

Physicians take their offices to disadvantaged patients

It is the ultimate house call. Some physicians are taking the pediatric office to families who do not have a place to call "Home." They use specially equipped vans and mobile homes to take the pediatric office to disadvantaged patients.

"It puts people who would not have a pediatrician available to them in a position to get care," said AAP District I Chairman Maurice Keenan, M.D. Dr. Keenan volunteers for the "Bridge Over Troubled Waters" (Bridge) program, that operates a mobile clinic in Boston.

"It's a backward way of providing care, but it works — it serves a purpose," Dr. Keenan said. "The idea is to get better access to care and we do that."

The Bridge van started as a community outreach tool to runaway children and teens in some Boston neighborhoods, said Norman Spack, M.D., FAAP. Dr. Spack has been a Bridge volunteer since 1984.

As the program grew, the van became a mobile clinic and an extension of the program's offices, Dr. Spack said.

Volunteer physicians, nurses, medical students and a Bridge employee see patients from about 6 p.m. to 10 p.m. five nights a week, in neighborhoods where runaways congregate, Dr. Spack said. The program is sponsored by government and private grants.

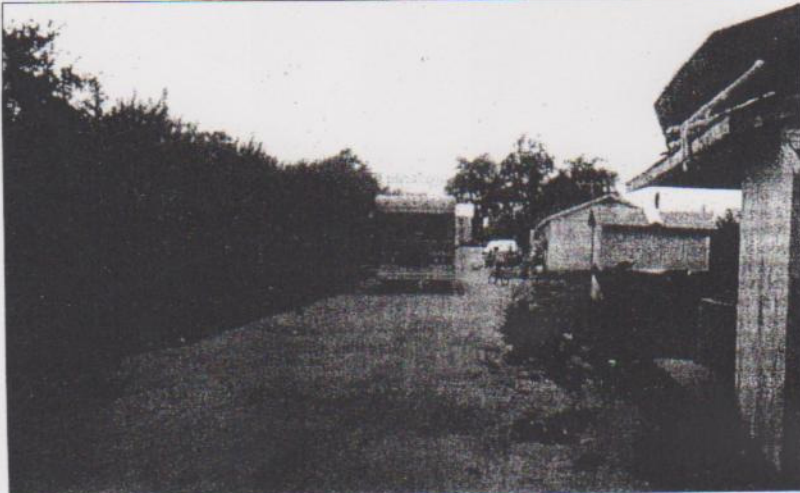
"We have become known and trusted among adolescents who have left home and who feel that they cannot trust anyone," Dr. Spack said. "They don't have Blue Cross, they don't want to go to the emergency room or to the doctor's office because they are afraid that their families will find out where they are."

In programs like Bridge, the vans' regular visits represent positive consistency to patients who need someone to count on, said Irwin Redlener, M.D., FAAP, of the New York Children's project. Dr. Redlener runs what he calls "a rolling pediatric office" that makes daily calls on the residents of the notorious welfare hotels in New York. The New York program is sponsored by singer Paul Simon, public and private grants.

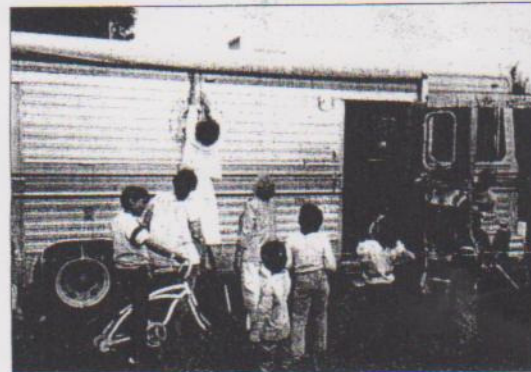
"We have 10,000 patient encounters each year," Dr. Redlener said. "We are compulsive about keeping health care records on these families, and children — and especially the infants — these might be the only records they have."

Consistency is important in the Boston and New York programs, the physicians said. Both vans have facilities for taking blood and other tests, and medication is prescribed and dispensed in the New York program, but patients must be counted on to comply and return for their test results.

"We are our patients' advocates," Dr. Redlener said. "When they need to go to the hospital for follow-up, we call to make sure that they remember their appointments. We arrange door-to-door transportation. We make sure that their patient records are all there at the hospital — just waiting for them. Because we treat our patients with such importance, patient compliance is very



One way of providing access to care: A MARCHA medical mobile home drives into a remote camp of migrant workers.



Setting up: The vans 'are met with unusual enthusiasm,' says one physician.

high." Patients who visit the mobile clinics trust their physicians in part because of the vast services they offer, the pediatricians said. The Bridge program has information on high school equivalency classes, job counseling, drug and alcohol counseling and relocation, Dr. Spack said. The New York program offers dental and immunization programs, and AIDS counseling among other social programs, Dr. Redlener said.

"Most of the kids we see have no family life and next to no education," Dr. Spack said. "They have no experience with living successfully and independently. We're offering them help and medical care."

In the Bridge program, young social workers are assigned a particular part of Boston where they "hang out" with homeless adolescents, providing positive influence and letting them know when and where the van will stop, Dr. Spack said.

In the New York program, a routine is established so families know when to expect a visit from Dr. Redlener and other volunteers.

Migrant farm workers who spend

summers working in rural Michigan cannot take time off from work to drive as long as an hour to a hospital or physician's office, said Paul Hietko, M.D., FAAP, a practicing pediatrician in Portage, Michigan. So Dr. Hietko and officials at the Migrant and Rural Community Health Association (MARCHA), a local nonprofit agency, took donated equipment and volunteer physicians to their potential patients.

"We had a car, a donated ambulance and a donated trailer outfitted with private exam areas," Dr. Hietko said. "We went to the camps after dark, and after the families returned from picking cherries. We saw some very serious medical problems that never would have come to a physician's attention otherwise."

Dr. Hietko left the MARCHA program in 1982, but other volunteer physicians have replaced him.

"We have a well-equipped, large mobile home now, staffed by physicians and medical students," said Joann Dodson, supervisor of outreach nursing at MARCHA. "We try to go out as many as four times a week during the summer. We try to reach the most remote migrant



A patient is weighed and measured.

worker camps where people don't have access to medical care."

The MARCHA mobile office is equipped for health assessments, first aid, exams, simple lab tests and physicals. Those needing more comprehensive care are referred to a MARCHA clinic that is often closer than the nearest hospital.

"The most urgent need is for prenatal and pediatric care," Dr. Hietko said. "You see health problems that just don't occur in Michigan. These are southwest Texas problems that travel with the migrant stream. We would see problems like TB being 'cured' with Hispanic folk medicine."

Physicians are met with unusual enthusiasm when the MARCHA mobile office travels to migrant camps, Dr. Hietko said.

"I remember families literally circling this van, standing out in the rain and the mud, just to have access to a doctor," he said.

A bad idea that works
Despite its successes, mobile medicine is a bad idea, the physicians said.

"If someone approached me today and said 'I want to do this in

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my city, my first inclination would be to tell them 'Don't. It's a bad idea,'" Dr. Redlener said. "We do this because I have no choice. If I didn't go to these people, they wouldn't come to me. What they need is coordinated, comprehensive care. The program is not entirely consistent with that goal." Local governments should not count on mobile medicine to fulfill the needs of homeless people, Dr. Keenan said.

"It's a bad idea because it provides only a band-aid solution," he said. "These homeless people need a medical home."

Still, the mobile office has its advantages, said Jack Mah er, director of special vehicles at Barth, the company that built both the New York and MARCHA vans.

"You can have a finer facility in a van that you take into one of these areas than you could have by renovating a decayed store front in a poor neighborhood," Mayer said.

The mobile office has some definite advantages for the otherwise friendless children in Boston.

Dr. Spack said.

"I remember one of the kids who came to the van died in a fire in a condemned building or some place a few years ago," he said. "He was a runaway. It took them some time to figure out who he was. And at the funeral all these kids who he met at Bridge came, and people from the organization — people who he met and counted on in this neighborhood. His mother walked up to me and said 'He never had any friends at home. I thought he was alone. I thought he was friendless.' But he had all these people."

What's the big idea?

The AAP Committee on Practice and Ambulatory Medicine is interested in gathering innovative practice techniques as future topics for round-table discussions.

You may send your ideas to: AAP, Division of Pediatric Practice, 141 Northwest Point Blvd., Elk Grove Village, IL 60009-0927.