UNIVERSITY of MARYLAND
SCHOOL OF NURSING

wellMobile

The Governor's
Wellmobile Program

FY12 Annual Report

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EXECUTIVE SUMMARY

For 18 years, the Governor's Wellmobile Program has been a community partnership model of mobile nurse-managed primary health care. In 2000, state statue (Health General §13-1301 et seq.) codified two dual Wellmobile missions: to provide primary and preventive health care services to geographically underserved communities and uninsured individuals across the state and to serve as principle training sites for the University of Maryland School of Nursing (UMSON) that will expand student learning opportunities in the care of underserved populations.

The Wellmobile Program's fiscal year 2012 impact focused on the following two categories of initiatives: primary care and clinical services at multiple sites in Prince George's and Montgomery counties, and, to the extent financial support was available, targeted services in response to individual counties, partners, and new initiatives. These services included statewide homeless resource days, the Queenstown apartment project, and pre-implementation of the Upper Eastern Shore Program Primary Care and Services Linkages and the Prince George's County Mobile Vans projects. Using a "Bridge to Care Model," the Wellmobile filled the gap in the existing primary care infrastructure by managing patients who lacked access to community-based clinics and prioritizing transfer of acute and comorbid clients and those with insurance coverage to available patient-centered medical homes.

A major goal was re-activating an additional Wellmobile on the Upper Eastern Shore by developing, launching, and evaluating the "Bridge to Care Model" with institutional partners as a template for re-building the statewide program. Driving principles were redesign of a delivery model compatible with health care reform, funding and testing of the model, strengthening care management, building collaboration with health delivery systems and community linkages for seamless care with patient-centered medical homes, and building partnerships for sustainability and billing in 2014. The Wellmobile Program Director pursued partnerships and submitted funding proposals with health systems to collaboratively pilot innovative approaches for diverting clients to community-based primary care practices in communities from where they draw clients. Under this revised model, the Wellmobile Program can enhance the capacity of existing health delivery systems, specifically primary care and prevention initiatives, aimed at reducing health costs and health disparities.

Service accomplishments include: 1,241 nurse practitioner, 330 social work, and 686 outreach worker visits; 86 HIV screenings; 1,091 medical assistance outreach, application, and follow-up encounters; and 547 referrals. Combined public/private funds of $412,871 supported Wellmobile Program operations in fiscal year 2012.

GOVERNOR'S WELLMOBILE PROGRAM ANNUAL REPORT

UNIVERSITY OF MARYLAND SCHOOL OF NURSING

FISCAL YEAR 2012

The following report is prepared for the Maryland General Assembly to fulfill the requirement of providing an annual accounting of actual and planned program activities for the Governor's Wellmobile Program.

BACKGROUND AND HISTORY

The Governor's Wellmobile Program is a community partnership model of mobile nurse managed primary health care designed to serve uninsured and underserved populations throughout Maryland. The program was established in 1994 on the recommendation of registered nurse Delegate Marilyn Goldwater, who at the time was the executive assistant for health issues in the Governor's Office. Delegate Goldwater was responding to the 1993 *Primary Access Plan for the State of Maryland*, which directly linked socioeconomic status to poor health outcomes, inadequate access to health services, and unhealthy lifestyles. The program was designed around a mobile health unit that would travel throughout the state to provide health care services and education to underserved and uninsured populations. The University of Maryland School of Nursing (UMSON) was designated the institutional home of the program and lead community partners and private citizens in making the concept a reality.

Delegate Goldwater's vision called for a Wellmobile Advisory Board representing a broad cross-section of business supporters, health care professionals, community leaders, educators, communications experts, private citizens, and others. Advisory Board members are appointed by the Governor and include representatives from the House and Senate, who are appointed by the Speaker and President of these chambers respectively. The purpose of the board is to assist UMSON in overseeing the program, in cultivating community and business partnerships, and in raising necessary funds to complement state appropriations.

The Wellmobile Program has been in continuous operation under UMSON's management since 1994. UMSON raised the corporate and philanthropic donations to purchase the original mobile unit in 1994 and outfit it as a medical clinic. Between 1994 and 1998, this solo Wellmobile provided maternal and child health services and immunizations in Baltimore City and Baltimore, Prince George's, and Montgomery counties and responded to similar needs in migrant camps and schools on the Upper Eastern Shore.

In 1998, UMSON was awarded a Health Resources and Services Administration (HRSA) grant to purchase and operate a second mobile clinic to extend services to the Eastern Shore. This unit was to be dedicated to expanding access to maternal and child health services and to accelerate the start up of school-based health centers by providing an interim mobile step to establishing the stationary school-based health center clinics. The Eastern Shore Wellmobile was placed in operation in summer 1999 to serve counties on both the middle and lower Eastern Shore in collaboration with Head Start migrant health programs, complementing academic year

school-based health center services. Through collaboration with school-based health centers operated by Caroline County public schools and eventually Choptank Community Health Systems, Inc., a Federally Qualified Health Center (FQHC), this second Wellmobile served as a transitional school-based health center for two county schools until the FQHC received funding for permanent clinics. Changes in Maryland's health policy, including Medicaid expansion through the Children's Health Insurance Program (CHIP) in 1998 and the Medicaid Section 1115 waiver, revealed gaps in health care among the adult population. Consequently, the program, by then comprised of two mobile units, shifted its emphasis to a largely adult population to address the unmet needs of those in the workforce for whom employment-based health benefits were unaffordable or not offered.

The success of the program in reaching medically underserved populations prompted health officers in Western Maryland and the three lower Eastern Shore counties to advocate for extension of services into their jurisdictions. From 1999 to 2002, the program grew from one unit to four, with funds from federal, state, and local private and public sources. In 2000, the Maryland General Assembly passed legislation codifying the Governor's Wellmobile Program. The statute (Health General §13-1301 et seq.) identified the following two missions: provide primary and preventive health care services to geographically underserved communities and uninsured individuals across the state, and provide principle training sites for UMSON that will expand student learning opportunities in the care of underserved populations.

A fiscal year 2001 state appropriation funded the replacement of the original Wellmobile, the purchase of a Lower Shore Wellmobile, and annual operating expenses for one Wellmobile. That same year, when UMSON's HRSA grant submission for a Western Maryland mobile unit was not funded, a private benefactor gifted a fourth mobile unit for that region and established the Connect Maryland, Inc. foundation to support operations by matching state appropriations dollar for dollar. UMSON raised funds necessary to meet program operating expenses. By the end of fiscal year 2002, four Wellmobiles were operating in four regions of the state: Western Maryland, Central Maryland, Upper and Middle Eastern Shore, and Lower Eastern Shore. As each new unit joined the fleet, it was assigned a designated regional service area based upon funding source specifications; a community needs assessment that identified gaps, such as distribution and proximity of primary care sites for the underserved; and concurrent community asset assessment, including the availability and community partners and stakeholder commitment. In preparation for placing each of the four units into service, discussions occurred with local health officers, hospital officials, FQHCs, other health care providers, and local social service agencies, which became community partners. Between fiscal years 2002 and 2009, with four units operating, the program was conducting an average of 8,000 consultations annually.

The Wellmobile fleet consists of three 36-foot and one 37-foot long, fully-equipped mobile medical clinics, each with an intake area flanked by two exam rooms. The core staffing model is comprised of a driver/outreach worker, a family nurse practitioner (FNP) on UMSON's faculty, family nurse practitioner master's students, and entry-level community health students. Additional personnel may be added to meet the cultural needs of the client population and to provide care coordination to facilitate access to local wrap around services. Each mobile unit has the ability to travel anywhere it may be needed in Maryland. The program's mission complements UMSON's educational mission by providing clinical education sites for graduate

advanced practice and undergraduate community health nursing students. Undergraduate social work students from the University of Maryland Baltimore County (UMBC) also gain clinical experience on the Wellmobile, contributing to mitigation of health care work force shortages in the state and region.

WELLMOBILE STATEWIDE IMPACT

The mobile feature of the Wellmobile Program allows for unique portability and flexibility in accessing underserved communities. With the exception of populations with access to FQHCs, communities with relatively large numbers of uninsured citizens tend to have disproportionately fewer options for primary health care than their insured counterparts because they lack financial resources to compensate providers and/or they are situated in more rural, isolated areas less likely to attract health professionals. Many of the sites served by the Wellmobile program are federally designated medically underserved areas, health professional shortage areas, or medically underserved populations. Moreover, even the FQHCs and FQHC look-alikes are unable to completely satisfy the demand for primary care in the communities they serve despite additional funding received from the federal stimulus funds in 2009 and in 2011, when Maryland's 15 FQHCs received an additional $27,976,619 (based on number of enrollees with an enhancement for uninsured enrollees) from HRSA to support operating expenses with the goal of expanding services. In 2012 four Maryland FQHCs received a total of $19,436,822 in additional HRSA funding for capital improvements and one FQHC received $858,333 in new access point funding. UMSON continues to have high demand for services on the Wellmobile and long wait times when patients are referred to FQHCs for follow up and enrollment in a patient-centered medical home.

Without the Wellmobile, many of the clients served would have experienced significantly more limited or no access to health care services, delays in treatment, or would have resorted to hospital emergency departments as their only source of care. Wellmobile services played a key role in reducing inappropriate emergency department utilization, a costly practice that undermines continuity in preventive and primary care. The program has fostered relationships with hospital emergency departments and urgent care centers that refer recently discharged patients to the Wellmobile for primary care. This "reverse referral" mechanism expands primary care access and offers clients an opportunity to benefit from additional trans-disciplinary interventions aimed at breaking the cycle of inappropriate emergency department use. The Wellmobile Program has successfully filled this role for the most vulnerable residents across the state for 18 years.

The Wellmobile Program has reconfigured its client services management approach to align with the increased demand for primary care services that accompanies state-wide implementation of health care reform. Health care providers and organizations will be mandated to manage clients in the community and to prevent and decrease emergency department visits, prolonged hospitalizations, and unnecessary re-admissions. This approach necessitates increasing availability of primary care access points over a relatively short period of time. The Wellmobile Program is actively pursuing partnerships with health systems to collaborate on innovative approaches of diverting client encounters into community-based primary care practices close to their facilities and in their communities. Under this revised model, the

Wellmobile Program can enhance the capacity of existing health delivery systems, specifically primary care and prevention initiatives, aimed at reducing health costs and health disparities.

FISCAL YEAR 2012 FUNDING

At the beginning of fiscal year 2010, four Wellmobiles served the state in four distinct regions: densely populated suburban Central Maryland (Prince George's and Montgomery counties), suburban Anne Arundel County, the rural Lower Eastern Shore, and rural Western Maryland. Three Wellmobile vans operated in nine counties four days a week, and one vehicle operated weekly. Because the program was conceived as a public-private partnership, during fiscal years 2007, 2008, and 2009, annual state appropriations of $570,500 to the University of Maryland, Baltimore (UMB) through the Maryland Higher Education Commission (MHEC) were used to leverage additional private sector funding to support the program. During that time, the range of state funding that supported the partnership model that facilitated operation of the four units progressively decreased from 74 percent of the annual budget in fiscal year 2007 to 57 percent in fiscal year 2009, with federal funds and other government and private sector grants and contracts filling the gap. In those and subsequent years, level-state funding could not keep up with rising marketplace personnel and operating expenses. Following reduction of the fiscal year 2010 allocation to $285,250, operations that were planned based on an expectation of continuation of level funding equivalent to previous years' core state budget allocation, supplemented by grants, service contracts, and additional contributions, could not be sustained at the projected fiscal year 2010 level. This drastic cutback could not be immediately offset by other UMSON fundraising activities. By the beginning of fiscal year 2010, the Wellmobile had experienced a shift in its funding profiles. For the previous nine years, the program received pass through reimbursement from the Center for Medicare and Medicaid Services (CMS) for outreach efforts related to case-finding and enrollment of eligible adults, pregnant women, and children in Medicaid, CHIP, and the Primary Adult Care (PAC) program, under a memorandum of understanding (MOU) with the Maryland Department of Health and Mental Hygiene (DHMH). The agreement expired in October 2008, resulting in reimbursement for only the first quarter of fiscal year 2009. A new agreement was not approved and executed in fiscal year 2010.

This drastic decrease in funding resulted in the contraction of the fiscal year 2010 Wellmobile Program and suspension of Wellmobile services in Western Maryland (three sites), the Lower Eastern Shore (four sites), and Anne Arundel County (one site), and elimination of seven positions. Refer to Appendix A (Wellmobile Staffing Comparisons by Fiscal Year and Post-Program Contraction) for Wellmobile staffing details. Central Maryland was selected as the sole remaining site because that region has the state's lowest ratio of FQHCs to underserved populations. In addition, the region benefits from strong community and newly developing institutional partnerships and easy access as a clinical education site for the greatest number of students due to its proximity to UMSON's Baltimore and Shady Grove locations.

The fiscal year 2012 legislative allocation of $285,250, supplemented with UMB Foundation funding, allowed UMSON to sustain the Governor's Wellmobile Program at the previous year's level of operation. Grant funding from CareFirst Blue Cross Blue Shield supported planning the reactivation of one Wellmobile for fiscal year 2013 implementation of the CareFirst funded Upper Eastern Shore project. For the second consecutive year, the MOU

between DHMH provided reimbursement from CMS for a percentage of direct Medicaid outreach activities by outreach and social work staff. Revenues from fiscal year 2011 activities were allocated to the fiscal year 2012 budget. Outstanding fiscal year 2012 accounts receivables will be applied to the fiscal year 2013 budget. Staff salaries are posted against MHEC funds since the amount of activity and the income from this source is variable and unpredictable. The program applies accounts receivables to operating costs.

FUNDING PARTNERS

Consistent with the objective of attaining program fiscal sustainability, the Wellmobile administration actively pursued funded partnership and grant opportunities with entities committed to extend nurse-managed primary care services in alignment with community needs. One short-term and one long-term venture received project-specific funding in fiscal year 2012, targeting specific populations in specific geographic areas. In each instance, the entities were the sole funders for the respective projects. A low-income apartment leasing corporation funded a pilot project in which a second Wellmobile was deployed to a Prince George's County low-income apartment complex, providing 10 additional service days for uninsured clients. Newly identified eligible clients from this community were given appointments for follow-up primary care services at the closest Wellmobile site. Complex and co-morbid patients were referred to FQHCs and other community providers willing to accept them.

A generous grant award from CareFirst Blue Cross Blue Shield in fiscal year 2012 is the sole funder for the three-year Upper Eastern Shore Primary Care and Services Linkages project in partnership with two Eastern Shore University of Maryland Medical System hospitals. This project will re-deploy a Wellmobile to the Upper-Eastern Shore. Funds from this grant supported planning and start-up costs for this project incurred in spring 2012 and will fully fund implementation beginning in July 2012 (fiscal year 2013).

In fiscal year 2012, Wellmobile-designated funds from the UMB Foundation, Inc., supplemented the gap between the legislative allocation and operating costs for the core program and Homeless Resource Day activities. The aforementioned negotiated grants and contracts were self-supporting. The Wellmobile is not supported by University funding; its funding is dependent upon the direct state budget through MHEC and private sources in partnership with communities. The Governor's Wellmobile Program used funds from donations, partnerships, contracts, and sponsors totaling $127,621 to complement the state budget appropriation so the Wellmobile Program could provide services in fiscal year 2012.

Re-activating additional Wellmobiles and re-building the statewide program remains a UMSON priority, because the Wellmobile Program serves as a clinical education site for nurse practitioner, community health, and social work students and is a faculty practice that enables nursing and social work faculty to maintain clinical competency. Clinically competent faculty model evidence-based practice to students during clinical practice and integrate clinical experiences into classroom education. This faculty practice model assures transfer of clinical skills to the newest cohort of health care and human services providers that comprise the future Maryland workforce. UMSON's Office of Strategic Partnerships and Initiatives, the organizational home of the Wellmobile Program, supported the Wellmobile Program's development efforts in proposal and grant-writing and partnership development activities, including travel to state meetings, memberships in professional organizations, and registration

and travel to attend meetings relevant to the impact of health reform policy on safety-net providers and nurse-managed health centers.

WELLMOBILE PROGRAM SERVICE MODEL

The Wellmobile Program provides a valuable service to Marylanders by filling the gap where services are inaccessible due to increased demand and/or scarcity of access points, particularly for the uninsured. The program serves as the "front door" for the uninsured and a "bridge to care," with the goal of linking clients to a patient-centered medical home. The Wellmobile Program provides the following services:

1. Clinical care – The FNP conducts physical exams and screens, diagnoses, and treats common acute and chronic illnesses for adults and children. Examples of episodic and acute primary care services include diagnosis and treatment of sore throats, urinary tract infections, skin rashes, pink eye, upper respiratory infections, and other common ailments. Clients often display symptoms that are harbingers of chronic conditions such as diabetes and hypertension. Following screening and diagnosis, the FNP initiates treatment to stabilize the client, prescribing generic prescriptions and over-the-counter medications as indicated, and instructs the client on self-management, employing health education techniques and associated teaching materials. Outreach staff and the social worker, assisted by community health nursing and social work students, identify community resources and agencies, including other local safety-net health providers willing to accept referrals as the permanent medical home, with priority for clients with chronic and unmanageable acute conditions and co-morbidities.

2. Health screenings – FNPs conduct school physicals, well-woman checkups, clinical exams (including breast exams, pap smears, and pregnancy tests), and identify and diagnose diabetes and hypertension, within the context of a primary care encounter conducted at Wellmobile routine service sites. Other screenings are conducted at community events in the local communities served by the Wellmobile, through events sponsored by faith-based institutions, local health departments, and county local homeless resource days. Screenings target specific groups such as uninsured school-age children or adult populations in underserved communities. Some screenings are directly conducted by the FNP, assisted by FNP students, on the Wellmobile; others, including colonoscopies and mammograms, are performed by referral arrangements to local health departments, health centers, hospitals, and other community agencies with which the program has negotiated and established partnership agreements. The Wellmobile Program limits health screenings to communities where partnerships are established with health care facilities and providers who will accept client referrals for appointments and provide follow-up for clients who screen positive for the tested conditions. This practice is necessary to assure optimal quality and continuity of care. FNPs initiate treatment using evidence-based clinical guidelines and transition the client to a permanent medical provider when possible. Community partnerships are developed and maintained to provide essential follow-up services for clients who screen positive and require specialty diagnostics and follow-up care.

3. Health promotion – Educating clients about healthy living practices, disease prevention, developmentally specific immunization and screening thresholds, and

personal/family emergency preparedness is the cornerstone of nurse-managed health care. Entry-level community health nursing students and advanced practice FNP students assist outreach workers in planning and delivering health promotion and disease prevention educational programs tailored to specific populations. In addition, patients with acute and chronic disease receive personal disease management guidance and health information. Students fulfill clinical course requirements through engaging in these experiences.

4. Care management and service linkages, referrals, and system navigation – All clients require extensive care coordination, referrals to second tier specialists for complex conditions and diagnostics, and assistance in accessing related enabling services (social services, food assistance, prescriptions, etc.) essential to improving their health status and quality of life. The program takes the holistic approach to health care that is at the core of the nursing model of health. An academic partnership with the UMBC School of Social Work provides field experiences for undergraduate social work students under the guidance of a master's-prepared faculty field instructor. Likewise, UMSON community health nursing faculty members oversee entry-level community health nursing students. Under faculty guidance, the students provide a range of interventions that assist clients who need help with housing, food, medications, and specialty health care to locate and obtain local, state, and federal resources.

The Wellmobile health care team functions autonomously based on this service model, with the operational goal of maximizing efficiency and cost effectiveness. The units receive no administrative support from the program's central office for clerical and patient management functions. Team members handle all communications, including phone calls, referrals, faxing, consultation follow-ups, lab and x-ray reports, and medical records maintenance and filing. Safe and appropriate staffing levels are required to accomplish these duties in compliance with primary care, advanced practice nursing, and general nursing practice standards. The program director provides management oversight of the outreach staff and consults with the FNPs on care coordination and disposition issues. The central office, comprised of the director and part-time office assistant, assumes responsibility for program development, planning and evaluation, community partnerships, overall program administration, reports, policies and procedures, regulatory compliance and quality assurance, fundraising, billing, and ordering and distributing office and medical equipment and supplies.

FISCAL YEAR 2012 PERFORMANCE, PARTNERSHIPS, AND EDUCATION AND SERVICE ACCOMPLISHMENTS

The Wellmobile Program's impact in FY 2012 focused on the following two areas: primary care and clinical services at multiple sites in Prince George's and Montgomery counties, and targeted services in response to individual counties, partners, and new initiatives, including the Upper Eastern Shore Program Primary Care and Services Linkages project.

CENTRAL MARYLAND PROJECT AND REPORT OF FISCAL YEAR 2012 ACTIVITIES

The Wellmobile has been in continuous operation in central Maryland since the program started in 1994. Demand for and utilization of health care services in this area—the Maryland

suburbs adjacent to Washington, D.C.—continued to grow in fiscal year 2012. The Central Maryland Wellmobile provided services three to four days per week at the following Prince George's County sites: Judy Hoyer Center/Cool Spring Elementary School campus (Adelphi), Bladensburg Elementary School (Bladensburg), Deerfield Run International School (Laurel), Shining Star Missionary Church (Seat Pleasant), and Franklin Park at Greenbelt Metro Apartments (Greenbelt). In Montgomery County, the Wellmobile provided twice a month services at the Seventh Day Adventist Church in Takoma Park, increasing to weekly services by the end of fiscal year.

Staff reassignment and associated salary reallocation to the Eastern Shore project implementation created the opportunity to increase services to weekly at Takoma Park, in Montgomery County. Additional funding (other than that designated by CareFirst for the Upper Eastern Shore) was unavailable to further increase the nurse practitioner and driver positions to support expansion to other vicinities where demand is high. The Central Maryland project team would benefit from the addition of a bilingual nurse care manger to facilitate care coordination and outreach efforts, oversee clinic flow and scheduling, and precept nursing students, thereby freeing the nurse practitioner to see more clients. Clients in Prince George's County included concentrated pockets of large Latino and African populations.

Partnerships with health systems and other community-based providers and organizations enabled the Wellmobile team to provide a comprehensive range of health care services by accepting specialty and diagnostic referrals. In May 2012, the Wellmobile Program submitted a HRSA Bureau of Nursing grant application to fund interprofessional practice and education on the Central Maryland Wellmobile through addition of a University of Maryland School of Medicine Department of Family and Community Medicine physician faculty member and a master's prepared nurse care manager. This proposal was not funded.

Uninsured clients accessed reduced-cost generic prescription drugs prescribed by the nurse practitioner at local supermarkets, Wal-Mart, and Target. This resource has been an asset in providing maintenance medications for conditions such as diabetes, cardiovascular disease, and hypertension for Wellmobile clients. The social worker assisted clients requiring proprietary prescription drugs with applications to the respective pharmaceutical company's patient assistance programs.

In central Maryland, the Wellmobile remained a key provider of regional outreach and enrollment for Medicaid (MCHP and PAC). The social worker, students, and bilingual outreach staff worked with local health departments to screen each client and household members for eligibility for MCHP and Medicaid programs. For the past four years, a part-time field instructor from the UMBC School of Social Work has provided continuity in this effort. The social work faculty member supervised undergraduate social work students who located community resources, screened for Medicaid eligibility, and worked with clients whose applications have been denied to determine the reason for denial and help them re-apply, if warranted. The demographics of this area would support the assumption that the majority of adult clients in this region would be ineligible for entitlement programs due to their immigration status. However, outreach efforts by social work and outreach workers assisted numerous clients at Central Maryland access points with Medicaid (including PAC) applications. Most of the children

screened for CHIP and Medicaid were eligible for one of these programs or the Kaiser Bridge program, and staff assisted their parents with applications. Staff assisted Medicaid recipients who brought their determination letters to the Wellmobile with enrollment in a Medicaid Managed Care Organization and selection of a primary care provider. The patient-centered medical home is an integral concept in the 2010 Patient Protection and Affordable Care Act. The Wellmobile Program served as the "front door" for many uninsured and underserved residents in the communities it served. Newly-insured clients and uninsured clients whose conditions were refractory to treatment and required complex management and specialty providers were prioritized for referral to a patient-centered medical home. Clients were stabilized and referred to a permanent medical home, utilizing available FQHCs, other clinics, and private providers.

Experience in referring stabilized clients revealed that the waiting list for appointments for new clients at the Capital Heights Greater Baden Medical Services, Inc. FQHC site in northern Prince George's County exceeds three months, resulting in a backlog of clients who remained under the care of the Wellmobile FNP until they could be accepted into care. Community Clinics, Inc.'s Greenbelt clinic is open only three days a week. The newly renovated Takoma Park site in Montgomery County has been open six days a week since May. The Wellmobile Program referred clients to Mary's Center's Silver Spring (Montgomery County) site. In spring 2012, Mary's Center opened a new clinic at the Judy Hoyer Center/Cool Spring Elementary School campus (Adelphi), however, this site currently has a waiting list for new clients. The Wellmobile serves as the interim care provider, managing these clients until they are transferred to a patient-centered medical home. This array of services and demonstrated expertise in bridging the primary care gap is a valuable asset to communities and potential partners in the implementation of health care reform. Population data and the need to alleviate some of the backlog of primary care access in Prince George's and Montgomery counties continued to support the decision to retain Wellmobile services at these sites when program contraction took place in fiscal year 2010. With the opening of Mary's Center at the Judy Hoyer Center, the Wellmobile will relocate to a new Langley Park site in July 2012.

TARGETED SERVICES IN RESPONSE TO COUNTIES, PARTNERS AND NEW INITIATIVES

The success of Anne Arundel County's **Homeless Resource Day** over the past five years prompted Governor O'Malley's request that each Maryland jurisdiction conduct a Homeless Resource Day in fiscal 2012. At each of these day-long events, UMSON faculty and nursing students, and county medical volunteers, provided primary care services. The Wellmobile Program participated in seven such events, between September and March.

- Baltimore City Homeless Veterans Stand-Down – September 24, 2011
- Carroll County Homeless Resource Day, Westminster – October 1, 2011
- Cecil County Homeless Resource Day, Elkton – October 4, 2011
- Montgomery County Homeless Resource Day, Gaithersburg – October 19, 2011, 2 Wellmobiles
- Prince George's County Homeless Resource Day, Largo – November 5, 2012
- Dorchester County Homeless Resource Day, Cambridge – December 1, 2011

- Anne Arundel County Homeless Resource Day, Glen Burnie – March 31, 2012, 3 Wellmobiles

Edgewood Management Corporation, a for-profit property management company based in Montgomery County, initiated a partnership with the Governor's Wellmobile Program to provide health assessments to uninsured residents of the Queenstown Apartments in Mt. Rainier, Maryland. The goal of this project, funded by Edgewood Management Corporation, was to ascertain the health needs of uninsured residents of this low to moderate income apartment complex by completing 80 new patient assessments over 10 days and utilize case management to refer them to a regular primary care provider for routine follow-up. Two family nurse practitioners, assisted by a registered nurse care manager and a bilingual outreach worker, conducted physical examinations, provided health education, obtained necessary lab work and reported results to the patients, prescribed medications, screened for eligibility for entitlement programs and other community and social services, and referred clients to a permanent medical home. While the majority of this primarily foreign born population had received health services from local health care providers, they were not routinely accessing a regular primary care provider. Rather, their pattern was to seek care from multiple providers, including hospital emergency rooms, particularly when symptomatic. All clients were screened for eligibility for entitlement programs, including Medicare, Medicaid, PAC and CHIP, and staff assisted eligible clients in the application process. The majority of the population was healthy and could benefit from routine primary prevention and screening services. This subgroup of individuals without complex health problems was offered follow-up appointments at one of three existing Wellmobile service locations accessible from the complex. Patients with health conditions requiring specialty care and those with co-morbidities were referred to FQHCs for ongoing primary care and management. Clients with sexually transmitted diseases and substance use issues were referred to the Prince George's County Health Department.

In fiscal year 2012, the Wellmobile Program administration engaged in partnership development and implementation planning for the Upper Eastern Shore Primary Care and Services Linkages project. Activities included stakeholder meetings with Chester River Health System, Kent and Queen Anne's County Health Departments, the Judy Hoyer Center, and the Family Support Center in Sudlersville, Queen Anne's County, with respective execution of required memoranda of understanding. Personnel were assigned and oriented to the community partners. Promotional materials were developed and distributed via outreach activities to community organizations in the targeted localities of Chestertown, Rock Hall, and Sudlersville. Other pre-implementation activities included developing clinic operations, referral mechanisms, and refining clinical documentation processes with partners.

HEALTH DISPARITIES IMPACT

The Wellmobile Program has been at the forefront of responding to cultural and linguistic diversity and mitigating health disparities since its inception. The persistent immigrant population, however, with its language and customs challenges, continues to demand a considerable expenditure of time and personnel. The largest group served by the Wellmobile in Prince George's and Montgomery counties is the multinational Latino community for which Spanish is the primary language. African and Asian immigrants constitute the second and third

largest immigrant client groups, respectively. These populations face complex medical and social challenges, are uninsured, experience delays in accessing an overloaded FQHC safety-net provider system, and have limited English language proficiency. Both Wellmobile outreach staff are bilingual in Spanish, with one also fluent in French, enabling them to work effectively with this population. Other challenges related to cultural diversity, particularly in immigrant populations, are health literacy and the inability to read and write in their native language and in English. The Wellmobile is often the provider of last resort for these populations.

Since March 2009, the Central Maryland Wellmobile has partnered with the Prince George's County Health Department to provide mobile HIV testing and counseling services in Seat Pleasant, a predominately African-American community in Prince George's County, twice a month. Clients testing positive were referred to Dimensions Health Systems, which receives funding from the Ryan White program to treat HIV/AIDS. Clients requiring primary care services were referred to Greater Baden (FQHC) in Capital Heights.

In January 2012 Dr. Eun-Shim Nahm received a Designated Research Initiative Funds award from the UMSON Office of Research for *Development and Testing of a Mobile Health Website for Mobile Clinic Patients.* In fiscal year 2012, content was developed for the English-speaking population and adapted for the Spanish-speaking population in Central Maryland. Once implemented, clients will access diet and exercise information and techniques that foster weight management from the mHealth website using iPads during a Wellmobile clinic visit. Through independent or guided use of the touch screen technology assisted by bilingual outreach workers and students, users will receive culturally and linguistically appropriate health education. This encounter will provide underserved patients with the opportunity to be connected to the benefits of eHealth.

EMERGENCY PREPAREDNESS

Mobile medical units are valuable assets during times of disaster or large-scale emergencies. While they are not first responders, their mobile platforms allow deployment to specific areas in need of assistance and, therefore, they are incorporated into Maryland's surge capacity plan. During preparations for Hurricane Irene in September 2012, the Wellmobile Program contacted Dr. Ajit at the Office of Emergency Preparedness and Response (DHMH) to offer support of the Wellmobile in the event it would be needed to provide health services to those impacted by Hurricane Irene. A Wellmobile located on the Eastern Shore was stocked with medical supplies and a driver and nurse-practitioner were on-call to DHMH for deployment if needed.

As a result of new contacts established during statewide Homeless Resource Day events and planning meetings, dialogue has continued about collaboration for a statewide approach to emergency preparedness response involving the Wellmobiles, the DHMH Office of Emergency Preparedness and Response, local Medical Reserve Corps, and the Maryland Defense Force. Future meetings will include discussion regarding the value of negotiating and activating a MOU outlining respective responsibilities in the event of a disaster. These meetings may lead to the development of a blueprint and financial support for training exercises and activation in the event of future emergency response scenarios.

EDUCATION AND SERVICE ACCOMPLISHMENTS

Community Education and Outreach

Health education and outreach services are essential program components in communities served by the Wellmobile Program. Requests for participation in community health fairs are so frequent that the Wellmobiles could be engaged in these activities weekly throughout the year. In previous years, each Wellmobile team independently chose the health fairs in which they would participate. This level of response frequently resulted in commitments exceeding the weekly primary care schedule. Budget constraints, however, have limited the program's ability to support overtime pay for weekend work, severely reducing the program's availability for weekend community events. As an alternative, a routine primary care day was eliminated in favor of an event deemed strategically important and valuable to the Wellmobile mission and to the communities it serves. This approach was implemented on a limited basis, with the goal of maintaining clinical service commitments to existing clients, rather than initiating services in a new population for whom the Wellmobile does not have established follow-up service linkages.

In fiscal year 2012, continued decreased funding for personnel sustained this shift in strategic focus from flexible responses to health fair requests across the state to selective responses to those requests within the geographic area served by the core Wellmobile Program. Within those jurisdictions, priority was given to events conducted in collaboration with operational partnerships and aligned with targeted service and educational missions of the Wellmobile Program, particularly opportunities for nursing and student participation in fulfillment of clinical course requirements. A new commitment to participate in homeless resource days in diverse Maryland jurisdictions necessitated continuation of this approach in fiscal year 2012.

In addition to Homeless Resource Days, the following is a sample of community outreach and education programs conducted during fiscal year 2012:

- General Electric African American Outreach, Baltimore City Rash Field, July 11, 2011
- Latina Health Fest (Komen Breast Cancer Screening), Salisbury, October 29, 2011
- Gethsemane United Methodist Church Annual Health and Safety Fair, Capital Heights, April 16, 2012
- Seat Pleasant Day, Seat Pleasant, May 5, 2012
- Community Place Cafe Health Expo, First United Methodist Church, Hyattsville, June 18, 2012

Clinical Education Activities

A major component of the Governor's Wellmobile mission is educating successive generations of nurse practitioners and community health nurses in primary care of the underserved. The significance of this educational mission is underscored by new federal health care reform legislation, which emphasizes prevention, public health, and enhancement of the primary care infrastructure. The Wellmobile Program accomplishes its clinical education mission by serving as a clinical education site for students in UMSON's undergraduate,

graduate, and doctoral programs and UMBC's undergraduate social work program. Student educational experiences are selected to provide mutual benefit to the target population and the students.

In fiscal year 2012, four Registered Nurse to Bachelor of Science in Nursing (RN-BSN) community health nursing students completed clinical hours on the Wellmobile. These students assisted the nurse practitioner by performing patient assessment, patient education, basic care coordination, outreach, and follow-up client contacts and by designing health promotion materials and conducting health education visits. They performed community-wide and service site assessments and developed and implemented programs in fulfillment of course requirements. They planned and participated in health fairs and homeless resource day activities, and conducted health promotion sessions with individuals and groups of clients. A community public health clinical faculty member supervised an additional eight RN-BSN community/public health students who planned interventions which they conducted at Anne Arundel County Homeless Resource Day.

The Wellmobile Program director taught an undergraduate nursing rural health course, using an ecological framework to expose students to social, behavioral, environmental, and physical health issues impacting rural communities' health status. Through clinical rotations in rural communities, students identified health priorities and challenges impacting these communities and proposed evidenced-based interventions. These region-specific assessments and approaches were incorporated into the CareFirst Eastern Shore grant implementation and Wellmobile Program grant submissions in the respective rural regions, including Southern Maryland, and are available to guide future submissions.

Wellmobile FNPs precepted eight FNP students, who completed Wellmobile rotations to fulfill practicum requirements. Ten additional FNP and seven adult/gerontological nurse practitioner students fulfilled women's health experiences under the direction of Wellmobile FNP faculty. Nurse practitioner students worked individually with the nurse practitioner to perform patient exams, diagnose and prescribe treatments and medications, and refer appropriate patients to specialists for consultation. Three FNP faculty collaborated to implement a Dean's Teaching Scholar award, titled "Group Visits: FNP Health Assessment & Health Promotion in Primary Care," utilizing the Wellmobile as one of three primary care practice sites through which 24 students rotated. Five FNP students enrolled in a master's-level health promotion course displayed health promotion posters targeting health-related behaviors and prevalent community health problems such as diabetes, hypertension, obesity, and issues involving maternal child health at Cecil County Homeless Resource Day. These students interacted with participants by elaborating on the information on their posters, answered questions, engaged attendees in discussion, and provided individualized instruction and handouts.

The social worker precepted two UMBC undergraduate social work interns over the full academic year. These interns augmented the effort of the social work faculty member by providing preliminary screening for Medicaid eligibility; linking clients to services; organizing community resources; and revising the local community services directory of primary care, county Breast and Cervical Cancer Program, and radiology providers.

The Wellmobile Program director developed an Introduction to Care Management module offered by UMSON Office of Professional Development as continuing education via an online delivery format. Educational content, targeted nurses employed in primary care and introduced the RN to the concept of **care management** within the context of the patient-centered medical home model of primary care practice. Wellmobile care management processes provided the template for the learning module content.

COMMUNITY PARTNERS

Throughout its existence, the Wellmobile Program has relied on the support and cooperation of a host of committed partners to deliver a comprehensive array of health care and human services to its clients. In each region of the state served by the Wellmobile, the program has carefully identified and accessed a set of community and health care organizations whose missions and strategic goals are aligned with its own. While these partners provide no direct monetary support, their in-kind services and collaborative relationships enable special populations to gain access to their facilities, medical professionals, and enabling personnel, who accept client referrals for additional services. Through these partnerships, the Wellmobiles becomes an integral part of the health care delivery system in each of the communities they serve.

In **Central Maryland (**Prince George's and Montgomery counties**)** the following **c**ommunity partners provided access to health services and accepted referrals for Wellmobile clients in fiscal year 2012:

- Prince George's County Health Department
- Prince George's County Department of Social Services
- Montgomery County Department of Health and Human Services
- Greater Baden Medical Services, Capital Heights, Prince George's County
- Associated Catholic Charities, Spanish Catholic Charities, and Spanish Catholic Center, Archdiocese of Washington, D.C.
- Community Clinic, Inc., Greenbelt, Prince George's County
- Mary's Center, Silver Spring, Montgomery County and Adelphi, Prince George's County
- Dimensions Health Systems, Prince George's County
- Holy Cross Hospital, Silver Spring, Montgomery County
- Quest Diagnostics
- Pregnancy Aid Center, College Park, Prince George's County
- Brentwood Senior Center (Dimensions Health Systems)
- Washington Adventist Hospital, Takoma Park, Montgomery County
- MobileMed (Mobile Medical Care, Inc.), Montgomery County

The following community partners provided Wellmobile parking and access to facilities:

- Washington Adventist Hospital, Takoma Park, Montgomery County

- Catholic Community of Langley Park, St. Camillus Parish, Langley Park, Prince George's County
- Judy Hoyer Family Support Center/Cool Spring Elementary School, Adelphi, Prince George's County
- Deerfield Run Elementary School, Laurel, Prince George's County
- Bladensburg Elementary School, Bladensburg, Prince George's County
- City of Seat Pleasant, Prince George's County
- Shining Star Missionary Church, Seat Pleasant, Prince George's County
- City of Greenbelt, Prince George's County
- Franklin Park at Greenbelt Metro Apartments, Greenbelt, Prince George's County
- Seventh Day Adventist Church, Takoma Park, Montgomery County

OVERALL RECIPIENT IMPACT AND COST EFFECTIVENESS

In fiscal year 2012, the program provided 2,257 client encounters, under the following categories: 1,241 primary care, 330 social work, 86 HIV screenings, and 686 outreach worker. Primary care visits include those conducted on the Wellmobile vehicles during the seven county homeless resource day events. Social work encounters ranged from assistance with applications for medical benefits, e.g., Medicaid, CHIP, PAC, and Kaiser Bridge; emergency assistance; food stamps; and referrals to the state's Breast and Cervical Cancer Treatment Program. Screenings included HIV testing in collaboration with Prince George's County Health Department and to detect health problems such as hypertension and diabetes at community venues such as health fairs.

Outreach targeting eligibility determination and enrolling uninsured in entitlement programs resulted in 1,091 outreach encounters, including 331 encounters for MCHIP, Medicaid, and PAC applications; 403 application follow-ups; and 357 promotional and informational outreach encounters. The scope of Medicaid outreach services included the following efforts by bilingual outreach workers or social work students: campaigns to raise awareness of entitlement programs, screening for eligibility, assistance completing Medicaid applications, follow-up on eligibility determinations, and assistance to those accepted with selection of a managed care organization and a primary care provider. Clients eligible for entitlement programs continued to receive Wellmobile primary care services until they were officially enrolled in that program, were assigned a primary care provider, and confirmed their scheduled appointment for the initial visit with the patient-centered medical home for follow-up care. Undergraduate social work students, under the supervision of a UMBC social work faculty member, advised clients on eligibility for public benefits and services. Case management efforts generated an additional 547 referrals for food, housing, other health coverages and access to Breast and Cervical Cancer screening programs. Outreach workers met with clients after the nurse practitioner primary care visit, providing additional case management, care coordination, and health care system navigation. These encounters involved referrals to community agencies, internal medicine and surgery specialists, and diagnostic services; transfer of cases to permanent health care homes; and communication of results and modifications to treatment plans. The following table summarizes the above-described activities.

Fiscal Year 2012 Clinical Encounters and Referrals

Primary Care	Social Work	Screenings	Outreach Worker	Medicaid & MCHIP Outreach & Applications	Other Referrals
1,185 adults 56 children	**330**	**86 HIV**	**686**	**357 information 331 applications 403 follow-ups**	**547 food, housing, BCCP, screening**

According to the 2009 Medical Expenditure Panel Survey, the average cost of an emergency department visit in the U.S. for an uninsured person under 65 was $1,397, with a median expenditure of $648, of which the uninsured person paid 37 percent out of pocket (Agency for Healthcare Research and Quality, 2011, http://consumerhealthratings.com). A 2006 survey of Wellmobile clients on their intent to use the emergency department in the event the Wellmobile vans were not available revealed that 80 percent of respondents would have sought help at the local emergency department if they did not have Wellmobile services that day. In fiscal year 2012, it is estimated that the program avoided approximately **$614,304** in emergency department visit expenditures (based on median expenditures). This does not include the additional costs incurred in the emergency department for tests and procedures.

The market value of the average professional encounter on the Wellmobile (primary care, screening, and social work) was **$226.** This amount reflects the allocation of fixed costs across only professional (nurse practitioner and social work) visits, conducted with support of drivers/office assistants, bilingual outreach workers, and the Wellmobile Program office. These visits were more time intensive and thus costlier than outreach and health promotion visits, which, when combined with the professional encounters, reduced the fiscal year 2012 Wellmobile cost per visit to **$160.** This calculation excludes Eastern Shore start-up costs. Fiscal year 2012 Wellmobile operating expenditures are allocated across a slightly larger visit volume than in fiscal years 2010 and 2011, although visit volumes remain less than that of previous years, a consequence of curtailed operations and program contraction due to comparatively fewer available financial resources beginning in fiscal year 2010.

RESEARCH AND PROGRAM EVALUATION

The Wellmobile Program offers a multitude of opportunities for research across diverse areas. In anticipation of a transition to an electronic health record (EHR), and to manage data required to generate invoices for DHMH to obtain CMS reimbursement for Medicaid outreach activities, administrative effort continued in fiscal year 2012 on refining data points, encounter-level data collection methodologies, and documentation adherence by Wellmobile staff who provided clinical and enabling services. Capturing all Wellmobile professional and allied health staff encounters is a priority in order to identify and quantify the multiple interventions and interveners needed to help clients obtain assistance and navigate the health care and social service systems. This important information also provides data for future grant submissions.

Two current projects initiated in fiscal year 2012 that will extend into fiscal year 2013 are the Development and Testing of a Mobile Health Website for Mobile Clinic Patients and the Upper Eastern Shore Primary Care and Services Linkages project. Process and impact outcomes from these projects respectively will address the following research questions:

- Can evidence-based health promotion programs be adapted to provide culturally and linguistically appropriate information for minority populations using mobile technology?
- How can vertical integration with health systems impact utilization of higher cost system resources, including emergency departments and hospitalization?
- Can a mobile health unit contribute to the statewide objective of integrating patient-centered medical homes into primary care practices?
- What would be the impact on health costs and client outcomes with a re-focus of hospital community benefits funds to support Wellmobile services in communities targeted by respective hospitals' community assessments?

Through community collaborations, partnerships, and clinical documentation and care coordination activities, the Wellmobile Program provides a continuous source of data that can be used to determine policy directions for health care reform and provision of services for hard-to-reach populations. Research questions generated by the program's experience with underserved groups that have potential for future investigation include:

- Can national evidenced-based practice guidelines and standards be translated into care provided to an uninsured population?
- Can a focus on disease management in a nurse-managed model improve outcomes for the uninsured?
- Are mobile health units effective and efficient in increasing access to primary care in uninsured and underserved populations?
- Can health promotion activities and routine physical assessments and screenings conducted among relatively healthy uninsured populations defer the onset of chronic diseases and/or improve early detection?

NATIONAL PRESENTATIONS AND PUBLICATIONS

Former Wellmobile Program Director Dr. Rebecca Wiseman was third author on the following publication, Jani, J.S., Tice, C, and Wiseman, R. (2012) Assessing an interdisciplinary health c*are model: The Governor's Wellmobile Program, Social Work in Health Care*, 51: 5, 441-456.

As both a clinical and faculty practice site for UMSON, the Governor's Wellmobile Program is a valuable source of lessons learned and best practices. UMSON faculty members disseminate this knowledge by presenting their work at local, regional, national, and international meetings of nurses and other health professionals interested in exploring innovative programs consistent with the Wellmobile's missions. To date, Wellmobile administrators and faculty have delivered presentations on:

- Innovative approaches in enhancing health care access for the underserved

- Models of nurse-managed primary health care practice
- Community and interprofessional partnership development
- Rural and minority health care
- Innovative delivery mechanisms and task-shifting
- Deployment of outreach workers
- Health promotion and disease prevention in underserved communities
- Linguistic and cultural competence
- Opportunities and barriers to fiscal sustainability in the era of health reform

OPERATIONAL CHALLENGES

Challenges in fiscal year 2012 continued to be: access to secondary referral services, including sub-specialties; linkages to patient-centered medical homes for primary care services; lack of an electronic health record; and maintaining the Wellmobile vans in the required operating condition to perform the program's legislatively designated missions.

One of the biggest challenges facing primary care providers continued to be securing second-level referral sources for laboratory tests, x-rays, diagnostic tests, and specialty services. Examples include oncologists to manage breast, cervical, and thyroid tumors; endocrinologists for management of complex diabetes; neurologists to rule out brain tumors and develop treatment plans for migraine headaches; orthopedic physicians for pain evaluation due to muscular-skeletal problems; urologists for kidney failure; and cardiologists for hypertension and heart failure. Other safety-net providers, including FQHCs, report the same challenges.

During fiscal year 2012 the Wellmobile Program director explored new contacts with health providers willing to accept referrals for newly covered and uninsured complex Wellmobile patients to fill the gap left by the under-resourced Spanish Catholic Center, which relocated its Takoma Park office to Silver Spring in spring 2011. Clients willing to travel to Silver Spring remained eligible for services on a case-available basis. The program continues to explore options and partnerships with existing health systems, including local hospitals, for an enhanced collaboration for second-level referrals. It is necessary to maintain dialogue with contraction of existing and creation of new entities in the state's rapidly changing health care landscape.

Dimensions Health System (Prince George's Hospital Center and Greater Laurel Beltsville Hospital), a Prince George's County owned health system, continues to experience financial difficulty aggravated by uncompensated care and has not been a source of specialty and diagnostic resources. Opportunity exists to integrate the Wellmobile into the planned primary care infrastructure envisioned as part of the planned partnership among the University of Maryland Medical System (UMMS), the University System of Maryland, and the state to construct a new health system, contingent on the funding of this enterprise. Washington Adventist Hospital plans to relocate to White Oak, Montgomery County and to develop a Village of Education, Health and Wellbeing, which will include primary care, on the current Takoma Park campus. Holy Cross Hospital in Montgomery County accepts specialty referrals. The Wellmobile Program will continue to seek out partnerships and refer clients to specialists and for diagnostic services affiliated with these facilities that accept sliding fee and pro-bono referrals.

In fiscal year 2011, the Wellmobile Program negotiated an array of reduced fee lab services with Quest Diagnostics and passed the reduced rates on to clients. Wellmobile staff members collected the fees during the Wellmobile visit and provided the client with a pre-paid lab slip. Clients went to the nearest Quest lab for the specimen collection and analysis. Quest invoiced the Wellmobile Program, which paid the bill from client collections. In fiscal year 2013, Quest Diagnostics will raise laboratory fees 2 percent, an increase that the Wellmobile Program will pass on to its clients.

Providing access to primary care services does not solve all of the problems of the uninsured and underserved. The Wellmobile client base is a population that has experienced delayed access to health care and often present advanced disease processes. Clients with unmet needs may average upwards to eight medical problems, demanding multiple referrals for diagnostic and specialty care. These more complex patients require extensive care management. Many clients have minimal literacy skills and require additional effort to ensure that they have a basic grasp of their health conditions and how to manage their day-to-day health.

Given this client profile, the Wellmobile Program included a budget line for a nurse care manager in its May 2012 HRSA grant submission and received funding from CareFirst for a nurse care manager on the Upper Eastern Shore. All future proposal submissions will include a nurse care manager position in the line item budget. Restoring the nurse care manager role would enhance linkages of clients to secondary and tertiary care services and provide a preceptor for entry-level community health and master's nursing students. Currently, the FNP precepts all master's level and community health nursing students, while the social worker oversees outreach activities. Even when linkages can be located and established, the absence of insurance coverage for the more costly specialty and diagnostic services necessitates out-of-pocket payment, which, despite sliding fees schedules, is often a deterrent to accessing the next level of care. For these clients, the emergency room provides an avenue to specialty care, an option to which clients may resort when other means fail.

Failure to procure an EHR in fiscal year 2012 continues to impede operations both at the direct-service and administrative levels. An EHR is central to attaining integration with patient-centered medical homes and for efficient operations, including care management and quality. Electronic scheduling systems link with client medical records, resulting in streamlined documentation and recordkeeping processes. Real-time access to the clinical record enhances continuity of care, saving time and effort in collating and filing paperwork. It eases transitions in care as clients are referred between health systems, an important part of partnership development required for subcontracts. An EHR provides an added level of assurance for scheduling, accurate data collection of client encounters, and facilitates reporting of an unduplicated patient census by linking all encounters within a case. Currently, all documentation, including schedules and encounters, are paper based, which requires entry into a database to generate reports.

Compounded by budgetary constraints resulting from three consecutive years of a 50 percent state budget reduction, reduced CMS reimbursement, and fewer than expected donations and grants, the EHR project has been deferred for the fourth consecutive year. The Wellmobile Program will resume the process of EHR acquisition through grant writing, fundraising, and

partnership development and will eventually resume the procurement process when these factors are aligned.

Fiscal year 2012 operating expenditures included maintenance of four Wellmobile vehicles, each requiring State of Maryland and Department of Transportation mandated vehicle inspections, ongoing preventive maintenance, and routine and unpredicted mechanical repairs. The vehicles were rotated in and out of service during fiscal year 2012 to sustain program operations while other vehicles were undergoing repairs and inspections. Routine generator maintenance was continued on a fixed schedule, as required, based on each vehicle's rate of auxiliary power utilization. Because the vehicles operate on generator power at community sites (unless the host site has installed a special electrical outlet to support shore power), generator service, repair, and replacement are major expenses. Generators were replaced on three vehicles as part of extensive generator battery and electrical system maintenance during fiscal year 2012. These and other repairs to the aging fleet, as well as rising fuel costs, contributed to higher operational expenditures. The Wellmobile Program purchased fuel through the state of Maryland fuel program at State Highway Administration fueling stations and filed for tax rebates, which provided some help with fuel expenditures.

PROGRAM ADMINISTRATION AND FUTURE STRATEGIC DIRECTIONS

It is important for the Wellmobile Program director to keep abreast of state and federal policy changes pursuant to health care reform because of implications for program development and sustainability. Specifically, the director must be able to articulate the program's current and potential future contributions to primary care for the underserved and to establish a role for the program in the rapidly evolving re-structuring of health care delivery. The Wellmobile Program director participated in the initial DHMH Workforce Committee retreat and will participate in the Eastern Shore regional subcommittee. The director is a board member of the Maryland Assembly on School-based Health Care (MASBHC). MASBHC's mission is the promotion and advancement of school-based health care to ensure that children and youth have access to quality health care services in a setting that is uniquely tailored to meet the needs of the students and the community. As a provider of school-linked services to underserved populations of children and adults, the Wellmobile has expanded service capacity to schools without clinics and served as a transitional clinic for developing centers.

REDESIGN OF WELLMOBILE FUNCTIONS IN RESPONSE TO HEALTH CARE REFORM

In fiscal year 2009 the Wellmobile Program began a shift from its former role as a health care home to serving as the "front door" for primary care services, to its new role of linking clients to a permanent community-based primary health care home – the "Bridge to Care" component of the model. This policy shift was aimed at maximizing Wellmobile resources and extending access to Wellmobile services to a larger section of the population. This strategy expanded the potential reach of this gap-filling service and was continued in the subsequent three fiscal years.

Advent of the patient-centered medical home model, an integral part of the Patient

Protection and Affordable Care Act, and the increasing role of FQHCs in primary care for the underserved reinforced the value of sustaining this direction in fiscal year 2012. Additionally, given the proposed coverage expansion via Medicaid expansion and implementation of health exchanges by 2014, the demand for primary care will continue to increase. Anticipating the potential role of the Wellmobile Program in expanding access to care, the program continued refining its "Bridge to Care" model during fiscal year 2012. While the Wellmobile Program as a stand-alone entity cannot function as a medical home, this model of care (described below) is well-suited to assist FQHCs, medical practices, and other health institutions in meeting patient-centered medical home requirements. Additionally, nurse practitioner and community health nursing expertise is an asset in the patient-centered medical home model.

The "Bridge to Care" model has three components, each instrumental to the role of the Wellmobile Program as a gap-filling resource. These components are: increasing access, eligibility determination, and care management. **Increasing access** involves establishing the Wellmobile as the "front door," accessible in two ways. Wellmobile outreach workers locate uninsured and concentrations of underserved populations and publicize Wellmobile service availability in those communities. The front door is available to partners through the reverse referral mechanism. Community partners, such as hospitals (including their emergency departments), urgent care centers, and health and human service agencies refer clients to the Wellmobile.

Eligibility determination is the second model component. To achieve the desired outcome of transferring eligible clients to a patient-centered medical home, outreach worker and social work efforts focus on determining eligibility for state and federal entitlement programs such as CHIP, Medical Assistance, PAC, and Medicare. Outreach staff members assist clients in completing applications, facilitating Managed Care Organization enrollment, and selecting primary care providers. Once the client's needs are assessed, immediate needs are treated, and the plan of care has been established, the Wellmobile care management process prioritizes transition of unstable, co-morbid individuals to a permanent patient-centered medical home, regardless of insurance status. Increasingly scarce physician specialists, pro bono and sliding scale fee diagnostic services, and other wrap-around services to which the Wellmobile historically referred clients in need of additional consultations and treatment, demand that these complex clients be transitioned to a permanent health care home. Medical homes used include FQHCs, outpatient clinics, and private physicians that accept the client's newly-established health coverage or offer sliding scale fees for the uninsured.

Given that the average wait time for a new-patient appointment at clinics and practices accepting uninsured patients is typically two to three months, and clients who have undergone the eligibility determination process for entitlement programs are awaiting confirmation, the Wellmobile FNP continues to follow both potentially eligible and ineligible clients until they can be safely transitioned to the appropriate clinical practice. During this **care management** phase, the Wellmobile program continues to manage these clients and provide individualized physical and social assessments, blood work, treatment, and health education to stabilize their health problems. Clients are scheduled to receive follow-up medical care as needed, either on the Wellmobile or through referral arrangements with an available pro bono or sliding fee scale specialist, or diagnostics, to the extent they are available.

The contracted Wellmobile Program capitalized on the opportunity to transition both complex uninsured and newly insured clients to medical homes in local FQHCs made available by the fiscal year 2010 HRSA FQHC service expansion, funded under the 2009 American Recovery and Reinvestment Act. In Central Maryland, the process of transitioning complex co-morbid clients to health care homes remains protracted due to the extensive pent-up demand for primary care services for the uninsured. Clients awaiting referral remained primary patients of the Wellmobile for varying amounts of time. Factors influencing the duration that a client may continue under Wellmobile program management include level of clinical stability, state or federal entitlement program eligibility, availability of a health care facility willing to accept the uninsured, and availability of an appointment slot in a patient-centered medical home.

The Wellmobile Program demonstrates value not only by addressing clients' immediate health problems and providing the "bridge" to primary care, but also by conducting preliminary work-ups and treatments for clients pending transfer, who are then transitioned, along with a medical record, in a relatively more stable condition than if they had self-referred to the practice or were referred by an emergency department. This attention to stabilizing the client, including diagnosing and treating immediate conditions, and the accompanying clinical documentation facilitates client transfer and creates a climate of more willing acceptance by the receiving provider of these clients.

Experience with this level of nurse-managed patient care in the "bridge to care" model provides evidence that the Wellmobile Program has the capacity to fill a valuable role in the statewide health reform implementation. This asset can be tapped by community partners via contractual arrangements to assist them with medical home functions, including visits from advanced practice nurses and care management, which are among the essential patient-centered medical home functions. Billing and collections obtained from the patient centered medical home under this contractual model would form the groundwork for sustainability efforts.

FUNDING AND STRATEGIC SUSTAINABILITY INITIATIVES

The fiscal year 2010 goal was to configure a program of Wellmobile services aligned with available fiscal, human, and material resources. Once the annual service plan was mapped out and was subsequently contracted, attention was refocused on sustainability strategies, including identification of supplemental funding streams. This configuration was maintained in fiscal years 2011 and 2012. Although not a new model, the strategy required renewed and targeted efforts toward engaging a generation of new funders through grants, foundations, and business and community partnerships. When Wellmobile funding was robust, the expectation was that community partners would provide referrals, service sites, and in-kind services, and would leverage influence with existing health delivery systems to accept uninsured clients on either a pro bono or sliding fee basis. The Wellmobile Program brought a fully funded service into their community without a local financial commitment to the service model. A shift away from this model of freely allocating Wellmobile services funded through legislative allocation and UMSON fundraising efforts to a community, county, or region was needed to accomplish reactivation of the full fleet. The new paradigm involved a stakeholder model whereby the local health and/or human services delivery system, local nonprofit agencies, or the beneficiary community itself would support the operation of this service. This included redefining the

expected contribution of the community partnerships to include financial support, ranging from contractual service agreements or grant fund allocation to provide direct payments for services, to community-based collaborations committed to joint grant submissions with the Wellmobile Program. The aforementioned "Bridge to Care" provides the framework for the community partnership sub-contractual model, one potential sustainability strategy.

The CareFirst-funded partnership with Chester River and Shore Health Systems will expand implementation of the 'Bridge to Care" model to the upper Eastern Shore and pilot approaches to sustainability. The goal is to achieve a fiscally sustainable model by the conclusion of the third project year, 2014, by integrating the Wellmobile into the Upper Eastern Shore primary care system through sub-contractual arrangements and eventual incorporation into the health system–related practices.

With the re-activation of a second Wellmobile on the Eastern Shore slated for July 2012, the ultimate goal of reactivating the remaining two Wellmobile vehicles remained foremost among the fiscal year 2012 priorities identified. The Community Health Resource Commission grant proposal submission in fall 2011 was designed around replication of the CareFirst proposal sustainability model. The proposal would create a partnership between the Wellmobile Program and a FQHC through which patients seen by the Wellmobile FNP would be attributed to the FQHC, who would bill and collect revenues on insured patients and reimburse the Wellmobile program from a portion of the proceeds.

While community and organizational partnerships are fundamental to procuring future Wellmobile funding, such partnerships must be of mutual value and advance the Wellmobile's service and educational missions. To date, the Wellmobile has explored partnerships in the health, academic, and community organization sectors. Wellmobile Advisory Board members have been urged to identify corporate and community funders and to broker entry into the local health delivery systems to gain access to funding opportunities and community partnerships.

Examples of funded partnership exploration activities include FQHCs; rural and urban hospital systems, including UMMS; University System of Maryland academic institutions; local and state health departments; the Maryland State Department of Education and county school systems; and local community agencies and philanthropic organizations. The Wellmobile Program seeks partnerships with health delivery systems to develop and implement novel integrated interprofessional health service models that will add value to the evolving health services sector, including care transitions and primary care.

SUMMARY OF FISCAL YEAR 2012 AND FISCAL YEAR 2013 FUNDING STATUS AND INITIATIVES

The renegotiated addendum to the DHMH Medicaid MOU for federal fund participation from CMS became effective July 1, 2010 and will extend through the first quarter of fiscal year 2013. For the second consecutive fiscal year, under the terms of this agreement, the Wellmobile Program submitted quarterly claims to DHMH for reimbursement of 50 percent of the hourly rate for the social worker and outreach workers participating in Medicaid outreach and enrollment activities. Submitted claims are awaiting reimbursement.

The UMB Foundation, Inc. received donations to the Wellmobile from communities and individuals in fiscal year 2012, which will be applied to Wellmobile operations in accordance with donor specifications.

During fiscal year 2012, the Wellmobile Program submitted the following proposals to external funders:

Funded

- ***Prince George's County Queenstown Pilot*** (Edgewood Management Corporation), implemented July-August 2011
- ***Lower Eastern Shore Primary Health Care and Service Linkages for the Homeless*** **(**CareMark/CVS), fiscal year 2013 implementation
- ***Upper Eastern Shore Primary Care and Services Linkages Project*** (CareFirst), fiscal year 2013 implementation

Not Funded

- ***Southern Maryland Faculty Practice Project*** (Maryland Community Health Resource Commission)
- Bridging Interprofessional Collaborative Practice on the Governor's Wellmobile (HRSA, Division of Nursing Nurse Education Practice Quality and Retention)

FY 2011 Proposals not Funded (awaiting determination in FY 2011 Annual Report)

- Central Maryland Primary Care and Services Linkages Project (Cafritz Foundation)

FY 2013 Funding Prospects

- HRSA requests for proposals pending fiscal year 2013 federal appropriations
- Aetna Integrated Health Care – calendar year 2013 cycle

FISCAL YEAR 2013 PRIORITIES

The challenge to raise external funds will continue in fiscal year 2013. Funders, including those to which the Wellmobile Program had previously submitted proposals, have reduced the number of requests for proposals, restricted the amount of funding per proposal, and limited the duration of funding commitment to one fiscal year; in the past, such grants were often renewable and involved multiple year commitments. Because fundraising remains an ongoing priority to sustain the work of the Wellmobile Program, proposals and presentations to potential partners and funders will require additional resources and responsibilities for the program's administrative staff. Previously submitted grant proposals continue to undergo revision for resubmission to funders, emphasizing the potential value of a mobile clinical service provider to a partner with a stationary operation, particularly within the context of health reform. The Wellmobile will enlist the assistance of UMSON's Office of Development in the preparation and submission of calls for proposals by foundations.

The Wellmobile Program will continue to pursue collaborative extramural funding opportunities with UMSON specialty program directors that provide faculty practice and service opportunities aligned with the mission of the Wellmobile Program. UMSON is collaborating

with other UMB professional education programs. Wellmobiles outfitted as clinical exam rooms are well-suited for interprofessional practice. The pending availability of federal funding to support advanced practice nursing and clinical training offers an opportunity to reactivate Wellmobile units using newly created interprofessional teams implementing practice models that would establish the Wellmobiles as interprofessional clinical training sites.

The Wellmobile Program aspires to further capitalize on the opportunity to align its education mission with the Maryland State Office of Rural Health's "Grow Your Own" initiatives, which focus on recruitment, education, and retention of health professionals in rural areas of the state. This innovative plan requires both internal and external partnerships with other schools and health care systems, as well as local area health education centers to craft an alliance for a rural HRSA health professions training grant submission.

The Wellmobile Program has proposed to school-health specialists in the Student Services Division of the Maryland State Department of Education that the Wellmobile could enhance school-based health center capacity. This enhancement could be accomplished by establishing collaborative funded partnerships between school systems and the Wellmobile to provide nurse-managed primary care services through a school-linked health center model. Establishing this partnership would require designating the Wellmobile as a school-linked health center and creating billing capability through sub-contractual arrangements with local jurisdictions or health systems. Revenue would be generated through indirect or direct access to health care reimbursement streams. In July 2012, DHMH realigned the Office of School Health, the Office of Primary Care Access, and the Office of Community Health Centers under a newly-created Health Systems and Infrastructure Administration. Future discussions of a proposed Wellmobile school-linked health center model will include the Deputy Secretary of Public Health Services

The development and implementation of an EHR remains a priority for fiscal year 2012. An EHR is fundamental to partnerships and subcontracts with health systems and FQHCs because it provides the secure platform for exchange of health information among partners of vertically integrated health systems. Assistance has been requested from the UMSON Office of Development to locate a funder specifically for the EHR project (hardware, software, and licensing fees). Possible funding sources include education grants in collaboration with UMSON's nursing informatics and advanced practice nursing educational programs, which would benefit both the Wellmobile service mission and UMSON's education mission. Doctoral students would benefit from access to de-identified data and outcomes for translational research.

During this time of statewide and national transition in the delivery of health care services, the Wellmobile Program will continue to seek out opportunities for continuing its tradition of innovation as both a provider of population-based, nurse-managed health care and as a clinical education site for health care providers.

APPENDIX A

GOVERNOR'S WELLMOBILE FY 2012 ANNUAL REPORT

Wellmobile Staffing Comparisons by Fiscal Year and Post-Program Contraction

Fiscal Year	Nurse Practitioners	Nurse Care Coordinators	Social Worker	Outreach Workers	Drivers
FY 2009	3.2.0	2.0 (reduced to 1.5 1/1/2009)	.5	4*	3
FY 2010 (7/1-8/15)	2.8	1.5	.5	3*	3
FY 2010 (8/15-6/30)	.6	0	.5	2*	.8
FY 2011	.6	0	.5	1.8*	. 75**-1.0
FY2012	.6 (increased to .8 4/1/12, 1.6 4/16/12)***	0	.5	1.8	1

This table illustrates the Wellmobile staffing model, representing numbers of positions by full time equivalents (FTEs) allocated across operations of four Wellmobiles for FY 2009 and the first four weeks of FY 2010.

From August 15 to June 30, 2010, and for FY 2011 and FY 2012, these positions are allocated across operations of one core Wellmobile and a second Wellmobile fulfilling additional educational and programmatic functions.

Notes: *1 FTE outreach worker is also a driver.

**.75 driver represents base weekly scheduled hours, with additional hours during peak service weeks.

***.8FTE Eastern Shore Nurse practitioner began orientation 4/16 for the Eastern Shore Wellmobile.

FISCAL YEAR 2012 WELLMOBILE BUDGET

Governor's Wellmobile Program - Financial Report
Fiscal Year 2012 (7/1/11-6/30/12)

Expenses:			
	Personnel		
		Salaries	$ 290,359
		Fringe Benefits	$ 39,224
	Operating		$ 83,288
		Total Expenditures	$ 412,871
Revenues:			
		MHEC Funds	$ 285,250
		Other Sources	$ 127,621
			$ 412,871

WELLMOBILE ADVISORY BOARD MEMBERS GOVERNOR'S WELLMOBILE PROGRAM FY 2012

MEMBER	AFFILIATION
Janet D. Allan, PhD, RN, FAAN	Chair Dean, UMSON
Sarah Callanan, MSN, CRNP vacant	NP, Johns Hopkins Community Physicians at Kent Island
Theresa A. Gaffney	RN, Vice President, Consulting and Professional Services, Gannett Health Care Group
Richard Gelfman	Owner, WCTR Broadcasting
Charles Brett Hofmann	MD, Princess Anne Family Practice
Joselina Pena-Melnyk	Maryland House of Delegates
Vacant	Business member
Catherine Pugh	Maryland Senate
Gerard Walsh	Sr. Vice President/Chief Operating Officer, Shore Health Systems

PUBLIC RELATIONS

School Receives Grant to Support Wellmobile Program

DURING A CEREMONY held at the School of Nursing in January, representatives from CareFirst BlueCross BlueShield presented a check for $955,276 to the School to fund a three-year grant in support of the Governor's Wellmobile Program.

"We are here to celebrate the launch of a very special collaboration, which is going to have an important impact on the health care of some of the most vulnerable children, adults, and families across three rural upper Eastern Shore counties," said Kathryn Lothschuetz Montgomery, PhD, RN, NEA-BC, associate dean for strategic partnerships and initiatives.

The grant will fund primary care and enhanced care management for underserved and uninsured populations in Kent, Queen Anne's, and Talbot counties. Through partnerships and collaborations with health care systems, this model aims to reduce unnecessary rehospitalizations and emergency department utilization by filling the gap in the existing health care system infrastructure.

"In addition to delivering primary care services and providing a holistic approach to serving patients, you take your show on the road," said Maria Tildon, JD, CareFirst senior vice president for public policy and community affairs.

Administered by the School of Nursing, the Wellmobile Program consists of nurse-managed traveling health clinics created by statute in 1994. The dual mission of the program is to provide health services for under-served communities and uninsured individuals and to serve as a training site for School of Nursing students. The public-private partnership had expanded to four vehicles but then shrank in 2009 due to economic pressure brought on by the recession. Budget cuts had reduced the program to one geographic region and smaller-scale, community-focused initiatives.

Maryland Delegate Joseline Pena-Melnyk, JD, a member of the Wellmobile Board of Directors, also praised the CareFirst grant. "We need public-private partnerships. We cannot do it alone," she said.

School of Nursing, University of Maryland, and CareFirst officials, along with other colleagues, partners, and friends, gathered to celebrate the new Wellmobile grant.

Susan Antol, MS, RN, an assistant professor at the School of Nursing and director of the Wellmobile Program said, "We hope to develop a model that adds value to the community and supports hospitals, primary care practices, and the local Federally Qualified Health Center in building a seamless network of health care, especially in this time of health care reform."

—Patricia Fanning and Patricia Adams

For more information, contact:	Receive News Releases by e-mail:
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UMD School of Nursing Receives $955,000 Multi-Year Grant from CareFirst

Baltimore, MD (February 13, 2012) – University of Maryland School of Nursing (UMSON) and CareFirst BlueCross BlueShield (CareFirst) today announced a grant for $955,276 to fund the Governor's Wellmobile Program for three years on Maryland's Eastern Shore. The CareFirst grant will fund a new model of nurse-managed primary care and enhanced care management for underserved and uninsured populations across three rural upper Eastern Shore counties: Kent, Queen Anne's and Talbot. Through partnerships and collaborations with health care systems, the goal of this model is to reduce unnecessary re-hospitalizations and emergency department utilization by filling gaps in the existing health care system infrastructure.

Dr. Kathryn Montgomery
Associate Dean
UMD School of Nursing
Listen to Dr. Montgomery's audio.

Dr. Jay Perman, President
Univ. of Maryland, Baltimore
Listen to Dr. Perman's audio.

"This model is built upon forging collaborations with institutional partners like CareFirst and patient-centered medical homes," said Susan Antol, Director of the Wellmobile Program. "This program, as a University of Maryland School of Nursing clinical practice, values this health system-level community partnership."

The Governor's Wellmobile Program is a fleet of traveling health clinics that have served Maryland's Western, Central, and Eastern Shore regions since 1994. Wellmobile vans are fully equipped to provide primary health care services, disease prevention, and referral services to uninsured and underinsured Marylanders, using a nurse-managed family nurse practitioner model. The Wellmobiles also serve as clinical learning sites for UMSON undergraduate, graduate and doctoral students. The Eastern Shore Wellmobile operation aims to provide primary care services four days a week to 1,200 patients per year. Kent, Queen Anne's and Talbot Counties are currently considered health professional shortage areas, lacking primary care physicians and care coordination efforts.

"The Wellmobile program provides a considerable service to underserved populations in Maryland, and CareFirst is proud to support the initiative," said Maria Harris Tildon, CareFirst Senior Vice President of Public Policy and Community Affairs. "Across the three counties served by the program, primary care services are in high demand, with very few options and resources for Medicaid patients."

The Wellmobile program in the Upper Shore will be staffed by a family nurse practitioner, a registered nurse care coordinator, a community outreach worker, and undergraduate UMSON community health nursing students. Staff members will collaborate with affiliated hospital partners who will link patients to Wellmobile services and who will provide wrap-around services to patients in need. CareFirst's grant is the only cash supporter of the Upper Shore Wellmobile program

CareFirst Senior Vice-President Maria Tildon presents a check to the UMD School of Nursing

In its 75th year of service, CareFirst, an independent licensee of the Blue Cross and Blue Shield Association, is a not-for-profit health care company which, through its affiliates and subsidiaries, offers a comprehensive portfolio of health insurance products and administrative services to 3.4 million individuals and groups in Maryland, the District of Columbia and Northern Virginia. In 2011, CareFirst contributed $51 million to community programs designed to increase the accessibility, affordability, safety and quality of health care throughout its market areas. To learn more about CareFirst BlueCross BlueShield, visit our Web site at www.carefirst.com or follow us on Twitter: http://twitter.com/CareFirst_News.

The University of Maryland School of Nursing, founded in 1889, is one of the oldest and largest nursing schools, and is ranked eleventh nationally. Enrolling more than 1,600 students in its baccalaureate, master's, and doctoral programs, the School develops leaders who shape the profession of nursing and impact the health care environment.

CareFirst

Taking Health Care on the Road to Eastern Shore Counties

Taking Health Care on the Road to Eastern Shore Counties

While access to health care services is a continuing problem for the underserved and uninsured residents in both urban and suburban areas, the problem is even more pronounced in rural areas of the state. Difficulties in attracting physicians and other medical professionals to isolated, rural regions of Maryland seriously hamper their access to primary health care.

Mobile clinics, like the Governor's Wellmobile, are an increasingly popular and cost-effective method for health systems and primary care providers to extend their reach into rural communities. The Wellmobile vans are fully equipped to provide primary care services, disease prevention, and referral services to low-income Marylanders, using a nurse-managed family nurse practitioner model. CareFirst recently joined representatives of the University of Maryland School of Nursing (UMSON) to announce a three-year grant for $955,276 to fund the Governor's Wellmobile Program to serve residents in Kent, Queen Anne's and Talbot counties on Maryland's Eastern Shore.

"The Wellmobile program provides a considerable service to underserved populations in Maryland, and CareFirst is proud to support the initiative," said Maria Harris Tildon, CareFirst Senior Vice President of Public Policy and Community Affairs. "Across the three counties served by the program, primary care services are in high demand, with very few options and resources for Medicaid patients."

The Wellmobile program on the Eastern Shore is staffed by a family nurse practitioner, a registered nurse care coordinator, a community outreach worker, and undergraduate UMSON community health nursing students. Staff members collaborate with affiliated hospital partners who link patients to Wellmobile services and provide wrap-around services to patients in need. CareFirst is the sole financial supporter for the Eastern Shore Wellmobile program.

CAMPUS HAPPENINGS

UMSON, Wellmobile program celebrate 3-year grant

Maryland

The University of Maryland School of Nursing, Baltimore, received a $955,276 check Jan. 30 from CareFirst BlueCross BlueShield to fund a three-year grant in support of the Governor's Wellmobile Program.

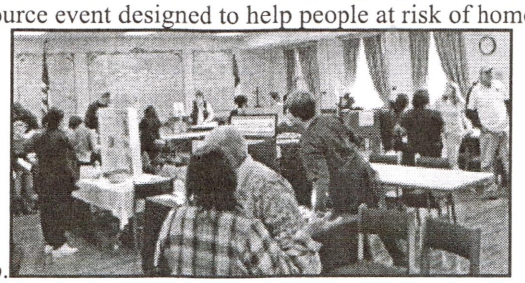
The grant will fund primary care and enhanced care management for underserved and uninsured populations in Kent, Queen Anne's and Talbot counties in Maryland. Administered by UMSON, the Wellmobile Program consists of nurse-managed traveling health clinics created by state legislation in 1994. The program's mission is to provide health services for underserved communities and uninsured individuals and to serve as a training site for UMSON students.

"We hope to develop a model that adds value to the community and supports the hospitals, primary care practices, and the local federally qualified health center in building a seamless network of healthcare, especially in this time of healthcare reform and the impact it has on current healthcare systems," said Susan Antol, RN, MS, an assistant professor at UMSON and Wellmobile program director, in a news release.

Dorchester's Homeless Resource Day – a Huge Success

December 2, 2011 By Michael Troup

Social service agencies understand that potential clients often are unwilling to disclose personal information that might cause them to lose more than they might gain. And when a collective of many community agencies in Dorchester planned a resource event designed to help people at risk of homelessness – no one knew how many people might show up looking for help.



On Thursday, over 16 different organizations and government agencies serving Dorchester residents staged an event unlike any other.

Grace United Methodist Church on Race Street in Cambridge was transformed into a mini-mall of resources all day Thursday, with teams of volunteer and staff from community agencies lined up to help. Upon registering at the church, each person was assigned a volunteer "guide" to help negotiate through the event, and network with various organizations. Outside, the Governor's Wellmobile – a mobile doctor's office – was onsite, as was the U.S. Department of Veterans Affairs, with a mobile office designed to help connect veterans with all resources for which they're eligible.

Inside the church, Cambridge Mayor Victoria Jackson-Stanley, dressed in a purple volunteer t-shirt, was beaming at the front registration desk. "So many more people than we expected showed up," she said. "We were hoping for 50, and we haven't really counted yet, but far more than that showed up so far." And according to Bill McDonnell, Director of Dorchester Department of Social Services, the event's success was due to well-planned collaboration of many organizations working together.

Participating agencies included the Social Security Association, Motor Vehicle Administration staffers who helped people obtain personal identification, the Eastern Shore Crisis Response System and the Dorchester Cold Weather Shelter who was registering homeless individuals for shelter that very night.

Staff and volunteers made the day.

Maryland's Commitment to Veterans organization was there, giving away backpacks filled with warm clothing and personal care items, Chesapeake Voyagers – the self-help mental health organization in Kent County and Easton, was helping to organize a similar group in Cambridge. Others included Priority Partners – the administrative agency for managed care for Medicaid in Maryland, Habitat for Humanity, MidShore Pro Bono and the Eastern Shore Health Education Center. Dorchester Library offered free books.

Dorchester Department of Social Services, Choptank Community Health Center, Delmarva Community Services and the Dorchester Health Department offered quick access to services ranging from food assistance to HIV testing, dental screenings, off-site birth certificates, blood pressure screenings, transportation, housing and aftercare follow up for persons seen by the Wellmobile medical staff.

And behind a quiet day-care room for mothers and babies, was the Delmarva Beauty Academy, who set up a virtual beauty salon, where men, women and children were offered free haircuts.

On the Shore, where community resources can be disjointed and fragmented, this collective effort proves that with networking and mutual collaboration, community agencies can band together to make a big difference for people at risk of homelessness.

ANNE ARUNDEL COUNTY
MARYLAND

County Executive John R. Leopold
P.O Box 2700, Annapolis, MD 21404

April 25, 2012

Director, Susan Antol, David Rosario & Staff
University of Maryland Family Community Health Wellmobile and School-Based Programs
655 West Lombard Street
Baltimore, MD 21201

Dear Susan, David and Staff:

Thank you for assisting with Anne Arundel County's fifth annual Homeless Resource Day. The success of this day is due to having so many services providers at the high school giving assistance to the homeless. This year 83 service organizations participated in the event.

Our data shows 654 individuals attended this year; 213 men, 212 women, and 220 children. The largest percentage of guests was between 45-61 years of age. The next highest percentage was children from birth to 5 years of age. Over 252 guests were doubled up with family and friends.

Thank your staff and administration members who offered their time and expertise at Homeless Resource Day. In these times of budget restraints and staff reductions, it is encouraging to see so many employees giving of their time and talent during a weekend. Your commitment allowed many homeless in the County to receive needed services in order for them to become self-sufficient again.

My appreciation to all who participated on March 31st.

Sincerely,

John R Leopold

JOHN R. LEOPOLD
County Executive

State of Maryland
DHR
Maryland's Human Services Agency

DEPARTMENT OF HUMAN RESOURCES

Carroll County
Department of Social Services

Frank Valenti, Director

1232 Tech Court
Westminster, MD 21157

Phone Number:
410-386-3300
FAX Number:
410-386-3429

October 19, 2011

Susan Antol
University of Maryland School of Nursing
655 West Lombard St.
Suite 425B
Baltimore, Maryland 21201

Dear Ms. Antol,

Thank you for assisting with Carroll County's First Annual Homeless Resource Day. It was encouraging to see so many volunteer their time, talent and expertise.

The latest count shows that 117 individuals/families attended the event at Winters Mill High School. Your commitment allowed many homeless in the County to receive needed services in order for them to become self sufficient.

From myself and all the staff at the Carroll County Department of Social Services please extend our most sincere appreciation for helping make this special and important event a stunning success.

Sincerely,

Frank Valenti

Frank Valenti,
Director
CCDSS

"We Accomplish Great Things Together"