

## Promising Practices

### Accessing Treatment in Rural Areas: The Eastern Shore Mobile Care Collaborative

Communities across the country are struggling to combat the opioid epidemic, especially in rural areas where lack of transportation, stigma and long distances to appointments already make access to health care difficult. In rural counties, [56 percent of people are without access to a provider that can prescribe buprenorphine](#), which is one of three drugs approved to treat opioid use disorder (OUD). The use of medication in combination with counseling and behavioral therapy, called [medication-assisted treatment](#) or, medications for opioid use disorder (MOUD), is effective in treating OUDs. One rural area struggling with access to treatment for OUDs is the Eastern Shore region of Maryland, where lack of public transportation is a major barrier for residents, with some communities only accessible by boat. [The Eastern Shore Mobile Care Collaborative](#) works to address these issues through an innovative approach to rural OUD treatment: a mobile treatment unit.

#### Bringing Treatment and Services to Those Who Need it

The project, which began in earnest in February of 2019, is a collaboration between the Caroline County Health Department and the University of Maryland School of Medicine. The agencies initially used a [renovated RV](#) and now use a medical van that operates five days a week and travels to different locations across Caroline County, Talbot County and Queen Anne’s County. The unit is equipped with medical supplies and is staffed by a nurse, a peer recovery specialist and a substance use counselor. The nurse takes vitals, creates appointments and conducts urine toxicology tests; the peer recovery specialist provides recovery-based support services to enhance treatment outcomes; and the substance use counselor screens patients, provides counseling and administers questionnaires. All patients meet with both the counselor and the peer recovery specialist. But what really makes this mobile unit unique is that it uses telemedicine; patients meet

virtually with a doctor through the University of Maryland School of Medicine in Baltimore, who provides a clinical assessment and diagnosis at the first visit and subsequent care during follow up visits.

The medical van currently can serve up to two patients at a time; patients can be referred by their local health departments or jails, can create an appointment for themselves, or can receive walk-in treatment. The project was initially funded through a grant from the Health Resources and Services Administration and now receives support from Maryland’s Behavioral Health Administration, the Caroline County Health Department and the University of Maryland School of Medicine. Services can be covered by Medicare, Medicaid, private insurance and self-pay.



## Measuring Success



[A 2021 evaluation](#), by researchers at the University of Maryland School of Medicine, found the mobile treatment unit to be as successful as “brick-and-mortar” treatment clinics. Most notably, after three months of treatment, [the study found that 60 percent](#) of mobile unit patients were retained in treatment and reduced their opioid use by nearly one-third compared to their starting point. This is comparable to three-month rates for in-person treatment clinics. This project shows promise for delivering medication for OUDs in rural areas, with an innovative approach that combines a mobile unit and videoconferencing. Early success demonstrates that this is a promising and innovative model, as it helps fill the gap of rural MOUD providers and increases treatment for an underserved group that is less likely to use traditional medical settings. In fact, some patients preferred the mobile unit to a “brick-and-mortar” location, as many found the mobile unit and its staff to be less stigmatizing.

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