
east georgia healthcare

Extending the Reach of Community Health Through Mobile Healthcare

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New Bern, NC

MISSION MOBILE MEDICAL

Learning Objective #1:

Strategic Value of Mobile Healthcare

Understand how mobile healthcare can extend the reach of Community Health Centers to underserved populations, improving access and reducing health disparities, even amidst funding constraints and staffing shortages.

Learning Objective #2:

Proven Best Practices from Industry Leaders

Learn from successful Health Center leaders who have effectively navigated the challenges of resource limitations to deliver impactful mobile healthcare programs.

Learning Objective #3:

Actionable Insights for Sustainable Growth

Discover practical, scalable strategies for integrating or optimizing mobile health in your organization, empowering your teams to serve growing patient populations with fewer resources.


LIBERTY
WAREHOUSE
632

Our Approach: A 6-Month Listening Tour

Objective: Identify and interview 20 of the highest-performing FQHCs in mobile healthcare

Cues: Strategy, Execution and Financial Insights to share


PANCARE
OF FLORIDA, INC.
PANCARE

Photo credit: PanCare

The program is financially viable. We have a substantial school-based initiative, reaching approximately 14,000 children annually through our mobile units, with many of these children receiving multiple visits each year.

Our Medicaid enrollment rate is significantly higher compared to our brick-and-mortar clinics, with a rate of around 60%.

Robert Thompson
CEO, Pancare

PANCARE OF FLORIDA, INC.

BY THE NUMBERS

Total patients served:	50k
Mobile clinic patients:	14k
Mobile clinics:	11
Mobile services offered:	Medical Dental Behavioral Vision
Primary use case(s):	Schools

Pancare's Approach: Healthy young smiles

Strategy

11 mobile units serve school-age children across multiple counties in rural northwest Florida with annual medical screenings, two dental visits, follow-up optometry, and sports physicals.

Summer deployments support assisted living facilities, detox centers, and Head Start programs.

Execution

Station-based school screenings (vision, hearing, BMI, scoliosis); no on-site dental procedures.

Clinics staffed by PAs/NPs, 3–4 dentists, hygienists, and assistants; pediatric referrals as needed.

Operate 8-9 hrs/day, 5 days/week

Financial

Optometry is currently a loss leader; redesigning workflows to break even; billing for all services creates challenges

Combination of 340B savings, Low Income Pool (LIP) funding, and local foundation grants are used to ensure overall program viability.


eghc
east georgia healthcare center

Photo credit: The Crossroads Chronicle

Every year in Vidalia Onion country, we see about 4,000 individual farmworkers in the evenings and on the weekends.

At the middle and high schools, your best way to earn that business is to become best friends with the football, basketball and baseball coaches. And the band director. Those folks want their kids well every day, and they will make sure that kid sees the doctor the second they find out they're not feeling good.

Peyton Frye
COO, East Georgia Health Center

egHc

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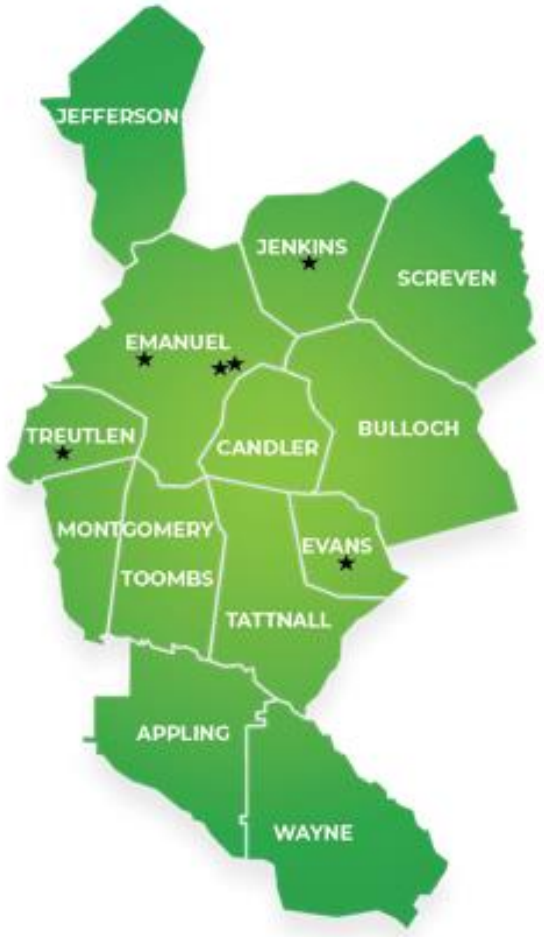


BY THE NUMBERS

Total patients served:	25k
Mobile clinic patients:	6k
Mobile clinics:	6
Mobile services offered:	Medical Dental Behavioral
Primary use cases:	Farmworkers Schools

EGHC's Approach: Farms First

Strategy

Six units daily for migrant outreach, school-based care, chiropractic, optometry

Designed for heavy use (sturdier stairs with handrails, lighting)

Boosts visibility/community via summer meals; business-first, not charity

Execution

Daily deployment as clinical & marketing asset

Engaging students through events and sports physicals; engaging staff through insurance biometric screenings

Lean staffing vs. brick and mortar

Monetizes retinal screenings; rugged-ready (lighting, steps)

Financial

Profitable at ~9.5 visits/day in school-based setting

340B yields nearly 200% margin

MCO coordination nets $130/patient for retinal

Advocating for mobile-specific billing codes

careSOUTH carolina

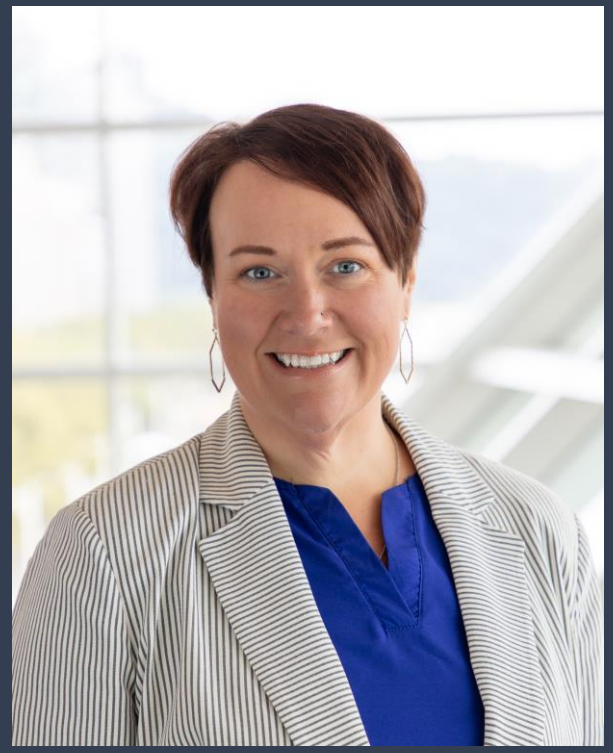


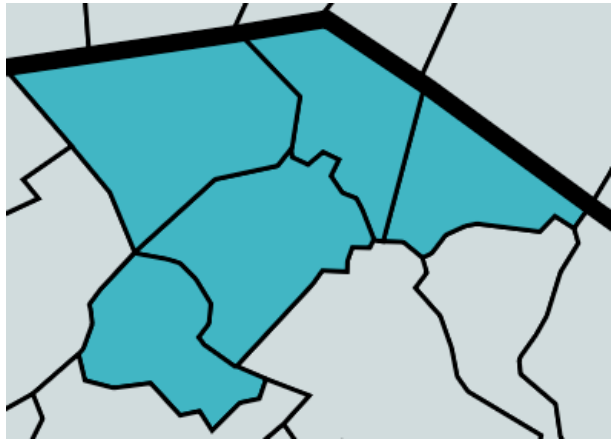
Photo credit: Mobile Health Map

In the first couple of years of a program, you're generating revenue, but you're not seeing much of a profit. Maybe breakeven or a little bit worse.

But after that second year, we expanded, going from one to three mobile units. We went from one school district to three quickly, and then to five the year after that. And today, we're in 57 schools across those five districts.

Jeri Andrews
CMO, CareSOUTH

careSOUTH carolina



BY THE NUMBERS

Total patients served:	38k
Mobile clinic patients:	5k
Mobile clinics:	5
Mobile services offered:	Medical
	Dental
	MAT
Primary use cases:	Schools

CareSouth's Approach: Patience and youngins

Strategy

Started with school dental, added medical; constantly exploring other avenues for mobile health.

Targets high ER users, students, VBC patients.

Shifted to predictive analytics over low-yield outreach.

In CIMS; partners with MCOs.

Execution

Profitable in 1–2 years.

Operates 3 medical (2 school, 1 MAT), 2 dental units; planning hygiene sprinter.

Home visits with telehealth support.

57 schools across five different school districts

Financial

Dental profits depend on staffing; costs tracked early.

Medical now profitable.

In shared savings/incentives model.

Key Takeaways

Pancare, EGHC and CareSouth illustrate how mobile healthcare can become financially sustainable and operationally scalable through strategic design, tactical execution, and proactive partnerships.

Key ingredients for success include:

- Treating mobile clinics as core revenue-generating assets, not adjunct outreach.
- Using data (claims, lab, patient attribution) to drive site placement and patient targeting.
- Innovative staffing and operational models (e.g., fewer providers, telehealth backup).
- Integrating with **value-based care** models and community programs for sustained impact.
- **Early-stage investment and patience**, with profitability typically emerging after a 1–2 year ramp-up period.

Reverse Q&A:

What did you hear that surprised you?

What can you take from these community health center leaders to apply to your mobile program?

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The Mobile Healthcare Company

1. **Mobile Healthcare Planning & Coaching**
   - Mobile Healthcare Masterminds
   - Mobile Healthcare 1:1 Coaching

2. **Mission Mobile Academy**
   - Operator Certification
   - Program Development Certification
   - Mobile Healthcare Alliance Summit (August 21-23, 2024)

3. **The Mobile Healthcare Research Consortium**
   - Network of academic research orgs, staff and systems to evaluate grant opportunities, forms triad-like partnerships between PIs and health systems to execute research grants

4. **Mobile Healthcare Equipment & Field Services**
   - Mobile Medical Community Programs, turnkey
   - Medical, Dental, Behavioral/OTP/MAT, Mammography Clinics

   - Technical Support
     - Leasing
     - Staffing
     - Storage and Readiness support
     - Disaster relief

   - On-site Service & Maintenance (for all major manufacturers)
   - Refresh work (for all major manufacturers)
   - Warranty repairs (for all major manufacturers)

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Questions?

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