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Introduction

The objective of the award funding to IMHA was to enhance the quality and added-value of the Fifth International Conference on Mobile Health, November 18-November 20, 2005, Las Vegas, NV. The award was allocated to provide all conference delegates with: (1) prominent and noteworthy speakers and conference materials; (2) the expansion of Intensive Training Sessions; (3) publication of proceedings; (4) videoconferencing of general sessions to multiple end points outside the conference; and, (5) expanded continuing medical education credits for healthcare providers (physicians, nurses, dentists, technicians, and administrators).

Body

The Conference included four General Sessions with keynote speakers - professional experts in the delivery of mobile health care, and those representing the state-of-the-art in global mobile health services. In addition, twenty-five breakout or educational sessions were included in the agenda, with presentations by thirty-two speakers with “best practices” expertise on a variety of specific topics related to mobile health services.

Session topics range from “Children and Youth” to “Homeless” and “Telemedicine in the Desert.” Included were sessions on oral health, radiology/mammography, mobile medical/dental vehicle design, programmatic funding, telemedicine/telehealth, community coalition building, hurricane relief and emergency preparedness, and the use of electronic health records within the mobile medical environment. Evidenced based medicine sessions were offered by providers of both urban and rural medical and dental care.

Accomplishments

1) Registration. Approximately 135 individuals attended the Fifth International Conference on Mobile Health. This was an increase in attendance from 2004. A profile of registrants follows in this report. In addition, 9 exhibitors and 7 customized Mobile Health units were on display at the conference.

2) Evaluations. A complete evaluation report for all program sessions follows in this report.

3) Program Guide (Proceedings). All registrants received an official Program Guide (3-ring binder format to accommodate additional conference material). The Guide included:

- a. Speaker abstracts, biographies and contact information.
- b. Roster of all conference registrants.
- c. Acknowledgement and database(s) of all conference participants including (25) Allied Healthcare Partners, corporate supporters and exhibitors.
- d. Acknowledgement of CME providers – *University of Nevada School of Medicine*.
- e. Acknowledgement of the *USAMRMC/TATRC* for its award in support of the conference.

The *USAMRMC/TATRC* was also acknowledged on prominent signage at the conference, on the main entrance signage to the conference area. **Complete Program Guide (Proceedings) are available for the *USAMRMC/TATRC*.**

4) Continuing Medical Education. The *University of Nevada School of Medicine* provided Continuing Medical Education credit as follows: Physicians @ 15.5 hours, Category 1, Dentists and Dental Hygienists @ 15.5 hours, Nurses @ 16.5 hours.

5) Videoconferencing. All Keynote and General Sessions were videotaped to be streamed on the International Mobile Health Association website..

6) Expanded Program Material. Two Pre-Conference **Intensive Training Sessions** were conducted. This was the third year for these sessions and they are always well received by persons interested in starting a mobile health program and for those who currently operate a mobile health program.

7) Post-Conference Resources. The IMHA website currently offers a sampling of conference speaker abstracts and a list of key resources (*Ask The Experts*) for Mobile Health program Funding Opportunities and topics such as Telemedicine/Telehealth. GO TO – www.internationalmobilehealthassociation.org

Professional Discipline:	<u>6</u>	DDS/DMD	<u>2</u>	MD/DO	<u>1</u>	APN/PA	<u>5</u>	RN
	<u>36</u>	Other						

8. What was your primary reason for attending this program? (total answers: 48 responding with 86answers)	6	Validate prior learning	13	Meet my professional
	31	Keep up with new developments	22	Interact with peers
	5	Earn continuing education credit	9	Other:
				- Obtain new ideas regarding use of MHC - New MMN program - Look at units and meet people involved in business - Have mobile van – 2 - Learn about mobile health - Learn from others - Gain info for beginning a program - New MMU start up.

9.8. Who/What would you rate as the most outstanding part of the program?
- The fact that we met and networking - Peer interaction/networking - Ms. Kibuku from Africa-riveting presentation of effect of mobile health of future of AIDS - Health policy updates: Making us more aware of what funding could be available for us and what may be cut off - The most outstanding part of the program was the general addresses. These ladies were well informed on their topics. - Dr. Gloria WilderBrathwaite, Dr. Randal Christensen and Sheila Kibuka were outstanding speakers. Also Tillman Farley, MD. Very useful information. - Marketing mobile mammography - Interactions with program's diverse audience - Range of experience - All the individuals who helped fill up my basket of pearls - All general session speakers - Learning from each other in how to structure their services - Enjoyed Sheila Kibuka speech; was very compelling and not biased - I thought Sharon Lunch (keynote address) was great. - All the speakers- keynote and featured were wonderful and inspiring! - Facility was wonderful. Great choice. - Closing session - Opportunities to share information - Keynote first day - Discussing common problems/challenges and solutions with colleagues - Private mobile dentistry - The mobile unit exhibits - Terri Clark

- Networking with peers
- Dr. Jeb Weisman's presentation
- Vehicle displays.

10. How could the program be improved?

- I will send ideas later.
- Workshops more focused on methods/methodology/applications in general.
- Not only talking about their individual program.
- More vendors – not just (illegible) manufacturers – companies with product that we use. Crest vs. Colgate-supply company – gloves sterilization equipment, military, how they do care in rural areas. What equipment do they use, why?
- I would like to see IMHA website more enhanced with some CEU available.
- The program can be improved if dental vendors will be a part of this conference.
- The program could be less expensive to attend. Most mobile providers serve an underserved or non served population. The conference does not have to be so extravagant. Just a thought.
- More varied mobile information-there was too much on dental.
- More mammography sessions.
- Opportunity for roundtable discussion-helps info exchange.
- Locate in Palm Springs, CA.
- More tangible info in session.
- I would like a presentation on using/dispensing meds from mobile clinics-and maybe a med update for MDs/NPs.
- More van vendors at pharmaceutical reps, as well as equipment, computer and software vendors.
- Start on Thursday evening with content to allow Friday evening for activities in the city.
- More how to do.
- More resources for funding.
- How to engage community partners.
- Do other programs utilize volunteers or medical students?
- Need more teaching on methods and approaches rather than the individual application of the presenters.
- Would be happy to e-mail on this topic.
- More information about urban programs (this was very rural biased).
- More information about a diverse range of health care needs (this was very dental focused).
- More vehicle displays.
- Some of the session topics were not accurately reflected in titles of workshops.
- Have vehicles inside.
- I froze to death-I know that comfort level for all persons is difficult to achieve let alone maintain. Thanks for trying.
- Most speakers were excellent.
- Surveys for individual speakers
- Surveys for improvement or praise should be anonymous. (They are)
- Board where attendees can post question/issues. Perhaps another attendee can assist with advice, problems solving, etc.

- Invite equipment vendors.
- It appeared that we consisted of 2 groups: those deeply involved in doing mobile work and those wanting to. Perhaps the sessions could be identified as to level of involvement-My presentation was planned for people wanting to get started but the people in the room turned out mostly to be family engaged practitioners... It was singing to the choir.
- People from LeBonhuer hadn't even finished hiring their staff nor have they really been "in the trenches". What were they doing presenting?!
- Need more vendors-these with SUPPLIES!
- Need agenda earlier, so we can make hotel reservations early and get them in before end of fiscal year, otherwise, great program.
- Collar mikes next time-hard of hearing had a hard time in the main hall with the podium microphone-too much "blatt".
- More variety of topics in smaller sessions.
- Consider a less expensive hotel/conference area because almost all mobile programs are serving the underserved/underinsured -the juxtaposition and contrast between whom we serve and the luxury that we enjoy is difficult.
- More van vendors.
- Many more service and equipment vendors. Dentistry is important but we need more emphasis on medical/health care in the presentations.
- I don't know enough yet about mobile vans to make a suggestion. I am new to this arena.
- Do more promotion of the international mobile health program so that more professionals in the health care community are aware of your mission and existence.
- Invite more international attendees, target tribal (IHS) facilities.
- No comment, you are doing a great job. Have a exercise break out sessions, entertainment at the end of the conference, or maybe at each ending day. To keep people motivated and interested in the conference, put on a show. Have a different bag with packets and some pens.
- Offer more information for IMHA members throughout the year.
- Have more exhibits with different programs people do with their mobile van. More information for what has been achieved with mobile health van programs.
- Less oral/dental health - this is the information I was interested in: however there was too much and the speakers did not agree with each other and it became confusing.
- Start on Thursday afternoon/evening and consolidate the Fri/Sat content so on afternoon/evening could be spent enjoying the city.
- Soda/tea/coffee available at breaks.
- The information about the conference program should be available sooner.
- Schedule all educational sessions to end at 4:00 daily on the 2 full days of the conference.
- Feature an elected official, supportive of rural health, to be a keynote speaker.
- More interactive sessions that allows attendees to ask "what question/needs do you have"? Done informally through networking.
- Procure more vendors.
- Commercial exhibits

11. What topics would you like to see included in future CME programs?

- More info on emergency involvement of mobile units.
- Emergency preparedness.
- Funding the vehicles.
- Funding at federal level
- More dental groups in presentation.
- More on legislative(?) (illegible). Possibly meet in DC. Let people know that we are here and are watching all kinds of (?). What all resources are out there for us: On Teledentistry and Medicine – GB to remote areas – not spending 1.2 million to get it like Arizona did.
- Emergency preparedness- I hope we can get into this next time. I will keep Lynn's mother in my prayers.
- I'd like to see more dentists working in the rural areas-as myself in the MS Delta in very poor areas. This is my first conference. I enjoyed everything.
- Topics on funding, and effective advocacy. I would like to hear from some elected officials.
- HIPPA compliance issues on mobile health. More mobile mammography sessions.
- Mammography
- Grant programs
- Legislative programs/bills affecting mobile health and up and coming bills.
- (?) information on van design from manufacturers!
- Clinical/dental procedures and interact with staff.
- More on JAHCO.
- Emergency preparedness examples.
- More information for those who already have IMHC – new ideas, funding, specific grants.
- How to decide where to go with your MMU. So you have a MMU- now what.
- How to do both corporate wellness and community wellness and community programs/sites.
- Donor Development.
- Government relations.
- Financial business.
- Self sustainability resources.
- Many more participants.
- Urban issues, vision care, asthma, mobile street safety.
- Vendor participation in operations.
- I will think and write to you later.
- Maintenance of van-hands on: medical equipment for van, legal aspects of van.
- Experiential on the patient and clinical level.
- Discussion of maintaining vehicle and new innovative programs.
- Use of community health workers.
- Working with communities.
- Presentation on how to keep your program on the road, dealing with issues other than the vehicle itself. For example, funding, human resources (staffing), insurance, staff training, etc.

- Learning about/networking with programs that are for profit. Majority of presentation given by hospital based programs and non-profits.
- We need words to legitimize mobile practice in management terms. Since we'll never be cost effective, we need other 'bottom lines' for what we do.
- Someone could write an article, grouping mobile specialties, to convey how we make a difference.
- Would like to hear from someone delivering mobile mental health care.
- If we should be critical in disaster preparedness, let us have the army/military come in and teach us disaster preparedness.
- More on mechanics, keeping the unit safe-technical support.
- Managing chronic conditions with low-income people who lack resources to obtain medication regularly.
- Culturally sensitive care-migrant farm-workers, Mexican/Central American.
- More on after purchase funding and maintenance, expenditures. Some specific info about funding possibilities in actual presentation – not just ideas from vendors or a single demo booth – bring samples of paperwork, even a couple of organizations who gave money to give to tell us what they look for.
- The role of different providers on the mobile van programs.
- More nuts and bolts-'how to'.
- More telehealth and current technological advances.
- Emergency care, first responders on mobile units, elderly care. More on maintenance on mobile units. How to take care of mobile units, where to take it in case it breaks down.
- Outcomes and measures – program evaluation.
- More health prevention programs.
- Grant writing/seeking.
- Faith based initiatives – working with parish nurses.
- Rural health – it seemed there was a lot for urban areas.
- Legislation – Meet in Washington DC – great idea from Alison Hughes.
- Creative operation – how to fund/manage.
- Characteristics of successful mobile programs: pitfalls to avoid.
- Utilizing medical students and medical residents on MMU's.
- Prenatal programs.
- Products specifically designed or used for mobile purposes.
- Specifics on how different dental mobile programs are run.
- Problem ID and solutions – school based programs

Conclusions

Recommendation for 2006. Conference registrants expressed considerable interest in more expanded program material related to community emergency preparedness and the application of Telemedicine/Telehealth technology related to Mobile Health. It is recommended that an additional **Intensive Training Session** be developed for the 2006 annual conference to address these topics.

New for 2006 will be a panel presentation on electronic health records, with experts from various backgrounds discussing the development of electronic health records in the mobile environment. Continued presentations on emergency preparedness will be included as well as presentations on preparing for and coping with a pandemic.

The 2005 International Mobile Health Association Annual Conference was an outstanding success, having succeeded in offering valuable educational content for Mobile Health professionals and surpassing all registration goals.

The IMHA is especially thankful to the USAMRMC/TATRC for its generous award in support of the Third International Conference on Mobile Health.