid 19

- Launched first all virtual clinic on 3/18/20
- First 2 clinics held on board the asthma van with all staff present
- Following Monday following the “shelter in place” guidelines staff began to work from home, continuing to provide the same services while maintaining recommended social distancing of 6 feet
- Billed per Medicaid guidelines

Covid 19 Telehealth Patient Volume

- Increased patient volume of 34% from early March to late March
- 3/18/20 through 4/15/20 an average of 11.25 patients seen per clinic day
- New patient appointments increased by 50% when compared to March 2019



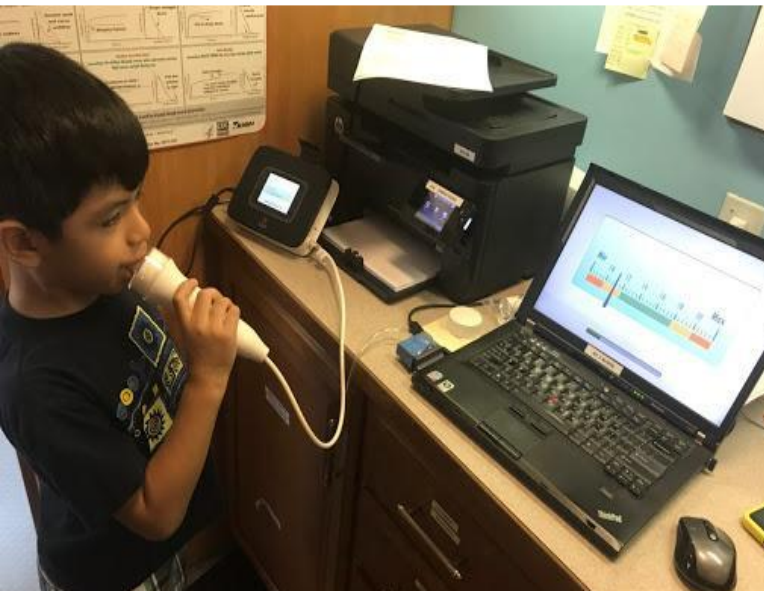
Benefits of Telehealth

- Increased patient volume
- Engagement of new patients
- Easily accessible, especially for families with limited transportation
- Maintain asthma control without going to doctor appointment or ER



Limitations of Telehealth

- Limited or no examination
- Unable to perform spirometry, FeNO, or allergy skin tests
- Limited education-possibly without “teach back”
- Parental distraction, limited patient involvement
- Providing medications to patients without insurance



Sustainability of Telehealth

- TBD...
- Potentially beneficial for new patient appointments with face-to-face appointment scheduled within 2-3 weeks of initial visit.



Questions and Comments?

Amy Bain MSN, APN, CPNP
abain@mobilecarefoundation.org

Matt Seimer, Executive Director
mseimer@mobilecarefoundation.org



MOBILE CARE

CHICAGO



CHILDREN'S MEDICAL CARE

Asthma

Dental

Allergy