MOVING MEDICINE
THE UNIVERSITY OF IOWA MOBILE CLINIC
CELEBRATING TEN YEARS
It’s often hard to say when an idea becomes a mission and a mission becomes passion but I know exactly when the idea for the UI Mobile Clinic became a mission: October 2001. AMSA students put on a free clinic for the residents of Shelter House and realized these patients had needs that weren’t being met. A committee was formed and I was asked to become the Office of Student Affairs and Curriculum advisor for the group. Within a few weeks, the medical students realized they needed others to add their ideas and particular skills to the mix, so other UI health sciences
colleges were invited to join the group. Funding sources were investigated and an application to the AAMC Caring for Community grant was submitted. Then, the really important position of Medical Director was filled by Dr. Becky Hegeman, then the faculty director of Flocks Community and the team was complete, just in time to receive notice that we’d been funded for four years from the AAMC grant. Excitement had been building, motivation was high and the passion that has sustained Mobile Clinic for the past ten years was ignited.

Over the past ten years, Mobile Clinic’s structure has evolved but it’s never changed from the basic principle of grass roots organizing: an executive board but no other hierarchy. Each health sciences college is represented and consensus rules, no complex structure or filibustering, just teamwork with remarkably little disagreement. The mission has been refined somewhat, and adjusted as community needs have changed, but the basic precept of providing basic health care services and education to people who have barriers to accessing care is still the foundation of the Mobile Clinic... and the passion of the volunteers, students and faculty members never wavers.

The benefits of mobile clinic are innumerable. Patients receive good quality medical care and even more importantly are educated about health so they can become partners in managing their health. Student volunteers not only learn patient care first-hand, they also learn how clinics work: the administration, the funding, the record keeping, the politics, and they learn from the faculty preceptors who become their teachers and mentors. Faculty enjoy interacting with students who are enthusiastic about medicine and with patients who appreciate their skills and compassion.

The colleges benefit because Mobile Clinic has become a recruiting asset, attracting students who are active, compassionate, and recognize that health care is a service profession.

And I have benefited too, probably more than anyone else, as I have come to know so many wonderful students in the past ten years. I admit, every spring I get nervous, thinking, “this year’s board and volunteers are the best. What if nothing works next year?” And every year I’m sad when the M4s I’ve watched grow from over excited, wide-eyed M1s who mature into dedicated care givers and leaders, move on to the next adventure but I know they have been shaped by their Mobile Clinic experiences and are well prepared to be excellent physicians in life long service to their patients and communities. And every year, the new board and the volunteers are great and I just smile at myself for having ever been concerned.
Mobile Clinic has been a huge success from my personal perspective and has matured from its early days to its present status as a smoothly run student organization. It has been some time since I was involved in any role other than providing physician supervision for clinics. And, in many ways, I am “surprised” that Mobile Clinic has been active for 10 years! Time does fly.

Looking through files I came across the draft of press release concerned with the unveiling of the Mobile Clinic Bus in April 2004. What a project! I can still recall how excited students, faculty, and staff were to see and then use the bus. Everyone was convinced that the bus would really make the “mobile” in Mobile Clinic a reality since we could take the clinic, including examination and counseling rooms, to the communities. Of course the reality did not match expectations: I recall a session during the winter at the trailer park south of Iowa City when the heaters didn’t work and we had no real privacy to talk with families. Eventually, numerous, continuing mechanical problems led to the decision to stop using the bus.

But the “mobile” in Mobile Clinic continued to be an important component of the mission of the program. We moved to the people whom we served and utilized whatever rooms could be found to provide services that the community needed and requested.

Columbus Junction and Pheasant Ridge are the only remaining site from the 2004 list. But the list has expanded greatly and the involvement by students has increased dramatically. Columbus Junction came to be the site where I most frequently volunteered. Community support truly made the activities of Mobile Clinic possible and productive at Columbus Junction. Students worked with community representatives to identify the most needed activities. We do school and sport physicals for children and adolescents and provide influenza immunization. Counseling for adults has also been an ongoing part of clinic activity at Columbus Junction.

Congratulations to all who have worked to help Mobile Clinic reach its 10th birthday and who will ensure that it will continue to provide services to the underserved in our community.

Jerold C. Woodhead, MD is currently the Sahai Family Associate Professor of Medical Education, associate professor of pediatrics, director of the Division of General Pediatrics and Adolescent Medicine at the UI Children’s Hospital and is the immediate past president for the Council on Medical Student Education.
Ezzatollah (Et) Shivapour, MD is a clinical professor of neurology at the UI Hospitals and Clinics. Shivapour has been a UI Mobile Clinic provider since 2002.

The past 10 years have been marked by a consistent rise in the number of people without health insurance in the U.S. 49 million are now uninsured in the US and 10% of Iowa's non-elderly residents have no health insurance coverage. As is stated in our Mobile Clinic Mission Project, "Healthcare is a universal human right." Many people in our community are currently denied this right. Mobile Clinic is helping to meet this need in our community while also encouraging our medical students in the field of service. In my experience the students of any discipline who participate in MC are, as a rule, sincere, considerate and compassionate individuals who have earned my trust and respect.

As I age, I tend to learn more about life than medicine. I realize that nobody can do everything, but everyone can do something.

Becky Hegeman, MD is currently a clinical associate professor of internal medicine in the Division of Nephrology.

I am amazed at the number of talents among the health professional students at Iowa. The bus which they tore apart and rebuilt on the inside is only one example. You all found numerous ways to engage numerous communities within our area and have kept it going through thick and thin. I learned so much working on this project from the students and their faculty (pharmacy, nursing, social work, dietitians, public health) and I think we all learned from the patients about their needs. It was great fun working with Drs. Woodhead and Shivapour, too, and thanks to Penny for keeping us all moving forward.

Judith Crossett, MD, PhD is currently a clinical professor of psychiatry in the Carver College of Medicine and a clinical professor of nursing in the College of Nursing.

The Free Mental Health Clinic was started by students to respond to the need that students saw in the community for more rapid, no-hassle access to mental health care. Since its founding, the FMHC has given patients who otherwise had long waits for outpatient service, who didn’t have insurance coverage, or who couldn’t afford sliding scales to have diagnostic and medication management of their psychiatric illness. The students involved have heard human stories, have improved their interviewing skills, and learned more psychiatry hands-on. The faculty physicians are energized by the dedication of the students, the worth of the care being given, and the opportunity to teach while giving back to the community. We run on a shoestring, but are richly paid in the gratitude of our patients.
The first Mobile Clinic Board established policies, medical procedures, clinic processes and this mission statement:

Health care is a universal human right. Mobile Clinic was founded to:

Provide free health screening, prevention, education, and basic health services to underserved populations in and around Iowa City.

Utilize interdisciplinary potential from the allied health sciences at the University of Iowa.

Raise awareness of existing health resources in the community.

Connect people in the communities served by these resources.

Partner with these communities to assess their changing needs and adapt our services to reflect these changes.

Advocate for patients both in clinics and the larger social arena.
Initially, UI Mobile Clinic consisted of 157 student volunteers from six health sciences graduate colleges. Medical services were provided routinely at four locations: Broadway Neighborhood Center, Columbus Junction Community Schools, Pheasant Ridge Neighborhood Center and Shelter House. In the first year of operation, UI Mobile Clinic saw 185 patients.

The organization has continued to grow and evolve since that first year and has become an invaluable resource for many local communities. It also provides exceptional experiential learning opportunities for graduate students entering medical and health-related professions.

INITIAL LOCATIONS

- Pheasant Ridge Neighborhood Center
- Broadway Neighborhood Center
- Shelter House
- Columbus Junction Community School
I was part of Mobile Clinic’s first governing board and continued to serve on the board for three years. I also often volunteered as a clinic coordinator onsite. One of my favorite memories with Mobile Clinic was while serving as a clinic coordinator at Broadway Neighborhood Center. We had a young man enter the clinic who only spoke Spanish. The attending physician was able to identify and treat the immediate needs of the patient; the student examiners, social work students, interpreter and I coordinated our efforts in order to follow up with the patient to monitor the course of his symptoms and connect him with a provider for further care.

I am proud of what we were able to accomplish in the initial years of Mobile Clinic. Ritu Bhatnagar and I performed the first organizational self-evaluation. We found Mobile Clinic was working hard to establish relationships with the partner sites. We learned to augment the goals of the collaboration as we gained a better understanding of the community and partner needs.

Mobile Clinic provided the best opportunities for me to develop leadership and managerial skills. As a clinic coordinator, it was important to be able to assess how the entire day was progressing and be able to adapt quickly to changes. These skills were identical to the characteristics needed to manage an inpatient medicine team. Additionally, it was a chance to maintain clinical skills since students in my program (the Medical Scientist Training Program) spent several years away from the clinical rotations.

Mobile Clinic has considerably impacted my career path. I decided to train in internal medicine because I had a long standing interest in helping complicated patients—much like the patients we saw at our clinics who may not have had regular medical care due to lack of access. I have practiced in internal medicine since I graduated seven years ago; however, reflecting on my experiences with Mobile Clinic has recently prompted me to revisit one of my initial goals when I started medical school. As a result, I have decided to complete a residency in preventive medicine, which I will begin this summer at the University of Rochester.
IDENTIFYING NEED

October 2001
A group of medical students and faculty first form to discuss the unmet needs in the community. Soon after, pharmacy, nursing and social work students join the discussion.

MORE LOCATIONS

March 2002
First clinics were held at Broadway Neighborhood Center and Columbus Junction Community Schools and continued to be held once a month.

ON A ROLL

June 2003
UI Mobile Clinic purchased a bus from Cambus for $3,500. A Vehicle Team, made up of student volunteers from numerous disciplines outlined and implemented a comprehensive construction plan for the renovation for renovation and conversion of the bus into a working mobile clinic.

RECOGNITION

July 2003
UI Mobile Clinic was awarded a second place in the Interdisciplinary category of Secretary of Health and Human Services Awards for Innovations in Health Promotion and Disease Prevention for 2002-2003.

FULLY FUNCTIONING

April 2004
Bus was fully functioning with two clinic suites, a nursing station and a counseling station. Established summer clinic location with Proteus Clinic in Williamsburg.

A PRESIDENTIAL AWARD

June 2006
Mobile Clinic received the President’s (David J. Skorton) Award for State Outreach and Public Engagement.

CLIA CERTIFIED

November 2005
Mobile Clinic receives CLIA certification for it’s lab functions. Jan Frerichs from Pathology takes on role as lab administrator and trainer.

GETTING ORGANIZED

July 2002
Grant funding began and UI Mobile Clinic was officially formed. Dr. Rebecca Hegeman was appointed as UI Mobile Clinic’s first Medical Director and Penny Rembolt was appointed as the Administrative Advisor.

FIRST CLINICS

September 2002
First clinics were held at Pheasant Ridge Neighborhood Center and Shelter House and continued to held once a month.

GRANT

March 2002
Grant application was submitted to the AAMC Caring Communities Program.

GRANT

May 2002
Notice was received that AAMC Caring Communities Program Grant would fund UI Mobile Clinic. Mobile Clinic received the remaining grant awards the following three years.
MENTAL HEALTH

March 2007
The Free Mental Health Clinic was established as an extension of Mobile Clinic. Clinics are now held every other week, all year round at the Community Mental Health Clinic. Judith Crossett is the Mental Health Clinic Medical Director.

NEW DIRECTOR

October 2007
Dr. Britt Marcussen was appointed as the new UI Mobile Clinic Medical Director.

STREET MED

September 2008
Street Med was established as an informal clinic by Medical Director Dr. Marcussen held on an occasional basis at the Wesley House in Downtown Iowa City. Also the first clinics were held at the Cedar Rapids Community Health Free Clinic and continued to be held once a month.

STREET MED EXPANDS

September 2009
Street Med expanded to a full clinic site with clinics held once a month, essentially replacing the Shelter House as the downtown Iowa City location.

WEST LIBERTY

September 2011
The first clinics were held at West Liberty Community School District and continue to be held once a month.

LOSS OF BUS

May 2009
The bus purchased in 2003 was officially decommissioned. RIP.

NEW DIRECTOR

October 2009
Paul Mulhaussen becomes Medical Director.

GOING DIGITAL

October 2012
Mobile Clinic launched Practice Fusion Electronic Medical Record.

ST. PATRICK’S LOCATION

May 2009
St. Patrick’s Church clinic site was established. Clinics are held quarterly at the new location.

TENTH ANNIVERSARY

September 2012
Ten year anniversary celebration in the Medical Education and Research Facility.
Mobile Clinic has enjoyed a very exciting year in 2012-13. We kicked off the year with a 10th Anniversary Celebration, exactly 10 years to the day after the first clinic, held at Pheasant Ridge in Iowa City. Several alumni and founders joined us to celebrate, share stories and ideas, and enjoy food while a slide show of Mobile Clinic’s “greatest hits” played in the background.

Soon after, we hit the ground running with two new clinic sites at West Liberty and St. Patrick’s Church. These locations have quickly become two of the most active sites we serve, with patients becoming very involved in the direction of services. West Liberty founders dedicated countless hours to community partnerships and conversations, allowing for a very dynamic clinic. Initiatives in the new clinic locations include education clinics directed at specific health topics, mental health awareness, and school physicals. St. Patrick founders found a niche in the after-mass time slot on Sundays, expanding on the quarterly clinic dates by including formal patient education sessions.
The rollout of these clinical sites was directly impacted by Mobile Clinic’s new Electronic Medical Record. This cloud-based system enables a leaner, more efficient way to compile patient records while improving continuity, safety, inter-organizational communications, and record-keeping. Project leader Alex Hubbell (M4) envisions more comprehensive, compact patient records that lead to improved tracking of outcomes and best-practice guidelines, something that Mobile Clinic has been working toward since its original yearly reports were written for the Pfizer grant.

Several smaller initiatives added to this year’s excitement. Undergraduates, led by liaison Tom Meirick (Jr.), are supporting regular clinic operations including EMR computer work, childcare at clinics, and occasional shadowing. They regularly contribute to fundraising and community efforts such as the Street Med Clothing drive and a new Mobile Clinic Spring Carnival.

Our new website, www.iowamobileclinic.org, offers more accessibility for the public. Current board members have also made improvements in several administrative processes including streamlining budget organization and planning, expanding fundraising efforts and tracking clinic volume and materials. After several research studies requested permission to involve Mobile Clinic patients, the first research policies and guidelines were established. Johnson County Public Health’s new disease prevention specialist brought Mobile Clinic into Iowa City’s network of health providers, giving us a stronger inter-professional community presence.

UI Mobile Clinic now routinely serves six locations: Columbus Junction Community Schools, Pheasant Ridge Neighborhood Center, West Liberty, St. Patrick’s Church, Free Medical Clinic and the Wesley Center.

We also partner with Proteus, the migrant health care agency, during the summer months to provide services to their clients. We now have approximately 350 student volunteers from the Colleges of: Medicine (including the Physical Therapy and Physician Assistant Programs), Nursing, Pharmacy, Social Work, the Public Health and Dentistry. UI undergraduates also volunteer. In our tenth full year of operation we saw 695 patients. We are excited to be a part of this organization that has continued to serve the medical needs of our surrounding communities for 10 years.

However, we see how the needs of those communities are changing, and Mobile Clinic is responding accordingly. An increasing emphasis on broadening the scope of practice to address the social determinants of health is leading towards additional projects and goal such as: more structured education and support for patients with chronic medical conditions, partnering with other community and student organizations to promote healthy lifestyles in families. Using the clinics for outreach and student volunteers as mentors to the minority youth in the communities we serve is also a new direction for Mobile Clinic but is a natural fit; encouraging these youth to be healthy and engaged could be the first step in encouraging them to consider a career in health care as a possibility for their future.

Mobile Clinic was one of the first student run free clinics in the nation and there is no doubt they will continue to be innovators and adventurers well into the future.
My first volunteer experience with Mobile Clinic was at Cedar Rapids. That location is unique because it already has all the resources of a normal clinic, so there was a lot of opportunity for pharmacy volunteers compared to other sites. However, at the time I first volunteered, the only tasks for pharmacy volunteers involved dispensing medications. I identified several flaws in the process, but I also saw a lot of opportunity. I decided I wanted to help streamline the process and flow within the pharmacy, and I ended up volunteering every month which really allowed my actions to make an impact. The process ultimately became more efficient and decreased errors as well. The more efficient process created more time. Faculty volunteers could look at the charts with the students and walk them through their decision-making rationale. They were also able to provide more instruction on how to counsel and educate patients. And, the pharmacy volunteers were now more accessible so medical students and physicians could ask us questions. Since the clinic was a free clinic, there was a limited inventory of medications available, so the physicians could not always rely on their typical prescriptions. Many times, students and faculty would seek advice when determining the appropriate drug, dosage, strength, alternatives, instructions and how to educate patients about the medications. This enhanced the learning opportunities for volunteers at the clinic.

One of my favorite moments happened at Cedar Rapids. A physician asked me about medications available to treat the patient’s condition. As I was offering my recommendation, the physician asked me to join him in the exam room. Together we discussed the medication options and collectively decided on one. I noticed a worried look on the patient’s face, so I asked if she had any questions, and she responded, “What if this doesn’t work?” I addressed her concerns. After speaking with her about the options, she seemed to be more at ease. This was the highlight of my volunteer experience. It was an incredible example of collaboration among providers to treat a patient, and I felt like I truly made a difference by being involved directly with the patient.

Volunteering has provided many opportunities to enhance my learning and prepare me for my future as a pharmacist. The clinics create environments rich with challenges in communicating with patients and other providers while fielding difficult, unscripted questions. The beauty of these challenges is they are also tremendous learning moments. Involvement of faculty, providers and other student disciplines fosters collaboration and opportunities for guidance and mentorship. I have benefited greatly from these experiences and hope that it continues to be magnified as Mobile Clinic continues to evolve.
I started volunteering with the Mobile Clinic by obtaining vitals, drawing labs, and taking patient histories at various clinics. I decided to apply for a board position to become more involved in the strategy and operations of the Mobile Clinic. My colleague, Anna Schmitz, and I started a new clinic at Saint Patrick Church. We realized that the patient population would benefit from our clinics after receiving guidance from Father Rudy at the Church and performing a health needs and interest assessment.

One of my favorite memories is when I volunteered to draw labs at our Williamsburg clinic, which serves migrant workers that are here from Mexico. I remember that it was a hot summer day, and patients had to wait to have their labs drawn because of limited resources. In the end, all the patients were very friendly and respectful. The volunteers and the patients appeared to be in harmony. The entire scene was very humbling. At that moment I told myself, ‘This is what medicine is about.’

I believe that Mobile Clinic is a wonderful organization that helps the community both in the short-term and the long-term. In the short-term, Mobile Clinic provides communities access to needed services. More specifically, I have personally seen patients, suffering from very curable diseases and conditions, be treated by our clinics or referred to the appropriate resources that can help them. In the long-term, it allows future physicians, clinicians and other health professionals to practice their skills and be better prepared for their careers in healthcare.

Volunteering with Mobile Clinic has been invaluable for my educational and professional development. Not only has Mobile Clinic helped me form professional relationships with colleagues, but it has also helped me better understand some of the hardships and barriers certain populations must endure to obtain care. Such insights have further convinced me that healthcare is a human right. Furthermore, I have also come to respect primary care and the challenges that it tackles. My experience with the Mobile Clinic has motivated me to start similar free clinics in the future. My hope is to take what I have learned at the Mobile Clinic and apply it in developing countries such as the country of my birth, Iran. By law, individuals living in the United States always have access to the services of a given Emergency Department. Such is not the case in other countries, especially in rural areas. Therefore, clinics modeled after the Mobile Clinic can bring much needed healthcare to areas that otherwise have limited options.
Mobile Clinic wishes to acknowledge all the many supporters, both individuals and organizations, who have supported its efforts and helped it become what it is today. Over the years, there have been so many faculty who generously gave of their precious free time to act as providers so the student volunteers could work with patients; these faculty will have our everlasting gratitude and hopefully they recognize the great impact they have made through their service. Many young health care practitioners across the country are now emulating these role models, to the benefit of countless patients and communities.

Mobile Clinic feels it is successful only when it is collaborating in a meaningful way with community partners and with our patients. The organizations that have worked with us and supported us through in kind donations, volunteers and letters of support have our grateful thanks. We also recognize that our patients have been our greatest motivators and our greatest teachers. We thank them for their patience, their kindness and the examples they have set for us by sharing their stories. We want them to recognize their part in molding the future health care providers for this country.
There cannot be enough said about the hundreds of student volunteers who have kept Mobile Clinic afloat these past 10 years. Students from all the health care disciplines, as well as many undergrads (many of whom are now themselves healthcare students and practitioners) have accomplished amazing things. They’ve volunteered even though they got no sleep the night before a clinic because they were studying for a test. They’ve given up trips and dates and fun stuff to do an unpaid job in less than ideal conditions, usually without any recognition other than the smile from a grateful patient. And when they have graduated, some have continued to offer support by becoming preceptors and advisors themselves——which is the best measure of success of the Mobile Clinic experience. Although the decision was made not to single out any specific student volunteers in this publication, you know who you are——you are valued and your names and your contributions live on in Mobile Clinic lore!

SUPPORTERS

American Association of Medical Colleges Central Group on Student Affairs
Community Foundation of Johnson County
Groesbeck Family Foundation
Iowa Foundation for Medical Care
Dr. Sam and Marjorie Kuperman
Melick Foundation
Drs. Tom and Sue O’Dorisio
University of Iowa Carver College of Medicine
University of Iowa Carver College of Medicine Doc Dash
University of Iowa Integrated Health Professions Primary Care Initiative
University of Iowa Executive Council of Graduate and Professional Students
Yolanda Villalvazo

Mobile Clinic has also been the recipient of many smaller, but never the less important, donations from faculty, students’ families, students and community members. Internal fund raising efforts, such as a slow pitch tournament, kick ball tournament and street carnival have also resulted in funds for our use, as well as an opportunity for the community to become more familiar with Mobile Clinic while having some fun too.

JOIN US!

If you would like support the mobile clinic and its mission, you may make a gift through the University of Iowa Foundation (UIF). The UIF is the preferred channel for private contributions that benefit all areas of the University of Iowa. You may make your check payable to:

University of Iowa Foundation
PO Box 4550
Iowa City, IA 52244

In the memo line of your check please write “For UIMobile Clinic” or if you would like make a gift via credit card, please contact Bridget Hoffman at bridget-hoffman@uiowa.edu or (319) 467-3470 or (800)648-6973.
When we built the new St. Patrick, it was our intention to have our building to be used for two main purposes: the worship, love and service of God and the love and service of our neighbor. So, when we welcome the mobile clinic to our parish, we are helping to reach out to different community members and feel a part of helping others improve their health and welfare. This “healing touch” is a great way to be a good neighbor and friend to the community and we are happy to be a part of that experience.

Good job Mobile clinic people! Keep up the good work you do.

FATHER RUDY, ST. PATRICK’S CHURCH

Many of our guests at the Free Lunch Program have everyday concerns about their health but no easy way to get help. The Mobile Clinic staff have provided the care, compassion, and expertise that greatly eases those concerns ... from checking blood pressure and administering other health assessments, tending to sores or small injuries, to providing basics like toothbrushes and toothpaste, creams and toiletries, even combs and socks. One of our clients comments that he particularly appreciates the fact that the Clinic keeps an ongoing file on him that they refer to each time he visits. The Mobile Clinic fills an important niche in the healthcare system as it ministers to the needs of our neighbors who don’t have access to the myriads of services easily available to the rest of us.

We at the Free Lunch Program look forward to continuing & perhaps enhancing our partnership with the Mobile Clinic in the coming years.

MARY PALMBERG, DIRECTOR OF FREE LUNCH PROGRAM

We appreciate your Mobile Clinic providing services here at St. Patrick for those in our parish community who may need your services. The UI Mobile Clinic staff are courteous and most willing to help and give of their God-given talents to better the community. Thanks for all you do!

CHERYL SCHROOP, ST. PATRICK’S CHURCH

Overall, the University of Iowa Mobile Clinics have been a very positive experience for our community. The most important aspect has been the service provided to the noninsured or the underinsured. Some of the patients who have used the services of the clinic have insurance, but they have been unwilling to take time off work for medical attention unless the problem is more severe. To get a physical, or to consult a physician about a “less serious” condition or problem, some patients prefer to take advantage of an opportunity on a Saturday morning that won’t take them away from work. There are others who do get annual checkups through their regular physicians, but who also like to take advantage of the free cholesterol and diabetes checks offered by the clinic to monitor their health.

The school district is happy to provide a facility for the clinic because anything that benefits any member of our students’ families, benefits our students and their success in school. Also, we are a public entity and we like to thank our public for their support.

STEVE HANSON, SUPERINTENDENT OF WEST LIBERTY COMMUNITY SCHOOL DISTRICT