

MOBILE HEALTH CLINIC FINANCIAL FORECAST FOR FUTURE INTEGRATED MOBILE CLINICS

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Abstract. *The Juntos Por La Salud (JPLS) mobile unit offers free health screenings to underserved populations in the Phoenix area. The mobile unit's goal is to become a primary care outpatient clinic, which will require additional revenue and resources. The objective of this five-year projection was to help sustain the mobile unit as it evolves into a licensed clinic. JPLS's current financial and operational documents were reviewed to determine a baseline. Market research was then conducted on other mobile outpatient clinics, financial models, billing procedures, and external funding to determine the necessary measures the mobile clinic must implement to sustain itself. The mobile clinic is projected to have a financial deficit after determining the costs of medical supplies, payroll for mobile clinic staff, treatment costs, potential revenues, and auxiliary costs. Research showed the mobile health clinic must increase patient volume, find more funding, implement billing and collection activities, hire medical staff, and expand services to become a licensed outpatient clinic. Additionally, JPLS should seek a primary care physician to oversee the mobile clinic.*

Keywords. *Mobile Health, Financial Projections*

Introduction

Overall health in the U.S. has experienced a decrease in life expectancy and an increase in mortality caused by health disparities (Kochanek, et al., 2017). A recent study performed by the National Center for Health Statistics shows that the top ten leading causes of death are heart disease, cancer, unintentional injuries, chronic lower respiratory diseases, stroke, Alzheimer's disease, diabetes, influenza and pneumonia, kidney disease, and suicide (Kochanek, et al., 2017). Studies have shown that these causes of mortality can be avoided through prevention strategies and control efforts that focus on correlated factors such as behavioral health, mental health, targeted population demographics, and other overarching

conditions such as insurance coverage, ability to travel, and location (Raghupathi & Raghupathi, 2018; Croft, et al., 2018). Other studies have also shown that one of the biggest contributors to the lack of healthcare in the United States is the ability to access healthcare facilities. This is especially true within the state of Arizona (Croft, et al., 2018; AZDHS, 2014).

According to the Arizona Department of Health Services (AZDHS), health issues causing the highest rates of morbidity and mortality in the Arizona population are diabetes, heart disease, cancer, and chronic respiratory disease (AZDHS, 2016). These health conditions have been a priority of the AZDHS due to their large impact on both the population and the healthcare system (AZDHS, 2016). In 2016, the

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MOBILE HEALTH CLINIC FINANCIAL FORECAST

death rate in Arizona was 826.3 people per 100,000, which increased from 738.5 people per 100,000 in 2011 (AZDHS, 2016). The deaths from cardiovascular disease in Arizona have increased 15.6% from 13,689 people in 2011, to 15,822 in 2016 (AZDHS, 2016). Cancer mortality also increased 4.1% from 3,395 people in 2011 to 3,533 in 2016, deaths caused by diabetes increased 17.0% from 1,721 people in 2011 to 2,013 in 2016, and chronic respiratory disease mortality also increased 32.4% from 649 in 2011 to 859 in 2016 (AZDHS, 2016). In an effort to reduce these statistics, AZDHS explored community integrated paramedic units in 2015 that included behavioral health (Dowdall, 2017c). One of the concerns for integrated paramedic units was cost sustainability that led to Treat and Refer billing within the Arizona Medicare system.

These health conditions are highly preventable with the proper education and access to primary care services (Fortin, et al., 2016). Nevertheless, these conditions have become increasingly prevalent in Arizona, primarily due to health disparities such as lack of healthcare coverage and access to appropriate medical facilities. Barriers to access include the inability to travel, residing in a rural location, and/or lack of health insurance coverage (AZDHS, 2014). In order to address the current health disparities and priority health conditions affecting this population, clinical models need further exploration.

The mobile health clinic model has shown to be an effective solution on both a public health and financial level (Oriol, et al., 2009). In fact, a recent study demonstrated that mobile clinics can have a positive impact on the health-related outcomes for vulnerable populations if services are tailored toward the population they aim to treat (Bouchelle, et al., 2017). Due to the cost-effectiveness and public health benefits that mobile health clinics can provide, mobile clinics should be part of the solution for future public health interventions. Since a mobile health clinic is shown to be more effective when services are designed around a particular population's needs, it would also be constructive to partner with other existing programs to increase the ability and growth of the future mobile clinic (Bouchelle, et al., 2017; Oriol, et al., 2009).

Background

Overarching Objectives of the Five-Year Financial Projection

Currently, the Juntos Por La Salud (JLPS) mobile unit offers free health screenings to the underserved and vulnerable populations in the Phoenix area. The mobile unit will require further resources, as it transitions to a mobile health clinic. The objective of

this study was the development of a five-year financial plan to help move the mobile unit into a fully licensed outpatient clinic. A licensed mobile clinic could provide education, health screenings, and a fuller range of health care services to the substantial vulnerable population in the greater Phoenix area to eventually include integrated behavioral health.

The Juntos Por La Salud Program Overview & Mission

The University of Arizona Mel and Enid Zuckerman College of Public Health, at the Phoenix Biomedical Campus, partnered with the U.S. Mexico Border Health Commission to develop a preventative health care model using a mobile unit. The Juntos Por La Salud's mission statement is to "develop and implement a primary prevention mobile unit to provide access to health services and promote healthy lifestyle choices to vulnerable Latino populations in Maricopa County" (Juntos Por La Salud Mobile Health Unit, n.d.).

This mobile health unit currently provides public health interventions by targeting priority health issues in vulnerable populations (Juntos Por La Salud Mobile Health Unit, n.d.). The Mobile Health Unit currently provides preventative health campaigns that promote healthy lifestyle choices through culturally appropriate fliers, videos, group presentations, and workshops (Juntos Por La Salud Mobile Health Unit, n.d.). These activities will still be performed as the Mobile Health Unit transitions into a mobile clinic. This will provide an excellent opportunity to work inter-professionally with nurses, physicians, physician assistants, and pharmaceutical professionals, as well as community and other health care workers.

Target Population's Health Disparities

The Juntos Por La Salud mobile health unit currently targets vulnerable and underserved populations in the greater Phoenix area. The current health disparities the JLPS program aims to address include malnutrition, diabetes, obesity, reproductive health, child health, mental health, substance abuse, HIV/AIDS, the lack of health care access and clinical follow-up (Appendix B). For this group, the mobile unit identifies health care access, chronic disease care (such as diabetes and heart disease), and behavioral health & substance abuse as the priority health issues currently plaguing the Latino population (Appendix C).

The Juntos Por La Salud Program Structure

The JLPS mobile health unit is associated with the University of Arizona Mel and Enid Zuckerman College of Public Health (MEZCOPH), with locations

MOBILE HEALTH CLINIC FINANCIAL FORECAST

in both Phoenix and Tucson. This study specifically deals with MEZCOPH in Phoenix; however, this financial projection may be easily adapted to the Tucson mobile unit or other mobile clinics within Arizona and throughout our nation. The Phoenix section of the Juntos Por La Salud program is comprised of:

- the mobile unit vehicle,
- program director,
- two health educators,
- an attending physician, and
- volunteer staff.

Study Goals, Outcomes, and Alignment with the Juntos Por Las Salud Mission

The overarching goal associated with this study revolved around developing a five-year budget projection for the Juntos Por La Salud and determining the necessary resources needed to run the JPSM as a licensed outpatient clinic. The study objectives included:

- developing inventory needs based on community health assessments,
- understanding and applying the federal and statutory plain language guidelines to public health documents to better understand the regulations and standards required for an outpatient clinic,
- creating an official & dependable budgetary document that can be referenced for future use
- ensuring that recommendations fall within the Arizona administrative code,
- networking with other students who are developing strategic and licensing plans to utilize teamwork skills and develop a more holistic budget projection, and
- finding potential financial resources and partnerships for the mobile clinic.

The financial projection covers a five-year period and demonstrates the resources required to sustain a mobile clinic that offers primary care services (Appendix A). The primary care services that the mobile health clinic will deliver include patient checkups (established and new), immunizations & vaccines, and wound treatment. The JLPS program also aims to address the health disparities faced by the Latino population by helping to promote healthy lifestyles and life choices while directly providing healthcare services (Appendices A and B).

Methods

The Institutional Review Board (IRB) or other special approvals were not required to perform this study.

Study Design

In order to develop the necessary components for the five-year budget projection, the study design included:

- identifying current finances and revenues to establish an operating budget,
- determining current and future finances needed to run the mobile clinic,
- researching supply costs and developing an inventory to allow the proper delivery of health care services,
- calculating clinical costs and identifying services that meet the federal and state codes to qualify as an outpatient clinic, and
- projecting the revenue necessary to sustain the mobile health clinic.

One of the biggest challenges in developing the financial projections was determining the services that would be offered by the clinic and establishing the treatment costs. Next an operating budget had to be created. These elements would determine the revenue level the mobile clinic needs to generate in order to cover the costs of delivering clinical services. In order to determine the current financial variables for the outpatient clinic, the study incorporated the past and current accounting information available from the JLPS mobile unit. The study also identified potential treatment services which required:

- Supplies and equipment cost per service,
- Specific Common Procedural Terminology (CPT)/ International Classification of Disease - 10th edition codes (ICD-10) based on the treatment services, and
- Required stock, inventory, and equipment.

Research Methodology

The research methodology utilized for this study included analyzing the current market prices for treatment services, medical equipment and supply costs, insurance rates and operating expenses, average salaries for primary care physicians, equipment depreciation, and federal and state taxes (Appendix E: Tables 1,2,7, and 8) (AZDES, 2017; Curry, 2013; IRS, 2017; IRS, n.d.; Glassdoor, n.d.; Quality & Specialty Vans, 2016). Market prices for treatment services were based on the fee schedule found within the procedural codes provided by the American Medicine Association's Common Procedural Terminology (CPT), provided through the Arizona Health Care Cost Containment System (AHCCCS, 2016; HMSA, 2014; Kaiser Permanente, 2016; Kaur & Hall, 2001; Nash, 2015). Service expenses were also based on market prices for equipment and supply costs in order to help determine the appropriate margins for each treatment

MOBILE HEALTH CLINIC FINANCIAL FORECAST

offered by the mobile clinic (AllegroMedical, n.d.; CDC, n.d.; Kaur & Hall, 2001).

The primary data used in financial projections came from a literature search that included the JPLS current budget, peer reviewed articles, and other sources found through website searches. All sources were analyzed during their retrieval.

Budget Components

The budget developed for the study covered operating expenses, equipment costs and supplies, including the inventory needed for each projected year based on the anticipated patient population served and services for that year. Equipment and supply costs came from two sources: vaccines come from the CDC fee schedule, while medical equipment and supplies come from the manufacturer's suggested retail price (MSRP) of medical distribution companies (CDC, 2017a; AllegroMedical, n.d.).

Treatment services were based on the federal and state standards for basic health services identified for a Federally Qualified Health Center as listed in the Arizona Administrative Code (see Appendix A; 42 C.F.R. §254b, 2017; Arizona Administrative Code R9-10-100 through 118). These included primary care and preventive services, immunizations, flu vaccines, and secondary services such as wound treatment. Treatment costs and charges were calculated using the equipment, payroll, and typical AHCCCS reimbursement fees associated with each service (Appendix E: Table 4). The list of services and their breakdown components were taken directly from the CDC websites and other primary care clinics' published information (Samaritan Homeless Interim Program, 2017; AZDHS, 2017; CDC, 2017b). The general treatment services projected to be offered by the mobile clinic were based on AHCCCS reimbursement fees and procedural codes (AHCCCS, 2017).

Financial forecasting modeling was based on a number of different assumptions. Established patient visits were not projected for the first month of mobile clinic operation. They were nonetheless incorporated in the following months in anticipation of the patient possibly returning for a follow-up visit during the year. Initial patient visits were not anticipated to be as abundant in subsequent years compared to the first year because it is expected that the patient population will become more established and consist of more chronic care services (Appendix E: Table 3). General immunizations will probably only need to be administered once per year regardless of age group, which is reflected in the forecast. Infant immunizations, which require follow-ups that span months were charged per visit. Influenza vaccines,

which are frequent during single points during each year when demand spikes, will taper off thereafter because patients will not require the service for another year.

Advertising expenses, vehicle gasoline, maintenance and insurance, staff salaries (except primary care physicians), and office expenses were based on the current mobile unit budget provided by the MEZCOPH and JPLS mobile health unit staff. Physician salaries were based on the average primary care physician salary in the state of Arizona (GlassDoor, n.d.). As mentioned, medical equipment costs were based on medical supply company MSRPs and depreciated over five years as per the IRS standard (IRS, 2017). Licensing costs were based on Arizona administrative codes, which were assumed to increase by at least 1%.

Financial increases from year to year were based on two assumptions: 1) the assumed growth rate from year to year and, 2) the assumed use of each supply based on the patient population and services provided that year. The demographics used to tailor the mobile clinic's treatment services were based on information from University of Arizona JPLS's mobile unit website (Juntos Por La Salud Mobile Health Unit, n.d.). It should be noted that the assumptions can be adjusted very easily due to the way the models were developed in Excel. Revenues and cost of goods were calculated using the total patients served multiplied by the treatment price for revenue projections and treatment cost for expense projections.

Financial Spreadsheet

The five-year projection utilized a spreadsheet that consisted of eight sections (with subsections). An additional 14 sections provided financial ratios, summaries, and analytics. The different sections are interdependent, meaning that there are fewer sections that require direct data entry. Once changes are made at entry points, subsidiary data are automatically updated. The spreadsheet was designed to serve as a template that can be reused for other projects or modified to fit current aspects of an existing healthcare clinic (mobile or not). Using a variety of formulas, the spreadsheet is able to automatically calculate predicted patient populations based on growth, anticipated financial revenues, supply and equipment costs, and the depreciation of equipment. Furthermore, the spreadsheet also provides the necessary CPT and ICD-10 codes necessary to bill for services.

Results

The mobile clinic is projected to have a financial deficit after determining anticipated revenue compared to the costs of medical supplies, payroll for

MOBILE HEALTH CLINIC FINANCIAL FORECAST

mobile clinic staff, clinical costs, and auxiliary costs (Appendix E: Tables 1-7). Research showed that the mobile health clinic must increase patient volume, find more funding, implement billing and collection activities, hire medical staff, and expand services to become a successful licensed outpatient clinic. This projected financial deficit was caused by insufficient revenue to cover expenses.

Treatment costs (Appendix E: Table 4) were projected using the combination of: (1) costs of goods (Appendix E: Table 4), (2) taxes (Appendix E: Table 2), and (3) vehicle & malpractice insurance (Appendix E: Tables 1, 2, and 6). Treatment services reimbursement was based on the International Classification of Disease version 10 (ICD-10) and Common Procedural Terminology (CPT) codes and AHCCCS and FDA standards using the targeted health issues identified in the Latino population in the greater Phoenix area (Appendices A, B, C, and D, and Table 4).

Patient Population

The predicted patient volume (Appendix E: Table 3) was based on a literature review and interviews of the current mobile screening staff (Kelly, 2017; Joseph, 2016). The assumed patient volume for the first year was 6,000 with an ending population in Year 5 of 7,293 patients (Appendix E: Table 3). The initial volume was calculated using the current patient numbers that the mobile unit treats, based on interviews with mobile unit staff. The annual growth rate of the patient population was 5%, which was targeted as an annual goal. This number can be easily adjusted in order to set higher standards for progress. The estimated age of the predicted patient population was retrieved from community health assessments and census data obtained through Maricopa County (AZDHS, 2016, Suburbanstats.org, 2016, Maricopa County Dept. of Public Health, 2017). This data provided details regarding which ages were most prevalent within the target population and allowed the study to be tailored to ages that were more abundant within the mobile clinic's potential patient group.

As stated above, these projections can be adjusted in key places in the spreadsheet and automatically updated throughout the rest of the document. Auxiliary costs included the licensing costs (i.e. permits, vehicular registration, clinical licensing, LLC, etc.), combined with the vehicle's maintenance expenses (tires, oil changes, etc.), gas costs, and motor vehicle insurance (Appendix E: Table 2).

Treatment Services

The treatments offered by the clinic include both primary and secondary care services outlined by

existing (non-mobile) primary care facilities, federal & state standards, and CDC immunization schedules (CDC, 2017c; CDC, 2010; ADI, n.d.; Federal Administrative Code 42-6AIDD1- § 254b; Arizona Administrative Code R9 - 10 - 101-118; CDMP, 2013). As stated above, the primary health targets for the mobile clinic's population revolved around preventable conditions. Therefore, the medical treatments planned in the projection included initial and established patient checkups, and vaccinations & immunizations.

Overall Projects

The overall product of the study was a five-year financial projection that included many different components. One section was the potential growth for the clinic based on the yearly patient population and percent growth from the previous year. Another section included financial ratios, which provided a quick budgetary reference to give the reader a quick idea of the current state of the mobile clinic. A major part of the financial projection was the inventory and medication lists and formulae that were based on the predicted patient population's health care needs (Appendix E: Tables 3 and 5). Due to the interactive nature of the budget format, as mentioned, the numbers can be easily adjusted as the predicted population changes. The study included a balance sheet, line item budget (Appendix E: Table 1), and a detailed list of operating expenses (Appendix E: Tables 1 and 2). The study also included a structured health care services list (Appendix E: Table 4) that was created based on the administrative and federal code (Appendix A and D) for the targeted population (Appendices B and C). Other sections included current and future assets, income, revenue predictions, and salaries for clinical staff (Appendix E: Tables 1, 2, 7, and 8) (University of Arizona, 2017; Quality & Specialty Vans, 2016; Glassdoor, n.d.; AllegroMedical, n.d.; Chan, n.d.).

Financial Deficit

After the financial projection was completed, a financial deficit was projected, primarily due to treatment service margin. More specifically, the revenue gained on treating a patient did not fully cover the costs required to treat them. The financial projection can be adjusted to reflect the exact patient population needed to more accurately detail the financial status and breakeven; however, this study aimed to examine the current variables that already exist for the mobile health unit. This will help JLPS gain a perspective on what the future mobile clinic must overcome in order to become completely sustainable. The mobile clinic must hire an overseeing

MOBILE HEALTH CLINIC FINANCIAL FORECAST

physician, as well as sustain current mobile clinic staff to oversee administrative operations, in order to operate as a licensed clinic (Appendix E: Table 2).

The other two factors that account for the financial deficit are operating costs for the mobile clinic vehicle, and medical supplies needed to carry out the medical treatments. Gas prices have dropped in the past 5 years; however, they have remained fairly consistent within the past 2 years which may indicate a variance is minimal (Appendix E: Table 9) (Gassbuddy.com, 2017). Medical supplies constitute a variable that is harder to track, but they account for a large portion of the budget (Appendix E: Table 2). Although medical supplies differ between suppliers, this study analyzed multiple medical supply distributors and it should be noted that this projection might include over-purchased products and overestimated prices in order to account for waste and medical supply price fluctuations. The overall deficit for the first year was projected to be \$(1,300,676.37), for the second year \$(899,897.30), for the third year \$(927,390.62), for the fourth year \$(685,762.07) and for the fifth year \$(780,731.28) (Appendix E: Table 1 & 10).

Discussion

This study brought to light the business side of the health care industry. Business is business and for an emerging market in mobile health care, not many major mobile clinics were willing to collaborate or provide information on creating and sustaining a mobile clinic. The lesson is not condemnation only that it is important to remember the health care market is very competitive. The mobile unit is not the only program trying to break into the mobile health business.

Study Strengths

Some of the strengths of this financial forecast include the creation of a financial model that shows the financial costs, goals, and barriers that the mobile health unit will need to overcome in order to successfully start and sustain a mobile health clinic. This preliminary design also illustrates the specific factors involved in a general clinic including services, inventory lists, operating costs, billing and collections and overhead costs. The budgetary costs are specifically designed to target the populations that the Juntos Por La Salud aims to treat. The design of the study is also easily transferable to other potential outpatient clinics.

Vulnerable populations will be able to access primary care services that address acute issues before they become chronic illnesses. The mobile health clinic will also provide secondary care services such

as wound treatment in order to provide acute care for wounds. This will allow the mobile unit to prepare for issues that may arise due to chronic conditions (i.e. bed sores, cuts, scrapes, abscesses, hemorrhaging, etc.). Although there were many strengths associated with the five-year financial projection, there were also some associated weakness.

Study Weaknesses

Weaknesses associated with the study included the estimation of financial practices, medical supplies, treatment costs, and overhead fees. Although most of the prices associated with these factors were researched and gathered through reliable sources, they are subject to change due to market fluctuations and other issues. The issues that could arise due to unforeseen circumstances include gas prices, vehicular problems, malpractice litigation, and program financial failures. The study was also based on AHCCCS fee schedules in order to determine medical treatment costs, which are also subject to change in the future. It is likewise possible that other payment mechanisms for services could surface.

Recommendations

In order for the mobile clinic to become sustainable, additional funding is needed. Current opportunities for financial support are limited, however, the growing popularity of mobile health clinics will increase future opportunities for funding and support.

For the Juntos Por Las Salud Mobile health unit to fully sustain its clinical operation, it must: (1) establish billing and collection operations, (2) find additional funding through (a) contracts and grants, (b) donations, and/or (c) fundraisers, (3) expand treatment services to better treat their population, and (4) hire additional medical staff. One solution might be to try to recruit volunteer physicians until the budget can be stabilized.

Expanding medical services would require the mobile clinic to develop & integrate specialized services that can address more complex, and chronic medical conditions. Forming partnerships would also be recommended. However, it should be noted that many mobile clinics are new, rare, and highly competitive. This means that it may be difficult to form partnerships with other clinics which are trying to start their own mobile health clinic, while seeking the same funding sources.

Major steps required in order to develop the clinic include seeking a primary care physician who can oversee the mobile clinic and adding additional staff. It will also be important for the mobile clinic to finalize its license and make sure it utilizes and verifies the correct CPT codes that are crucial for

MOBILE HEALTH CLINIC FINANCIAL FORECAST

reimbursement. It is key for the JLPS program to seek funding opportunities to finance their future endeavors. The JLPS mobile clinic can seek proper reimbursement and funding opportunities by partnering with insurance and other health care companies in order to become a key provider in a health maintenance organization (HMO).

Donations and grants should also be sought, but most of all the current mobile unit should aim to increase its patient population. Although a future goal should be to expand medical services, additional services should currently be structured for both the target population and additional patient populations surrounding the Phoenix area. The JLPS should aim to work on their communication and outreach through marketing efforts. Although their website lists a couple different contacts for the mobile unit, the program primarily utilizes other forms that are not explicitly available. The program should also continue to show the resilience, enthusiasm and drive it has maintained since it started.

Public Health Core Functions and Essential Services

Assessment

- monitor health
- diagnose & Investigate

The mobile unit currently collects primary data to monitor the health of Latino population and promote healthy living through education and health promotion. Using biometric screening, the program uses health assessment screenings to help the community diagnose potential health risks and hazards to investigate interventions that improve community health. The aim of the five-year projected budget was to sustain the mobile unit so that it may continue offering health related services, while developing potential resources to evolve into a mobile clinic.

Assurance

- enforce law
- provide care
- assure competent workforce
- evaluate

During weekly events, the mobile unit provides health services, screenings, education, and care to link Latino populations within the community with health resources. It also enforces practices that increase the competency of the volunteer workforce. Consistent data collection will allow the program to observe progress and assess the effectiveness, accessibility, and quality of environmental health services. The five-year budget will consider all of these goals to shape the financial projections so that it can currently

maintain community involvement and increase its range of health-related services.

Policy Development

- inform educate and empower
- mobilize community partnerships
- develop Policies

Through community involvement and educational resources, the mobile health unit informs and educates a vulnerable population. Their interactions create community partnerships, which help tackle environmental health issues that currently plague the Latino population. This study provided an opportunity to network and study current policies which support and promote mobile health.

Conclusions

Overall, the study goals were met and the financial five-year projection for the mobile unit to become a mobile clinic was completed. Licensing requirements were verified through Arizona's administrative clarifications, as were the standards and regulations that define a mobile clinic (Appendices A and D). All in all, the lack of funds is one of the biggest challenges for transition to a mobile clinic. It is important to keep pushing for an advancement in mobile health, and of the mobile clinic's philosophy to increase health care access, quality, and affordability. Structured and tailored services toward vulnerable populations will not only allow the treatment of vulnerable populations but will also further expand health care knowledge through the collection of data on diverse populations. This study created a complete model covering the basic financial necessities of a mobile clinic such as inventory, staffing, equipment, supplies and medical services.

In conclusion, the practice of public health is crucial but complicated. There are many interdependent moving parts, but progression and success for this mobile clinic is possible.

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MOBILE HEALTH CLINIC FINANCIAL FORECAST

Appendix A

Federally Qualified Health Care Center

<p><u>Health Center</u></p>	<p>An entity that serves a population that is medically underserved, or a special medically underserved population comprised of migratory and seasonal agricultural workers, the homeless, and residents of public housing, by providing, either through the staff and supporting resources of the center or through contracts or cooperative arrangements</p> <ul style="list-style-type: none"> (a) required primary health services (b) as may be appropriate for particular centers, additional health services necessary for the adequate support of the primary health services required under Federal Code. (42 C.F.R. §254b, 2017).
<p><u>Basic Health Services</u></p>	<ul style="list-style-type: none"> (I) health services related to family medicine, internal medicine, pediatrics, obstetrics, or gynecology that are furnished by physicians and where appropriate, physician assistants, nurse practitioners, and nurse midwives; (II) diagnostic laboratory and radiologic services; (III) preventive health services, including <ul style="list-style-type: none"> (aa) prenatal and perinatal services; (bb) appropriate cancer screening; (cc) well child services (dd) immunizations against vaccine preventable diseases; (ee) screenings for elevated blood lead levels, communicable diseases, and cholesterol; (ff) pediatric eye, ear, and dental screenings to determine the need for vision and hearing correction and dental care; (gg) voluntary family planning services; and (hh) preventive dental services; (IV) emergency medical services; (V) pharmaceutical services as may be appropriate for centers; (ii) referrals to providers of medical services (including specialty referral when medically indicated) and other health related services (including substance abuse and mental health services); (iii) patient case management services (including counseling, referral, and follow up services) and other services designed to assist health center patients in establishing eligibility for and gaining access to Federal, State, and local programs that provide or financially support the provision of medical, social, housing, educational, or other related services; (iv) services that enable individuals to use the services of the health center (including outreach and transportation services and, if a substantial number of the individuals in the population served by a center are of limited English speaking ability, the services of appropriate personnel fluent in the language spoken by a predominant number of such individuals); and (v) education of patients and the general population served by the health center regarding the availability and proper use of health services. (v) education of patients and the general population served by the health center regarding the availability and proper use of health services.

Appendix B

Targeted Health Disparities for Juntos Por La Salud
Nutrition
Obesity
Diabetes
Reproductive Health
Child Health
Mental Health & Substance Abuse
HIV/AIDS
Health Promotion
Health care Access & Follow-up

Appendix C

Priority Disparities Faced in the Latino Community
Health care Access
Chronic Disease <i>(such as Heart Disease and Diabetes)</i>
Behavioral Health and Substance Abuse

Appendix D

Definition of the Mobile Health Clinic
<p>A "Mobile clinic" means a movable structure that is not physically attached to a health care institution's facility, provides outpatient medical services under the direction of the health care institution's personnel, and is not intended to remain in one location indefinitely (Arizona Administrative Code R9-10-101). A Mobile Clinic would not require licensing if operated by a licensed health care institution (Arizona Administrative Code R9-10-103). Since the mobile health unit aims to be a freestanding clinic, it can be referred to as a "Mobile Outpatient Treatment Center" (please refer to Arizona Administrative Code R9-10-102). Due the ambiguity of the Arizona Administrative Code and lack of official standard for a mobile health clinic, the mobile clinic may be deemed as an "Unclassified Health Care Institutions" as outlined in Arizona Administrative Code R9-10-115 to align with Arizona Statute parameters.</p>

MOBILE HEALTH CLINIC FINANCIAL FORECAST

Appendix E

Table 1

	First Year	Second Year	Third Year	Fourth Year	Fifth Year
Revenue					
Initial Patient Visit (<1-4)	55,347	88,200	92,610	97,241	102,103
Initial Patient Visit (5-39yrs)	169,015	257,854	270,746	284,284	298,498
Initial Patient Visit (40+yrs)	103,269	159,994	167,993	176,393	185,213
Established Patient (<1-11)	4,819	14,490	15,215	15,975	16,774
Established Patient (12-39yrs)	29,848	65,258	68,520	65,258	75,544
Established Patient (40+yrs)	23,211	44,730	46,967	44,730	51,781
General Vaccines for Children (3-18yrs)	116,025	539,516	566,492	594,817	624,557
General Vaccines for Adults(18-64yrs)	33,201	33,201	33,201	190,953	200,501
Influenza Vaccine (<3yrs)	6,900	21,735	22,822	23,963	25,161
Influenza Vaccine (3+yrs)	18,300	57,645	60,527	63,554	66,731
Wound Treatment	1,610	1,890	1,985	2,084	2,188
Total Revenue	\$ 595,252	\$ 1,284,512	\$ 1,347,078	\$ 1,559,250	\$ 1,649,050
Cost of Goods Sold					
Initial Patient Visit (<1-4)	\$ 48,979	\$ 51,428	\$ 54,000	\$ 56,703	\$ 59,539
Initial Patient Visit (5-39yrs)	\$ 149,571	\$ 157,049	\$ 164,902	\$ 170,072	\$ 181,801
Initial Patient Visit (40+yrs)	\$ 91,388	\$ 95,958	\$ 100,755	\$ 105,790	\$ 111,079
Established Patient (<1-11)	\$ 4,264	\$ 4,478	\$ 4,701	\$ 4,937	\$ 5,184
Established Patient (12-39yrs)	\$ 26,414	\$ 27,734	\$ 29,121	\$ 30,577	\$ 32,106
Established Patient (40+yrs)	\$ 20,541	\$ 21,568	\$ 22,646	\$ 23,778	\$ 24,967
General Vaccines for Children (18-64yrs)	\$ 11,876	\$ 11,876	\$ 11,876	\$ 66,040	\$ 69,342
General Vaccines for Adults(3-18yrs)	\$ 99,579	\$ 104,558	\$ 109,786	\$ 115,279	\$ 121,043
Influenza Vaccine (<3yrs)	\$ 5,655	\$ 5,938	\$ 6,234	\$ 6,546	\$ 6,873
Influenza Vaccine (3+yrs)	\$ 14,860	\$ 15,603	\$ 16,384	\$ 17,202	\$ 18,062
Wound Treatment	\$ 1,425	\$ 1,496	\$ 1,571	\$ 1,650	\$ 1,711
Total Cost of Goods Sold	\$ 474,553	\$ 497,687	\$ 521,977	\$ 465,574	\$ 630,707
Gross Margin	120,699	786,825	825,101	1,093,676	1,018,343
Payroll	358,146	354,476	361,884	368,999	377,949
Operating Expenses					
Advertising and Distribution Material	15,000	15,450	15,914	16,470	17,129
Vehicle Maintenance Expenses	9,500	9,690	9,787	9,983	10,082
Staff Salary	256,000	256,000	261,350	266,488	272,951
Mobile Unit Staff Vouchers Distributed	7,000	7,070	7,176	7,320	7,503
Vehicle Insurance	4,500	4,545	4,590	4,636	4,683
Licensing	415	419	423	428	432
Office Expenses	1,400	1,470	1,544	1,621	1,702
Vehicle Gasoline Expenses	20,000	20,400	20,808	21,224	21,649
Medical Supplies	992,867	1,014,543	1,066,356	1,079,610	1,082,336
Medical Equipment	2,659	2,659	2,659	2,659	2,659
Total Operating Expenses	\$ 1,309,341	\$ 1,332,246	\$ 1,390,607	\$ 1,410,439	\$ 1,421,126
Total Other Expenses	\$ -	\$ -	\$ -	\$ -	\$ -
Net Income	\$ (1,300,676)	\$ (899,897)	\$ (827,391)	\$ (685,762)	\$ (780,731)

MOBILE HEALTH CLINIC FINANCIAL FORECAST

Table 2

Line Item	First Year	Growth Rate 1 to 2	Second Year	Growth Rate 2 to 3	Third Year	Growth Rate 3 to 4	Fourth Year	Growth Rate 4 to 5	Fifth Year
Advertising and Distribution Material	15,000	3.0%	15,450	3.0%	15,913.50	3.5%	16,470	4.0%	17,129
Vehicle Maintenance Expenses	9,500	2.0%	9,690	1.0%	9,786.90	2.0%	9,983	1.0%	10,082
Physician Salary	156,000	0.0%	156,000	1.3%	157,950.00	2.0%	161,109	2.3%	164,734
Part-Time Employees	40,000	0.0%	40,000	1.0%	40,400.00	1.0%	40,804	3.0%	42,028
Full-Time Employees	60,000	0.0%	60,000	5.0%	63,000.00	2.5%	64,575	2.5%	66,189
Mobile Unit Staff Vouchers Distributed (amount)	7,000	1.0%	7,070	1.5%	7,176.05	2.0%	7,320	2.5%	7,503
Vehicle Insurance	4,500	1.0%	4,545	1.0%	4,590.45	1.0%	4,636	1.0%	4,683
Licensing	415	1.0%	419	1.0%	423	1.0%	428	1.0%	432
Office Expenses	1,400	5.0%	1,470	5.0%	1,543.54	5.0%	1,621	5.0%	1,702
Vehicle Gasoline Expenses	20,000	2.0%	20,400	2.0%	20,808.00	2.0%	21,224	2.0%	21,649
Medical Equipment	2,659	0.0%	2,659	0.0%	2,659.08	0.0%	2,659	0.0%	2,659
Medical Supplies	20,015	0.0%	20,014.71	0.0%	20,014.71	0.00%	20,015	0.00%	20,015
Miscellaneous	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-
Total Operating Expenses	\$336,489	0.4%	\$337,718	1.9%	\$344,266	1.9%	\$350,843	2.3%	\$358,805

MOBILE HEALTH CLINIC FINANCIAL FORECAST

Table 3

	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	TOTAL
Year 1													
New Patients	500	465	430	420	405	415	390	395	400	400	370	370	4,960
Established Patients	0	35	70	80	95	85	110	105	100	100	130	130	1,040
TOTAL	500	500	500	500	500	500	500	500	500	500	500	500	6,000
Year 2													
New Patients	525	488	452	441	425	436	410	415	420	420	389	389	5,208
Established Patients	0	37	74	84	100	89	116	110	105	105	137	137	1,092
TOTAL	525	525	525	525	525	525	525	525	525	525	525	525	6,300
Year 3													
New Patients	551	513	474	463	447	458	430	435	441	441	408	408	5,468
Established Patients	0	39	77	88	105	94	121	116	110	110	143	143	1,147
TOTAL	551	551	551	551	551	551	551	551	551	551	551	551	6,615
Year 4													
New Patients	579	538	498	486	469	480	451	457	463	463	428	428	5,742
Established Patients	0	41	81	93	110	98	127	122	116	116	150	150	1,204
TOTAL	579	579	579	579	579	579	579	579	579	579	579	579	6,946
Year 5													
New Patients	608	565	523	511	492	504	474	480	486	486	450	450	6,029
Established Patients	0	43	85	97	115	103	134	128	122	122	158	158	1,264
TOTAL	608	608	608	608	608	608	608	608	608	608	608	608	7,293

MOBILE HEALTH CLINIC FINANCIAL FORECAST

Table 4

Treatments	Services	Sales Price Per Unit	Cost Of Treatment	Margin Per Unit	AHCCCS Fee Schedule
Initial Patient Visit (<1-4yrs)	Primary Care Services	\$53	\$46.65	\$6.06	\$57.09 - \$60.52
Initial Patient Visit (5-39yrs)	Primary Care Services	\$65	\$57.86	\$7.52	\$64.01 - \$75.24
Initial Patient Visit (40+yrs)	Primary Care Services	\$78	\$68.97	\$8.97	\$87.78 - \$94.31
Established Patient (<1-11yrs)	Primary Care Services	\$40	\$35.54	\$4.62	\$73.01 - \$94.31
Established Patient (12-39yrs)	Primary Care Services	\$53	\$46.75	\$6.08	\$85.28 - \$87.12
Established Patient (+40yrs)	Primary Care Services	\$65	\$57.86	\$7.52	\$92.87 - \$99.92
General Vaccines for Children (3-18yrs)	Vaccinations	\$105	\$90.12	\$14.88	\$446.43
General Vaccines for Adults(18-64yrs)	Vaccinations	\$125	\$110.67	\$14.39	\$295.22
Influenza Vaccine (<3yrs)	Vaccinations	\$20	\$16.39	\$3.61	\$41.86
Influenza Vaccine (3+yrs)	Vaccinations	\$20	\$16.24	\$3.76	\$41.86
Wound Treatment	Wound Treatments	\$45	\$39.59	\$5.15	n/a

MOBILE HEALTH CLINIC FINANCIAL FORECAST

Table 5

Medications & Vaccinations	Supply	Clinical Equipment
Ceftriaxone Sodium NSAID (per 250mg)	Alcohol Prep Pad (Boxes)	Medical Storage Refrigeration/Freezer Unit
Flu vaccine (<35months) (Preservative containing)	Disposable Gloves (Boxes)	Otoscope
Flu Vaccine (3+ years) (Preservative containing)	Band-aids (Boxes)	Stethoscope
Tetanus - Diphtheria (Tdap) Vaccination	Adhesive Wrap (rolls) (measured in feet)	Portable Pulse Oximeter
Shingles Vaccine	Gauze (2x2) (non-sterile)	Cholesterol Meter
PCV-13 Pneumococcal-13 Polysaccharide (Pediatric)	Gauze (4x4) (non-sterile) (case)	Glucometer
Pneumococcal Polysaccharide (23 Valent) (Adult)	Gauze (2x2) (Sterile)	Thermometer
Meningococcal Conjugate (Groups A, C, Y and W- 135) Vaccine	Gauze (4x4) (Sterile)	Lancing Device
HPV – Human Papillomavirus 9-valent Vaccine (11-12yrs)	Medical Tape (reg.)(measured in feet)	Nebulizer
HPV – Human Papillomavirus 9-valent Vaccine (15yrs+)	Medical Tape (paper)(measured in feet)	Mobile X-ray
Hepatitis A Pediatric	Tongue Depressors (Boxes)	Ambu Bags
Hepatitis A Adult	General Lancets (Boxes)	
Hepatitis B Pediatric/Adolescent	CardioCheck Cholesterol Test Strips (box)	
Hepatitis B-Adult	Glucometer Strips	
Chickenpox (Varicella) Vaccine	Exam Table Paper (Rolls)(measured in feet)	
MMR Vaccine	Hand Sanitizer (measured in oz)	
Insulin	Infant Sized Otoscope Tips (box)(2.5mm)	
	Adult Sized Otoscope Tips (box)(4mm)	
	Hydrogen Peroxide (case)(measured in oz)	
	Anti-Septic Saline Solution (case)(measured in oz)	
	Isopropyl Alcohol (case)(measured in oz)	
	Wound Irrigation Set	
	Syringes (boxes)(3mL)	
	Intramuscular Needles (cases)(1",23G)	
	Intramuscular Needles (cases)(1.5",23G)	
	Subcutaneous Needles (cases)(5/8",25G)	
	Sanitary Measures	

MOBILE HEALTH CLINIC FINANCIAL FORECAST

Table 6

	Monto USD
Total Budget for Individual Mobile Unit Project	184,200
Mobile Unite Operation Costs	
a) Personnel/staff (3 staff; Coordinator plus two promotors of health) for each mobile unit. One FT staff and two PT staff	100,000
b) Vouchers for mobile unit staff.	7,000
c) Mobile unit vehicle (1 mobile unit vehicle per metropolitan area identified) Mobile unit to be delivered equipped and ready for services and activities *See Annex A	
d) Distribution material and equipment for services and activities provided through mobile unit (preventative care promotional material, intake forms, follow-up/referral forms, medical equipment such as scale, blood pressure machine, first aid kit, etc.)	40,000
e) Mobile unit maintenance and liability insurance (vehicle services, gasoline).	34,000
f) Computer equipment (access to Wi-Fi, electronic intake form, access to database, follow-up)	1,800
g) Office supplies	1,400

MOBILE HEALTH CLINIC FINANCIAL FORECAST

Table 7

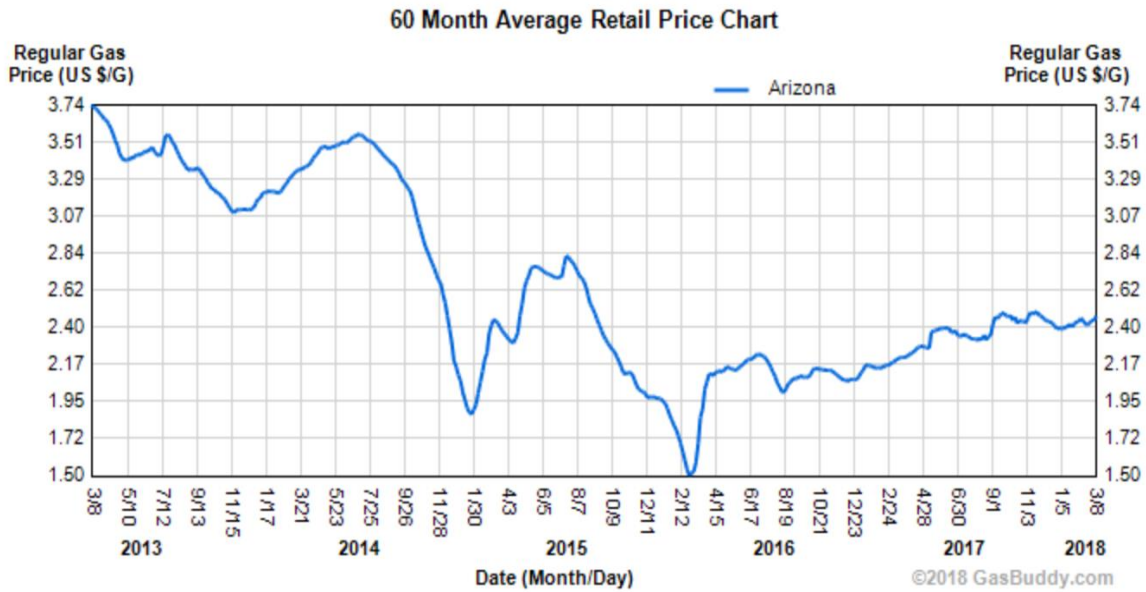
Modible Medical Unit Equipment	Amount	Single Item Cost	Total Cost
Mobile Clinic Vehicle	1	\$ 120,000.00	\$ 120,000.00
Exam Table	1	\$ 1,161.95	\$ 1,161.95
Column Scale	1	\$ 489.00	\$ 489.00
Air Conditioning Units	2	\$ 1,448.74	\$ 2,897.48
Heating Units	2	\$ 40.67	\$ 81.34
Generator	1	\$ 5,962.00	\$ 5,962.00
Insulation/Reinforcement	n/a	\$ -	\$ 6,218.93
Rubber Flooring	n/a	\$ -	\$ 6,218.93
14' Awning	n/a	\$ -	\$ 6,218.93
Office Chairs	2	\$ 3,109.47	\$ 6,218.93
Cabinets and Benches	n/a	\$ -	\$ 6,218.93
Wireless Router	1	\$ 500.00	\$ 500.00
16' Van Body	n/a	\$ -	\$ 11,937.86
LED Lighting	n/a	\$ -	\$ 6,218.93
Exterior Graphics	n/a	\$ -	\$ 6,218.93
Electrical Wiring and Power Outlets	n/a	\$ -	\$ 6,218.93
Handwash Sink	1	\$ -	\$ 6,218.93
TOTAL			\$ 199,000.00

Table 8

Clinical Equipment	Amount	Single Item Cost	Total Cost
Medical Storage Refrigeration/Freezer Unit	1	\$ 1,430.00	\$ 1,430.00
Otoscope	1	\$ 242.15	\$ 242.15
Stethoscope	3	\$ 13.39	\$ 40.17
Portable Pulse Oximeter	2	\$ 89.03	\$ 178.06
Cholesterol Meter	1	\$ 1,042.61	\$ 1,042.61
Glucometer	2	\$ 58.30	\$ 116.60
Thermometer	2	\$ 15.00	\$ 30.00
Lancing Device	2	\$ 11.03	\$ 22.06
Nebulizer	1	\$ 53.89	\$ 53.89
Ambu Bags	2	\$ 69.93	\$ 139.86
TOTAL			\$ 3,295.40

MOBILE HEALTH CLINIC FINANCIAL FORECAST

Table 9



Source: Gasbuddy.com. (2017). Gas Price Charts. Retrieved August 10, 2017, from

<http://www.gasbuddy.com/Charts>

MOBILE HEALTH CLINIC FINANCIAL FORECAST

Table 10

ASSETS	First Year	Second Year	Third Year	Fourth Year	Fifth Year
<i>Current Assets</i>					
Cash	\$ -	\$ -	\$ -	\$ -	\$ -
Accounts Receivable	\$ 148,270.91	\$ 171,070.24	\$ 18,266.01	\$ 1,254,556.85	\$ 1,113,231.33
Inventory	\$ 1,400.00	\$ 1,400.00	\$ 1,400.00	\$ 1,400.00	\$ 1,400.00
Prepaid Expenses	\$ -	\$ -	\$ -	\$ -	\$ -
Total Current Assets	\$ 149,670.91	\$ 172,470.24	\$ 19,666.01	\$ 1,255,956.85	\$ 1,114,631.33
<i>Fixed Assets</i>					
Furniture and Fixtures	\$ 11,285.71	\$ 11,285.71	\$ 11,285.71	\$ 11,285.71	\$ 11,285.71
Mobile Unit Vehicle	\$ 199,000.00	\$ 199,000.00	\$ 199,000.00	\$ 199,000.00	\$ 199,000.00
Medical Equipment	\$ 15,800.00	\$ 15,800.00	\$ 15,800.00	\$ 15,800.00	\$ 15,800.00
Computer Equipment	\$ 1,000.00	\$ 1,000.00	\$ 1,000.00	\$ 1,000.00	\$ 1,000.00
Other	\$ -	\$ -	\$ -	\$ -	\$ -
Total Fixed Assets	\$ 227,085.71	\$ 227,085.71	\$ 227,085.71	\$ 227,085.71	\$ 227,085.71
TOTAL ASSETS	\$ 376,756.62	\$ 399,555.96	\$ 246,751.72	\$ 1,483,042.56	\$ 1,341,717.04
REVENUE					
Initial Patient Visit (<1-4)	\$ 55,346.75	\$ 88,200.00	\$ 92,610.00	\$ 97,240.50	\$ 102,102.53
Initial Patient Visit (5-39rs)	\$ 169,015.17	\$ 257,853.75	\$ 270,746.44	\$ 284,283.76	\$ 298,497.95
Initial Patient Visit (40+rs)	\$ 103,268.65	\$ 159,993.75	\$ 167,993.44	\$ 176,393.11	\$ 185,212.76
Established Patient (<1-11)	\$ 4,818.68	\$ 14,490.00	\$ 15,214.50	\$ 15,975.23	\$ 16,773.99
Established Patient (12-39rs)	\$ 29,847.53	\$ 65,257.50	\$ 68,520.38	\$ 65,257.50	\$ 75,543.71
Established Patient (+40rs)	\$ 23,210.98	\$ 44,730.00	\$ 46,966.50	\$ 44,730.00	\$ 51,780.57
General Vaccines for Children (3-18rs)	\$ 116,025.00	\$ 539,516.25	\$ 566,492.06	\$ 594,816.67	\$ 624,557.50
General Vaccines for Adults(18-64rs)	\$ 33,201.00	\$ 33,201.00	\$ 33,201.00	\$ 190,953.00	\$ 200,500.65
Influenza Vaccine (<3rs)	\$ 6,900.00	\$ 21,735.00	\$ 22,821.75	\$ 23,962.84	\$ 25,160.98
Influenza Vaccine (3+rs)	\$ 18,300.00	\$ 57,645.00	\$ 60,527.25	\$ 63,553.61	\$ 66,731.29
Wound Treatment	\$ 1,610.38	\$ 1,890.00	\$ 1,984.50	\$ 2,083.73	\$ 2,187.91
TOTAL REVENUE	\$ 595,252	\$ 1,284,512	\$ 1,347,078	\$ 1,559,250	\$ 1,649,050
OPERATING EXPENSES					
Advertising and Distribution Material	\$ 15,000.00	\$ 15,450.00	\$ 15,913.50	\$ 16,470.47	\$ 17,129.29
Vehicle Maintenance Expenses	\$ 9,500.00	\$ 9,690.00	\$ 9,786.90	\$ 9,982.64	\$ 10,082.46
Payroll	\$ 358,146.00	\$ 354,476.40	\$ 361,884.40	\$ 368,998.86	\$ 377,948.62
Mobile Unit Staff Vouchers Distributed	\$ 7,000.00	\$ 7,070.00	\$ 7,176.05	\$ 7,319.57	\$ 7,502.56
Vehicle Insurance	\$ 4,500.00	\$ 4,545.00	\$ 4,590.45	\$ 4,636.35	\$ 4,682.72
Licensing	\$ 415.00	\$ 419.15	\$ 423.34	\$ 427.57	\$ 431.85
Office Expenses	\$ 1,400.04	\$ 1,470.04	\$ 1,543.54	\$ 1,620.72	\$ 1,701.76
Vehicle Gasoline Expenses	\$ 20,000.00	\$ 20,400.00	\$ 20,808.00	\$ 21,224.16	\$ 21,648.64
Medical Supplies	\$ 992,866.95	\$ 1,014,543.12	\$ 1,066,355.87	\$ 1,079,610.33	\$ 1,082,336.13
Medical Equipment	\$ 2,659.08	\$ 2,659.08	\$ 2,659.08	\$ 2,659.08	\$ 2,659.08
Cost of Goods Sold	\$ 474,552.91	\$ 497,686.75	\$ 521,977.29	\$ 465,574.25	\$ 630,706.55
TOTAL OPERATING EXPENSES	\$ 1,886,039.97	\$ 1,928,409.55	\$ 2,013,118.43	\$ 1,978,524.00	\$ 2,156,829.67
Net Income	\$ (1,300,676.37)	\$ (899,897.30)	\$ (927,390.62)	\$ (685,762.07)	\$ (780,731.28)
Gross Margin	\$ 120,698.61	\$ 786,825.50	\$ 825,100.52	\$ 1,093,675.69	\$ 1,018,343.29
<i>Gross Margin Percentage</i>	20%	61%	61%	70%	62%