

A photograph of a rural Appalachian neighborhood with several houses and utility poles. The houses are simple, single-story structures with varying rooflines and colors. The background shows a dense forest of trees.

What can a bus bring to rural Appalachia? Population health.

By Gale Pryor | October 20, 2016

More than 11,000 West Virginians are diagnosed with cancer each year, and almost 5,000 die from cancer-related diseases. One in eight adults has diabetes, and the state spends \$2 billion each year on diabetes care. Effective population health is needed nowhere more than in the heart of Appalachia.

But in a region marked by sporadic communications and long distances without public transport, annual preventive screenings for diseases can be a distant concern.

"If you don't think you have breast cancer, driving to the city to get a mammogram is a tough sell," says Sarah Chouinard, chief medical officer of Community Care of West Virginia.

So Chouinard's federally qualified health center found a way to take healthcare screenings directly to patients – by bus. In a partnership with West Virginia University School of Medicine, the organization operates two mobile health buses to provide breast cancer and diabetic retinopathy screenings where patients live and work.



The program grew out of a massive expansion the organization undertook in 2012, growing from a few central clinics to a network of 49 primary care and school-based clinics, pharmacies, and dental offices across nine counties. Not every clinic has advanced technology for preventive screenings, and Chouinard and other leaders found that patients often failed to follow up on referrals for screenings.

"Our diabetic eye retinopathy screening rates were terrible," Chouinard says. "We put the referral in the system. We badgered people to go. But when resources are limited, the attitude is: 'Gee, I don't seem to be blind. I don't think I'll go to the ophthalmologist.'"

So now, the organization regularly sends the IRIS (Intelligent Retinal Imaging System) mobile unit to

its clinics to conduct screening exams for diabetic retinopathy. And when population health data reports that mammogram rates are low in one of its clinics, Community Care deploys Bonnie's Bus, a mobile mammography unit, to its parking lot.

"People are much more likely to come and show up when the mobile unit is at the clinic," Chouinard says.

The results, so far, have been dramatic: Since first hitting the road in 2009, Bonnie's Bus has provided more than 11,000 mammograms to women over 40 throughout West Virginia, and has led to the detection of 48 cases of breast cancer.



Diabetic eye screening rates increased 20 percent at every clinic when the IRIS bus was on site. When the rate of use plateaus – from 15 patients per day to one or two – the team knows it has addressed the need at that location and moves the bus on to the next site.

Leaders of Community Care, a high performer on the athenahealth network, say data visibility – the ability to track quality measures for patients and performance – helps make the buses a success.

Every provider "has that data at their fingertips," says Chouinard. "If they have a pause in their day, they can go in and say, 'Hey, let's take a look at our cancer screening lists and see who's due for services.'"

The buses, Chouinard says, help her organization translate that awareness to on-the-ground care. It's a matter, she says, of "getting the right tool to match what the patients are willing to do."

Gale Pryor is a senior writer for athenaInsight.



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